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A NARRATIVE INQUIRY OF INSTRUCTORS’ EMOTIONAL RECEPTIVITY
IN ADDRESSING STUDENTS NEEDS IN HIGHER EDUCATION

A Dissertation in
Counselor Education

by
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ABSTRACT

As students are entering institutions of higher education with increased rates of trauma and mental health needs, they are seeking out instructors for additional emotional support. The purpose of this study was to explore the experiences of instructors in addressing the emotional needs of their students and to gain preliminary insight into how to support instructors as they do this work.

This qualitative dissertation thematically analyzed the narratives of six instructors who work at a large research institution of higher education situated in a rural community in the northeast region of the United States of America. Participants were recruited through purposeful and snowball sampling and data were collected using a two-part in-depth interview protocol. The data were analyzed using thematic analysis procedures that was rooted in an interpretivist paradigm. Chickering and Reisser’s (1993) theory of student development and Noddings (2103) theory of the ethics of care were used to situate the literature review and provide a conceptual framework for analysis.

This study yielded three themes across all participants: Self, Student/Instructor Relationship, and Institutional Barriers. Analysis found that all participants experienced hearing a vast array of students’ emotional needs and all reported feeling low self-efficacy and high self-doubt in adequately addressing the students’ needs. Participants’ skills to address student emotional needs were self-taught. Numerous barriers within the institution were also identified. Additional research to help move this knowledge from exploratory to practice is needed, as is research that encompasses a larger sampling of instructors from diverse fields.
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PROLOGUE: MY STORY

As the researcher I am, ultimately, the final participant in this study. Although my words and my experiences do not become part of the data collected, my experience does influence my understanding and analysis of the data and so it is important to be as transparent as possible with the reader. This is my story.

My family of origin consists of my parents and my brother. My parents moved to the United States shortly before my birth and they are from England and Denmark. My brother was born in England. What was perhaps most noteworthy about my childhood was the fact that we moved frequently when I was in elementary and middle school. We lived in New York state until I was six, and I remember a happy childhood in a suburban community that was filled with friends and safety. I saw my grandparents and extended family (all of whom lived in England or Denmark) about once or twice a year, and despite the distance between us, I had a close relationship with them.

Shortly after finishing first grade, my father’s job took us to Vienna, Austria. Moving abroad was perhaps not as scary for me as it might have been for a different child, as we had spent many summers and holidays in Europe with family and I was already intimately familiar with spending time in a country in which I did not speak the language. We attended the American International School (AIS) and so all of our classes were taught in English. As a child I was outgoing and talkative and made friends quickly and easily. We lived in Vienna for three years before moving to Montreal, Quebec. I attended an all-girls private school where half of my classes were taught in English and half in French. The school that I attended was small (about 20 students per class) and this was the first time that I did not make friends easily. The girls in my class made little
effort to know me or include me, and in several instances outright bullied me. One person in the school stood out to me, and she was my teacher, Romi Carriere. Romi privately tutored me and my brother and she was also my French and homeroom teacher in school. She took me under her wing and helped me feel less alone during the school day, small acts for which I remain grateful. After two years in Montreal, we moved to Toronto, Ontario. I was in the seventh grade and experienced a new-found freedom in the easily navigable city. I made friends quickly once again and remember finally feeling as if I belonged again, but our time in Toronto was short lived and after one year we moved back to New York state to the town where we had lived before. The town, Chappaqua, is located approximately 30 miles outside of New York City and is an affluent, predominately white, predominately Catholic and Jewish community. I entered 8th grade and found myself struggling to connect with students with whom I had little in common and whom had all been friends since elementary school. I was the new kid again – something that I was used to, but I felt alone and trapped and missed the freedom of movement that I had in Canada. My high school years were not easy for me. Although smart, I did not excel academically at the high school and quickly found myself accepted by the other kids who were also on the fringes. I hung out in the smoking section, skipped classes, and started experimenting with drugs. My grades suffered, as did my emotional well-being, and by my senior year of high school I entered a substance use rehabilitation program in Albany, NY and then one in Rochester, NY, where I would ultimately spend the remainder of my senior year.

I stayed in Rochester and attended a community college for two years before transferring to Indiana University in Bloomington, IN and then to the University of
Rochester (NY). I thrived in college – I was engaged, I made friends easily, and I had built a good support system around me. My relationship with my parents began healing, as did my relationship with myself. I majored in English Literature and Women’s studies and graduated with good grades and absolutely no idea of what I wanted to do with my future.

My career trajectory post-graduation was all over the place. I waitressed and worked in coffee shops and I took low paying entry level jobs in Corporate America. I eventually moved to Florida to be near my parents and began working for a Fortune 100 company as an internal audit assistant and then a web content writer. This last job blossomed for me and I quickly moved up to a business analyst and trainer. After 10 years with this company, I was laid off due to downsizing, and I floundered once again. I did not love the work I was doing – I loved the salary I was getting, but I increasingly felt as if the work I was doing did not really matter. I applied to a master’s program thinking that I wanted to teach high school English, but did not follow through, began waitressing again and finally took another corporate job. I hated every moment of it. There were two things that I had always thought about doing – teaching and being a counselor. When I was in my 20s I felt ill-equipped to do either, but now I was in my mid 30s and I decided that making a career change was the best decision for me.

I graduated with my Master’s in Mental Health Counseling from Nova Southeastern University and began the PhD program in Counselor Education at The Pennsylvania State University shortly thereafter. I had finally figured out how to combine the two careers I dreamed of, counseling and teaching. I began teaching at Penn State during my third year in the doctoral program. I teach four undergraduate classes a
semester in the Rehabilitation and Human Services program, which is part of the College of Education. I love teaching. I love the interaction with students, getting to know them, watching them grapple with new knowledge and learn and grow. I love watching them move on in their lives and education and I love that so many of them keep in touch over the years.

Teaching is where, at 41 years of age, I finally found my passion. I like to think that the students can feel this – my passion for the subject matter, but also my passion for them as growing young adults. I think they do, and my experience with them is ultimately what led me to this dissertation topic. I have talked with quite a few instructors at the university who have struggled with the emotional needs of their students. Mostly these are friends or friends of friends who seek out myself and my wife because of our training in counseling. They are not seeking resolutions to the students’ problems, but are rather wondering how best to understand and support their students. In my time as an instructor, I have also had numerous students seek me out for support for issues that ranges from severe and persistent mental illness to trauma to the day to day struggles of a young adult. I carry their stories with me each day, not as a burden, but as a guide to how I approach my work in the classroom. They have changed who I am as an educator for the better.

Here are just a few of their stories.

Christina¹

Christina was a student of mine during the first year of my teaching undergraduate courses. She was a bright, diligent student who actively participated in class discussions and appeared to know many of her fellow students well. She often

¹ Pseudonym
chatted with her peers animatedly before class and often emerged as a leader during small group tasks and discussions. She was in three classes with me over two semesters, and I got to her know her quite well. But she was hiding a secret that she was struggling with and she came to speak with me one day in my office. Her mother was diagnosed with schizophrenia (a topic we were learning about in class) and she was having a hard time forgiving her mom – for her illness, for the fear she carried that she might inherit schizophrenia, and for the difficult childhood she had as a result. I mostly listened to Christina, validated her feelings, and supported her process. I knew from my training as a counselor that I would not be able to solve this difficulty, but I could be there to support her. I was also struggling though, with my own boundaries between being an educator and being a counselor, and was hyper vigilant of not crossing that line. At the end of the semester, Christina wrote me a letter that read, in part:

You have helped me to accept one of the hardest things I’ve ever had to accept – my mom’s mental illness. There’s a saying that when you don’t forgive people you give them the power, but when you forgive them and then forgive yourself you can truly find peace. Because of you, I have been able to let go of the heavy disappointment and anger in my heart – forgive my mom and accept her. One of my favorite things you said was to remember that people with mental illness are all of these beautiful things and their mental illness is part of this. I’ve learned to be grateful for my mom’s mental illness and love her for her.

Christina enclosed a photograph of her mom, her feet in the ocean waves and a smile radiating from her face, and she wrote on the back: *This is my favorite picture of my mom. I want you to know her like this.* I have carried this letter and photograph with me
for the last 5 years as a reminder of why I do the work that I do, why I believe it is so vitally important to continue breaking down the stigma of mental illness, and as a reminder that I do not always know what my students are dealing with.

Jennifer

Jennifer was also a student who took numerous classes with me. She was an extremely bright, chatty, endlessly optimistic, and cheery young woman who was passionate about helping others. For her internship in the program, she worked with families who were dealing with grief and loss, something that she knew well. Her brother struggled with addiction throughout her years in college and Jennifer struggled with issues of self-esteem. I had many conversations over the semesters with Jennifer, sometimes to talk about her career path, other times she just seemed to want to chat. Over time, she eventually opened up to me about her brother as well. After she completed her coursework, she wrote me a letter that I keep with me.

I know sometimes I get nervous from overthinking, but you always found a way to remind me that I am capable, and can do anything. You always believed in me, and so I had no choice but to believe in myself. College years for females is not always easy (which I never believed until I felt times of struggle), but whether you knew it or not, you helped me through many days. Not having parents there for support can be tough at times, but you helped me feel supported physically, in person, when the phone call home wasn’t enough.

I keep this letter to remind me that even the most outgoing, cheerful, and academically excellent students may also be struggling and I need to keep an eye out for them as well.

2 Pseudonym
When I have students waiting to see me and ones that are clearly struggling, it can be
easy to look past a student who seems okay on the outside. But these students also need
those words of encouragement, the eye contact, the “how are you” questions that are not
said in passing but where I must wait for a response.

Matthew/Juliette\(^3\)

My last story is also the hardest for me to write, because it is one that absolutely
broke my heart and forced me to question what I do and how I do it. I do not know that I
have the answers that could have changed the story, but I continue to wonder.

I first met Matthew through my wife, as he was a previous student of hers at the
local high school. We met at the Thanksgiving dinner that the Centre LGBTQ Support
Network (of which I am a founding member) and P-Flag puts on every year. Matthew
was transgender and male-presenting, and used he/him pronouns at the time. He had
transitioned to male in high school. In the spring of 2015, he was enrolled in one of my
classes, having just switched majors. He was quiet in class that first semester and
struggling emotionally, which I was already aware of. We spoke on a couple of occasions
in order to help him get back on track after falling behind and we came up with an action
plan to help him stay focused and turn assignments in on time. I knew that he was
struggling with severe and persistent mental illness – something that he was very open
about in class and in the community. The previous semester, he also helped found a
student organization that focused on creating a safe space for LGBTQ Christians and
their allies. His biography on the website reads:

\[^3\] Pseudonym
Hi there! I'm [Matthew], one of the original members behind [this organization]. … I am also a transgender man, a bisexual, and a Christian. In 2014, circumstances arose in my home church which brought the perceived “fight” between my LGBT identity and Christian identity very close to home. Since then, I have been dedicated to education and conversation between Christians and LGBT people, as well as the very real overlap of these populations. I do not see us as opposing sides, rather, all parts of God's family struggling to understand the larger picture.

The struggle that Matthew faced, between his Christian identity and his gender and sexuality had a profound impact on him (much more profound than I ever realized at the time) and it is hard not to wonder if this rift in his identities (Christian and LGBTQ) and his spaces of support (the community and his church), did not further exacerbate an already debilitating mental illness.

Matthew was not in my classes the following semester, but over the winter break I ran into him at the graduation party of a mutual friend. Matthew was wearing a dress, make up, and the cutest tights. He looked… brighter, somehow. The change in his gender presentation was a bit of shock to both my wife and I, and we asked him about this. She shared that she had decided to go back to using her birth name, Juliette, and would be returning to classes in January. She had been in treatment out of state for her mental illness and was excited about returning. (Note: I write about Matthew/Juliette using the pronouns that s/he used at the time I am discussing. Thus, sometimes I use he and Matthew and other times I use she and Juliette. I am not mis-gendering them, but rather using the name and pronouns that they requested I use at the time).
Juliette was in two of my classes that spring semester. One, a small class of only 26 students met twice a week and the other was a 3-hour evening class that met once a week. I saw Juliette every Tuesday, Wednesday, and Thursday. On Wednesday, January 27th, Juliette approached me after class to discuss ways to stay on track that semester. She had already missed a few classes, and I was concerned about this as it was so early in the semester. We made plans to meet the following Tuesday and she assured me that she would be in class the following morning. She did not come to class the next morning and on Friday died by suicide. Her death rocked me to my core. One of the hardest moments I have had as an instructor was walking in to class after Juliette’s suicide to process it with my students. I knew, as a counselor, how critical this moment would be: that healing could either be hindered or helped in those first few moments of telling the students and I knew to access the resources of the college counseling center to help me with this process, because it was not just the death of a student, but a suicide, and I knew how critical it was to frame this news in the right manner. I also knew that I could not process this without breaking down myself and indeed it took everything in me to maintain some semblance of composure.

I still reflect back on the days leading up to Juliette’s death. I wonder what I missed and what warning flags were there that I did not see. I have thought of this so often over the last two years, and yet I have to find peace in the fact that perhaps I did not miss anything. Perhaps Juliette was either so intent on hiding it, or the decision to end her life was sudden, but either way I look at my students now with different eyes. I look for the red flags, I reach out more often and earlier when I notice a change, and I invite conversation with my students on a more personal level. This is not easy work – there are
days that I would much rather ignore the mood shifts and changes that I see in my students. There are days that it is exhausting caring for 150+ students each semester. To my very core I feel that I owe them that, because I am not just there to teach material. This is not simply the work of an educator. For me, I have a responsibility to them. To teach them facts and encourage critical thinking, sure – that IS my job. But ethically, my job is also to care for them. To walk with them on this journey into young adulthood, whether it is for 70 minutes twice a week in class or also in the few minutes after class, or during my office hours, by email, or whenever they reach out. I am certain that for some students, a kind word, a safe space, or a concerned question might be the difference between a good or bad day, between making it out relatively unscathed or with additional trauma.

This approach is not easy and is certainly more time consuming. Students seek me out on an almost daily basis. In the last semester, I had students disclose physical abuse, sexual assault, parental conflict, future worries, suicidal thoughts, depression, anxiety, relationship issues, friendship conflicts, gender and sexuality issues, mental illness, and other past trauma. It takes time to listen to them, to reach out, to follow up, and to care for them and I am trained in doing this work. These are not topics that are scary to me, but I am certain they would be for someone who might not have the training or emotional aptitude to hear them. There are days that I long to go in, teach my class, grade my assignments, and go home. And then I remember Juliette, and Jennifer, and Christina and I open my door and my heart to them each and every day.
CHAPTER 1: INTRODUCTION

Millennials are coming to institutions of higher education with higher levels of anxiety, depression, and emotional distress than previous generations leaving campuses ill-prepared in addressing their emotional needs (Center for Collegiate Mental Health, 2017; Eagan et al., 2014; Gallagher, 2014; Howe & Strauss, 2007). As more students seek help to address emotional issues, on-campus counseling center directors struggle to meet student demand (Gallagher, 2014; Reetz, Krylowicz, Bershad, Lawrence, & Mistler, 2015). Complicating the need for additional campus resources, students live in a time where mental illnesses continue to be stigmatized and cultural conversations surrounding mental illness often perpetuates the false belief that people with mental illnesses are potentially violent (Peterson, 2014).

The Millennial generation, born between 1982 and 2017, represents the current generation of students pursuing higher education. Their cohort is unique, as were cohorts before them, in a number of ways. According to Howe and Strauss (2000), who coined the term “millennial generation,” this cohort has grown up with parents characterized as perennially involved, always hovering, and overly protective (often referred to as “helicopter parents” (Cline & Fay, 1990, p. 23). Furthermore, this is a generation who grew up in a culture where everyone wins, every child is special, and no child is left behind (Howe & Strauss, 2007; No Child Left Behind [NCLB], 2003). Ultimately, as with previous generations, this is a cohort impacted by their families, their culture, and their place in time and in society.

Research of the prevalence of mental illnesses and emotional distress in college students is both comprehensive and ongoing. Several studies that will be discussed in the
next chapter support that mental health needs continue to rise in the student population, that an increasing number of students are seeking mental health help and support on campus, and an increasing number of students are starting at institutions of higher education already prescribed psychotropic medication (Center for Collegiate Mental Health, 2017; Gallagher, 2014; Reetz et al., 2015). A critical question that emerges from this information is not only how institutions of higher education are addressing this need in terms of direct counseling services, but also specifically for this study, how students’ mental health needs might be impacting instructors and the student-instructor relationship. Since a student might have an established relationship with an instructor, that instructor could be uniquely situated to be a first responder. Before exploring that question, however, it is important to ground the review of the literature in theory. This study will use the works of Chickering and Reisser’s (1993) theory of student development and Noddings (2013) ethics of care work in the classroom.

**Meeting Students Where They Are Developmentally**

Chickering and Reisser (1993) acknowledge that their developmental theory differs from other developmental theories in that there are not clearly delineated milestones or tasks that an individual must master or reach before moving on to the next. Rather, their theory recognizes that college student development is “a process of infinite complexity” (p. 34). Their theory provides a map of seven vectors (or trajectories) that students must embark on. The authors acknowledge that movement across vectors can happen simultaneously, at different rates, and are impacted by movement on the other vectors. The ultimate goal is individuation (recognizing and accepting your uniqueness) and connection to others. Chickering and Reisser’s theory is helpful to ground the review
of the literature because it helps us understand the developmental appropriateness of students’ struggles with emotional health and distress and seeking out instructors for non-academic emotional support. The two vectors that are the most pertinent to this study are the “managing emotions” (p. 46) and “developing mature interpersonal relationships” (p. 48) vectors, because the main components of these two vectors involves emotional regulation and the importance of the student-instructor relationship as an example of a healthy adult relationship. It is acknowledged that this theory addresses student development rather than instructor development. However, models of instructor development are focused on professional development and advancement, rather than increasing the competency of out-of-classroom interactions with students.

**Faculty Responsibility and Caring**

Nel Noddings (2013), in her pivotal text “Caring: A Relational Approach to Ethics and Moral Education,” discusses the critical responsibility that educators have in caring for their students. She argues that caring is a moral obligation that should be at the cornerstone of education. She further makes the point that the caring relationship is a mutually beneficial and reciprocal relationship that is not always easy for either party. Noddings further acknowledges that the emotional act of engaging in a caring relationship with a student can take an emotional toll on an educator given the level of empathy that is required. The emotional toll might manifest as burnout or, as is known in the counseling literature as compassion fatigue (Figley, 1995), and therefore boundary setting is a critical component of maintaining healthy caring relationships with students (Brown, 2013; Herlihy & Corey, 2015; Wuest, 1998).
These two theories complement each other because understanding students’ developmental needs and milestones assists instructors in more fully understanding their needs and meeting them where they are emotionally. This, then, is one way of understanding how the care work that instructors are performing meets the developmental needs of students, and also provides a basis for why students are seeking out instructors. Figure 1 (Chapter 2, pp. 43-44) presents a graphical representation of how these two theories align to provide a necessary framework for this study.

**The Literature Lays the Groundwork for the Story**

Using theories of Chickering and Reisser’s (1993) and Noddings (2013), the literature pertaining to instructors’ experiences with students’ mental illness and emotional needs was explored and four critical issues emerged.

**Faculty Frustration**

The first issue that was identified was faculty frustration with not feeling prepared to handle students’ mental health needs. This issue emerged predominantly from online blogs written by instructors and in online publications that are focused on issues in higher education. Across all articles and blog posts were instructors’ feelings of unpreparedness in dealing with the increasing emotional needs of their students and, in some, an underlying fear of students with mental illnesses (an unfounded, yet not surprising fear given the stigma and incorrect assumption that people with mental illnesses are prone to violence) (Drmellivora, 2013; Green, 2015; Pryal, 2015; Schumacher, 2014; Schuman, 2014). There was general empathy for the emotional distress that instructors were seeing in their students – but also increasing levels of frustration and uncertainty (Drmellivora, 2013; Green, 2015; Pryal, 2015; Schumacher, 2014; Schuman, 2014). Certainly, most
instructors are not trained mental health counselors, and yet students are seeking them out for emotional help and support. Providing this support was not a part of most instructors’ doctoral education and/or instructor programs. At best, they might have received some cursory information about available campus resources and Title IX requirements (Brzyck, 2016; Savini, 2016).

**Accommodations for Psychiatric Disability**

The second critical issue that emerged was related to instructor’s perception of making academic accommodations for students with psychiatric disabilities. Here, data are more complementary - instructors were generally willing to provide accommodations for crisis issues (death of a parent, for instance) however they were not likely to provide accommodations for mental illnesses such as depression or anxiety (Backels & Wheeler, 2001). However, the literature also confirmed that instructors lacked knowledge of mental illnesses, symptoms, when to refer, and the severity of the illness (Backels & Wheeler, 2001; Becker, Martin, Wajeeh, Ward, & Shern, 2002). Generally, faculty reported feeling low levels of competence in addressing their students’ mental health needs (Backels & Wheeler, 2001; Becker et al., 2002; Brockelman, 2011; Brockelman & Scheyett, 2015; Kitzrow, 2003; Soet & Sevig, 2006; Watkins, Hunt, & Eisenberg, 2012).

**Increasing Knowledge and Promoting Positive Mental Health**

The third critical issue that emerged was promoting positive mental health and increasing instructor knowledge. In exploring this critical issue, three sub-themes arose: (1) help-seeking behavior of students; (2) barriers to service; and (3) curriculum infusion. Help-seeking behavior is defined as the process by which an individual realizes that there is a problem and the point at which they seek out help (Lin, Inui, Kleinman, & Womack,
In Eisenberg, Golberstein, and Gollust’s qualitative study (2007), they found that the primary reasons that students did not seek help was due to the fear of not being believed, believing that the feelings they were experiencing was normal, and not having enough time to locate services. Other studies supported these findings and added privacy issues, stigma, and low emotional openness as further barriers to services (Eisenberg, Downs, Golberstein, & Zivin, 2009; Komiya, Good, & Sherrod, 2000; Megivern, Pellerito, & Mowbray, 2003).

One way to promote positive mental health was through the use of curriculum infusion – incorporating discussion and knowledge of mental health and well-being throughout the curricula – starting with orientation and progressing through residence life, activities on campus, advising and outreach, and individual classes (Adams, 1992; Kenney & Grim, 2015; Mitchell et al., 2012; Nolan, Pace, Iannelli, Palma, & Pakalns, 2006; Riley & Yearwood, 2012; Sue, 1998; Yearwood & Riley, 2010). Increasing instructor awareness was successful when done through targeted training programs incorporated into new instructor orientation, although the study did not look at ways to train existing instructors (Nolan et al., 2006).

**Counselor-in-Residence Programs**

The final issue that emerged was that of Counselor-in-Residence (CiR) programs. The CiR model does not directly target faculty, however, it was deemed important to include because it could be a potential model for better preparing instructors to meet emotional needs of their students. The CiR model embeds licensed mental health counselors in residence halls to provide psychoeducation and consultation for residence
life employees, rather than direct care to students (Davis, Kocet, & Zozone, 2001; Rawls, Johnson, & Bartels, 2004).

These four critical issues are helpful in understanding both the scope of the problem and the ways in which it is currently being addressed. However, there remains a need and a gap in the literature, which the next section will explore and which this study will aim to further understand.

**Statement of the Problem**

Instructors at institutions of higher education are uniquely situated to be at the forefront of addressing mental health and emotional needs of students. They have frequent weekly interactions with students, sometimes over multiple semesters. Furthermore, they are often admired or looked up to by their students. Because of this relationship, how they respond to emotional needs of their students is critical. For instance, if a student shares emotional struggles with an instructor, and that instructor either dismisses or minimizes feelings, it could have a negative effect on the student. Students might feel that their feelings do not matter, that the instructor does not care about them, or that their feelings are not valid. Furthermore, it can perpetuate the stigma that emotional distress or mental illnesses are weaknesses or moral flaws.

If instructors are in a position to be *first responders* to the emotional needs of students, then they must be educated and prepared to take on this task. The research into instructors’ views on academic accommodations for students with psychiatric disabilities is particularly relevant here (Backels & Wheeler, 2001; Becker et al., 2002; Brockelman, 2011; Brockelman & Scheyett, 2015; Hunt & Eisenberg, 2010; Kitzrow, 2003; Soet & Sevig, 2006). These data reinforced that even when willing to provide academic
accommodations to students with documented psychiatric disabilities, instructors lacked knowledge of mental illnesses, were unaware of how the psychiatric disability might impact students academically, their likelihood to not refer to psychological services for non-crisis situations, and the minimization of some of the most prevalent mental illnesses (for instance, depression and anxiety) – all of which have a significant impact on students’ academic adjustment and success (Backels & Wheeler, 2001; Becker et al., 2002).

Although there is research exploring instructors’ experiences with psychiatric disability (Becker et al., 2002; Backels & Wheeler, 2001; Brockelman, 2011; Brockelman & Scheyett, 2015), there is no research into instructors’ experiences with the emotional needs that their students face. In this research study, I aim to begin filling in this gap in the literature. By first exploring instructors’ experiences and self-identified competency in addressing the emotional needs of their students and instructors’ emotional experience of this, we can begin to understand future needs that are critical to assist instructors in meeting the needs of their students. As is evident in blog posts and non-scholarly articles written by instructors, they are being confronted with students’ mental health needs and feeling unprepared in addressing them (Drnellivora, 2013; Green, 2015; Pryal, 2015; Schumacher, 2014; Schuman, 2014).

Counselor education departments, in particular, are uniquely poised to be at the forefront of assisting instructors in other departments as they address their students’ emotional needs; as instructors and doctoral students in counselor education departments, they possess both an in-depth understanding of mental illnesses, emotional distress, and
emotional needs and they are also instructors with in-depth knowledge of the institutions of higher education at which they work.

**Research Questions**

In order to address this gap in the research and literature, three questions written from the experiences that instructors have in dealing with and addressing the emotional needs of their students guided this study.

**Research Question 1**

What experiences do instructors have in addressing emotional needs of their students?

The main focus of this question is to gain understanding of instructor experiences in addressing emotional needs of their students. To answer this question, I interviewed instructors in liberal arts and arts and architecture departments who self-identify as someone whom students’ approach with emotional distress or emotional needs.

**Research Question 2**

How do instructors manage their reactions to emotional stories that they hear from students?

The main focus of this question is to understand how instructors deal with hearing stories and emotions from students. Are instructors experiencing compassion fatigue (the emotional toll that listening to traumatic or emotionally charged stories takes on an individual) and if so, how are they dealing with it? What coping tools (for instance, self-care practices) do they have when listening to painful stories or stories that elicit emotions?

**Research Question 3**
How do instructors describe their competency in addressing the emotional distress that comes up with their students?

My focus in research question three is to understand instructors self-reported level of competency in dealing with and addressing emotional needs that arise. For instance, do they know when and where it would be appropriate to refer students to address emotional needs? Furthermore, information about what educational or support resources instructors would find useful in order to assist students will be elicited.

**Purpose of the Study**

The purpose of this study is to discover and explore instructors’ experiences in addressing emotional needs of their students. Narrative inquiry and thematic analysis were used to uncover and explore meaning in participants’ stories in order to gain insight into the experience, which will begin to fill a gap in the research. A secondary purpose of the study examines training and supportive needs for instructors in doing this emotional work and how best to prepare future instructors.

**Limitations of the Study**

Researcher bias may be a contributing factor as a limitation in this study. As an instructor in the same institution of higher education, there is a risk that I will over-identify with my participants or minimize their experiences. This concern is particularly critical, because I also hold a master’s degree in mental health counseling and have practiced counseling for several years. I was particularly cautious of ways in which my experiences might contribute bias. In order to mitigate this risk, I used several methods of trustworthiness, including, but not limited to, using triangulation, providing participants with written findings, and providing thick, rich descriptions (Creswell, 2013, p. 251).
Definition of Terms

The following terms have been operationally defined for the purpose of this study in order to minimize misunderstanding and to increase clarity of what I am researching.

Psychiatric Disability or Mental Illness

As defined by the American Psychiatric Association (2013), mental illnesses are a medical syndrome characterized by “clinically significant disturbances” (p. 20) in areas of emotional regulation, behavior, or cognition and which causes “significant distress or disability” (p. 20) in social, occupational, or other activities that are important to the individual, and that is not culturally expected. In other words, individuals with mental illnesses may experience any combination of emotional, behavioral, and/or cognitive problems which are distressing to them. The terms psychiatric disability and mental illness can be used and understood interchangeably.

Emotional Distress

Emotional distress is similar to a psychiatric disability, but significantly different from it in the level of clinical significance. Essentially, it either is expected or understandable under a given set of circumstances. Emotional distress relates to the broad spectrum of human emotions, often painful (like sadness, fear, grief, stress) that do not meet the criteria for a psychiatric disability, but that nonetheless are distressing and/or problematic to the individual’s daily or momentary functioning. An example of this distress is someone who has lost a loved one and is grieving. The grief might be causing significant distress and disability, but it is expected after a loss and is typically temporary in nature. Should the grief not subside over time and continue to cause significant
distress, then a diagnosis of depression might be considered after a psychological evaluation.

**Emotional Needs**

Emotional needs are even further removed from mental illnesses and emotional distress. In this paper, emotional needs typically have no precipitating event, do not meet the criteria for a psychiatric disability, and yet can still be problematic for an individual. An example of this situation might be a student who has anxiety during final weeks. They would likely benefit from learning new coping skills to moderate the anxiety and learn stress management skills.

**Emotional Reactions**

For the purpose of this paper, emotional reactions are the affective display or internal sense of feeling that one has in response to either outside or internal stimuli. An example might be that upon hearing a sad story, the listener cries; or upon hearing a funny one, the listener laughs.

**Emotional Stories**

In this paper, emotional stories are ones that elicit emotional reactions on the part of the listener or that convey emotions on the part of the story teller. For instance, a story about a recent break up with a significant other, in which the story teller is conveying feelings of sadness, would be an emotional story.
Emotional Support

Emotional support typically takes place within a relationship that is built on empathy and compassion. One can show emotional support by being an attentive listener and respecting the feelings of others.
One of the challenges facing institutions of higher education today is the growing demand for mental health services. Over the last eight years, the number of students needing these services have continued to rise and are expected to continue rising (Center for Collegiate Mental Health, 2017; New, 2016). In addition to this challenge is the spate of recent shootings at institutions of higher education that have saturated the news cycle, perpetuating the false belief that people with mental illnesses are dangerous and should be feared, and the stigma that mental health problems should be hidden from view (Knoll & Annas, 2016; Metzl & MacLeish, 2015; Paolini, 2015). This problem is further compounded by the fact that college students are at a developmental age where mental illnesses might first start presenting itself (American Psychiatric Association, 2013).

The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)* (2013) is the leading manual used to assist psychiatrists and other mental health professionals in accurately diagnosing mental illnesses that clients present with. According to the DSM-V, many mental illnesses that are diagnosed in adulthood begin in the early teens to early adulthood (ages 14-24) (American Psychiatric Association, 2013). Clinicians are often encouraged to hold off on labeling certain psychiatric diagnoses until an individual has reached a certain age due to ongoing brain development, particularly related to areas of emotion regulation. It is important to note that while this is the norm, there will be exceptions; there are mental illnesses that are specifically diagnosed in childhood, such as neurodevelopmental disorders and conduct and impulse control disorders. There are also some children who will show symptoms of psychosis or other mental illnesses in childhood and will receive
a subsequent diagnosis. The very nature of mental illnesses is that it presents differently in each individual, the majority of whom display or report a clustering of symptoms that aids professionals in accurate diagnosing (American Psychiatric Association, 2013).

According to Egan et al., (2015) 90% of college freshman are 18 or 19 years old, placing them squarely in the age between adolescence and early adulthood and according to Gallagher (2014) College Counseling Centers are seeing an increasing number of students coming to college already on psychiatric medications and/or with a diagnosis of a psychiatric disability. When compounded by the fact that one of the developmental stages that college students must work through is learning emotion regulation (Chickering & Reisser, 1993), the need to support students’ mental health is critical for both professional counselors (when dealing with mental illness) and other important adults in the individual’s life, such as instructors at their institution of higher education (when dealing with their emotional needs and well-being or developmentally expected life issues).

Taken together, instructors at institutions of higher education are certain to encounter emotional needs of their students both within and outside of the classroom. As counseling centers at institutions of higher education reach capacity (typically early in the semester) students might turn to instructors whom they trust to work through emotional problems for additional support. However, instructors are rarely trained to be lay counselors and might feel overwhelmed or unsure how to handle student’s emotional needs (Brzyck, 2016; Drmellivora, 2013; Green, 2015; Pryal, 2015; Savini, 2016; Schuman, 2014).
There is a gap in the research literature examining instructors’ experiences and competency in addressing students emotional needs, however, and both instructors and students would benefit from a closer exploration of how this gap impacts instructors, students, and their shared relationship. It is important to note that throughout this paper there will be a distinction between “mental illness or psychiatric disability” and “emotional distress or emotional needs.” The purpose for this distinction is that while there is research on instructors’ experiences and understanding of psychiatric disability (particularly in relation to their willingness to provide academic accommodations) (Backels & Wheeler, 2001; Becker et al., 2002; Brockelman, 2011; Brockelman & Scheyett, 2015; Megivern et al., 2003; Nolan et al., 2006), there is little research about instructors’ experiences with emotional needs that are developmentally expected (relationship break-ups, loss of loved one, homesickness, etc.).

The first two sections of this literature review will include an exploration of the prevalence of both psychiatric disability and emotional distress in college students followed by an exploration of Chickering and Reisser’s (1993) theory of college student development and Noddings (2013) ethics of care, both of which will ground the study. The third and fourth sections will consist of a broad review of the literature related to instructor experiences with students’ emotional needs and emotional distress, followed by a rationale for this study.

**Prevalence of Mental Illness and Emotional Distress in College Students**

Today’s undergraduate college students are dealing with increasing rates of both psychiatric disability and emotional needs. Mental illnesses, as defined in the DSM-V, are characterized by a “clinically significant disturbance” that causes the individual
“significant distress” and that is not culturally or socially expected or acceptable (American Psychiatric Association, 2013, p. 20). Emotional distress, however, is considered reactions to life events that might be considered developmentally or generally expected (such as academic stress, feelings associated with the ending of a relationship, grief due to loss or death, financial problems, and interpersonal struggles in peer groups, to name a few) (Kitzrow, 2003). It is important to understand the scope of the problem in order to understand the ongoing need for mental health counseling on institutions of higher education campuses, and challenges to address it. This section will include data on both psychiatric disability and emotional distress challenges facing college students today.

The National Survey of College Counseling Centers (NSCCC) (Gallagher, 2014), is a comprehensive survey of 275 college counseling centers (both 2-year and 4-year schools) that has been conducted annually since 1981 and is published by the International Association of Counseling Services (IACS). The purpose of the survey was to gain insight into the needs of college students, college counseling centers, and changes over time. In its most recent publication, the data showed that 94% of college counseling center directors reported seeing an increasing number of students presenting with severe psychological issues, in addition to increases in anxiety and depression, crises, sexual assault, self-injurious behavior, and past trauma. A review of past national surveys indicates that this number continues to rise each year and college counseling centers are left struggling to keep up with the demand for services (Gallagher, 2008; 2010; 2012; 2014). For instance, the 2005 National Survey of Counseling Center Directors (Gallagher, 2005) (the name of the study changed, however, it retained its original
purpose and aim), 9% of the student body sought counseling, which increased to 10.94% in 2014. Across years, steady increases were also seen in the number of students who are on psychiatric medications (26% in 2005 compared to 9% in 1994 and 20% in 2003) (Gallagher, 1994; 2003; 2005). Related to student mental health problems, 94% of directors noted an increase over the past 5 years of anxiety disorders (89%), crises needing immediate attention (69%), clinical depression (58%), self-injury (35%), and trauma related to recent or past sexual assault or abuse (77%).

According to the Center for Collegiate Mental Health (CCMH) 2017 annual report, there has been a steady increase in self-reported levels of depression and anxiety over the last 6 years. Furthermore, the report indicates a steady decrease in emotional distress related to academics, family distress, unwanted sexual experiences, and eating concerns; however, since the CCMHs data are based solely on counseling center clients, these data are not necessarily indicative of the general population of college students.

One way that the CCMH collects data is by using the Clinician Index of Client Concerns (CLICC) assessment, a 44-item instrument that asks clinicians to select concerns that a client reports. The top ten concerns include: anxiety (61%), depression (49%), stress (45.3%), family (30.8%), academic performance (27.7%), relationship problem (specific) (26.6%), interpersonal functioning (23.5%), self-esteem/confidence (21%), and sleep (15.2%).

The Association for University and College Counseling Center Directors (AUCCCD) also compiles an annual report, which provides complimentary and slightly more robust data collection questions. Counseling center directors (n = 518) participated in the 2015 AUCCCD Annual Survey (Reetz et al., 2015), and they were from both 2- and
4-year institutions of higher education both in the United States and abroad. Data revealed that anxiety was the most common presenting problem among college students (47.3%) as well as depression (40.1%), relationship issues (32.5%), suicidal ideation (20.2%), self-injury (12.8%), and finally alcohol abuse (10.6%).

These data support the perception that more students with psychiatric disability are attending institutions of higher education and needing services to stay in institutions of higher education, and there are an increasing number of students who are accessing mental health counseling on institutions of higher education campuses. However, not all students who would benefit from or need mental health counseling are accessing College Counseling Centers (CCCs) on campus. For instance, according to the *AUCCCD Survey* (2015) 3,470 students left school due to mental health needs, but only 1,739 of those students were clients at CCCs. In addition, 3,550 students were hospitalized due to mental health reasons, and, of these, 2,179 were clients at CCCs. Perhaps more alarming is that survey data reported that while 185 students died by suicide, only 29 were clients at the counseling center on campus (Reetz et al., 2015). While it is unknown if those students accessed mental health services off campus, there is the possibility that they were not accessing counseling on campus due to a lack of awareness of services or stigma about receiving counseling.

At the very least, we can surmise from these data that current college students are struggling and they need additional emotional support. Whether this additional emotional support needs to come in the form of counseling has yet to be determined, although CCC directors as well as students are certainly feeling the urgency. Indeed, numerous articles support the fact that college students’ mental health needs are increasing (Backels &
Wheeler, 2001; Benton, Robertson, Wen-Chih, Newton, & Benton, 2003; Eisenberg et al., 2007; Kitzrow, 2003; Novotney, 2014; Schwartz, 2015) and both the NSCCC and the AUCCCD surveys show that CCC directors are noticing this trend and struggling to meet increasing demands for services (Gallagher, 2014; Reetz et al., 2015).

**Millennials and the Increased Demand for Counseling**

The Millennial Generation, born between 1982 and 2017, is the most racially diverse generation in US history and have high numbers of immigrant (1 in 5) and parents who are not citizens (1 in 10). They are also high achievers and sheltered, which could add to increased levels of anxiety and depression (Howe & Strauss, 2007).

According to Howe and Strauss, “everywhere Millennials go … they expect to be kept safe” (p. 2). This does not just refer to physical safety, though that is of paramount concern - particularly in the selection of institutions of higher education (small vs. large and resources available on campus) – but also in the classroom related to unfair grades and biased values. Perhaps, in part because of the expectation for safety, Millennials tend to have a harder time recovering from failure or perceived failure, which would also contribute to increased anxiety among this cohort (Kruisselbrink Flatt, 2013). This information is particularly important when viewed within the context of the NSCCC and AUCCCD reports because directors of CCCs are, indeed, reporting increased rates of mental health needs, more rates of students coming into institutions of higher education on psychotropic medications, and an increased demand for services (Gallagher, 2014; Reetz et al., 2015).

In 1998, Levine and Cureton wrote that students are entering institutions of higher education “overwhelmed and more damaged than those of previous years” (p. 95) and, in
a follow-up study in 2012, Levine and Dean wrote that millennials are a generation who enter institutions of higher education without the coping skills to deal with disappointment, frustration, or failure; this is supported by data collected by the Cooperative Institutional Research Program (CIRP). CIRP conducts an annual survey of incoming freshman and publishes a report titled, “The American Freshman: National Norms,” which analyzes responses to questions about intended majors, financing of education, parental occupation, religious beliefs, political engagement, and mental health concerns, to name just a few areas. A noteworthy area related to this study is that incoming students report an increase in self-reported feelings of depression. The incoming cohort for 2014 had an all-time low (49 years of data) of self-reported emotional health (50.7%) and their self-reported frequency of “frequent depression” also rose to 9.5% (Eagan et al., 2014). This increase is critical because there is a correlation in the data that students who report low levels of mental health also report less satisfaction with their institution of higher education experience and display behaviors that are disengaging (such as arriving to class late, sleeping in class, and feeling bored in class) (Brzyck, 2016; Eagan et al., 2014; Savini, 2016). If these outcomes are, indeed, the new “normal” then it will certainly impact not only the use of counseling services on campus, but it will also have an impact in the classroom.

As instructors notice these student behaviors, and perhaps inquire about them, the student’s mental health might very well be a topic of discussion in a student-instructor meeting. This conversation could be a turning point in a student’s decision to seek or not seek counseling. For instance, if instructors have knowledge of campus counseling resources, they will be more likely to refer a student to counseling (Nolan et al., 2006).
Additionally, if instructors understand how mental health struggles might impact a student’s academic functioning, they might see the value in making such referrals (Backels & Wheeler, 2001; Mitchell et al., 2012). These feelings that students might be experiencing and their willingness to take a risk and discuss it with an instructor, can all be viewed as developmentally appropriate and expected when viewed through the lens of Arthur Chickering’s and Linda Reisser’s (1993) theory of education and student development.

**Chickering and Reisser’s Theory of Student Development**

Arthur Chickering first introduced his theory of student development in 1969 and it was met with some criticism as people viewed institutions of higher education as primarily responsible for education and not necessarily student development (Chickering & Reisser, 1993). However, over the last few decades, societal views on this responsibility has shifted to recognize that institutions of higher education also have an obligation to promote healthy student development in addition to intellectual learning and outcomes (Chickering & Reisser, 1993). Chickering and Reisser’s (1993) theory identifies seven “vectors” (or trajectories) that contribute to “lasting personal change” (p. 43). They are: (a) “developing competence” (p. 45); (b) “managing emotions” (p. 46); (c) “moving through autonomy toward interdependence” (p. 47); (d) “developing mature interpersonal relationships” (p. 48); (e) “establishing identity” (p. 48); (f) “developing purpose” (p. 50); and (g) “developing integrity” (p. 50) (Chickering & Reisser, 1993). Following a brief explanation of each of the seven vectors, a more in-depth discussion of “managing emotions” and “developing mature interpersonal relationships” vectors will follow; both of which support the upcoming literature review of this paper.
Developing competence is about the mastery of intellectual (the ability to learn content and increase the ability to think constructively), physical and manual skills (increasing athletic and artistic ability), and interpersonal competence (increasing empathy and communication skills) (Chickering & Reisser, 1993). Managing emotions is related to learning coping skills to manage emotions that might impact a student’s ability to achieve educational goals. Moving through autonomy toward interdependence refers to a student’s ability to be initially self-sufficient and goal-directed and then arrive at a place of being able to acknowledge that one does not live in isolation but rather that one must rely on others (friends, parents, coworkers, and/or partners) in a non-codependent way and in healthy relationships. Developing mature interpersonal relationships is linked to the previous vector and focuses on an individual’s ability to both embrace differences and increase one’s ability for intimacy. Establishing identity involves a multifaceted approach of being comfortable in one’s own body, comfort in one’s social circle, and having high levels of self-esteem and self-acceptance, to name a few. The developing purpose vector is focused on career and personal goals and the integration of these. And finally, the developing integrity vector is also focused on establishing and solidifying core beliefs, values, and congruent behavior (Chickering & Reisser, 1993). In the next two sections I will delve a little deeper into managing emotions and developing mature interpersonal relationships vectors, specifically as they relate to student-instructor relationships.

Managing Emotions

According to Chickering and Reisser (1993), the managing emotions vector is common to all young adults. It is a time of life where young adults are learning not only about who they are, but also about their emotions and how to identify and manage them.
Developmentally, students are coming to institutions of higher education with childhood trauma or wounds, sexual identity and sexual activity questions and exploration, increasing self-doubt as they leave a familiar place for a new environment, and/or, as we saw from the previous section, increased levels of anxiety.

For students who have not experienced past trauma, individuals must still navigate the transition to an institution of higher education and leaving home. How students manage these emotions and past histories is one developmental milestone that young adults will pass through as undergraduate college students. Learning how to manage anxiety in order to take tests and transform it into something productive, rather than debilitating is critical, so too is general emotion regulation. For instance, students dealing with sadness at the ending of a relationship must learn how to grieve in a healthy manner so that they can still get work done, continue socializing with friends, and be able to manage their sadness in the classroom or at work. However, since students are still learning this skill, it is possible that these emotions will find their way into the classroom and will need to be dealt with or addressed by the instructor. Furthermore, the student may approach the instructor for assistance in dealing with these emotions or because the feelings are impacting their academic work.

How an instructor responds in this instance can potentially have a positive or negative impact. If an instructor is able to listen and validate their feelings and offer either resources or suggestions then the experience might be viewed as helpful. However, if the instructor is uncomfortable with emotions or shaming of students’, the message might be that emotions are something to be hidden or that instructors are not safe people to approach.
Additionally, some classes might purposefully elicit emotions from students. For instance, English classes might ask students to write self-reflections or autobiographies, women’s studies classes often explore issues such as sexual assault and internalized heterosexism that might trigger emotions, and theater classes often ask students to get in touch with past or strong emotions in order to be more effective at their craft. In these situations, it is crucial for instructors to be prepared for the emotions that might arise and have a contingency plan in place for addressing them.

The need for the instructor to address these emotional reactions can be complicated by the requirements set forth by Title IX of the Education Amendments Act of 1972, which, among other things, mandates that instructors report a student’s disclosure of sexual or gender-based violence to the campus’s Title IX Coordinator or other designated individual, regardless of whether the student wishes for the report to be made. To protect students, instructors are advised to inform students beforehand of this requirement, which could potentially hamper a student’s willingness to disclose an assault (U.S. Department of Education, n.d.).

**Student-Instructor Relationships**

Chickering and Reiser (1993) considered student-faculty relationships second only to that of the students’ peers and because of this importance faculty must be clear about this relationship, set boundaries, and be intentional in the building of and maintaining of the relationship. In order to create such a relationship with students, a foundational understanding of student development (such as Chickering and Reisser’s) is critical. It is important to note that instructors should not be viewed as either therapists or
friends, but rather as “experienced professionals” (Chickering & Reisser, 1993, p. 317) who can help students problem solve and explore shared experiences.

For some instructors this might require a certain level of self-disclosure, such as sharing with students how they came to develop their own critical thinking skills, how they formed their perspectives, or why they are passionate about a particular field or course of study. In doing so, they might personalize the student-instructor relationship and minimize the power differential, which, in turn, might allow students to view instructors as someone they can trust and whose opinions they value. In creating this type of relationship, instructors are uniquely poised to provide students with an example of a healthy adult relationship, complete with boundaries, autonomy, empathy, and authenticity. Instructors can help students increase their listening and communication skills, and they can also assist students who are dealing with personal issues.

In their book, *Involving Colleges*, Kuh, Schuh, Whitt, and Associates (1991) discuss two faculty “cultures” as either being student-centered or those in which faculty have little involvement with students outside of the classroom. In their research, they found that student-centered faculty culture is often discouraged at institutions of higher education as the research-driven nature of the tenure process increasingly discourages spending too much time on teaching-related tasks, unofficial advising, and mentoring. This culture can have a critical impact on the student, not only personally or emotionally, but also academically. Pascarella and Terenzini (1991) found that students who perceived instructors as caring about them and with whom they could develop interpersonal relationships showed the greatest cognitive growth and performed better academically than student who did not perceive this relationship.
Sax, Bryant, and Harper (2005) also explored the impact of student-instructor interaction on academic outcomes, however, they differentiated the impact for women and men. Their study, which sampled 17,637 students (10,901 women and 6,736 men), drew data from the *Fall 1994 Cooperative Institutional Research Program Freshman Survey* and the *Spring 1998 College Student Survey* (a follow up survey). Among the 42 dependent variables, six were related to instructor-student interaction: “general faculty support, feeling that faculty did not take one’s comments seriously in class, challenging professor’s ideas in class, hours per week spent talking with faculty outside of class, having faculty provide opportunities for research, and feeling that faculty provided honest feedback about abilities” (p. 645). Their findings showed that students (both men and women) who spent one or more hours per week talking with instructors outside of class indicated increased satisfaction with instructors. For men, instructor-student contact showed an increase in better grades, competitiveness, increased cultural awareness, and critical thinking skills, and for women, the data showed an increase in critical thinking skills, increased confidence, and enhanced emotional mental health. What was discussed during out-of-class instructor interactions were not identified in the research, however, one might conclude that, at least for a subset of the population, discussions were not always solely academic and some level of personal disclosure might have been discussed.

Chickering and Reisser (1993) acknowledge that many instructors are not trained counselors, and they do not encourage instructors to act accordingly. However, one can be a helpful listener without being a counselor. Basic listening skills such as active listening, summarizing, and using open-ended questions, combined with unconditional positive regard, genuineness, and empathy (Rogers, 1992) can be taught to instructors
and easily implemented. This training, combined with knowledge about institution of higher education resources, such as College Counseling Centers (CCCs), and how to refer, can aid instructors in helping students. It is partly through the lens of this theory, and with the previous information about student mental health and wellness, that the literature review will be situated. The ethics of care, and in particular the work of caring within the classroom is also a critical component of grounding this study in theory.

**Ethics of Care**

Chickering and Reisser’s (1993) theory of student development frames the developmental needs of students while ethics of care (Noddings, 2013) highlights the ethical responsibility and emotional drive of instructors. When viewed intersectionally, these two theoretical orientations provide a solid framework within which to situate this study which will be discussed in the next section. Ethics of care and how it has been studied and used within classroom spaces are explored in this section.

The study of ethics of care emerged out of feminist scholarship in the early 1980s in response to the stereotypically male voice of the study of ethics (Gilligan, 1982; Noddings, 2013). Gilligan and Noddings both argued that women engage with ethics from a different perspective and journey – one that is often more emotionally centered, “rooted in receptivity, relatedness, and responsiveness” (Noddings, 2013, p. 2), and is inherently more feminine than masculine. They both also situate the innate desire to care in the feminine. That is not the say that men do not also care – they do, but because our earliest memories of caring come from our relationship with our mothers, we often view caring as a maternal or feminine act. As will be explored with participants, the act of caring in higher education can often fall on the shoulders of female instructors (Gilligan,
1982; Green, 2015; Noddings, 2013), is often devalued by both departments and the institution itself (Green, 2015), and yet, caring can ultimately be viewed as both an ethically required component of teaching (Noddings, 2013) and a developmentally needed support for students (Chickering & Reisser, 1993).

**The Emotional Work of Caring**

In her seminal work *Caring: A Relational Approach to Ethics and Moral Education*, Nel Noddings (2013; first published in 1984) argues that educators have an ethical responsibility to care for their students, that morality is and should be a goal of education, and that in order to accomplish this instructors and students must build mutual relationships of trust. According to Noddings, the ethics of care “is concerned with how, in general, we should meet and treat one another – with how to establish, maintain, and enhance caring relations” (p. xiv). Indeed, the relationship between the student and instructor in care ethics is critical, as it is in both the receptive act of caring (what Noddings calls the ‘cared-for’ (p. 19)) and the giving act of caring (the ‘one-caring’ (p.30, 2013)) that the relationship is situated. Both parties must be willing to engage with each other and will be affected by the relationship. Noddings admits that this outcome is not always emotionally easy, but argues that people are ethically obligated to care “by virtue of our mutual humanity” (p. 86). It is helpful to note that Noddings makes a clear distinction between ‘caring-for’ (an act done by the one-caring and is expressed through a series of acts of attention and responses that culminate in a caring relationship) and ‘caring-about’ (which is illustrated through expressions of concern but does not require the relationship). An example of caring-about is being generally concerned about a student who might not be excelling academically, without reaching out to that student.
Caring—for that student would require that the instructor reach out and establish a relationship with the student and thereby manifesting their concern with action and the building of a relationship.

Noddings (2013) further acknowledges the potential emotional toll that comes with caring: that the act of caring for another might become burdensome and that one might become overwhelmed by the act of caring. And yet despite this situation, caring continues to be both intuitive for the giver and much needed for the receiver. We are, in essence, hard wired to both give and need care and yet it can sometimes be a difficult or uncomfortable act for both parties.

**Boundaries and the Act of Caring**

The act of caring for someone requires empathy on the part of the one-caring. It requires that one be able to both feel with the person that they are caring for and it requires that one leave their own comfort zone to be in that moment with the feelings of the other. It is an act of courage (Brown, 2015) and selflessness (Noddings, 2013). In this act of selfless courage, however, the one-caring also gets something in return—a perhaps undefinable feeling of having done something good, but also altruism and connection to others. One cannot, however, give selflessly of oneself all of the time. Boundaries, as the researcher/social worker Brene Brown once said, “is about having the courage to love ourselves, even when we risk disappointing others” (Brown, 2013, n.p.). Yet this is something that we are not often taught how to do outside of a professional counseling (or related career) program.

Boundaries are delimitations of roles for two people in a relationship, be it that of counselor-client, teacher-student, parent-child, between friends, or between co-workers.
They help to establish guidelines for the relationship, agreed upon acceptable or unacceptable behaviors, and act as a way to set limits of caring (Brown, 2013; Herlihy & Corey, 2015; Wuest, 1998). Boundaries can also act as personal limits or guidelines for what an individual is willing to do, accept, or engage in. In a caring relationship, boundaries can help the one-caring balance their concern for another with their own needs (Wuest, 1998). In a grounded theory study, Wuest studied the boundary setting process of women who were in varied caring situations. Wuest found that caring demands that were changing or conflicted with other demands were the most problematic for women and required that women set boundaries. Boundary setting required a strategy of determining the legitimacy of the request, comparing it to one’s own needs, while considering the social context (reward, ideals, proximity to the person they cared for, and available options). An interesting finding was that women who cared for others in a non-reciprocal relationship (that of obligation or duty to the cared-for) displayed higher levels of ambivalent feelings and conflicts with recipients of their care. For the purpose of this study, this relationship is an important finding because instructor-student relationships are frequently one-sided, which could impact emotional responses and altruistic feelings that the one-caring experiences.

**Compassion Fatigue in Boundary Deficient Professional Relationships**

A failure to establish boundaries within a caring professional relationship, particularly one that is not fully reciprocal (as in counselor-client or instructor-student relationships) has the potential to lead to compassion fatigue and/or burnout. Compassion fatigue (also referred to as vicarious trauma) is what Figley (1995) refers to as the “cost of caring” for other people. It is characterized by a persistent state of arousal and tension
that can occur as a result of emotionally caring for people who are suffering (American Counseling Association, n.d.; Figley, 1995). Burnout, on the other hand, tends to build up over time, is characterized by emotional numbness and apathy, and is alleviated by changing jobs or taking time off (American Counseling Association, n.d.). Compassion fatigue has been studied and documented across varying professionals such as counselors, humanitarian aid workers, nurses, and special education teachers (Connorton, Perry, Hemenway, & Miller, 2012; Hoffman, Palladino, & Barnett, 2007; McCann & Pearlman, 1990; Sinclair & Hamill, 2007), however, it does not appear to have been studied among higher education instructors. The possibility that instructors might be feeling either burnout or compassion fatigue, given that students are seeking them out for emotional support should not be overlooked and could be a critical red flag when discussing ethics of care and obligations and requirements of providing that care work within an educational framework.

**Bringing Two Theories Together**

Chickering and Reisser’s (1993) theory of student development and Noddings (2003) ethics of care theory are not mutually exclusive, but are instead complimentary. On the one side, you have the theory of student development which helps explain developmental needs and tasks young adults face as undergraduate students. Most of these vectors are either inherently interpersonal (developing interpersonal competence, moving from autonomy to interdependence, and developing mature relationships) while others are intrapersonal (establish identity, developing purpose, and developing identity). And yet, intrapersonal changes do not happen in isolation (Chickering & Reisser, 1993). As humans living in the world, we are constantly impacted by people, cultures, and
events surrounding us and relationships among these influencers (Bronfenbrenner, 1994).

Ultimately, even the intrapersonal can form from an interpersonal experience.

On the other side, you have the ethics of care (Noddings, 2013), an ethics of action that requires two people to engage in a trusting relationship with each other. However, because instructors and students are in an uneven power dynamic (Casto, Caldwell, & Salazar, 2005) care must be taken in the formation and maintenance of the relationship. Thus, understanding developmental needs of students can assist faculty in both understanding students’ actions, feelings, and thoughts, and conceptualizing students’ needs both developmentally and emotionally. Part of the necessity for Chickering and Reisser’s theory in this study is that in understanding how instructors engage in the care work, it is important to be able to situate the students’ needs and the relationship within a developmental framework. By adopting this framework, we can better understand how instructors might tailor responses, relationships, and boundaries, and how the institution might tailor its services to the student in need. Below is a thematic depiction of how the two theories overlap and how to conceptualize the action-oriented results of the relationship that is formed.
Figure 1. The Convergence of Student Development Theory and the Ethics of Care. How utilizing the two theories together can help us understand the instructor experience in performing care work.

Instructor-Student Mentoring Models

Instructor-student mentoring is related to this study in that it involves a relationship with an experienced individual helping a less experienced individual with a distinct purpose in mind (for instance, developing knowledge or competence in a certain area). However, the nature of mentoring relationships is typically one that is ongoing (Brown, Davis, McClendon, 1999; Crisp & Cruz, 2009). The most comprehensive definition of the mentoring relationship in the literature was written by Roberts (2000), who defined mentoring as “a formalized process whereby a more knowledgeable and experienced person actuates a supportive role of overseeing and encouraging reflection and learning within a less experienced and knowledgeable person, so as to facilitate that
person’s career and personal development” (p. 162). While supporting students’ emotional needs would certainly fit within this paradigm, it is not quite an exact fit— for instance, the nature of the instructor/student relationship is often time-limited (for a semester) and it does not always involve career or personal development. However, the model provides some helpful grounding for this study, particularly because instructors do provide emotional and moral support throughout their time with the student and role modeling—which are also closely aligned with Chickering and Reisser’s (1993) theory of student development and are therefore pertinent and important to this study.

**Theories of Instructor Development**

In working to identify a suitable theory to ground this literature review, several theories of instructor development were also reviewed and will be discussed in this section. The theories, while interesting and helpful to the overall understanding of the role of instructors, they are focused almost entirely on the work that instructors do in the classroom or during the promotion and tenure process. However, their role as emotional supporters to students is done almost entirely outside the classroom (Athey & Hoffman, 2007; Meyer, 2013).

One framework for instructor development is that of the “Master Teacher Initiative (MTI)” (p. 1) as described by Athey and Hoffman (2007). The MTI is focused on increasing the quality of teaching at institutions of higher education through a hub or centralized department whose primary purpose is improving teaching competencies. The MTI program begins during new instructor orientation, and continues throughout the year by offering workshops, tips, and mentoring. However, all program components are focused on teaching competency. This framework is noteworthy, however, because an
institution of higher education that uses this model could potentially incorporate trainings related to the emotional support of students.

Another area of emerging instructor development research is focused on instructors who engage in online teaching. In a paper given at the 19th Annual Sloan-C Conference, Meyer (2013) reviewed the published literature on instructor development related to online teaching. Meyer acknowledges that models for instructor development have morphed over the decades from being focused on research skills in the 1950s, to being focused on teaching skills in the 1960s and 1970s, shifting to student learning in the 1990s, and culminating in the current era of instructor development in the era of technology. In this era, instructor development is still focused primarily on teaching, diversity enhancement, and career stages. One of the main issues that emerged from the literature review, was the lack of theory used in most papers on instructor development (only 15%). The other critical issue that arose in the review was the lack of attention to instructors’ differences or that they were contained to a particular institution of higher education, and thus generalizing instructors’ development as a “one-size-fits-all” (p. 11) model that does not consider individual differences and experiences.

A review of the Journal of Faculty Development from 2008-2016 was conducted and revealed no articles discussing instructor-student engagement or instructors providing students with emotional support outside of the classroom. The main themes of the articles related to: instructor productivity, teaching competence (e.g., using group work for learning, effective PowerPoints), career development trajectory (including coming to teaching after a career in the field), student learning process, online learning, and using technology in the classroom.
Since instructor development theories fall short of helping us understand how instructors evolve and grow over time as instructors – and how this growth effects students and the instructor-student relationship – Chickering and Reisser’s (1993) theory of student development and Noddings’ (2013) theory of the ethics of care allows a more robust and comprehensive collective theory within which to ground the review of the literature.

**Critical Issues That Emerged from the Literature Review**

As stated in the introduction, the purpose of this literature review is to examine the research that has been conducted related to instructors’ experiences with students’ emotional needs and emotional distress. In order to gain a full understanding of these phenomena, it is helpful to explore the literature that pertains to instructors’ experiences with both mental illness and emotional needs of students in order to gain a more robust understanding of the issue. Furthermore, because there is limited research to-date of instructor’s experiences with students’ emotional distress, incorporating mental illness provides a broader scope.

There were four critical issues that emerged in reading the literature: (a) instructors’ frustration with not feeling prepared to handle students’ mental health needs, (b) academic accommodations for psychiatric disabilities, (c) promoting positive mental health/well-being in the classroom and increasing instructors’ knowledge, (d) and Counselor-in-Residence programs to support staff in residence halls. These four issues made up the majority of scholarly and non-scholarly articles on issues of student mental health and emotional well-being and instructor interaction. As previously stated, exploring how instructors perceive and handle students’ needs with psychiatric disability
provides a broader scope and understanding of how instructors perceive their own competence in addressing the mental health needs of their students.

**Instructors Frustration and Unpreparedness**

Over the last 3 years, several articles (and blogs) have been written in online publications such as *The Chronicle of Higher Education, Chronicle Vitae*, and *Inside Higher Ed.* about instructors encounters with student mental health needs. What these articles have in common is instructors’ uncertainty and unpreparedness for dealing with increasing emotional needs of students and an underlying *fear* of students with mental illness. With the recent rise of campus shootings, it is understandable that there is increasing (although misplaced) fear and an increased societal misconception that people with mental illness are violent (when in fact, people with mental illness are far more likely to be victims of violent crimes than perpetrators (Peterson, 2014). This truth, compounded with the fact that many mental illnesses begin in the late teen and early adulthood (college age) years (American Psychiatric Association, 2013), can mean that instructors are on the front lines of student mental health needs.

In 2013, a blogger who goes by Drmellivora, wrote a post titled “I’m your Professor, not your Therapist,” on her blog *Tenure, She Wrote*. In this post, she shared that dealing with students’ emotions was the one thing that she felt completely unprepared for as a new instructor. The tone of the article is somewhat incredulous that students have intense emotions or are dealing with past or current trauma or psychiatric disability. She writes, “I was a little befuddled when my ‘mentor’ told me that if a student seemed to need real ‘help’ I should offer to take them over to psychiatric services – as if that was a common occurrence … I had NO idea what to do” (p.1). Her piece is short,
and offers no solutions, however she elicited comments from readers. Forty-six people commented, many in agreement with the author that they, too, were not prepared for this as a new instructor. One commenter wrote:

This is very timely for me! This semester I have had several students in tears repeatedly. For very good reasons, but tears nonetheless. I’m their TA, not their friend, but I do care about my students as people. I want to be supportive and compassionate, but I do not want to take on the emotional burden of strangers’ tears. I want to keep my emotional energy for those I care about—my close friends and family.

Julie Schumacher (2014) wrote an op-ed in the *New York Times*, titled “Was this Student Dangerous?” In it, she details her experiences of talking with a student of a colleague who had “written poems about killing people” (p. 1). She discusses her plan to ask the student if he had plans to harm himself or anyone else. She never got the answer to that question, but wrote at length about her fear in that situation, of the lack of administrative support, and of “sentry … outside her classroom” (p. 2) while she taught. Rebecca Schuman (2014) wrote, “Do You Have Plans to Harm Yourself or Anyone Else?” for slate.com after reading Schumacher’s op-ed. In it, she recounts her own experience of dealing with a student who frightened her and stated, “I want assistance of a trained professional and I want it now” (p. 3). Schuman concludes with a call to administrators that students who “communicate ‘distress through writing,’ be barred from returning to class” (p. 3) until evaluated by a professional. Her article, like Schumacher’s, is designed to elicit fear. In both articles, the author provides no solution or advice, but perpetuates the misconception that people with mental illness are potentially violent
persons who should be closely watched. However, both articles contain clear requests from instructors for more support and more training in handling the mental health needs of students.

In an additional response to the blog post by Drmellivora, Katie Pryal (2015) published an article in the Chronicle Vitae (an online academic community) titled, “We are Not Prepared for Students in Distress,” a call-to-action for increased mental health training of instructors. She acknowledges “… as educators we are on the front lines of students’ mental-health issues” (p. 2) and provides some advice for instructors to be gentle with themselves (and know if they are not comfortable with feelings), to understand when to seek out professional assistance, and how to assess for suicide. In doing so, she offers some solutions that were missing from Drmellivora’s post but stops short of addressing the increasing and ongoing need of incoming college students.

Two articles in Inside Higher Ed and The Chronicle of Higher Ed. (Brzyck, 2016; Savini, 2016) focus on ways to address the mental health needs of students and support instructors. Both Brzyck (2016) and Savini (2016) promote proactive referrals to College Counseling Centers (CCCs) and integrating mental health wellness into the curriculum (this will be explored further in the section on curriculum infusion). Brzyck acknowledged that instructors and advisors are “just not taught to think [of student’s overall well-being]” (p.2) and encourages institutions of higher education to institute a “systematic process that helps students” (p. 2) that incorporates emotional well-being in addition to career and educational goals. Savini (2106) makes the case that how instructors perceive students’ behavior in the classroom might be biased. For instance, she argues that a student who wears ear buds in class during a writing activity might
appear disrespectful and inappropriate, but upon getting to know the student she learned that the background music helped him concentrate – he was on pain medication following a severe car accident and had trouble sleeping and staying focused.

Brzyck (2016) examined best practices that infuse well-being approaches into academic advising, curricula, and CCCs via student workshops and he urges institutions of higher education to be more proactive in their approach to student counseling beyond waiting for students to access services at CCCs. Savini (2016) suggested promoting mental health wellness into curricula through mentioning campus events, including a statement on syllabi, distributing CCCs information in class, and verbally checking in with students who are missing class or appear to be disengaged or struggling.

The final article for this section stands out as an opinion piece focused on the benefits of being an instructor who does the work of listening. Myra Green (2015), in her article “Thanks for Listening,” estimates that “someone cries in my office at least once every three weeks” (p.1). One of the standout parts of Green’s piece is her description of “care-work” that female instructors (predominantly) often engage in: listening, problem solving, and empathy all take time – time that is often unaccounted for and not quantifiable when going up for promotion and tenure, but that is critical none the less.

All of these articles are interesting in their own right, some for the sensationalism and some for their strategies. As discussed in the theory section of this paper, it can be expected that students will struggle with emotions while at institutions of higher education. Students will face loss and trauma, will need to find new coping skills, and will tentatively form new, adult relationships with peers and instructors. What all but Green’s article ignores is that emotions that instructors are encountering are
developmentally normal. Currently though, this seems to be compounded by instructors’ fears – of mental illnesses and the potential for violence, of not feeling prepared or competent to handle students’ emotions, and even of a willingness to do the work with the knowledge that it will not be counted and appreciated by departments. Furthermore, if a developmental milestone for students is the creation of mature interpersonal relationships, then it could be argued that leaning in to this hard work, to be engaged with students where they are, however they are, is critical. If instructors are to model these mature relationships, then they must go beneath the surface of academia, when needed, in order to assist students in their emotional development (Brzyck, 2016; Chickering & Reisser, 1993; Kitzrow, 2003; Kuh et al., 1991; Mitchell et al., 2012).

**Academic Accommodations for Mental Health and Psychiatric Disabilities**

Instructors’ perception of making accommodations for students with mental health or documented psychiatric disabilities is the second issue to emerge in the literature. The research in this area is in the last 15 years and is generally complimentary. Overall, instructors are somewhat open to providing accommodations, however, the literature also reinforces that instructors lack knowledge about mental health and psychiatric disabilities.

Backels and Wheeler’s 2001 study *Faculty Perceptions of Mental Health Issues Among College Students* is a quantitative study that surveyed instructors’ perception of mental health needs on academic performance, willingness to provide accommodations, and how likely they would be to refer to CCCs. Questionnaires were sent to 337 individuals and 113 were completed. The questionnaire asked three questions about 15 different presenting problems with answers given on a 5-point Likert-type scale. The
mental health needs (or presenting problems) used were: identity issues, anxiety, death of a parent, stress, substance abuse, family problems, relationship problems, learning disabilities, sexual assault, eating disorders, divorce of a parent, LGB issues, test anxiety, depression, and suicidal ideation. Results indicated that the majority of instructors viewed mental health needs as having a significant impact on academic functioning (all except LGB issues), however, they were not likely to provide accommodations even for those presenting problems that they deemed to have a significant effect (the two highest being anxiety and depression). If, however, the presenting problem was a “crisis situation,” such as death of a parent or sexual assault, instructors would be more likely to provide accommodations.

Related to their willingness to refer, presenting problems with the highest rate of likelihood to refer were suicidal ideation (97%), sexual assault (95%), substance abuse (95%), followed by depression (84%), death of a parent (80%), learning disability (75%), and eating disorders (76%), suggesting that instructors often do not consider referrals for non-crisis situations. This outcome is important because presenting problems used in the study were issues most frequently seen at CCCs for that institution of higher education. If instructors, however, either do not understand the severity of the issue, or are not aware of services, then students most in need of counseling services might not be receiving them. It is also important to note that many presenting problems would not be considered a psychiatric disability, but rather emotional or situational distress. This distress might be developmentally appropriate, such as test anxiety or issues of self-concept or self-esteem, but the student would still benefit from a referral to a professional counselor.
Furthermore, there is the potential for the instructor to be dismissive of these issues, particularly if they do not deem it worthy of either referral or accommodation.

Becker et al.’s (2002) study of instructors and student attitudes, beliefs, and knowledge of mental illness supports the previous section’s discussion of the fear of students with mental illness and the perceived threat of potential violence. The study was designed with the purpose of implementing supported education services at a south Florida university for students with mental illness. The study contained a section designed to measure the ability to identify mental illnesses using a 4-point Likert scale. The survey aimed to gain an understanding of instructors and students perceived understanding of mental illness, knowledge about rights of students with mental illness, and ability to work with students with mental illness. The quantitative study used descriptive statistics for individual items and bivariate and multivariate results for study variables were used for each sample (instructors and students).

A particularly interesting finding in the research was that while nearly all instructors (96%) considered mental illnesses a serious illness, only 67% were able to discern if a student was dealing with mental illness or was just “upset” (p. 362). Of further concern is the fact that one-third of instructor respondents reported that they would not feel competent in referring students to counseling services provided by the institution of higher education and only 68% of instructors were aware of the services that the institution of higher education had available to students. In their discussion, authors acknowledge that results indicate a potential for discrimination for some students with mental illness due to the stigma associated with the disability: “Not surprisingly,
study results show that instructors’ sense of fear and moral judgment increases with their sense of discomfort and feeling not secure around students with mental illness” (p. 367).

What we have seen so far is that there is a level of feeling both unsafe and unprepared in dealing with the mental health needs of students. Instructors report low levels of self-perceived competence in both identifying and addressing mental health needs of students (Becker et al., 2002; Backels & Wheeler, 2001; Brockelman, 2011; Brockelman & Scheyett, 2015). Furthermore, research suggests that even when instructors self-rate themselves as knowledgeable about mental illness there are significant limitations in their knowledge (Brockelman, 2011; Brockelman & Scheyett, 2015). If institutions of higher education are to continue supporting the growing mental health needs of their students, both those with and those without a psychiatric disability, all instructors must be educated about mental illness and know how to refer to appropriate services (Kitzrow, 2003; Soet & Sevig, 2006; Watkins et al., 2012).

**Promoting Positive Mental Health and Increasing Instructor Knowledge**

Two positives that came out of the non-scholarly online articles discussed in *Faculty Frustration and Unpreparedness* were calls for increased training of instructors and suggestions on how to incorporate positive mental health and emotion exploration in the classroom. These two positive outcomes are both solidly in line with the Chickering and Reisser’s (1993) theory of college student development and Noddings (213) ethics of care. There are numerous scholarly articles that also address curriculum infusion as one way to promote positive mental health and well-being in the classroom from supporting students’ help seeking behaviors to inclusion of class materials and assignments (Eisenberg et al., 2009; Eisenberg et al., 2007; Kenney & Grim, 2015; Mitchell et. al.,
Before discussing how to promote positive mental health and infusing it in the curriculum, it is first important to understand the process that leads students to seek help and some of the barriers that they might face in that process.

**Help-seeking behavior.** The help-seeking process has been defined as “those events occurring between the point when problems are first recognized (onset) and the point when the subject entered the mental care system and stayed in treatment for more than one session” (Lin et al., 1982, p. 79). Essentially, what is the process that individuals employ between realizing they have an issue that needs to be addressed and the start of treatment. In between these two points are numerous factors that can influence an individual’s help-seeking behavior, such as awareness of services, barriers to service, skepticism, and cultural considerations (Eisenberg et al., 2007; Lin et al., 1982).

Eisenberg et al.’s (2007) qualitative study of students help-seeking behavior identified numerous factors that contributed to help-seeking behavior and students’ ultimate access of service. The primary causes for the delay in seeking treatment were the result of not believing treatment was needed, the belief that the stress they were experiencing was normal in school, and being too busy to seek out treatment. Furthermore, although 15% of students surveyed received counseling or psychotropic medication only 36% of students who were diagnosed with major depression were treated, leaving an incredibly high number of students who would benefit from counseling and/or medication without treatment. This low number was attributed to lack of knowledge of available services and not finding counseling or medication helpful.
**Barriers to service.** Other studies have also identified barriers to accessing services, including: time constraints, privacy issues (related to insurance disclosing treatment to parents), stigma, and deficits in the area of emotional openness (Eisenberg et al., 2009; Komiya et al., 2000; Megivern et al., 2003). Eisenberg et al.’s (2009) study of stigma and help-seeking behavior among college students, assessed the difference between perceived public stigma and personal stigma and its impact on help seeking behavior. Public stigma, in this study, is defined as the negative perceptions and stereotypes held by a society or community. Personal stigma is defined as occurring when an individual identifies with a stigmatized group and internalizes negative perceptions and stereotypes of that stigmatized group that are held by the community/society and apply the stigma to themselves. It was found that personal stigma was a greater barrier than public stigma in help-seeking behaviors, however, high personal stigma was correlated with high public stigma. These findings suggest that cultural considerations played a role in levels of stigma. For instance, international students reported higher levels of personal and public stigma than U.S. born students and Asian and Latino students reported more negative stereotypes and beliefs about mental health treatment than white or African American students.

The authors concluded that students would benefit from campus-wide initiatives to reduce public mental health stigma. Furthermore, they also recommended interventions aimed at reducing stigma held by instructors as this could increase the likelihood of students talking with instructors about mental health concerns that might be impacting their academic performance. To reduce personal stigma, the authors recommend
educating students about mental health issues, as the next section on curriculum infusion supports.

This intervention was also supported in the Komiya et al.’s (2000) research of emotional openness has a predictor of help-seeking behavior in college students. The authors investigated whether fear of emotions, stigma, or being raised in a home that inhibited emotional expression was a barrier to seeking help. They found that higher levels of stigma, restricted access to emotions, and gender (male) correlated with higher reluctance to seek psychological treatment. The authors also recommended education to reduce stigma and provide “pretreatment education” (p. 142) to address client fears.

Megivern et al.’s (2003) research focused on individuals with psychiatric disabilities and their barriers to higher education, however, the research findings are useful for this section. The qualitative study explored experiences that people with psychiatric disability had while in college and barriers that they faced during their education. Almost half of participants reported that their psychiatric symptoms impacted their academic studies. Twenty percent reported that their psychiatric symptoms did not interfere with their academics, however, they also noted that environmental supports, including supportive experiences with instructors, helped them to stay in school.

**Curriculum infusion.** One way to ease some of these barriers is through curriculum infusion: infusing discussion and knowledge of mental health and well-being throughout curricula, starting in orientation and progressing through individual classes, residence life, on-campus activities, and advising. This strategy has had documented success in numerous areas, including nursing, multicultural competence in counseling, alcohol abuse education and mental health promotion, to name a few (Adams, 1992;
Mitchell et al. (2012) explored curriculum infusion as a way to increase instructors’ engagement in suicide prevention and promoting positive mental health. In the study, they worked with various departments (visual arts, dance, marketing, design, and theater) to address stigma related to mental illness and promote well-being strategies. Examples of course infusion included having students create marketing campaigns, choreography to “[heal] the mind and spirit through dance” (p. 27), campus-wide writing contests, and playwriting. The impact on instructors’ referrals to counseling (a goal of the project), was unclear, however there were increases in requests for training on mental health needs by instructors and requests for educational programs related to mental health also increased. One barrier noted was the cost to implement such a program, including in the time needed to adequately recruit and train instructors.

Yearwood and Riley (2010) conducted a 2-year qualitative study of students in a baccalaureate nursing program and their experiences with curriculum infusion of mental health issues through the Bringing Theory to Practice (BTtoP) program. BTtoP is a national project that engages institutions of higher education in reaffirming the well-being of the whole student in addition to learning and civic development (http://www.bttop.org). Researchers found that using a curriculum infusion model to discuss mental health needs allowed space for students to discuss issues they were facing as college students in a supportive environment. Importantly, it helped students to realize that their instructors were committed to creating a relationship with them that went
beyond academic achievement to encompass holistic self-care. Students also reported decreased stigma towards mental health and increased empathy towards their peers.

**Increasing instructor awareness.** Another successful program to educate instructors about mental health and increase their referral rate is documented by Nolan et al., (2006) called the “Counseling Center Faculty Awareness Program.” This program is targeted to new instructors and is a tiered approach to increasing knowledge of available resources on campus and connecting instructors with potential contacts for consultation and referral. Three steps included mailing new instructors a packet of information with an introductory letter one week after new instructor orientation and following up this mailing with a telephone call (instructors also received information about services during orientation, the first step). Authors conducted a quantitative study to determine program effectiveness and found that information given at orientation alone was wholly inadequate, and that personalized mailings and follow up phone calls increased the number of times new instructors referred students to the counseling center. In fact, they were 46% more likely to refer than those in the control group who received orientation materials only.

This section of the literature review reaffirms that while instructors lack knowledge of mental health needs there are numerous ways to increase knowledge and incorporate positive mental health promotion in the classroom. This can be an effective tool, not only in increasing referral rates, but also in assisting students to learn more about themselves, how to manage their emotions, and in modeling healthy boundaries and relationships.
Counselor-in-Residence Programs

The final issue that arose in the literature review was the inclusion of Counselor-in-Residence (CiR) programs. It is being included in this literature review, not because it targets instructors directly (it does not), but because it can provide a potentially future model for assisting instructors in addressing the mental health needs of their students.

Counselor-in-Residence programs involve embedding a licensed mental health counselor in residence halls in order to assist employees in residence halls address mental health needs of students living there. In its early iteration (1990s), CiR programs embedded a counselor in on-campus dormitories to provide mental health counseling directly to students. However, with the growing number of students seeking mental health counseling, this model needed to be modified (Davis et al., 2001; Rawls et al., 2004). In order to meet changing demands and increasing needs of today’s college student, CiR’s had to be reconfigured. Today, CiR programs have a stronger focus on psychoeducation and crisis intervention for students, in addition to education and consultation for residence life employees, rather than providing direct care. Something which, if potentially transferred to provide education and direct support to instructors, could have a tremendous impact on instructors feeling supported, competent, and able to adequately and appropriately make referrals (Davis et al., 2001; Rawls et al., 2004).

Future Needs

We know from the substantial research of student mental health and mental illnesses that the number of students seeking counseling services from institutions of higher education is on the rise. Long wait times and limited number of sessions means that CCCs are pushed to capacity in addressing the needs of all students. Given that
developmentally, students are at a time in their lives where they are exploring emotions, developing relationships, and grappling with understanding themselves and their identities, it is critical to provide them the support that they might need. In order to do this, instructors are unwittingly first responders.

**Study Rationale**

The review of the literature has revealed research into instructors’ competence and knowledge of mental illness, specifically, their likelihood to refer to CCCs, their willingness to provide accommodations, and their understanding of the severity of both mental illness and emotional distress. However, the research also indicates that instructors are less knowledgeable about mental illness, when to refer, and what campus services are available, than they could be. Furthermore, there is a significant gap in the literature related to how instructors feel about dealing with the emotional crises and the emotional expressions of their students and how to respond to these situations. While there is a handful of opinion pieces showing a growing trend of instructors struggling with meeting emotional needs of their students, and in some cases, feeling fearful of emotional expressions of some students, there is virtually no scholarly research in this area.

The focus of this research will aim to address this gap. Before it is possible to figure out how to address instructor needs in meeting students’ emotional needs, it would be helpful to gain a more intimate understanding of what instructors face. Why are students seeking out instructors? Do instructors feel competent in addressing these needs? Are students seeking them out for emotional support (research and online op-eds indicate they are, but even if they are not, emotional behavior might need to be proactively...
addressed)? If they are sought out, or if they need to reach out to students who appear to be struggling, do they feel competent in addressing needs that might come up? Do they know where to refer to on campus and do they feel supported by department faculty? Do their department faculty value this ‘care work’ or is it a ‘necessary evil’? How do instructors manage their own emotional reactions to stories that they hear from students and the potential for vicarious traumatization? In my own work, I have had students disclose the death of a parent (by suicide or illness), sexual assault, and effects of living with a parent who has a severe mental illness, to name just a few. I have also had a current student die by suicide. As a counselor, I am professionally trained to address these needs and I know how to take care of my own well-being in the process, but do instructors who do not have clinical training know how to do so as well?

In gaining insight into how instructors experience and manage emotional needs of their students, future studies can focus on how best to assist instructors in this process. For instance, future studies might focus on programs to best educate instructors on mental health and emotional well-being, in addition to teaching basic counseling skills, such as building rapport and active listening, and how and when to refer students for professional help. College is a critical time in a young adult’s life. It is a time of change, as they leave home and the security of their friends and families, and for many it is their first time starting over. They are developmentally tasked with finding out their beliefs, their emotions, and their identity, and yet are frequently offered too little support in tackling these developmental milestones. If institutions of higher education can assist, support, and value instructors in assisting students in these areas, it could have a tremendous impact on students’ overall well-being.
CHAPTER 3: METHODOLOGY

Today’s college students are coming to institutions of higher education more overwhelmed and more anxious than in previous years (Eagan et al., 2014; Levine & Cureton, 1998), and college counseling centers (CCCs) are struggling to keep up with meeting students needs for mental health counseling and support (Gallagher, 2014; Novotney, 2014). One particular group within institutions of higher education that are on the front lines of both witnessing and providing support to students are instructors. When students are struggling emotionally they might turn to instructors for accommodations and flexibility in due dates, emotional support, and/or for referrals to campus mental health services (Hunt & Eisenberg, 2010; Kitzrow, 2003). Furthermore, if instructors are teaching classes that elicit emotionality in their students (such as theater, counseling, or women’s studies classes) then students might also turn to those same instructors for support in managing the emotions that are elicited. As discussed in this literature review, there is a difference between addressing needs of students with mental illness, dealing with a crisis (for example, the death of a parent or the loss of a friendship or relationship), or developmentally expected emotions/issues (such as identity issues, ability to manage emotions, or the changing nature of relationships) (Chickering & Reisser, 1993).

In recent years, struggles and concerns that instructors encounter in dealing with students’ emotional needs has been documented in several opinion articles (Brzyck, 2016; Drmellivora, 2013; Green, 2015; Pryal, 2015; Savini, 2016; Schumacher, 2014). The common element in these articles is the fact that instructors feel unprepared in meeting emotional needs of students. There is research into instructors’ willingness to make accommodations for documented psychiatric disabilities, the level at which they are
able to identify certain mental illnesses, and their likelihood to refer to CCCs. However, there is a gap in the literature in understanding instructors’ experiences in addressing and managing emotional needs of students who do not meet the criteria for a psychiatric disability but are dealing with emotional distress, a crisis, or a struggling emotionally.

In order to address needs in this area, one must first gain a deeper understanding of their experiences and perceived deficiencies in their competence to assist, support, and listen to students.

**Researcher Lens**

Who I am as a researcher is intrinsically tied to my theoretical orientation and worldview, which must be situated as part of the study’s design. My theoretical orientation will both inform and guide my research methodology as well as my analysis of data. As a researcher, I align with postmodern thinking and the interpretivist paradigm. My experiences in the world are a fundamental part of who I am and how I construct my reality and language (Hansen, 2015). Because these experiences inform my values and worldview it will also impact all aspects of the study – from how I phrase questions to how I interpret data.

**Postmodernism**

Postmodernism is an intellectual movement that evaluates and analyzes how individuals view their world, and in particular, ways in which individuals conceptualize themselves and the meaning of truth (Rosenau, 1992). It has been used in numerous professions such as counseling, literature, and physics (Hassan, 1987). One main aspect of postmodernism is the critique of *truth* – or that which people believe to be accurate and unquestionable. That being said, truth is open to interpretation and constrained by
one’s knowledge and, it could be argued, culture. An example that Hansen (2015) uses is the truth that influenza is caused by a virus and not “evil spirits” (p. 356), thus allowing doctors to appropriately and accurately treat the illness. The same could be argued for mental illness or emotional distress – today, practitioners (and much of the general public) believe mental illness or emotional distress to be the cause of trauma (e.g., PTSD), an imbalance of chemicals in the brain (e.g., psychosis or depression), or a genetic predisposition (e.g., schizophrenia or alcoholism). The postmodern critique of truth is also relevant to language – how people use language to describe phenomena in the world around them and within themselves and how the use of language impacts the experience (Hansen, 2015).

Another aspect of postmodern thought is the critique of Self, specifically that people understand and experience themselves in relation to others. Self does not reside internally, but rather in the space created within our relationships with others. Thus, we change and understand ourselves in direct correlation to the relationships that we have with others (Gergen, 1991). The postmodern critiques of both truth and the Self will be used in the analysis of the data as a way of understanding and deconstructing participant narratives.

**Interpretivism**

In their text on how to conceptualize methodologies, Walter and Anderson (2013) make the case for conceptualizing methodologies from the framework of the “researcher standpoint” (p. 45), which is made up of the researcher’s social position, epistemology, axiology, and ontology. As stated in the previous section, my research paradigm is interpretivism, which is the belief that individuals derive meaning and seek understanding
from the world in which they live through their subjective experiences (Creswell, 2013; Denzin & Lincoln, 2011). It is in the subjective experience that the researcher situates herself, aware that the narratives are but one of many possible realities and need interpretation in collaboration with research participants (Patsiopoulos & Buchanan, 2011). Furthermore, the interpretivist framework understands that lived experiences are impacted by an individual’s interaction with others, and do not happen in isolation (Creswell, 2013). We do not have experiences in isolation, but rather have experiences in a historical and relational context. Results of narrative inquiry are one possible robust way to gain a detailed understanding of an experience that encapsulates a multitude of stories by participants and a researcher’s interpretation that is arrived at in collaboration with participants (Patsiopoulos & Buchanan, 2011). As the researcher, I am an intrinsic part of the study, and so it is important for me to situate myself transparently through my “research standpoint” (Walter & Anderson, 2013).

**Social position.** Walter and Anderson (2013) define social position as who we are in the “social, economic, cultural, and racial” (p. 46) context and how this impacts our worldview. I am a 46-year old, cisgender female, lesbian-identified, doctoral student. I was raised in an upper-middle class family of European descent and I am a first-generation United States citizen. My extensive time living and travelling abroad has afforded me different cultural experiences and perspectives and a reduced sense of connection to the United States. This has also provided context for thinking critically of politics and values within my country of citizenship, as the rest of my family are from countries that are democratically socialists. Furthermore, because I came out as a lesbian in 1989, I have experienced both discrimination and ‘otherness,’ and I have been
politically and socially active in social justice movements surrounding women’s rights and LGBTQ+ rights. I am also conscious of the privilege that I hold as a white American who is able-bodied and economically secure and have engaged in self-exploration in order to acknowledge my biases and form an anti-racist identity and activist agenda (Helms, 1990).

**Epistemology.** Epistemology relates to ways of knowing, a core component of qualitative research (Walter & Anderson, 2013). Under an interpretivist paradigm, knowledge is understood as co-created between the researcher and the participant (Haneda, n.d.). I used a semi-structured interview protocol, in order to recognize that each participant’s experience with and in the interview will be unique and how each experience their reality is not something that can be predetermined.

**Axiology.** Axiology refers to the “theory of intrinsic and extrinsic values” (Walter & Anderson, 2103). This term refers to not only my values, but also values of the social world in which the research is constructed. As a qualitative researcher, I acknowledge that I come to the research with an already identified set of values, beliefs, and thoughts. I am an educator in higher education, so my own experiences with students (some of which are described in the prologue) have shaped my thinking about care work and student development. My training as a counselor impacts my interview style, my knowledge about emotional distress, mental illness, and trauma, and my viewpoint that students’ emotional health is as important as their academic achievements. Left unattended, these facets could be construed as biases, which is why I employed reflexive memo writing and documented my researcher bias at the beginning of the study.
Ontology. Ontology deals with the notion of truth. Working from an interpretivist paradigm, my belief is that there is no ‘absolute’ truth, but rather one’s truth is based on one’s lived experience. For data, this concept recognizes that my analysis and findings represent but one possible outcome, and that other researchers might find different meanings based on their lived experience and their truth (Haneda, n.d.). Part of my understanding elicited from participant data also acknowledges that my participants’ truth is also constructed based on their lived experience in the world and their understanding of what the truth is for themselves (Walter & Anderson, 2013).

Research Design

Narrative Inquiry

Narrative research provides a framework for participants and the researcher to understand and communicate participants experiences through telling of personal stories, or narratives. “Storytelling,” when combined with semi-structured interviews and other methods of data collection, can provide an in-depth understanding of the lived experiences of individuals (Creswell, 2013; Keats, 2009). Taking the storytelling a step further can help make meaning out of an individual’s (or individuals) narrative or the story behind an experience or life event (Bloom, 2002). According to Clandinin and Connelly (2000), narrative inquiry is:

a way of understanding experience. It is a collaboration between researcher and participant, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and
retelling, the stories of the experiences that made up people’s lives, both individual and social. (p. 20)

In essence, narrative inquiry is a fluid and collaborative research methodology, in which the researcher and participants are centrally situated and interconnected. Stories that emerge from the interview, the interview relationship, the relationship of participants and researcher to their world, and the way in which stories are told are both method and data (Clandinin, 2013; Connelly & Clandinin, 2006).

The use of storytelling to elicit meanings has rich traditions in both research and counseling. In counseling, narrative techniques are used to assist clients in retelling their stories as a way to understand, facilitate change, and reframe maladaptive thinking or traumatic experiences (Payne, 2006; White, 2007). In narrative inquiry, the process is used to gain insight and meaning (Bruner, 1991; Connelly & Clandinin, 2006). In narrative inquiry, the focus is not necessarily on truth-telling (as is consistent with postmodernism), but rather on how individuals use stories to make meaning of and interpret their world (Glesne, 2011).

The narrative inquiry approach employs a multifaceted analytical approach. The first step is to situate myself as the researcher within the study. My experiences, knowledge, and relationships that I co-create with study participants will impact all aspects of the study. Because of this understanding, it will be critical for me to analyze and be aware of all facets of myself within the study (Connelly & Clandinin, 2006). Another component of narrative inquiry is the collecting of and use of field texts (data sources, such as interview transcripts and my journal) and artifacts (such as letters of photographs from participants or anecdotes). In using field texts, the focus shifts from the
content of the story (past focused) to the act of telling the story (present focused) (Connelly & Clandinin, 2006). In narrative terms, this perspective is the difference between *living* the story (past), *telling* the story (present moment with a past focus), *retelling* (here, the researcher “comes alongside” (Clandinin, 2013, p. 34) participants as they tell the story), and *reliving* (both researcher and participant are impacted by the act of storytelling).

Part of engaging in the narrative process is by thinking through what Clandinin (2013) calls three “commonplaces of narrative inquiry – temporality, sociality, and place” (p. 38). The temporality commonplace is the exploration of the past, present, and future of all components of the study (people, places, events). Essentially, attending to the experience of the participant, the researcher, the process of the storytelling, and the story itself. Attending to the sociality commonplace ensures that the researcher is paying attention to feelings, relationships, and cultural milieu. And finally, the place commonplace is situating events in space and time. Attending to these three commonplaces during the collection of field texts (data) is critical (Clandinin, 2013). Field texts and artifacts constitute data collected in narrative inquiry. Field texts and artifacts can include things like journal entries, letters, photographs, transcripts of conversations, or anecdotes that support the story telling process (Clandinin & Connelly, 2000).

Experiences that instructors have with their students is central to this study. In the telling of their stories about experiences with students, participants will be telling stories of not only the literal experience, but also their personal experience – their emotions and their understanding, all of which are situated in the three commonplaces of temporality,
sociality, and place. In developing this study then, qualitative research is the most appropriate form of inquiry because there is little research on this topic and qualitative research provides us with an opportunity to explore and understand the experience of instructors in their emotional work with students. The question at hand is not if students are seeking out instructors for emotional support, we can assume, based on existing literature and personal experience of the researcher that they are. Rather, the focus of this research is on understanding how instructors experience this relationship and vulnerability. A narrative research design can provide more in-depth understanding of their experiences, as well as rich descriptions (Creswell, 2013).

Research Questions

Research Question 1

What experiences do instructors have in addressing emotional needs of their students?

Research Question 2

How do instructors manage their own emotional reactions to emotional stories that they hear from students?

Research Question 3

How do instructors describe their competency in addressing emotional distress that comes up with their students?

Participants

Researcher

I am a White American female Ph.D. candidate in Counselor Education and Supervision. I am 46 years old and have been teaching at the institution of higher
education for six years. My age and teaching experience give me both perspective and bias that will need to be noted and explored. Because I have had my own experiences with dealing with mental health needs of students, I will need to be cognizant of how this might impact the research process and relationships with participants of this study. Furthermore, I hold a master’s degree in mental health counseling and have worked in clinical settings, which also provides me with insight, exposure, and expertise in addressing mental health and mental illnesses needs.

My role as the researcher will be fully transparent and explored and will include detailed disclosure of my background, education, personal experiences related to the research topic, and my profession as a counselor (which will impact not only my ability to handle student’s crisis situations and emotionality, but also my self-perceived competence and knowledge of mental illness). These aspects are important to include because any bias that I may hold will influence my interpretations and findings. This outcome is to be expected (as I come to the research with my own experiences) and should be thoroughly explored.

**Participant Demographics**

In order to obtain rich and descriptive data, a sample size of six participants was sought and instructors were recruited from the College of Liberal Arts and the College of Arts and Architecture. I had precursory knowledge of instructors who are easily approachable by students and who teach classes that elicit emotions in students through readings, project, or class discussions (all factors that would be beneficial for this study as their probability of experiencing the issues in question would be high) and I reached out personally to those participants.
Maximum variation sampling was attempted; however, this was challenging given institutional demographics. In the College of Liberal Arts, for example, 28% of full-time instructors are racial minorities. Gender was an easier variable to account for, as the percentages of male and females are roughly even. Racial diversity was not able to be met, however, gender diversity and sexual orientation diversity were accomplished.

Criteria for instructor inclusion were: a) record of teaching for at least 1 year and b) self-identifies as someone students seek out for emotional support (regardless of whether they feel competent or comfortable in dealing with a student’s emotional distress/crisis).

**Sampling**

Study participants consisted of six individuals, all instructors at a large research institution of higher education situated in a rural community in the northeast. Purposeful sampling, followed by snowball sampling, were used to identify potential study participants (consistent with narrative inquiry), in order to include instructors who have experience being approached by students for emotional support (Creswell, 2013).

Snowball sampling involved asking participants to recommend individuals who would be useful for the study (Litchman, 2006). Another way of identifying potential participants was done through my prior knowledge of individuals. Because I am also an instructor at the institution of higher education, I often hear about instructors in other departments whom students feel are compassionate and approachable for help with emotional needs. Furthermore, I have come into contact with instructors who have reached out to me for assistance in dealing with emotional needs of students, as my background is in clinical mental health counseling.
In order to achieve maximum variation in the sample a questionnaire was administered to identified participants. The questionnaire (see Appendix B) was used to collect data about participants that included: (a) gender identity, (b) race/ethnicity, (c) sexual orientation, (d) number of years in teaching, and (e) instructor status (i.e., tenure track, clinical, or instructor status).

Participants who took part in the study self-identified as follows:

1) All six were white, not of Hispanic, Latinx, or Spanish origin;

2) Four were female and two were male;

3) Three were straight/heterosexual, 2 were lesbian/gay, and 1 was bisexual;

4) One participant was a full-time fixed-term employee, and the remaining five were all tenured instructors;

5) Three were in the College of Arts and Architecture and three were in the College of Liberal Arts;

6) They had a collective 110 years teaching undergraduate students, broken down individually into: 10 years, 14 years, two participants had been teaching for 15 years, 22 years, and 34 years;

7) Each semester they identified that the following number of students who were struggling emotionally or in crisis sought them out each semester for guidance and/or support: 2-3 students/per semester, 3-5 students/per semester, 5 students/per semester, 7-10 students/per semester, 10 students/per semester, and 50 students/per semester.
A more in-depth description of participants, as provided during their interviews, is compiled at the beginning of Chapter Four.

**Data Collection**

Once participants for the study were identified, I contacted potential participants by email or in person to explain the study and solicit their participation (see Appendix A). Once they agreed to participate, an interview time was scheduled. All participants were provided a packet of information that outlined the purpose of the study, instructions for how to contact the researcher with any questions about forms, and informed consent documents (see Appendix C). These were reviewed, signed, and collected during the first individual interview.

**Storing Data**

Data were stored in various ways. Paper documents were secured in a locked file cabinet, in a locked room (similar to how counseling clients’ confidential information is stored). Digital documents were stored in a two-factor authenticated password-protected folder on Box, per the University Institutional Review Board’s suggestion.

**Interview Methods**

Interviews were conducted in person, one-on-one, and were recorded using a digital recorder. Back-ups were created immediately following the interviews. After conducting the interviews, I wrote down my thoughts and reactions, which were used at various stages in the research and analysis process. The interviews were transcribed verbatim in order to ensure trustworthiness (Creswell, 2013).

Consistent with narrative interviewing, participants were viewed, not as having answers to my research questions, but as individuals with a story to tell (Chase, 2010). In
the telling and listening process, each story, and the conversation itself, provided insight into the phenomena that I am studying (Polkinghorne, 1988). Given this process, the interview protocol acted as a guide rather than a mandate, and changed depending on the nature of the interview, the story that emerged, and other factors.

A pilot interview was conducted in order to assess the interview protocol and the use of a two-part, rather than three-part, interview protocol. During the pilot interview, the interview protocol was adhered to, and some changes were made. It was determined that combining the Focused Life History and the Details of the Experience question allowed for a more seamless transition while also allowing participants enough time in between interviews to reflect on the interview and to see if other experiences emerged from their memories. Following this procedure took pressure off of the participants to remember all of their stories, while also allowing space to see what emerged organically. The pilot interview also allowed me the opportunity to practice the interview protocol and the order in which questions were asked. Practicing the interview protocol also allowed me the opportunity to assess potential follow-up questions.

Interviews were conducted using a two-part interview protocol and a semi-structured format (Blee & Taylor, 2002; Seidman, 2006) (see Appendix D). Semi-structured interviews allow for predetermined questions, with room for flexibility as needed. Interview one focused on situating the interviewee by learning as much about them as possible. There was a focus on understanding their comfortability with emotions, how emotions and emotional displays were viewed in their family and culture of origin, and if/how they were prepared in their teaching education to prepare for dealing with students’ emotions. Interview one also focused on details of their experiences with
students’ crises and emotions. They were asked to share stories about their interactions with students, including what was challenging or natural for them. In the third interview, participants were also asked to reflect on the meaning of these stories and the scenario was discussed (Seidman, 2006).

**Other Data**

**Artifacts**

Prior to and following the first interview, I informed participants that they may wish to bring artifacts to share as part of their story. Artifacts can help trigger memories and provide insight into participants’ experiences. An example of an artifact that I have is a letter from a student whom I had in classes over three semesters and who frequently came to my office. Her mother was diagnosed with schizophrenia and the focus of our coursework was surrounding mental illnesses. As she was nearing graduation, she sent me a letter with a picture of her mother. In the letter, she wrote that class discussions and materials had helped her to understand and accepted her mother’s psychiatric disability. This was an emotionally powerful moment for me as an educator and the photograph and letter provide additional insight and value beyond my telling of the story.

Potential artifacts that participants might have volunteered to share could have included: (a) written reflection from participants (throughout the interviewing process); (b) qualitative descriptions by students about the instructor as contained in student ratings of teacher effectiveness; (c) emails or letters to the instructor from the participant (if available, and these will be masked to hide the identity of the student), and (d) any other items that participants felt would be useful in conveying their stories.
Participants had very mixed responses to the request to share artifacts. Some participants immediately had something that they wanted to share, while others either were unable to identify anything to share, did not feel comfortable sharing students’ personal correspondence, or explained that they chose not to keep such items. In the end however, four participants shared an artifact. This will be further discussed in Chapter Five.

**Memo Writing**

Reflective and analytic memo writing was performed during and after each interview, following transcription of the interviews, and throughout the coding process. Reflective memo writing and audits are important tools in evaluating the study’s trustworthiness as they trace and reflect the researchers thinking through the study. It allowed me to explore ideas, make note of questions, and highlight any discrepancies in the data (Creswell, 2013; Hesse-Biber, 2014). Questions I asked myself during this process included:

1. How did each interview process begin and end?
2. What emotions and thoughts came up for me during the interview process?
3. How does what I learned from listening to the participant fit with my own experiences?
4. What emotions (stated or perceived) came up for the participant?
5. What changes or enhancement would be helpful for future interviews?
6. What themes or directions are beginning to emerge in the participants’ stories?
Using this type of journaling, or memo writing, helped me to process my assumptions, biases, beliefs, and thoughts and were used during the data analysis phase of the study (Glesne, 2011).

**Other Data**

Following the first interview protocol, participants were given a written scenario (Appendix E) to read and reflect on. Towards the end of the second interview protocol, they were asked questions related to how they would respond if they were confronted with the scenario. This procedure allowed an opportunity for me to understand how each participant might respond to the same situation and aided in gathering rich, thick narrative data (Kissling, 2014). Other data that were collected included information from the demographic questionnaire.

**Data Analysis**

In qualitative studies, the researcher collects a large amount of data and narrows in on themes and phenomena in order to make sense of participants’ stories and experiences. Thematic analysis is one way of accomplishing this task. According to Braun and Clarke (2006), thematic analysis “is a method for identifying, analyzing, and reporting patterns (themes) within data” (p. 79). Because the purpose of this study is to understand the experience of instructors, this method of analysis is best suited to deciphering the data as it produces thick descriptions, in-depth analysis of the experience, and produces thematic patterns across each interview, rather than narrowing in on each individual interview (as in narrative analysis) (Braun & Clarke, 2006). The next few sections outline the coding and analysis process. This is an important step in transparency.
that contributes to dependability, trustworthiness, and credibility. It aims to clearly explain how the data was analyzed and how themes and categories were uncovered.

**Phase One: Becoming One with the Data**

The first step in the thematic analysis process is through the act of transcribing interviews, verbatim, shortly after they took place. Transcriptions included all verbal and non-verbal data as well as precise punctuation that accurately conveyed meaning. Transcripts were then reviewed for accuracy by reading the transcript while listening to the interviews. They were then re-read several times in order to fully familiarize myself with the data. During this process I wrote down copious thoughts, comments, and additional questions in a journal. Once this step was completed, and I was certain that the interview transcripts were accurate, they were uploaded to ATLAS.ti, a qualitative research software program.

**Phase Two: Initial Coding**

Once transcripts were uploaded to ATLAS.ti, I began coding the data: for instance, when one participant talked about using meditation as a means of coping with the emotional work he provided to students, I coded this as both “self-care,” “coping,” and “meditation.” When this same method of coping came up again in additional transcripts, I duplicated this coding structure. After coding an interview, I then identified new codes that were created, re-read other interviews for similar potential codes, and so on throughout each interview. Thus, all interview transcripts were read, coded, reread, and additional codes were added numerous times. This process resulted in 63 codes that were eventually condensed, eliminated, or kept. Adhering to Braun and Clarke’s (2006)
suggestions for conducting thematic analysis, I did not overthink codes in this phase, nor did I justify them. I simply noted what stood out in numerous readings of the data.

**Phases Three: Finding the Themes**

Phase three began with an analysis of codes that were generated during phase two in order to identify themes in the data. I did this by initially writing down what each code represented, writing them on a note card, and then creating piles that were thematically similar. This was a lengthy process and note cards were organized and reorganized several times. I enlisted the help of an individual familiar with the study in order to talk through the rationale and logic for each decision. The first figure is a visual depiction of the three final themes that were generated and the next three figures are the themes, sub-themes, and codes that were incorporated into them.

![Figure 2. Themes.](image)

This figure illustrates the three themes that were generated. It is depicted with arrows pointing both ways to indicate that all three themes impact each other and because a weakness or strength in one area impacts the other areas.
**Figure 3. Self Theme.**
The “Self” theme with the sub-theme and codes that generated it.
Figure 4. Student/Instructor Relationship Theme.
The “Student/Instructor Relationship” theme with the sub-themes and codes that generated it.
The "Institutional Barriers" theme with the codes that generated it.

The above three themes and sub-themes will be more fully explored in Chapter Four in relationship to participant narratives and how they tie in to the research questions and the literature review in Chapter Five. Chapter Four includes a fair representation of all of the data collected. Consistent with thematic analysis, I did not place a value on the resulting data or my interpretation, however, I did restructure the narrative interview data in order to present the data in a coherent way that flowed with the resulting themes.

**Trustworthiness and Credibility**

Creswell (2013) recommends that in order to account for quality, trustworthiness, and rigor in a narrative study, researchers should engage in a series of procedures. In
order to follow this recommendation, I: a) wrote a statement of researcher bias at the
beginning of the study and was aware of and monitored any biases that arose through memo writing; (b) engaged in persistent and thoughtful observation of the data; (c) used triangulation (using multiple sources to support themes) via multiple artifacts; (d) provided participants with transcripts, interpretations, and analyses in order to obtain their thoughts and approval. One participant requested two small changes: to remove the name of the class she was teaching as it could identify her and to remove one sentence from a student story as she thought it might identify the student. Another participant asked for minor changes in order to ensure her identity was adequately masked and these changes were made. All other participants gave their full approval; (e) in my final analysis, I included rich, thick descriptions and narratives; and (f) my committee chair and another committee member served as external auditors and examined both my process and end-product (Creswell, 2013). In order to facilitate the last item (f), I used Glesne’s (2011) suggestion to keep a detailed and divided notebook that kept track of all of my research data and processes, including interview notes, memo writing and journaling, artifacts, and analysis.

**Transferability, Dependability, and Confirmability**

Transferability refers to the extent to which findings can be conveyed to other settings, which is important because it expands the study’s findings. This was addressed by reporting findings using thick, rich narratives so that consumers of the research can decide to what degree findings can transfer to certain populations.

Dependability is also critical to a study and this aspect was accomplished by taking necessary steps to ensure the confidentiality of the participants by using aliases,
keeping the institution anonymous, and by not revealing personally identifying information. Furthermore, it was ensured by keeping all materials secured, as detailed in the Storing Data section of this paper.

Confirmability refers to the transparency to which the study’s findings are written in a manner that is clear and unencumbered. This goal was achieved by keeping a detailed audit trail that included raw transcripts, memos, journals, and all other writings and reflections. Furthermore, I am including a thorough discussion of the limitations and shortcomings of the study in Chapter Five.
CHAPTER 4: FINDINGS

An understanding heart is everything in a teacher, and cannot be esteemed highly enough. One looks back with appreciation to the brilliant teachers, but with gratitude to those who touched our human feelings. (Jung, C., 1954, p. 144)

Qualitative research, and in particular, narrative research, is focused on lived experiences and stories of research participants. As the researcher listens to and explores lives, experiences, and stories of participants, the researcher looks to uncover the lived experience and gain insight into the research questions. With this task in mind, it is imperative for the reader to first be introduced to participants, as they are not merely givers of data, but people with rich, interesting, and complex stories to tell that are at times painful and at times hopeful. Participants in this study are just that, and therefore it is important to get to know them before analyzing their experiences (Bloom, 2002; Clandinin & Connelly, 2000; Creswell, 2013).

This chapter will begin with an introduction to participants in order to allow the reader the opportunity to fully understand who they are and what led them to a career as educators. The second part of the chapter will be a more in-depth discussion of the findings. In order to organize participants’ stories, I have grouped their narratives into four general sections: 1) a preliminary introduction, 2) family of origin and/or childhood history, 3) the story of their undergraduate college experience as a student, and 4) a brief exploration of their career trajectories leading up to teaching. An extensive exploration of participants’ family history and childhood were outside of the scope of this study. Narrative information, however, concerning these components came up organically for some participants, and for others it did not, which is reflected in the narrative below. This
will be further discussed in the Implications section. A more in-depth exploration and analysis of their teaching careers and experiences will be explored in the next section. The participants’ narrative about their careers as educators, including their training, experience, and self-competency (to name a few) will also be explored in more detail in the following sections. The names of participants have been changed and their department names and schools that they attended have been left intentionally vague in order to protect their identities as best as possible.

The Human Experience: Personal History

Alyssa

“There should be a training called, “These people we’re teaching are humans with needs.”

I first met Alyssa one fall day five years ago, as I sat in a class that she was teaching. She walked into the class in what felt like a whirlwind – she was running late, her papers haphazardly carried in both a bag and her arms, and she stood at the podium surveying the class. She warmly said hello to some students that she knew, asking about their summers and how they were doing. I liked her immediately. She conveyed warmth, passion for her subject, compassion for students in her class, and what often felt like a parent’s watchful eye. This was a class of about 50 students, a mix of undergraduates and graduates, predominantly women, but about 25% men. She learned, as the semester progressed, all of our names. This feat was something that I would always remember, as it felt as though she really saw us as individuals and not just a student in a seat in a large class. Over the years, as I have begun my own teaching career, I often think back to Alyssa’s class because she was able to create an environment that has often eluded me in
my own teaching of large classes: there were minimal lectures and maximum conversations. Students disagreed with her and with each other, but conversations were always structured and polite. At the end of each class, about 10 students would line up to talk with her, and at the end of the semester, almost everyone in the class stopped and waited to give her a hug. She cared, deeply, and that caring was conveyed. Both interviews were conducted in her office.

Alyssa’s primary family of origin was comprised of her mother, father, and three siblings. After her parents divorced, her father remarried, and “I became the youngest of five children and nobody ever wanted to hear what I had to say.” There was only a brief discussion of Alyssa’s childhood and discussing her family of origin appeared difficult for her. Growing up, she shared that her mother had “zero boundaries” and that she would often bring clients that she worked with (as a counselor) home to live with them. Because of this childhood experience, she said that setting better boundaries with her mother “has become some of my life’s work.”

Despite difficulties with her mother, Alyssa appears to have learned good communication skills and high levels of empathy. In a memory that would portend her future career, she shared the story of when her best friend told her that her uncle had sexually molested her and how she responded:

And I held her hand and listened and her ... I sort of knew, I had a sense that she was going tell me this, that something was coming. I guess I just had some insight that it was going happen. So, I held her hand and listened and did the best I could to support her. And then she told another friend of ours who got so mad that she took out a gun and said she was going to kill him. Everything I've learned has told
me that that is not a good response. She thought that response was much more supportive than mine. And so, what I have learned, and something I say in my teaching is that everybody needs a different response.

Alyssa attended the same large university at which she now teaches. Her undergraduate degree is in Philosophy with a minor in Women’s Studies and she then attended law school. Her undergraduate years were not always emotionally easy for her. Her emotional struggles with her mother continued into college, much of which she said “seems silly to me now, but felt traumatic at the time,” like when her mother moved from her childhood home when she left for college and also because her parents did not come up for parents’ weekend. She also struggled, though, with the “stuff” that involved her mom and she “felt some struggles with her.” This was compounded by the traumatic news that her sister had been sexually assaulted by a family member, which greatly contributed to her emotional struggles. During this time, she relied on her friends for emotional support, and although she identified instructors whom she viewed as mentors and whom she looked up to, she did not reach out to them on an emotional or non-academic level.

Alyssa began her teaching career after practicing domestic violence law for seven years. It was difficult to make the decision to leave practicing law, as one of the attributes that make her a tremendous educator (her passion and commitment) also made her a great lawyer. However, as her practice progressed and she became pregnant with her first child, she struggled with maintaining the balance between her commitment to her clients and her commitment to her family.
I was having a hard time thinking about being the kind of parent I wanted to be and practice law the way I practiced it. I mean with people’s problems - and serious issues like domestic violence - I was all in, you know. And probably my worst thing, and maybe also my best thing, was that I would get really attached to my clients. And I really wanted to help them. And I didn't think I could be a good parent and also do my job that way. And I couldn't do that job any less.

After teaching a class that she had taken as an undergraduate student, she quickly realized that she loved it and made the decision to teach full time in the College of Liberal Arts, which she has been doing for the past 15 years.

James

*My mother even talks about when I was little that I was the first kid to go to the kid in the group that was the crying. I was the first kid to go give somebody a hug that looked like they needed the hug.*

James is a 58-year-old professor in the College of Arts and Architecture. He is a man who exuded warmth from the moment I met him. We have known each other for a while – through mutual friends and through attending theatrical performances that he had written, directed, and starred in about a personally traumatic experience (left intentionally vague in order to protect his identity). In speaking with him, he comes across as a deeply thoughtful and empathetic individual with a profound sense of both his privilege (as a white, educated man) and his responsibility to care for his students and those around him. This warmth is often externalized through hugs given freely to students and others that he meets throughout the day. Both interviews were conducted in his office.
James grew up in a poor, rural, working class neighborhood and Catholic family. His childhood, while loving, was also difficult. He shared that there was a lot of addiction and domestic violence issues and his stepfather was murdered when he was in college. He talked warmly of his childhood and the values that he learned from him parents, grandparents, and his upbringing in the Catholic Church. In particular, he spoke to the value that his family placed on social justice and compassion for others:

I had my mother and my grandparents, on my mother's side, were always kind of social justice people. Even with their own craziness, you know? But, giving to the poor and my grandparents through their parish, always worked the food bank. And they did meals on wheels. And they went to the hospitals and visited. And my mom does that. Even when I have to give my mother money to buy food, she gives the food to somebody else that needs the food. And my grandparents were pro-union, they were early supporters of Civil Rights. Even my grandmother said, “Well, I don't understand gay people, but I don't care.” You know, there was just always this example of some layer, some level of compassion from key family members.

It was in this family dynamic of valuing compassion and social justice that James developed his own compassion, but also his fear that he might not live up to the level of compassion that was modeled for him. Reminiscing about his family and these values brought up a lot of emotions and feelings of inadequacy for James. As he began to tear up, I asked him what emotions were coming up for him and he said:

That’s such a good question, because in terms of where I'm at with my own human development, I'm still certainly a work in progress in. I still get
overwhelmed by those moments because I'm more likely to default to thinking I'm not that good of a person. You know, or I'm not worthy of all the love that I feel I get from other people. And the good wishes that I get from other people. So, I think what comes up for me is this struggle that I still experience with accepting my own goodness. Yeah. I'm quick to see it in others. And to want to find some way to reward them for that, even if it's just by acknowledging it. ‘Wow, you're such a good person.’ ‘That was such a loving thing you did.’ But it’s much harder to do that for myself.

James attended a seminary college and contemplated becoming a priest (towards which he completed the same curriculum as the seminarians). However, he also began to understand that a life of celibacy within the priesthood was not for him and so he majored in Theater, Communications, and Secondary Education. Following his pre-student teaching, however, he decided that he did not want to be drama teacher, and so he dropped the education major but always dreamed of one day becoming a college professor.

In his first two years of college, his stepfather was murdered and his grandmother and grandfather both passed away. He reached out to, and became close with, a Philosophy professor, a German professor, and an English professor who became “real kind of, parents to me for a short time and provided a significant amount of emotional support.” These three professors would go out of their way to check in with him and would go out of their way to not just praise or support him academically, but also emotionally:
They had some sense of the complications of my family, and so they cared enough to keep their antenna up, to make sure I was ok. … They always come to mind when I think about what compassion is, they’re examples of compassionate people. They didn’t need to put me on their radar screen – they all had complicated lives and families and lots of students. I don’t know if they sensed my need for compassion, or if that’s just who they were. Or perhaps it was a combination of both.

After graduating with his Bachelor’s degree, James obtained an MFA in directing with an emphasis in pedagogy. His first job offer came from his undergraduate college and he taught for approximately 14 years before making the decision to return to school for his Ph.D. in order to obtain a promotion to a Dean’s position. He earned his Ph.D. in American Studies with an emphasis in Theater History, American Literature, and Cultural Anthropology. To date, he has been teaching for 34 years, and he teaches undergraduate and graduate students.

Mark

*Students share their emotions with me an hourly basis. When you're one on one, that's what happens. I think part therapist, is in my job description.*

Mark is a thoughtful, soft-spoken individual with a calming demeanor. He is openly gay, and he feels that “being an adult gay role model was an important thing to do.” The same department for a short while also employed his husband. Both interviews were conducted at my house, sitting outside, per his request.

Mark attended a Southern Baptist university in the Southwestern United States in the 1980s. He chose the school for its excellent music program, but also because he had a
family legacy there – his mother and sisters all attended the same school. Being a young gay man at this university was challenging, but because instructors had to “make a commitment to being Southern Baptist,” he did not reach out to instructors for emotional support during this time. He did “find friends who were just like me, that had this exact same background, that felt the same way that I did, socially and artistically, and I still have those friends today. I talk to them on almost a daily basis.”

He did have a mentor with whom he was able to connect:

My first voice teacher was a woman who was not too far in age from me, and so there was some kind of familiarity there. She had not had a large career singing, and I didn't learn a lot from her about voice, but I learned a lot about being a musician and being an artist, which was equally as valuable, in a different way. Mark studied with her for the full four years of his undergraduate program and this relationship has lasted to this day.

When Mark made the decision to pursue a career in singing, he said that he knew that “singers had a finite live” and that he would then teach. Following his undergraduate degree, he pursued a Master’s degree in music and then continued towards a Doctorate of Musical Arts (DMA). However, three credit hours short of completing his coursework in the DMA, he made the decision to move to New York, NY to begin working as a singer. At the age of 40, Mark made the decision to begin teaching full time and he has been doing this for the past 13 years, although in all reality he has been teaching for over 30 years as he often taught while he was also performing full time. Mark is a voice teacher,

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4 Note: I identify Mark’s position as a voice teacher with his permission, even though it could potentially identify him. However, because his teaching position his unique in that he works one-on-one with students, I felt it was important to include this information.
which, as he explained, is an applied program that is comprised almost entirely of one-on-one lessons with students. He teaches one graduate level course and then provides approximately 22 hours of individual instruction to undergraduate students. Mark shared that teaching in a program that requires such intensive one-on-one work with individual students often feels as though he takes on a parental role with his students, something that he has learned to embrace over time:

I don't think I understood that when I first started teaching. I thought 99% of my job was to make them sing better. Yes, that is my job, but there are ways of doing it, and if you can make that student feel at home, nurtured, loved, and safe, they're going to make progress, technically, much faster than they would by just treating it as a technical lesson.

Meredith

There are moments in an artists' life when you move outside of the skillset that you think you are and you assume the responsibility for living a different kind of life. And that seems to me, even in my earliest experiences as an artist, that that became about teaching something: whether it be the translation of the human condition, or whether it be teaching someone that there is someone who is willing to stand up in front of other people and do something.

Meredith is a dynamic, engaging, and ethereal woman with a long history as a professional actor, social justice advocate, and “community builder.” She is actively engaged throughout various departments and organizations throughout the university and the local community related to topics of compassion building and connection. In the 1990s, while performing in a Broadway production, Meredith had a stroke on stage. The
lasting effects of this event impacts her both visually and in “the way my brain processes information.” We met at her home for both interviews.

Meredith was born and raised in North Carolina and speaks fondly of growing up in the 1960s during a time when “all of a sudden women and people of color, and politics, everything was exploding with a kind of discussion about who and what we're trying to be as human beings.” Meredith’s mother (who was a singer/performer) and her father (who she describes as a World War II veteran who is a non-judgmental and a “solid” force in her life) raised her and she has a brother who she describes as “the smart child in the family.” Meredith was a sensitive child, who often felt as if she did not quite belong. Her mother often described her as a child as “her cotton baby” – loose and easily blown around like a boll of cotton. It was not until Junior High School, when an acting teacher encouraged her to try acting that parts of her world and her purpose seemed to come together and she found her grounding and purpose.

Meredith attended a small liberal arts college that she describes as being “like a commune even though it was a college.” She speaks fondly and warmly of her undergraduate years, continuing to be grateful for being educated by:

[E]xtremely artful, artistic seekers who were not about telling me what the world was, but showing me how to come to my own conclusions and then helping me once I took those conclusions into a paper or a conversation. Helping me shape those into actions that I could take in the present tense, that to me is teaching. So, I was educated by extraordinary people.

Attending college in the mid-1970s, Meredith said that there was more of a sense of her professors being one-step above the students with an imbalance in the power differential.
As such, she shared that it was not as socially common to reach out to instructors with emotional struggles, but that she did find her instructors to be strong academic and personal mentors that was more focused on career building, but that also entailed helping students to understand and navigate the world in which they were living. As she reflected on her undergraduate career and the space that teachers created, she said, “I was educated in a way that failure was a part of my freaking everyday life and the beauty of being with teachers that went, woo, that's not what I asked for, but my goodness that was something.”

Meredith said that while she thrived in the Theater department and in acting, she struggled academically – particularly in classes that required “linear processes,” which changed after her stroke:

I failed tremendously in academic classes failed. Some of my funniest stories are some of my most painful moments, not from the teacher, but my failure in language, my failure in math, my failure in understanding linear processes because my brain was wired a different way.

Meredith earned her BA in Theater in 1979.

Following her undergraduate education in Theater, Meredith attended a large southern state university where she began pursuing her Master’s degree in vocal performance. Harkening back to the image of her as a boll of cotton, she described feeling a bit out of place in the program and unsure how she ended up there (her mother, in fact, made the decision for her to attend the university and study with a particular voice teacher). However, after her first semester in the Vocal Performance program, she soon realized that the ‘these were not my people’ and she switched into the Theater program.
where she “found my people again and also found my first big mentor.” This mentor had such a tremendous impact on her that “I did not make one decision from 1980 until his death in 2006 without first reaching out to him for advice.”

Meredith did not complete the master’s program, however, as she was signed by an agent and “moved to New York City to become a star – it didn’t quite work out that way though.” She left New York City after nine months and then moved to Atlanta to begin her career as a regional actor. This move, in many ways, was quite serendipitous, and would foreshadow her future career as an educator. In 1989, she moved to Florida and, while working in the local theater, began to also work with a local school district to help teach children struggling with reading and writing. This program grew to service over 350 children in some of the poorest school districts in central Florida and provided arts education. This volunteer work lasted until 1997 when she moved back to New York City for a role with a major Broadway production. In 2002, Meredith returned to school to pursue her PhD in Theater Studies, which led to her current career as a professor, public speaker, and social justice advocate.

Natalie

You can be a great teacher, that won't get you tenure. You can do a lot of service for your department, that won't get you tenure. In fact, you can be actually actively bad at both of those things, but if you have a great research agenda that is the measure of success. I was told this at a really, really early stage in my career.

Natalie presents as a highly intelligent individual who conveys her compassion for her students and her craft of teaching in a passionate and empathetic manner. She cares about her students – and she cares about them deeply. Natalie was referred to me
for this study by another participant as someone whom students actively seek out for emotional support and guidance. She is an instructor in the College of Liberal Arts with a dual appointment. Both interviews were conducted in her office.

Natalie’s family of origin consisted of her mother, father, brother, and extended family members. The emotional dynamics of her family were guarded: while there were unencumbered words and conveyance of love, there was an expectation that other emotions were to be kept privately “within the person.” The family was also organized in a hierarchical structure with the parents as a unified unit separate from the children:

The children were not invited into their [the parents] private emotions or personal lives or really anything like that. I just have one sibling. It was very much like my parents have this sphere of privacy around them. Unfortunately, emotions were not ... I mean, I always felt like if I got upset I could talk to them, but there were limits to that and that was a source of a lot of frustration as I was growing up.

Further compounding this expected level of privacy, was the fact that all members of her family live with depression, as does Natalie, and yet none of them discussed this aspect with one another. It was not until Natalie came “to a crisis point at 21” that she learned that other members of her family also struggled with a similar mental illness.

Natalie attended a small liberal arts college at which she “was very cultivated in that educational space.” Due to the small class sizes (an average of 15 students per class) and the opportunity to take classes with the same instructors repeatedly, she was able to “have amazing connections with people across disciplines.” On an emotional level, her support system consisted on a long-term boyfriend and female friends whom she felt comfortable with reaching out to and sharing emotional struggles and joys. She did not
reach out to instructors at her undergraduate university for emotional support. Although she experienced them as academically nurturing, the power differential and structure was such that she did not feel it was “appropriate to reach out to authority figures” for emotional support. During the first three years of her undergraduate program, Natalie “floated around” unsure of where to focus herself academically. It was not until the last semester of her senior year, when she “attached” herself to an instructor who was a specialist in Natalie’s current field of research, that she gained some clarity, focus, and more targeted mentorship about the possibility of furthering her career in graduate school and ultimately in academia.

Natalie’s parents told her that as a child she often spoke about wanting to be a teacher when she grew up, and perhaps then it makes sense that her trajectory to academia was relatively unencumbered within the grand scheme. Following her undergraduate degree, she moved to California and began working as a receptionist. She talks about this time as the precipitator to her “crisis point,” when her depression reached debilitating levels and she felt increasingly isolated from friends and family (geographically, but also emotionally). At this point, her parents moved her home and helped her get treatment for her depression. After this move, she applied to and was accepted to a large university on the east coast for graduate school.

Natalie began teaching early in her graduate school career in order to supplement her stipend. She acknowledged that teaching at 23 was “one of the scariest things I had done up to that point,” but that it also helped her realize that it was something that she loved:
It was like this connection that I could forge between me and another person. I know that sounds really abstract. It wasn't me sort of disseminating knowledge to people. It was talking to people, interacting with them, helping them get from one point to another, and it felt really material, like I'd got something done in a day versus doing my own research, which often does not feel material in a lot of ways. That you can work for very long periods of time and as social scientist, like not find anything sometimes. Yeah, it was just this idea of ... It sounds a little trite when I put it into words, but really the sort of connection that I could forge between me and other people. I got to also meet a lot of really interesting people through teaching.

Natalie has been teaching for 10 years now. Today, she teaches undergraduate classes, but has taught graduate seminars in the past.

**Nicole**

*I find that people do share their emotions with me a lot because I can just listen. Because I'm feeling all these emotions, I have all these emotions, I know what they feel like. I just don't share them, so I don't know. It's almost like I can feel their emotions because I couldn't feel my own.*

I first met Nicole at an evening gathering of local women and in the course of conversations, someone asked about dissertation and I discussed what I was researching. Nicole shared some of her experiences with students and readily agreed to be one of the participants. Both interviews were conducted at an outside location on campus per her request. Nicole easily communicates her deep level of caring for her students and connects with them in a highly empathetic way – in part because it is in her nature, but
also in part because of her own personal history with trauma and the struggles that she experienced as an undergraduate.

Nicole is originally from a small town in the Midwest and her family of origin consists of her mother, father, and two older brothers. She shared that as a first-generation college student she was woefully unprepared for college:

I just went to college. Nobody I knew had gone to college, I mean, my brother I guess went to college, but I didn't really talk to him much when he was doing that. My parents didn't go to college. I didn't have a teacher in high school who told me about college or who helped me to choose colleges. I just kind of went and I had no resources and my parents weren't wealthy, so we didn't have any money. I still had to work and sort of try and schedule my courses so that I could work the maximum amount of days and still get all my coursework done. It was hard, it was really hard.

Nicole’s undergraduate experience was a difficult time for her. In addition to feeling unprepared for college, she was also dealing with past trauma that greatly affected her ability to be fully successful in school. As she faced this trauma alone, her coping increasingly turned to the use of substances, which had a significant impact on her educational career. Nicole’s first semester at college was at a small college in her home state. She shared that as the trauma surfaced, she became increasingly disengaged from classes and “I just kind of disappeared from my classes.” During this first semester of her freshman year, she said that she was “very much a loner” and did not reach out to anyone for support, but that “[h]onestly, back then I was doing a lot of drugs, so I don’t remember a lot of it.”
After the first semester, she dropped out of school, took a semester off, and then applied to and attended a large university in the same state. She shared that:

When I went back to school, it was a totally different story because I went back because I realized that I was going to just die maybe if I kept doing the things that I was doing, and so I went back because I wanted to go back, because I wanted to have a better life.

Her new university was a much better fit for her. The department that she was majoring in was supportive and she “had a lot of really great professors that encouraged me throughout the whole process and who were stern but forgiving, and who were just great.” Her emotional health had also improved, as had her attitude – she wanted to make changes and reengage with school because she believed that if she continued on her current trajectories she might not survive it. During this time, she also became unexpectedly pregnant, an event which ultimately bolstered her commitment to school, but that also required her to reach out more to professors to stay on track throughout her pregnancy and the birth of her daughter. During this time, she became close with several professors whom she “admired and looked up to” and with whom she remains in contact.

Following her undergraduate program, Nicole pursued a Master’s degree from the same university where she obtained her Bachelor’s degree and then a Doctoral degree from a large Midwestern university. All of her degrees are in a foreign language. She has been teaching for the past 13 years and currently holds a dual appointment.

**What These Stories Tell Us**

The preceding introduction to participants is just that – an introduction in order to help participants become the human beings that are at the base of this study. Without
them and their experiences these data would hold little value or true meaning. It is time, now, to delve deeper into the lived experiences of participants as instructors working with undergraduate students. As discussed in Chapter Three, three major themes emerged (Self, Student/Instructor Relationship, and Institutional Barriers) and each theme had several sub-themes. This chapter will be broken down by each theme and sub-theme in order to develop a rich picture of the data.

**Self**

The theme of Self derived from the personal, lived experience of participants and the personal history, feelings, and skills that participants possessed as they interacted and worked with students and their students’ emotional and mental health concerns. The first sub-theme, Personal History, has already been covered in the preceding introductory section to the individual participants and included their childhood, education, career trajectory, and their personal mentors. The remaining two sub-themes, Feelings and Skills, will be explored here.

**Feelings**

In each participant story, there were several feelings that came up, ranging from compassion to self-doubt. These feelings drove much of the discussion that we had and feelings that participants had in the retelling of their experiences was both palpable and raw. One participant shared that the retelling of her experiences with students was much harder than she anticipated, which I think really speaks to the fact that in being emotionally present with students, some instructors might be struggling themselves to hold it all. Nicole shared the following at the end of the second interview:
It was funny because when I came home from our last interview, it was a lot more emotionally taxing than I thought it was going to be. I went home and I was talking to [my partner] and ... I don't even think he thought to ask how it went, because he thought I was just like, you know. I was just like, “Hey, can we talk about this? It was actually really kind of hard. It was kind of like being in therapy.” He was like, “Well, do you want to continue doing it?” I said, “Yeah, because it's really important and no one's doing it. It's hard, but I feel like this is super important work.”

I think that it is important to start with this quote, because as the reader, it is important to understand that these interviews were not always emotionally easy for participants. All participants were highly empathetic and compassionate individuals, and with that can sometimes come the weight of the responsibility they have to their students. The first grouping of codes yielded, within the sub-theme of feelings, two categories of positive and challenging emotions. The first category were positive emotions, in the sense that they often provide the feeler with a sense of doing good. These were: compassion, empathy, and altruism. For the purpose of narrative flow, and because these three emotions were evident in all participant interviews, these three sub-themes will be combined.

Before delving into the stories, the terms should first be defined. Empathy, a component of compassion, is often described as the ability to feel another’s feelings, to metaphorically walk in their shoes, and to be willing to be with another person in that space. Altruism, also a component of compassion, is defined by Merriam-Webster dictionary as the “unselfish regard for or devotion to the welfare of others” (merriam-
and I would add that altruistic acts can also produce the feeling of having done a good deed or belief in your ‘goodness’ in the world. Compassion, according to Lilius et al. (2008) is a:

multi-dimensional process in which three elements of compassion form a tripartite concept: noticing another person’s suffering, empathically feeling that person’s pain, and acting in a manner intended to ease the suffering. All of these elements are necessary, in this view, to understand compassion. Importantly, compassion goes beyond felt empathy to entail action, which is regarded as a compassionate response regardless of whether or not it successfully alleviates. (pp. 194-195).

Compassion, therefore, is the action to feeling empathy and altruism, and this is reflected throughout participant narratives. These three codes will also be evident to the reader in the section detailing student examples that participants shared and their responses to the emotional stories they hear.

The next category under the sub-theme Feelings and the theme of Self are ones that are more challenging or produce a sense of uncomfortability in an individual. These are the feelings of being (1) overwhelmed, (2) scared, (3) taking it on as your own, (4) not knowing what to do, and (5) self-doubt. All of the generated challenging feelings are in direct relationship to students seeking them out with emotional distress or other emotional reactions. ‘Taking it on as your own’ is related to the individual’s ability to set boundaries and remove oneself from the student’s emotional expression. For instance, as a counselor I have learned the ability to leave work and not figuratively bring my clients home with me. I am able to leave the office and turn my focus and attention to my own
life. This was a skill that I learned during my master’s level coursework and under supervision in my postgraduate work. I also learned, often not easily, that I am not responsible for ‘fixing’ my client’s problems, but my role is rather one where I am willing to walk with my clients, lean in to the emotional difficulties that they are experiencing, support them as they work through and process their experiences and emotions, and provide them the tools to address their concerns.

Not all participants experienced all of the same challenging emotions, nor did they all view them as challenging. For instance, some participants with strong abilities in boundary setting and positive coping skills often did not feel as overwhelmed as other participants. Some participants had experiences with students that led them to feel scared, while others did not. The following narratives will include all of the above five emotions together for that reason. For the purpose of narrative continuity and allowing the reader a more robust experience of the participant, the following section will include first a description of positive emotions followed by challenging emotions expressed by each participant.

**Alyssa.** My personal experience with Alyssa is that she exudes compassion and empathy. As a student in her class I felt this emanating from her and this came through in her interviews through various examples. In this first quote, Alyssa shared an example of what it is like for her to emotionally hear students’ stories.

When I was in high school, one of my best friends told me she was molested by her uncle. And I held her hand and listened and her ... I sort of knew, I- I had a sense that she was going to tell me this, that something was coming. I guess I just had some insight that it was going to happen. So, I held her hand and listened and
did the best I could to support her. And then she told another friend of ours who got so mad that she took out a gun and said she was going to kill him. Everything I've learned has told me that that is not a good response. She thought that response was much more supportive than mine.

And so, what I have learned, and something I say in my teaching is that everybody needs a different response. This student that I just mentioned that remembered the situation last semester, told me that sometimes she needs somebody to react and say that this is horrible or else she doesn't feel like it's horrible. So, I felt like my remaining calm when she told me was not helpful to her. She needed someone to get upset. And I mean sometimes I tear up when they, when someone's tearing up sometimes I do. But I try really hard to stay calm. I often go home and talk to my spouse and say, “I have to tell you this story.” You know abstractly and without any identifying information. But I need to unload it. I try to be calm and just be a person they can talk to safely.

Alyssa came back to this story about the student needing somebody to react again in the second interview when asked how she copes with hearing these stories.

I had a student last year who told me she was sexually assaulted by her uncle. I think I told you this last time, too. I've had this experience in other ways but I think she wanted, when she told people, she wanted them to have a reaction. She said, “When people have no reaction I feel like it's not that big of a deal.” My way is always to try to be calm and let them tell me. I don't want them to think I'm scared or freaked out by it. I want them to know they can tell me and I'll ... My sister is a therapist, would say, “Hold it for them.” Right? I make fun of her for
those words. Right? I just think that's what I should be is this calm presence of someone you can talk to, which I'm not anywhere else in the world calm. But she wanted a reaction. I had this experience when I was 14 with my best friend who told me. She wanted a reaction. I thought a non-reaction was the answer.

For Alyssa, many of the more challenging emotions that came up for her seemed directly related to her self-efficacy in creating and maintaining boundaries with students. Alyssa struggled with this, in part because of her immense amounts of compassion for others, but also because she was raised in a family that had poor boundaries and so she struggled with the discrepancy between intellectually understanding the importance of boundaries and the emotional desire to lower boundaries in order to help others. During the course of our first interview, she shared the story of a previous student who then became her teaching assistant.

I just had a very sad thing [happen], a student I had gotten very close to just passed away this month actually of an addiction, an overdose. But while she was my [teaching assistant] she had a breakdown. I took her to [the College Counseling Center], I talked her into going to rehab. I also then would put up boundaries. She once called me and said she was about to kill herself and I called someone else. So, I've tried very hard to set boundaries with her. I mean I don't want to turn someone away who needs something but I don't have the training, And I'm not always the best person. So, I really try to set boundaries. When someone says “Can I come talk to you?” I say, “Here's when my office hours are.” Like the student last semester who I felt like was pushing boundaries. And I felt bad saying that because I don't think she was trying to be manipulative. But I
do have to grade papers and I have way more papers than I can grade. So, I would say to her, “You can come during my office hours.” I try to keep to those times. And some of those literal physical boundaries are what I try to use. To do that.

I didn't realize I was going talk about it but it seems relevant. And she ran the gamut. I mean she had been sexually abused as a child. She had been neglected, she had addiction. I mean, all of it.

At this point in the interview I shared with Alyssa that I got a sense from her reaction and the way she worded this story that perhaps she felt a sense of guilt for the death of the student. She shared:

Ha, you didn't misread it. I just didn't hide it very well. I have a lot of guilt. It was an unusual situation. I need to go into this year not trying to save people. ... I said to my husband this summer, this is pretty personal but I said, “If I were my mother I’d have moved [the student] into our house and maybe she’d still be alive.” And I know I couldn't do that and believe me we had this conversation a thousand times. Um, if I didn't have my own children I might have done more for her than I could. Than I did. But yeah, I have guilt. I mean, she died. She was searching for mothers everywhere and I intellectually know that I couldn't have saved her. But yeah that was it, that was tragic.

She once told me she was suicidal. And I talked to a colleague who came to me and said, “I have a student saying this thing.” And we talked about the situation knowing it was the same person; but not saying. I tried to talk her into [going to the College Counseling Center]. I tried to get her mental health resources and I didn't think she was in danger. But those kinds of things are really
hard for me. Because I don't know if someone's suicidal. And I don't want to say, “Oh, they're probably not.” And be wrong. I tried really hard to direct her to services and set boundaries. I'm not sure this wasn't a suicide. We don't know that it wasn't. Actually, my colleague said she hopes it was a suicide. She feels like she hopes she chose it; not that it was a mistake. Yeah, I don't know how you deal with this.

The awareness that Alyssa has about her own level of knowledge and competency in relation to addressing student mental health needs was evident and something that she clearly struggled with. In her profession there is a code of ethics to follow, much like there is in counseling or other fields. For instance, counselors work in the best interest of their clients regardless of their own beliefs. Alyssa lamented that there was not a clear code of ethics in teaching and so “the people who end up doing it are people who aren't trained. So, it's ass backwards.” Alyssa shared that she is particularly aware of this when a student threatens suicide which brings up feelings of fear “Because I don't know what the hell I'm doing. And I don't want to be wrong” which is further heightened by the fact that it is not always easy to get someone into psychological services as quickly as one might like.

In another example, Alyssa shared a story about a student who was unwilling to seek out professional help. When I asked what her obligation to the student is when they are not willing to access help, she said the following, which also highlights her tendency to take on the problems of her students and increases her feelings of being overwhelmed and not knowing what to do:
I go home worrying like crazy. I go home worrying about them and having nightmares and check in on them the next day and not knowing what to do and questioning whether I did or didn't do the right thing. … Intellectually I think that I, yeah, probably not different ... I mean, sometimes I go home and question. I talk to my spouse and I say, “I'm late again because I sat and listened to people's stories but I can't say no to someone who wants to tell me their story and I was late to pick the kids up.”

I expect him to say, “Well, your obligation is to this family.” What he says is, “Who else is going to listen to these kids?” So, I get support for me. This is not my crisis but it is nice to have support of situation at home. Or I say to my kids, “I'm sorry I was late. I had this student who really needed help.” They say, “Oh, that's ...” They get it. They're compassionate people. But I definitely question myself.

**James.** If I were to sum up James in one word, it would be ‘compassionate.’ He lives the very essence of the word. He is known, in his building, as “The Hugger,” always there to stop and ask how someone is doing and to offer a supportive hug. When speaking with him, he is soft spoken, maintains eye contact, easily displays emotions, and talks of struggles and gifts of being compassionate. When telling about one student who was struggling he said:

I just listened because, you know, I thought, eventually he'll tell me what he needs to say or what he needs to hear. And the deeper he shared his story, the more difficult it became for me to figure out what to do with it. Not to, it's not difficult
at all to have compassion for the student. God, that's, that's endless for me. I would take this kid home and, you know, (laughs) raise him if I could.

In a particularly poignant exchange with James, I asked him where he learned to be so caring and compassionate and he shared:

The harder thing for me to learn is self-compassion. I don't know if I was by nature a compassionate person. Like my mother even talks about when I was little that I was the first kid to go to the kid in the group that was the crying. I was the first kid to go give somebody a hug that looked like they needed the hug. So, I don't know if that was sort of genetic me or what. But I do think that as much as I struggle with my religious identity and jokingly refer to myself as a reformed Catholic, I still consider myself a Catholic, right? Even a reformed one (laughs). So, I do believe that for me it's been a confluence of religion as a place where I drew my values. Not necessarily the dogma or what I believe in. But I did develop a value system within that Catholic identity that has stayed with me, through all my rebellion against it and everything else.

And then, I think the circumstances of my own family. I had in particular my mother and my grandparents on my mother's side, were always kind of social justice people. Even with their own craziness. But, like, giving to the poor and my grandparents through their parish, always worked the food bank. And they did meals on wheels. And they went to the hospitals and visited. And my mom does that. And even when I have to give my mother money to buy food, she gives the food to somebody else that needs the food. There was just always this example of some layer, some level of compassion from key family members. And then, from
some of those same teachers who made me aware of living in a world filled with injustices. That there was never going to be a world without injustices. And that I was going to have to take a stand. And that I was going to have to, and that sometimes the only way I'd be able to help someone would be to develop compassion for them first. Because my instinct might be to go, “Oh, you smell,” or “You're ugly,” or “You're white trash,” but that if I could look through that with some sense of compassion, I would be a good person. I mean, that's what it came down to. It's like what makes me a good person.

I'm grateful for it. I really am. Because it's easy not to be that. For short periods of my life, I wasn’t like that, you know. Just kind of closed off, shut down, “Well, you know, that's not my problem.” Right? That's easier.

At this point in the conversation, James begins to softly cry and quickly tries to control it. When I ask him to share what came up for him emotionally he shared:

That's such a good question, because in terms of where I'm at with my own human development, I'm still certainly a work in progress in, but I think compassion is there. I still get overwhelmed by those moments because I'm more likely to default to thinking I'm not that good of a person or I'm not worthy of all the love that I feel I get from other people. And the good wishes that I get from other people. So, I think what comes up for me is this sort of, this struggle that I still experience with accepting my own goodness. Yeah. I'm quick to see it in others. And to want to find some way to reward them for that, even if it's just by acknowledging it. Wow, you're such a good person. That was such a loving thing you did. It’s much harder to do that for myself.
But James makes it a daily practice to be empathetic and compassionate:

I think what I've not credited enough is that I make it my daily practice in the halls of the building, in the hub, wherever I am to make eye contact with people. To never just walk past students without engaging with them in a meaningful way. Not ‘hey!’ but to stop and to make sure they know I see them. I mean, that's a conscious practice, particularly with students of color, because I hear from them all the time, ‘I walk, I put my headphones on, put my eyes down, because that's how I'm going to survive [here]’ and I'm like, ‘You know what? That may be true, but that's not how you're going to survive with me. At the very least you're going to learn that this person sees you, cares.’ So, that's a practice and it's like one of my daily intentions. Who can I connect with today that I haven't connected with before. Or when I see someone who's clearly trying to close themselves off from the world, can I get their attention just long enough to go, ‘I see you.’ If you need something come and ask me for it. And I've done that for several years, intentionally. Never just by accident, but intentionally.

James also struggles with the more challenging emotions of knowing what to do, self-doubt, feeling overwhelmed, and taking on the problems of students as is own. James shared an example about a student whom he knew, although not well. She was diligent, keeping her head down, and always getting right to work. One day the student asked to speak with him and when they got his office she broke down sobbing and trying to breathe as if she was having a panic attack. She was dealing with some health issues that she was having trouble controlling and increasing anxiety. James “kicked into problem solving mode” to try to address her immediate health concerns and that “I felt like what
was happening was her answers were even reminding her that she had solutions to things.” I asked James to go back in his memory to how it felt when she first sat down and began crying:

It immediately makes me feel, I'm just going to say, when that happens it immediately makes me feel protective. I don't know if that's an emotion, protectiveness, that parental instinct but I also think that comes from love. People that are in pain elicit an immediate love response from me. I mean that's just, I’m never afraid of it. It's like, I go toward that. It was certainly that way with her that I wanted to offer love, comfort, and because those are feelings that I have immediately like I know what it feels like to be loved. At the same time, intellectually, what happens up here is, “What's going on? Are you the right person to deal with this? Will you do more harm than good if you do something stupid, or should my door be open? Should someone else be witnessing this? Should I bring someone else in the room?” That stuff all races and sometimes collides with, “I just want to help you.”

Which is the complete opposite of what happens to me when people come in and launch in their rage, because that's the two things that you usually encounter in emotional extremes with students and/or with colleagues are they're either emotionally falling apart or they're enraged about something. When that happens, I tend to retreat. I don't respond well to people's rage and like I'm threatened by people's rage. I'm sort of compelled to go toward people's pain. It's like, “Whoa!” Because again this is my own issue those moments tend to take me back to, “What did I do wrong?” Whereas when someone's in pain I never think
about me, I always think about them but if someone's really angry and pissed off
my first assumption, it's because I did something wrong to cause their rage.
Because James gives so much of himself emotionally, I asked how he balanced this with
his personal life. Here, James admitted that in the past he was often prone to “taking
student’s problems on as his own”:

I can remember a time where I was so much more willing to exhaust all those
resources on students and the job that it almost cost me my family. I didn't realize
it at the time and, I mean, in our 34-year marriage there have been a couple of
times where [my wife] and I have had to deal with that. Me having to face the fact
that look, you can't give it all to this your students and then come home and
expect us to get a guy who's too tired to care or too tired to be here for us.
Fortunately, it was never such a problem that we couldn't overcome it. I used to
think, “Okay, what do I need? What do I still need to have left in the tank when I
get home tonight?” Like I was trying to make it real practical - like how much
energy do I need, and then I thought, “Oh my god, you're trying to measure what
you need to have left for your partner, your best friend,” it's like, “This is bullshit
James, you can't live like this.” It is still something to struggle with and there are
times when I just don't have it and I have actually said to more than one student,
“Wow, what you just shared with me is profound, I can tell you I can’t deal with
it right now, but how can I help anyway? Is there something you need right now
that I can provide that I can go spend five minutes trying to help you find a way to
it, or can this moment be enough for you until tomorrow or two?”
I mean I'll try to find a solution in an honest way but also to say to the student, it seems to me you need an hour and I only have five minutes, and I regret that but it's the reality and so what can we do in that? That took me a long time to learn to do that, because my first response was just to give it even if I was resenting it at the time, do my best to mask that resentment and be there and then go home and bitch to [my wife] about, “Oh my god, this student, argh!” I believe I've gotten beyond all that in terms of my own balance and my ability to say, genuinely to someone, “I can't do this right now. I'll do what I can in the time and with the energy that I have, and then I will continue to care about what happens to you.” That's still hard, like that makes me sad honestly to do that, I know it's the right thing and I'm okay with that. I go home sad when that happens. Sad that they're just aren't endless, boundless amounts of love and compassion to give to whoever needs it, whenever they need it.

Mark. Mark is in a unique instructor position in that he works with students almost exclusively in a one-on-one capacity and he recognizes that emotional barriers impede their academic success. In one student example, Mark shared about a student whose father had just been diagnosed with cancer:

[Her father] went through months and months and months of treatments, chemotherapies of different kind, and that one connection with me, of an older, middle aged, white man, was she would come to her lesson and break down to an extent, almost every week. We'd have to get past this, because she saw me as a loving male, that was her father. Every time she saw me and had that one on one with me, she would go there.
I guess that situation made me feel good in a way, that somebody can see me as a parental figure, even though I never saw that in myself. I didn't set out to have children. I think it made me feel for her, because her parents lived in upstate New York, so she was a long way from home. Her family, who she was very, very close to, was going through ... Each week, it would be something different, as far as his health goes. Each week, it was, something almost devastating, either the chemotherapy wasn't working, they would find the cancer somewhere else. It was a real double-edged sword in the way that it made you feel good that, it made me feel good that she trusted me enough and felt comfortable enough with me, to let me be that person for a few minutes. It made me horribly sad to know that she was going through that.

I asked Mark to share a little more about what he would do when the student broke down crying during their lesson, and he shared the following, which really exemplifies his level of compassion, empathy, and altruism:

I would have to remind her that we have to [continue with the lesson]. We can't let this time get away from us. If she wanted to go have coffee with me, we could do that, and she could talk outside the lesson time. We did that, I think it was just once. It was funny though, giving her that permission, she was not emotional in the coffee session we had at all.

She understood that, because she understood that if she started crying, it was going to be probably 20 minutes before she was able to physically get to a state where she could [go on with the lesson] again. Then sort of gently reminding
her that, “We still have this lesson to do. We still need to kind of work through this.”

I did feel a great deal for her, and that makes me, so I'm at an age now where, like I said, that these kids, I'm the same age as their parent. There's some kind of replacement something that me not having kids and having students, something going on there. You don't have to pay for them to go to college. You just have to be there and support them, and make them, when they are in your studio, feel safe and loved. That's all you have to do. I'll teach them how to [perform] in the meantime, but that's the first thing, if they feel safe and they feel like they are supported, then they will make progress.

Mark also shared, however, that there can sometimes be limits to his empathetic responses:

I know that in dealing with students, sometimes the empathy is great, but I find myself sometimes not having a lot of patience with students who create their own problems, rather than are dealt problems. We have a lot of that. It seems almost generational too, that a lot of problems are created and not necessarily handed to. I sometimes have a little less patience with the creation of problems. One that would not be created would be a health issue that you didn't really have control over. What would be a problem that would be ... Interpersonal relationship problems. People create issues between, and especially at the student's age. I mean, I work with performers, so it's all drama all the time, right? [Or] if I had to give you a bad grade because you didn't come to class. Well, that's a problem you created. There was no real reason, you just didn't come.
Mark was very matter-of-fact in his response to students' emotions and presented as quite confident in his knowledge that there were some issues he simply did not feel competent in addressing and so he was quick to refer to professional resources:

I usually try to steer them away from their individual love life. If there is an issue with another teacher or another student in their same program, that I could shed some light on or offer some advice, I will do that. I try to stay away from things that I'm not qualified to discuss. If I feel like the problem or issue is too large for me, because I'm not professionally trained, I would send them to [the College Counseling Center] or suggest that they go to [the College Counseling Center]. I mean I've had students who, they're in that situation and they feel comfortable talking to somebody and things come up. I've had abuse come up, sexual abuse. I can support as much as I can, but I'm not really qualified and it's not my job, so I have to send them to somebody who is.

*Meredith.* Meredith shared a story of meeting a student for the first time. The story, rooted in connection, is at the very heart of both compassion and empathy.

Meredith met the student during a day of service in the department where all instructors and students were cleaning the building:

The student, in a very random way, started a conversation with me. He didn't know me. I didn't know him. In that conversation he just talked about how difficult his life was, and that was difficult, because it's always so hard to hear about how hard it is in the world. This student just felt like he could just tell me how hard his life was, and as always, I am struck by how young they are to have such giant problems, their giant boulders, and their obstacles in their trajectories.
I spent a good deal of time talking to him that day, just giving him an open forum. He was new in the department, and he was just trying to find his way. I always feel if a person privileges you with a story you are obligated to take the opportunity to connect with that person. So, within that context I think that we established a very interesting basis for a long-term relationship, which he began taking all of my classes.

The student was dealing with some “significant mental health challenges” and was paying for college himself. During his senior year, however, issues began arising and “I could tell we were driving towards a crisis point.” Meredith was also “hearing reports from other students that his behavior was more and more erratic.” In thinking back on her feelings when she first met the young man, she shared:

Oh, empathy. I felt the weight of his burden. I think from situations in the past, my own upbringing, I felt a deep connection with just the story he was telling me, but I had no connection with ... I was blessed with parents who could afford to send me to school, so at however old he was, 18 or 19, I didn't have to work at a gas station. I don't remember where he worked until later on in his working life. So many, I mean, worked three jobs. I say, this was quite a few years ago, so it was the beginning of a lot of my work on this campus. I did not know how many kids were financially in disparity [the university]. Much less in my own department.

That began an awareness for me, but I had to be open to that awareness. I think the things that make artists very interesting social activists is that we are from an early level taught active listening, active seeing, taught awareness of
physical energy. Because his energy was one of great burden, but that kind of youthful, manly posturing that even though I tell you this it doesn't bother me. There was all that, and so I'm always aware of body languages, and I'm always aware of these kinds of things.

In listening to him, and he was at physical labor, so he was working. He was telling me a story while he was working and I was going, “My god, aren't ...” I'm overwhelmed with how extraordinary human beings are all the time, but he gave me a lesson in his ability, the ability for young people to be at task, and to then at the same time tell you what their burdens are. We become so covered over the older we get, and he was young, and I would not see him for two more years, because he had to grow into my classes.

What I felt was empathy of, wow this is so hard for you, and I remember asking, “How can I help?” He said, “Well, you can pick that up,” you know? It was a very, “Just, and bring that to me.” I said, “Absolutely. Here's this thing.” He wanted to know, “Well what do you do? What classes do you teach?” We were cleaning together. We were doing what was called an in-service day [in the department], so he and I were cleaning floors, and that was great. When I think back on that, that might have been part of his entryway, because he and I came in level. That he and I were both ... He had a mop, and I actually was on my ... You know, I was cleaning, and mucky, so I was not a professor. I was a fellow laborer. I felt, I was surprised, and I was moved, and I was willing. But I'm a story catcher, it's what I've always done, so I was interested in how he, in obviously bad situations was still so smart, smartly put together. I meant smartly put together
that he could manage his life at that young an age. I was empathetic. I admired him. I thought he was very important. I think they're all important, so I don't know what else to tell you about what I felt.

Meredith was open about some of the challenges that she has faced in listening to students’ emotional stories and conceded that there is often little preparation or training for knowing what to do (this is also a topic that we will revisit later):

We're not prepared. We don't ever talk about that as professors. What if a student takes their life? What if? What do you do with that? I so admire my friends who are counselors that live inside that. There are so many gaps.

I asked Meredith how she emotionally handled situations where she was worried about a student’s physical safety. She shared that she “walks a student hand to hand down and passes them off to [the College Counseling Center]” but then acknowledges:

And the anxiety of, did I do the right thing? The anxiety level of, am I supposed to get their cellphone number and call them tonight to make sure they're still here? Oh my gosh! These are things that no one talks about ever in faculty meetings, or in my experience. Do we talk about them over coffee when we are at our wits' end? Absolutely. But do we dare utter it? We have tried, I think, but it takes a very specific kind of leadership. We might have it now. We can no longer be managed into care. We're going to have to be led into action. That's just a difference between leadership styles. It's to manage someone's emotions. It's not to lead them to healing. And there's so much healing that has to take place amongst the professors and staff. The self-care that we are not teaching ourselves
is probably the same self-care we're not teaching our students. Do we offer them services? Absolutely. Do we offer them self-care? I don't think so.

**Natalie.** Natalie was the only participant who was already familiar with care-based approaches in the classroom. She had been actively instituting that into her classroom about which she shared:

This idea that we understand that people are situated in a context and that care work is important in that context. They may be doing it and we also need to be doing it, as well. Just kind of reorienting my thinking a little bit around that. It just led me to see my classroom in a slightly different way that instead of seeing students as always these folks that are trying to sort of defy the boundaries that I put on behavior, expectations, assignments, all these things, kind of coming to them in a more compassionate way. If students don't read it's not because they hate me, it might be because they're overloaded or they have untreated mental illnesses we'll probably talk about. All of these things in their lives that haven't led them to be able to balance the responsibilities of reading. Simply reading for class, for example. It's so interesting and it really sort of transformed my thinking. I used it with a student that I had these real big problems with last Spring. It was just a really awful situation. I really think using these techniques of people want to be heard, they want to be recognized in their context, they want to be recognized, again, it sounds sort of trite but more of like the whole person rather than just the student that's in my classroom. That doesn't mean that I have the capacity to care for every single aspect of that person's life, but it's also to recognize that a lot of people just want to be heard and they want to be seen and
recognized. That was just sort of a powerful thing that changed how I thought about teaching.

She expounded on this point by discussing some student examples that further highlights her levels of compassion and empathy with her students. In the retelling of one story in particular, she became visibly tearful, and it was clear that the experience with the student still touched her deeply.

Another student ... God, this happened last spring. God, a lot happened last spring. A student came up to me, like top student, really, really good, but she was like visibly freaking out, shaking and I could just tell it was like, “I can't deal with this.” She wanted to meet, and she was really formal about it, and I was like, “Okay, yeah.” I was like, so it was right after class and she wanted to meet. We started walking back from near the hub, back here, and I was just like, “So, how's everything going?” We started talking about Gilmore Girls, then all of a sudden, she's just like, “My roommate tried to kill herself for the second time, and I've had to take care of her, and I'm just not doing my work right now, and it's really upsetting.” And that was really tough to ... Sorry. [crying] That was just really tough to deal with. Yeah. So. She felt like really, really alone, and she was just one of those top students who ... was just sort of like, “I can take care of this, everything will be fine. I'll still be an A-student as well as take care of this person,” who had like done this twice. I just like ... God, it was horrible. I just felt really bad for her, and it was just something that I really ... Again, I was just like, “You know, I can make accommodations,” I went into my script sort of thing. But it was ... Yeah. It still [brings up a lot of emotions for me], clearly.
I asked Natalie what it was emotionally like for her when students come to her with emotional needs and she acknowledged some of the challenges that she faces:

I'm like so ill equipped. I'm so ill equipped for it, but it doesn't really matter if you're ill equipped or really well equipped, you're there. You kind of have to be like well, I don't have training in this. I don't know really the best things to say or anything like that but just be like well, this is my job right now. It's been a slow process of more and more and more students come to me, now it's every semester, with emotional problems. Emotional issues that happen or trauma that happens, mental illness that was under control but is no longer under control, which is most of the folks that come to me have issues like that. It's just kind of been a slow buildup of skills I guess. Learning about what resources exist on campus and like the reality of those resources, which I didn't know. We'll go to [the College Counseling Center], everything's fine. Then sort of learning about the realities of what students face and the stigmas that students face and all that kind of stuff. Also, talking to my colleagues here. A lot of folks go to professors [in my department]. That can be for a lot of reasons. I mean, people will take classes [in my department] to learn more about themselves or to break open things that they may be dealing with. Trauma, stuff like that, they do take our classes often for these reasons.

It's not terribly surprising that they come to us. Hearing how my colleagues deal with it. My [partner is also a professor] and he has been important in kind of talking to me about that and sort of being like, “No, this isn't unusual.
People come to us all the time and these are the best things that we can do for them.”

As I've been here at [this university], I've educated myself a lot more about ... I've had personal experience with this with a close friend of mine, survivors of abuse and how to talk to them in ways that are productive rather than when you're not trained, your gut instinct is just to be like, “Leave now. Get out.” When the actual reality of the situation is you're just another person controlling them. To support them into making empowered choices, as empowered as they can be. That's the kind of philosophy in extreme cases of abuse.

Even sort of minor cases who come with emotional problems being like, “I can't change what you're experiencing, but I can tell you what the resources that exist can do for you. I can walk you over. I can contact somebody. I can be the person ...” If you're reaching out to me in the first place something is really egregious. I can be there in the capacity that I can, although sometimes I feel just really poorly equipped.

Natalie also discussed the problems with on the job learning when it comes to dealing with student crises or emotional needs and the lack of preparedness that this leaves instructors with:

That's not a great way to learn. You would be much better sort of in anticipation, it's like, “Well, we have this procedure,” or, “This is what students sometimes do when they're caught cheating or plagiarizing.” I had never seen a student come to my class and just start crying before. I was completely ... I did not know how to deal with that when somebody like weeping. Now I have a box of tissues in my
office because it happens so much. It's stuff like that, which you just are not prepared to deal with at all.

[The first time a student cried] in my office was after I had caught her plagiarizing a major assignment in my class. I contacted undergraduate studies of records and I guess she had a bunch of reports of plagiarism across a bunch of different courses. She came into my office and I said, “You didn't write this. This is all plagiarized,” and she started crying and then talking about why she plagiarized. I think I just sat there. I was not a particularly compassionate or empathetic or even like ... I don't know. I just didn't know what to do. I was just stuck there, kind of like, “Uh, I don't know how to deal with your emotions.” I mean, as you have probably laid out here a little bit, is that, in my family and sort of experiences that I've had not been totally open with emotions. So, this was very uncomfortable for me. Very, very uncomfortable.

Natalie also gave some student examples from the previous semester that were still very raw and emotionally challenging for her. This was right after the 2016 election, and she was also struggling emotionally herself.

It just all came to a halt where I was just really thinking on my heels, where I'm like, “I'm not a therapist. I'm not good at this. I haven't been trained in it. I feel ill-equipped to talk people about it. I'm glad they feel comfortable with me, but it's just such as a sad statement they're coming to me instead of somebody who's a professional that can help them.”
Then I just had a light bulb moment of like, “Well, but this is the way it is, and let me use whatever skills I have to help as much as I can in this way, as much as I feel comfortable with.”

In light of this, Natalie also acknowledged that how she is emotionally doing at the time can impact her ability to address student’s emotional needs. But for the most part, she jumps into problem solving mode in order to address students’ needs and to get them connected to professional resources:

It depends on how I'm personally doing at the time, but sometimes usually I'm pretty level-headed and I kind of go into almost just like an instinctual sort of like, you don't even think about it, I'm like, “These are resources, these are the resources on campus. I can walk you to these resources.” I almost go into like a script. But if I'm not feeling so good myself, it can be very difficult. So, I talk a lot about the election, but I wasn't emotionally doing well around the election, and that week afterwards I wasn't really holding it together. I was getting upset visibly in front of my students, which is something that I had never done, up until that point.

And that was kind of like an extraordinary moment, so I would say it doesn't characterize all of the times, but it can be really tough because I do think about my own mental health history, and emotional things that happened to me as well. I mean, I can't help it. I just think about them. But I try to just go into sort of an automatic, and to just not talk a lot and listen, because as we talked about, kind of in the last, a lot of people just want to be heard, and they don't have anyone that will listen to them, and the wait list at [the College Counseling Center] might be
long, or they don't have access, or there's stigma around seeing a therapist, or they don't have family and friends that they can talk to about these kinds of things. I often will just let them talk a bit, and then offer them resources.

I also just get nervous sort of legally. I don't even know what the legality is, or if there is any legal thing with me, but I get nervous about getting into a more active role with students around their emotional issues, because I don't ... I don't know. I get nervous about that.

Expounding on the issue of ethics in caring for students she addressed the issue that doing the care work with students can often be overwhelming in conjunction with her other job responsibilities:

You know, and I hate making it all about this, but there's a sense at which we do our jobs, which is doing research and teaching, and then with this labor, this emotional labor on top of it, it can be overwhelming sometimes, and then it can catch up with you at the end of the semester, where if a student is struggling with some kind of crisis, and because they're young slash or maybe without resources, and without a network, they kind of just let themselves go, and just start drifting away. Then at the end of the semester, there can often be this struggle to do extra work, get a better grade, like struggling over the work that they didn't do. I've had that experience so many times that I feel really reticent, and I feel nervous when students come to me with emotional issues, because I feel like it's going to be this thing at the end of the semester where extra work, and just extra, all this other stuff that is on top of everything that we're doing. And I hate, I mean, these are human beings, and I don't mean to say that it's not important for them, but at the
same time, it's just kind of like I get nervous about all the work I have to do at the end, basically.

**Nicole.** Nicole shared that while she was raised to believe that sharing her own emotions is a weakness, she was quick to point out that she does not think it’s a weakness when someone shares their emotions with her. This is where her compassion, empathy, and altruism really shine through:

I find that people do share their emotions with me a lot because I can just listen, because I'm feeling all these emotions, I have all these emotions, I know what they feel like. I just don't share them, so I don't know. It's almost like I can feel their emotions because I couldn't feel my own.

When asked how she feels listening to other people’s emotions, she shared:

I always want to, I'm the type of person who always wants to help, so usually I want to figure out how I can make them ... I'm focusing on negative emotions, I guess, because when I'm thinking about negative emotions, I want to figure out how to make that person feel better.

Nicole also talked about the fact that she finds herself “more compassionate” to her students because of her own experiences with instructors and struggles as an undergraduate student:

Yeah, I feel a lot [of compassion] for these students, and these are the students that tend to come to me because I feel like I didn't have anything when I went to college. I just went to college. Nobody I knew had gone to college, I mean, my brother I guess went to college, but I didn't really talk to him much when he was doing that. My parents didn't go to college. I didn't have a teacher in high school
who told me about college or who helped me to choose colleges. I just kind of went and I had no resources and my parents weren't wealthy, so we didn't have any, I still had to work and sort of try and schedule my courses so that I could work the maximum amount of days and still get all my coursework done. It was hard, it was really hard. Then the first year, I was dealing with trauma by doing a lot of drugs, so I felt like ... I feel like I don't want other students to have to deal with that all alone, because I felt all alone. Yeah, that first semester, I didn't really have ... Maybe I did and I just didn't notice it. It was also, I mean, back then, you really had to seek out your professors. There wasn't email and there weren't social media, so you had to call your professor or go to the office. It's not like they were going to chase you down. It's not like they were just going to shoot you an email and be like, “Hey, drop date is tomorrow.” Yeah. I don't think I really had anyone that reached out to me. I feel like if I can, then I should, so that these students don't have to go through what I went through.

Nicole acknowledged, too, that she often feels as if she puts a lot of her personal energy into doing the emotional work with students, compared to other instructors in her department:

I definitely have students who come to me with problems and I still feel like I put out a lot more energy than a lot of my colleagues do. I'm not saying that as my colleagues should be doing that, I think that I should be doing less of that, but I do feel like I put a lot more energy into these students than others do and then probably than I should.
However, when I asked her how she would feel if she did not put as much emotional effort into her students, she admitted:

I don't know that I can do that. I feel like I've tried to do that. I have tried to back off a little bit and I have tried to be more stoic I guess when students are in the classroom.

Nicole shared that she sees a therapist, which helps her to deal with the anxiety that she can sometimes feel when hearing the emotional stories of students.

Well, I have a therapist, so I see my therapist once a week. That helps. I don't usually talk about my issues with students, although occasionally it will come up, so that's more just dealing with my own emotions. I think one of the reasons that I started to have a panic attack this week was because I haven't met with my therapist in a while because I was out of the country for the summer and then I've been moving, so I just didn't set up any appointments. It's been about three months since I saw my therapist, and I'm dealing with my own personal stuff, and not very well, so I think it was just that added stress.

I'm trying to create better boundaries actually. It's something that I'm working on because I've always been kind of a, “Tell me everything. Let me help you with all your problems. I can help you be the best student you can be,” and that takes a lot out of me, so one of the things I've been trying to do for the last couple of years is to draw more boundaries and create more of a, “I'm the professor. You're the student,” kind of relationship that I've never been very good at, mainly because I hate authority and I always have and so I hate being the figure of authority but I'm trying to just accept that and embrace it.
Skills

The next theme that was evident in participants narratives were skills required to both care for students and care for themselves as they engaged in the care work. Skills for working with students included codes such as: listening, problem solving, being intentional in their decisions and boundaries, the emotional work they engaged in with students, and the act of being an advocate. The self-care strategies that participants engaged in varied from mindfulness practice to engaging in hobbies. In this section, thick, rich descriptions of two sub-themes of Helping Skills and Self-Care Strategies will be provided for each participant.

Alyssa. In some ways, it is not surprising that Alyssa finds herself in a position where students come to her with emotional needs as helping others has always been something she has been passionate about:

I loved being a lawyer, I loved feeling like I was helping people get out of these horrible situations. I loved being their advocate. I hate conflict in my personal life, but I could fight for someone else. I could stand up and make the arguments and I loved that part of the job. That I felt like I was saving the world. You know, when I went to law school I was going to law school to be a social worker, not to be a lawyer. I would sit in law school and they would say “When a senior partner hands you a memo…” and I just tuned right out. I didn't care, I was never going to do that. That was not the law I was going to practice.

One of Alyssa’s greatest skills is that of being an active, engaged, and compassionate listener. She creates space for students to tell her their story, in their own time and place, as illustrated in the following student examples:
And last semester I had a student who, between my class and a colleague’s class (he was talking about repressed memory), she began to remember that she had been abused by her uncle. So, it came to her in the middle of these two classes. And so, I spend a lot of time listening. And then she actually reported it to the police. And I talked to her and supported her the best I could through that whole process. By the second semester she decided to tell the whole class that it happened to her. She was the [teaching assistant] and she shared it with the class. So that happens a lot. I had a student a couple of years ago who had told her mother and her mother made her change her story. So, then now four years later she wanted to write a letter to her mother telling her how hurtful that was and that she forgave her, which was ... that was hard for me to accept. It wasn't my place but ... and that she was ready to tell the father and tell other people. But many just come into my office and close the door. Sometimes they come in and ask a question, go away and come a week later ask another question and then work up to it. It's a hard one for me. Because I just try to be calm and listen and let it be okay for them to tell their story.

Despite repeatedly asserting how untrained she is in helping students, she does have a strong grasp of available campus resources and will often go above and beyond to help students connect to them:

I always offer resources. I always offer [the College Counseling Center], I also offer the [Women’s Resource Center]. I always tell them what the resources are. And last year a colleague came to me with a student who was cutting herself and he was afraid she might be suicidal. And he asked her to come talk to me and they
came together. And she was really obviously struggling and so we sent her to [the College Counseling Center]. I've had people call from my office. I say “Do you want to call right here?” And I will either stay in the room or leave the room. I had a guy who was going into policing who was afraid (he had been abused by a neighbor and it wasn't even clear if his mother knew. And he of course didn't call it abuse he thought he was just 13 and having sex with the neighbor. An old neighbor lady who was drinking. To me it was obviously abuse. Obviously.). Objectively speaking, he was afraid to go for help because he wanted to be a police officer and he was afraid it would be on his record. And he wasn't equipped to go until he got therapy. And that was clear to me that he needed to deal with this. So, I encouraged him and I called and talked to the people at [the College Counseling Center] about what goes on his record. I sort of had the conversation for him. I walked someone over to [the College Counseling Center] this year. I'll either walk them there or I'll have them call from my office. So, I try to get them to resources who have been trained, since I haven't.

Related to her self-care strategies, Alyssa relies heavily on her family – by both reaching out to her husband for support (“I often go home and talk to my spouse and say ‘I have to tell you this story.’ You know abstractly and without any identifying information. But I need to unload it.”) and actively engaging in her parenting:

So, trying to raise non-violent people in the world who are open minded, and inclusive and all that stuff really matters. I didn't have that kind of a childhood. The kind of a childhood that I've been able to give to my kids, so I wanted to create the kind of a childhood that a kid should have with my partner.
James. James approaches his care work with students using a variety of helping skills. His three most prominent are listening, intentionality, and problem solving, which are highlighted in the student examples below.

Just last week, there was a student who I saw on Facebook, a student who is transgender. He shared on Facebook that he wasn't going to be able to come back to school because of financial reasons. And he hoped that maybe in a year he could come back. I noticed in the comments how hundreds immediately wrote things like “Oh, we love you. We can't believe. We're so sorry.” And I thought, “Gosh, I don't know a lot about this person, but, it, it feels like there's got to be something else going on here.” If it's just financial there's always a way to find more financial aid. Or get a little more scholarship or something. So, I private messaged the student and said, “Look, if you need to talk about this now that I'm in the director's role, please let me know. I'm happy to listen, happy to help, if I can.” Right? And he messaged me back and said, “Gosh, it would be nice to, to share this with you.” And I said, “Let's do it.” So, we set up a time, called. And, wow, just, you know, the whole lot of the issues that he's dealing with, in terms of where he's at in the transgender process. He lives with his grandparents, doesn't have a relationship with one parent, has a relationship with his father, but his father is also poor and homeless half the time and has various issues. The grandparents have to move and they're now strapped. And I just listened because, you know, I thought, eventually he'll tell me what he needs to say or what he needs to hear. And the deeper he shared his story, the more difficult it became for me to figure out what to do with it. It's not difficult at all to have compassion for
the student. God, that's, that's endless for me. I would take this kid home and, you know, (laughs) raise him if I could. But the realities of the family's financial situation, what this individual's needs are not just in terms of tuition support or housing support. But medical support and other kind. And I thought, “Gosh, I can't, I can't solve this one before August 18th.” I think this kid is going to have to take at least a semester off. But I kind of resolved to say, “Look, I do think you're going to have to take a semester off, but can you at least have money to come up here so that we could spend a day going around the various offices, trying to put, support things in place trying to see if we can get you back here in January.”

“You wouldn't lose that much time.” He saved a little money, could take a couple world campus courses in the fall. So, we started working on a plan, but like about halfway through, I was like, “Wow. What do I do with this? You know, what do you do with the one situation that could eat up 40% (laughs) of your time when you got 10,000 other situations?” But, you know, that happens, that happens a lot with our students. The students who come in and reveal that they cut. That they suffered deeply from anxiety. That they have an eating disorder. I mean, the percentage of students with some form of mental challenge or mental illness issue seems unusually high to me. And I'm not sure what to do about that.

The following two excerpts, highlight both James’ compassion and his intentionality of connecting with students in a meaningful way:

I think deep down I know that one of the reasons they come to me is I am compassionate person. And even if I can't fix something for them, I'm going to
listen. And I'm going to offer them, uh, at the very least, my love and my attention.

I think the deep way that I value honesty can only be preserved [through connecting with students]. Because if you stop those connections it gets easier and easier and easier to not be transparent. To not tell the truth, to hide behind the numbers. To hide behind the meetings, to hide behind the business, to hide behind, you know. The way that I try to live honestly each and every day, it relies on a certain amount of authentic human connection. You know?

Of all participants, James had the most explicit and intentional practice of self-care that involves both his prayer and meditation practice, but also his deep connection to his family and creating art.

Some days, I sit with it [hearing students’ stories and holding compassion for them] fairly well because of my mindfulness practice. I do meditate every day. And for me, meditation and prayer have kind of merged finally. It took me a long time to get there. They're merging, I should say. So, on the days where my mindfulness practice is successful, I can continue to be with student Y in my heart, in my mind, in a compassionate way that doesn't fall prey to the illusion that I can save him or be the answer to all his problems. And probably lately more days than not, I can get there if I really take the time to breathe my way through it and into it. And you learn that then those are the states of mind where viable solutions also then come. When you don't immediately go into the mode of, “I got to save this kid.” And it's about me, when you suddenly make it about you the days where that happens are still the struggle days. Because it's like at some point,
I have to go, “Stop making this. You just made that kid's problem about you.” It's like, “You did it for all the right reasons, but, dude, (laughing) that's just not how it works.” Right? So, I have to work. I do. I just have to work every day. Because there are at any given point half a dozen student Ys. And three or four colleagues who can occupy me completely if I don't. And then the other stuff that can occupy you is fairly easy. If there's a budget problem, that's an intellectual problem. I don't get all emotionally involved in that. But almost all of those things are also attached to people, right?

I still [create] a lot, I draw regularly even just doodling in my journal but drawing intentionally has become way more important than I ever imagined, not just doodling but calling, “What do I want to draw?” Giving it a little real time and being intentional about it. Making, creating art, I mean as complicated as that word is, I mean I don't want to go down that path. That's why I usually just say I keep making, I draw, I write, I make a poem, I draft out the idea for what will my next solo performance be even if it’s going to be five years before I can do it. I read, but probably next to meditation and prayer, making things is huge.

Then family time, “Hey, Bon. Let's call the kids let's see if they can have dinner tonight,” or I work the farmer’s markets because that is self-love. It's also loving my daughter and my son-in-law but what they don't understand is it's way more about self-love and it is about them. It's fun. I hang with them, every time I gain a much deeper appreciation for how difficult their lives are, for the people that grow our food, for the people. Those things are so foreign to what I do which is help people make art which feeds the soul, they feed our bodies. The depth of
my understanding of that is even greater, so yeah, those making and family time.

those are probably the big ones in addition to the meditation and prayer. Working

four or five hours at the market is physically exhausting, but I always feel like so
good when we pack up that truck at the end. The physical stuff that's probably is
important to it, I'm also, as someone who works in a job where you spend a lot of
time sitting on your ass, it's another way of understanding what my body needs as
much as what I need emotionally or what my other needs are.

Mark. In Mark’s unique teaching position of working with students’ individually,

he has used his helping skills to create a safe space that is free from judgment. He shared

one story about two students who came to him shortly after the 2016 election who felt

that they were being bullied for being republican:

I tried to listen and support as much as I possibly can. I don't remember exactly

what I said to them. Honestly, I don't. I just need to make them feel loved and

secure, and I'm sure I probably told them that. Usually, it comes out of having

some kind of block on the work that they're doing, if they can't find the emotional

element of a song, or they're singing the wrong notes and stuff when they usually
don't. There's usually some kind of symptom to what's going on. It's not that the

young man came in and started. It's usually in the middle of work, and they

understand that there's this thing that's bothering them and they need to talk about

it. I think that has to do a lot with it too, but I'm there at a time when they can't get

through their work unless they get it out? And they know my studio is always a

safe-zone. I make no beefs about that; that it's safe from judgment and everything

else if they need to feel secure.
Mark also uses his helping skills in order to help students continue with their work. In some cases, this involves helping students put things into perspective, but in other cases, it involves listening and acknowledging what they are going through in that moment:

I try to reel them in, because if they start crying it's just too much time to get back ... Sometimes you can't avoid it. These are kids who were trained to be very aware of what their emotions are and to let them out at any time. Right? Sometimes there's a little eye-rolling because everything is larger than life at their age, so it's usually just, “Come on. Let's move on.” And sometimes it's very serious. I have to acknowledge it, because so often if you don't at least acknowledge what they're going through in that present moment, they can't continue. I think at this point, certainly the ones who tend to be comfortable in expressing emotion in their lesson understand that if they go there then it takes us so long to get back. They get that. They totally understand. Sometimes they can't help it. I've had to have that conversation quite a bit; that, “This is a time to learn and we can't ... I want to be supportive, or I want to help, but we have to keep moving.”

Mark is very intentional about creating this space where students can both acknowledge their emotions and also continue to do the work that they must accomplish. And he does this in a way that intentionally minimizes the power differential in the student-instructor relationship:

I think part of that is enthusiasm at what I'm teaching them. I make a point of telling them that, “We're both artists, and I am, we are, there is no difference between me and you, other than I have a few more years’ experience.” I just want to share what I've learned over those couple of years, and hope that one day they
will be in the same position, that they can pass it on to another artist. I make a point of that, I do. I've always made a point of that. That was nothing anybody told me to do, I just kind of do.

It is [a way of minimizing the power differential]. It is. I think the verbiage, and sometimes that, it puts an element of friendship that you have to remind them that you're not friends, that, “I'm your teacher,” and that's okay, because they do, I think that little bit of verbiage creates a safer environment for them.

In large part because of the type of work that he does with students, Mark inevitably hears a lot of stories – some of them painful. Mark has become very intentional with his own self-care strategies:

I have started throwing rocks in rivers. I did it a few years ago. I travel every year somewhere, but always London. I've gotten to where I throw a rock in the Thames, and that rock is usually some emotional significance. I guess maybe, I don't think that, I never feel like the burdens are too heavy of the student, but with your personal life, if there's something up between [my husband] and I, or with my parents, some of those loved ones, I throw a rock in the river. I thought it was silly when I first heard about it. I tried it and it actually helped. I hike, I do hike. I guess mainly, being an introvert, when things get personally emotional, I tend to turn in on myself. I like to be alone. I like to be alone.

I tend to move on. I don't get stuck in things, to a fault, I think. To a fault, because there were physical issues early in my life that I had to get through or didn't get through. I have to keep on going, so I do.
Meredith. Meredith shared a story about a student that really highlights her skills in addressing her students’ emotional needs. The story was a continuation of the student whom she met cleaning in hallways during the service day.

That first chance to see him, and meet him, and hear his story then developed into him taking opportunities to take my classes. Over the course of two years of him as a student, the challenges that he faced in mental health, and his background, and his economic status, because like many students in school he was paying his way. He had all these obligations. So, I began being privileged with a lot of stories about his everyday life. What it was like to go to school. It was very interesting, because his storytelling then would tend to move out into the classroom setting.

His difficulties in his life became part of how he navigated my classes. To the point that, at one juncture I asked to have a conference with him, that we needed to talk about talking, and how you are with people in the class. Because, not everyone is prepared to hear stories. He was extremely open to hearing that, and he never resisted what I asked him to do. I think that he always had difficulties with his own person.

This has always led me to believe what I think about young people. I've never met a kid who didn't want to know, “What do you want me to do?” Now, their ability to do that, to sit quietly and listen, is so much of their makeup in mental health situations, in everything, in upbringing, in everything. When you're raised a certain way, and a certain kind of parenting, and you come in with a certain chemical make-up, and you come in ... These are the things I don't know.
I'm not trained in any of this, but I think over the course of years you begin to be able to see challenges.

By the time he reached his senior year we were at several crisis points. Rather than talk to me in a meeting situation, because he was always okay in the meetings, but in the classes, in the classroom I could tell that we were driving towards a crisis. This was at the time that many things were happening on college campuses, so the lack of support I felt in knowing what to do ... And this was years ago. This was several years ago. It also became the impetus behind the movements I made in my own department, because my navigating this situation I didn't know what to do.

It came to a point where I became so concerned, and I was hearing reports from other students that his behavior was more and more erratic in public spheres, in rehearsals. With that information, and what was happening on college campuses, I was trying to figure out what my fears were, and what his actions were.

Did I ever feel that he would harm himself? Absolutely. Absolutely. Did I ever feel like he would harm another student? I don't ever think he would walk in a room and want to harm someone ever, ever, but there was such energetic agitation. So, when he left that day it was, and he was a big kid, and when he left that day it was as if his shoulders relaxed, and he went, are you kidding someone is actually ... He was doing everything right, because in one of the meetings he had a [College Counseling Center] counselor. Because we had done everything. I had gotten him to [the College Counseling Center]. He was in counseling. He was
doing everything. But, the kind of service he needed was past that. I think he got it that day, because he was strong enough at the end of that semester to let me help him find different outlets. When he graduated, it was a different young man. That was an amazing experience, and it became a marker for me. I began talking to my director about instituting giant, very large, and very small nets amongst our faculty. Because it felt like from that moment on we exploded in the department with emotional mental health issues. Every stripe of trauma. You can target this, maybe five or six years ago, when just everybody, and nobody in our department, nobody really ... We all knew what to do, but nobody knew what to do.

Meredith’s other skills is in that of communicating her ‘love’ for her students and helping to create a space where they feel honored and heard:

The students that quote me always quote me saying, “I love you so much I don't care what you think about me. I don't care what you think about me. I love you that much, so come in here and sit down, and we're going to have this conversation.” Sure, and I think that's what the arts can afford those moments, because I know I was very emotional in that meeting, because I said, “I have known you for three years. I have watched you.” I think I probably even referenced, “I have cleaned floors with you, and I'm not going to let you go down this path.”

I do love them, and they know I love them, because I tell them I love them. I think I break all the rules. We're not supposed to have any sort of human life with them, but the arts, it's very difficult to draw those lines, because when we
deal in emotion you are emotional. When you deal in math, you might not be.

When you're dealing in text, and poetry about love, it's very hard to be not loving in your class.

Meredith had shared that she had recently spent seven days at a silent retreat at a Jesuit monastery. Part of the work that she did while she was there involved letting go of some of the student’s stories that she had been carrying with her throughout the years. This practice has become one of her critical ways of practicing self-care. She envisioned this as someone carrying a bag of rocks on their back:

Each story that you get is another rock your sack that you're then getting weighed down by. It becomes heavier and heavier to carry. Part of my meditations now are that I take my, I call them my knapsacks, I take my knapsacks to this place at the monastery, and I'll leave them. And this is joy. I remember there was this one moment with the spiritual director I was working with that I was just giving her all this ‘stuff,’ and she was just sitting there. And a moment that I became very free was when I said, “But I have to let you hold all this, I have to trust you, I have trust that you can take this and that you can do what you need to do with it.” And she said, “I'm a professional.” (laughing) and of course I burst out laughing. But, in truth that's hard that you can't fix things unless you know how to let go, and let these people live their own lives and give them some sort of space. All that truth about how hard it is to be human - if you don't know how to uncork and let it go then your knapsack gets really full. And I was physically taking these knapsacks in my mind down to the spot at that monastery, and just dropping them and I'd turn around and run. So, I think for someone like me who is a fixer, and
someone like those of us who become ear pieces for our students. What we need, is a method by which to listen, and to not become. Because when you listen and don't know how not to become then you become. You take the rock and you think that fixes them, which is doesn't because they just put another rock in that place (laughs). And they might end up with a slightly smaller rock and then you might end up with a slightly bigger one as you take that on.

**Natalie.** Natalie’s helping skills are infused throughout her individual interactions with students and in the classroom. Much of the care work that she does involves problem solving or brainstorming how to address what is going on with students:

They will come to me and then I largely will not ask probing or follow-up questions besides as it relates to their wellbeing, their wellbeing like as a student at [the university]. It'll just be like, “Well, how are you doing? How are you coping with it? Are you going to your classes? Are you finding it hard to do that?” Like just trying to keep it in that realm, rather than expanding it out because I get nervous about that. It's sort of the immediate like in the next five minutes, next hour, next day, because a lot of students that come to me in crisis are at that point where they don't know what to do in the next five minutes, or the next ... because they let it go for so long without addressing it.

Beyond the above skills set, Natalie is also very intentional in reaching out to students whom she is concerned about:

I had a sort of gender nonconforming student, as well as a visibly muzzled student. She wore a hijab, and they both disappeared from my class ... after the election, for like three weeks. I kept contacting them and they wouldn't respond to
me. I was really like scared for their safety, and I was just scared that like they were going to hurt themselves. I know that that just sounds so like why would I just jump immediately to that, but they disappeared, and they wouldn't contact me, and they were visibly different. I got just really scared. And now one of them is actually back in my class. They're retaking the class that they disappeared from.

Natalie’s self-care strategies are multi-faceted and a work in progress. To start, her viewpoints on expressing emotions has changed and become more comfortable for her:

This is just something that as I've gotten older I recognize some of the ways that I was raised and sort of internalize ways that I couldn't express myself. Both positively and negatively. I mean, my partner has helped me with that. My friends have helped me with that in a way that it's okay to say I love you to people, sort of freely rather than keeping it very contained. Expressing pain has been easier as I've gotten older. I've gotten a little bit more comfortable with myself, as well, so that also helps in terms of being able to express these things.

More proactively, she engages in self-care activities that recharge her and connect her to her passions:

I've been trying for the last year to do specific things that are not related to work, and not related to chores that give me pleasure, so whatever that might be, like from simple things like walking the dog, to reading books, to even shopping, to drinking nice wine. I mean, it's just like stuff that I try to be very intentionally like, this is giving me pleasure outside of the obligations I have to other people. So, I mean, that's kind of the most that I do. It's not very much.
But I try to be really intentional about it because it's so easy in this line of work just to be like ... Every time I read, I just read for my subject, or every time I do anything. I read memoirs, and fiction, things that have nothing to do with what I do. But it's like a really intentional, try to be intentional about it, rather than just be like, “Oh, it's been six months since I read for pleasure,” because that happened to me. Actually, it was years since I had read for pleasure.

Also, since we've had the resources, my husband and I like being intentional about traveling and doing things that give us pleasure instead of ... It's funny, because when you do stuff like that, immediately everybody around you is just like, “Oh, well was that for a conference or is that for research?” And it's like, no, it's for pleasure, right? It's a very unusual thing, to do that. I think it's like actually just being sort of clearly doing things that aren't for some sort of career advancement.

Natalie also, though acknowledged that sometimes, the best one can do is just keep moving forward:

And you're a human being, and you're just like seeing these people moving around the world, sort of the best they can. I don't know. I mean, sometimes I think I just don't [hold the stories], I try not to think about it too much, because that totally helps. It's just like, “If I just keep moving forward, and not focusing on it, everything will be okay,” or, “I'll do as much as I can,” and that's maybe I'm ... I don't know. I don't even know what I'm trying to say. It's just like- I hit that wall and I know that I'm part of a sort of online group of assistant professors who all do my specialty, and we talk about this a lot. A lot of us have emotional issues, or
mental illness, like whatever you want to ... whatever the range is, from both our own sort of histories plus our jobs, plus the emotional labor that we do for our students. And it's really common that some people medicate, some people go see a therapist, and many of us just keep moving forward, and that's pretty much what we do, which is not ... I mean, I've recognized this as not like the healthiest way to deal with all of this.

Nicole. Nicole recognizes that she often goes into ‘fixer’ mode when working with students who are emotionally struggling. To mediate this, she will try to focus on their academics or immediate needs and using empathetic response and reflective listening:

It feels really hard for me, actually, because I'm an empathetic person and I think students sense that. I think also because I'm a woman students are more likely to come to me, so I do get a lot of students coming to me with their problems, and it can get really hard because as someone who wants to fix things, I see a student who's struggling, who's crying, who's telling me all of the stories of things that are happening to them, and sometimes it's hard for me not to cry with them because I feel really bad for that student and I want to fix these problems, even though there's no possible way. These are problems with their families, or problems that they need to see a therapist for, so it's actually really hard on me.

In fact, the other day I had a meeting with a student, and this was a graduate student, but it was a student that I knew there were going to be problems, and just because of all the other things that I am dealing with right now, I started to have a panic attack before the student was going to come in. I'd say it's
difficult, but basically, I try to ask questions without prying. I'll just, if a student talks to me about being upset because ... or not being able to keep up with the reading load because they're working a full-time job, and they're taking way too many courses because they want to graduate on time because college is so expensive, which happens a lot.

Then basically I'll say, “That's really hard for you. That must be really hard for you to keep up with all this. I know that's a really full load. It's like doing two full time jobs.” So, then what I try to do is shift it back to the classroom because I know that I want to fix all the other things, so I try and shift it back to the classroom and say, “Here are some ways that you could maybe keep up with the work for this class.” When it's something like that, that's usually what I try and do is refocus to the class because that's the only thing that I can actually help with.

Nicole’s self-care strategies are much more intentional and showcases her self-awareness of her needs. In some cases, this involves reaching out to others or taking some alone time, and in other cases, distractions help her to let go and move forward.

Sometimes I'll talk to a colleague, not about the specifics of what the student told me but just say, “Oh, I had this meeting with this student and they're really upset.” So sometimes we'll just commiserate because every professor is dealing with so saying we've had a hard time or something. Sometimes I just try and block it out and go back to work because usually if I'm ... A lot of times what happens, though, is I schedule my office hours all together, so a lot of times I'll just have to move right on to another student, and so in that case, I really do just have to block it out and more on to the next student. Yeah, that's what I do. If there's a specific
issue that I can help with, I'll try and do something right away after the meeting so that I don't forget to do it. That's about it.

One thing I do do, and sometimes because my office is right next to the library, so sometimes I'll just walk over to get a coffee and walk back to kind of get outside and clear my head. Sometimes I'll sneak a cigarette. That's really bad.

Usually I end up talking about it to my partner at night, because he's also an academic, and so we deal with the same things. Obviously, I don't reveal any personal information, but usually I talk to him about it. That's not always super helpful because he's much better about just shutting these things off and he's definitely someone who students don't really come to with things usually, because he's more of the, he's like the smart man professor that people come to with their academic problems but not their emotional problems. He sometimes gets a little frustrated that I care so much and that I do, he feels like I exert too much energy and that I should stop doing this for my own sake. It is helpful sometimes just to talk to him and to just kind of talk through things.

Nicole also recognizes that sometimes her own life, and the varying components of it, impact how she is able to help with students’ emotional needs while still maintaining her own well-being:

That semester was a hard semester for me in a lot of ways, in part because I had started seeing this therapist that was really good at her job and kind of made me put together things that I had never put together before. Also, we were living in a duplex and on the other side was, it was a really crazy situation. Anyway, the grandmother would just yell, it was just completely verbally abusive to her
daughter. It was very similar to the way that I was abused as a child. It was just days of being triggered by this neighbor and then also dealing with the difficulties of dealing with my partner living in [another state] which meant that I had to single-parent my child. That semester was really hard, and I just spent a lot of time crying to my therapist, which is something, I don't even like crying in front of my therapist.

To make sure she is intentional with her self-care, Nicole has a morning routine that begins with meditation:

Each morning, I get up. I usually get the coffee started because I am usually the person who gets up first to get the coffee started. Then I stand next to a window that is preferably facing something green, like trees or bushes or sometimes it's my neighbors' house across the street because they have a really beautiful front yard. I do a series of five sun salutations and then I end that by meditating and thinking about five things that I'm grateful for. That can range from being grateful that my daughter is healthy and happy to being grateful that it rained, so it's less humid.

**Student/Instructor Relationship**

Relationships between students and instructors are paramount, not only to this study and understanding the experience of the instructors, but also in gaining a deeper understanding of instructors themselves. Within this theme, there are two sub-themes: Instructors interpersonal skills and instructors’ knowledge of resources, both of which will be explored in the next two sections.
Interpersonal Skills

Almost all interviews were situated within the context of stories about students struggles as well as those by instructors in trying to meet their needs, holding their stories, and skills required to do so. Some codes that became part of this theme, such as mentoring and why students sought the instructor out, are critical components to understanding the struggle and the relationship. Other codes, such as creating and maintaining boundaries and providing support are also skills that instructors deployed. However, they are included within this theme because they are integral to understanding the relationship. This section will be primarily situated within the storytelling realm that include memories and relationships formed between students and participants. Every attempt has been made to mask student identities, and they were not known to the researcher. I am not including additional stories from Mark and Meredith in this section, as their stories about their relationship with their students and specific student stories have already been told in the preceding sections.

Alyssa. Alyssa, with her vast experience of students seeking her out, shared numerous stories about students she has had over the years. Her stories speak not only of the struggles, but also of the humanity inherent in the relationships, and the compassion, love, and respect that she had for each of them.

I feel bad saying this but when you said ‘how is it for me?’ , there is one part of it which is that I'm often late to pick my kids up or to get home or to get my kids somewhere because I have someone crying in my office and I can't just get up and say, “Okay then, gotta go.” And so, I often feel like I don't know how to set a boundary (laughs). Um, and that I sort of have to. And people say they have 20-
minute office hours, well that's fine but if a person is trying to tell me she was sexually assaulted, I can’t say, “Oh sorry, time's up.” Sometimes I have people waiting in the hallway. So practically speaking, it's challenging.

I had a student last semester who came to me all the time about her anxiety and depression. And I didn't always know how to respond. I had forgotten about that. That was a tough one because I didn't really know how to address her issues. And it became almost too much. She wanted to walk with me after every class and talk. And while I want to be available, some days I would say, “I need to think about what I'm talking about in the next class.” So, she'd come to me at the end of class and say, “Do you need to think today?” (laughs). Then she told me she was very close with a psychology professor and so she was looking for people everywhere to help her through. And I wanted to be helpful. But I could only ... you know I did feel like I needed to hold back and make some boundaries.

Boundaries, both creating and maintaining them, was a struggle for Alyssa. She was torn between meeting needs of her students and meeting her own needs and her family’s needs. When I asked her how she did maintain boundaries, she shared:

Not so well. I have gotten much better about it. I don't give my cell phone number. I only give my cell phone number to my teaching assistants. Now sometimes that ends up being someone who takes advantage of it. But I try very hard to keep those boundaries. And people ask for my number, I always say, “No.” It's a little thing but I try. That's one way I try to do it. I've gotten much better at it.
So, after that I tried to be more strict with myself about [boundaries]. I mean I don't want to turn someone away who needs something but I don't have the training, and I'm not always the best person. So, I really try to set boundaries. When someone says, “Can I come talk to you?” I say, “Here's when my office hours are.” Like the student last semester who I felt like was pushing boundaries. And I felt bad saying that because I don't think she was trying to be manipulative. But I do have to grade papers and I have way more papers than I can grade. So, I would say to her, “You can come during my office hours.” I try to keep those, you know, keep to those times. And some of those literal, physical boundaries are what I try to use to do that.

The next section contains a series of vignettes about students that illustrate relationships she has with her students and the nature of the emotional struggles some of them reach out to her for support for.

I had a student last semester who emailed me and told me her mom was dying of breast cancer. So, I emailed back and said, “I don't need you back this semester.” You know, “You don't have to do anything else for me.” And then the next semester I sort of checked in with her a couple of times. And then she ended up coming and talking to me. I feel like I sort of reeled her in trying to do that. But I just wanted her to know that if she needed to talk to someone I was here. She just seemed to be keeping it all to herself.

This next story is more detailed description of one referenced earlier about the student who wanted to become a police officer and was worried that seeking out psychological services would be detrimental to this pursuit:
I had a student, I was really worried about this boy. He would come to me, he had trouble getting his assignments in. He was working. He told me finally that when he was 13 there was this neighbor woman who would help him do his school papers. He was allowed to use her computer and that, the way he phrased it, he was having sex with her which I wouldn't characterize it that way and I think he knew also that it wasn't his choice. He was struggling with that. He was struggling. He had a brother who either was in prison for a drug overdose or had died of a drug ... I can't remember. He didn't do drugs but he was drinking a lot. He had a whole lot of stuff going on.

I really wanted him to go to [the College Counseling Center], but he wanted to get into law enforcement. I think in part because of his brother's experience with breaking the law and getting in trouble. He really, really wanted to be a police officer and help people. I really wanted him to go to [the College Counseling Center]. I just, boy, this kid needed to talk to somebody. But he was so afraid that that would go on his record and he wouldn't be able to get a policing job. I didn't know how hard to push that. We one day called them together. He was in my office and we called together and asked some of those questions of the receptionist: “How does this go on a record? Does this go on a record? Who can get it?” I mean, I tried to help him find those answers because I think he was inclined. I think he would have talked to me if I would have been qualified, and he did, but I knew and I made it clear that I wasn't a therapist.

I don't think he ever ended up going [to a therapist]. A couple of times we tried to do it. He was just afraid of what it would do and I would say things like,
“If they find it out and what they find out is that you struggled and got help, I think that's better than you get a job on the police force and after a year have a breakdown because you never did get that help.” What they could find out is that you took care of yourself. I tried all of those approaches but not wanting to push. I mean, I think if I forced him and walked him over there he'd have done it because I asked him to, but I was a little afraid to do that. Although, I don't want someone to be a police officer who has unresolved stuff. Great kid. I know he'll do a good job but I think he needed help.

Alyssa also shared an example of a relationship with a student who presented with more severe symptoms of mental illness:

Just real quickly, I thought of another student who had a problem way outside of my control. It was another very serious mental health problem and I really didn't know how to deal with her and her mother was calling me and she really, really needed, I think, to be hospitalized. She used to walk me to my car every single day. And tell me things about how the internet was the anti-Christ and I'm not even sure I know what all that means. She got very paranoid. She told me about this soulmate man she had met and then her mother called me and I told her I couldn't tell her anything but the mother told me that this man she thought was her soulmate was a guy who bought coffee from her once at the place she worked and now she was sort of stalking him. Had an imagined relationship that wasn't there, so she got very, very sick. The mother would call me and I wouldn't give her information but she asked me to be with her and her mother the day of graduation and she ended up getting either hospitalization or therapy. I just sort of stayed in
touch with her but I was way ... I tried to get her to [the College Counseling Center]. I tried to get her to counseling. That was very much beyond my expertise. She wasn't ready. She wasn't aware that she was not well. I don't know if she brought her mom to class and I met her. I think she connected us. I think the mom had been in a domestic violence relationship so she connected us so then she opened the door to me talking to the mom, but I still didn't reveal what things she had said to me to her mom.

The last story that will be shared is a more detailed story of Alyssa’s student who died from a drug overdose. Alyssa came back to this story numerous times over two interviews and the relationship and student’s death clearly had a very profound and lasting impact on Alyssa:

She first came to me and followed me after class. And started arguing with me about this thing that it's hard to leave a domestic violence relationship. She argued in class. And then followed me to my office arguing with me about this. Arguing, arguing, arguing. That, “of course they could leave. That's stupid to say they can't.” Yeah, really mad at me for saying that how hard it is to leave and telling students that it's not okay to ask that. The lesson about how we're blaming the victim and how it's hard to leave and we don't realize how difficult it is. And then she ended the argument with, “Well then my mother could have left.” So, then it was obvious to me that this was about her mother and her mother's violent relationship. That was early. So, we began talking more. She was still a pain in the ass in class because she would fight with me and she was so smart. I wanted the class to understand something and I'm having this conversation with her that
they weren't even following. I didn't even always follow her arguments she was so above my head. I became really impressed with her abilities. I mean brilliant writer, brilliant speaker. I don't know if she ever missed a point in my class. So brilliant. I had asked her to be my teaching assistant and I really thought this kid had some amazing potential. Everyone in the department knew that. And she one day said to me, “You think I'm a good person but I'm not.” And I said, “Why?” And she said, “I'll tell you why. When I was 15 or 16. I was working in a restaurant and I was sleeping with my boss and then he tried to cut it off and I made him give me money or I was going to tell his wife.” And I said, “So your boss was having sex with you when you were a child?” And she didn't want me to turn it that way but it was obvious to me who the victim was in this situation. Her whole life was a series of people doing this to her from the time she was very young. So, I think she was trying to tell me. I don't know if she was trying to push me away or if she was trying to share this thing, I'm not really sure. It was always very complicated. But that was just one of the many times she was assaulted. So, yeah, I think she developed an eating disorder and then drug and alcohol addictions. I felt like it was important to tell her that I didn't think she was at fault. And I tried to impress upon her that I believed that. And she kept coming to me so I think she wanted me to say it but she always fought with it. There's a case where if I had more training I probably could have done that better.

[She was in counseling] many times. One time, I took her to [the College Counseling Center]. She asked me to sit with her in the counseling session. And that counselor actually convinced her to go to rehab for the first time. I didn't
know she was an addict at that point. That she was addicted, I don't like to say addict. That was when I learned about the drug and alcohol addiction. I didn't realize. Her grades never suffered so I never saw it. That was her first time she went to rehab. So, she went to [the College Counseling Center]. She had been in eating disorder clinics before. So, she did that. She always thought it was bullshit and rejected it and argued with the counselors and she was so hard to argue with you know. It was always interesting.

**James.** James had a number of student stories to share, which in particular highlighted his intentionality in reaching out to students and purposefully forming a relationship with them. It was very personally important to James to do this, and to which he felt a moral and ethical obligation. This is highlighted in the following dialogue where he discusses how he continues to teach compassionately while maintaining boundaries:

[I ask myself,] “Am I helping this student, this young person learn [to be self-sufficient emotionally] too?” Because, you know, that's the whole teach a person how to fish metaphor. Right? Like I can help you get back into school and that's cool and I want to do that. And I will do that. That, in some ways, that's like the easier one. But the conditions of your life with your family and your identity and what you're going through that have also created, that have made this situation your reality require you to be in it. And aware of it if you're going to succeed in it. And am I helping you do that? And that helps me. If I remind myself of that. It sort of helps me, right?

[This] is something that I’ll work with the student on and I’ll also refer them [to a professional] because I also work hard to try and understand the
boundary of [what I’m capable of]. But on the other hand, I don't think it's particularly useful when faculty see every emotional thing that a student brings to you as a referral opportunity, because what they may just need is you at that moment for five minutes. You know, my contact, the hug, an ear. But we seem to sensitize faculty now to, “Let me call counseling for you and get you an appointment.” Well, if I feel that's what's necessary, I'm going to do that. But I'm also not going to do that as a way of saying, “Now I'm done with you.” Because I can't do that. And I think the student wants and needs more for me than that. They need to know that I'm going to follow up in some way or that I'll stay as engaged, because it's appropriate for me to be engaged. So, that is really important to me.

Aligning with this idea of remaining engaged, James talked of how he feels that this is an ethical obligation – to stay connected to students and to feel responsible for them. This belief is at the cornerstone of his relationship building with them. James further explained that he will respond differently to undergraduate students versus graduate students:

It is my philosophy with undergraduate students and I'm not really clear if this is [the university’s] philosophy or not because I think there's mixed messages [here]. My personal philosophy with undergraduate students is that I take the in loco parentis model, not to the extreme but that these are young adults who are in need still of a certain kind of parenting and mentoring and guidance that I'm happy to offer to graduate student if the graduate student has the need, but I do it automatically with undergraduate students.

If I see an undergraduate student that I think needs someone to pull them aside and make them aware of certain things I don't hesitate. If I see a graduate
student, I think differently about, “What is it that you're trying to make them aware of? And as an adult, is it my place to make them aware of that?” If it's impacting their job as a graduate assistant, yes, but with undergrads it's like I've pulled kids aside and had hygiene conversations with them, and I don't even have them in class but I've noticed in repeated situations that you should be taking their physical care of yourself. I don't hesitate with undergraduates to engage with them in that kind of adult/parent mode.

For example, I've seen graduate students that I worried were in some kind of emotional distress or were struggling, and it could even just be a temporary struggle. It's like we talked last time. It's not that I think just everybody has mental illness or but that person just seems differently. But with an undergrad I'll just reach out. With grad students, I tend to go to their advisor first to say, have you noticed what I've noticed about so-so, and would it be appropriate for me to reach out to them? Have you been dealing with the student about this? Is there a way I can help? I think that's more probably, more some framework I have in my head about how to deal with graduate students versus how to deal with undergraduate students. Because often what I'll do, like I said, I'll just automatically reach out to the undergraduate student and then go to their advisor later and go, “Oh just so you know, I had a chat with so and so about maybe the value of taking a shower a couple of times a week.” That it was really, that the conversation about hygiene was also a way for me to see if the student would reveal anything else going on that perhaps we needed to be aware of or provide help with.
One facet of the relationship that James insightfully acknowledged is the fact that he is in a position of power and privilege and that this has an impact on both why students seek him out and the responsibility he feels for students:

I think deep down I know that one of the reasons they come to me is I am compassionate person. And even if I can't fix something for them, I'm going to listen. And I'm going to offer them at the very least, my love and my attention. So, I think I do know that. And I struggle to keep that in mind, because I think often if I just answered quickly without really being honest about [why students seek me out] I'd say, “Well, I'm a tenured full professor. I'm a white male. I have all the power and authority (laughing) that institutions bestow on tenured-full professor white males.” I was an associate dean. People know that I can solve problems, right? So, I think that's part of it, too. You know, but I used to just write it off as that. Well, I'm the guy that can get it done because who's going to say no to me. I'm tenured, I'm white, I'm a full professor, and I've been at this a long time. You know? And it's true. Most people don't say no to that in these kinds of settings. I made a decision quite some time ago that my privilege would be used to the advantage of those who don't have it. Rather than squander it or deny it or pretend like I didn't have it. It was to open up spaces for other people to enter that space. I actually think it's all of those things, if I'm really honest about it.

This way of being – of really seeing someone and checking in with them and caring – is highlighted in the student example below when James shared about an experience with a student during a study abroad trip:
I'd say she is one of the brightest, if not the brightest of our [students] who's just as smart as the day is long. And a young woman who I would have never suspected as being in a struggle with too many things. In one of the classes, the exercises that I had them do was an auto-ethnographic exercise about learning how to craft and tell your own story. She shut down on me. She just shut down and I could see the tears welling up behind her eyes. And she couldn't talk, she was frozen when it got around to her in the circle of conversation. And I finally was like, you know, “Annie just don't worry about this.” And then, she kind of exhaled because I was sort of letting her off the hook. A couple days later when I had the opportunity to pull her aside without it being obvious to everybody I was like, “Are you able to or willing to talk about what happened in the class?” I just want to understand.” And she said, “I would, but could we do it when we're back in the U.S.?” And I said, “Well, sure. We can do it whenever. I just want to do it just so we can bring some closure to what happened there. Because I don't want to leave that hanging.” So, I'm waiting for her to get back into town to see, because I've experienced it myself, where suddenly whatever she felt like she could reveal became so risky to her that the thought of revealing it shut her down. Don't get me wrong, that doesn't mean it's clinical in any way, shape or form. But it was just a flag for me of, boy this is someone who I thought, well, she's pretty, she's got it balanced out pretty well. [And our job, in our program,] is to get them to a place where they’re emotionally available to work.

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5 Pseudonym
Natalie. Natalie’s stories about her experiences with students were mostly focused on the semester following the 2016 presidential election.

At least one or two [students] per semester [seek me out]. Some years were worse than others. Last year was really bad. Really, really bad. It was shocking how bad it was. I think [because of] the election, frankly. I think it was this context, just bubbling up and bubbling up, and bubbling up, and it just exploded. Some of the bias, some of the harassment on this campus intensified on the election. I also think I have a select sample of people who are taking [the specific classes that I teach] that are sensitive to these issues in ways that other students might not be. I also think that our political context has emboldened certain people to act in ways against other people that they might not have previously. Many of my queer students, my Muslim students, my students who identify as cisgender but are feminist, were singled out even more intensely.

I had a student who came in here and she told me that racial harassment was way worse last year. That doesn't surprise me, because racial harassment was already really bad on this campus. She would come in and start weeping about how bad it was. She's just like, “All I need to do is survive and get out of here. All I need to do is survive this semester and get out of here.” She became very, very isolated. She's a woman of color. Her roommate was also a woman of color and it was almost like they kind of had to literally go into the sanctuary of ... even their own apartment. She just kept telling me that they would not feel safe walking around. Of course, they don't, I understand that. I get that. I haven't felt safe walking on this campus sometimes.
Natalie shared another example, that speaks particularly to her awareness of her
students and skills that she uses to create both a safe space for them to reach out to her
and compassion with which she responds:

Last fall, I had a student on the first day of class who came up to me, and this was
[an introductory class]. We had talked about the syllabus, it was the first day that
we were meeting. And this young woman had been [sitting] in the front of my
class, and had just looked worried, like concerned, and I could, especially because
she was in the front of the class, in a fairly small class, I noticed it. What just kind
of shocked me, and I was shocked after this had happened, after class was done,
usually I have a line of people who come and ask you questions about the
syllabus. She was in that line. She finally came up, and she started crying, and this
is the first day of class. She just started shaking and she starts crying, and she told
me, she said, “You know, this is the first time I've been away from home,” and
she's like, “I'm really close to my family and this is the first time I'm away from
home and I'm really worried.” I had never had a student just be that upfront with
me, and especially that early.

She didn't know me. I mean, the fact that she just trusted me, or maybe she
was in crisis mode, which I actually suspected that she had gotten to this point
where she just couldn't hold it in anymore. She came up to me and she was just
crying and shaking and really upset, and was just kind of losing her composure.
This was at 9:00 in the morning, so it was really early too. And that she was really
worried about kind of keeping up with classes in general because she was
homesick, really, really bad. I asked her to take a moment for a second, just to
pause and breathe just for a minute, because she was started to get really, really upset, and I said, “Thank you for telling me. If you could just check in with me occasionally through the semester, just to see how you're doing,” because I said, “I've had experience with students that when something, when they don't feel well, or just something like a crisis happens, they sometimes withdraw and don't communicate with me, and that is one of the worst things that can happen, because I could make accommodations. And not all professors are like this, but I will make accommodations for you. I understand that these problems are real and that they prevent you from doing the work that you want to do.” And so, I just said, “Check in with me,” and she said, “okay.” I said, “I understand college can be really tough, especially if you haven't ever left home before,” and that if she wanted to come and talk to me in my office hours, I'm here. I also ended it too by saying that there's resources on campus, and I always feel a little uncomfortable because I don't really know how far to go with students. I don't want to assume that they're asking me for help that I know what's best for them. I mean, I get nervous about this part of the job. But I told her about [the College Counseling Center] and I just said, “There's services available and they want to help you, and there's Student Affairs, which can also help you.” But I said, “Let's just see how the first couple weeks go, and keep in touch.”

I really, just to be honest with you, I thought she was ... I hate using the word “problem,” because it's not a problem, but I really thought it was going to become a really disruptive student, like she would stop coming to class and stuff like that. She came to every single one of my classes. She sat in the front row. She
had talked to me a little bit about it again around the election, because that really shook her up quite a bit. She was really upset after the election. But it was like this moment where she almost needed that release and then she sat up in the front of my class and participated and was an ‘A’ student. And it was almost like situations are never that easy ever, whenever I've had them. Students come to me with emotional issues, or emotional things that they’re dealing with, it's never been that easy, but that was like one moment where I was like, “Oh, this student's going to be somebody that I'm going to have to watch out for, and keep an eye out on.” I didn't. It was pretty amazing.

Natalie’s skills are also exemplified in the story below:

So, I had one student who stopped coming to class. She was an international student, and then came to me and she was just like, “You know, sometimes I feel really bad and I can't do stuff.” And she didn't recognize that as depression, or like what I sort of, I mean, she has to articulate it for herself, but she was describing what I would understand as depression. And I said, “Yeah, sometimes you can feel that way, but it's important to understand that you can go seek help and resources. This isn't something that you'll just snap out of, or figure out tomorrow. This is not a character flaw. This is something that's happening to you.” There was other stuff that happened too, around her student status, and sort of VISA status that also aggravated a lot of stuff.

But I think of that, I think of another couple students, I had an issue where I didn't get a lot of information about it, but I had two students in [one of my classes]. One charged that the other one assaul...
and she was just shell-shocked. I kind of talked to her. I couldn't talk about details but I said, “I realize something's happening and I'm here to make any accommodations you want.” And she just ... there wasn't a lot of talking. She was just like, “Yes, this is happening to me,” and kind of like, “I don't know what to do.” So, yeah. I think about those cases, where things just kind of blew up, rather than having a self-reflection, like the student that I just talked about at the beginning, where “I feel homesick,” like even identifying in themselves emotional issues.

Natalie shared one other story that is particularly pertinent as it speaks not only to the gender gap of students that seek her out (predominantly female) but also that it is sometimes well into a relationship with a student that disclosures happen:

One man has come to me, but it was this really circuitous route, by which he invited me to this honoring faculty dinner. He's part of a club on campus, and they honored faculty at a dinner, and he wanted me as his honored faculty. And when we were at dinner, he told me really circuitously about how he grew up in a really rural area in central Pennsylvania, and as a gay man, was not terribly accepted in his community. And it was like, “Oh, whoa,” like it was ... I did not expect him to disclose like that, or that that was going to be a moment where he was going to tell me about emotional issues that he had had around his identity. But I think he might be the only man who's done that. I mean, I've had men come and see me, but not about emotional issues.
Nicole. Nicole shared several stories about her experiences with students, but two stood out. The first one really highlights her listening and responding skills as well as her boundary setting skills:

I'll start with one. This was two years ago, a student who was falling behind in the class and not coming to class regularly. I had reached out to her to say, “I hope everything's all right, if something is going on please feel free to get in touch but you're falling behind in class.” Then I didn't hear from her and I reached out again, didn't hear from her. Then finally I sent her an email saying, “Here's the drop date, you really should drop this course because you haven't been here.”

Then the student comes in and tells me that they've been dealing with severe depression and anxiety and that that's why they haven't been able to come to class and then tells me just this gut-wrenching story about how … This is someone who is from a different culture, a culture where arranged marriages are common … she had been a part of an arranged marriage with a much older man who had raped her repeatedly and then she had to run away from this man to get out of the marriage. That had happened in the past, and this was a student who is really young, so that it had happened in the past indicated to me that this had happened when she was a teenager basically. The divorce had gone through, it had been finalized, but there was no protocol in the family, in the culture, for bringing this perpetrator to justice. It was like, the divorce was over, but there was no case against the man who had sexually assaulted her.

That was a really hard day for me, because I wasn’t expecting [her story]. I get a lot of students who come in and they'll be like, “I'm really stressed out, I
can't handle, I've taken too many classes,” or, “I'm trying to work a full-time job,” and so I was just kind of expecting one of those days. And then the student will say “I'm going to try and tell you why I should stay in the class” and then my response would be like, “you're too late, you need to drop it.” Then I got this story. It was just really shocking and terrible to hear.

The first thing I said was just, “I'm so sorry this has happened to you. This is a terrible thing that shouldn't happen to anybody.” I said, “You don't have to tell me this, you don't have to tell me anything you don't want to, but I hope that you're getting help that you need in terms of therapy, in terms of services through the university.” I said, “I'm willing to work with you in whatever ways I can. I would suggest that if you're not already seeing a therapist that you go see a therapist immediately.” Then this was one of the times when the student said, “I've tried to get into [the College Counseling Center] and I can't.” Then I felt pretty helpless because what do you do? This is a student who also obviously didn't come from money so didn't have the insurance to go just find another therapist.

I think I finally found out that she had insurance through the university or something and I gave her websites and said, “Maybe you should check on that website and do a search for a therapist and find a therapist that will take your insurance, because this seems like something that's really important to deal with,” and I said, “If you're suffering from anxiety and depression, you should go to disability services because this is a disability and this is something that you have certain rights as a disabled student to equal access to education.” The student at
that point was like, “I didn't even know that. No one ever told me that I could go to disability services.” That ended up being a semester when I worked a lot with that student and sort of helped them navigate disability services and finding a therapist and sort of helping them to get the resources that they needed.

She did [end up completing the course]. I think she ended up taking an incomplete and finishing it later, and it involved a lot of me revising the expectations of the course to fit her. It ended up being a really hard semester for me also because this was a student with whom I did go out of my way to say, “Okay, I get that you're suffering from some severe anxiety right now and may have trouble leaving the house,” and when I sent the student to disability services, I said, “One thing that's good about going there and putting this on record is that they'll send a letter that will tell me what I can help, because I'm not licensed. I'm not trained to do this, but they can tell me how I can help.” I was a little bit wrong because that letter was very vague and it was just like, “Be more lenient with your policies.”

Another student story that Nicole shared was about a frightening situation that she had with a student and how she set up boundaries to protect herself:

I had really, actually, a kind of scary situation last year, last Fall, in which I had another student who had come to me at the beginning of class with a letter from disability services saying that he had a mental illness, but it was a mental illness that made him prone to threats of harm. He never threatened me in any way, but he would always sort of make his own rules and just come in when he wanted to. One time, he came into class, this was a 50-minute class, and he came in 35
minutes late. I said, “You can't do that. If you're going to be more than 5 minutes late, just don't come.” He would always be very apologetic, but then he would send these very erratic emails where he would be very manic and kind of, again not threatening but I don't know, just kind of aggressive. There was a ton of aggressivity (sic) in it.

So, I was having a really hard time with him because just all these weird things would happen, too, like he would be gone, I would try and see if he was still in the class. He wouldn't respond, and then he would show back up with pins in his arms and a cast, and no explanation. Then one day I was being observed by another professor, and this guy walked in and that professor said, “Oh, this guy,” because he walked in, I think, 20 minutes late. Then he came up to me after class and said, “I can't believe this guy is still in the program. We've had so many problems with him.”

That's when I found out that he had actually taken a class with a colleague of mine, also a woman, who he had done these same things where he would send these aggressive emails. He would show up late and she's more strict than I am. She's been a professor for around 30 years maybe. Then he wrote her an email saying something like, “You don't know what I'm capable of. I'll kill myself because of you,” and so she brought this to the attention of whatever board you're supposed to when students make threats, and it went through this whole process. It was months ago, I think, and he's still in the program.

Then I felt really scared because I always felt uneasy around him, and then when I learned about that, I felt really scared, so I remember having him come to
my office hours one time and I left the door open. I called my partner beforehand and said, “Look, this student is coming in at this time. If you don't hear from me within 15 minutes, call me and if you can't get ahold of me, call the authorities.” I was really scared because he was just really unhinged. So that was ... I don't remember how I got onto that particular story. But that was an instance in which, I guess those were just some of the things that I did to try and protect myself when this happens.

**Knowledge of Resources**

The Knowledge of Resources sub-theme was developed through discussions with participants about resources that are available to students to support their emotional well-being and accommodations that instructors either provide or would be willing to provide to students who are struggling emotionally. For many participants, this was a topic wrought with frustration due to lack of available resources and lack of directions surrounding providing accommodations. These frustrations will be more fully explored in the following theme of Institutional Barriers. The focus of these theme is on instructor’s knowledge of available resources on campus such as the College Counseling Center (CCCs)\(^6\), the Women’s Resource Center (WRC)\(^7\), the LGBTQA Resource Center, multicultural services that support students of color, or faith-based services, to name a few, and academic accommodations they provide or are willing to provide.

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\(^6\) This is a generic term used to identify a service on campus that offers psychological services to students.

\(^7\) This is a generic term used to identify a service on campus that offers support to men and women who have experienced gender-based discrimination, intimate partner violence, or sexual assault. This is not the name of the service used at this university.
Alyssa. Alyssa was knowledgeable of various campus resources and readily helped students access the available services. She was most familiar with the CCC and the WRC.

I always offer resources. I always offer [the CCC], I also offer [the Women’s Resource Center]. I always tell them what the resources are. And last year a colleague came to me with a student who was cutting herself. And we weren't sure if she was suicidal. He asked her to come talk to me and they came together and she was really obviously struggling and so we sent her to [the CCC].

My friend Jean’s\(^8\) the one who taught me that if a person's really struggling she just walks them over to [the CCC]. So, I've done that. Just a couple of times but I've done it. I often say “Here's the number.” I bring it up on my computer. I ask, “Do you want to call? Do you want to call here? Do you want me to sit with you? Do you want me to leave?”

Somebody who works [at the women’s resource center] I used to work with in human services. She was an advocate when I was [working in my previous career] so we came here together and I know her. I mean, probably my connection with her is how I got connected with them but probably through [my department] also. [The CCC], I guess, I just get all kinds of stuff that says what the resources are but I have a colleague who told me once that she has walked students to [the CCC] when she was worried that they would not get there on their own.

\(^8\) Pseudonym
Providing accommodations to students is something that Alyssa is both willing to do and gracious with. But it is also something that she struggles with, particularly in regards to ethics of allowing students to turn in assignments late and the fairness of this to other students.

Another example is this summer, a student I really, really like, I had her in class. I know she's been through a lot of stuff. She was assaulted. She was in a domestic violence relationship when she was in high school. She took my online summer class, which is really hard, and she emailed me in the summer and said, “I'm really struggling because I'm working. I'm trying to work to pay my bill and I'm having trouble keeping up with the assignments. Can I make them up?” It was hard because I have a personal connection to her such that I wanted to say sure, but I didn't think that was fair. I said, “Why don't you start here. Make sure you do the assignments from now on and you should be okay with your grade.” And she didn't. Finals week she sent me an email and said, “What can I do to pass this class?” And she couldn't. She had a 60%. I mean, it wasn't even like she could get there. I don't know. It seemed important that she was struggling to get her work done but she shouldn't have taken a six-week class.

I explored with Alyssa whether there were other times that she might allow students to make up work and she shared:

I definitely let people do it. I think I rate the seriousness of the event. If it's not something traumatic, and I probably am a little lenient on what falls under that category, I will say, “You can turn it in late. I'll just take a point off.” Then I don't always but I usually do. I almost never say, I don't know that I've ever said, “You
can't make up the work.” I did with this student. I guess I did with this student but I almost never do that. Say, “Sorry, you can't make it up. I always allow them to turn it in late for a point off but if they give me some really good reason I usually accept things late.

In other cases, Alyssa shared being far more lenient, telling one student whose mother was dying of cancer “I don't need you back this semester. You don't have to do anything else for me.”

James. James had extensive knowledge of services within the university but cautioned against using those services as an excuse to disconnect emotionally from the student:

I don't think it's particularly useful when faculty, when teachers, see every emotional thing that a student brings to you as a referral opportunity, because what they may just need is you at that moment for five minutes.

We seem to sensitize faculty now to, "Let me call counseling for you and get you an appointment." Well, if I feel that's what's necessary, I'm going to do that. But I'm also not going to do that as a way of saying, "Now I'm done with you." Because I can't do that.

He shared that departmentally they introduce students to available services on campus during their first-year seminar and in all of their syllabi:

In in all of our syllabi all the university resources are there and we talk about them. In our first-year seminar with students, we talk about the resources that are available ... that we can help with and we set up kind of ourselves as part of a pipeline of support. In the first-year seminar we do a couple of sessions on
wellness, we do a meditation session, we bring someone in who talks about diet and the way it can impact sleep. So, as we introduce them to the major we do all of that stuff coincidentally with their first class. And then I think we do a pretty good job at going into observation mode about what we noticed about students and [discuss this] in the faculty meetings.

James was also aware of available trainings provided by the university to help with this: You can get it through the Honors College and the office for undergraduate education sponsored some workshops in teaching. Then we do a couple through our college in new faculty orientation where we hook people up with the offices. I think it's better now. More is available to faculty than there ever was.

We've also had [CCC] representatives come to our general faculty meetings several times and the graduate school offered periodical workshops.

In discussing the scenario that was provided, James also spoke about tapping into potential resources outside of the university:

[I would explore with them] where are the other resources, whether it's on campus resources like Al-Anon, other kinds of support groups that have a track record, not just your friends, which is important but to have a support network that has more than one layer to it.

In fact, over time what I've discovered the multiple layers of that support network. They approach it from different perspectives and so having multiple ways of thinking about it, which at first can be kind of overwhelming; what should I do with what the Al-Anon people say, or should I do what these other people say. At first, it can be a little overwhelming, ultimately becomes, "Oh well,
today this scenario seems like the best one, or that may not be the case tomorrow."

A lot will also depend on getting to know the student: “So you have church community, and what is your relationship with that church community? Is it a healthy one? Are there other family members that are though, you feel you're often put cast in the role as primary caregiver? Are there other people who feel that way too?

I think other solutions would need to come from getting a more detailed relationship with the students in terms of who they are, what networks of support are possible for them.

Continuing with the scenario provided, we also discussed how he might address academic accommodations for the student:

My academic advisor conversation would immediately be: All right, let's get real specific about the ways this is impacting you, and let's then look at those carefully for how much of it is in your control, how much of it is out of your control. Because if there's a determination that it's just out of her control for whatever reason, even if it's just that at the end of the day, she says, "I'll never going to choose my studies over my dad." That makes it out of her control on some level, at least as far as my ability to help her with. That suggests certain kinds of conversations about more maybe you need to take a leave of absence or maybe you need to leave school, or maybe need to be part time.

If we can look very clearly at, "How is this impacting you? Is it impacting your sleep? Is it impacting your ability to be in class on time? Is time with your
taking care of your dad's needs preventing you from being able to do homework?"
Let's be as clear as we can about what's really happening. If some of that is in
your control, can we learn to say no to dad? What would it take if you knew he
was going to be safe to put your homework first? Are there times where the
emotional toll of this is simply just allowing you to put school second, third, or
fourth? Is there a way for you to increase that priority because of how much you
want it, or are we talking about, maybe that you don't want it that bad? I would
immediately engage in that and then talk about strategies, again, time
management and how those things related to the emotional work that she's doing
on self-care and to talk about the interdependence of those things that sometimes
the self-discipline of doing well in school while you're dealing with this other
becomes a form of self-love and self-care because it provides a success
opportunity. Can we make being in school part of the solution to what you're
struggling with as opposed it being an addition to the problem?

I would [provide assignment accommodations] with limits, and if I was
also confident with the whole story I was getting was true. Yes, I would offer her
accommodation within limits. If an assignment is late, I'll accommodate you in
terms of turning it in, but an ‘A’ isn't possible. That's not fair to everybody else in
the world, it's still possible for you to succeed, to pass the course, to get a passing
grade on the assignment. But that accommodation can't be ongoing for every
assignment. I would offer an accommodation that allows her to get back on track
and then she has to stay on track or that's a more difficult decision may have to be
made.
I do believe that the system can support that in various ways, not just your own course and syllabus, but students can take incompletes. The system offers us opportunities to accommodate life. For me, it's always making the accommodations in relationship to what I believe is a fairness culture for everybody in the room.

Mark. When Mark had experiences with students that he felt were beyond his level of competency, he was open to referring the student to campus services or reaching out to other instructors for advice. He was most familiar with CCC and Disability Services, and had passing knowledge of some other on campus resources.

I've referred students to [the CCC] quite a bit. I've referred students to the disability service, if they have learning issues. One of my colleague’s wife is a therapist here in town. If [the CCC] can't get them up, in a timely manner, sometimes, if the student has the means, she will find someone to see them quicker.

A barrier for Mark in this area is that he received no training of the available campus resources when he was hired and so has had to learn about them throughout his career. He has taken some of the required online training classes (for instance, regarding Title IX mandated reporting requirements), but did not recall if they covered any campus resources.

When I first got here, no. I just knew what [the CCC] was and that I could refer students to it. I didn't really know what the protocol was until probably two years ago or understand what that meant and what level of distress they might need to
be at. Sometimes I get it wrong. You can usually tell by the severity of the story, what kind of distress they're in.

I have also recommended that a few students go talk to one of my colleagues, because she had more of an understanding of the services and she sought training to send people in exactly the right direction, more so than me. I've sent students to her, because I felt like she might be more qualified to talk about their individual issue or at least tell them exactly where to go, rather than just generally go to [the CCC].

Mark discussed specific academic accommodations that he might provide to a student experiencing emotional difficulties and indicated that this would be something departmentally supported and initiated:

I think the faculty is alerted to just watch behavior and be as supportive as you can, and it could result in some kind of academic situation that if you might need to give her time on a project or something like that. I mean, if I had a midterm and she wasn't prepared, I might give her another week in that situation.

We've realized there has been an increase in the anxiety level of the student in general in the last five years. I think everybody kind of understands that. There's another student who has had to take time off and get some help from a facility. He's pretty open about that. We were asked by the department head if we were contacted that we could have some leniency with him because he was struggling with those anxiety issues where they were really debilitating.

**Meredith.** Although not professionally trained in a helping profession, Meredith has extensive experience with mediation, listening, building compassionate communities,
and facilitating trainings in addition to her teaching experience. When she believes that a student’s emotional needs might require more professional intervention, her primary resource referral is to [the CCC]:

It depends on the level of that struggle, you know we immediately notify the director, and say I'm having a meeting now with a student, I just want you to know. We understand the protocol that I am free to call this number at [the CCC]. I mean we have been schooled by our wonderful compatriots at [the CCC] so this is something we know to do. I will walk a student down myself and go to the front desk and say, we need to see someone right now. That protocol of immediate assistance is firmly in place and we have acted on that time, time, and time again. The protocol of course, for what we do with that (laughs) afterwards is when they go and speak to the director, and so ‘Oh, my God, oh, my God, oh, my God. So, this is what has happened,’ but then we go home and we're not quite sure what we do with it. And then when the student comes back we keep eye contact with them and an eye out for them. We began a couple of years ago making sure that a need to know basis was in place that, if there was is a problem please let other professors know so that people are aware.

**Natalie.** Natalie has fairly extensive knowledge of available resources on campus, however, this is in large part to the fact that she did her own research into these available services before she came to the university and she placed value in knowing that it would be important to know about them.

Yes, I knew [the CCC and the Women’s Resource Center] existed, but I also did research before I came here because I knew that knowing those resources would
help me as a candidate [in this department] too. But I didn't know actually that LGBTQA Resource Center stuff until I had like this wonderful student in my class, and she looped me into all of those activities, and so I spoke on panels, and I led discussions, and became way more involved and got to know the difference between the graduate and the undergraduate activities, and the great stuff that people are doing there. But had I been interviewing in another department or if it wasn’t important for me to know, I would have had no idea about the services.

Natalie was judicious in her willingness to make accommodations for students who were experiencing emotional difficulties, and was unique in recognizing that sometimes it is more common life experiences that can also be emotionally challenging for an undergraduate student. When I asked her if there was any hierarchy in her mind for what does or does not warrant an academic accommodation, she shared:

No, although the kind of accommodation, perhaps. I think most things, I mean, like breakups - breakups can be as serious to somebody and be as destabilizing as a lot of different other things. And I'm just using that as kind of a more common example, rather than something like suicide or like drug abuse. I'll see that a lot, and I'm willing to do accommodations. They're just like sort of how lengthy and to what degree, I guess. So, did something happen this week?

I had a student, she was great. I oversaw her thesis in [the department]. And she was having family issues, and she was being pretty vague about it, but she was traveling back and forth to Maryland, because somebody in like her kinship circle, it wasn't like a biological sister, but she called her, her ‘sister’, was having some sort of psychological issues, and she felt like she needed to be there.
And like, yeah, if she's making it up, this is a really, really elaborate lie, but if she's not making it up, yeah, I can excuse an absence for a week. I mean, if this is getting extensive then we can talk about what that means. But I always think about like if they're putting one over on me, if it's like a week, it doesn't really bother me too much. But if it's longer than that then we can talk about that.

There was a situation, and this is the student I was talking about that had the less of an emotional issue and more of mental health issues. She was from a foreign country and she claimed that she was not safe in that country, and that this was the reason she hadn't come to my class for the last two months. And logically, that didn't make a lot of sense to me, and I'm not really sure and she had already told me about mental health problems, which to me is more logical for why you wouldn't show up to a class, rather than you don't feel safe as an intellectual [in your home country]. I mean, that didn't really make sense. But I was just like, "You know, whatever is happening, why don't we make your paper due this day, and you'll get this penalty if it's late." It was late. I mean, just to be honest, she sent it into me late. She was a Master's student but taking an undergraduate class, and there was just so much - like all these administrators and advisors got involved with the fact that she had failed my course. When she attended it, she just didn't do well, and then she turned in a major paper late, and I was just like, I'll just accept the paper, I'll grade the paper, and I'll add it to the classwork that I had seen in my class, and I changed her grade, and that was it. I kind of just did path of least resistance, because I was like, if this is all true, then she needs this. If it's not true, it doesn't ruin my day really. You know what I mean? And sometimes
you learn in these sorts of bureaucratic structures, just to like path of least resistance can be best for your mental health, rather than like sticking to principles about like no, this student did not do what I asked them to do. Sometimes it's like, all right, you want a ‘C+’ instead of a ‘C’? Sure. I'll just give it to you.

**Nicole.** Nicole has referred students to a variety of services on campus, but acknowledges a frustration with lack of protocols and training that they provide:

There's not currently [any protocols in my department in dealing with students who are having a hard time emotionally]. We had a meeting after [two students in our program, who I’ve already discussed, were really struggling and acting out in ways that were scary for some of us]. So, after having those two students, we scheduled a meeting with disability services to ask what our role was and what we could do. Then it ended up mostly just being about attendance policies and accommodation policies and how you should rewrite your syllabus, so there's not really a protocol in place for that kind of a thing.

I also haven’t received any training from [the CCC]. I have referred students to [the CCC] and I feel awful because every time I refer them, they'll say, "I've tried. I can't get in for three months."

Nicole was incredibly generous with accommodations that she provided to students who were struggling, whether or not they had written documentation from Disability Services:

For instance, last year I had a student that I had had before who had a lot of emotional problems. She had told me about them in the previous year. We had made some accommodations, but it was later in the semester so it involved a lot of catching up so it was really stressful for her and also stressful for me because then
I was getting a big load of papers at the end, so I would say, "I'll let you make up X amount of work. I'll take off 10% for being late, but getting a B or a C is better than failing." When I had her again, when I saw that she was on my roster again, I scheduled a meeting with her before the class began and I said, "I know that you're going through these issues," and she had a letter from disability services, too. So, I said, "What I would like for you to do is get the letter before class starts so that we can come up with an alternate work plan so that you're not scrambling at the end to turn in everything last minute." I don't think I would do this again actually because I came up with an alternate work plan, which I felt was really good and really fair, and even the disabilities studies, or the disability office was like, "This is so amazing that you did this," because I was like, "This is what we can do for these assignments instead of this because I know that these things makes you anxious so let's not have you sit in a room and take an exam, but let's have you come into my office and we'll do an oral exam to replace one of those."

I can't remember what else I did. I knew that because of some trauma, she had trouble coming to class during times when she had high anxiety, so I said, "I'll be more lenient with my attendance policy, but if you're not in class, you need to send me the notes that you've taken on the readings for that day." Basically, I had all these lists of things and then she just didn't do them. Then it was really frustrating because then it got to the end and I kept saying, "Either you have to follow this or you have to follow the regular rules of the class. There's no in between." I think she ended up skating by in the end, but it was a lot of work on my part.
I don't know [if I would make those same accommodations for another student]. On the one hand, I think that it was nice to have that document that we both signed so that I could say, "Look, I've made these accommodations and I expect you to stick to this." On the other hand, it turned out to be not very useful, so I suppose it would depend on the student. This student I knew was very unreliable and so I should've known that that was going to happen. I guess I'm always hoping that students will turn it around. Sometimes they do, and that's amazing, and I love it when that happens, so I guess I'm always just rooting for the student to turn it around.

**Institutional Barriers**

The Institutional Barriers theme was supported through discussions about how participants perceive or view the current emotional state of students, including changes in student’s emotional well-being that they have noticed over their time teaching. Institutional barriers included things like: lack of sufficient resources, not being fully prepared as educators, Title IX restrictions, and how doing care work is valued by the larger institution. This discussion culminated in a discussion of a wish list, of sorts, that addressed these needs.

**Alyssa**

Alysa has a lot of students seek her out for emotional support, and this certainly has an impact on her view of the current state of students:

I think I have seen more people with disability paperwork about depression and anxiety and that kind of stuff. I used to see just physical disabilities and ADHD. Now they don't always tell me what the disability is. And I'm never sure if I can
ask or if I can say “What exactly is going to be affected?” I try not to ask too many questions and I just don't want to cross a line there. But I think I've seen more anxiety and depression related disabilities. Like actually paper work [documenting it].

What I bitch and moan about is that there's so many people with so many problems. Like that these kids need somebody and don't have anybody.

Alyssa shared that despite the growing need to do care work she received no training in either teaching or caring for her students:

I had none. Any would have been good. I once went to the guy who hired me, who's was this wonderful, compassionate, amazing, brilliant man and said, “If there's a class in the department about teaching I'd really like to have that class.” He said, “We don't have it. There's nothing in the PhD program.” Now, though, there's a teaching seminar.

We have had someone from [the CCC] come to our department to do a brief training. Mostly focused on “Here's what we need from you when we have students who are struggling. Here's how to refer them to us. Here's what to do.”

The lack of available resources and barriers that Title IX mandated reporting has erected had a tremendous impact on Alyssa and was the focus of much of her frustration: My student's father died, she's the one I walked over [to the CCC] and it was months before anybody could her. Her father died! And nobody could talk to her. Because they said you know “Are you okay? Are you going to hurt yourself? No, no, no. Well okay, we'll get you as soon as we have someone.” Her dad died. I mean, shit, you know. It's not their fault, but it's a problem.
I mean it isn't in my job description and now with the Title IX stuff I don't even know if I can continue to do it [listen to student’s stories]. I mean what the [Title IX] training told me is I have to listen and say “I need to send this information on and I need to give you resources.”

Well, I think the Title IX stuff is trying to tell me that I shouldn't ... not that I shouldn't be a resource and not that I shouldn't be kind to people. But it's trying to say “This isn't your role.” And get people to someone for whom it is their role.

I think the mandated reporting will have a huge impact on student’s talking to me. I do. I think it's going to stop some of them. Of course it is. A lot of people came to me and said, “I've never told this to anyone before. Can I tell you.” I've said, “Yes.” Now I have to say, “Of course, and I have to take these steps and tell somebody.”

Another area that was troublesome for Alyssa was how the institution valued care work that instructors were providing to students, both on a departmental level and a larger institutional level:

Sometimes it's appreciated. It's definitely ... I mean, I don't know. I appreciate it. I think we're supposed to be humans. And we're sending people out in the world to be humans. And so, if we treat them in a humane way, then they'll treat other people that way. So, I think it's important.

And I think a lot of the women who are power figures in the department are not touchy-feely types. Aren't doing the care work. For the most part. I don't
think it's valued in there. At least this kind of department. Maybe in psychology or counseling it might be different. Probably not.

A colleague of mine, who was an advisor, when she left her department she sent us all this lovely email and she said, “Please remember that all of your students are somebody's child.” I thought, “What? Did she really have to remind people of that?” But, you know. Yeah. She said it in a way that I think that people heard it more. This kid in your class is somebody's child. Treat them like you'd want someone to treat yours. It's a shame we have to appeal to people in that way.

Alyssa argued that doing care work *should* be valued because:

As humans we have a responsibility to the students. Because we're humans first. As a parent of teenagers, I would love to know that when my kid is 18 and he goes off to a university somewhere someone's going to care if he looks like he needs something. I've felt like this before I had my own children. I was just this kind of a sucker always, but these are kids and what are we doing if we're not just looking out for them?

In an ideal world Alyssa shared a number of wish list items that impacted both simple (more resources) and larger picture (changing culture):

I just think we need more and more focus on well-being. I mean, how can you be a scholar if you're not okay? Of course, if we stopped a lot of the sexual and domestic violence that would be a huge portion of the problem’s kids are having.

I would like there to be someone in each department whom you go to, to say, “I'm having a student with these problems.” At least the person who knows all the resources. I think in some ways I'm that person in my department,
unofficially. Colleagues have come to me and said, “What would you do if you had a student that did this?” Probably because I'm old and I've been here longer.
At least the other lecturers. Not necessarily the professors, some of whom are very caring individuals but they don't always teach as much as we do.

Yeah. I think unofficially, although I don't feel like I have a full grasp.
Like that person with the international student issue, I didn't know where to send her. But I think that the administration would say, “This is not your job.” I've gone to others, even our associate assistant department head and depending on the student, depending on the issue, he's been helpful. Sometimes they are and sometimes they aren't. Sometimes I think they're going to say, “This isn't your role.”

I would like [the CCC] to have the resources to see everybody who comes in the door. I know they're way backed up but I had a student who spent weeks and weeks and weeks waiting last year. I'd like them to have more resources and more ability to reach more kids. I don't know what else I would want necessarily. I'm glad I teach the classes I teach and I'm glad I'm there for the kids. I have my own time management struggles that I have to figure out. That'll get easier when my own kids are not home. When they go to college I'll have on the time in the world, theoretically.

I would like more support for undergrads, generally. This isn't completely related to our topic but I don't think we appreciate or respect or value undergrads nearly enough. And maybe valuing them would lead to more resources for them.
I also think we need more and more focus on well-being. I mean, how can you be a scholar if you're not okay? Of course, if we stopped a lot of the sexual and domestic violence that would be a huge portion of the problem's kids are having.

James

James had clear opinions on changes that he has seen in students over the years and said that he has seen a great change even in the last eight years or so:

I know this is totally anecdotal, but my sense is that students are less emotionally equipped for college even at the same time that many of them are more intellectually equipped for college. Because it seems to me that students have a greater ability to succeed while they're failing. They keep their grade point average at an acceptable place. They know how to survive the exams. They know where to go get the notes. They can deal with time management effectively enough to keep getting through while they're failing emotionally. But they're not growing up. They're not, obviously this isn't all students, but they're not succeeding in relationships as well as they could be or should be. They're not learning from one and then seeing growth in the next. I'll hear repeatedly from a student that they made the same relationship mistake again. With the same kind of guy. Or with the same kind of girl. Or the same kind of person. And it's like, well, in theory, that failure should be teaching you what to do the next time. So, that's not happening. So, let's talk about that. Why isn't it? Why are you with the fifth person who's going to make you feel like shit about yourself? Why after number two even? And yet, that very person can be getting the best grade in your class.
So, it's, it's weird because it seems to me even in some ways that students are sort of almost able to live a duality in a way that I wasn't. For me, it was all wrapped up together. I don't know if that's because they're being taught to better compartmentalize. What's it like for them in middle school and high school? Is it, suck it up, suck it up, suck it up? Are they getting really good at compartmentalizing?

James’s training as an educator was pedagogically focused despite teaching in a field that required elicitation of emotions from students. Part of his job focused on getting students to tap into their emotional experiences in order to portray them artistically, but there was little training in how to deal with emotions that emerged:

I'd say [my teaching education] was way more about the how to teach, like how to organize content, how to set course objectives. This was back in the day before we got to learning outcomes or any of the other things we do now. That's really what it was about. There was sort of an unspoken curriculum about dealing with artists. Which had its own kind of emotional stuff. Even the arguments at the time when I was getting my MFA [in the 1980s] the arguments at the time around artist training were split between emotion-based training and non-emotion-based training. So, you had to learn sort of methodologies in both of these areas.

When you ask artists to do these sense memory exercises they may remember stuff that's really hard for them to deal with. And you're going to have to help them figure out whether that's useful to them artistically. And then, you may have to usher them into counseling because you're not going to be their counselor. So, that was part of it, but it was not very thorough and it was not very
systematic. It was always just sort of “be ready that you may trigger something in the student you're not equipped to deal with.” That's sort of what they always told us then. You're going to teach this, but what may come up is something that you are not equipped to deal with and you should not deal with. You should get it to come up in your classroom but then don't deal with it.

Too many teachers in [my field] work deeply in the realm of emotions with very little understanding of what emotion is. Something I'm actually just discovering this late in my life and my career.

When asked if he had ever received any training in addressing an emotional issue that might come up, James shared:

No. No. No formal training on any of that kind of thing other than in some of these other experiences that we were talking about, getting sort of standard stock information about, if you noticed that a student isn't sleeping or if you notice that they're losing weight or they're suddenly being late for class all the time. Lots of repetition of that which is always helpful to be like, "Oh, yeah."

It's there never even clear that what they're really doing is talking to you about the power of observation, they're giving you a checklist of things to look for, but more effective training would be what does it mean to be in an observation mode? What does it mean to have increased awareness about what happened?

In James’s story and experience, part of his job as an educator in his field is to elicit emotions from his students – to get them to tap into it, and yet, he also
acknowledged that once you’ve done that, caring for that student on an emotional level is not always valued:

No, and I don't [think it’s valued] by the greater institution. Not particularly. I think there are those who do value it. But even among my own colleagues, there are those who value it less than others. There are those who are threatened by it. “Why is he spending that much time with my students?” There's even some of that, which I worry less about than the institutional lip service to it that doesn't truly value it. Like even [the university president’s] initiatives for poor kids: they seem like not very deep authentic initiatives, you know. To bring a handful of first-generation migrant workers or other poor kids in and make it financially possible for them to come here is good. To put them in some kind of two-week pre-college immersion thing is not necessarily a bad idea. But then, to just think that that's it, you know, that you've transformed not just those people, but you've transformed the institutional culture in such a way that they can succeed is such ... we know that's bullshit. You know? And the risk that those kids won't matriculate, that they won't graduate. When you look at the retention numbers, they're going to be the highest percentage of kids represented in the retention population. I mean, we have more than enough research to tell us this. So, I don't know that I have the solution. I mean, a place this damn big is, if maintaining the size of [this university] is the primary goal; number of students, research dollars generated. If it's all about scale then some of those things just never become achievable or they become people like you and me, just keep tilting at windmills. And we produce the best numbers we can, right? I think it's only if you reconceive the notion of
scale where you can really succeed on those things. And I think there's more than one way to conceive of scale in terms of a place like [this]. I just don't think that institutionally we're particularly willing to consider those reconsiderations of scale. What they might cost the institution upfront. But what could be gained in the long run from it.

In fact, in some ways I think we encourage you to get lost. The institution, if, I can say that. You know, it's not really a thing, but the institution encourages you to get lost - if you can't find your path right away in all the ways that we give you to find your path: you show up at new student orientation or whatever. And there's a table for every organization. And if we give you all the things you need to find your place and you can’t or don’t, it's easier for us if you do just get lost. And we'll write you off in the attrition rate. Or whatever it happens to be. And what then happens, it seems to me, the institution tries to manage the statistics of that, as opposed to ever thinking of those individuals. Well, our attrition rate is this. Or, we only had this many suicides or way less people cut themselves this year than last year. So, we suddenly start to manage the numbers in ways that the institution thinks are useful. And gosh, yeah, I just think there's better solutions.

Those ‘better solutions’ were discussed in James’s wish list for a future ideal:

I wish someone would have taught me more about what it takes to teach, not to prep, but to teach. Most of my pedagogy training was in learning goals, how do you organize content, a course should include this, da da da da da. Here's what a lecturer is. But no one ever really taught me how to teach, how to teach in a way that feeds and sustains your passion for teaching.
I think there are ways to teach people how to think about their work as creative, fulfilling work as opposed to how to master all the tasks, so that they don't become too burdensome. I wish someone would have taught me the positive method - to think about teaching as opposed to what I would label as the negative method, which is manage all this shit so that you can also have a research agenda and sit on committees. Here's how to feed yourself with what you're doing.

I think it [could be taught] in much more of an interactive model of, and I think colleges have had to do this a little bit better than anybody else. You're going to have to teach on a regular basis. This lesson, that lesson. I'm not just going to evaluate you on how well you deliver the material, how interesting you are, or giving notes on your voice, on your body, all that technical stuff that you can learn in a speech class or whatever. Each time you teach we're going to sit down and actually talk through what was that like for you to prep that, and then to do it, and did those two experiences line up? Was it satisfying to you? Or after you were done with that teaching unit, did you just focus on all the shit you fucked up on? How can we talk about that because if that's what's happening to you each time you teach, you're going to quickly find yourself not enjoying it? What are strategies that we could develop that close the gap on that for you or that what are things you can do before you teach or right before you start that are built in ways of making the experience pleasurable for you? Are you tracking the ideas you get while you're doing that unit ago? Oh, I never made that connection for myself before, that's something I'd like to follow up on. Or is that just disappearing?
James also talked about getting more specific training on being an observer. He acknowledged that much of the training from campus services, like the CCC, encourages you to notice red flags in student’s behavior or appearance but that:

"It's never even clear that what they're really doing is talking to you about the power of observation. They're giving you a checklist of things to look for, but more effective training would be what does it mean to be in an observation mode? What does it mean to have increased awareness about what happened? What do you do with that once you've noticed that. But they're not even really training you how to observe. Or training you what to look for if you're inclined to be observant, which requires a different set of skills. These are some disconnects it seems to me that could be important to making everybody's work a little easier.

I would like some [training] that really is a little deeper in terms of what does it mean to be an aware, observant teacher in the classroom. What are the consequences of that? What are the ethical implications of that? In that notion of the potential stories that students might bring to you, what do we really need to know about those stories? I understand basic differences between, or I think I understand basic differences between, let's say, a cutter versus an anorexic versus a bipolar ... I appreciate the level of, these are things you might see in a person who's struggling with this, and the value of that checklist of, "Oh, I may need to pay attention to this." But a really deep conversation even about, what is the balance of that to the fact that as a professor of [my discipline] I'm contracted to be an expert in [my discipline]. And if I engage with students at a level where they're comfortable enough for those things to emerge and that's going to take a
certain amount of my time, how do I balance that with the need to move through the content of the course? I think they're all the things that we really have to do, but I don't think we generally design workshops that that immerse us in those questions in a very deep kind of way. Then again perhaps it's because some of them don't have clear black and white answers. But even to be in a room with people looking deeply at the greyness of those situations would be something I'd be interested in. Because I even question the notion of, if a student comes to me with what appears to be a problem that we could say is a problem of mental illness and not something else, and they are perhaps working through [the CCC]. But I don't even know if I should just tell this kid, you know what, you shouldn't be in college. Maybe you should attend to these issues in your life full time and then think about coming back.

I'd like to be in a room where people with real experience are discussing that, because is part of that instinct that I have to not want to have a bunch of problems in my classroom? Or is part of that also my own personal political notion that, "Look, if we stopped to telling everybody they had to go to college, get a degree, get a job and win, win, win, win," we might deal with these human problems in a completely different way. Perhaps we could create an [interdisciplinary] team [of teachers and counselors and others] that address this in really interesting ways.
In addition to seeing increased rates of depression and anxiety in students, Mark also noticed other contributing factors to some of his students’ emotional challenges. But he was also quick to first situate himself contextually:

I have to qualify this with, I feel like sometimes it's the view of a middle-aged white man, because that's what I am. I don't want it to sound like an old person, but I've seen the parents change drastically. The helicopter parent is something we have to deal with a lot. [I have parents try to contact me] but we have a policy that I can't really talk to them. I can talk to them if they're child is under the age of 18, I think. If they're college kids, I can't talk about grades. I can't talk about progress. I mean that's law, right? I do have parents contact me. They want to be friendly with you and they want to find out stuff - they want you to tell them without telling them.

I’ve also noticed an increase in the [psychiatric] medication level of the student in general. I would say so many of them now are medicated to an extent. I've also seen, even in the last couple of years, the anxiety level of the student, rise so drastically. I don't think I have a student that doesn't really experience anxiety on some level. I really don't. The political climate didn't help.

There is a sense of entitlement, I feel, with the students now, that age of student, that education is a consumer event. I never really looked on it that way, but they do. For instance - They're required to have 15 lessons. A student would, if they had 14 lessons, complain because they haven't had the right number of lessons, even though I've given them extra time every other week. It's, "This is
what I paid for. This is what I get." That's just not always the way it is. It doesn't always work out that way. I feel that, that's really, really prevalent. Granted, parents are paying an ass load for education these days. I understand that, but you're also paying to entrust your education into the people that understand and know how to do it, as opposed to detail every aspect of the learning process.

Mark’s had virtually no training as an educator, since he obtained a performance degree, and learned most of his skill as an educator when he began teaching at the university:

I did not go through a pedagogy degree. Mine was a performance degree, so [I had] almost no [teacher training]. What I know is what I've picked up and learned on my own. Then, I honestly learned a great deal when I came to [here], from my mentor, and from watching other teachers teach. There's an innate sense of the studio, and what happens in your studio. I think sometimes you have a real feeling for it and understand the teaching side of it, some more than others. I think I have an understanding that makes me a fairly good teacher, without a formal education in the teaching aspect of it.

A particular barrier that Mark identified was in long wait times to see a counselor at the CCC:

A few times students have had not good experiences with [the CCC], and they have either told me or another faculty member, and we've been able to find ... I told you about the spouse of one of our faculty members; is a therapist here in town, and she has been able to help find a local therapist to get into rather quickly,
which helps. So, I will refer to [the CCC] if the student has the patience. But [the CCC] is overwhelmed, and always has been ever since I've been here.

As for his wish list for ideal educator training or future needs, Mark’s focus went back to his unique one-on-one relationship with his students and how best to help them in the moment:

I would like to have more training to help them immediately, but I also have another agenda that I was hired to do, that I'll remind myself that there are other people that are qualified to do that. I don't have to take that on. But, I'm sure that there must be a protocol that has been proven to work, that probably I could get the student who is crying, to that point quicker, if I knew what that was.

**Meredith**

Meredith clearly understood her responsibility as an instructor to include that of a compassionate individual – something that she saw as being increasingly more critical given the increase in student trauma:

No one thought we'd ever have to [value compassion as a responsibility] and that to me is a giant gap in [my field’s] education because I think as much as we touted our space in the culture as the holder and the container of the emotions we never thought we would have to become helpers in transmuting the water of life into a way to live healthily. I think that the generation of teacher in their 60's and 50's are shocked at the level of trauma that the students’ carry. And the level of shock if you don't know what to do with it becomes a shutdown. It's so easy to turn shock into shutdown.
What we've had to do over the course of the last five years especially in [my department] is begin listening to each other tell these stories. The teachers don't know how to talk about it. Faculty meetings are no place to talk about this, and departmental meetings are no place to talk about this. The level of ability in just simple communication in [the department] is so low because communication has not been valued - complicity has been valued. We must comply with the rigors. The phrase that I heard more than anything was ‘professional standard’ - that we teach to this so that we can get our students employed. And of course, welcome to a research one university. Education itself has changed over the past 20 years. So, we're not building solid citizens, we're building employees. And what has happened is that the future employees are coming in bravely wanting to navigate this world that is totally unbelievable, and we're asked to help them navigate that with no skills whatsoever.

Telling the truth to someone that I am despondent, I am at the point of making a bad decision, I am feeling this way. Hearing that and going, then I'm walking you over to [the CCC], we actually do know what to do, we actually know very well what do to and we do it a lot. I'll walk them hand in hand, you know, to help kids get help. And then we come back and just sit at our desks and shake because now what do we do? Do we need to go back down there and make sure they're still there? Do I need to call them at their apartment tonight? So, we don't know what we're supposed to do after, but this is systemic [here].

These kids are coming in so hurt and so damaged and that's been all ... You know the tyranny of why has got to stop. The tyranny of why, why are they
so hurt? Why are they so damaged? Why don't they just pull themselves up by their boot straps? And that's what my job has become. I just look at people, I go the tyranny of why must end. Stop asking why, let's put some shims in the structure here. We know what to do at [the CCC], maybe we need to know how to sit in a room of 37 people and tell each other how scared we are for the health of our students, for our health. This kind of a lack I'm sure is systemic throughout the whole department or else my job would not have been so needed over the course of the last five years when I've been in almost every department, in every college on this campus, and all I do is help people talk. But my desire to turn that over to people who are qualified is so critical, and that's why I have made the decision that I made is that I don't do that anymore I'm done.

Regarding the value of emotional work and particularly whether the institution itself can value it, Meredith made an interesting point about viewing an institution as an entity:

Do I think an institution values it? Absolutely. Do I think the institution itself can be compassionate? No. Because compassion destroys structure. You have to say, here are the rules. A rule is not compassion. A law is not compassion. It's punitive. It is the result of something happening that you have to shore up the foundations of the thing. Do I think the president values compassion? Absolutely. Do I think he can institute it from his office? No. It must be instituted on individual levels, inside individual departments, inside individual classrooms, inside individual conversations. This is a tiny act that has global impact. Offering one person a moment of compassion, that's what poets write about. That's what myths are made of. That's the drop in the water that ripples all the way. That's the
monkey washing the orange in China, and all of a sudden, the monkey in West Ghana goes, well give me that over there. Are you washing something over there? Oh, all right. Well, I'll just try that here.

I think that the anthropomorphizing of an institution is where we get comfortable in extracting our individual responsibility. The institution is compassionate, and no it's not a can't. The person inside the head of the institution is compassionate individually, so I'm just being very clear. Because I know the president, and he is tremendously compassionate, and his time is spent trying to keep walls together. Now, a brick is not compassionate. Composing the brick is. That's what I'm trying to be very clear about.

Meredith has been doing work surrounding compassion and empathy for several years within the university and she was adamant in the need for training programs, but also that before you can train, you must first define what you are hoping to teach:

Valuing, and you can't just value [compassion]. You're going to have to set up training programs. This is what I have learned. Before you can create training programs, you have to set up systems to define what it is that you're trying to do. What does compassion look like in a classroom? What does compassion look like on you? This is how far back we've got to go. We are going to have to be very aware that not everyone is going to be capable of investing in the value of compassion. Sorry, in the performance of compassion. We can intellectually value it, because you can look at all the literature that's been written since the history of human condition.
Obviously, cultures value compassion. Not everyone comes in with the skillset to perform and enact it. These are complex systems that have to be put in place. That's why you have diversity committees. That the diversity committee is going to be a compassion committee. That season planning committee, which is going to be the people who know how much money we have. How you empower those committees can also be systemic within a department, that if we value compassion, and the diversity and inclusion committee is going to be that emblem of that, then these committee members have got to go to every meeting, and listen, but they have to be trained to know what to listen for.

**Natalie**

Natalie has noticed definite changes in students over the years, particularly when she views it within a generational context:

People are just starting to realize that students were coming in with emotional issues that are unresolved trauma, unaddressed trauma, unaddressed issues and coping mechanisms and I mean, our institution doesn't really recognize it in our students, much less the faculty. I think that's a big deal.

I think there's been a shift in the level of trauma in our students. And it goes up every year. Last year was really bad, but it goes up every year. And I remember coming here and being really surprised at how many students came to me with emotional issues, and it's gone up every single year.

Something that I've noticed is that it seems like emotional issues are happening to students more and more and more, and they are less and less equipped to deal with them. Unlike some of the dominant narratives about this,
"Millennials are weak, and they don't know how to deal with their own problems." I think they're coming to college with new problems that previous generations either didn't recognize or they didn't experience. I think we are in context in which people are experiencing things that may be new or different than previous generations. So, I think they're coming to college, not poorly equipped because they are weak people, but they are poorly equipped because their contexts have not equipped them well, and I think [the university] does not do a great job by equipping these students to deal with these issues. So, that's one major thing that I've noticed, and it seems to be getting worse every year, not better, and it makes me very concerned for these folks that are putting themselves in positions, particularly at [here], where there is drug and alcohol abuse, sexual assaults, bias and intimidation, that further aggravate whatever context and experiences they've had. So, that's one sort of major thing.

Given increasing rates of student mental health and emotional needs, Natalie recognized that she was both ill-equipped and ill-prepared to meet her students’ needs early in her career. She started teaching without first having received any training in the skills of teaching:

For teaching, they told me that I was teaching and I had to look up what a syllabus was, but that's not actually teaching, right? Teaching is being in the classroom and learning how to interact with students and give lectures and stuff like that and do discussions. I winged it for a while for about two years. I had zero training. I would just observe other people and try to adapt what I thought were their best practices to my own classroom. I didn't get pedagogy training until I started
teaching English writing for [another university] as kind of a special fellowship. They actually took you through the pedagogy of how they wanted to teach writing to first year students. That was the first time that I'd ever had any experience with philosophies of teaching. How we set up the way people learn. Thinking about what sort of experiences they have coming into the classroom and how we can meet them at those experiences and build upon them, challenging them. How everything from how a class is organized because I readings to grading can all be part of a philosophy of how we want people to learn a certain skill set or way of thinking. That was the first time I'd ever had any experience with that.

Natalie also shared that much of her training for addressing her students’ emotional needs was a trial-by-fire, learn-as-you-go model that prompted action when the situation reached a crisis point. A method, she acknowledges, was an ineffective and personally stressful way of learning:

[I only had conversations about dealing with the more personal interactions with students] when it came to a crisis point, which is like the worse way to teach somebody how to deal with these things. Any time something would come to a crisis, that's when I learn how to deal with that specific issue. When I first started teaching, a lot of it was academic dishonesty and cheating. A ton of cheating was happening, and it would get to the crisis point where I found that somebody had plagiarized. It's huge assignment and then it would come to a crisis point as to how I would interact with students.

I talked to people, and this is just folks that are sort of in my same situation. Other grad students at the time, other assistant professors now, how do
you deal with X, Y, and Z. My partner is also a professor here, and he's been
teaching longer than I have. It was helpful to have somebody that I'm so
emotionally close to that I could feel like I could ask him questions that I might
not be able to ask colleagues when I first got here and then friends. I would tell
him like, "Well, I have this person plagiarizing," and he would tell me what he
would do with that situation. When I was a grad student, I would go to the grad
studies director, whoever my higher up was and talk to them about what you do.
Although they were often quite vague about it. Yeah, it was a lot of just sort of
peer-to-peer conversations.

That's not a great way to learn [when it’s a crisis situation]. It would be
much better sort of in anticipation, "Well, we have these procedures," or, "This is
what students sometimes do when they're caught cheating or plagiarizing." I had
never seen a student come to my class and just start crying before. I did not know
how to deal with that when somebody like weeping. Now I have a box of tissues
in my office because it happens so much. It's stuff like that, which you just are not
prepared to deal with at all.

Since coming to this university, however, she has had some more detailed training from
the CCC and the Women’s Resource Center:

When the sexual assault task force that was put together we started learning about
some of the sources that were available. There's been a couple of presentations,
and then we just had a [faculty] retreat and a local therapist came and talked to us
about being a mandatory reporter and stuff like that, and some of the issues. We
talked a lot about some of these issues. She came and talked to us about ways to talk to people who were experiencing things like sexual assault or trauma.

Natalie recognized the need for additional training, and also emotional support for instructors. When asked what training or services she would like to see, she shared:

I wish that they would have given me these statistics that I've seen now, that more students seem to be going to psychological services once they enter college. I would have liked to learn about some of the challenges that I personally did not experience because I come from a place of relative privilege that some students encounter, and how that varies by like race, immigration status, gender identity, sexuality. So, I would have really appreciated like, "Hey, X percentage of our student body are immigrants. These are some of the nations that they come from, and these are some of the often barriers or lack of resources that they encounter."

Sometimes this is how it comes out in the classroom. Just really any talk of mental health or emotional issues, because there was none. There was zero. And there was zero really when we came here too.

[I would have liked more information] on specific services and resources like support groups, limits that occur for students, things like that, I had no idea. The actual helpful details, like [the CCC] exist. That's great. Of course, I know that every school has a mental health center of some kind. But like what specific support groups for women of color, for graduate students or, how do make a call?

I remember my first couple years here, feeling pretty alone, and even seeing a [CCC] poster, like "There's a faculty support group that's anonymous," would have been helpful. Or maybe a hotline we could call with somebody that
could just like give you simple tools, rather than just like, "Go to [the CCC]." but like actual "Okay, well, if you're going to follow up, do this," or even things like how to talk to somebody who is in a domestic violence situation, or in a situation that you may not have experience with.

Nicole

Nicole acknowledged observing a change in students stress levels and emotional wellness over time, and attributed this, in part, to the increasing trend of 'professionalizing' students:

Students will often come because of stress, because they're stressed out and they don't know how to handle their course load with their work load. I have more and more students coming to me who will divulge their mental disabilities or their emotional ... I don't know what the proper term is: mental illness to me. That happens more and more. It used to happen every once in a while. I do have people sometimes who come to me and tell me about intricate details of medical procedures, which is weird to me. I have people coming to me when they're depressed, and sometimes they don't name it as depression. Sometimes you can just sense it or you can feel it and you know that that's what's happening. Sometimes they do name it as depression. Then I also do have sometimes students come and talk to me about sexual abuse or sexual harassment. I haven't really had any students actually specifically talk to me about sexual abuse, but harassment, definitely.

I was just reading an article about the professionalization of students and how, it was one of those articles about someone getting frustrated with students
not doing humanities majors because their parents won't let them or something.

One thing that this person who wrote the article, and I don't remember who it was, it wasn't anything remarkable that not a million people have already said, but one of the things that they pointed out is that how frustrating it is to see all these students in suits and going to mock interviews and being professionalized earlier and earlier so that the first day they come in, they're being professionalized. I think that technology really plays into that, and I've noticed that my students, my undergraduate students have sign off tags. First of all, there's that aspect of it. They'll say their name, what their major is, what their year is, if they've had any awards, like in their sign off, which I never would've thought of. Again, we didn't have email. Why would you be doing that? I feel like this idea that they have to be professionals is part of that, and I think that's enhanced by email when you have the variety of students, those who write to you like they're writing to their drunk BFF at a party. Like, hey you, or not even hey you, just like, "I missed your class," the end. Winking face [emoji]. Then you have the other ones that are so professional and it's just like, I just feel like students need more room to breathe and to learn and to be students in a way that they're not getting right now. Then I feel like just the connection, how do I want to say this, it's like feeling constantly connected to your professor is something that I, that's one thing that I wish we could go back in time to pre-email because I hate email. It does sort of create this space where on the one hand, you feel like your students should be reaching out to you more sometimes because, well, if you're going to miss class because you have
the flu, then you can just shoot me an email and just say, "I'm so sorry, I can't come to class. What's the homework?"

Nicole acknowledged that she received little training in this aspect of her teacher preparation, which focused primarily on her discipline knowledge. Training she did receive, was severely lacking and vague:

I think that when I started my master's program, we had an orientation in which someone came from [the CCC] and handed out information about how to get in contact with them. I don't think that happened in any other instance, but that's about as far as that has gone. I'm sure that we received some information at new faculty orientation and what that was, I don’t remember.

I think we tried to [have trainings in departmental faculty meetings]. Last year was when we were all dealing with these two very high needs students, and so we brought in someone from disability services. I think we tried to get someone ... I'm trying to remember because someone else did come, but it wasn't from [the CCC], but I think we did try to get that because at that point, so many of us were dealing with these two students who had extremely difficult issues to deal with. I don't think anyone came. I think there was an attempt, but I think it fell flat.

[Where I got my master’s and PhD], we did have a week-long orientation and some of the sessions were on how to deal with tricky situations, so what to do when a student comes to you crying, or what to do if a student is very disruptive in class or what to do if a student has a disability, how to accommodate that student. But it was also very sort of like patchwork, it was just kind of like people
would talk about their own experiences that they had had instead of more global
discussion about how to deal with these things. I do wish that there had been that
[here]. Yeah. It is frustrating to know that these things exist but then to also say,
but it's not going to help you at all.

I mean, training would be nice if those services were functioning in the
way that they are supposed to, but I also feel like we're in a moment now when
schools, aside from administrators, are grossly underfunded and understaffed, and
employees are grossly underpaid. Departments such as disability services, such as
CCCs aren't functioning the way that they're intended to function. I don't know
how helpful that would be. Maybe it would be helpful, maybe it would be helpful
to know what they can't do as well.

Despite the lack of training, reaching out to and helping students who appear to be
struggling or who come to her and admit to be struggling is very personal for Nicole. In
large part, this is due to her own undergraduate college experience and struggles she was
facing at the time.

I was kind of really drawn into [helping the student] because it felt very personal
for me. I felt like if I had not helped out that student, that I wouldn't be, I don't
know. I just felt like I needed to. Then I had another student in that same class
that I don't know what happened to her, but I reached out to her, and this was also
a student of color and I also felt like, who knows how many professors are
reaching out to this student and maybe this student is really suffering and nobody
cares. I just, I have this fear that if I don't reach out to them and nobody reaches
out to them, then they're going to feel like just no professors care about them and maybe no one cares about them.

Despite compassion and care work being highly valued by Nicole, however, she acknowledged that she does not feel it is valued by her department or the university as a whole:

No. No. I'm often told, actually, that I do way too much [care work] and that I need to stop doing that. But that would be impossible and I wouldn't be able to. Because students are going to keep coming to me and I wish that I could be more of the type of person that says, "I am your professor," and like I said, that's what I'm working toward doing is establishing that a little bit more, but it's just not who I am. I like working with students. I like helping students. I especially like helping the students that I feel are going to fail because I want to see them succeed, probably because I was that student who was failing and I just want to bring them back in and help them to succeed.

In [one of the department’s I work in], it's different obviously because we're all doing that. It is valued and we do actually talk about things that we can do to cope with this. Last year we had radical self-care meetings every month.

When asked to reflect on what she would like to see implemented in the future, Nicole was hesitant. She had a number of detailed ideas, but expressed a distrust in the University’s ability to effectively implement any programs.

I don't know that at a university level I would necessarily want any additional training just because I don't trust university administrators to know what's best for students really. I feel like there may be some university
administrators that are concerned but I think that it gets lost in the machine of the university, and so I feel like that's such a low priority that I wouldn't really trust anything coming from the university.

I really want to fight back against this mandated reporter business, so I don't even want to acquiesce to you that part of it because I don't want to legitimize that, but with regards to other issues of mental issues, like how to deal with a student or how to talk to a student who might be contemplating suicide, I think that could definitely be helpful. I think that something on how to talk to a student who has disclosed sexual misconduct could be helpful if it were done by an outside organization. But I wouldn't want to have anything like that from the university because I feel like the only training we get is that, "You're now responsible. This is the Title IX office. Basically, if you don't report, you're more responsible than the person that did the raping," so yeah, I'm not inclined to have any sort of sexual assault or sexual harassment training or anything from university administrators, but I do think that it could be helpful to some sort of training in dealing with students that are dealing with depression or other mental illnesses. If not for myself, then I do think a lot of ... I don't mean my immediate colleagues necessarily, but I think a lot of people at the university could definitely use that.

I guess now that I'm thinking more broadly about, I do feel like there are plenty of people at this university that would need training about how to talk to someone who's just disclosed sexual assault. I'm just leery of linking it up to this whole Title IX business. Yeah, or maybe even if there were just a support group
for faculty because it's true that there are so many of us dealing with this that if there were just some sort of weekly gathering where you could just get together like you would with a grief support group or something like that.

I wish that I had had, thinking about it now, I do wish that there would be some sort of specifically for women, some sort of training on how to balance or how to draw boundaries. I think that talking with a lot of my colleagues in [one of my departments,] especially who are mostly women, we find it a lot harder to draw boundaries and to let students know what the boundaries are. Students have a hard time drawing boundaries. Too often, we get thought of as this maternal figure or this nurturing figure, rather than an educator. I wish that I had had more training on how to sort of ... I want to say how to be a bitch, but I kind of do wish that I could be more of a bitch and to be more ... To be able to guard my time and myself more than I do. I wish that I would've had that.

I do still think that, especially now, training in how to deal with a hostile student would be good because sometimes you have them, and especially now that people feel entitled to be horrible racists and open misogynists and say horrible things, that that creates this tension. I don't always know how to dissolve that tension.
CHAPTER 5: DISCUSSION, LIMITATIONS, AND IMPLICATIONS

As outlined in Chapter Three, three main themes and several sub-themes were extrapolated from the data. Chapter Four was used to discuss themes and sub-themes and to organize participants stories and experiences into a substantive text with rich, thick descriptions that supported the themes and sub-themes. The purpose of Chapter Five is to discuss findings within the context of the study’s theoretical underpinnings (the student development model and the ethics of care) and to discuss strengths and limitations, implications, and areas for future research.

This chapter will be organized according to how the data were analyzed using the foundation of the two theories of student development and ethics of care, in addition to through the lens of the research questions. The rationale for formatting the discussion in this way is because the data yielded far richer results and exceeded the scope of the research questions. The participants shared far deeper stories and feelings about their experiences addressing their students’ emotional needs and their willingness to often just be in that emotional space with their participants than I anticipated. Their vulnerability in this sharing and emotionality with which participants shared their stories allowed for interviews to explore experiences with participants in greater detail and at a deeper emotional level.

The Alignment of Theory and Themes

As I analyzed the data, I used the theories of Chickering and Reisser (1993) and Noddings (2013) as a basis for uncovering codes and understanding the lived experiences of participants. In so doing, I created a thematic map (see Figure 6 p. 229) as a way to organize my coding structure and assist with analysis. In the thematic map, I
conceptualized the two theories as distinct. Chickering and Reisser’s (1993) theory, which focuses on the needs of the students (theory of student development) and Noddings (2013) theory which focuses on the ethical responsibility of instructors in caring for students and challenges and strengths that comes with this. The two theories, despite being distinct, interact with each other in the context that students’ needs and developmental positioning impacts how and when instructors respond to students’ emotional needs and their understanding of the student’s emotional needs. In the next section I will explain how the theories and the codes come together through analysis of the data using both theories and themes.

There is one more distinction that is important to note. In the creation of this study, and as is outlined in Chapters One and Two and in the interview questions, I anticipated that there would be a distinction between students’ emotional distress and mental illness. For my participants, there was not. As a trained mental health counselor, this distinction feels second nature to me, as my training and work experience has prepared me to be able to discern the nuance between the two. However, for a layperson, this distinction might not be as clear. In fact, when I probed for this distinction in participant interviews, many were clear in that they purposefully do not make that distinction or that they would approach their interactions with students in the same way if they were aware the student was living with a mental illness or experiencing emotional distress:

Alyssa: I have my guilt meter going because lots of people come to me with these problems that in my perception of importance don't rise to the level of sexual violence or something awful that happens to some of my students. I had that
problem in my previous career. One of the clients, I thought her case was the least significant in terms of life danger, he came back and killed her. I try really hard to not let myself rate the level of seriousness, but I do it, of course. … [But I also get students who say,] "I'm stressed out because ... " Money things, that's huge when you're 20 years old. I don't know that I think any of it isn't important.

James: I think I respond the same emotionally. I, for example, I've seen students that I worried where in some kind of emotional distress or were struggling, and it could even just be a temporary struggle. It's like we talked last time. It's not that I think just everybody has mental illness but that person just seems different.

Natalie: I'll focus a lot [of my stories] though on last spring, because I felt like last spring I had a larger number of folks coming to me, not necessarily with, as we talked about, mental health problems, but emotional things happening in their lives that maybe there was depression or anxiety somewhere in there, but there was an acute thing that had happened.

**Student Development Theory**

The two most prevalent themes that were coded related to student development was the student/instructor relationship theme, which was coded with two sub-themes: interpersonal skills and knowledge of resources. These two sub-themes and subsequent codes (for interpersonal skills: ethics, mentoring, boundaries, support, and why students seek instructors out; and for knowledge of resources: accommodations and available services and referrals) involved a reciprocal relationship between instructors and
Figure 6. How the Theories Align with the Themes.
The themes and sub-themes from the analysis of the data mapped into the theoretical framework for the study.
students; students have academic, emotional, and developmental needs to which instructors responded. The second theme that was coded, related to student development, was institutional barriers. Codes that were most pertinent to this theory were the lack of institutional resources and the current state of students. While they emerged as separate overall themes, when analyzed within the context of student development theory, they are interrelated, and will be presented as such here.

Chickering and Reisser’s (1993) theory of student development is discussed in detail in Chapter Two, but in summary it states that there are seven developmental milestones in which students must develop skills in order to make a healthy transition to adulthood. Two key components of this are managing emotions and building and maintain healthy and mature relationships. In this study, these two milestones were explored through the focus on student examples that participants shared and which answered research question one: What experiences do instructors have in addressing emotional needs of their students? All six participants shared stories of experiences where they were confronted with students’ emotional expressions. Some of the student’s emotionality might be clinically categorized as mental illness; most frequently instances of depression and anxiety, but also suicidality and post-traumatic stress disorder. It is important to note that because students were not interviewed directly, an official diagnosis was not and cannot be made. This insight is based solely on data provided by participants and/or their knowledge of students’ diagnoses of a mental illness. For other students, emotionality expressed to their instructor was developmentally expected and might be considered emotional needs such as, homesickness, grief, or interpersonal difficulties. Regardless of whether the presenting emotional concern is a diagnosable
mental illness or emotional distress, is not necessarily of the utmost importance. What is
critical is that students are engaging in help-seeking behaviors (Lin et al., 1982). Students
who engage in help-seeking behaviors (and the first person they seek out might be an
instructor) is correlated with ultimately accessing services (Eisenberg et al., 2007) and
reduction in stigma about seeking help (Eisenberg et al., 2009).

Using the theory of student development as delineated by Chickering and Reisser
(1993), the data were coded for themes related to the vectors of managing emotions and
the student/instructor relationship. The theme “Instructor/Student Relationship” was
identified as a critical component of the interaction between instructors and students and
the relationships themselves were diverse. In some instances, relationships were long
lasting and spanned a student’s undergraduate years and beyond, and in other cases
relationships was shorter lived and encompassed a semester, or in some cases a moment.
Regardless of length of time, however, relationships had a lasting impact on instructors.
One cannot extrapolate that this necessarily means that it had a lasting impact on
students, yet thank you cards, emails, and letters that students wrote to instructors are an
indication that in many cases it did have an impact on student’s development.

There were two sub-themes within the Student/Instructor Relationship theme that
supported the relationship. These are interpersonal skills and knowledge of resources.
Three developmental milestones in Chickering and Reisser’s (1993) student development
model are those of moving towards interdependence, developing mature interpersonal
relationships, and managing emotions. All participants discussed ways in which they
modeled healthy adult relationships through creating and maintaining healthy boundaries,
providing support, and providing mentoring (Brzyck, 2016; Kitzrow, 2003; Kuh et al.,
Instructors were compassionate, empathetic, and active listeners of stories that students shared with them.

As discussed in Chapters One and Two, students are entering college with increased rates of trauma and mental health needs, and decreased adaptive coping skills (Center for Collegiate Mental Health, 2017; Eagan et al., 2014; Gallagher, 2014; Howe & Strauss, 2007). Combined with this situation is the fact that college counseling centers are struggling to meet the increased demand of students (Gallagher, 2014; Reetz et al., 2015). This lack of available resources is something that was echoed throughout all participant stories as both a frustration that instructors are facing and as a need within the institution. This need for supportive services on the part of students means that instructors are experiencing an increasing number of students seeking them out for support, which was reported by all participants as both an observable event (more and more students each semester are seeking them out) and as a frustration (students are reporting to instructors that they have tried to access college counseling services but faced a long waiting period for an appointment) (Backels & Wheeler, 2001; Becker et al., 2002).

From the perspective of student development theory (Chickering & Reisser, 1993), instructors are in a unique position to model healthy adult relationships with students and assist students in identifying and managing emotions (Brzyck, 2016; Kitzrow, 2003; Kuh et al., 1991; Mitchell et al., 2012). Examples of this relationship in the data were evidenced in participant stories about setting boundaries with students who are struggling to meet assignment deadlines due to situational or emotional needs (which included providing accommodations when needed (such as deadline extensions)), support through listening, problem solving with how to juggle life and academic responsibilities,
and mentoring. When students experience this caring relationship and engage in an interpersonal relationship with a compassionate adult figure they also exhibit greater cognitive growth and increased academic performance (Pascarella & Terenzini, 1991).

**Ethics of Care Theory**

With the developmental needs of students situated, we can now turn to analysis using the theory of the ethics of care. Ethics of care, in summary, specifically addresses ethical responsibility of instructors to care for their students, and, in general, addresses how we should treat one another (Noddings, 2013). On the one hand is the one doing the caring (in this case, the instructor) and on the other hand is the one being cared for (the student). This reciprocal relationship benefits both individuals and requires action on the part of the one doing the caring. An important distinction that Noddings makes here is that a caring relationship goes beyond simply caring about someone in that it requires that an action is attached to the emotion (for example, the act of reaching out to a student who appears to be struggling). Caring for a student is not a passive experience (Noddings). The act of caring for a student is exemplified throughout the literature (Drmellivora, 2013; Green, 2015; Pryal, 2015; Schumacher, 2014; Schuman, 2014) and was a key focus of interview question two (How do instructors manage their own emotional reactions to emotional stories that they hear from students?) and three (How do instructors describe their competency in addressing emotional distress that comes up with their students?) as well as research question one, which provided the context (What experiences do instructors have in addressing emotional needs of their students?). However, as stories in Chapter Four epitomize, and as was discussed at the beginning of
this chapter, the data yielded much more in-depth results that ultimately exceeded these three research questions.

**Self theme.** The Self theme had three sub-themes: instructors’ personal history, feelings, and skills. Instructors’ personal history was critical to obtain in order to gain insight into one’s educational training and career trajectory, but also because it provided context of how participants were raised in relationship to displays of emotions and any value or stigma associated with emotions.

The second sub-theme, Feelings, encompassed both positive and challenging feelings that participants experienced within the context of caring for students. Noddings (2013) acknowledges that caring for others can take an emotional toll on an individual, and this was evident with all participants. During some stories, participants felt that it was within their realm of competence - most often seen with academic issues or with emotions or experiences with which the participant had prior personal experience.

Three participants shared stories about students in which they feared for either their safety or the safety of others, due to either statements or behaviors that students exhibited. Whether students were an actual threat is not relevant here, but what is relevant is the perception of danger and the associated feelings of fear and uncomfortability that participants experienced. Given the heightened incidence of campus violence (often incorrectly attributed solely to mental illness) (Knoll & Annas, 2016; Metzl & MacLeish, 2015; Paolini, 2015) and active shooter trainings, this fear is understandable. In the review of the literature, there were several first-person accounts of instructors who were fearful of students, reported feeling unsupported by administration, and reported feelings
of uncertainty with how to address and handle situations (Pryal, 2015; Schumacher, 2014; Schuman, 2014).

Length of time teaching also had an impact on comfortability with students’ emotions, both positively and adversely. Meredith, who has been teaching for over 10 years, reported feeling “weighed down” by trauma she hears from students, which has led her in the last year to transition from a teaching focused position. Five participants reported that their caring for students has impacted their personal lives, in that the boundary between work and home has become blurred. Alyssa shared that sometimes she is late to pick up her son or to dinner because she is unable to leave a student in distress and James spoke about the difficulty he had in learning to balance his emotional availability for his family when he leaves work emotionally depleted. Each participant shared that at some point they went home worrying about a student’s well-being and whether they did or said the right thing. This appeared directly correlated with their competency in setting boundaries, which is crucial for being able to maintain ongoing levels of engaged caring (Brown, 2015; Herlihy & Corey, 2015; Wuest, 1998) and decreasing compassion fatigue (Figley, 1995). For James, for instance, the practicing of establishing and maintaining boundaries between work and home became crucial to his own well-being.

All participants reported feeling high levels of compassion and empathy for their students, but also reported feelings that align compassion fatigue (Figley, 1995) – the emotional cost of caring for others. Furthermore, all participants shared examples of times where they were unsure what to do in a specific situation and where to draw boundaries between referring to a professional counselor/counseling center and
continuing to listen to and be with the student as they expressed their emotions. This uncertainty was compounded by the fact that all participants reported low levels of training outside of knowing available services on campus, which increased feelings of perceived low self-efficacy and high self-doubt in addressing students’ emotional needs. These feelings of low self-efficacy were supported in the literature review (Brzyck, 2016; Savini, 2016) and is a critical concern – instructors often act as first responders to students’ emotional needs and yet they feel unprepared to adequately meet students’ needs (Becker et al., 2002; Backels & Wheeler, 2001; Brockelman, 2011; Brockelman & Scheyett, 2015).

The third sub-theme of Skills related to both helping skills and self-care strategies. All participants reported good personal support systems either in their personal lives or with other instructors at the university whom they could reach out to for debriefing or problem solving. Having these individuals for support was critical for all of them in maintaining their ability to continue to do care work and stave of compassion fatigue or burnout. Four participants reported actively practicing mindfulness techniques to cope with stress and feeling overwhelmed by students’ emotional needs. Some used visualization techniques, others engaged in artistic endeavors, and one participant found that playing games on her phone and taking quiet time, helped them to continue doing care work. There are numerous studies delineating how mindfulness practices can help to combat burnout and compassion fatigue (Raab, 2014; Thieleman & Cacciatore, 2014; Thompson, Amatea, & Thompson, 2014).

Instructors often report low levels of competence and knowledge related to mental health needs and knowing how to refer to appropriate services (Becker et al., 2002;
Backels & Wheeler, 2001; Brockelman, 2011; Brockelman & Scheyett, 2015). And yet it was interestingly to see that participants, despite self-perceived low levels of self-efficacy and high levels of self-doubt, all reported high levels of helping skills, such as active listening, problem solving, intentionality, advocating, unconditional positive regard, and leaning in to hard, emotional work (Gladding, 2018; Rogers, 1992). No participants turned away students and even when they referred students to counseling services, they all continued to check in with students. However, since these helping skills were largely either intuitive or self-taught, and they were not formally trained in them (as one would be in a counseling program), participants often overlooked these skills as effective and beneficial.

*Student/Instructor Relationship theme.* The second theme, Student/Instructor Relationship, which both Noddings (2013) and Chickering and Reisser (1993) credit as being the most important component of assisting students in developing healthy relationships and care work (respectively), had two sub-themes: interpersonal skills and knowledge of resources. Interpersonal skills related to issues of mentoring, ethics, boundaries, support, and why students seek them out. The last item provided context for both *what* students are seeking out instructors for, but also *why* they might be purposefully seeking out a particular participant.

For all participants, the primary reason, not surprisingly, was that students knew them, although in some cases students were referred to a participant by another instructor in the department (who thought the participant had knowledge or skills to best help the student). All female participants reported either a “motherly” or “big sister” quality as a contributing factor; male participants did not identify gender as a contributing factor.
Gilligan (2013), Green (2015), and Noddings (2013) both argue that providing care work often disproportionately falls on the shoulders of female instructors and that the act of caring is often seen as inherently feminine. This might account for why more female than male instructors perform the majority of this work. One participant reported that because she shares stories from previous students (with their permission) in her classes, this leads students to view her as someone who is safe to disclose to.

Besides gender and self-identifying as a trusted instructor, there was one other contributing factor that arose as to why participants believed students might seek them out: participants who identified as part of the LGBTQ+ community, and were out to their students, reported that LGBTQ+ students sought them out specifically, even when gender or sexual orientation was not the presenting issue. Research about mentoring of LGBTQ+ youth suggests that having adult role models who are also LGBTQ+ increase student resilience and have positive educational and mental health benefits (Garvey & Rankin, 2015; Gastic, 2009; Howard-Hamilton, 2015).

Each participant grappled with the ethics of providing care work to varying degrees. Some situated it as an ethical responsibility to students and viewed their role as an instructor as “in loco parentis” (in place of the parent). Others felt that providing care work was an ethical responsibility “because we’re humans” (Alyssa). Both of these reasons are captured by Deresiewicz (2014), who theorizes that:

[S]tudents gravitate toward teachers with whom they have forged a connection. Learning is an emotional experience, and mentorship is rooted in the intimacy of intellectual exchange. Something important passes between you, something almost sacred. Socrates remarks that the bond between a teacher and a student
lasts a lifetime, even once the two have parted company. And so indeed it is. (p. 178)

Providing care work also connected to the second sub-theme of Knowledge of Resources. Each participant had cursory knowledge of some available campus resources and all seemed most familiar with the Campus Counseling Center. Some participants were aware of the Women’s Resource Center, Disability Services, and the LGBTQ Resource Center, but only two participants referred students there. This accounts for only a portion of available services on campus, the remaining of which were not used. Not having knowledge of, or only having a cursory knowledge of, available campus resources is a challenge for instructors and most of them learned of available services either during orientation (when they were inundated with new knowledge), through faculty meetings, or through seeking out the information on their own. This highlights the need for more targeted and repetitive dissemination of information within the university and the need for increased training of the available resources in an ongoing format (Brzyck, 2016; Nolan et al. 2006; Savini, 2016).

Participants also reported vague guidelines or consistency in providing accommodations. Instructors adhered to documented accommodation requests that were provide by Disability Services, but in every case, participants also provided accommodations on an as-needed basis when emotional needs were communicated. Three participants went above and beyond the university stipulated requirement of allowing students to make up work in a timely manner by creating contracts and plans to complete assignments, while three participants viewed giving all students the same requirements as an ethical obligation related to fairness. Instructors who created contracts
and gave additional accommodations to students expressed frustration that in so doing they created extra work for themselves and students did not always adhere to contracts or follow through with work (Becker et al., 2002; Backels & Wheeler, 2001; Brockelman, 2011; Brockelman & Scheyett, 2015; Kitzrow, 2003; Soet & Sevig, 2006; Watkins et al., 2012).

**Institutional Barriers theme.** The final theme is Institutional Barriers. This theme had no sub-themes, but included the following codes: lack of available resources, lack of institutional responsibility, poor teaching preparedness, Title IX issues and barriers, value of emotional work, future needs, and current state of students. This was a broad theme, but one that embodied frustration that all of the participants felt in feeling alone in doing care work, in not feeling valued for performing care work, and in the lack of resources that were available to both students and instructors.

Participants lamented the lack of resources and long wait times for students to access mental health services on campus. They all rejected a listen-and-refer policy, although three participants occasionally wished they could create personas that made them more unapproachable; but all three also said that this would not feel authentic or ethically responsible to them. This wishful feeling stemmed from frustration that they, and other participants, felt about care work not being valued by the institution as a whole. Each participant reported no formal training to provide care work or even that doing care work would be a necessity, as their training to become educators focused almost solely on pedagogical training and knowledge in their field of study, which was supported in the literature review. Each participant reported that some training in available resources,
communication skills, and cursory assessment skills would be beneficial in both creating caring relationships with students and being able to identify red flags.

No participants felt as though the institution fully valued care work that instructors provide (Noddings, 2013; Green, 2015), in particular because there was no way in which to quantify this work. They were spending significant time building and nurturing relationships and providing emotional support and care to students, and yet they did not feel that the time that it takes to do this is counted or acknowledged. This relationship building and nurturing is at the very core of Nodding’s (2013) ethics of care but also ties in to Chickering and Reisser’s (1993) understanding of students’ developmental needs. At its simplest explanation, instructors are ethically obligated to provide this care work (Noddings, 2013) because students developmentally need it (Chickering & Reisser, 19393).

Participants also acknowledged that this work seems to fall on the shoulders of some instructors, but since it is not a requirement of all instructors, many instructors are able to choose to not engage in care work. Thus, a select few instructors in a department provide a disproportionate amount of the care. Finally, every participant affirmed that students seem to be entering institutions of higher education with increased levels of anxiety, depression, and emotional distress (Center for Collegiate Mental Health, 2017; Eagan et al., 2014; Gallagher, 2014; Howe & Strauss, 2007) and that the institution seems unable to meet the demand for services (Gallagher, 2014; Reetz et al., 2015).

Strengths and Limitations

There are both strengths and limitations with regards to this study. A major strength of this study is the exploration of an area of education, instructor preparedness,
and student well-being that is underrepresented in research and often not acknowledged as an institutional value. Because this area is understudied, the qualitative methodology used in this study is a strength, as I was able to delve deeply into emotional experiences of my participants and elicit rich stories, thick descriptions. From some participants, I was able to obtain artifacts. My participants, themselves, are also a strength. Although not anticipated, they spoke with me from a place of deep vulnerability, a sincerely held belief that the emotional work they are doing with students is both valuable and valued by students, and they were transparent with their professional and personal successes and challenges. Finally, because I am also an instructor who engages in this type of emotional caring for students, I have a personal understanding of the work and struggles that come with it, which I have discussed in the prologue and epilogue. My training as a clinical mental health counselor has provided me with an understanding of developmental theories and also provides me with a holistic and strength-based focus within which to situate my understanding of students’ emotional distress and experiences, as well as a way to situate my understanding of the instructors who act as both the listeners to and the holders of the stories.

There were also some limitations with this study. While I was able to obtain artifacts from some participants, I was ultimately not able to use them. Four participants provided artifacts (an email, a drawing made by a student, a gift, and a series of thank you cards). Participants were rightly protective of these very personal gifts and expressions from students and all but 1 was uncomfortable with them being used pictorially in the final results – a withholding that I both fully understand and respect. However, the artifacts did provide value in the sense that they helped participants to
reconnect with past memories of students and their experiences. Two participants indicated that they did not keep such mementoes as an intentional way of letting go.

**Implications**

The implications for this study are numerous and could potentially impact several areas within the broader structures of institutions of higher education: policy, resources, and training; as well as more specifically to the field of counselor education and supervision. Regarding policy within institutions of higher education, there are already numerous studies exploring the increasing need for mental health services on campus and the increased use of these services by students (Backels & Wheeler, 2001; Benton et al., 2003; Center for Collegiate Mental Health, 2017; Eisenberg et al., 2007; Gallagher, 2014; Kitzrow, 2003; Novotney, 2014; Reetz et al., 2015; Schwartz, 2015). However, not all emotional needs that students share with instructors would necessarily warrant an immediate intake as the level of emotional distress might be assessed as non-life threatening and students would therefore be placed on a waiting list, a frustration that was echoed by all participants in this study.

**Implications for Institutions**

Policy changes within institutions might warrant reviews of funding for mental health services, increasing available services, and decreasing wait times in order to address increasing need. Furthermore, policy changes regarding how emotional care work provided by instructors is valued would also be a benefit. There is the one side of this which might entail increasing training or increasing emotional supports for instructors who do this work, or it could be another side which looks to quantify time spent engaged in this care work with students as a service to the institution.
Related to resources, findings suggest that participants would welcome increased training on both available resources as well as increased skills training. Knowledge of available resources might be more lacking at a larger university, where resources are spread out across campus and offered through various departments versus at a smaller university where all support services might be more centralized. Participants were all highly aware that they are not trained counselors and that there are limitations to how far they can work with a student emotionally. However, even basic training aimed at increasing their competence in listening skills, empathetic responding, observing and addressing warning signs or red flags (related to potential areas of concern), and self-care strategies would be highly valued. Additionally, instructors might also benefit from professionally led support groups to assist them in continuing to do this care work by decreasing the risk for burnout or compassion fatigue.

Lastly, doctoral programs that prepare students to become educators often only prepare students in pedagogical training and mastery of knowledge. Including coursework in the above listed trainings before graduation would more fully prepare new instructors to the reality that students may seek them out for emotional support and provide them with some tools for responding in order to increase their self-efficacy and decrease on-the-job learning as it relates to addressing students’ emotional needs.

**Implications for Counselor Education and Supervision**

As a student in a Counselor Education and Supervision program, who also teaches undergraduate students full-time, I am also drawn to nuances regarding study implications for future doctoral students in a Counselor Education program. While it is outside the scope of this study to include a detailed analysis of how counselor education programs prepare doctoral students for teaching, I can draw on my own experiences.
Counseling is a profession with a terminal degree at the master’s level (CACREP, 2016) and it prepares and trains students to become competent mental health counselors. Throughout the Master’s program, coursework consists of counseling theories and specialties, developmental models, diagnosis and assessment, and techniques, and we also learn more personal components of self-reflection, setting and maintaining boundaries, and how to limit our self-disclosure and create an environment conducive to client exploration and change. For many students, this process often involves the nuanced task of being authentic while also allowing clients to project onto us. Doctoral programs further train students as counselors within this knowledge base and skillset, as well as in the skills of supervision, research, and teaching future counselors.

With all of this in-depth training, there is still a significant component that would seem to be missing when engaging with the role as an academician that values care work with students (Brzyck, 2016; Drmellivora, 2013; Green, 2015; Pryal, 2015; Savini, 2016; Schumacher, 2014; Schuman, 2014). What I was not prepared for as a new instructor was the frequency with which students often disclosed very personal and often traumatic stories and experiences. I was faced, suddenly, with boundaries that seemed blurred. I was a trained counselor, with all the skills and knowledge that comes with that, but this was not my role with my students. I struggled with moderating my almost innate desire to delve deeper, to explore, and to support, with recognizing that my role with these students was rooted in an academic relationship. I was their teacher, not their counselor (Drmellivora, 2013), but I was unsure where to draw that boundary and early on I often had to seek out consultation and supervision regarding this.
I also felt unprepared with how to present myself to students. As a counselor, I was trained to be more personally guarded and to maintain strong boundaries. Students needed something different from me, though. I needed to be personable and to let them know me in a very different way. Over the years, I have learned to let down the guard I trained so hard to maintain, to self-disclose a little more (still only when appropriate), and to be more lighthearted and less serious. They were not my clients after all, they were my students, and they needed a different part of me. In many ways, I almost felt as though I was undoing some of the counselor training that I had in order to be a counselor educator. Counselor education doctoral programs would benefit from exploring this with students and train future educators more intentionally in the different levels of boundaries that should be created with students. Furthermore, numerous students have shared with me that they feel more comfortable approaching me with emotional stories, distress, and concerns related to mental illness specifically because they know I am a trained counselor; which future educators should also be prepared for.

Given the breadth of knowledge that counselor education doctoral students are trained in relation to student development, pedagogy training, and mental health and wellness training, it could be worthwhile to also incorporate training related to providing care work to students. Helping future educators who are trained as counselors explore differences between the counseling relationship and the student-instructor relationship (related to boundaries, self-disclosure, and the types of care work), in addition to increasing their knowledge of student development needs and how to handle a crisis or a student experiencing emotional distress would incorporate the gaining of a new skill set that counselors might not necessarily have. Further explorations of ethical differences
between the two relationships (for instance, when you are hired as an educator by the institution and not as a counselor, you are not exempt from Title IX reporting), would prepare counselor education students to recognize the differences and respond accordingly. Finally, similar to how master’s level counseling programs instill ethics, values, and professionalization of the counseling profession (CACREP, 2016), doctoral level counseling education students would also benefit from the same ethics, values, and professionalization knowledge as educators in higher education.

Finally, Counselor Education programs could be proactive in assisting institutions in creating policies, resources, and training changes that have been outlined. As a profession and as a department, we are uniquely situated with both knowledge and skills to implement training programs, provide resources to instructors, and advocate for increased funding for mental health resources.

Areas for Future Research

Given that findings in this study have highlighted an area of instructors’ experiences with students that has not yet been fully explored, further research will be critical in order to more fully understand experiences and to eventually provide necessary tools for instructors to continue this much needed care-work in institutions of higher education. This was an exploratory study with six participants. Further qualitative research would be beneficial to more fully understand the experiences from a broader range of instructors. Because all of my participants identified as white, a study incorporating more racial diversity or that focuses more specifically on the experiences of instructors of color is critical.
My participants were also all instructors at a university where research is heavily weighted in the tenure and promotion process. Exploring experiences of instructors who are working at institutions where students rating of teacher effectiveness carry the most weight in the promotion and tenure process, might also yield more diverse results. Due to the sample size in this study, I purposefully chose to focus exclusively on instructors in Arts and Humanities and therefore interviews with instructors in STEM (Science, Technology, Engineering, and Mathematics) fields should be included in future research.

I recruited participants who self-identified as instructors that students reach out to for emotional support. Experiences of instructors who feel less comfortable doing this work or who purposefully erect boundaries between academic and emotional realms could greatly contribute to a more in-depth understanding of emotional comfortability of instructors and exploring ways to even the distribution of instructors who do care work within departments. Related to this point, an exploration of educators who are trained as helping professionals (i.e.: counselors, psychologist, or social workers) could yield interesting results related to how they manage boundaries with students, their clinical training versus their teaching training, and their experiences managing these dual personas.

Qualitative and quantitative studies that explore the experience of students would be helpful in understanding the experience of being on the receiving end of care work, factors that lead them to see out emotional support, reasons they seek out specific instructors would also yield valuable insight.

Future quantitative studies would be beneficial in order to amass a larger amount of data that could yield vital information related to needs assessments (the existing
barriers, what instructors believe would be useful and what is currently working, and the availability and efficacy of current training), as well as a quantitative study that identifies personal characteristics of instructors who are engaged in care work by using cluster analysis. This could also be useful in exploring potential differences/similarities between new instructors (those who have been teaching less than 5 years) and seasoned instructors and potential differences/similarities between adjunct, clinical, and tenured faculty, particularly as it relates to stability and consistency in their engagements with students.

Finally, research that moves this knowledge from exploratory to practical is critical. The instructors I interviewed care so deeply for students and with immense levels of compassion and empathy. It is imperative to find ways to continue to bolster the critical care work that they do in a way that includes both tangible strategies and trainings for working with students’ emotional needs. This would provide them emotional support they might require and create a structure in higher education that values this work.

**Conclusion**

The aim of this study was to provide an intimate and in-depth look into experiences of instructors in addressing mental health and emotional needs of their students. It brings together two very different theories – Chickering and Reisser’s (1993) theory of student development in order to understand the needs of students and Gilligan (1982) and Noddings’ (2013) research on ethics of care work in order to situate instructors emotional work with students as a legitimate and much-needed aspect of work that instructors are doing. Findings from this study yielded implications for institutions, departments, educator training programs, and counselor education and supervision
programs. Additional research to expand the scope of experiences and to begin identifying ways in which to support the educators doing this critical work is imperative.

**Epilogue**

Because I began with my own personal story, I felt that it was important to also lend my voice to the end. In my own work as an educator, I continue to make myself available to students. I am very intentional about this. I encourage them to come and chat with me – about life, their education, their career goals. Sometimes they come for the latter two, but more often than not they come because they just need to talk to an adult who cares. They are pretty honest about this too – I have been told more than once that they needed another adult’s perspective (besides their parent’s) or just a safe person because they were feeling isolated. I have had students disclose reportable abuse despite knowing that I am a mandated reporter - and sometimes because I am a mandated reporter.

I still hold my experiences with my previous students close to my heart and this propels me forward. In class the other day I shared the story of Matthew/Juliette (it was relevant to the topic we were discussing), and after class a new student came up and shared with me that it meant so much to her that I shared that story because her father died by suicide when she was 10 years old and her brother is diagnosed with schizoaffective and substance use disorders. As tears welled in her eyes, I offered her a hug and let her know that I am here to support her and invited her to come and talk with me more. This experience highlighted for me both the need for this research, but also how I have progressed with blending my clinical counseling training with my teaching experience.
As I have continued through this research study I have had the opportunity to speak casually with more instructors about my work. I have spoken with biologist, political scientists, historians, mathematicians, and counselor educators (to name a few). Often, I know they are just being kind by asking about my dissertation research, but inevitably they almost always respond by offering up their own stories and experiences. Some share their uncomfortability with the emotional encounters with students, but most lament the increasing need of their students for emotional support, not feeling as if they have the skills needed to provide them with the support, and/or their struggles in hearing and holding all of the stories.

It is my hope that in sharing this, I might encourage future researchers to continue this research. I also want to let all the educators out there who engage with students wholeheartedly and with such compassion that the work you do is so vitally important. I hope you never stop caring.
References


Kissling, M. T. (2014). Now and then, in and out of the classroom: Teachers learning to teach through the experiences of their living curricula. *Teaching and Teacher Education, 44*, 81-91. doi: http://dx.doi.org/10.1016/j.tate.2014.08.003.


Appendix A: Recruitment Email

Hello,
My name is Pia Sybilly Smal and I am a fifth-year candidate in the Counselor Education and Supervision (CES) doctoral program at The Pennsylvania State University. I am currently conducting my dissertation research about experiences of instructors in addressing the emotional needs of their students. This study will consist of two individual interviews with each lasting 60-90 minutes.

Because there is a gap in the literature related to this topic, my goal in completing this study is to increase understanding and identify needs that might assist instructors in better supporting the emotional needs of students.

I am seeking participants who are instructors in the College of Liberal Arts (for instance, Theater, English, Women’s Studies) who have experiences with students coming to them with mental health and emotional well-being issues. Ideally, instructors will have been teaching for at least 1 year.

This study has been approved by The Pennsylvania State University’s Human Subject Institutional Review Board.

If eligible and willing, please contact me at pss165@psu.edu. Or, if you know any other instructors who fit my sample criteria, I would sincerely appreciate if you sent this e-mail to them as well.

Thank you,
Pia Sybilly Smal, M.S.
Appendix B: Demographic Questionnaire

1. What is your race/ethnicity?
   a. White
   b. Black or African American
   c. Native American or American Indian
   d. Asian / Pacific Islander
   e. Prefer to self-describe ______________________
   f. Prefer not to answer

2. Are you of Hispanic, Latinx, or Spanish origin?
   a. Yes
   b. No
   c. Prefer not to answer

3. What is your current gender identity?
   a. Female
   b. Male
   c. Genderqueer / Gender non-conforming
   d. Trans male / Trans man
   e. Trans female / Trans woman
   f. Prefer to self-describe ______________________
   g. Prefer not to answer

4. What is your sexual orientation?
   a. Straight/Heterosexual
   b. Gay or Lesbian
   c. Bisexual
   d. Prefer to self-describe ______________________
   e. Prefer not to answer

5. How long have you been teaching at the undergraduate level?
   ________________ (years)

6. What is your current status as a faculty member?
   a. Tenure Track Instructor
   b. Clinical Instructor
   c. Fixed Term Instructor (Full Time)
   d. Fixed Term Instructor (Part Time)
   e. Graduate Student Instructor

7. Which college(s) do you currently work in?
   ______________________

8. Which department(s) do you currently work in?
   ______________________

9. How often do students who are struggling emotionally, or in crisis, seek you out for guidance or support?
   ________________/times per semester
Appendix C: Informed Consent

Consent for Exempt Research

The Pennsylvania State University

Title of Project: A Narrative Inquiry of Instructors’ Emotional Receptivity in Addressing Students Needs in Higher Education

Principal Investigator: Pia Sybilly Smal, M.S.

Telephone Number: 954-803-2796

Advisor: JoLynn Carney, Ph.D.
Advisor Telephone Number: (814) 863-2404

You are being invited to volunteer to participate in a research study. This summary explains information about this research.

1. **Why is this research study being done?**
   We are asking you to be in this research because you have been identified or self-identified as an instructor who has experiences with students coming to them with mental health and emotional well-being issues.

   This research is being done to explore instructors’ experiences in addressing the emotional needs of their students. Because there is a gap in the literature related to this topic, my goal in completing this study is to increase understanding and identify needs that might assist instructors in the future.

   Approximately 6 people will take part in this research study at the Pennsylvania State University.

2. **What will happen in this research study?**
   You will be asked to participate in a 3-part individual interview that will be audio-recorded. Each interview will take approximately 30-60 minutes. You may choose not to answer certain questions.

3. **How will your privacy and confidentiality be protected if you decide to take part in this research study?**
   Efforts will be made to limit the use and sharing of your personal research information to people who have a need to review this information.
   - A list that matches your name with your code number will be kept in a password protected file.
   - Your research records will be labeled with your code number and pseudonym and will be kept in Box, a password protected cloud storage system approved by Penn State.
In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

If you have questions or concerns, you should contact Pia Sybilly Smal at 954-803-2796. If you have questions regarding your rights as a research subject or concerns regarding your privacy, you may contact the Office for Research Protections at 814-865-1775.

Your participation is voluntary and you may decide to stop at any time. You do not have to answer any questions that you do not want to answer.

Tell the researcher your decision regarding whether or not to participate in the research.
## Appendix D: Interview Guide

### Table 1
**Interview One (Focused Life History and Details of the Experience): Schedule and Rationale**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>What led you to become an educator?</td>
<td>To gather background information about the participant’s training as an educator.</td>
</tr>
<tr>
<td>What kind of training did you receive as you prepared to become an educator?</td>
<td>To gather background information about the participant’s training as an educator.</td>
</tr>
<tr>
<td>1. Did you receive any training in addressing the emotional needs of students? If so, please explain.</td>
<td></td>
</tr>
<tr>
<td>2. Did you receive any training in the resources that are available on your campus for students?</td>
<td></td>
</tr>
<tr>
<td>3. To the best of your knowledge, what resources are available here?</td>
<td></td>
</tr>
<tr>
<td>What is your orientation/training in order to help students’ emotional needs?</td>
<td>To gather background information.</td>
</tr>
<tr>
<td>What are your perceptions of mental health needs in the classroom?</td>
<td>To gather information about participants potential exposure to mental health stigma and insight of perceived need in the classroom</td>
</tr>
<tr>
<td>Can you tell about your undergraduate college experience?</td>
<td>To gather background information about the participants’ academic experiences.</td>
</tr>
<tr>
<td>1. Follow-up: What were your relationships like with your instructors?</td>
<td></td>
</tr>
<tr>
<td>2. Follow-up: Did you have a role model whom you sought out?</td>
<td></td>
</tr>
<tr>
<td>3. Follow-up: Who did you rely on for emotional support?</td>
<td></td>
</tr>
<tr>
<td>Can you tell me about a time when someone shared their emotions with you?</td>
<td>To gather background information about the participant’s comfortability with emotions.</td>
</tr>
<tr>
<td>1. Follow-up: How do you feel when others display emotional reactions?</td>
<td></td>
</tr>
<tr>
<td>Can you tell me about a time when you shared your emotions with someone else?</td>
<td>To gather background information about the participant’s comfortability with emotions.</td>
</tr>
<tr>
<td>How do you feel about conveying or showing your emotions to others?</td>
<td>To gather background information about the participant’s comfortability with emotions.</td>
</tr>
<tr>
<td>Can you tell me about students who have come to you with an emotional story? Please include as much detail as possible and include anything that you feel is relevant, while maintaining the students’ confidentiality. Follow-up: what was the experience like for you listening to the student in this situation?</td>
<td>This question speaks directly to research question 1: What experiences do instructors have in addressing the emotional needs of their students?</td>
</tr>
<tr>
<td>What stood out for you in the encounter with the student?</td>
<td>This question speaks directly to research question 2: How do instructors describe their competency in addressing emotional distress that comes up with their students?</td>
</tr>
<tr>
<td>Question</td>
<td>Research Questions</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>What, if any, emotions did you feel while providing this support?</td>
<td>3: How do instructors describe their competency in addressing emotional distress that comes up with their students?</td>
</tr>
<tr>
<td>Follow-up: How did you manage or deal with these emotions handled?</td>
<td></td>
</tr>
<tr>
<td>Can you tell me a story about a time that a student shared an emotionally distressing story with you? Please include as much detail as possible and include anything that you feel is relevant, while maintaining the students’ confidentiality.</td>
<td>1: What experiences do instructors have in addressing the emotional health needs of their students?</td>
</tr>
<tr>
<td>Was anything in that encounter with the student challenging for you? If so, please describe.</td>
<td>2: How do instructors describe their competency in addressing emotional distress that comes up with their students?</td>
</tr>
<tr>
<td>How did you feel listening to the students’ story?</td>
<td>3: How do instructors describe their competency in addressing emotional distress that comes up with their students?</td>
</tr>
<tr>
<td>What, if any, emotions did you feel while listening to their story?</td>
<td></td>
</tr>
<tr>
<td>Follow-up: How did you manage or deal with these emotions handled?</td>
<td></td>
</tr>
<tr>
<td>Can you tell me about a time that you felt unsure about how to handle a students’ emotions or distressing story?</td>
<td>3: How do instructors describe their competency in addressing emotional distress that comes up with their students?</td>
</tr>
<tr>
<td>Follow-up: Did you refer the student?</td>
<td></td>
</tr>
<tr>
<td>a. If yes, what was that experience like?</td>
<td></td>
</tr>
<tr>
<td>b. If yes, where was the student referred?</td>
<td></td>
</tr>
<tr>
<td>c. If no, can you tell me more about your decision to not refer the student?</td>
<td></td>
</tr>
<tr>
<td>d. If no, were there any barriers that prevented you from referring the student?</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2
**Interview Three (Reflection on the Meaning): Schedule and Rationale**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the telling of these stories, did anything stand out to you?</td>
<td>This question is designed to allow participants to bring what they have shared in the previous two interviews into focus.</td>
</tr>
<tr>
<td>What have you learned about yourself through these unique, non-academic interactions with students?</td>
<td>This question is designed to allow participants to bring what they have shared in the previous two interviews into focus.</td>
</tr>
<tr>
<td>How were you emotionally impacted by listening to the students’ story/stories?</td>
<td>This question is designed to allow participants to bring what they have shared in the previous two interviews into focus.</td>
</tr>
<tr>
<td>1. Follow-up: What do you do with this impact/how do you hold it?</td>
<td></td>
</tr>
<tr>
<td>What do you attribute to students seeking you out for emotional support or to share their stories?</td>
<td>This question is designed to allow participants to bring what they have shared in the previous two interviews into focus.</td>
</tr>
<tr>
<td>Is there any training or education that you wish you could have had in your preparation to become an educator?</td>
<td>This question aims to gather information that may contribute to data that will shape potential future research about pedagogy and conflict.</td>
</tr>
<tr>
<td>1. Follow-up: If so, what might have been beneficial?</td>
<td></td>
</tr>
<tr>
<td>Additional questions will be asked following a preliminary analysis of the first two interviews and will vary by participant and what came up in the interviews.</td>
<td></td>
</tr>
<tr>
<td>All participants will be asked to read the same scenario and will be asked the same questions regarding how they might respond if they were in that scenario.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Scenario

Jane is a 20-year-old undergraduate student at your university and she is currently enrolled in a class that you are teaching. She has done well in your class (turning in assignments on time, has good attendance and participation, and is earning good grades on assignments). Towards the end of the semester, you notice that she has been missing classes more frequently and when she is in class she appears distracted and quiet. She comes to your office hours and discloses that she has been the primary care taker for her father, who also lives locally and who is an active alcoholic. Her mother died 10 years ago and she has no siblings or other family members in town. His drinking has escalated to the point that she is fearful for his life and he refuses to seek treatment. She is aware that it is impacting her academically, however, she is at a loss for how to remedy this. She looks to you for academic support.

Questions:
1. What are your initial thoughts regarding this student and her situation?
2. What academic supports might you offer this student?
3. What, if any, impact would hearing this story have on you?
Appendix F: Participant Guide

Below is a brief guide to who the participants are.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Personal History</th>
<th>Years Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alyssa</td>
<td>Practiced domestic violence law before becoming an educator</td>
<td>Teaching for 15 years</td>
</tr>
<tr>
<td>James</td>
<td>Grew up in a poor rural catholic community; attended seminarian school</td>
<td>Teaching for 34 years</td>
</tr>
<tr>
<td>Mark</td>
<td>Professional singer prior to becoming a voice instructor</td>
<td>Teaching for 13 years</td>
</tr>
<tr>
<td>Meredith</td>
<td>Professional actor prior to becoming an educator</td>
<td>Teaching for 16 years</td>
</tr>
<tr>
<td>Natalie</td>
<td>Family history of depression; began teaching at 23</td>
<td>Teaching for 10 years</td>
</tr>
<tr>
<td>Nicole</td>
<td>From a small town in the Midwest; becoming pregnant in undergrad propelled her towards a career in academia.</td>
<td>Teaching for 13 years</td>
</tr>
</tbody>
</table>
Appendix G: IRB Approval

EXEMPTION DETERMINATION

Date: June 26, 2017
From: Tracie Kahler, IRB Analyst
To: Pia Smal

<table>
<thead>
<tr>
<th>Type of Submission:</th>
<th>Initial Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Study:</td>
<td>A Narrative Inquiry of Instructors' Emotional Receptivity in Addressing Students Needs in Higher Education</td>
</tr>
<tr>
<td>Principal Investigator:</td>
<td>Pia Smal</td>
</tr>
<tr>
<td>Study ID:</td>
<td>STUDY00007554</td>
</tr>
<tr>
<td>Submission ID:</td>
<td>STUDY00007554</td>
</tr>
<tr>
<td>Funding:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Documents Approved:</td>
<td>• Demographic Questionnaire.docx (5/31/2017 v.1), Category: Data Collection Instrument • Interview Guide.docx (5/31/2017 v.1), Category: Data Collection Instrument • IRB Protocol (6/18/2017 v.2), Category: IRB Protocol • Scenario (6/18/2017 v.1), Category: Data Collection Instrument</td>
</tr>
</tbody>
</table>

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are not required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within CATS IRB (http://irb.psu.edu).

This correspondence should be maintained with your records.
CURRICULUM VITAE: PIA SYBILLY SMAL

EDUCATION
Ph.D. Counselor Education & Supervision, Pennsylvania State University Dec. 2018
M.S. Clinical Mental Health Counseling, Nova Southeastern University Jan. 2011
B.A. English Literature & Women’s Studies, University of Rochester May 1995

CLINICAL EXPERIENCE
Primary Therapist: Pyramid Healthcare 2015-2016
Shelter Counselor: Centre County Women’s Resource Center 2012-2013
Primary Therapist: Fort Lauderdale Hospital 2010-2011

TEACHING EXPERIENCE
Instructor: The Pennsylvania State University 2013-Present
Co-Instructor: The Pennsylvania State University 2012-2013

REFEREED PUBLICATIONS

PROFESSIONAL PRESENTATIONS
Blum, J.B., & Smal, P. (2012). When one transitions, we all transition: How wellness-based therapy can help partners adapt. Presented at the annual Southern Comfort conference, Atlanta, GA
Glavin, K., & Smal, P. (2010). Digital narratives: Integrating technology and storytelling to explore client’s career narratives. Presented at the annual meeting of the National Career Development Association, San Francisco, CA