

LESSONS LEARNED: A CRISIS RESPONDER'S JOURNEY SUPPORTING FRIENDS
IN CRISIS

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by
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ABSTRACT

LESSONS LEARNED: A CRISIS RESPONDER'S JOURNEY SUPPORTING FRIENDS
IN CRISIS
(August 2011)

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Crisis is an educational leadership concern as evidenced by crises that have impacted schools like 9-11, the rampage shootings at Columbine High School, and Hurricane Katrina. Educational leaders experience crisis on both personal and professional levels. This dissertation is my Scholarly Personal Narrative (SPN) about my journey as an educational leader in crisis response who supported friends in crisis. This dissertation is framed by literature related to chaos theory and crisis response.

Crisis responders have friends and some of those friends will at some time experience a crisis. Yet, there is limited scholarly literature about crisis responders supporting friends in crisis. This project addresses that gap in the literature by introducing the topic of crisis responders supporting friends in crisis and presenting the narrative of my journey as a crisis responder supporting three intimate friends in crisis.

This research project uses the qualitative, postmodern methodology of Scholarly Personal Narrative (SPN) as described in *Liberating scholarly writing: The power of personal narrative* (Nash, 2004) and *Me-search and re-search: A guide for writing scholarly personal narrative manuscripts* (Nash & Bradley, 2011). SPN connects my personal narrative with the scholarly literature by flowing back and forth between the particulars of

my journey to the universalizable lessons learned for my audience of educational leaders, crisis responders, counselors, and crisis response educators. My narrative was written from embodied memories of supporting my friends through specific crises. I then tied the narrative to the scholarly literature and gathered both personal and professional lessons learned.

The lessons learned are unpacked in Chapter 5. I first discuss my personal insights that demonstrate the importance of stress management, self care, and the role of faith. The term “identity triage” is introduced as a description of the skill I used to prioritize my multiple identities. The concept of “crisis responder operations mode” is also introduced to describe a crisis responder’s mentality when on-duty. I then discuss the professional lessons learned. I developed two crisis response quick reference guides: T.U.R.R.E.T for educational leaders to use as a guide for developing crisis response plans, and T.R.U.S.T., a guide for educational leaders that list desirable characteristics for crisis response team members. Limitations of the study are also discussed followed by suggestions for future research.

Key Words: Educational Leadership, Crisis Response, Crisis Responders, Scholarly Personal Narrative, SPN, Friends, Chaos Theory.

DEDICATION

Jim, Joseph, Jon-Isaac, Jama

Jane, Wanda, Leesa, Laurie

You are the very breath I take. I love you dearly.

Norma Jeanne Swanson, Ossie Setzer, Claudia Kincaid

Thank you for teaching me the value of education.

Gordon “Fatt” Swanson

Thank you for always telling me “*I can’t* never done nothing!”

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Table of Contents

Chapter 1: Introduction	1
Mrs. Smith	1
My Project	2
Crisis is an Educational Leadership Issue	6
Project Goals and Research Questions	7
Scholarly Personal Narrative (SPN) and Chaos Theory	8
Crisis Response with Friends is Different	11
Crisis Response with a Stranger is Challenging	12
Principal Wayne Warner	13
Crisis Response with People I Care about is More Challenging	15
Kirby.....	16
Crisis Response with People I Love is Most Challenging	17
Suze.....	18
Crisis Response with Friends is Rewarding and Significant	22
Overview of Chapters 2-5	25
Conclusion	26
Chapter 2: Literature Review	28
The Beach House	29
Setting the Stage	31
Chaos Theory	31
Crisis Response History	34
Definition of Crisis Response	36
Crisis Response Goals	38
Context of Crisis Response is Important	40
Crisis Response is not Psychotherapy	43
Reluctance to Turn to Mental Health Providers for Crisis Support	46
Friendship and Crisis Response	47
Friendship Described	48
Friendship is a Verb	49
Friendship Quality	50
Friendships are Unique for Women	51
Shared History Matters	53
Dual Relationships	53
Discussion	56
Chapter 3: Methodology	58
An Appalachian Influence	58
Why Personal Narrative?	59
SPN in Context of Qualitative Research and Autoethnography	62

Qualitative research	62
Autoethnography.....	63
Scholarly Personal Narrative (SPN).....	63
Participant Selection.....	67
Universalizability versus Replicability	68
Perspectives versus Data Collection Procedures	69
Vigor versus Rigor	70
Trustworthiness.....	71
Plausibility, Honesty, and Coherence versus Reliability	73
Personal and Professional Benefits.....	74
Ethical Considerations	75
Writing My Story	79
Pre-search.	79
Re-search.	80
Me-search.	81
We-search.....	85
Chapter 4: My Story of My Journey with Friends in Crisis.....	88
A Story within a Story	88
Suze and Jonah: The Beginning of the Journey	91
The Importance of Themes.....	97
Kirby.....	104
Lora and Bob.	107
Suze and Jonah, Continued.....	111
The Relapse	113
Holding on to Hope	118
Imminent Death.....	121
The Death.....	129
The Funeral	141
The Epilogue	146
Chapter 5: Lessons Learned	149
Lessons Learned About Myself.....	150
Writing my narrative was healing	150
My mother identity.	151
Identity triage.	153
Crisis responder operations mode.....	156
Stress management and self-care.....	157
Lessons Learned for the Scholarly Community.....	160
Embracing crisis response leadership.....	160
Leaders need support in crisis.....	161
My narrative opens doors.....	162
Crisis Response Quick Reference Guides for Educational Leaders.....	162
T.U.R.R.E.T.....	164

Trauma assessment.....	164
Understand crisis response principles.....	164
Respond strategically.....	165
Record the response.....	165
Evaluate the effectiveness.....	166
Train your team	166
T.R.U.S.T.....	167
Training.....	167
Reflection.....	167
Urgency.....	168
Sensitivity to others.....	168
Tender loving care of self.	169
Limitations of My Story and Implications for Future Research	169
My friends have no voice.....	169
Snapshots of crisis.....	170
Crisis response to a friend by a counselor is not a dual relationship.....	171
Crisis response with friends.....	173
Crisis response with women.....	173
The crisis of cancer.	174
Faith in crisis response.....	174
Conclusion	175
List of References.....	177
VITA.....	188

Chapter 1: Introduction

My project makes a connection between the lessons I have learned from my personal journeys supporting friends in crisis and my professional opportunities as an educational leader in the field of crisis response. The professional literature and experiences inform the personal which in turn enriches and enhances the professional, thus creating a perpetual interconnectedness of simultaneous learning. This process allows me to immediately incorporate lessons learned into my crisis response work because I use my personal experiences as learning opportunities to better understand and support my professional work as a crisis responder or crisis response trainer. It also fulfills my inherent need to share with others what I have learned, best described as “a yearning for connection, a desire to contribute to others, to serve something larger than “the self” (Jordan, Walker, & Hartling, 2004, p.6). This dissertation builds on that desire and is used as a tool to connect my personal with my professional educational leadership work. Chapter 1 introduces my project, research goals and questions, and gives an overview of chapters 2-5. But first, I open with a brief personal narrative that describes this professional/personal connection in the context of educational leadership.

Mrs. Smith

I step inside the door and shake hands with Mrs. Smith (pseudonym), a veteran elementary school principal who is just weeks away from retirement. Before we go to her office she escorts me down the hall to a trophy case and shows me the picture of a female 1st grade student with a beautiful smile. The principal lovingly gazes at the picture as she softly speaks the child’s name. She glances over at me with tears in her eyes and states she still can’t believe the girl is dead. I just nod slightly. We walk to her office and I ask her to tell

me the story of that fateful day when the girl came to school, complained of breathing difficulty, collapsed, and later died.

As the story unfolds I find myself in the humbling position of supporting this compassionate leader. I discuss with Mrs. Smith the unique pressures she has been under as the principal of the school where she feels responsible for the welfare of everyone in her building. I explain the human stress response and how it may have impacted her physically. I describe the concept of crisis responder operations mode where she is on-duty as an administrator, and I suggest she finds appropriate times to go off-duty so she will not get burned out. We talk about the importance of good self-care and list some things she can do to renew herself as a leader. I am there for just over an hour before she is called away to something else. We shake hands and then hug as I depart. I walk to my car forever changed by the connection I now have with this woman. My heart feels full and I say a silent prayer of gratitude that my own journey supporting friends in crisis has provided me with important lessons learned that were useful now to support this educational leader.

My Project

As an educational leader in crisis response, I realized my personal journeys supporting friends in crisis could have a significantly positive impact on my professional work in crisis response and crisis response training. So, I made a commitment to devote my dissertation to discovering, utilizing, and sharing the lessons I had learned. For the next two years I refined my research questions, grounded them in theory, researched the literature, selected the best methodology for my project, wrote about my personal experiences, reflected on them to extrapolate the major lessons learned, and discussed considerations for future research. All of this work was accomplished as I continued to support my friends in crisis,

mother my children, work full-time in a school system, provide direct crisis response, direct education at The Academy: National Institute for Crisis Response Training, and present about crisis response at national and international conferences. As a crisis response leader in the field of education, I was in a unique environment where I could continuously learn, reflect, implement, and teach new knowledge as I acquired it. What I discovered by immersing my personal experience in scholarly reflection is described in this project.

On my journey, I was personally and professionally faced with perplexing questions and dilemmas about how, as a crisis responder, I should support intimate friends in crisis. During one 18 month period three of my closest, most intimate lifelong friends (pseudonyms used) found themselves or a family member in life threatening crisis: Bebe (44), was diagnosed with stage 3c ovarian cancer; Lora's husband Bob (45) was diagnosed with stage 3 rectal cancer; and Suze, the mother of Noah who died at age 4, learned her youngest son, Jonah (16), had Non-Hodgkin's Lymphoma. My world as I knew it shifted from its axis as everything around me changed and yet ironically stayed the same because I did not drop any of the other identities that were interwoven throughout my life.

My friends' crises deeply affected me on both personal and professional levels. I constantly found myself struggling to balance the responsibilities that my multiple identities demanded of me. At times I was torn between my personal demands, professional responsibilities, and the expectations of myself as a friend. I often found that my commitment to friendship compelled me to support these friends with all the training, experience, time, and resources I could humanly offer. My drive to maintain high standards of professionalism as an employee and as a doctoral student had to somehow be resolved with my determination to simultaneously maintain high standards of friendship. It's

important to note that those priorities had to fit around my desire to meet the needs of my family by maintaining my mother identity as a top priority. My friends understood this dilemma because motherhood was one of the strongest bonds we shared, second only to the bond of faith.

Understanding all of these intricacies and nuances, I was curious to see what insights my research might provide. As I started my preliminary literature review I was shocked at the lack of material that addressed the issue of a crisis responder supporting friends in crisis. I was confident that other crisis responders had friends, “Close relationships are the sine qua non of human existence” (Leone & Hawkins, 2006, p. 739). I was also confident that crises would inevitably happen to some of those friends. The question is not a rhetorical one of what crisis responders should do if they ever needed to support friends in crisis but a practical one of what will they do when that time comes. Most crisis responders will find themselves faced with the dilemma of addressing this issue head on at least once in their careers if not multiple times.

Unfortunately, there is little research on the topic of crisis responders supporting friends in crisis to serve as a guide; it is extremely limited, if not nonexistent. This is especially true when the crisis responder is also trained as a clinical social worker and licensed school counselor. Therefore, my project not only addresses a gap in the literature; it introduces that a gap actually exist. The more I read, the more obvious it became there was a clear need for research to explore the unique role of a crisis responder who supported intimate friends in crisis.

The counseling literature I read, in particular, raised some interesting questions because there was such limited information on crisis response with friends. I found myself

with more questions than I had answers: What professional boundaries existed in crisis response with friends? Was I professionally bound to withhold support from my friends in crisis simply because I chose clinical social work and counseling as my career? Did my friends, who were like sisters, deserve any less than my best in crisis response? Did strangers in a disaster deserve better because we had no shared history? Should everyone get the same prescribed, programmed crisis response regardless of their circumstances? Did my support of friends in crisis place me in a clinical dual relationship? Was I required to support lifelong friends only from a distance and follow only professional protocols? Or, could I, as a crisis responder, rely on my extensive training, experience, intuition, and relational history with these women and make the best decision possible for each unique situation? I was hopeful my research would provide answers to at least some of these questions.

These were dilemmas I did not take lightly. I made it a priority on a daily basis to be an ethical professional and person of faith. Moleski and Kiselica (2005) acknowledged my effort in their statement, "Counselors must constantly balance their own values and life experiences with professional codes of ethics as they make choices" (p. 3). Wheatley (2006) agreed when she stated our actions and values should be congruent. These authors' sentiments validated the inseparable interconnectedness of the personal with the professional tightly woven together throughout my composite identity. To try and separate them would be as contrived and artificial as attempting to pull one thread from a tapestry. It can not be removed without disrupting all of the other threads connected to it and forever altering the fabric.

There were no easy answers or simple resolutions to my questions. Interestingly, my journey, while somewhat unique, was not an outlier; other crisis responders would be faced

with decisions about supporting their friends in crisis. Could I learn anything from my personal experience that would be useful to me as an educational leader in crisis response? Could I learn anything that would be useful to other educational leaders or crisis responders? Those possibilities and a glaring gap in the literature reinforced the value of my project as a contribution to the scholarly body of crisis response knowledge by introducing lessons learned from supporting friends in crisis and raising additional questions for future research.

Crisis is an Educational Leadership Issue

Educational leaders are routinely faced with critical incidents, defined as unusually challenging events that have the potential to create significant human distress and overwhelm an individual's coping skills (Everly, 2006). Some of those critical incidents are considered a crisis, defined as the psychological distress in response to a critical incident where homeostasis is disrupted, the usual coping mechanisms have failed, and there is evidence of significant distress (Caplin, 1961, 1964; Everly & Lating, 2002). When crisis happens, educational leaders are responsible for providing crisis response. Crisis response is defined as support, not psychotherapy, offered to individuals experiencing a crisis with the goal to foster natural resiliency through stabilization, symptom reduction, and a return to adaptive functioning. (Caplin, 1961, 1964; Everly & Lating, 2002). Crisis can occur on a personal, school-wide, community, national, or global level.

As an educational leader in crisis response, I was personally involved with supporting or studying various school systems that experienced crises following the 9-11 terrorist attacks in New York City, the rampage shooting at Columbine High School, the hostage standoff at Platte Canyon High School, the devastation of Hurricane Katrina, the disaster of Hurricane Ike on the Grand Turk Island, and the brutal murder of Zahra Baker in Western North

Carolina. In each situation I spoke with and supported educational leaders who were responsible for the welfare of students, faculty, and staff. It was a daunting task for each of them. They were professionally required to make potentially life and death decisions regarding all the people in their care while personally experiencing the influence of stress. The leaders who had a plan before the crisis were better prepared both personally and professionally. Grossman (2008) discusses the importance of training before a crisis strikes, “Forewarned is forearmed” (p.272). Educational leaders cannot wait until there is a crisis to learn about crisis response.

The goal of educational leaders is to educate. Crisis disrupts that process on multiple levels as later discussions about the human stress response describe in detail. All crises have the potential to impair learning, so as a director of a safe schools grant I was mandated to help our district develop a four phase emergency management plan that included mental health recovery. The crisis response material I present in this dissertation falls into that category and is relevant for all educational leaders at all grade levels. The discussion about crisis response now is timely as educational leaders are prompted to be better prepared for crisis.

Project Goals and Research Questions

My personal goals for this project were to: (a) learn from my experiences supporting friends in crisis so I could consult with educational leadership regarding crisis response from a scholarly position, (b) use my experience to train others about crisis response, and (c) provide better support as a crisis responder. Based on those goals, I refined my research questions to the following: 1. What were my experiences during the journey with friends

through crisis, 2. What crisis response skills did I rely on during the journey with friends through crisis, and 3. What were the lessons learned by me about crisis response?

Scholarly Personal Narrative (SPN) and Chaos Theory

Once my research questions were solidified I then chose a relevant methodology that would help me get to the heart of the questions, because “the research questions select the methodology” (Nash & Bradley, 2011, p. 39). I selected Scholarly Personal Narrative (SPN) as developed by Nash (2004) because it allowed me to literally bring the reader into my personal and scholarly journey as I strived to “make narrative sense of personal experience” (p. 18). SPN looked at the whole instead of the pieces by giving me a tool to “connect the personal and professional, the analytical and the emotional, and, most important, to show the relevance of these connections to other selves” (Nash & Bradley, 2011, p. 57). SPN, as developed by Nash and Bradley, acknowledged that my experience of supporting friends in crisis and my extensive training in crisis response coupled with scholarly research could produce valuable lessons that might have “universalizable” or generalizable implications for others.

SPN was also an attractive methodology to me because it required that I write as a “public intellectual” defined as “a writer who is able to take a complex idea and communicate it in readable English, without compromising its integrity” (Nash, 2004, p.8). This concept is congruent with my personal and professional mission to teach individuals in crisis profoundly complex ideas in terms they can immediately understand and integrate into their current situation. It is also representative of my teaching style because I aim to teach my students of varying educational backgrounds information about crisis response in terms that are easily comprehended, relevant, and applicable. I avidly believe that crisis response

information is most helpful if it is received and utilized by the individuals in need of support. Writing as a public intellectual is a difficult skill to apply, especially with a broad target audience of educational leaders, crisis responders, and crisis response educators. Therefore, I have attempted to write this SPN project about scholarly concepts of interest to educational leaders in a language that will resonate with crisis responders and crisis response educators.

In order to build a scholarly foundation for my SPN project I grounded it in the theoretical framework of chaos theory which is a subfield of general systems theory. My sociology, social work, and school counseling education and training were thoroughly steeped in general systems theory that focused “on complex networks of patterned interactions between definable units and their specific environmental contexts” (Wedemeyer & Grotevant, 1982, p. 185). This concept can be visually represented by my previous discussion of a tapestry where individual threads are woven together to make up the whole. However, general systems theory suggests a linear cause and effect between the parts with the goal of the system to maintain equilibrium or homeostasis (Hudson, 2000). My observations and experiences in supporting friends in crisis suggest that life is more nonlinear in nature. Weinstein (2003) beautifully describes this perception, “Our quests for truths, at least in the key areas of life that matter, such as illness or even love, hate, and self-knowledge, goes in anything but a straight line” (p. 135). This concept of nonlinearity made intuitive sense to me since I often described my own thinking process and life experiences as that of a vortex with constant motion spiraling simultaneously around, up, and down. Chaos theory, as opposed to general systems theory, better captures this sense of unpredictability.

Chaos theory does not use the word chaos to mean total disarray, but explains it more as a scientific reality, “Events do not always unfold in a predictable way” (Bussolari &

Goodell, 2009, p. 99). This resonated with my own experience with crises that were filled with unpredictability, disorder, and lack of control. This line of thinking is further explained by a key concept of chaos theory known as the “butterfly effect” which states: “Very small changes could greatly alter an end result or an emergent pattern...the flapping of a butterfly’s wing in one part of the world can cause a hurricane somewhere else” (Bussolari & Goodell, 2009, p. 100). The butterfly effect suggests that even small decisions I make can have huge ramifications later in my life and in the lives of my friends and family.

No action is insignificant; “On an individual level, many of us can think of apparently minor incidents, both good and bad, that have reverberated through our lives as we thought of them over and over again” (Warren, Franklin, & Streeter, 1998, p. 363). If the butterfly effect is accurate, every decision I made on my journey supporting intimate friends in crisis mattered tremendously. Therefore, ethically, I submit those decisions need to be made with educated awareness, purpose, and intention.

Another tenet in chaos theory that suited my research project is the belief that a system in a state of disequilibrium has the most potential for growth and change. This concept, known as the “edge of chaos,” is defined by Hudson (2000) as the states in complex adaptive systems that are maximally conducive to creativity and problem solving. Wheatley (2006) explains it by stating, “Seemingly chaotic processes work with simple formulas to create astonishing complexity and capacity” (p. 131). I believe the crises in my friends’ lives pushed them, their families, and me to the edge of chaos, where we all revealed a greater capacity for resiliency than we ever imagined possible. There was an exponential growth component to every crisis which meant that every action had an even greater potential for impact.

In order to maximize this potential as a crisis responder I decided to support my friends by building on the resources they already had in place instead of competing with them (Warren et al., 1998). This was a significant awareness for me as I realized I should not be the only support my friends relied on as they journeyed through crisis. Although my initial instinct was to try and meet all their emotional needs, I relied on my crisis response training and worked instead to connect my friends to their other natural support networks. By doing so my friends had a comprehensive support system that could sustain them over time. I had to make a conscious effort to periodically take a step back and objectively assess how I could supplement rather than supplant those natural resources that were already in place before the crises.

Crisis Response with Friends is Different

My extensive crisis response experiences have taught me that the mechanics of crisis response do not vary much from person to person or discipline to discipline. Instead, I find the difficulty is in integrating crisis response skills into uniquely challenging circumstances that involve me personally and the dynamics I introduce. My crisis responder identity is never operational in isolation. Rather, as I connect with those I support in crisis, I, too, am impacted and forever changed by the encounter. Therefore, I attempt to learn from every crisis response I am involved in by capturing the personal and professional lessons learned and incorporating them in future crisis response opportunities. Not surprisingly, I have discovered the more connected I am with the individual in crisis, the greater the impact is on me. In the narratives that follow I offer some insight into the differences I have observed in providing crisis response support to a stranger, a woman I cared about, and a female friend I love.

Crisis Response with a Stranger is Challenging

More often than not my crisis responses are with strangers. For example, I am deployed, or tasked, to support a school or emergency response agency after a crisis. Although I typically have no history with those I support, afterwards we often feel connected from having shared this intense experience together.

Typically, when I respond to a school following a crisis I make that work my priority for the day, and I focus on meeting the emotional needs of the students, faculty, and staff by supporting them with crisis response interventions. Some of the crises I have responded to in schools included student and faculty deaths due to accidents or illness, student and faculty who were murdered, and student suicides. When I am called for an extended deployment as a crisis responder with schools I am given specific tasks, expectations, and boundaries. There is a beginning and an end to the response with clear parameters of when I am on duty and off duty. I take a break from my routine job and leave family responsibilities behind for the week. During a deployment I have only one responsibility; to provide quality crisis response care to those in crisis.

For instance, on my deployment to St. Bernard Parish following Katrina with the Billy Graham Rapid Response Team, I was tasked to work with one school during school hours for one week. There were literally thousands of people in need of crisis response in St. Bernard Parish, but my sole responsibility for that week between 7:30am and 5:00pm were the folks at that one school. I had permission to focus on one thing and then I could relax after hours and between shifts. Following is a narrative of what it was like for me to work as an educational leader in crisis response with a stranger at one school in St. Bernard Parish following Hurricane Katrina.

Principal Wayne Warner. He looked tired. Not just physically tired, but what I would describe as bone tired: physically, emotionally, and spiritually tired to the very core of his being. He was running on fumes but he was not about to stop now. Wayne Warner had a job to do and an entire community depended on him to do it. When I met Mr. Warner he was the principal of a newly blended pre-K to 12th grade school, St. Bernard Unified School. Hurricane Katrina had devastated his community. Literally 99% of all homes, schools, businesses, and places of worship were destroyed. He, alongside his superintendent and assistant principal, valiantly opened one school amongst the FEMA trailers, debris, mold, and chaos. “If you build it they will come” was their motto (Warner, 2007). Families returned to the neighborhood and got back to the task of doing life. The school brought children and the children brought hope and renewal to a lifeless community.

When I met Mr. Warner it was nine months after the storm. I lead a team that was deployed to work in his school for one week. He asked very little of us while we were there: take care of his students, take care of his faculty and staff, and try to understand what this experience was like for them. He showed my team a DVD he and his district made about the harrowing experience of living through the storm in the shelter at their school, *That’s What School People Do* (Warner, 2007). He gave us a tour of what was left of his community and he gave us access to his students and staff so we could provide emotional support and encouragement.

Every so often, Mr. Warner would quietly share his personal story with me. I supported him best during those rare times by just listening. I acknowledged and honored his incredible commitment to his school and community. I offered encouragement. I taught him about stress and trauma reactions and what he could possibly expect in the future with his

faculty, staff, and students. I validated the many good things he had already accomplished and offered insights into other helpful things he might want to try. And, as is typical in crisis response work, I used my team to provide a concrete service; we ran a prom shop all week where students and staff came in to pick out donated dresses, suits, and shoes.

Everyone in St. Bernard Parish had a story about Hurricane Katrina and how it had affected their lives. The greatest gift I offered Mr. Warner was to listen to his story with fresh ears. Hurricane Katrina had not personally impacted my home, family, or friends. I was not in crisis so he could talk to me about his experiences differently than he could talk to a family member, friend, or neighbor who had also lost everything.

As an educational leader, Mr. Warner took on the tremendous responsibility of supporting everyone else. All of his peers were also in crisis and he was careful not to trouble them with his own story. Since I was a stranger when we met, he could talk with me without the fear of burdening me. He talked about the students, staff, and community members who died in the storm. He talked about the Federal Emergency Management Agency (FEMA) red tape and the stressors of blending students and faculty from fifteen different schools. He talked about the unique challenge of having 10-15 principals working now in his school as classroom teachers or support staff. He talked about the difficult task of trying to balance discipline and compassion with students who were in crisis. He only briefly mentioned his personal home that was destroyed.

It is important to note that Mr. Warner talked mostly about positive things; how his friends were committed to each other, against great odds, to face this overwhelming task together. He shared his intense love and pride for his family, friends, community, students, and school. He painted a memorable word picture when he compared the work he did after

Hurricane Katrina to fighting a gorilla: “You don’t give up when you get tired, you give up when the gorilla gets tired, and Katrina was like King Kong” (Warner, 2007). Mr. Warner’s commitment and dedication to rebuild his community inspired me and I knew I would forever remember and honor this man. He became one of my heroes. Wayne Warner changed my life and the way I do crisis response. We met as strangers but parted as peers.

The week I spent supporting St. Bernard Unified School was grueling and exhausting but rewarding because I felt I had accomplished something positive. Brown and Rainer (2006) explained it well, “We must infuse our experience with a sense of purpose, believing we make a difference in the presence of crisis. Victims’ experiences will be different because we are willing to journey with them” (p. 956). I was honored to walk a short distance with Mr. Warner on his journey and I now routinely incorporate many lessons I learned from him into my crisis response. However, at the end of the week I left the disaster area of St. Bernard Parish and returned home to my support system of family and friends. The emotional toll of caring lingered, but the direct demands on my time and resources was over.

Crisis Response with People I Care about is More Challenging

My experience with Wayne Warner was emotional because I realized the oppressive responsibility he shouldered to rebuild a school community under horrific circumstances following Hurricane Katrina. But, I had some personal distance because I did not live in the disaster area. I have discovered that in other circumstances when I do know and care about the people involved it is more challenging for me to provide crisis response support and maintain self-care. The following narrative is about a woman I met as a stranger and grew to care deeply for through my journey supporting her during her battle with gastric cancer.

Kirby. I first met Kirby (42) when she attended two of the Critical Incident Stress Management (CISM) classes I taught for educators through a grant with my school system. I was drawn to her gentle spirit and engaging smile. I liked her instantly as she offered to help me with various tasks. I soon discovered Kirby was the mother of my son, Luke's close friend, Jamie. A few short months later, Luke told me that Kirby was diagnosed with gastric cancer and was given a very poor prognosis. He was so close to this family he lovingly referred to her as Momma Kirby. Luke was understandably upset. He knew that I helped people in crisis so he asked if I would please visit Kirby. I went right away and that visit started a crisis response journey with Kirby that lasted for five months before she died.

My relationship with Kirby was significantly different from Wayne Warner. Since Luke was so close to her I was very concerned as a mother about how Kirby's illness would affect him. I was also very fond of Jamie and his sisters so I was continuously assessing how they were holding up under the pressure of their mother's cancer. As I spent time with Kirby I grew to care deeply for her personally as we often laughed and prayed together. And, on rare occasions Kirby would confide in me her fear of dying and what that would mean for her children. It was natural for me to empathize with her as she grieved since her children were very close in age to my own children. During those times I would just sit and cry with her. I felt her pain more deeply than that of a stranger since I knew and loved her children.

My crisis response with Kirby was also different from support of a stranger because it was on-going. Unlike my trip to St. Bernard Parish for one week where I left behind all of my routine responsibilities, my support of Kirby had to be fit in among my regular duties. It was quite the challenge at times as Kirby got weaker and her prognosis got bleaker. There

was an emotional and physical toll on me as I worked to support Luke, Jamie, and Kirby through those dark days at the end of her life.

It is important to note that with the added challenges also came unexpected rewards. I learned so much from Kirby about the value of childlike faith and joy; she motivated me to be a better person. I also gained immense respect for her commitment to life. Kirby fought with everything she had right up until her last breath. She just refused to die and I understood why; she did not want to say goodbye to her children. I could not allow myself to even imagine her grief at not watching them grow up.

My sense of personal loss at Kirby's death was a testimony to how deeply I had grown to care for her. Kirby and I were barely acquaintances before she was in crisis but her diagnosis of cancer gave us a reason to develop a caring relationship through crisis response. Offering crisis response to Kirby was much more challenging than supporting Wayne Warner because of the emotional connection Kirby and I shared and the impact her illness and death had on my son. I was also personally affected and knew due to my own grief I could not simply continue on with my regular duties. As a result, I chose to not provide direct crisis response to the elementary school where Kirby worked. I consulted with the principal, coordinated the response, and provided follow-up care, but, I did not personally go to the school. Kirby's death was the only school response I ever excused myself from in the 10 years I provided crisis response for that district. I experienced firsthand that supporting someone I cared about through an extended crisis was exponentially more challenging and rewarding than supporting strangers short-term.

Crisis Response with People I Love is Most Challenging

By far, I have found the most challenging crisis response is with people I love. In addition to all the intricacies that crisis response with strangers entails, there are added intense

emotional responses and personal involvement dynamics that go beyond responding to people I care about. At times it can simply be overwhelming. Unlike crisis response with strangers where I have only short-term involvement, crisis response with people I love is all encompassing. I experience constant demands in the following domains: emotional, cognitive, behavioral, physical, and spiritual (Everly & Lating, 2004). In order for me to support people I love over a long period of time I have learned I need to regulate my reactions and practice positive stress management techniques.

Supporting Suze was my first real crisis response with someone I loved. Our first journey through crisis was 19 years ago but I still vividly remember the details as I struggled to support Suze when I was in crisis as well. That experience with Suze motivated me to get specialized training in crisis response because I knew I needed to know more so the next time someone I loved was in crisis I would be better prepared to support them, my family, and myself. The following narrative describes the beginning of my journey with Suze.

Suze. It was the week of July 4th, 1993. I had been out of town with my husband and sons for a large 4th of July family reunion and cookout. It was a typical hot, humid, and stifling summer day. When Ben and I returned home that afternoon with our two young sons in tow, we were all sticky, dirty, exhausted, and grumpy. Home was a welcome sight, and I so longed for a cool, tall glass of iced tea when I got out of the car. I loaded both arms full as I emptied the car and it was a real effort to balance everything just right so I could unlock the door to the house. I reached for my key and noticed a note was taped to the screen door.

Surprised and intrigued, I awkwardly reached for the note, still trying to balance my load. I finally got the note to where I could read it and I realized it was my mom's handwriting. Intuitively, I knew something was really wrong if Mom had driven 30 minutes

just to leave a note taped to my door. I dropped some of the things I carried, opened the note, and began to read:

I am so sorry to have to tell you this terrible news. Last night Pastor Sam and Suze were at a wedding rehearsal with all four of their children. The children were playing and a heavy bookshelf was bumped and fell on Noah hitting him in the head. He was taken to the hospital where he later died. Call me when you read this and I will come watch the boys so you can go to Suze. Love, Mom

I just kept staring at the note and rereading the phrase ‘where he later died’ over and over, praying I had somehow misunderstood. As the reality of the message sank in, I dropped the rest of my load, fell to my knees in the driveway with my mouth open wide in horror, and began to wail. The only thing I could do was to utter over and over “Jesus, Sweet Jesus” between my wails. My husband threw down what he was carrying and came to my side along with our boys, three-year-old Han, and 18-month-old Luke. I could not speak. I held the note out for Ben to read. I instinctively grabbed Han and Luke, hugging them tightly to my chest and rocking them back and forth as I cried. Holding their hot, sticky, and sweaty little bodies was comforting. All I could do was cry and pray while I lovingly stoked and kissed the precious faces of my boys. I could not even imagine Suze’s loss. Noah was only four years old. He was merely months older than my Han. Our little boys were the very best of friends. My mind was racing wildly out of control with questions that had no answers, Why Suze? Suze was born to be a mother. Being a mother was everything to her. Suze viewed her children as the very jewels in her crown. As I wept, hugging and kissing my boys, all I could say was “Not Suze, sweet Jesus, not Suze!”

The intensely emotional scene lasted only a few minutes before my maternal instincts kicked in and I realized I had totally terrified my boys. They were both trying to wipe my tears away. They were stroking my face as I stoked theirs, and Han kept asking me what was wrong. I sat down right where I was in the driveway and pulled them both onto my lap, continuing to hug and kiss them. I assured them that mom was OK. I explained that the note was from grandma and she had told me some really, really sad news. I explained I was crying because I was sad but that I was OK and they were OK. We were all safe. I then proceeded to gently explain to them what had happened to Noah. It broke my heart to tell Han his best friend was dead. It was especially hard because I knew that he was not able at his tender age to fully understand what I told him.

I called Mom and she came right over to watch the boys. Within an hour Ben and I were at Sam and Suze's house. I hurried in the front door searching for Suze. I quickly spotted her seated on the other side of the room. When she heard my voice she looked up and our eyes met briefly as we tearfully made our way towards each other. Her eyes were red, puffy, and almost swollen shut from hours of crying. They say the eyes are the windows to the soul. As we made eye contact I got a glimpse of a heartbroken soul, a soul who had experienced a loss so overwhelming that words would never be able to describe it, a soul in desperate need of a friend. Suze walked toward me, and I could see the physical toll Noah's death had already taken on her. She was hunched over and shuffling rather than walking. It seemed to take every bit of energy she had just to move. It was as if the grief had already aged her. We embraced in the front hallway just inside the door and even though the house was full of people, for a few brief moments it was as if we were totally alone. All I could do was hold her, cry, and say "I am so sorry. I am so, so sorry." Suze's body was racked with

silent sobs. She whispered in my ear as we embraced “I loved being the mother of four children. I felt special being the mother of four children. I love all four of my children!” I just nodded. She went on to say,

My Noah will never be in a car wreck. He will never get a speeding ticket. No little girl will ever break his heart. He will never be cut from the soccer team. He will never get in a fight with his best friend. He will never smoke. He will never drink. He will never use drugs. My Noah has been spared a great deal of life’s pains.

Wow. I was speechless. In the raw depths of her pain, Suze was searching for something positive to hang on to in order to make sense of the madness. That was the beginning of many lessons I would learn from Suze about surviving a crisis, how to support people in crisis, and how to teach other people about crisis response.

As a result of Noah’s death, I had to learn how to support a friend who had buried a child; how to take care of my own boys as they struggled to understand what had happened; and, how to take care of myself as I cared for Suze and my family. Noah’s death significantly impacted all of us. Han talked about it a lot. Once while he was buckled in his car seat as we were driving, he said out of nowhere, “Momma, I could have saved Noah. If I’d been there I could have stopped that thing from falling on him. I could have saved Noah.” I looked at my four-year-old in the rearview mirror, smiled, and said, “Honey, I know you wish you were there to save Noah and you wish you could have stopped that heavy thing from falling on him. But Han, even if you had been there you could not have helped Noah. His mom was right there and she was his mother and she could not save Noah. I’m just so glad you were a great friend to Noah while he was here on earth with us!” I didn’t know what else to say and I felt so inadequate. Even though we often talked about Noah, we

did not talk much about how he died. But, I knew Han thought about Noah often because for years he would call that awful moment when I fell to my knees in the driveway, mouth open wide in horror, as the day I hurt my mouth.

Crisis Response with Friends is Rewarding and Significant

I had a difficult time with Noah's death because I loved him, I loved Suze and Sam, and it broke my Han's heart. I also identified with Suze because our children were the same age, and I could not imagine what my life would be like if one of my boys had died. In many ways I literally tried to carry some of the pain for Suze. But there were positives that came out of the journey as well. I learned more about crisis response from Suze in the next few days, weeks, months, and years than I ever thought I would need to know in a lifetime. Living this experience with Suze motivated me to help others in crisis. She taught me so much I felt compelled to pass it on in my work with other individuals, as a crisis response instructor, and an educational leader in crisis response.

Suze taught me practical, simple things to do to help ease someone's pain after the tragic death of a child, like remembering to use Noah's name in conversation. She freely discussed how other people's behavior was either helpful or hurtful. I stood by her side while she lived through the nightmare, and I listened as she described her thoughts, emotions, struggles, and victories. Through Suze's eyes I learned invaluable lessons that were steeped in real life experience and grounded in faith. Suze inspired me to reach out to others in the midst of crisis. She gave me permission to use her experiences as context when I instructed others about crisis response so they could better understand what crisis and crisis response looked like in real life.

Suze taught me there was a significant need for, and a serious lack of, people who would simply sit with someone's raw pain and listen to their heartbreak without trying to fix it (Acosta & Prager, 2002). I learned that people in crisis needed information and education about what to possibly expect on the journey ahead (Mitchell, 2006). And, perhaps the most important thing I learned from Suze was to offer an attitude of hope and expectancy to an individual in crisis, that they would survive and could possibly even be stronger afterwards (Grossman, 2008). Suze was living proof that life does go on and someone could have a rich, full life after the unexpected, agonizing death of a child. I learned firsthand that a person would be forever changed after a crisis, but that change could be positive. Suze and I learned together that one day the world did stop spinning out of control and some sense of balance returned.

After Noah's death I felt compelled to support people in crisis, and I began to specialize in crisis response. I knew I was in desperate need of more formal training. I found a wealth of resources and literature readily available, and I took full advantage by delving into both trainings and active deployments. I volunteered to support those in crisis on a regular basis. I became an avid crisis response educator who is well versed in protocols that outline sequential steps that made up a logical, predictable flow for crisis response (Acosta & Prager, 2002; Brown & Rainer, 2006; Caplin, 1961, 1964; Dyregrov, 1997; Everly, 2006; Flannery & Every, 2000; Mitchell, 2006). I soon started taking leadership roles and helped develop the Burke County Public Schools' Assisting Students and Staff in Stressful Times (ASSIST) team protocol. I trained 10 North Carolina school districts in crisis response. I deployed as a leader with the American Red Cross, the Billy Graham Rapid Response Team, the North Carolina State Emergency Response Team, and the Burke Regional Critical

Incident Stress Management Team. I responded locally to law enforcement, first responder, emergency management, medical, and school crises. Each response touched my life personally as the stories became interwoven into the fabric of who I am as an individual and as a crisis responder. I consciously tried to make a mental note of lessons learned from each response so I could incorporate them into my next response in order to provide better care to the next person. I also made every effort to teach others what I had learned.

At the time of Noah's death, Suze and I had been close friends for seven years which was significant because "relationships are phenomena that not only emerge from the dynamic exchanges of two individuals but also do so over time and situations" (Leone & Hawkins, 2006, p. 771). Long-term friendships become intricately interwoven into the fabric of our everyday lives and as chaos theory implies, everything that happens to one friend makes an impact on everyone else. My SPN project was a way to honor the influence my friends have had on my life and my work as a crisis responder. My experiences, understandings, and insights as a professional have been influenced by our friendships.

I discovered the journey through crisis with Suze and my other friends actually intensified and strengthened our relationships. This is a concept that Gilmartin (2002) and Grossman (2008) talk about in context of law enforcement and military personnel as they face life threatening situations and develop a special bond between them. Maxwell (2004) discusses how that same kind of life-threatening intense stress affects friendships, and he calls those special relationships "foxhole friends" and describes them as follows: they are few, they provide strength before and during the battle, they see things from the same perspective, they make a difference in our lives, and they love us unconditionally (Maxwell, 2004). These five characteristics perfectly describe my friendships with the women I write

about in my narrative. We are foxhole friends who shared unique experiences that brought us closer together and reinforced our relationship. Another particularly poignant point Maxwell makes is that foxhole friends help each other cry. That may very well describe the most important thing I did as I supported my intimate friends in crisis; I helped them cry.

Overview of Chapters 2-5

I present in Chapter 2 a scholarly literature review from many different disciplines in four primary areas: crisis response, chaos theory, friendship, and the concept of clinical dual relationships. Crisis response and friendship are key elements in my SPN project that had to be reviewed in order to tie my personal narrative to the larger universal implications. I chose to review chaos theory in order to ground my project in a theoretical framework. Then, I decided to include literature about clinical dual relationships because it is a common concern that consistently comes up when I talk with mental health providers about my research project. In order for my research to be utilized by mental health professionals I knew I would first have to clear up any questions they might have regarding clinical dual relationships when a crisis responder supports friends in crisis. This was addressed in concert with crisis response literature clearly stating crisis response is not therapy, and my narrative description of how I supported friends in crisis by friending them, not counseling them.

In Chapter 3, I discuss Scholarly Personal Narrative (SPN). I describe what it is and how it is divided into four sections: pre-search, re-search, me-search, and we-search (Nash & Bradley, 2011). I discuss how narrative work has gained validity as a scholarly method of research and has been recognized as a valid methodology for dissertations. I also compare and contrast SPN with another postmodern methodology, autoethnography. While there are

many similarities between the two methodologies, there are some significant differences as well.

In Chapter 4, I use my narrative to address my first two research questions, 1. What were my experiences during the journey with friends through crisis, and 2. What crisis response skills did I rely on during the journey with friends through crisis? My story focuses primarily on my journey with Suze during the 12 month period that her son Jonah was diagnosed and treated with Non-Hodgkin's Lymphoma. I also write about two other friends who were in crisis, Lora and Bebe, as their stories intersect with Suze's. I then tie my narrative with the scholarly literature from Chapter 2 by imbedding references throughout my story in order to teach my readers about crisis response skills within the context of my narrative of supporting friends in crisis.

Chapter 5 is where I address my third research question: What were the lessons learned by me about crisis response? I discuss at length what I learned personally from my research, and the professional insights that include two crisis response quick reference guides I developed for educational leaders as a result of my study: T.U.R.R.E.T., and T.R.U.S.T. It is my goal that these quick reference guides will encourage sustainability of my findings and provide a tool to get the information into the hands of educational crisis response leaders. It is my passion to share scholarly lessons with the crisis response community because I am compelled to teach others what I have learned. Chapter 5 concludes with a number of thought provoking implications for future research in the area of crisis response.

Conclusion

My project ties my narrative about my personal journey supporting friends in crisis with the literature and can be used as a scholarly teaching tool for educational leaders about

crisis response. My narrative can also be used by crisis responders to gain a better understanding of crisis response and by crisis response educators in other disciplines. My research is also relevant to educational leaders and crisis responders because they will have friends who inevitably experience a crisis. In summary, I discovered there is a need for crisis responders to be available to their friends in crisis, crisis response training is critical; and, there is a lack of emotional support to most leaders during and after a crisis. I discuss how I learned the art of “identity triage” as I shifted my identities back and forth between priorities during a crisis response. I also discovered that my identities of mother, believer, and friend were always my top priorities. Lastly, I share how my research revealed the irrefutable need for crisis responders to practice good self-care.

Chapter 2: Literature Review

In this chapter I discuss four scholarly areas that ground my research project about supporting friends in crisis: chaos theory, crisis response, friendship, and clinical dual relationships. I focus on the areas of overlap in relation to my project goals and research questions. I summarize the theoretical framework of chaos theory, describe the history and goals of crisis response, review the phenomenon of friendship, and discuss the philosophical concept of a clinical dual relationship. Ironically, because my literature review showed only a small overlap between the four areas, a visual representation of the Venn diagram looks surprisingly like a butterfly, which often is used as a visual representation of chaos theory.

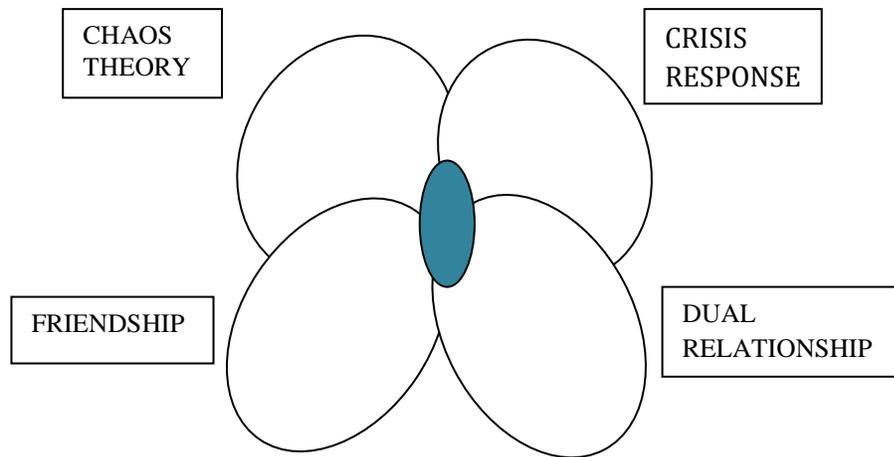


Figure 1. Literature Intersection Point

As I delved into the scholarly research and related it to my personal journey supporting friends in crisis I realized there was often tension and angst as I tried to balance the many identities I simultaneously embraced. The scholarly research helped me to better understand my personal experience which in turn illuminated the relevance of the scholarly literature to crisis response. It became a continuous learning cycle that required me to constantly shuffle between identities, and I found there was a need to triage those identities by establishing priorities. The awareness of this natural ebb and flow between the personal

and the scholarly solidified for me the power of using a Scholarly Personal Narrative (SPN) methodology for my research project. I can best illustrate this concept in the narrative that follows.

The Beach House

I was determined to finish the literature review for my dissertation. I took a few days off work and rented my favorite beach house, The Shark's Den. It was a quiet house where I could sit at the dining room table and look out over the ocean as I wrote. I decided beforehand how I would organize my materials. I gathered all of my articles, highlighters, and notebooks. I was all set to go. My doctoral student identity was motivated and ready to hunker down to read, research, and write.

However, my family did not want to be left out of the fun so at the last minute they all decided to go along with me. They promised they would let me work, and although I knew they meant it, I also knew they would expect me to continue to maintain my mother and wife identities. Their presence would make it harder for me to keep my student identity as my focus. Also, the beach house was just a few miles away from some of my dearest friends and I knew I would want to visit and catch up with them on my writing breaks; again, more identities to juggle. Not surprisingly, what I experienced on that writing trip was a constant tension and angst as I was torn between my identities.

For example, my student identity conflicted with my mother identity, my friend identity, my playful identity (I hated to be left out of anything fun), my finance identity (I paid for this house so I could work on my dissertation), my work identity (I still had to be available to field phone calls), and my Christian identity (I wanted to take time out just to appreciate God's gift of nature). I ended up feeling at the end of the trip like nothing had

been done well. I did manage to get everything organized and I took a lot of notes on the articles, but I made nowhere near the progress I had hoped to accomplish. I did spend time with family and friends, but I was not the best of company because I was distracted by all the work that still needed to be completed on my project. All in all, it was a stressful venture I would not repeat.

Ironically, however, the beach house was a great learning environment as I immersed myself in literature on chaos theory, crisis response, friendship, and clinical dual relationships. I reflected on my training as a clinical social worker and school counselor that cautioned me about not getting entangled in more than one role at a time with any one person. As I read the scholarly literature and took notes sitting at the beach house surrounded by the beautiful chaos of my family and friends, I absentmindedly looked out over the ocean and watched the waves crash on the sand. There was comfort in observing the natural contradiction of the slow rhythm of the waves rolling in and out, constantly churning the sand in sometimes unpredictable directions. I was suddenly struck at the absurdity of the concept of a clinical dual relationship in context of supporting friends in crisis. It was as natural for me to support the friends I love as it was for the waves to lap against the shore. Our friendships have never involved a professional relationship or a disparity of power. Instead, we have helped mold each other into the people we have become. Each has significantly influenced the other in obvious and subtle ways over the years.

As I sat reading at the table, I realized I had never made a decision based solely from the position of any single identity. There are always a multiplicity of identities interacting together with every decision I make. It is this interconnectedness of multiple identities that

defines me personally and professionally: mother, wife, friend, crisis responder, school counselor, clinical social worker, doctoral student, educator, trainer, and Christian.

Setting the Stage

My SPN research project is about my story as a licensed school counselor, licensed clinical social worker, crisis responder, and crisis response educational leader supporting intimate friends in crisis. When I first discussed my research about a crisis responder supporting friends in crisis with other mental health providers not trained in crisis response, the question of a clinical dual relationship invariably came up. They were concerned that I had counseled my friends. However, when I discussed it with trained crisis responders, the concern about a dual relationship was not an issue because they do not regard crisis response as therapy. Crisis responders are comfortable with the term *support* rather than the term *counseling* to describe the framework for crisis response. Because of the disparity in perception of crisis response I believed there was value in wrestling with these questions in my research project.

I fear the quality of support that crisis responders offer their friends in crisis is impeded due to their concern about the appearance of being involved in a clinical dual relationship. I hope my dissertation will provide insight and wisdom in the form of lessons learned that will encourage crisis responders to actively support friends in crisis. At the very least I hope my project will invite more crisis responders to join the philosophical debate about the ethics of supporting or not supporting friends in crisis.

Chaos Theory

My formal educational background is in traditional systems theory which “suggests that systems or social organizations are quite orderly, rational, and stable” (Warren, et al.,

1998, p. 364). Wedemeyer and Grotevant (1982) state that systems theory “ focuses on complex networks of patterned interactions between definable units and their specific environmental contexts” (p. 185). A key concept in systems theory is a tendency towards equilibrium or balance but this concept “ignores findings from chaos theory that shows many complex adaptive systems rarely establish equilibrium, and they never exactly repeat themselves” (Hudson, 2000, p. 218). I found that chaos theory better represented the dynamics of crisis because relationships are more than the sum of their parts (Bussolari & Goodell, 2009). Chaos theory and complexity theory, both systems-related theories, are “often termed nonlinear dynamics because they seek to understand systems that change in ways that are not amenable to the linear cause and effect models familiar to social scientists” (Warren, et al., 1998, p. 358). In other words, “lives unfold in sometimes unexpected and unpredictable ways” (Bussolari & Goodell, 2009, p. 98). Wheatley (2006) states, “One of the mysteries of chaos theory is that no one knows where order comes from” (p. 132). Checkland (1983) describes a nonlinear systems approach by explaining that “knowledge of the world outside ourselves is indivisible, and that convenient division of knowledge into ‘subjects’ or ‘disciplines’ is an arbitrary human act” (p. 663). Humans seemed to have a need to categorize and organize in nice, neat predictable patterns, but my experience has been that life simply does not work that way. Life, real life, is interwoven, interrelated, interconnected, and messy.

Some authors use the learning curve as an example of a nonlinear process; individuals often start slowly when first beginning to learning something new, but, as they catch on to the material, the learning curve can become quite steep very quickly (Warren, et al., 1998). An example of this is the act of communication. What one person says can be interpreted by

another person totally differently than how it was intended and in the matter of minutes a calm conversation can explode into an argument with both people confused about what just transpired. This is possible because the communication was influenced by dynamics such as history, interpretation, and mood. Communication has no linear, direct cause and effect path. Each individual filters the words and comes to an interpretation based on a myriad of inputs, assumptions, and history that are often unknown to the other individual.

Crises are often processed in a similar manner with no linear cause and effect patterns to provide predictable outcomes. Crises are filtered and given meaning from each individual's personal perspective based on nonlinear data and emotional responses. Such awareness can explain why many individuals involved in a critical incident perceive and respond to the same event very differently. For some people one event can be a catastrophic crisis whereas for others the same event can be seen more as a mere inconvenience. Checkland (1983) explains this as, "One man's crisis is another's 'business as usual'" (p. 662). There is no perfect way to predict or assume an individual's reaction to a crisis. The only safe way to determine the meaning a person attributes to an incident is to ask them and observe their behavior.

Another tenet of chaos theory states, "In the realm of chaos, where everything should fall apart, the strange attractor emerges, and we observe order, not chaos" (Wheatley, 2006, p. 117). Wheatley explores the concept that one of the powerful strange attractors that bring order from chaos is the "desire to do something meaningful, to contribute and serve" (pp. 132-133). She expands on this thought by continuing, "When we are able to reflect on our experience and develop our interpretation, we can endure even the most horrendous events" (Wheatley, 2006, pp. 132-133). Writing an SPN dissertation helped me not only endure

supporting friends in crisis, it allowed me to grow through the process and share my lessons learned with others.

A nonlinear process, like chaos theory, offers unique insights into my journey by introducing the possibility of change happening very rapidly when it does not follow a predictable pattern (Warren, et al., 1998). Just as a conversation can turn into an argument very quickly, positive things like increased awareness, and personal growth can also take place very quickly in a nonlinear fashion. Bussolari and Goodell (2009) explain that chaos theory “offers a more adequate model for articulating and understanding a positive, strength-based psychological view of people as potentially resilient and adaptive systems, even in the face of extremely challenging experience” (p. 99). I find this strength-based framework which normalizes the aftermath of crisis to be a good fit for my research project, because “those clients trying to manage environmental change and navigate life transitions and loss will be additionally aided by the use of a chaos theory framework” (Bussolari & Goodell, 2009, p. 106). Another author, Wheatley (2006), supported a strength-based framework by stating, “Even in chaotic circumstances, individuals can make congruent decisions” (p. 131). In summary, chaos theory offers a congruent framework for my research project where I can explore my journey of supporting friends in crisis from a strengths-based model. It allows me to honor my friends’ courage, fortitude, and tenacity instead of representing them through a more traditional medical model as frail or fragile.

Crisis Response History

In this section I offer a brief history of crisis response in order to lay a foundation for a better understanding of how it fits with my project of tying my personal narrative with the scholarly, and how it differs from therapy. Crisis response was initially introduced by the

military as a means to support the troops as early as World War I (Everly, 2006; Everly & Langlieb, 2003; MacDonald, 2003; McNally, Bryant, & Ehlers, 2003; Myer & Moore, 2006; Weiss & Parish, 1989). McNally, Bryant, and Ehlers (2003) explain, “Following a major battle, commanders would meet with their men to debrief them. The objective was to boost morale by having combatants share stories about what had happened during the engagement” (p. 55). MacDonald (2003) offers a more detailed explanation,

The concepts of proximity, immediacy, and expectancy are used in military psychiatry. Providers treat soldiers close to the combat zone. They convey that the reactions are normal and temporary with the expectancy of returning to duty as soon as they have recuperated. (p. 966)

The concept of crisis response is hardly new but mental health professionals did not uniformly adopt it until much more recently and, theoretically speaking, it remains a young support intervention. The beginning of contemporary crisis response was credited to Lindemann following the 1942 Coconut Grove Fire in Boston, Massachusetts (Myer & Moore, 2006; Weiss & Parish, 1989), but it was the research by Caplin (1961, 1964) that crisis responders most commonly refer to as the foundation of current crisis response. It was not until 1980 when the diagnosis of Post Traumatic Stress Disorder (PTSD) was formally introduced by the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition that the clinical world officially recognized crisis response (Association, 1980). Everly and Langlieb (2003) explain that “although the field of psychological crisis response has existed since the early 1900s, the field of disaster mental health appears to have developed far more recently, in the early 1990’s” (p. 109). Some of the organizations in the forefront of this movement are the American Red Cross, National Organization for Victims’ Assistance (NOVA),

Salvation Army, and International Critical Incident Stress Foundation (ICISF) with the promotion of CISM, Critical Incident Stress Management; (Everly & Langlieb, 2003). In 2001, the Billy Graham Rapid Response Team joined the arena with a troop of trained chaplains responding throughout the United States to crises and disasters. All of these organizations established their crisis response protocols within the last 10-20 years.

Definition of Crisis Response

In order to find a working definition, I read very lively discussions among the leaders in the field debating about what crisis is, how to respond to it, the best way to deliver services, and who should be providing those services. There was little consistency because “the answers to these and other questions are not yet known with confidence, given that the field of early response and community response is relatively new” (Gard & Ruzek, 2006, p. 1039). Devilly and Cotton (2003) added, “Further, it is our opinion that research and practice in this area of psychological debriefing (or ‘psychological first-aid’), if not in its embryonic stage, has yet to reach adolescence”(p. 149). My SPN project attempts to add to this relatively new professional body of knowledge by discussing lessons learned that could be incorporated into the still young and pliable field of crisis response.

I found that the theorists often do not agree with each other. This is evident in the vocabulary used and the various definitions offered. Devilly and Cotton (2003) are not impressed with crisis response and report that psychological debriefing is a generic term that can be equated with "emotional first-aid following trauma" (p. 144). Everly (2006) who is one of the founders of Critical Incident Stress Management (CISM) painstakingly creates clear definitions as opposed to generic terms. He defines critical incident as “unusually challenging events that have the potential to create significant human distress and can

overwhelm one's usual coping mechanisms" (p. 14), psychological crisis as "the psychological distress to a critical incident" (p. 15), and crisis response as "a short term helping process designed to mitigate the crisis response" (p. 16). Brown and Rainer (2006) define crisis as "circumstances that alarm us to the point of distress and distraction" (p. 953). That is a direct conflict to what Everly says because he defines crisis as the reaction to a tragic event, not the actual event or circumstance itself. Crisis responders have to learn to assess the reaction to the incident and strategically respond to that psychological reaction instead of developing a response to the incident. Borawski (2007) supports Everly's (2006) perspective, "The memory may limit the details an individual can remember, but trauma is not in the details, it is in the emotion still felt from the event" (p. 109). My experience as a crisis responder validates this rationale because I have learned the event is not nearly as important as the value the individual places on that event.

Hanna and Romana (2007) continue the discussion about defining crisis response. They write specifically for nurses, and describe a critical incident as "events that can disturb the sense of peace and purpose of healthcare workers...or an unusual event or unanticipated loss that negatively affects the staff as a group" (p. 40). At face value this seems to mirror Everly (2006), but there is a nuanced difference. Everly ties crisis response to the emotional reaction that develops following a critical incident, and Hanna and Romana tie crisis response to the critical incident solely as it impacts the production of healthcare workers, not how it impacts them psychologically. The reaction Everly called crisis, Hanna and Romana call a critical incident.

Crisis Response Goals

A second area I explore in the literature is the described purposes and goals of crisis response that are identified by the various authors. Everly and Langlieb (2003) draw a parallel between physical health and mental health: “as physical first aid is to surgery, psychological crisis response is to psychotherapy” (p. 110). They identify the following four goals for crisis response: “(1) stabilization of psychological functioning; (2) mitigation of psychological dysfunction/distress; (3) return of acute adaptive psychological functioning; and (4) facilitation of access to the next level of care, if necessary” (p. 110). In my experiences, I have found these goals accurately reflect the work of crisis response. It is worthy to note regarding the discussion on dual relationships that these goals clearly state crisis response interventions are not psychotherapy.

Everly and Langlieb (2003) align their goals with those of Caplan (1961, 1964): mitigation of symptoms, reduction of dysfunction, and fostering healthy coping skills. Richards (2001) states the goals of crisis response are “reducing the initial psychological impact of trauma and to prevent the development of long-term morbidity” (p. 352). Richards’ goals agree in part with Caplan’s goals but do not address fostering healthy coping skills. MacDonald (2003) agrees with the goals of the military concepts of proximity, immediacy, and expectancy (PIE) to return soldiers to combat duty and to reduce incidences of Post Traumatic Stress Disorder (PTSD). Like Hanna and Romana (2007), MacDonald (2003) is most interested in returning individuals to a productive state. This is an understandable goal for the military and health care systems that are dependent on their staff to continue to provide life-saving services.

Gard and Ruzek (2006) identify the goals of crisis response as increasing resiliency, enhancing social support, and identifying those in need of more intensive help. They agree with Everly and Langlieb (2003) about referring to mental health providers those individuals who are in need of more assistance, but their goal of enhancing social support goes beyond the identified goals of Everly and Langlieb. Gelman and Mirabito (2005) report, “The primary goal of response in crisis situations is the reduction of symptoms and the strengthening of problem-solving strategies and effective coping” (p. 482). This supports the idea that people in crisis can often help themselves if they are given the tools they need through mentoring and education. Richards (2001) identifies one positive outcome of crisis response as “significantly improved recovery rates in terms of mean symptomatology” (p. 358), meaning people who received crisis response support reported fewer negative symptoms of the human stress response.

Woolley (1990), in agreement with Gelman and Mirabito (2005), identifies the goals of crisis response as: (a) improving cognitive understanding, (b) providing situational support, and (c) establishing effective coping techniques. Myer and Moore (2006) state the “primary focus of crisis literature has been on giving aid and support” (p. 139). Both of these groups agree that providing support is important but Woolley’s goals of improving cognitive understanding and establishing effective coping skills goes well beyond providing support and aid. It is more descriptive of psychoeducation where information about the human stress response and crisis response skills is taught as part of the responder’s support to individuals in crisis. This requires a significantly different training, preparation, and service delivery on the part of the crisis responder.

Providing aid and tangible support are concrete, practical services that require knowledge of physical resources. Improving cognitive and coping skills require knowledge of the human stress response and psychological development (Gilmartin, 2002; Grossman, 2008; Siddle, 1995). My experiences have taught me that teaching individuals about the physiological impact of stress and how it alters cognitive, behavioral, and emotional responses, is one of the most helpful things I can offer as a crisis responder.

Although the goals of the different authors are similar with many overlapping concepts, there remains no one clear set of consistent goals across the field of crisis response. Dyregrov (1997) appears to have one of the most comprehensive and practical lists of goals for crisis response: “It aims to prevent unnecessary aftereffects, accelerate normal recovery, stimulate group cohesion (in work groups or natural groups), normalize reactions, stimulate emotional ventilation, and promote a cognitive ‘grip’ on the situation” (pp. 589-590). His approach encompasses the concepts of education and support while laying the framework that crisis response is different from therapy.

Context of Crisis Response is Important

Understanding group context may help explain why crisis response has so many different definitions and goals. Military and health care settings are a completely different context than a school or law enforcement agency. Context is a key element in comprehending crisis response, and is discussed in much of the literature. Everly and Lating (2002) introduce the concept of context well: “Stress, like beauty, appears to be in the eye of the beholder. One’s interpretation of the environmental event is what creates most stressors and subsequent stress responses” (p. 46). Another explanation offered is, “the meaning of an event depends on the context in which that event occurs and on the framework that the

knower uses to understand that event” (Belenky, Clinchy, Goldberger, & Tarule, 1997, p. 10). Myer and Moore (2006) further expand on the concept of context by explaining that the impact of crisis is in layers. Brown and Rainer (2006) describe the idea of layering well: “Any traumatic event generates a cascade of physiological, psychological, communal, and spiritual responses” (p. 954). Their observation supports the chaos theory premise that explains there is not a prescribed way that people respond to crisis. Rather, the response to crisis is very personal based on a combination of many factors at any given time.

This is as true for crisis responders as it is for those they support in crisis. Some crisis responses are very difficult emotionally for the responders while others are not. The difference in reactions is as varied for the responders as for the general public based upon the context of their lives at the time. The difference is that responders are trained and choose to not be intimidated by the strong emotional reactions that are elicited in crisis (Ellis, 1989). It is important to note that this training may serve as an emotional buffer for the responder but it does not totally protect them from the toll of doing crisis response work.

Woolley (1990) continues the discussion on context and explains that “what must also be considered is the significance of other events which may be occurring simultaneously and serve to compound the situation” (p. 1403). No crisis happens in isolation. Individuals live in complicated networks of families and communities that include work, school, and faith-based groups. These networks have their own set of daily stressors so crisis needs to be considered in context of the whole picture and not taken simply at face value: “Recognizing the unique nature of each stakeholder’s crisis is critical in order to identify and implement appropriate responses” (Myer & Moore, 2006, p. 141). There is no one-size-fits-all response to crisis. Gelman and Mirabito (2005) explain: “A person-in-environment perspective guides

the practitioner to seek support for the client” (pp. 481-482). This concept of context echoes system theory which views everything as interrelated and describes the nonlinear relationships embraced by chaos theory.

Understanding context is a major consideration when providing crisis response. Myer and Moore (2006) caution that “failure to recognize the uniqueness of reactions is the primary source of ineffective and potentially harmful responses” (p. 141). When there is a problem it is often because the response is based on assumptions from the responder’s perspective, instead of the individual in crisis’ perspective (Myer & Conte, 2006). As previously discussed each individual makes meaning from a crisis by building on past experiences and constructed reality. The only way to determine exactly what meaning they have attributed to a particular crisis is to ask them.

Clearly, context plays a significant role in crisis response. Iaconboni (2008) introduces context on a physiological level. He discusses the neuroscience of “mirror neurons” and explains in detail how mirror neurons are cellular transmitters that react to a context of observed behaviors. Individuals intuitively respond to behaviors they know or are familiar with. Therefore, it is most comfortable for individuals to mirror, or relate to, behaviors that are similar to their own behaviors: “The discovery of mirror neurons promised to do for neuroscience what the discovery of DNA did for biology” (p. 8). This can be important research in the future as crisis responders learn to become part of a context that individuals in crisis can relate positively to by physical mirroring as well as with words.

Other authors discuss the importance of the physical impact of stress. They advocate that the human stress response as it relates to crisis should be researched and taught so individuals can better understand the impact of stress on their total physical system (Everly &

Lating, 2002; Gilmartin, 2002; Grossman, 2008; Siddle, 1995). Individuals who are taught that stress reactions are physical are better prepared for the potential reactions to that stress, understand the importance of stress management, and can prepare ahead of time for moments of crisis.

Crisis Response is not Psychotherapy

Another area of scholarly literature that is relevant to my research project is the distinction between crisis response and psychotherapy. This section is an important contribution to the discussion of whether or not providing support to a friend in crisis by a counselor or crisis responder is a clinical dual relationship. As previously addressed, one overarching goal of crisis response is to restore an individual to the precrisis level of functioning (Acosta & Prager, 2002; Brown & Rainer, 2006; Everly, 2006; Gelman & Mirabito, 2005; Woolley, 1990). This goal represents a restorative model rather than the growth model more indicative of psychotherapy. Crisis responders want to help the individual in crisis regain a sense of balance. They focus on the here and now. Psychotherapy tends to focus a great deal on the past and the future.

First, I explored research by authors who clearly state that crisis response is not psychotherapy. Dyregrov (1997) claims, “Debriefing is not therapy...we have found that a mental health background is no guarantee for making good debriefers, and many peer-support personnel (police, fire fighters, etc.) have shown remarkably good skills” (p. 593). Mitchell (2003) agrees and states, “Crisis response, per se, is not psychotherapy...in fact, it is most often provided by paraprofessionals” (p. 186). Everly (1999) concurs and cautions that providing psychotherapy unnecessarily could be harmful:

Psychological triage with individuals in crisis is the embodiment of the notion that not all participants in crisis and disaster events require emergency mental health care. Indeed, for some, response may be construed as interference with the natural recovery mechanisms. (p. 166)

These authors clearly state that crisis response is not therapy and that the presence of a crisis does not automatically mandate the need for psychotherapy. Other authors agree and support the notion that friends and peers are appropriate crisis response providers. Hanna and Romana (2007) state there are four Cs to crisis response: “confidence, credibility, compassion, and concern” (p. 171). All of these attributes can be provided without a mental health degree. Acosta and Prager (2002) describe a similar sentiments: “There are moments when the kindest thing we can do is nothing, allowing the other person to simply be with their feelings” (p. 207). Not only is it possible for this type of silent, compassionate support to be provided by a family member or close friend, it may be preferable.

Gard and Ruzek (2006) explain that “social support is an important predictor of postdisaster outcome and should be a focus of attention throughout all phases of disaster”(p. 1033). Woolley (1990) agrees that social support is important for a positive outcome following a crisis: “This outcome is, in part, governed by the kind of interaction that occurs between the individual and significant others within the emotional environment” (p. 1403). These authors define social support as a function of the natural support system, not a function of psychotherapy. Therefore, social support in crisis response by friends would not be considered psychotherapy.

Acosta and Prager (2002), like Everly and Langlieb (2003), use a medical analogy, “verbal first aid” when referring to crisis response, which they define as “the balancing beam

that turns a frightening, isolated, confusing moment into a moment of reassurance, comfort, and clarity so that healing may begin” (p. 36). This medical analogy elicits an urgent, focused, and purposeful response to a crisis with a goal to relieve the immediate pain. This can look quite different from the paced and planned counseling interventions designed to provoke an increase in self-awareness, self-direction, and self-actualization.

Myer and Conte (2006) caution mental health providers that crisis response is uniquely different than psychotherapy: “Although skills learned for other types of assessment are useful, clinicians cannot rely on these in crises. At times the skills used in other types of assessment can actually hinder and prevent effective crisis response” (p. 966). Other researchers agreed that having a mental health degree does not guarantee good crisis response (Dyregrov, 1997). Brown and Rainer (2006) reflect that there are clearly clinical and social elements of crisis response that integrate “elements of psychology, medicine, sociology, and theology. As a social movement, it is employed as a response to the general cultural trend of greater personal isolation in an indifferent society” (p. 954). They explain there is an increased need for crisis response when natural social support systems are less readily available. Clearly, the social element of crisis response is significant and the most logical choice to make this connection with an individual in crisis is their natural social support system made up of family and friends.

One of the strongest arguments differentiating crisis response from psychotherapy is the fact that the majority of crisis response work is done by volunteers or paraprofessionals. The major players in crisis response, like American Red Cross, National Organization for Victim Assistance (NOVA), Salvation Army, Billy Graham Rapid Response Team, and, International Critical Incident Stress Foundation (ICISF), historically have relied on trained

volunteers to provide crisis response. Only a very small percentage of those volunteers are licensed mental health providers. The community mental health movement also routinely uses volunteers known as paraprofessionals or peer counselors to provide support to individuals in crisis (Everly, 2002). If the mental health community has determined that crisis response can be provided by volunteers, it makes sense that within the natural context of social support groups friends could be expected to provide crisis response support to those in their own circle of influence.

Reluctance to Turn to Mental Health Providers for Crisis Support

Another area of literature relevant to my research project is the reluctance of people in crisis to ask for support from mental health professionals. McNally, Bryant, and Ehlers (2003) explain how many New Yorkers after 9-11 did not avail themselves of psychological services: “People directly affected by the attacks—those who lost their loved ones or their jobs when the towers collapsed—were often too busy trying to put their lives back together to take time out for psychological counseling” (p. 46). Boscarino, Adams, and Figley (2005) concurred, “Our previous research had shown that the majority of adults in NYC did not seek mental health services in the community” (p. 18). Hanna and Romana (2007) agree that with “moral distress, the likelihood that the person who experiences it will initiate discussion is very low” (p. 45). So, an expectation that people in a crisis will extend energy to reach out and make the effort to connect with mental health professionals may be unrealistic. It is much more likely they will naturally turn towards their family and friends in search of crisis support or to crisis responders who come to them.

Some authors offer suggestions of the types of helpers people in crisis might seek out if they are not requesting help from mental health providers. Budd and Newton (2003)

suggest that “chaplains are considered to have less stigma than mental health providers” (p. 320). Woolley (1990) comments that “ when confronted with a crisis event, many individuals look to significant others for support and reassurance...Families are often reluctant to discuss their concerns outside the immediate group of carers” (p. 1405). And finally, Gard and Ruzek (2006) advocate for the use of psychoeducation in crisis response because it offers “little risk of the stigmatization sometimes associated with seeking mental health care” (p. 1033). My experiences have confirmed that the psychoeducation piece is important because it focuses on teaching about the human stress response to crisis and what individuals can do to care for themselves by offering tools to self-regulate and cope with the crisis. This is not therapy. Grossman (2008) refers to this teaching about the human stress response as, “Forewarned is forearmed” (p. 272). The more people understand what typical stress responses are, the better they can cope without feeling out of control. Education about the human stress response and its impact on an individual in crisis is one of the most powerful things I have to offer as a crisis responder to those in crisis.

Friendship and Crisis Response

My narrative is about my experience supporting intimate friends in crisis so in this section I explore the scholarly literature for references to friendships and crisis. I look especially at literature regarding close, intimate female friendships as opposed to the many other types of friendships. I present both friendship and crisis as universal phenomenon. The likelihood that a crisis responder will encounter a friend in crisis at some point in their career is very high. The literature is rich with discussions about friendship. It makes intuitive sense that in times of crisis we naturally turn to our close friends for support. Demir and Weitekamp (2007) reflect that “friendship is an important relationship and is cherished not

only by theorists but also by the general population... friendship is indeed important regardless of one's personality."(pp. 199, 201). Leone and Hawkins (2006) agree: "Clearly, friendships are of much importance to most individuals" (p. 743). Fehr (2004) acknowledges that theorists are indeed attuned to the importance of friendship, stating, the "interaction patterns that theorists focus on tend to be those that laypeople regard as most likely to produce intimacy" (p. 280). This type of intimacy is common in very close friendships as opposed to acquaintanceships. Even the Bible in Ecclesiastes 4:9-10 describes the value of the support of a friend, "Two are better than one, because they have a good reward for their labor. For if they fall, one will lift up his companion" (*The holy bible: New international version*, 1984). Each of these resources acknowledges the significance of friendship and the great value we tend to place on friendship in our lives.

Friendship Described

Friendship, like crisis, has many different definitions. Fehr (2004) describes some of the traits between close friends as self-disclosure, emotional expressiveness, and unconditional support. Glover and Parry (2008) define friendship as a voluntary intimate social relationship that is non-hierarchical usually between people who share similar social locations and show affection for each other. Ironically, this describes the relationship I have with the three women I write about; we share similar social locations of geography, socioeconomic, education, culture, race, and spiritual similarities. However, it is important to note that all four of us have other close friends who are very different than us in many of those descriptors. The authors continue by explaining, "Friendships have long been identified as sources of social support. To be clear, friendships are not synonymous with social support; rather, social support is often a consequence of friendship" (Glover & Parry,

2008, p. 211). The awareness that social support could come from friendships reinforces my premise that friends are often expected to support each other in crisis.

Demir and Weitekamp (2007) directly correlate quality friendships with happiness. Leone and Hawkins (2006) describe friendship as an active rather than passive process: “Close relationships are the product of a series of interactions between two individuals” (p. 770). Brewer (2005) talks about what he calls a “character friendship” that is marked by the desire for greater human good. These friendships are other-focused. Hursthouse (2007) reminds us that friendships are unique relationships because “people can be associates without being friends, because friends (*philo*), tautologically, have to like/love (*philein*) each other, and we don’t like everyone with whom we associate” (p. 329). This introduces the reality that people often have only a few intimate friends among all their acquaintances and casual friends.

Friendship is a Verb

My friendships with these women did not just happen overnight; they grew from invested time and effort. Demir and Weitekamp (2007) state: “Friendship, regardless of the duration, should be considered as an activity rather than a circumstance” (p. 204). Leone and Hawkins (2006) describe it well: “Close relationships are the product of a series of interactions between two individuals...relationships are phenomena that not only emerge from the dynamic exchanges of two individuals but also do so over time” (pp. 770-771). These interactions between two people have certain expectations, “a sense of intimacy is not based on the knowledge that this is a friendship in which I talk, for example, but rather, intimacy is derived from the knowledge that my talking is likely to elicit listening, my sadness is likely to elicit a comforting response, and so on” (Fehr, 2004, p. 280). Demir and

Weitekamp (2007) find in their research that happiness is positively correlated with the activities of companionship and self-validation. Grossman (2008) summarizes it best with the anonymous quote, “Pain shared = pain divided, joy shared = joy multiplied” (p. 302). This quote succinctly describes my vision of a friend supporting another friend in crisis and verbalizes my personal goal in providing crisis response and support to my friends in crisis. I wanted to divide their sorrow and share their joys.

Friendships, like mine, that were perceived as positive “offer emotional support and material resources that individuals are able to use directly to improve their care and reduce their stress” (Glover & Parry, 2008, p. 221). An intimacy in friendships is created beyond a casual relationship when “people experience responsive self-disclosure, when they can count on a friend for comfort and cheering up, when they can count on a friend for practical help, (and) when they feel assured that problems will be resolved” (Fehr, 2004, p. 279). Friends look to intimate friends for help to provide problem-solving ideas as they search for answers in a crisis. According to Strough, McFall, Flinn, and Schuller (2008), “When individuals solve problems, they must ultimately select a strategy to enact from the alternatives available in their larger repertoires” (p. 518). Friends help us expand that repertoire. Budd and Newton (2003) describe it as our “friend is there with an attentive ear and an understanding heart” (p. 321). Most individuals have an expectation for friends to be actively involved in our lives.

Friendship Quality

The literature does not describe all friendships as supportive or rewarding. Uno, Bert, Uchino, and Smith (2002) report “social relationships may have both stress-buffering and stress-enhancing effects on the cardiovascular system of women, depending on the quality of

the relationship” (p. 257). The perceived quality of the friendship makes a difference: “Even though one might have several friendships it is the quality of friendship but not quantity that makes a difference in the happiness of the individual” (Demir & Weitekamp, 2007, p. 199). Friendships perceived as positive “offer emotional support and material resources that individuals are able to use directly to improve their care and reduce their stress” (Glover & Parry, 2008, p. 221). The quality of the friendship is understandably important in crisis response and support. There are greater expectations from supportive, intimate friends. Those friendships are sometimes expected to buffer the friend-in-crisis from other relationships perceived as stressful.

Friendships are Unique for Women

Friendships between women can be qualitatively different than other friendships: “Women are drawn to the role of caretaker and nurturer, often putting their own needs at the bottom of the list, preceded by other people, husband, and children” (Belenky, et al., 1997, p. 77). The propensity for many women to be caretakers is reflected in their friendships as they care for each other, and I believe it also influences their expectations of friendship. Many women meet their needs for social support in a crisis by talking to friends, and “in short, women’s friendships are focused on talking, particularly about relationship issues, feelings and emotions, and other personal matters; men’s friendships are activity based, often revolving around sports” (Fehr, 2004, p. 267). The difference between traditional male and female friendships needs to be acknowledged, especially since some research studies imply that “women are more likely to be sensitive to the reactions of a female friend” (Uno, et al., 2002, p. 258). Specifically, in the context of intimate female friends there is often an expectation of emotional availability and sensitivity from each other.

Women often define friendship by the quality of their conversations: “Social conversation among women friends consists of interaction involving reciprocal and collaborative efforts, the types of which typically vary according to factors such as setting and degree of intimacy or familiarity among interlocutors (DeCapua, Berkowitz, & Boxer, 2006, p. 394). Women’s conversations often consist in large part of narratives that mirror or complement each other, “Narratives and stories evident in the data are replete with personal disclosures that bond the interlocutors” (DeCapua, et al., 2006, p. 409). These mirroring acts of friendship are often used for self-validation (Demir & Weitekamp, 2007). Close female friendships are reciprocal rather than unilateral. There is an interconnectedness between friends so much so that the sum of the relationship is greater than the parts separately.

Noteably, not all female relationships are rosey so it would be erroneous to assume all female friendships are supportive during a crisis. Uno, et al. (2002) remind us that some relationships relieve stress whereas others cause stress. Benenson and Christakos’ (2003) research suggests female friendships are not always “better” than males: “Not only are the close same-sex friendships of females shorter in duration than those of males, but additional measures indicate that they are more fragile in general” (p. 1128). This fragility is evidence in relationships as they change because “the dynamics and features of close relationships that are crucial at one point in the developmental trajectory of a relationship may not be so important at another point in a relationship” (Leone & Hawkins, 2006, p. 771). People change over time, and for friendships to survive they have to change as well.

One of the changes that can happen is for someone in the friendship to suddenly feel marginalized or stigmatized. Support from friends is even more important when that happens because, “Belonging and friendship are especially important for people who are stigmatized

or believe they might be discriminated against” (Carvallo & Pelham, 2006). This unique aspect of friendship is relevant to my research project because the cancer that all three of my intimate friends experienced had a marginalizing impact on their lives. At times, it changed the way others treated them. Since all three of my friends experienced some type of marginalizing behavior from other people, the predictability and consistency of my friendship was even more important.

Shared History Matters

The time and emotional energy invested in a friendship matters. A group of women who worked hard on a project for years and declared, “we could laugh, argue, listen, talk, play, think, and feel together with the kind of comfort that only a common history and love produces” (Belenky, et al., 1997, p. xxiv). This history created familiarity which can be a positive factor, “older adults may be better able than younger adults to navigate the interpersonal aspects of collaboration with a familiar partner” (Strough, et al., 2008, p. 519). My friendships that were built over two decades developed a shared history that created a different context than the ones I experience with more recent friends. The expectations of support and comfort from a longtime friend are often acquired from previous history and life experiences shared together.

Dual Relationships

The last area of my literature review explores the question of whether or not mental health providers, counselors, and crisis responders are involved in a dual relationship when they support friends in crisis. First, I examine the various definitions of clinical dual relationships. One group of researchers suggest that professionals enter into dual relationships when they assume two roles with one person (Pearson & Piazza, 1997). Nigro

(2003) defines dual relationship as “a counselor providing professional services to his or her accountant, friend, cousin, or clinical supervisee”(p. 191). Craig (1991) claims that “unethical counselors cultivate dual relationships--ambiguous relationships in which goals and boundaries are tailored to meet the needs of the counselor” (p. 1). Each of those definitions focuses on the professional counselor choosing to mix roles with a client for personal gain.

Using my narrative as the context for a discussion about a clinical dual relationship, it is clear the circumstance with my friends is qualitatively different than what these authors describe. Our relationships have been built around friendship from the beginning. I never was nor have any intention of ever being their counselor who diagnoses them or develops a treatment plan to promote their mental health growth. I am their friend. We were friends first. It was years later before I developed an interest in crisis response. It was Suze’s crisis with Noah’s death that prompted me to dive into this field. In many ways my friends and I learned about crisis response together because we discussed our lessons learned with each other as we encountered personal crises and I deployed as a crisis responder. Lora even decided to join me on two of my formal deployments with the Billy Graham Rapid Response Team. And, Suze recently got actively involved in crisis response. She has taken over 12 crisis response classes herself so she can use her life experiences in a positive, productive way to help others. Crisis response has become a common thread of interest we now share as friends. We function more like peers who are equals. I do not function in any way like their counselor.

Most authors describe a dual relationship as harmful but Pearson and Piazza (1989) note in their research that in reality dual relationships are common and often unavoidable as

counselors go about daily life in their communities. This is especially true in small, rural communities. Amundson (2002) agrees: “In an increasingly complex society, the issues of boundaries for clients and counselors becomes one of real significance” (p. 144). The initial concern about dual relationships between professional counselors and clients was due to the increased potential for harm for the client when involved in a dual relationship. Bleiberg and Skufca (2005) explain: “When multiple sets of boundaries exist alongside each other, one set generally trumps the others. The trumped sets sink into the background increasing the risk that one party will transgress the obscured boundaries of the other” (p. 4). Craig (1991) cautions that “no matter how thoroughly rationalized or well intended, dual relationships cloud the counselor's clinical judgment and lead to client abuse” (p. 1). Pearson and Piazza (1989) caution that adding a second relationship after a professional relationship exists creates a power imbalance that could be abused, and there is an increased risk of harm when both intimacy and power differential increases. Bleiberg and Skufca (2005) report from their research that “individuals placed into the inconsistent boundary group had significantly higher anxiety scores” (p. 11). I whole-heartedly agree theoretically with these authors. Clients who become personally involved with counselors are at a significant risk of personal abuse and there is a strong need to have ethical guidelines to prevent this type of abuse.

However, I disagree that counselors should refrain from supporting family and friends in crisis out of fear of being accused of being in a dual relationship. To not support friends could be even more harmful. As previously discussed, many experts in the field of crisis response consider crisis response to be a supportive measure, not therapeutic counseling. Some even argue that family and friends are the best choice for providing crisis response as a

support to the people they love. This appears to be especially true if the family and friends are trained in crisis response.

Another argument in the debate about dual relationships is the fact that not everyone even agrees that all dual relationships are negative. Pearson and Piazza (1989) disagree with Craig's (1991) claim that all dual relationships lead to client abuse. Bleiberg and Skufca (2005) add to the conversation by stating, "Dual relationships can be beneficial. They reduce alienation as individuals get to know each other in different roles and from different perspectives. They foster trust and a sense of community" (p. 4). Bleiberg and Skufca's (2005) research shows how people respond to various roles based on their personality styles. Their point is well taken; there can be no hard and fast rules about dual relationships and whether or not they are harmful. The motives of the professionals are key determinates as well as the context of the relationship and the capabilities of those they are supporting.

In review, the literature makes a convincing argument that crisis response is not psychotherapy; it is a supportive measure often provided by nonprofessionals. Furthermore, providing support to friends is not considered a professional service which supports the premise that crisis responders can ethically support friends in crisis. The framework of chaos theory introduces the concept that a dual relationship may actually be an artificially contrived boundary because it is impossible to purely separate one role or identity out from the whole. This is especially true in my narrative where my relationships with friends in crisis became tightly interwoven throughout all aspects of my life.

Discussion

My training as a clinical social worker taught me to never get involved in a professional dual relationship with family and friends. As a crisis responder the topic is of

interest to me because some mental health professionals not trained in crisis response question the ethics of my support role with friends. I submit the ethical question should be directed to crisis responders who knowingly do not support their friends in crisis which potentially deprives them of support when they need it the most. The research discussed in this chapter clearly supports friends actively supporting friends in crisis. The research also supports that traditional crisis response is not therapy and therefore is not considered a professional service. Therefore, my narrative is not about a clinical dual relationship with my friends. Rather, it is a personal narrative about supporting friends in crisis with scholarly universalizable lessons for other crisis responders.

Chapter 3: Methodology

In this chapter I unpack the research methodology of Scholarly Personal Narrative (SPN). I discuss the use of narrative as a viable method of qualitative research and then compare and contrast SPN with autoethnography. I describe the tenets of SPN and introduce and explore its four components as they relate to my specific research project. In true SPN fashion, I start with a narrative about narrative.

An Appalachian Influence

For generations my family has lived in the foothills of the Blue Ridge Mountains where southern Appalachian culture embraces narratives and storytelling as a common method for communicating life lessons. I listened to and memorized the engaging stories my family members shared to teach and entertain me. They held my interest for hours, “because we know that every life is a story, and every story has the potential to teach” (Nash & Bradley, 2011, p.55). I made the decision at a very young age to be a master storyteller and teach others through my spoken and written narratives. I studied life experiences like they were scenes in a play by focusing intently on every detail and storing them in my memory like a movie. I remembered facial expressions, posturing, and speech inflections so I could replicate them later as I retold the story and brought the scenes to life.

I was also an avid reader who gained extensive knowledge through written narratives. I think I read every book in our rural elementary library. One of my favorite books was *The Foxfire Book* (Wigginton, 1972), where story after story was recanted about the Appalachian culture. I learned to take pride in my southern heritage from those stories as I better understood myself. I remembered what I read because the narratives made the life lessons

memorable as I again created visual images in my mind to illustrate the stories. Years later, as a school counselor, I used *The Foxfire Book* in my guidance lessons to teach the importance of community and friendship to my elementary students. They listened closely as I read the lively stories in the Appalachian brogue. Rich classroom discussions consistently followed those lessons. I believed it was because the stories were a powerful teaching tool that made learning fun, relevant, and remarkable.

As a young person, I used stories purely for entertainment. My friends and I would hang out for hours swapping tales and laughing until we had to catch our breath as we tried to outdo each other. Later, as an educational leader teaching crisis response, I learned the value of using stories to connect with and instruct my adult students. That was much more difficult to do well. I had to choose a good story to tell at the right time to illuminate a particular teaching point with a crystal clear connection between the story and the lesson. As I got better at embedding stories in my lectures I was more successful at teaching about crisis response. Many of those embedded stories were about my journey supporting friends in crisis. After a lifetime of using narratives as entertainment, and years of working on the art of using narratives as a teaching tool, it was a natural progression for me to choose a narrative dissertation research methodology.

Why Personal Narrative?

Studying through personal narrative gave me an opportunity to make sense of my lived experiences supporting friends in crisis (Duncan, 2004; Lau, 2002; Vickers, 2007). My story allowed me to teach crisis response skills by bringing “to the surface answers to questions that would be hard to obtain through conventional research methods” (Philaretou & Allen, 2006, pp. 66-67). Just as I learned from stories and narratives as a child, writing about

my personal journey offered me a way to “show rather than tell, develop characters and scenes fully, and paint vivid sensory experiences” (Ellis, 2004, p. 254) so that others might learn from my journey. Personal narrative allowed me to explain that “the self, life, and writing are three interdependent processes that feed on one another to produce ‘I’ accounts of interpretative, experiential reality” (Philaretou & Allen, 2006). I did not create a work of fiction, but recanted real life experiences that changed my life and the lives of my friends.

However, just telling my story was not enough. This was not about me. I wanted to explore whether or not I could find lessons learned from my experiences supporting friends in crisis that others would find valuable. Thus, the scholarly applications were very important to me so I could teach others about crisis response. My goal was to identify and communicate clearly the insights that were generated by my personal narrative and supported by the scholarly literature.

Narrative ties in naturally with my project about supporting friends in crisis because one of the main tenets in crisis response is to listen to people tell their stories (Acosta & Prager, 2002; Caplin, 1961; Everly, 2002). People often instinctively talk about their experiences following a crisis. They typically repeat themselves over and over again as they try to make sense of the incident. One of the first things I teach individuals interested in crisis response is to simply listen to the story that is shared so they can learn from the individual they are supporting about how they perceive the incident. By paying close attention to the stories of the people I have supported, I have personally gained a deeper appreciation for the role of narrative in crisis response. Their stories have been some of my greatest educational tools as I learned about crisis and crisis response from each and every

one of them. The lessons I learned from one person laid a foundation that helped me establish a relationship and build credibility with the next person.

Traditional academic writing frowns on personal narrative as scholarly research and stresses objectivity by discouraging the use of 'I.' Richards and Miller (2005) object to that stance and argue in their book, *Doing academic writing in education: Connecting the personal and the professional*, that personal narrative does have a place in scholarly writing. They assert personal writing allows educators to research and teach with a unique commitment and passion to their topic. I agree because I find when I teach from a powerful personal position my students are much more likely to pay attention, remember what I have taught them, and take ownership of the new material.

It is of utmost importance to me that my personal narrative research be meaningful to my audience as well as myself, "Making research matter means transforming it from an academic exercise and putting it to task so that our inquiry has meaning" (Mears, 2009, p. 153). I am an educator at heart, and I found a great deal of meaning in using my personal experiences as the subject of my scholarly inquiry. Wheatley (2006) agreed that finding meaning is important: "Each of us seeks to discover a meaning to our life that is wholly and uniquely our own" (p. 134). One of the ways I found meaning from my journey supporting friends in crisis was to connect my personal narrative to the scholarly body of knowledge about crisis response and friendship. As Nash (2004) said, "I write with the passionate conviction that I have something unique and helpful to offer" (p. 21). My journey with my friends was unique in many ways yet it offered insights that were universalizable to the larger field of crisis response. Ellis (2004) explained that the reader wants to be engaged with the material and to learn something from the story. Therefore, I determined that Scholarly

Personal Narrative (SPN) which embraced a combination of personal narrative and scholarly literature was the best choice for my research methodology because I needed to focus on both the personal and the scholarly to comprehensively address my research questions: 1) What were my experiences during the journey with friends through crisis? 2) What crisis response skills did I rely on during the journey with friends through crisis? and, 3) What were the lessons learned by me about crisis response?

SPN in Context of Qualitative Research and Autoethnography

Qualitative research. The journey I shared with my friends in crisis was at the heart of my research project, and “the quest to learn from experiences begs for stories not numbers” (Mears, 2009, p. 16). A qualitative research methodology was appropriate to address my research questions because it not only recognized but expected participation from the researcher (Creswell, 2009; Ellis, 2004; Glesne, 2006; Marshall & Rossman, 2006; Mears, 2009; Nash, 2004). My research questions were specific to my participation as a crisis responder with my friends so I looked for a scholarly research methodology that both recognized and valued my personal involvement with the research. This was contrary to traditional quantitative scientific approaches that “still very much at play today, require researchers to minimize their selves, viewing self as a contaminant and attempting to transcend and deny it” (Wall, 2006, p. 2). My framework of chaos theory argued that expecting the researcher to minimize self was unrealistic and actually impossible. Based on the butterfly effect, just my presence and my interactions with my friends introduced dynamics that made a significant impact, potentially resulting in great life changes, either positive or negative. I believe there is simply no way to remove the impact of the researcher on the researched so I sought a methodology that embraced my involvement.

Autoethnography. One method I explored was autoethnography, a postmodern qualitative research method that studies the self of the researcher and challenged the status quo of traditional research when it was first introduced. Ellis (2004), explains that autoethnography, “overlaps art and science; it is part auto or self and part ethno or culture. It is also something different from both of them, greater than its parts” (pp. 31-32). Another author agreed with Ellis stating, autoethnography concentrates on “the study of personal and biographical documents which, intentionally or unintentionally, offer information about the structure, dynamics and function of the consciousness of the author, especially in relation to that cultural context” (Vickers, 2007, p. 224). Autoethnography studies the researcher in the context of exploring broader cultural implications as opposed to SPN that focuses exclusively on the personal insights and experiences of an individual researcher.

Autoethnography has more of a sociological than a psychological perspective (Glesne, 2006). Since I am a student of sociology, social work, and school counseling, I am drawn to the autoethnography methodology because it fits within my scholarly educational paradigm. Duncan (2004) points out that “although ethnographic and autoethnographic reports are presented in the form of personal narratives, this research tradition does more than just tell stories. It provides reports that are scholarly and justifiable interpretations based on multiple sources of evidence” (p. 5). I found this type of postmodern approach to writing where the reader strives to find personal truth and value in their narrative appealing. However, my research questions focused on my perspectives of my journey supporting friends in crisis rather than looking at cultural context from multiple sources of evidence.

Scholarly Personal Narrative (SPN). My research project is intimate and personal; it looks at my subjective experiences as I journeyed with friends through crises. However,

my story was not intended to be simply a touching tale of my experiences; it was my goal for the readers and myself to come away with a “greater self- and/or professional understanding” (Nash & Bradley, 2011, p. 7). Therefore, I searched for a research methodology that allowed me to reflect and learn from my own journey and extrapolate professional lessons learned for my dissertation audience of educational leaders, crisis responders, and crisis response educators.

I finally chose the methodology, Scholarly Personal Narrative (SPN) as described by Nash (2004) in *Liberating scholarly writing: The power of personal narrative*. SPN is “an intellectually brilliant cousin of autoethnography” (Chang in Nash & Bradley, 2011, p.ix) because it focuses intentionally on the connection between the personal narrative and the scholarly literature. SPN has become recognized as a legitimate form for dissertations (Brookfield, 2008). One scholarly publication that supported the significance of SPN writing as an academic research method was Cohen’s (2005) chapter in the *Annual review of nursing education* where she agreed with Nash (2004) that personal narrative could be scholarly and discussed how “introspection, reflection, and storytelling in scholarly writing have particular value for the storyteller or professional” (p. 328). Another academic journal that concurred with Nash and Cohen, by writing in support of SPN was *The urban review*. Two articles in one of the issues acknowledged the benefits of SPN in giving a voice to black feminist (Cozart & Price, 2005; Fries-Britt & Kelly, 2005). Marginalized, under-represented populations have gravitated to SPN writing because it gives their lived experiences a voice in academic circles (Nash, 2004). My position as a crisis responder supporting friends in crisis placed me in an under-represented scholarly population as evidenced by the lack of research

in the area. Therefore, SPN became a scholarly tool I could use to communicate in academic circles about my personal experiences supporting friends in crisis.

SPN, like autoethnography, allowed me to embrace the personal by writing my story and reflecting on it. But, SPN also allowed me to examine the scholarly research and blend the two together, using the particulars of my story to illuminate concepts that were universalizable to others. The primary goal of SPN is to “find a way to connect the personal and the professional, the analytical and the emotional, and, most important, to show the relevance of these connections to other selves” (Nash & Bradley, 2011, p. 57). This is one of the nuances that differentiate SPN from autoethnography. One autoethnographic author claims, “What SPN has done remarkably well is to integrate scholarly discourse and content (re-search) into the self narrative (me-search), which even some autoethnographers have neglected” (Chang in Nash & Bradley, 2011, p.ix). SPN works as a “rhizomatic” method that is interconnected much like the root system of a plant used as ground covering. SPN is rhizomatic in that it honors that the personal journey is nonlinear and focuses on the nonlinear networks and associations rather than a linear progression through hierarchies (Lather, 1993). This concept aptly describes my relationship with the friends I write about in my narrative. We are very rhizomatic in how our lives are emotionally connected with each other at multiple points. The relationships are complicated and dense with decades of rich life experiences so the networks I write about between me and my friends were rarely predictable. Just as one root in some ground covering plants keep leading to other roots, SPN acknowledges that sometimes this type of research, like life, is messy. Ellis (2004) acknowledges that often researchers “go to great lengths to hide the messiness of our research because we fear our project might be seen as unscientific or unscholarly” (p. 252).

My decision to ground my project in chaos theory embraced the unavoidable messiness of life by exhorting it as beautiful, real, and powerful. Through SPN I could study the nonlinear messiness of my journey as a viable subject for inquiry by directly connecting it to scholarly literature. This methodology encouraged me to celebrate the messiness of my journey by using my narrative as a powerful scholarly teaching tool.

SPN convinced me that “radical introspection and storytelling in scholarly writing have both particular (offering value for the storyteller) and universalizable (offering value for others) possibilities for professionals” (Nash, 2004, p. 3). SPN encouraged me to have “stunning self-insights” (Nash, 2004, p. 3) as I wrote from the perspective of a public intellectual who “dares to bridge the specialized discourses between academicians and the lay public” (Nash, 2004, p. 8). In short, SPN gave me a method to write a dissertation in my voice that could be used to teach crisis response to individuals in educational leadership as well as individuals in other specialized fields outside of academia. My personal experiences served as concrete examples to explain difficult concepts of crisis response. Studying my narrative gave me permission to take time to reflect on my own life experiences and find “meaning that just might, when done well, resonate with other lives; maybe even inspire them in some significant ways” (Nash, 2004, p. 22). SPN gave me the right tool for my research questions to write a narrative that could inspire others when tied to scholarly references.

It was imperative for me to tell my story because the literature review revealed there was little research available about a crisis responder supporting friends in crisis; personal narratives and “memoirs abounded outside academe but self-narratives by scholars were scarce” (Chang in Nash & Bradley, 2011, p.ix). To not tell my story would reinforce the gap

in the literature and perpetuate the silence about the proverbial “elephant in the living room.” Many crisis responders will have friends in crisis and I hoped my SPN project would offer them relevant insights that might prepare them for the journey ahead.

Autoethnography pushed the boundaries of qualitative research by encouraging the researcher to find their own voice (Johnston & Strong, 2008). SPN pushed the boundaries of autoethnography by suggesting that me-search could be respected as a scholarly type of research (Nash & Bradley, 2011). Therefore, SPN is too new to be firmly established as a research methodology in every genre so it was a risk for me to choose SPN for my dissertation. However, I believe the challenges I have faced have also presented me with significant personal and professional growth opportunities as I have had to embrace the methodology at a deeply intimate level in order to connect the personal with the scholarly at an accepted academic standard.

Participant Selection

SPN researches the personal reflections of the researcher, so I was the sole participant in this research project: “The best SPN interview is the scholar’s self-interrogation. The best analysis and prescription come out of the scholar’s efforts to make narrative sense of personal experience” (Nash, 2004, p. 18). However, for my SPN project, I chose to write about my experiences with friends and reflected on my journey with Suze, Bebe, and Lora who had experienced recent personal crises. Even though they were not active participants I discussed my research project with of them, and I had their enthusiastic permission to write my story of our journey through crises.

Role of the Researcher

Like autoethnography, in SPN the role of the researcher is the central figure: I studied myself (Creswell, 2007). This highly focused review of one is validated by Marshall and

Rossman (2006): “The self is deployed as an exemplar through which social processes and identities are constructed and contested, changed and resisted” (p. 8). I was willing to delve into my own life and study my own experiences. Nash (2004) challenged me to think of myself, “like the ancients, who have stories to tell that might help others to become wiser” (p. 42). Again, the butterfly effect from chaos theory was an integral concept. If I believed that input from me now, however small, could potentially create a greater impact in the lives of my friends later, then I was responsible for assessing and evaluating my contributions into the relationships I developed with my friends and into this SPN research project. To do otherwise could show a lack of personal awareness and professional responsibility on my part. I propose that it could actually be unethical for me not to study my story about supporting friends in crisis.

My project offered me an avenue to present my personal perspective of my experiences as valid data and to delve deeper into a subject I was very passionate about (Nash & Bradley, 2011; Smith, 2005). It validated my experiences as solid research material and gave me permission to take the necessary time to be reflective and introspective in order to examine the potential impact of my journey. I also found professional satisfaction in tying my story to the scholarly underpinnings.

Universalizability versus Replicability

Traditional research asks whether or not a research project “can be replicated, copied, or duplicated by others in order to confirm or disconfirm the findings” (Nash & Bradley, 2011, p. 8). SPN examines whether or not the findings of the author are universalizable or generalizable to the experiences of others. Nash and Bradley (2011) acknowledge that all subjective experiences are different but what is universalizable is defined as “the common

existential themes that underlie these differences, and touch all human lives, regardless of the unique empirical differences” (p. 8). My SPN, reflecting on my subjective experience of supporting friends in crisis, is universalizable because my intended audience made up of crisis responders, and crisis response educators will have friends who may one day experience a crisis and be in need of crisis support. My SPN lessons learned are also universalizable for educational leaders who are at risk of experiencing a crisis in their schools where they will be required to organize a crisis response for students, faculty and staff.

Perspectives versus Data Collection Procedures

SPN researchers prefer the term perspectives to the term data and define perspective as how people “perceive and make sense of the world in individual, personal terms” (Nash & Bradley, 2011, p. 83). The SPN community believes this term better describes their research because, “perspectives suggests more of a constructivist approach to research in that the subject gives meaning to (rather than simply receives) what is observed” (Nash & Bradley, 2011, p. 7). My personal narrative reflects my perspective on my journey supporting friends in crisis. I did not write a chronological account of just facts, but rather a story of how I viewed the experience from my identities such as a friend, mother, and crisis responder.

Many different things influenced my perspective such as history, training, my relationships with the women, and even whether or not I was well rested. This awareness echoes the belief of chaos theory that everything impacts everything else, so there is no such thing as sterile data. Everyone’s perspective is contaminated by things like their biases, life experiences, and temperament. SPN recognizes that everyone’s personal narrative is a recounting of their perspective or perception and would be told differently by someone else. Therefore, in order to reinforce the relevancy and universalizability of my story, I was careful

to tie my personal perspectives to the literature by embedding theory throughout my SPN as described by Nash and Bradley (2011). This was a significant step in establishing my narrative as scholarly work.

I organized and gathered my perspectives based on my experiences in a personal journal format as I wrote with my introspective research questions in mind in the hope of evoking a desire for “self-examination from readers” (Nash, 2004, p. 29). It was a daunting task to write a narrative about my experience of supporting friends in crises over a four year period. I had to use my research questions as guidelines to define my project and keep me focused. My SPN introspective research questions helped reduce the risk of writing for the sake of writing and, instead, kept me connected with the scholarly literature and my goal to garner lessons learned with the purpose of gaining insights and knowledge that would resonate with my readers.

Vigor versus Rigor

Traditional research relies on data analysis; however, SPN prefers the term perspective to data, and “SPN writing begins with a nagging need on the writer’s part to tell some kind of truth” (Nash, 2004, p. 55). Therefore, in SPN analyzing data is not nearly as important as looking for the truth that is in the perspective. The SPN term for this is vigor: “Vigor connotes a personal intensity or strength that calls for a writing style that is risk-taking, out of the ordinary, forceful, full of energy, and personal” (Nash & Bradley, 2011, p. 6). So rather than striving to validate data and its analysis, the reader is asked whether or not the SPN is full of vigor. One way to test whether or not vigor is present in the SPN writing is to look at the SPN in context of four questions:

1. What is my narrative pertaining to the phenomenon emphasized in my writing?

2. Why is delving into my narrative and the connected themes important?
3. What are the universalizable implications for my profession that can be explicated from my narrative?
4. Who (other scholars, researchers, and authors) has said what (their findings and assertions) about my what (my narrative)? (Bradley, 2009, pp. 27-28)

Therefore, vigor means I accomplished my goals and engaged my readers with a powerful and truthful personal narrative, tied it to the scholarly, and gave them concrete lessons they can use in their own work as crisis responders.

Trustworthiness

SPN research is only valuable to readers if they feel they can trust the writer and if she or he can connect the individual “self” to the “multiples selves” of the readers (Nash & Bradley, 2011, p. 3). In order to make this connection I had to be vulnerable and honest in my introspectiveness. I also had to be very clear that my narrative was written: “According to my experience...this phrase is as ‘valid,’ and honest, as ‘according to the *research*,’ because the writer accepts full responsibility for the personal self-disclosures, universal themes, and illustrative stories” (Nash & Bradley, 2011, p. 9). In order for my narrative to be trustworthy it had to be clearly stated as my story based on my perspective. I found that focusing on the universalizability of the big picture helped me reduce the risk of directionless, self-centered storytelling.

There are clear limitations in SPN writing that also have to be addressed. However, I believed the power of an SPN overcomes those limitations. Glesne (2006) claimed: “Part of demonstrating the trustworthiness of your data is to realize the limitations of your study” (p.

169). So, I discuss the limitations of SPN and how I addressed them to increase my trustworthiness.

SPN methodology requires only information from my perspective, so I was careful in how I presented my research so it would not appear to be self-fulfilling prophecy (Maxwell, 2005). However, following the SPN model and tying my personal experiences to the scholarly literature increased the universalizability and trustworthiness of my narrative because it allows the reader to see the connection between my perspective, the literature, and similar experiences they may encounter. Glesne (2006) stated that trustworthiness of a research study is also increased by the amount of time invested in the field. My long term friendships, history of crisis response, and active support of my friends through years of crises bolstered the trustworthiness of my research.

My crisis response with Suze spanned from 1993 to the end of 2008. My crisis support of Bebe began in 2006 and is on-going as needed. My narrative covered a specific 12 month period of time when I supported Suze, but it was also connected to other friends who I supported in crisis. All three of these women have been my close friends for over 25 years. Also, my training and experience in the crisis response field covered more than 15 years and I am a veteran crisis response trainer. All of these factors gave my work credibility and increased the trustworthiness of my research.

Another element I added to boost the trustworthiness was member checking as described by Glesne (2006): “Sharing interview transcripts, analytical thoughts, and/or drafts of the final report with research participants to make sure you are representing them and their ideas accurately (p. 38).” I wrote about my perceptions and perspectives of our journey but I wanted to ensure the integrity of my friend’s stories as well as their privacy. So, I modified

the process of member checking somewhat and gave a final draft of my narrative to Suze, Lora, and Bebe to check for factual and emotional accuracy. I wanted them to know exactly what was going into my public dissertation and get their feedback prior to publication. Suze corrected a few facts I had wrong. Lora reported back she was amazed that she learned some new things about my experience from my narrative. Both Suze and Lora engaged in long discussions with me of our foxhole experiences after they read my narrative. Once again, we shared some tears and laughter as we celebrated our friendship and our faith. Bebe has not read the narrative. She seems content just knowing I love her enough to include her in my research.

Plausibility, Honesty, and Coherence versus Reliability

Traditional research asks whether or not the results are reliable. SPN asks whether or not the written subjective experience is plausible, honest, and coherent: “The truth of self-research, or me-search, is whether the researcher’s personal voice comes across to readers as trustworthy, credible, honest, and cohesive” (Nash & Bradley, 2011, p. 9). Narrative is the vehicle SPN uses to share the researcher’s voice because, “It is always the story that frames, explains, and justifies your claim to an exclusive truth” (Nash, 2004, p. 39). As I wrote my narrative I was motivated by Lau (2002) to “revel in the denial of singular meaning” (p. 256). I tried to represent my story honestly in its complexity and by including coherent, detailed descriptions of my struggles. In order for my narrative to be plausible I knew it had to reflect the real pain of crisis and not sound like a sugar coated story of me swooping in like a superhero. This honest reflection of my personal perspective coupled with multiple scholarly perspectives made it easier to identify the universalizable lessons learned. I found it valuable

to pay close attention to the details of my story because chaos theory suggested that the simplest discovery might turn out to be the most significant one.

Personal and Professional Benefits

Just as SPN research includes the personal and the scholarly, there are both personal and professional benefits from doing the work. On a personal note, I wrote my story based on the assumption that my dissertation audience had friends and that some of those friends would experience a crisis. The question was not a rhetorical one of what would crisis responders do if they ever needed to support friends in crisis but a practical one of what will they do when that time inevitably comes. Most crisis responders will face this dilemma at least once in their careers if not multiple times. Unfortunately, there is little research on the topic to serve as a guide, especially where friendship is the predominant and primary relationship. It is my desire that this SPN project will motivate readers to reflect on their own experiences in crises and potentially be a catalyst for healing as readers find personal meaning and purpose in their journey (Ellis, 2004; Glesne, 2006; Mears, 2009; Nash, 2004). This potential benefit brings me great satisfaction and gives my experience meaning. I have already noticed that readers instinctively discuss their own crisis journeys with me once they read my story about supporting friends in crisis.

On the professional level, the lessons learned from my subjective experiences could potentially enhance the support services crisis responders, crisis response educators, and educational leaders provide to friends and others in crisis. My introspective SPN research about crisis response with friends is highly significant, relevant, and timely.

Ethical Considerations

The ethical considerations for my research are numerous due to the sensitive nature of my topic and the intimacy of the shared history with my friends. Like Nash (2004) suggested, my ethical strategy was “to treat each one of the individuals whom I mention throughout my narrative with as much care and sensitivity as possible” (p. 133). I was very aware that my narrative discussed intimate details about my friends and family members, so I changed all of their names and some identifying information in order to protect their privacy. I also painstakingly included only the parts of their stories that were directly relevant to my introspective research questions. This allowed me to honor the sacredness of our most intimate conversations without betraying their trust.

Since SPN is relatively new, I looked at its cousin, autoethnography, for the ethical concerns voiced by critics. Autoethnography research has been criticized for being “very limited in promoting social change or even in creating a general awareness of an existing phenomenon” (Philaretou & Allen, 2006, p. 74). Another criticism is that it is only self-serving to the researcher, but Duncan (2004) points out that autoethnography “avoids this criticism by proving how it is useful to others with similar concerns” (p. 9). I housed my SPN within the framework of chaos theory to address that concern because chaos theory, and the butterfly effect, support the idea it is unrealistic to assume a crisis could be contained to just one person or event. Therefore, everything directly or indirectly affects everybody so every story has potential for being relevant to everyone. Glowacki-Dudka, Treff, and Usman (2005) point out that “sharing autoethnographical stories in the classroom allows people to witness and learn from each other's experience” (p. 30). Through this study, I share my story to offer crisis responders and crisis response educators who have not yet encountered the

need to support friends in crisis a chance to enter into my experience and learn from it. I also offer lessons learned to educational leaders who will be faced with providing crisis response following critical incidents, both large and small.

My topic is personal and sensitive, so my willingness to research myself was important in “providing invaluable insider knowledge not accessible from mainstream research methods whereby subjects may be unwilling or afraid to disclose sensitive personal information” (Philaretou & Allen, 2006, p. 66). I was willing to take the risk and be vulnerable. My counseling training served as an asset because “the very skills and theoretical understandings that enable us to work therapeutically with clients might create the 'tin-opener' effect when researching sensitive topics” (Etherington, 1996, p. 345). I hoped my willingness to be vulnerable would encourage others to feel more secure in their vulnerabilities. Wall (2008) described: “My experience as an autoethnographer, enmeshed in the study of my life experiences, prompts me to question the value of distance between the researcher and the field of research” (p. 42). After completing an SPN research project where I learned a great deal about myself personally and professionally, I, too, question the value of separating the researcher from the field of research. Instead, I propose the ethical debate should be focused not on the researcher who studies him or herself but on the researcher who does not.

There were also ethical considerations in how my story was told. Smith (2005) reported: “I had to take action and adopt a position that would not only legitimize my voice but also allow me to express my thoughts without marginalizing the voices of the participants” (p. 3). That was a key consideration for me in my narrative. Although my SPN research was focused on my reflections of my journey with friends in crises, it existed as a

direct result from my connection to the stories of my friends and family members. Without their crises, there would be no need for crisis response or support, and therefore there would be no journey together. Philaretou and Allen (2006) further cautioned that “it is important that the autoethnographer also engage in evaluative introspection so as to maintain checks and balances on his/her feelings, motives, and judgments” (p. 66). This served to remind me to keep a clear vision on my SPN research project purpose and goals, and “to treat each human being as an autonomous end rather than a means to my end” (Nash, 2004, p. 132). Ethically, I tried to never lose sight of the relationships I enjoy with the women I wrote about as I committed to treating them and their stories with dignity, honor, and respect.

In addition there was a need to ethically remember that everyone’s story, including mine, was in a larger, layered context (Creswell, 2007). Mears (2009) describes: “Each of us understands life a little differently. Our past shapes how we live our present and how we envision our future” (p. 155). Therefore, how I viewed the context of my journey with my friends in crises was significantly different than how they viewed it because “no objective, impartial truth ever exists outside of a constructivist narrative” (Nash, 2004, p. 38). Nash and Bradley (2011) suggested that “the research language any of us use is prismatic: It comes through the prisms/filters/screens of the ways we view the world” (p. 5). Therefore, ethically I had to be upfront in acknowledging that what I wrote in my story was based solely on my experience and perspective (Nash & Bradley, 2011). I cannot speak for my friends about what it was like for them to experience their personal crises. However, I can speak to how, as their friend, I was impacted. It may or may not have represented the way they viewed the experience. Chaos theory pulls all of this together beautifully as it celebrates the interconnectedness of our lives and the whole being more than a sum of its parts.

Retraumatization is another ethical concern that inevitably came up as I discussed my proposed SPN project with other counselors or counselor educators. Even though I was the only one at risk of retraumatization as the sole participant in my SPN project, I believe the question should still be addressed. Trained crisis responders are very aware that those in crisis often want to tell their story. Herman (1997) describes one of the potential positives of retelling the story: “After many repetitions, the moment comes when the telling of the trauma story no longer arouses quite such intense feelings. It has become part of the survivor’s experience-but only one part of it” (p. 195). Baker (2009) agrees there is a difference between individuals who had “time to reflect on their experiences...and are ready to fit that experience into their life story and others who are in chaos” (p. 17). Baker continues by explaining “that the work of mourning is essential to the healing process for traumatized individuals” (p. 18). I have witnessed the power of the retelling of crisis stories for years as a crisis responder so I approached the task of writing my narrative with the expectancy that it would be healing to write my story. Even though I revisited some very emotionally charged and powerful memories as I wrote my narrative, it was important to note that I had also previously taken time and energy to process and integrate my subjective experiences into my life story as I traveled my journey. My training and years of experience prepared me to do this work successfully.

As a crisis responder I passionately believe that the purposeful retelling of my experiences within the framework of my introspective research questions was not only healing but also empowering. Harter and Bochner (2009) agreed that “unexpected life experiences call forth stories, and...narrative provides the hindsight to make meaning of the past and move toward a more hopeful future” (p. 114). Hawkins and Lindsay (2006)

supported my position that sharing my story could produce positive personal outcomes: “The very telling of a story gives it a deeper and clearer meaning for the teller, especially if the telling is assisted by skillful listening” (p. S6). Writing my narrative gave me an unusual opportunity to listen to myself. In an odd way I was now able to support myself like I had so willingly supported my friends. Therefore, the ethical considerations extended to me as well as to my friends and family.

Writing My Story

The SPN process can be divided into four components:

1. Pre-search: How do I get started?
2. Re-search: What scholars and researchers have informed my writing?
3. Me-search: What is my personal narrative regarding the ideas emphasized in my writing?
4. We-search: What are the implications for my profession, or field of study, that can be generalized from my scholarly personal narrative?

(Nash & Bradley, 2011, pp. 6-7)

In the following sections I will discuss each of these components in direct correlation to my SPN project. I will also describe how I wrote my story in accordance with SPN methodology.

Pre-search. I participated in pre-search for well over a year before I ever started writing my SPN. I knew I wanted to write about crisis response or my relationships with my friends. However, I had a very difficult time narrowing down my research questions to one specific area as I brainstormed topic after topic with my advisor. I toyed with ideas from one end of the spectrum, like writing about the illusive concept of love, to the other end of the spectrum, like writing on school crisis response within the context of a multi-hazard four-phase crisis response plan.

During this pre-search phase I had to decide whether I wanted to focus on personal relationships or on organizational policy changes. I was passionate about both but decided as

I journeyed with friends in crisis that the opportunities and challenges of writing about relationships were timely and relevant. At first I decided to write only about Suze, but as I discussed the idea with my committee I realized that leaving out Lora and Bebe would present an incomplete picture because so much of my experience involved the interconnectedness between all of us. I finally decided in order to best reflect the complexity of my journey I needed to write about my experience supporting all three of them. At that time, I chose my introspective research questions and SPN as the methodology. Ironically, as discussed in my we-search section, I did later follow my other passion and extended my lessons learned by developing two crisis response quick reference guides that could potentially impact organizational procedures for crisis response.

Re-search. My extensive literature reviews in the overlapping areas of crisis response, chaos theory, friendships, and dual relationships can be found in Chapter 2 and embedded throughout my narrative in Chapter 4. SPN writings must be tied to scholarship defined by Nash and Bradley (2011) as “loving ideas so much that we are willing to play with them, to take chances with them, to express our passions about them, to deliver them in some fresh, new way” (p.101). SPN encourages the researcher to cross genres and disciplines in searching the scholarly literature. I embraced that challenge and passionately gathered literature from many disciplines, traditional peer-reviewed journals, and nontraditional resources like the book *Tear soup* (Schwiebert & DeKlyen, 1999). My research across disciplines taught me a great deal and gave added depth to my project. I discovered the field of nursing offered a large number of resources on crisis response because of the emotional toll that caring takes on medical professionals.

Me-search. Scholarly Personal Narrative requires that I research myself. It forces me to purposefully reflect on my experiences as a crisis responder supporting friends in crisis. I was required to pause and step back to examine my experiences from a more objective viewpoint. I struggled with the process of writing my story. It was difficult for many reasons. First, it was emotional, and in order to write from my heart and be transparent in my narrative I had to risk being vulnerable. I was in crisis responder operations mode often on the journey supporting friends in crisis so I did not allow myself to acknowledge the true depth of my trauma, loss, and pain before I started to write. The process of writing my story afforded me an opportunity to express and embrace those feelings.

I expected there would be tears while I wrote, and I knew I could not sit down and write just anywhere. I wrote a great deal of my first three chapters sitting at Atlanta Bread Company with a glass of my favorite iced tea or at my dining room table surrounded with stacks of reference material. It was not appropriate to sit and cry at Atlanta Bread Company or my dining room table while I wrote my story. I did not want to upset strangers or my daughter, Leia. I knew I had to find a different place to write. I also knew from my training that I needed to take good care of myself and write somewhere I felt safe and cocooned. Somewhere I could get emotional support as I wrote. For me, being alone as I wrote my story was not a good option.

I considered returning to The Shark's Den beach house but decided that it was too familiar and too close to distractions, so I borrowed Geoffrey Leggett's cabin in Flagstaff, Arizona for a weeklong writing retreat. Geoff is a good friend and fellow crisis responder who supported my crisis response research. I invited Suze to go with me since she was also writing her dissertation. I knew it was a bad idea for me to be alone as I wrote my story. I

also knew I needed to take someone with me who would work alongside me and not be a distraction.

The first difficulty I encountered in writing once we arrived at the cabin was finding a coherent way to tell a very complicated and convoluted story about supporting friends in crisis. After sitting and reflecting on my experience, I finally chose my journey supporting Suze during Jonah's illness as my through line for this dissertation. Suze's crisis had a clear time frame of 12 months with a sequential story line. She was the one I spent the most time with, and I could naturally weave the journeys with Lora and Bebe into her story. Also, I had a very long history of shared crises with Suze. My interest in crisis response started with Suze following Noah's death.

When I started writing, I decided to use real names and details for my rough drafts because it was too difficult for me to write my initial narrative using pseudonyms. Plus, I knew it would slow down the flow of my narrative and time was of the essence since I only had one week at the cabin. Next, I identified from my perspective four points of crisis in Jonah's illness; the diagnosis, relapse, imminent death, and death. I had not taken any notes during my experience supporting Suze or the other friends in crisis so I then had to recreate the scenes of those crises from embodied memories. By starting with the whole experience and selecting just those scenes I wanted to write about, I used a type of backward mapping which, "provided a way of theoretically selecting from the larger, complex data set, the data for the present analysis" (Tuyay, Floriani, Yeager, Dixon, & Green, 1995, p.10). The actual events were so large the amount of information I could have written was staggering. I made it manageable by selecting just those incidents I identified as crises.

I began my narrative on the day Jonah went to the hospital for the first time with Non-Hodgkin's Lymphoma. This was the start of the 12 month period I would include in my narrative. I have always had a type of photographic memory, and as previously discussed I had practiced the art of closely studying people and events since childhood. So, as I wrote my story at the cabin, I replayed the various scenes in my head like a movie retrieved from my stored memory. I wrote about each scene just as I remembered it. When I wrote about an area that I knew from my years of crisis response training was a teaching point I added an asterisk to mark the spot so I could review it later and add scholarly references. My years of training as a crisis response instructor laid the foundation for me to recognize the universalizable crisis response skills that could be taught from the particulars of my journey with my friends.

After I started writing about the day Jonah went into the hospital, I worked my way chronologically through the 12 month period. When I came to a place in the story where there was a relevant crisis response point to share from my journey supporting one of my other friends, I added it. This weaving back and forth between Suze and my other friends presented a nonlinear storyline that was more representative of real life and chaos theory than a sequential, predictable report. My nonlinear storyline also represented the reality of crisis response. People respond differently to the same incident because they bring their own unique history and perspective to the event. As I wrote I kept in mind that "stories that arise in the memory reveal what holds particular significance for the individual at that particular time" (Mears, 2009, p. 14). I did not prescribe ahead of time exactly what memories I would write about but rather trusted that the most important memories would come to mind.

I paid close attention to what I knew about crisis work and the role that senses play in interpreting the world around us (Cannon, 1932; Ellis, 2004; Everly & Lating, 2002; Gilmartin, 2002; Grossman, 2008; Siddle, 1995; Weintein, 2003). As I wrote about each scene I replayed it in painstakingly slow motion as I tried to note every detail. My goal was to write my narrative in such a descriptive manner that my audience could relate to my emotional experiences and yet be in tune with the embedded scholarly teaching points at the same time (Smagorinsky, Cook, & Reed, 2005). I purposefully edited out the most intimate details that were shared between best friends and were never intended for public eyes. I was also very conscious of the secondary trauma that can happen from reading about intense crises so I was careful to share only enough details to resonate with my readers on an emotional level, but not enough detail to cause emotional trauma. Also, since my introspective research questions were about my relationships with these three friends, I did not reflect on my interactions with their spouses or with other friends.

At times it was very emotional for me to revisit the crises and during much of my writing time I wept openly. Suze knew my task for the week was to write about my journey supporting her, Bebe, and Lora so she was prepared for my tears. The proposal my IRB approved did not include consulting with any of my friends, so in order to honor the proposal and IRB I did not discuss my narrative with Suze as I wrote. I felt safe at the cabin and was comfortable crying in front of my dear friend. Our breaks were filled with enough humor and laughter to offset the tears. By the end of the week I had finished the first draft of my personal narrative. It was incredibly difficult to write, much harder than I had imagined. I do not think that I could have written my story if I had not gone away to Geoff's cabin for the writing retreat. The cabin became a sacred place for me where I worked hard alongside Suze

to recognize and honor the journey I shared with my friends in crisis by writing about it, and tying it to the scholarly literature.

When I returned home I spent eight weeks revisiting and rewriting my story to make sure it addressed my introspective research questions in a coherent manner. I inserted scholarly references where I had added an asterisk at each teaching point in the narrative. I kept the real names and details of my friends and family until all of that work was finished. I wanted one copy that accurately depicted my journey before I changed everything. The original story was written only on my personal laptop and was not distributed to anyone before the names and some of the identifying information was changed. This data management procedure protected the privacy of my friends and family as I recanted my story about supporting them in crisis.

When I wrote I had safeguards in place to ensure my emotional well-being. I had an extensive network of family and friends who supported me in this endeavor. My husband is a licensed clinical social worker who specializes in crisis response work. I also had several close crisis response friends from other states who were very supportive of me as I did this work.

We-search. I wrote my personal narrative on my laptop, but I kept a notebook and pen on the table beside of me where I jotted down the lessons learned as I became aware of them. These notes became the foundation of Chapter 5. Once Chapter 4 was completed, I read through it many times searching for both the personal and professional lessons that might be universalizable to other crisis responders and crisis response educators. After I identified the lessons learned, I read back through my narrative to see if I had missed other examples. I was surprised to realize I had overlooked a major identity angst the day Jonah

was diagnosed so I inserted it into the narrative. That omission made me realize that I had indeed been in crisis that day because even as I remembered and wrote about the scene, I did not recall until months later the major conflict I experienced on that day.

As I reviewed my lessons learned I saw an opportunity to impact organizational procedures regarding crisis response as I developed two crisis response quick reference guides for educational leaders. First there is T.U.R.R.E.T. which is an outline for establishing crisis response procedures. Next, there is T.R.U.S.T. which gives educational leaders a guideline for specific characteristics to look for in selecting crisis response team members. Both of these models are described and explored in Chapter 5.

Nash and Bradley (2011) claim that “SPN researchers think of what they do as giving personal testimony to make their points rather than accumulating empirical evidence to prove something beyond a shadow of a doubt” (p. 7). SPN allowed me to give personal testimony about my journeys supporting friends in crises. My story served as the foundation for my reflection as I tied my experiences to the research, thus embedding literature throughout my narrative. “SPN references are always illustrative, timely, and coherent. They deepen, enrich, and enlarge the thematic motifs of the writing” (Nash & Bradley, 2011, p. 10). This style of embedding references resonated with me because intuitively it is same method I use to teach others about crisis response. I routinely embed personal stories and experiences as context to explain various scholarly crisis response concepts.

However, it was not enough to offer just my personal testimony. I had to constantly tie it to scholarly underpinnings so my lessons learned might apply to others as well. Those lessons revealed that I was resilient and had grown through the experience. It was important to include this awareness in my we-search section. Borawski (2007) agrees: “Research

studies that ask what strengths are revealed to people during traumatic events might uncover more about the paths to healing and to fostering positive adversarial growth” (p. 110). In my own experiences as a crisis responder I find it is critical to expect positive growth from those I help. SPN gave me permission to apply this concept to myself so I could examine the growth I had experienced and then share the universalizable lessons that might help others grow as well.

Chapter 4: My Story of My Journey with Friends in Crisis

A Story within a Story

My narrative of supporting friends in crisis is just one chapter of the larger story of my life. It focuses only on various points of crisis along my journey with three friends. It is a nonlinear narrative about our love for each other that reflects how life can be messy and inconvenient. Maxwell (2004) calls friendships that are forged in crises foxhole friends. I like to think of my narrative as a giant tapestry interwoven with many threads of rich colors and varying textures. It would be unrealistic to describe the entire tapestry in detail so for this project I will trace a single thread that represents Suze's crisis with her son, Jonah, over a 12 month period. However, her thread is intricately interwoven, connected, and inseparable from many other threads in my tapestry. When Suze's story weaves in and out of the journeys I shared with Lora or Bebe I change direction in my writing and follow that thread just enough to introduce salient points that contribute to my research questions.

I used my first two introspective research questions to guide the direction of my narrative: 1. What were my experiences during the journey with friends through crisis, and 2. What crisis response skills did I rely on during the journey with friends through crisis? Each scene I selected to describe for my narrative either addresses my experience with friends in crisis or offers a teaching point about crisis response. I have included a time line in Table 1 as a reference for my readers that outlines the dates of crises I discuss in my narrative. I added other life events I experienced during that time frame as well in order to give a more complete context of my experience.

Table 1. *Time Line*

Date	Incident
July 1993	Noah Died
July 2006	Bebe Diagnosed
October 2006	Kirby Diagnosed
April 2007	Kirby Died
August 2007	I Started Ed.D Program
September 2007	Bob Diagnosed
January 2008	Jonah Diagnosed
January 2008	Bob's Ileostomy Surgery
June 2008	Han's High School Graduation
July 2008	Jonah Relapsed
July 2008	Bebe Relapsed
August 2008	Han to College
December 2008	Bob's Ileostomy Removed
December 2008	Jonah Died

My journeys with Suze, Lora, and Bebe introduced unique challenges because my support to them occurred simultaneously within my everyday life responsibilities. I worked fulltime for a school district, helped my oldest son through his senior year of high school with college and scholarship applications, attended both of my boys' soccer games twice a week, went to my doctoral classes every Thursday evening, taught Critical Incident Stress Management (CISM) classes at The Academy I co-founded, made special time on weekends for my daughter and husband, attended safe school trainings, took ICISF Approved Instructor courses so I could teach more CISM classes, started building a crisis response consultation and training business, provided CISM crisis response services to schools and emergency response personnel locally and regionally, and made a daily commitment to grow in my personal faith. My world kept turning regardless of the crises my friends encountered. However, as chaos theory explained, "Seemingly chaotic processes work with simple formulas to create astonishing complexity and capacity" (Wheatley, 2006, p. 131). I found

this to be true as day after day I discovered seemingly chaotic processes that reinforced and enriched each other, forming a complex network of resources that continuously built my capacity.

I soon settled into an educational cycle: What I learned from crisis response with others helped me to better support my friends, and what I learned from my friends motivated me to help others. It became clear to me that life is not merely a checklist. I did not get to experience something one time, check it off, and move on to something else. Sometimes I found myself repeatedly providing the same type of support to my friends or relying again and again on the same crisis response skills. Therefore, my story is repetitive at times, but I decided not to edit out the repetition and messiness on my nonlinear sojourn. I believed to present my story in a linear, logical manner created a work of fiction rather than an honest account of what my experiences were like supporting friends in crisis.

It took purposefully planning of my time and energies to support my friends and take care of the rest of my life. It did not just happen. I practiced attentional focus, defined as: “A conscious attempt to block out irrelevant thoughts and bring all your energy to bear on your response” (Maxwell, 2005, p. 47). I made a decision to be a foxhole friend who provided strength before, during, and after the crisis and was committed to loving my friends unconditionally (Maxwell, 2004). I took on the role of a warrior as defined by Grossman (2008): “Those who continue in the face of adversity to do what needs to be done” (p. 176). I made a commitment to hunker down in the emotional foxholes with my friends and figuratively or literally fight to support and protect them on their journey in crisis. My first experience as a foxhole friend was with Suze when Noah died in 1993. We never imagined in 2008 we would walk another journey in crisis together.

Suze and Jonah: The Beginning of the Journey

It was January 3, 2008, on a Thursday evening. The night air was crisp with the stars shining brightly and all was well. My son, Luke, now 15 years old, and I had gone out together to run some errands, grab a bite to eat, and enjoy each other's company. We pulled up at the house singing one of Luke's favorite songs at the top of our lungs. Just as we came to a stop, I reached to turn the car off and Luke got a text message from his best friend, Jonah. Luke's mood changed instantly as he looked at me and said, "Mom, something's wrong with Jonah. He's at the hospital. They think it may be serious. They want to move him tonight to Vanderbilt Hospital in Nashville."

Suddenly everything changed, and we both became very somber. I kept asking him questions he could not answer because he had already given me all the information he knew, but I could not stop asking questions. Luke got out of the car with his cell phone in hand and headed inside to text his other friends. I sat alone in the car staring straight ahead with my hands on the steering wheel. I was in shock. We had just spent New Year's Eve with Jonah and his family at the beach and he seemed perfectly fine. We just saw him two days ago! What in the world could have happened to him so quickly that was so serious? The fact that there was no logical explanation for getting this type of news contributed to my confusion, helplessness, and lack of control (Acosta & Prager, 2002). Luke and I both wanted to spring into action and do something but could not do anything because we had such little information. There was nowhere for us to put the added boost of energy we got from the adrenalin surge we were experiencing (Acosta & Prager, 2002; Grossman, 2008; Maxwell, 2005; Siddle, 1995). Our bodies physically reacted to the news reinforcing to me that crisis is physical as well as emotional.

My mind was racing a thousand miles an hour. Memories flooded over me in torrents, washing up incredibly intense emotions. I immediately remembered Noah's death in 1993. He was Jonah's brother. In a matter of seconds I was reliving all the events of that experience. You hear people talk about their life flashing before their eyes in a moment of crisis. Noah's death flashed before mine in one super speed movie including pictures, words, and emotions. It was not chronological. It was not nice and neat or predictable. It was a cacophony of every sensation at one time. In a matter of minutes I had replayed the whole experience, and I was emotionally and physically drained from the intense memories. What a change from the playful joy we experienced just minutes before!

When my mind finally stopped spinning, I was left with one single conversation with Suze, Jonah's mother, playing over and over in my head. One of the ways Suze dealt with Noah's death was by journaling and reading everything she could get her hands on about grief and loss, especially the loss of a child. She responded to crisis by being task-oriented and focused on increasing her problem-solving skills, as described by Everly and Lating (2002). Suze read a lot, and she once told me in 1994, "I find the most comfort in the stories of the women who have lost more than one child. Tina, I don't know why but I don't think Noah is the only child I will lose; I don't believe I am finished losing children." That sentence was the one that kept repeating over and over in my head. I could hear Suze's voice saying, "I don't believe I am finished losing children. I don't believe I am finished losing children. I don't believe I am finished losing children" as though she were sitting right there in the car with me.

I was not surprised I instinctively reflected on Noah's death when Luke and I got the news about Jonah. I knew it was typical for people in crisis to review other crises in their

lives. When I teach about crisis response I explain we all carry an imaginary crisis box with us where we keep all the crises we experience tucked neatly away inside the box with the lid securely closed. When a new crisis happens we take the lid off our crisis box and take time to reflect on all the previous crises we have stored in the box before we start processing the new crisis. Eventually, the new crisis is integrated into our lives and gently placed in the box until another crisis forces us to open it.

I was surprised at the intensity of my reaction. I started to cry and then to pray over and over, “Sweet Jesus! Not Jonah! Not Suze! Not again!” My history with Noah’s death created a context that produced a reaction out of proportion to the fairly benign text. Jonah was a healthy teenager full of life. There was absolutely no logical reason for me to jump to the conclusion that he was going to die. But I did. All of a sudden it was like I knew an awful secret that I could tell no one.

That night we got very little additional information from Jonah or Suze except they were going to send him to Vanderbilt Hospital for more testing. No one seemed to have any answers. The next morning my nine-year-old daughter, Leia, was sick, so I stayed home with her. Luke went on to school, but he made me promise to tell him the minute I heard anything about Jonah. I called Suze midmorning and found out they had transported Jonah to Vanderbilt around 3:00 am. They were waiting in a hospital room for the doctors to talk with them. Suze said she didn’t have any more information but she thought it was probably just an allergic reaction to a spider bite or something. I could hear the anxiety in her voice, but I still felt foolish for reacting so intensely the night before.

Suze called back 30 minutes later. When I answered the phone she was crying so hard it was difficult to understand her. She just kept saying, “He has lymphoma. Tina, it’s

lymphoma! They want to do another test and start chemo right away. They say it's urgent to start chemo right now. I only have a minute before they come back. Please make some phone calls for me and ask people to pray!" She listed the people she wanted me to call, we prayed together and I hung up the phone. I thought I was going to puke. The physical reactions I experienced to the news Suze gave me were overwhelming. Asken and Grossman (2010) describe some of the acute signs of stress that I experienced after speaking with Suze as, "stomach upset, muscle tightness, dizziness, visual changes, concentration problems, word-finding problems, and decreased emotional control" (p. 55). I had to literally fight my natural reactions in order to move forward and help Suze. My purposeful and willful decision to go into crisis responder operations mode so I could function was a direct result of my crisis response training and experience. I knew what was required of me to be a warrior-healer in the face of adversity and to be a foxhole friend to Suze.

I worked hard to concentrate and stay focused so I could make the calls Suze needed me to make. After I finished came the gut-wrenching dilemma of what to do about Luke. I promised to tell him the minute I heard any news about Jonah. Telling him at school was not a good idea but if I waited to tell him after school I was sure he would hear it from somebody texting him. I wanted him to trust me to keep my promises. If I signed him out of school it might mean he would have to take his final exams due to absences. Being exempted at exam time was a big deal to Luke. What was I to do?

I agonized about it until my husband came home for Leia-duty. We talked and agreed I should go to school, tell Luke and ask him whether he wanted to stay in school or come home. So, I went to school and signed Luke out for a few minutes. We walked to the corner of the large school lobby where we had some privacy. He immediately knew when he saw

me that it was about Jonah and it was not good news. Luke gave me a big hug and started crying before I could say the first word. While we hugged and cried together, I whispered in his ear that Jonah had aggressive lymphoma. We held onto each other tightly and cried quietly together for a few seconds. Then, I continued whispering in his ear telling him that God was not surprised by this news. God was not caught off guard. He knew this was coming and He had already started the process of taking care of Jonah by bringing our two families back together. Luke nodded in silent agreement as he continued to unashamedly cry.

The history between our two families was significant at this point. We had been disconnected for several years until very recently. Jonah's family had moved to the mountains about six hours away five years earlier. The boys were best friends from birth, but they were too young at the time to stay in contact with each other. Suze and I, too, had been the best of friends but had lost touch due to some personal crises we each experienced that overwhelmed our coping skills. Neither one of us had the energy to reach outside of our own world to stay connected with the other, but we had continued to love each other like sisters.

Crisis and the human stress response take a toll on individuals and relationships. Books written about the impact of the human stress response describe how people react cognitively, emotionally, behaviorally, or physically (Everly, 2006; Everly & Lating, 2002; Gilmartin, 2002; Grossman, 2008; Maxwell, 2005; Siddle, 1995). Knowledge about the human stress response easily explains how friends, even very close friends, can lose touch with each other out of sheer exhaustion and burnout when faced with crises.

That is exactly what happened to Suze and me, but we were reunited a short six months before Jonah was diagnosed with lymphoma when Luke found Jonah on MySpace.

Our families reconnected and picked up right where we had left off five years earlier. The boys spent time together when Suze and I invited another friend, Lora to celebrate Suze's 50th birthday on a moms' weekend away. Those boys ran through the woods, chased ghosts at haunted houses until they heard warning shots fired, had races on the golf buggy, and who knows what else. When Suze picked Jonah up to take him home he told his mom that it was the best weekend of his life. What precious, precious memories for Luke as he now prayed for his friend's health just weeks later.

So, I stood in the school lobby hugging Luke as he cried, and recalled the miracle of the reunion of our families to him. I continued to whisper in Luke's ear about how God knew Jonah and Suze would need us to get through this. Even before we knew there was a problem with Jonah, God had put His plan into motion. I told Luke God had placed us back in their lives for just this moment. Luke nodded but continued to cry. We stood right there in the lobby of the high school hugging, crying, and praying for several minutes. Finally Luke wiped his eyes, took a deep breath, and after a brief conversation decided to stay at school. He thanked me profusely for telling him and returned to class.

On the drive home, I realized how quickly our family had been sucked into the vortex of aggressive lymphoma. I immediately had to make some very tough decisions. Luke and I wanted to rush to the hospital to see Suze and Jonah, but I had a huge dilemma. That night and all day Saturday I was scheduled to teach my very first CISM class at The Academy: National Institute for Crisis Response Training. The other co-founder and I had worked for months to pull this class together. I agonized for a short period of time and made the decision to stay and teach my class. My professional identity needed to be first this time because there was no one else who could teach the class. I called Suze and explained that

Luke and I would make the six hour drive to the hospital on Saturday night after my class. I intuitively knew I needed to pace myself because there was no question that I would be on this journey for the long haul. I was committed to be like Midge in *Tear Soup* and say, “I’ll be here whenever you need me” (Schwiebert & DeKlyen, 1999, p. 22). So, the crisis with Jonah began as a wild ride and all I could do was buckle up and hang on for dear life.

The Importance of Themes

Crisis response literature explains how a critical incident impacts people in different ways depending on the themes in their lives. Themes include whether or not they knew the individual involved, if they have a history of similar events, if there have been other recent traumas in their lives, and the intensity of the physiological responses they experienced (Everly, 2006; Everly & Lating, 2002). The news of Jonah’s lymphoma was particularly difficult for me at that time period in my life for various reasons. Suze and I had been intimate friends for over 20 years. She was with me in the labor and delivery of my children. We were confidants about our inner most personal feelings and thoughts. And, we journeyed together following Noah’s death. Those experiences bonded us as friends in a unique way, “A separation exists between those who have lived an experience and those who have not” (Mears, 2009, pp. 3-4). Those factors alone were reason enough for the news of Jonah’s diagnosis to be a personal crisis for me as Suze’s dear friend. We were foxhole friends (Maxwell, 2004). I loved Suze, and I did not want to see her experience any additional pain or loss.

However, there were a number of other themes in my life that had already depleted my emotional reserves. Everly (2006) acknowledges the importance of understanding themes in crisis response. In the sections that follow I will describe a few of the circumstances that

made Jonah's news especially difficult for me. I was living proof that timing and a history of trauma do make a significant difference in whether or not a critical incident becomes a crisis. I will teach through my stories how I was already exhausted from other crises in my life which made me more vulnerable to the emotional pain of Suze's crisis with Jonah.

Bebe. A short two years before Jonah's diagnosis I had no history of journeying with any dear friend or family member who had cancer. But that all changed when I was on a People to People Student Ambassador trip to Australia for three weeks as the Primary Leader supervising 40 middle school students and three leaders. I got an e-mail from my husband, Ben, stating Bebe, a 44-year-old intimate friend of mine, had been diagnosed with Stage 3c ovarian cancer. What? I was dumbstruck. Bebe was to have major surgery because of a life-threatening disease the following morning, and I was literally on the other side of the world. It was a horrible experience for me because there was no way I could get to her in time for her surgery.

There were several themes that made Bebe's diagnosis a crisis for me on a personal level. First, I was in shock because Bebe was the healthiest and most fit person I knew. Over the decades of our friendship she had participated in hard physical activities like biking, weight training, kayaking, and dancing on a regular basis. She ate healthy meals of fruits and vegetables. She never drank alcohol or smoked. Bebe was the last person I knew who should have cancer! It simply made no sense. Bebe getting cancer made me question my belief in self-efficacy: "Individuals possessing a high sense of self-efficacy are often task-oriented and utilize multifaceted, integrative problem-solving skills to enhance successful outcomes when dealing with psychosocial stressors" (Everly & Lating, 2002, p. 146). Bebe was not only task-oriented, she was driven to stay physically fit and I wanted there to be a

direct correlation between Bebe's positive life choices and her health. I needed desperately to believe that our choices do matter, and we do have some control over our destiny. But in the back of my mind I was reminded that sometimes bad things happen to good people for no apparent reasons.

Another theme for me was the role Bebe's friendship played in my life. I loved to sing and do theatrics with Bebe as my singing partner. For 20 years we had performed together at weddings, Christmas parties, corporate office parties, dinner theaters, schools, and churches. Our voices blended beautifully, and we played off each other in an enjoyable, comic performance interspersed with classical, lyrical songs. I treasured those performances, and Bebe held a very special place in my life and heart that no one else could fill. Only she shared that tiny, unique part of my life, a holdover of those teenage dreams of becoming a professional performer.

I immediately began questioning if Bebe's illness meant that part of my life was over? I suddenly understood firsthand the concept of "disenfranchised grief" which is described as intense grief reactions that may not be acknowledged by society (Gilbert, 2001). Many people might view my grief at the loss of a few performance gigs a year as self-centered and insignificant. But to me it symbolized years of shared memories with Bebe to be treasured. The thought of losing that connection with her felt like someone had ripped off a corner of my heart; it was immobilizing. And, I learned from that experience I needed to be more sympathetic to the concept of disenfranchised grief as I supported others who are experiencing a very real pain for losses others do not recognize, value, or support.

After I read the e-mail, I quickly realized my thoughts had raced to the negative, and I felt foolish for thinking about losses when I had not even talked to Bebe to get more

information. I made myself focus and purposefully willed my brain to work. I found myself fighting to concentrate and think clearly against my instincts and my physiological responses to the crisis (Everly & Lating, 2002; Grossman, 2008; Siddle, 1995). I racked my brain trying to remember everything I knew about ovarian cancer. All I could vaguely recall out of the recesses of my stored memory was that ovarian cancer was worse than uterine or cervical cancer. I felt trapped on the island where we were staying, almost to the point of feeling claustrophobic. I felt totally helpless, and “most people, especially those who are trained to help, abhor the feeling” (Acosta & Prager, 2002, p. 279). Here I was in Australia on the Whitsunday Islands, undoubtedly one of the most beautiful places in the world, and I wanted nothing more than to get back home!

I was able to call Bebe from the phone in the hotel lobby that night hoping to catch her in the morning before surgery. The 12-hour time difference was maddening; when it was night for me it was morning for her and vice versa. Bebe got the call but was literally on her way out of the hospital room headed for surgery; thankfully the nurse paused and let her answer. We had a bad connection and I could barely hear her. I held the phone so tightly to my ear that it hurt as I strained to listen. I told I loved her and that I’d be home in a week just in time to be there as she was discharged from the hospital. At first she sounded upbeat with a matter of fact attitude about the whole thing. I smiled. I expected no less from Bebe. I tried to match her mood by staying positive and upbeat myself: “It has been demonstrated in medical literature that every word, every thought, even every intention can cause a measurable bodily reaction” (Acosta & Prager, 2002, p. 4). I knew it was important for me to convey to Bebe that I believed she was going to be OK.

Then Bebe said, “Tina, they tell me I have to go now.” She got quiet for a few seconds before she continued in a small, childlike voice, “Tina, I’m scared. I’m really, really scared.” I started to cry softly, and I said back “I know baby, I know. But I promise I’m going to be there for you. I promise I’ll be home in a week and I’ll be there for you.” I knew from years of crisis response training that I should never say “I know how you feel” but given the intimacy of our friendship and my guess that I was the only one Bebe was being real with at the time, I felt it was the right thing to do to let her know I had heard her fears. I wanted to reassure her she could count on me to be there for her on this journey.

I hung up the phone feeling totally lost. Thankfully I was on the People to People trip with two of my other best girlfriends, Lora and Lisa. They were an amazing support to me. They knew I just needed to talk so they sat with me as I cried and reminisced that evening about Bebe. They let me be angry at how unfair it was. They relieved me of some duties and did room checks that night so I could have a small break from my responsibilities as Primary Leader. The small, concrete things they did to support me were huge. I learned that sometimes it’s not what we say that matters most in crisis but that we listen, and help with the simple, mundane tasks of life (Acosta & Prager, 2002; Schwiebert & DeKlyen, 1999). This bit of insight experienced firsthand, has helped me to provide better support to my friends when they experience a crisis.

The next morning I called and talked with Bebe’s sister to get the results from the surgery. It was awful news. The cancer was everywhere! They removed her uterus and ovaries, along with a section of bowel, a section of small intestines, and 30 small tumors. They drained more than three liters of cancerous fluid off her tiny abdomen. Her sister made it sound like Bebe was hopeless and would die soon. I later learned Bebe’s sister is a very

pessimistic person who should to be taken with a grain of salt. But at the time, stranded in Australia on the Whitsunday Islands, all the information I knew about Bebe came from her sister, and I was traumatized. Acosta & Prager (2002) summarize three verbal options when talking with someone in crisis: “1. Say nothing, 2. Say something harmful, or 3. Say something helpful that promotes healing” (p. 9). Almost everything Bebe’s sister said was harmful, and I felt the full negative impact of her words from the other side of the world. I was motivated by that experience to remember to choose my words very carefully when I talked with people in crisis. I knew I wanted to be a healing presence for them and to do no harm.

That was one of the first times on my journey supporting friends in crisis that my complicated tapestry of identities experienced cognitive dissonance: “If a person holds two cognitions that are psychologically inconsistent, he experiences dissonance” (Aronson, 1997). I was caught between two conflicting ideas of how I should behave. I was the Primary Leader of the People to People group, and I prided myself on the quality trips my students experienced under my leadership. Shortly after the call with Bebe’s sister our group was scheduled to get on a boat and head out to The Great Barrier Reef for snorkeling. The Great Barrier Reef! One of the seven natural wonders of the world. I so wanted my young students to understand the once-in-a-lifetime significance of this experience, but I was heartbroken by the news of Bebe and needed time to sit with my feelings and grieve. I just could not fain any excitement at that moment. I had two different sets of tasks, two different agendas, and two conflicting emotional paths. It was impossible to act on both at the same time.

Lora and Lisa did what they could and supported me best by taking care of the students so I could be alone, go off operations mode, and let the news about Bebe sink in. Just as law enforcement officers are in operations mode when they are on duty, I have to be in operations mode when I am on duty working with students or providing emotional support following an incident (Gilmartin, 2002). In operations mode I expect myself to remain focused and calm. But Grossman (2008) reminds us that even warriors need time off to reflect on the battle and shed a tear when appropriate. This was one of those rare moments I desperately needed to be off duty and shed a tear.

Luckily, on the ride out to the reef that morning the ocean was unusually rough, so the students were not allowed to ride outside on the top deck of the boat. Lisa and Lora watched the students below deck and the crew agreed to let me ride the two-hour trip out to The Great Barrier Reef on the top deck by myself. I sat numbly out in the sun as the salt air whipped my hair around and the ocean spray washed away my tears. It was just what I needed to sort through my feelings with no fears of upsetting anyone, especially the students. It was important for me to be gentle with myself and practice some stress management techniques as described by Acosta and Prager (2002) and Grossman (2008) like being outside, purposeful breathing, praying, crying, and getting hugs from good friends. By the time the boat arrived at the reef I was ready to put my game face back on and go fully into operations mode. I was now equipped to promote the excitement of the Great Barrier Reef experience and be fully present with my students.

A week later when I returned home I spent a great deal of time with Bebe and I spent hours searching the Internet for information about treatment and prognosis for stage 3c ovarian cancer. Little did I know what a steep learning curve I would experience in the

coming months as I went to doctor's visits and chemo treatments with Bebe. Her five-year prognosis was not good, but her will to live was strong and her healthy body responded well to the treatments. Before long Bebe settled into a "new normal" routine of life with ovarian cancer, and I settled into my new normal routine of providing friendship and support as needed. Everly (2006) talks about the importance of this stage when individuals realize that life keeps going following a crisis, but it is a different life than before the crisis. Once Leesa started to respond positively to chemo treatments and settled into her new routine, her ovarian cancer was no longer a crisis but part of her routine life. Her son described it beautifully when he once inadvertently used the term cancer instead of chemo and said "Oh, that's right momma, you have cancer on Mondays." Bebe thought that was a great way of looking at it, she only had cancer on Mondays. The rest of the week she was just fine!

It's important to note that a huge mistake crisis response leaders often make is to continue to treat an event as a crisis long after the individual has adjusted and incorporated the event into their lives (Everly & Lating, 2002). Bebe's story is an excellent example of why crisis responders have to assess the situation and respond accordingly to the reaction and not the event. There were clear times in Bebe's life where cancer was not a crisis.

Kirby. Another theme I experienced prior to Jonah's diagnosis was the journey I walked with Kirby as described in Chapter 1. Although Kirby was not someone I turned to personally for encouragement or support, I did grow to love her dearly as I supported her from diagnosis to death. It was nice to be able to recycle some of the knowledge I learned about cancer and chemo from Bebe to help Kirby. I found this to be a positive outcome from supporting Bebe and it gave special meaning to my journey with both the women: "We search to see a deeper and more coherent purpose behind the events and crises that compose

our lives” (Wheatley, 2006, p. 134). Equipped with my new knowledge and skills, I was compelled to help Kirby. I viewed it as a divine appointment as discussed by Wilkinson (2000) because God placed Kirby in my life at just the right time when I could best support her. Plus, I knew from my training and experiences that people shy away from cancer patients, “The well shun the sick” (Weinstein, 2004). So, I made a commitment to keep showing up at Kirby’s. That was another valuable lesson I learned from Suze when Noah died: Often the best thing we can do is just be there (Schwiebert & DeKlyen, 1999). Very few people are willing to sit with others in pain so the greatest act of kindness may be simply the willingness to show up.

Ironically, Bebe and Kirby worked together at the same school. Just before Kirby died, Bebe said she wanted to go visit her at Hospice. I cautioned her it could be very upsetting because Kirby looked like a victim of the holocaust with her eyes fixed open. I gently suggested Bebe might not want to see the way Kirby looked but she insisted on going. It was as if she felt it was her duty as a friend and fellow cancer patient to be a witness to Kirby’s journey of dying. Weinstein (2003) poses a powerful question about Bebe’s perceived duty: “Since one is always outside the experience, what does it mean to be the outsider witnessing a death one can neither stop nor speak?” (p. 296). I went with Bebe to support her as she said goodbye to Kirby. Even though she was stoic about the visit, I could tell it took a serious emotional toll on Bebe. Afterwards she kept saying, “That could be me. I could die like just like that.”

It broke my heart to see Bebe so scared and I wanted to tell her not to feel that way, but my training taught me it was better to let her express her emotions without judgment. So, I listened as she talked about her fears of cancer and dying. Bebe was the perfect picture of

physical and mental strength. I hated to see her so vulnerable, and I wanted to jump in and insist a death like Kirby's was not in her future. But, I knew I could not keep that promise. I knew from my training that Bebe needed to have someone she could be real with; someone that would listen to her deepest, darkest fears. I made a decision to be that someone. So, I listened, hugged her, and prayed. I offered hope for the immediate future by pointing out how strong her body was and how well she was responding to chemo. I knew it was important for Bebe to maintain her optimism because "no matter what the circumstances of our environment may be, what we believe can positively or negatively affect our health and well being" (Acosta & Prager, 2002, p. 31). Without making false promises about the future, I was able to clearly describe how Kirby's illness was different than Bebe's and how Bebe could expect a more positive outcome right now based on her healthcare and her response to it. Still, this was the first time Bebe experienced survivor's guilt when someone she knew died of cancer and it was a significant loss for her.

Kirby died six months after she was diagnosed. Her death was also very hard on Luke. He loved the woman and called her "Momma Kirby." As a mother, friend, and crisis responder, I felt responsible to provide close support to Luke and Bebe. They were both vulnerable to Post Traumatic Stress reactions for different reasons (Everly & Lating, 2002). Luke as a teenager did not have many coping skills to deal with Kirby's death. This was a new, overwhelming experience for him (Everly, 2006). Bebe, a cancer patient, could identify with Kirby and envision herself in the same predicament which overwhelmed her coping skills and threatened her determination to be positive and proactive (Acosta & Prager, 2002). The image of Kirby's ravaged body lying there on her deathbed haunted all of us for a long time (Everly & Lating, 2002; Grossman, 2008). It was a reminder of the toll cancer takes on

the human body. All of our lives were forever changed by Kirby's death but we worked hard to be resilient.

Gratefully, life settled down after Kirby's death and there were no crises for a while. Bebe's prognosis was poor, but she responded very well to the chemo and continued to defy all the medical norms. Her cancer seemed to be under control and she was able to maintain her active lifestyle of biking, dancing, and kayaking. I liked to tell her she was the perfect picture of a healthy woman who just happened to have cancer. I finally took a sigh of emotional relief as any imminent danger of Bebe's death seemed unlikely and we settled back into what had become Bebe's normal routine of ovarian cancer treatment.

Lora and Bob. After Kirby died, I had a six-month respite before another storm hit my intimate world of friends. Lora and I had been best friends since we were 12 years old. We had a lifetime of shared experiences and talk on the phone several times a day. She had been a true source of strength and encouragement for me as I supported Bebe and Kirby on their journeys of crisis. I could always count on her to listen to my struggles and offer a hug or word of encouragement as I did the best I could to help these other women and Luke. I could also always count on her to pray with me, brighten my day with a laugh, and to remind me to find humor in the world around me. Lora was my rock. She was always the first one I turned to when I experienced compassion fatigue and needed to practice good self-care as described by Acosta and Prager (2002). On so many occasions Lora was a Godsend.

So, on September 24, 2007, my 19th wedding anniversary, it was nothing new for me to absent mindedly call Lora to touch base with her like I had done thousands of times before. She reminded me Bob was having a colonoscopy that morning. I asked her if she was alone and she said yes but she had a good book to read. I was embarrassed I had

forgotten all about the test and quickly asked her if she was worried. She replied calmly “No, not at all. I’m sure it’s just a hemorrhoid. I’m good! I’ll call you when it’s over.”

About an hour later I realized I had not heard from Lora, so I called her back as I was driving from one worksite to another. This time when she answered the phone she did not even say “Hello.” Instead she sobbed out the words “It’s cancer. Tina, Bob has rectal cancer. They want to do more tests today. Tina, my husband has cancer! What am I going to do? I can’t live without that man!” There was no mistaking the panic in her voice. I asked her if there was anyone with her and she said “No! Tina, Bob has cancer!!” She kept sobbing. I was totally blindsided and was trying to regroup in a hurry. I took several slow, deep breaths as taught by Grossman (2008) and willed myself to go into crisis responder operations mode. I pulled myself together and prayed for Lora and Bob over the phone. I also prayed silently to myself, “Please Jesus, not Bob! Not more cancer!”

My mind was racing. My very best friend who I loved like a sister had just heard her husband had cancer, and she was alone and over an hour away from me. I told her I was on my way, and I would be there in an hour. I literally made a U-turn in the middle of the country road I was driving so I could head back towards the interstate. It was the fastest way to get to her. She told me where they were going next so I could find them. I asked her if there were other people she could call from her church who were closer and could get there quicker. She decided to call two couples from their Sunday school class. We talked until she was calm enough to make the other calls. I told her I loved her dearly, promised her I would drive safely and hung up. On the way I called my boss to tell him I was taking the rest of the day off due to a family emergency. I called my husband to tell him the traumatic news and asked him to please take care of our kids so I could go be with Lora! I do not know what I

would have done if there had been any discussion or problems because I was already well on my way. There was no time to waste.

The drive seemed to take forever! Grossman (2008) describes how time distortions are common when people are in crisis, so I kept checking the clock to keep myself grounded. I was careful not to speed any faster than my usual seven miles-per-hour over the speed limit. My mind raced through all the possible scenarios. I knew absolutely nothing about rectal cancer. I knew that colon cancer could be cured but rectal cancer was an unknown to me. I wanted information, and I wanted it now! Everly and Lating (2002) discuss how gathering information is one way of taking some control over crisis situations. Bob was 44 years old. Once again another young, healthy, vibrant friend had cancer and it shocked me. My mind raced with why questions that had no answers.

On that long drive to Lora I had time to search my memories for anything I might have missed, any clues that Bob was sick. And, there it was. I sucked in my breath when I realized he had tried to tell me something was wrong during the summer, and I missed it. So here we were almost two months later and he had just been diagnosed with rectal cancer. What if I had followed up and encouraged him to go to the doctor sooner? What if I had just mentioned it to Lora so she could follow up with him? What if? What if? I felt so responsible and guilty for missing the cues. My training made me expect so much more from myself than I expected from others as described in Luke 12:48b, "From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked" (*The holy bible: New international version*, 1984). I believed that I had been given many blessings and I had very high expectations of myself. It took almost the whole drive before I could take a deep breath, be kind to myself, and slow

my racing thoughts. I reminded myself that I was experiencing the crises with my friends and I, too, could expect to have some of the “normal reactions to abnormal events” that were discussed by Everly (2006). The past two years had certainly been abnormal for me as some of my most intimate friends, those precious few in my inner circle, battled cancer.

Surprisingly, I was the first one to get to the doctor’s office, and as soon as I saw Lora I kicked into best friend operations mode. We hugged, cried, and prayed together right there in the lobby. I stood by her side and held her hand as other people started to arrive and she had to keep repeating her story. That is what I did with Suze when Noah died, and she told me it was helpful, so I offered my silent, compassionate presence to Lora when she needed it. Later Bob came out of the CT scan and was obviously still under the influence of various medications, seemingly oblivious to it all. At least Bob was spared the memories of those first intense hours following his diagnosis. Lora and I were able to laugh at Bob’s semi drunken state through our tears. Laughter is something we have always shared easily. We were like Grandy and Midge in *Tear Soup* (1999), "Grandy knew she didn't have to be careful what she said around Midge. Midge wouldn't try to talk her out of anything she was feeling. And Grandy could even laugh and not worry that Midge would assume Grandy was over her grief" (Schwiebert & DeKlyen, 1999, p. 22). Lora and I often laughed as a way to cope with difficult things, but we knew the pain was still there and was still very real.

I thanked God that I might have learned something by supporting Bebe and Kirby on their journeys that could now be useful to Bob and Lora. It was important to me to be a source of concrete help they could depend on. So, at their invitation I went to doctor visits with them, researched rectal cancer on the Internet, and took goodies to the hospital when

Bob had surgery to get his ileostomy bag. I had learned in crisis response it is often the little things that make the most difference.

Suze and Jonah, Continued

So, three months later when Luke and I got the news on that crisp, clear January day that Jonah had an aggressive type of lymphoma, I had recent life experiences with cancer that had left me emotionally and physically affected. I knew that the road ahead could be a hard one and my reality with Kirby screamed that people die from cancer. I did not want to go there again so soon. I was exhausted emotionally from the previous two years of supporting Bebe, Kirby, and Lora in crisis. But, I knew there was no rest for the weary, and I had no choice but to rise to the occasion and be there to support Suze. It made me think of Wayne Warner's quote: "It's like fighting a gorilla. You don't quit when you get tired. You quit when the gorilla gets tired" (Warner, 2007). This journey was not about me. It did not matter that I was tired. Today it was about my dear friend and how she needed me to be there to support her until the gorilla got tired.

In some ways there was a surreal sense of God's hand in the whole thing. I had started my work in crisis response as a result of walking the journey of Noah's death with Suze 15 years earlier. I had gotten extensive training and experience in crisis response and become an avid trainer in the field. I had learned so much from Suze and how I was recognized as a specialist in the field of crisis response, and here I was years later again in a position to support Suze through a crisis with another son.

I jumped right in. Only five days after Jonah was diagnosed Suze asked me to come back to the hospital for a second time to sit with Jonah while she and Sam found an apartment to rent close to the hospital. They had been told Jonah would be spending a great

deal of time in the hospital, and they wanted to be ready. Suze asked me to sit with Jonah because she trusted me to write down everything that was said or done while she was out of the room. I made the 4½-hour trip alone. It was a brutal trip as I relived Noah's death, Bebe's cancer, Kirby's death, and Lora's journey with Bob's cancer. I cried freely as I drove down the interstate, "And at times when she was in a safe place where no one could hear her...she even wailed" (Schwiebert & DeKlyen, 1999, p. 9). I gave myself permission to fully experience the emotions of all of it to the very core of my soul. I prayed for my friends that God would spare them from pain, and that He would heal and restore them.

During the five days since Jonah was diagnosed I spent hours reading about aggressive lymphoma. What an ugly, ugly disease. How does such a horrible disease exist and I have never heard of it? I felt stupid for not knowing more. I knew Suze would want to know every detail about it so I would have another steep learning curve ahead. I was defiant in my prayers. I did not want to have to learn about any more cancer! I did not want to have to watch anyone else be sick. I did not want to visit any more hospitals. I did not want to even think about my dear friend losing another son, a second son. The very thought was more than I could bear, much less the reality of watching it happen. God and I had a long, emotional talk as I told Him I did not want to do this again.

By the time I got to the parking lot of the hospital I was exhausted from my inner struggle. I was feeling pretty sorry for myself that I had so much to carry for my friends. With three of my best girl friends' lives in crisis I did not know where to turn for support for me. I felt alone. I sat in the car for a few minutes practicing some of Grossman's (2008) stress management techniques by taking deep breaths. I just sat there trying to find the strength to go into the hospital.

After a few minutes of sitting numbly in the car, I finally told myself that I was being ridiculous. This story was not about me. I did not own it. This was Suze's story, and I had all the skills I needed to support my dear friend in crisis. I had come full circle. Suze's crisis with Noah's death had started my journey in crisis response. Now, after years of training, responding, and teaching, I was in a better position to support her again. I was equipped to do what needed to be done. The nonlinear path of chaos theory had brought me right where I needed to be when I needed to be there. I was amazed at how God's hand had been involved all along. There was no question that I was not alone. I let my training kick in as I continued to take deep breaths, wiped my tears, squared my shoulders, put on some fresh lipstick, and adjusted my attitude. Pity party was over.

I had three beautiful, healthy children. I praised God for that and made a mental note to try and never take that for granted. I gave myself a pep talk; I had traveled all over the nation supporting people in crisis. If I could support strangers in 9-11 and Hurricane Katrina, law enforcement, fire fighters, emergency room staff, and teachers and students, then I could suck it up and go support my friend who I loved so dearly. She deserved no less than my best. I had a job to do, and there was no one else to do it. Like Grossman (2008) said, I was a warrior so I needed to start acting like one! I put my game face on and went into crisis responder operations mode. That moment was the beginning of a journey that would forever change my world as a friend and as a mother, and it would also significantly impact my work as a crisis responder and crisis response trainer.

The Relapse

Jonah responded well to the first round of chemo, and the immediate sense of crisis subsided within a few weeks. I found myself with an unusual dilemma. My mother identity

and friend identity were being challenged by my wife identity. Ben gave me a trip to Maui to see the whales for our 20th wedding anniversary and we were scheduled to leave two weeks after Jonah was diagnosed. Ben and I discussed postponing the trip, but he really wanted to go. I talked with Suze about it and since Jonah had responded so well to the chemo she told me to go. I wasn't sure I wanted to leave Luke, but we worked very hard to make sure he was staying with a supportive family. We also collaborated with two other families to take care of Han and Leia while we were away. It was an amazing trip that was healing for me in many ways and seeing the whales was incredible, but a sense of urgency was always near the surface being so far from home so soon after Jonah's diagnosis. Suze and Lora and I talked every day.

What followed was five months of chemotherapy cocktails, tests, scans, and severe reactions. Every month Suze was told these brutal procedures were working and Jonah was in remission. Suze and I talked about her struggle with the decision to keep giving Jonah the treatments. She told the doctors she was afraid the treatment was worse than the Lymphoma. The doctors assured her Jonah had to complete all of the rounds of chemo or the Lymphoma could return and a relapse was typically worse. On more than one occasion Suze voiced to me her fear that she was giving them permission to kill Jonah.

Luke understandably asked to spend as much time as possible with his best friend, and I knew taking Luke to see Jonah was another way I could support Suze by supporting Jonah. So, Luke and I quickly settled into a routine of going on Sundays to the hospital to visit Suze and Jonah. We would leave the house early, get there in time to bring them lunch from Zaxby's, stay about 5 hours and then head back home. I loved the car time with Luke on the long trips. We laughed, listened to music, and caught up on each other's lives.

Sometimes we would pile some of his other friends in the car, and sometimes we would go alone. But we always went. Jonah loved to see Luke! He would light up like a Christmas tree every time Luke walked through the door. Those boys laughed, roughoused, and laughed some more on every visit. They played old games, made up new ones, kicked a soccer ball, and took walks around the hospital ward. They were just two teenage boys having fun and Luke never treated Jonah like he was sick.

Someone asked me once why I made the long trips to Vanderbilt almost every week, and I told them that depriving Jonah of Luke was like depriving him of life-saving medicine. The visits were that significant for both of the boys. The visits were just as important for Suze and me. Even though we talked at least once a day by phone, Suze would save up her hard questions and conversations for our visits in person. We covered any topic she wanted to talk about; we ran errands in town if Jonah was well enough for her to leave him; we got her something different to eat than hospital food; and we talked, laughed, cried, prayed, and hugged. I treasured those visits with Suze as much as I treasured the car trips with Luke. I had this deep sense that we were making precious memories.

Finally the prescribed chemo regimen came to an end after five months and Jonah was still in remission! We were all ecstatic at the prospect that Jonah's life might get back to some sense of normalcy and he could possibly enjoy his senior year of high school in the fall. Everyone was celebrating. We let our guards down and were expectantly waiting for the official report from the final spinal tap that all was well. We were confident the treatments had worked and Jonah was cured of this aggressive form of Lymphoma.

I was caught totally off guard later that week when I got a text message from home saying "Call Suze 911" when I was in class for my doctoral program. My family had never

texted a 911 message before. My mind raced as I tried to imagine what had happened, and then I remembered we were waiting for the results from the spinal tap. My heart sank. I excused myself from class and called Suze. She answered the phone sobbing. I could barely make out her words, “It’s back! Tina, it’s back! You know what that means! You know what that means!” She kept repeating those words over and over in a semi controlled crazed panic. My training taught me Suze’s response was normal because “feeling crazy is normal in a crazy situation” (Acosta & Prager, 2002, p. 232). Suze knew I had studied everything I could read on aggressive Lymphoma. She knew what I knew, and we both knew a relapse only six weeks after his last treatment was horrible news. Statistically, it dropped Jonah’s recovery rate to 5% or less. For all practical purposes without divine intervention a relapse now was the kiss of death, and Suze knew I was fully aware of that reality.

All I could do was cry, pray, and tell Suze how very, very sorry I was. There were no empty words of hope or encouragement to offer. Suze needed to talk to someone who knew the facts and felt the enormity of this news. I walked around outside the building for 30 minutes or so talking with Suze on my cell before she was ready to hang up and make other phone calls. I assured her I would be there for her and I would make sure Luke was there for Jonah. I promised we would continue to visit faithfully.

I returned to class but my tears would not stop falling. A close friend asked if I was OK, and I told him Jonah’s Lymphoma had returned. He nodded in sympathy, but I knew he had no idea what the news actually meant. I continued to participate in class discussions while quietly crying and dabbing tears. That was another one of those many hard moments when my worlds collided and I experienced cognitive dissonance. I had just found out that my beloved Suze had in essence been robbed of most of her hope that Jonah would survive

Lymphoma, and yet there I was, a student expected to participate in class as if nothing had happened. Regardless of the events in my friends' lives, my world kept turning.

Another hard moment of colliding worlds was later that evening when I needed to talk with Luke about Jonah's relapse. The depth of Luke's young faith amazed and inspired me. We cried, hugged, and prayed together after I told him the news. Luke's hope for a full recovery for Jonah never wavered. I did not tell him what I knew about Jonah's relapse and the dreary prognosis. There would be time for that conversation later. I prayed instead that Luke was right and Jonah could still beat the odds.

I learned from Suze that a relapse could be so much harder emotionally on the patient, family, and friends than the initial diagnosis. It took away hope that this disease could be conquered once and for all. It meant the treatment did not work and the doctor's had to go back to the drawing board to figure out what steps to take next. It meant rethinking everything. It made maintaining a positive attitude more difficult, and it decreased motivation to keep on keeping on.

Since Jonah's relapse both Bebe and Bob have experienced a relapse. My shared experiences with both Bebe and Lora were similar to Suze's. One of the problems with a relapse is that people have grown accustomed to that friend or loved one having cancer, chemo, tests, and treatments which makes it easy to dismiss a relapse as just something else that goes along with cancer. Thankfully, I learned from Suze how to better support Bebe and Lora. My life had become a perfect example of chaos theory; all threads were woven together and connected to other threads.

Another problem with a relapse is there is no resurgence of the support experienced at the initial diagnosis. Grandy says it well in *Tear Soup*, "Most of these friends will be history

pretty soon. They'll be over my tragedy long before I am" (Schwiebert & DeKlyen, 1999, p. 22). My friends taught me that psychologically the relapse is a much bigger deal and is harder in many ways than the initial diagnosis. It is like they were psyched to fight the battle for a set amount of time. When the finish line was in sight it was easier to keep pushing through the pain and discomfort. A relapse moved the finish line and introduced doubt whether or not the race could even be won.

Holding on to Hope

Once Jonah relapsed the doctors determined the best life-saving treatment for him was a bone marrow transplant. But, in order to get one, he had to go back into remission. For the next 5 ½ months they tried every possible combination of chemo cocktails and radiation. Nothing worked. The doctors brainstormed with other doctors across the nation hoping to find a new break through for Jonah. At one point they asked Jonah if he wanted to continue trying different drugs or if he was ready to call it quits which meant going home to die. They told him the choice was his to make and they would honor his decision. Suze reported that Jonah looked them straight in the eyes and through his tears he told them if they had a 1% chance of saving his life to throw everything they had at him because he wanted to live!

Those five months might best be described as a train constantly moving between crises. First there would be the chemo, then the side effects, then the infections, then the tests, then the results, and then the chemo would start all over again. It was one long emotional roller coaster with no breaks for recovery. Luke and I faithfully traveled to Vanderbilt every Sunday to visit Jonah and Suze in the hospital. We made other special trips for his birthday and Make a Wish party. Luke's faith that Jonah would fully recover

continued to never waver. He was confident that Jonah was strong and that he could beat this hideous disease. I never contradicted him. He was a 16-year-old boy with a big heart and even bigger faith. I was so proud of him for going Sunday after Sunday to joyfully spend time with Jonah. It was like Luke needed the visits as much as Jonah did.

The rest of the family had to make sacrifices, too. Every Sunday Ben had Leia-duty. They settled into their own Sunday routine of going to church, out to lunch with William, our little adopted grandpa from Hurricane Katrina, and a relaxed afternoon at home. For the first six months Han got used to not having me available on Sundays except by phone. The last six months he was a freshman at a college between home and the hospital so after Luke and I left Jonah at Vanderbilt, on the way home we would swing by Han's dorm, pick him up and take him to supper. He seemed to enjoy it as much as I did. It always gave me something to look forward to when we left the hospital. Luke and I settled into this odd routine that made for long, 16-hour Sundays.

Luke and I kept the car time positive with lots of music, laughter, and love. The music was especially important because we would sing or Luke would play his harmonica. There's scientific proof that listening to music can reduce anxiety (Everly & Lating, 2002). Most of the time I found those rides to be pure joy. But some of the time they were excruciatingly difficult. Those were the rides home after Suze and I had our heart to hearts about the reality of Lymphoma and Jonah's prognosis. Suze needed to talk with someone about the really hard stuff. Our shared history, our intimate friendship, my availability, and my extensive training and expertise in crisis response, made me a logical choice to be that person. Suze talked about her struggle to keep one foot in the faith world where she believed

that God could heal Jonah, and the other foot in the world of Lymphoma, where she knew with each failed treatment it was more likely Jonah would die of the disease.

Suze explained it to Jonah by telling him they were going on a trip and they did not know where it would end up so they had to pack two suitcases. In one suitcase they packed all the positive things they knew to be true including their faith, confidence in the medical profession, and hope. In the other suitcase were all the realities of Lymphoma and what the research said about the prognosis. She explained to me she had to carry both suitcases or she did herself a disservice. She believed they had to live in reality but keep it covered with faith.

Suze also talked with me about how she felt responsible for the spiritual well being of so many of the people who loved Jonah. She wondered if he died would they blame God and turn their backs on Him. She knew they were watching her reactions and she did not want to do anything that would lead anyone away from their faith. I was speechless. Here my beautiful friend was mourning her son's illness, she hadn't been home in months, and her whole life had been reduced to a hospital room yet she felt the weight of the world on her shoulders for the spiritual lives of others.

Suze was a spiritual leader in her church so this was a serious concern for her. I listened intently as she described her struggle. It would have been acceptable for me to tell her that should be the least of her concerns right now; that she had all she could handle taking care of Jonah so she didn't need to carry other people on her shoulders, too. But I relied on my training and my intimate understanding of Suze, and I let her talk without interrupting. This was a very real concern for Suze. I just listened and let her problem solve out loud.

This was Suze's journey, and I was there to support her regardless of what she wanted to talk about. Nothing was off limits and there were times Suze would open her heart and soul so that I could see the raw pain she experienced as a mother. I would physically ache for her as if my own heart were a sponge soaking up some of the pain in hopes to literally share the burden. Grossman (2008) explains it by saying, "Pain shared equals pain divided, Joy shared equals joy multiplied" (p. 302). I left those talks with a heavy heart and wanted to cry all the way home but I could not because Luke was in the car with me. When those worlds collided, my need as a mom to protect Luke from my pain was greater than my need to express the pain so I swallowed it until later. I had to remain in crisis responder operations mode on the long ride home.

Imminent Death

I was dancing between many identities so it was no surprise they sometimes crashed into each other. One particular week in December 2008 seemed like the perfect storm. I was invited to attend an invitation-only Safe Schools Train the Trainer by Michael Dorn in St. Louis, MO. The invitation came only two weeks before the class, and because it was a beta class the fee was very reasonable. I had a friend in St. Louis I could stay with and the plane ticket was affordable, so Ben and I made the decision I should go. It was a professional opportunity that could potentially be very significant for me.

The problem was that Jonah was not doing very well. He was in intensive care following a reaction to some of the chemo. But, he had been there for a week and seemed stable. Suze and I talked about it before I made the plane reservation, and we decided it should be OK for me to be away for five days. I also talked with Lora because that was the week Bob was scheduled to have surgery to remove his ileostomy bag. Lora would have

enjoyed my company during the hospital stay but she said it should be OK for me to not be there because it was actually a happy surgery for them. Bob was so ready to have the ileostomy bag removed!

Next, I talked with Luke to see how he felt about me going away. I asked him what he would do if Jonah got sicker while I was in St Louis. He assured me he had a great support system and that he would be fine; I should go to the training. So I did. I flew to St. Louis on a Sunday afternoon. My friends, Ed and Becky, met me at the airport and took me to their house. Ed decided to attend the training with me so we rode back and forth together.

Monday morning Bob was scheduled to have surgery but Lora called early to tell me they it was postponed a few hours because the doctor was asked to perform an emergency surgery. Later Lora called to tell me she was locked out of the hospital because they had a lockdown for some reason. She was very anxious to get back to Bob. She knew he was nervous and upset about the delay and she did not want him waiting alone. We prayed together on the phone. I felt helpless being so far away from home. I started to second-guess if I should have attended the training and wondered if I had let Lora down.

The next time Lora called she told me they were told to evacuate the hospital due to some chemicals in the hospital heating units. They finally let her back in to help get Bob ready to move to another hospital across the street. Lora was stressing because the delay in surgery messed up her childcare arrangements and stressed Bob who just wanted to get it over with. All I could do was listen because I was so far away. She needed a friend to help her and I was not there for her. I was so discouraged.

Finally, Lora called to tell me that Bob would have surgery but not until 9:00 pm. Due to all the chaos in moving to a new hospital his surgery was delayed 12 hours. She

promised to call me as soon as she heard anything. It was almost midnight before she called to tell me the doctor had notified her from the operating room that the ileostomy bag was gone and everything looked healthy! We cried tears of joy together this time as we celebrated the good news.

On Tuesday I relaxed and thoroughly enjoyed the class. It was a great training and I was thrilled to be a part of such an amazing opportunity. I was in my element making new friends and building contacts across the nation. But the next day, on Wednesday afternoon Suze called quietly crying. Jonah's latest test results had come back, and he was not in remission. He was finally too weak to go on. The doctors told her there was nothing else they could offer Jonah. Suze told me she and Sam were taking Jonah home the next day because they did not want him to die in the hospital. I was at a loss for words. It was over. The fight was over. Jonah would die of Lymphoma. The news knocked the wind out of me and weakened my knees. I lost my mental focus. I felt the full physical impact of the news as I experienced many stress response symptoms described by Everly and Lating (2002) and Grossman (2008). I sat down in the corner of the lobby of the hotel where we were training and quietly cried as I talked with Suze on the phone. I needed to be home, and I was trapped in St. Louis. All of a sudden I flashed back to Australia where I had learned of Bebe's ovarian cancer and could not get back to her. Once again, I felt like a cornered animal. I kept looking for a way out or a place to run to but there was nowhere to go. I didn't even have a car. All I could do was sit and quietly cry. My training kicked in and I remembered that "people in trauma are wobbly and reaching out for a line, a wall, a pillar to stabilize them" (Acosta & Prager, 2002, p. 231). Suze called me looking for a pillar of strength, and I had to be that for her so I took deep breaths, grounded myself and focused on her.

Suze was obviously overwhelmed and she needed me to make some calls for her. I had the awful responsibility of calling Lora to tell her the news about Jonah. She, too, is a very close friend of Suze's and supported her through the tragedy of Noah's death. She had been so torn over the past year between taking care of Bob and supporting Suze. Lora wanted to be there for her friend but her husband's radiation and chemo treatments took a toll on him so Lora had to pick up extra responsibilities around the house in addition to emotionally supporting Bob and her children. There simply was not much time or energy left to support Suze.

Often when Suze and Lora's lives were especially hectic I had the responsibility of keeping each of them informed about the other. I hated now to call Lora while she was nursing Bob back to health at the hospital after his great report and give her such terrible news. But, I knew she would want me to tell her right away.

So I made the call. I tried to tell Lora as little as possible but convey the seriousness of the situation so she would not be blindsided if Jonah died quickly. She and I cried together briefly on the phone as I promised I would tell her if I heard anything new. Lora mentioned feeling guilty that Suze was told there was no hope for Jonah the same week her Bob was declared cancer free. Lora was experiencing a form of survivor's guilt. She wanted to go see Suze but knew that she could not leave Bob. We talked about how the most important thing she needed to do right now was support Bob and her kids.

After I finished making the calls Suze asked me to make, I didn't know what to do next. I hated being away from home, especially being away from Luke. After much discussion between my husband, Lora, Suze, and Ed, everyone decided I should stay in St.

Louis and finish the training. It was over the next morning and I would be home late Thursday evening, just barely 24 hours away.

There was nothing I could do by coming back earlier. Suze was still a six-hour drive away from the airport. There was no way I could make the trip to see Suze without taking Luke to see Jonah which meant I would have to go home to get him and then it would just be too late to drive that far safely. Ed and Becky were there in St Louis to offer me emotional support as I digested the news so the only sane decision was for me to stay. I knew I should use the time without any demands on me to provide direct support to Suze by working through my own feelings and physical reactions to the news. The best thing I could do right then was to spend time and energy to get myself emotionally grounded.

Since we decided I would not return home immediately, that left me the task of telling Luke the news about Jonah by phone. Thankfully his dad was there to support him at home, but after all Luke and I had been through together I knew the news needed to come from me, even if it was over the phone. It's one of the hardest things I have done in my lifetime. Luke wanted nothing more than for his God to save his friend. All along over the past few months I would gently say things to Luke like, "You know, Honey, Jonah's prognosis on paper is not so good," and he would reply "I know Momma but God can still heal him." I never argued. Later on when we would find out another chemo treatment had not worked I'd say something like, "You know, Baby, if Jonah doesn't go into remission he can't get the bone marrow transplant he needs to save his life," and he would say "He'll go into remission next time Momma, I just know it!"

So there I was in St Louis with a broken heart, and I had to put it aside and go into crisis responder operations mode to tell my son over the phone that his best friend was going

to die soon. It must have totally overwhelmed my usual coping skills as described by Everly and Lating (2002) because I have little memory of what was actually said during that call, just the overall concepts we covered. I know we cried and prayed together for a long time. We talked about how tired Jonah's body was from all the horrible treatments and that it was time for him to get some peace and rest in heaven. We talked about how much Jonah loved Luke, what a gift that friendship was to both of them, and how many people spend a lifetime without ever knowing the amazing bond of love the two of them shared. We talked about how proud I was of him for being such a true and loyal friend. Then we talked about how important it was for him to have plenty of friends around him now for support. I told him I would be home Thursday night and we would go see Jonah on Friday after he got out of school at lunch. Luke talked with me about who he could turn to for support that afternoon, I made sure Ben was keeping a close eye on him, and we hung up.

The rest of the afternoon was a blur as I sat through class trying to pay attention but unable to make the words stick in my brain. It reminded me of listening to the teacher in Charlie Brown where the kids hear only Wah-wa-wah-wa-wah. After what seemed like an eternity, class was over so Ed and I could finally leave. Ed has extensive training in CISM as a military chaplain, and he was a huge support to me as I sat in the car and quietly cried. I thought my chest was going to explode from all the emotions I was fighting to keep in check. We met Becky for supper but all I really wanted to do was talk with Lora to make sure she and Bob were OK and to talk again with Suze.

Later that evening after I had talked with Lora briefly, I had already gone to bed when Suze called. She was crying quietly as she told me they had a scare earlier that day with Jonah and they thought he was going to die right then. I could tell by the sense of urgency in

her voice that she really wanted to get Jonah home before he died in the hospital. She had been busy making plans with the doctors and nurses to make sure that happened first thing Thursday morning. I went into crisis responder operations mode and talked with her as calmly as possible. I kept saying how very sorry I was and telling her Luke and I would be there Friday evening. We would leave as soon as Luke got out of school at noon. We both agreed that it was important for Luke to stay in his routine as much as possible. That had been my goal for Luke over the past year and it just seemed like the right decision now. I told Suze how much I loved her. We prayed and hung up the phone.

Finally, the day I thought would never end was over, and I could go off operation mode, let my guard down, and cry. I did not want to upset my friends by wailing, which is what my body screamed to do, so I covered my head with the quilts and quietly laid there as my body was racked with silent sobs. After just a few minutes my phone rang again and I saw it was Suze calling back. It took a few seconds to compose myself so I could talk to her. I practiced Grossman's (2008) breathing techniques, took a few deep breaths to steady my voice, swallowed hard, and answered the phone. I wanted to be the pillar Suze could lean on for support.

I said "Hello?" and Suze replied in a quiet, weak voice, "I forgot to ask about Bob. How is he doing? Is he OK?" I was so overwhelmed with love for this woman. Here she was in the middle of making arrangements to take her son home to die and she was thinking of Lora and Bob! I told her Bob was fine. I explained his surgery on Monday was successful and the ileostomy bag was gone. She sighed and said, "That's good. Tell Lora I love her." and hung up. For me, Suze's call epitomized what love for another friend is all about (Fehr,

2004). Even in the middle of living a nightmare she was able to show love and concern for Lora.

On Thursday our class let out early due to a prediction of serious icing later in the day. I tried to get an earlier flight to Charlotte, but it was full. I had no choice but to wait it out and pray I made it home. Since we had four hours before I needed to be at the airport, Ed and I joined the instructor, Bob Siddle, and his wife for lunch. We had a delightful time getting to know each other, laughing, and talking about the safe schools training we had completed. It was a welcomed respite from my heartache.

Over lunch Bruce Siddle said he would like for me to meet his business partner, Lt. Col. David Grossman, to talk with him about doing some work together on developing a “train the trainer” for the Colonel’s material related to school folks. I was thrilled. It was an amazing opportunity for me professionally. Bruce gave me an autographed copy of his book, *Sharpening the Warrior’s Edge: The Psychology and Science of Training* (1995). Talk about an emotional roller coaster ride. In the past few days it felt like I had experienced all emotions known to mankind. My head was swimming as I tried to make sense of it all. Little did I know just how significant that time spent with Bruce Siddle would be because he connected me with Lt. Col Dave Grossman.

The chaos theory butterfly effect was at work. I attended the safe schools training with Michael Dorn and met Bruce Siddle who then introduced me to Lt. Col David Grossman who invited me to attend his “bulletproof mind” training several times across the country. From Grossman’s trainings I have learned so much about the physical response to crisis. I now incorporate Grossman’s material in every crisis response intervention I do as well as every class I teach. Just as importantly, Grossman has become a friend who

encourages and supports me in this work. His material has given me the internal strength and motivation to continue my crisis responder work even when I have been mentally, physically, and emotionally drained from providing support to my friends over the past years.

The Death

Getting home from St. Louis was a nightmare. My plane was delayed for deicing and then because of severe fog in Charlotte we were diverted in route to land in Columbia, SC. I had no idea how at midnight I was going to get from Columbia, SC to Charlotte, NC where I had left my car. My emotional reserves were wiped out and I was panicked about getting home to Luke and getting to Suze as soon as possible on Friday.

Suze called me as I sat in the plane on the tarmac waiting for the stairs so we could disembark. On the flight from St. Louis I had tried to concentrate on the book Bruce Siddle gave me so I would not cry the whole way. I had been successful at keeping the tears at bay until I heard Suze's voice. Once she started talking there was no stopping the tears. I quickly opened my little cranberry colored purse that was stuffed full of tissues and put it on my lap. I kept my head bent over my purse as we talked and the tears fell straight from my eyes onto the pile of tissues.

I did not want to make eye contact with anyone so I stared down at my purse. After my intensely emotional week away from home I had no energy left to kick into operation mode as I talked with Suze. Instead, without thinking I naturally reverted back to our long-term, comfortable friendship which allowed me to just be real with Suze and turn to her for comfort and stability; I sank to the level of my training where I naturally reverted back to what I knew, as explained by Grossman (2008). I told Suze in a quiet, controlled panic that I was trying to get home but I was trapped on a plane in Columbia, SC. I did not know what to

do. I did not know how I was going to get to Luke. I did not know how I was going to get to my car parked at Charlotte. I did not know how long it would take me to get to her! I was trapped and I had no idea what to do. I kept telling her I had to get home to Luke. I also kept telling her I was trying so hard to get her.

Suze cried with me. Her voice was weak from exhaustion but she told me that Jonah had done better since he got home that afternoon. She told me the whole family had been together and had a great evening talking and playing with him. Suze very calmly said I really should come as soon as possible on Friday with Luke but she encouraged me not to panic now. She reassured me that it would be all right. I just needed to get home safely.

My beautiful friend who had just brought her son home to die was comforting me. It was the only time I remember during Jonah's battle with Lymphoma that I put Suze in the position of supporting me. But at that moment I was totally depleted of all mental, emotional, and physical reserves. I was in a panic, and I needed my friend's tenderness and support to hold it together. Suze instinctively must have kicked into her friendship-mode because she came through for me. I love that woman!

We finally said goodbye, but I kept staring at the pile of tissues in my purse absentmindedly watching my tears fall. I did not want to make eye contact with anyone because I was sure the raw depths of my pain would be evident to anyone looking into my eyes. I quietly kept crying. Once the tears started falling there seemed to be no way to make them stop. A minute or so later my seatmate lightly touched my elbow and said, "I'm sorry." We had not spoken since the plane took off in St. Louis so his act of kindness surprised me. I glanced sideways at him without moving my head and acknowledged what he had said with a tiny nod. I then replied very simply, "I have to get home to my son and take him to his friend

before he dies.” He again said he was sorry. We did not speak after that. We were both lost in our own thoughts.

After what seemed like an eternity, we finally got off the plane. In the tiny terminal there were no employees available to assist us. It was after midnight and the little airport was not equipped for all the planes that had been diverted to them. Literally hundreds of disgruntled people were milling aimlessly around. I heard someone say all the rental cars were long gone so I stood still right in the middle of the chaos and stared aimlessly off into space as the tears continued to roll down my cheeks. I could not think clearly and had no idea which way to turn. I kept willing my brain to work, but it just refused!

Suddenly I was jolted back to reality when I felt a light touch on my elbow. I glanced over to see my seatmate standing there. He held onto my arm and leaned towards me to whisper in my ear, “I’ve got a car! Come on, I’m going to get you home to see your son.” I was speechless. A wave of relief and gratitude washed over me as I blindly followed him out into the dark parking lot. He offered to take my carryon luggage for me and as he was putting it into a taxicab I paused for a moment. Years of martial arts training started racing through my head. This was not smart. This was not safe! I stopped for a second right in the middle of the road. What was I thinking? I was about to get into a car with two men I did not know in a dark parking lot and no one knew where I was or what I was doing. My actions were going against everything I had been taught about self-protection.

All of a sudden I snapped into operations mode, stopped crying, and objectively assessed my situation with surprising clarity. I sized up the two men and determined they were of medium build. With my extensive martial arts black belt training I decided I could take them. My seatmate was obviously a business man with enough means to secure a ride to

Charlotte, and the driver just seemed excited about the extra money he was going to make. They seemed harmless enough. I still knew it was not smart, but then I thought of Luke and Jonah and Suze. I squared my shoulders; stood a little taller, and nodded to myself. I was determined to make this work so I got into the car, shaking their hands as we introduced ourselves.

I ended up finally getting to my car and making it home and into bed by 4:00 am. Ben sent all the kids on to school that morning, and I slept fitfully until 10:00 am. At 11:30 am I was meeting the family so all five of us, and Luke's friend Dawkins, could have lunch together at a local diner. Again, my worlds collided. I had been gone for five days so it was important I spend time with Ben, Han, and Leia before I headed out with Luke and Dawkins. It gave me a chance to touch base with them and assess how they were holding up after hearing the news about Jonah. Plus, physically I needed to eat and get some strength for the six-hour drive ahead of me. I knew I would have to drive the whole way because under the circumstances I could not expect Luke to help me. I knew he would be experiencing his own stress reactions and would not be cognitively capable of driving.

Before lunch, with a little bit of sleep to refresh me, I had to once again kick into operations mode and plan how I was going to tell Bebe the news about Jonah's failed chemo and his latest prognosis. It was yet another phone call I did not want to make, but Bebe had to be eased into this news. She would need time to adjust to the reality that Jonah was going to die. Bebe had only met Jonah a few times and she was not close to him, but she had known and cared for Suze for over 20 years. They met at my wedding and had always kept up with each other through me.

Suze consistently asked for updates about Bebe's cancer and treatment, and over the past year Bebe had stayed well informed about Jonah. I did not want to talk to Bebe while I was in the car with Luke so before I left the house for lunch I made the call and gently told Bebe that Jonah had been sent home to die. She was obviously upset. It broke my heart for her. She reiterated some of the survivor's guilt concerns that she had shared with me when Kirby died. But this time was worse because there was the added theme that Jonah was barely 17-years-old. Bebe felt guilty that her chemo was working and Jonah had never gotten well enough to get the bone marrow transplant. She questioned her faith and God. It scared her that she could be next. If Jonah could die at age 17 then it was much more real that she could die at her age. I wanted her to feel free to express her fears so I just listened and let her talk. Similar to my experience when Kirby died I wanted to tell Bebe not to worry, but I knew I could not. Ovarian cancer is an intense disease, and she was full of it. Before we hung up, in my jet lagged, emotionally weary place I mustered up all the encouragement I could give Bebe and told her that she and Jonah were on two different journeys. I told her I did not know where her journey would take her but I had to believe since she was doing so well that she had years left ahead of her! I knew as Acosta and Prager (2002) explained, it was very important for me to choose my words carefully. At the time I believed it was important that Bebe hear from me a strong sense of expectancy of good things to come for her.

After lunch Luke, Dawkins, and I made the six hour drive and got to Suze's house that night at 8:00 pm. When I saw Suze she exhibited the thousand-yard stare common to people in a severe crisis: she was looking straight through me instead of at me. We hugged briefly, but she was a woman on a mission. There was no mistaking she was in operation

momma mode. I mentally made sure I was in crisis responder operations mode so she would not be burdened with supporting me.

I was shocked at how Jonah looked. We had seen him less than a week before I went to St. Louis and I could not believe how much he had changed. His skin was a dark pumpkin color, and he had lost even more weight. I looked to see how Luke was reacting. He had not flinched. He and Dawkins went right over to Jonah's hospital bed that was in the middle of the family room and started talking to Jonah like they had on every other visit. They acted like everything was perfectly normal. Jonah responded to them the best he could. It was obvious he knew Luke was there as he turned his head towards Luke's voice and tried to talk to him. It was an absolutely beautiful display of friendship that showed unconditional love in action.

I took a drive with Jonah's brother, Elijah, to give him some one-on-one time and we got back to the house after 11:00 pm. Luke and Dawkins were sitting on either side of Jonah's bed watching a basketball game on TV. They were talking to each other and Jonah about the game like it was a regular Friday night. They laughed at the players' bad plays, hollered in delight at good plays, and were generally loud and rambunctious. Jonah was obviously aware they were sitting beside him and would try to look at whichever boy was the loudest. Suze was sitting off to one side working on her laptop. I stood in the doorway and studied her for several seconds to see if the boys' behavior was bothering her and if I should direct them to behave differently. She didn't seem upset by it so I relied on my training and let it be what it needed to be.

Sam and Sadie, Jonah's dad and sister, had already gone to bed trying to get some sleep. Everyone was exhausted from getting Jonah home and giving him a bath. Shortly

after Elijah and I got back Jonah seemed uncomfortable so Suze asked all of us to help her reposition him. I got behind his head and held his shoulders. Luke supported Jonah under one arm and Dawkins supported the other arm. We helped pull him slowly up in the bed while Suze and Elijah rearranged Jonah's pillows around him. The basketball game was still blaring in the background.

Then, something happened. I am still not sure what. I could not see Jonah's face because I was behind him. All I know is Suze started calling his name in a panic and she began to sob. She grabbed Elijah's arm and told him with a controlled urgency in her voice to go get his dad and sister, now!

As the family members ran and stumbled into the room, I pulled Luke and Dawkins over to me at the head of the bed and whispered to them they had to let the family be closest to Jonah. The two of them huddled together at my left shoulder with sheer terror on their faces. They were in shock. There had been no pre-incident training for this where I could have talked to the boys about what to expect when Jonah died (Everly, 2006). The boys and I had gently talked about the possibility of Jonah dying for months but we had not talked about them literally witnessing it. I did not know if they wanted to be a part of this or not, but there was no time for a conversation now. We would just have to cling to each other and make it through. So, I forced myself into crisis responder operations mode and tried to be hyper-vigilant of what was happening around me because "even in chaotic circumstances, individuals can make congruent decisions" (Wheatley, 2006, p. 131). My intimate history with Suze had given me some insight into what she might want to happen in this sacred moment so I tried to see the experience through her eyes.

I asked my boys to turn the TV off; I continued to scan everyone's faces to assess how they were holding up. I hugged Dawkins, kissed Luke on the top of his head, offered my right shoulder for Sadie to lean on, put my hand on Elijah's shoulder for support, met Suze's long gazes of heart breaking raw pain with a nod of encouragement trying to convey that she could live through this, and then I gave Jonah my own goodbye kiss on the top of his head. I so loved that kid. I would like to say that with all my years of crisis response experience and training I carried this off with a supernatural grace, peace, and wisdom that brought a healing presence into that room. But, in reality I was crying my heart out and feeling more like a lone lifeguard trying to save seven drowning people at the same time.

I know following a trauma that a person often has a sight, sound, smell or a touch that stands out in their mind and represents that event in their memories (Everly, 2006). For me, Jonah's death experience will be forever embodied by the look in Suze's eyes and the sound of Luke's wails. They say the windows are the eyes to the souls. I could see in Suze's eyes the broken heart of a mother with a pain and loss that resonated to the very center of her soul. It was a look I had seen before when our eyes first met after Noah died. It was a look no mother should ever have to exude twice. It broke my heart to look in her eyes, but I met her gaze full on and held it as long as she needed me to. It was one way I could communicate to her that I could handle her pain and she did not have to protect me from it.

Once Luke understood what was happening and that Jonah was actively dying he started to wail. He sucked his breath in quickly filling his lungs with air and on every exhale he let out a forced, long, loud wail. Luke is an athlete and he used his whole body to give voice to his pain. When he first started wailing I glanced around the room to see if any of the family members were distressed by it. Everyone seemed to be in their own world of pain as

they walked through this experience the best way they knew how, so I made the decision there was no need for me to intervene. Luke had to express his love for his friend in his own way. He continued to wail loudly with all his might on each exhale until just after Jonah took his last breath. I will forever remember Jonah's death by the sound of Luke's wails.

As a friend it was excruciating to see the raw pain in Suze's eyes, and as a mother it was excruciating to hear the raw pain in Luke's wails. But at the same time I found comfort in knowing that behind their pain was a love so deep and so real that it was sacred. I felt privileged to be a witness to such pure love. The intensity of their pain met with the intensity of my pain, which only served to validate our love for each other and for Jonah. I believed we had all been brought to this moment of shared pain by divine intervention. Too often we as a society shut down outward expressions of pain and loss because it makes us uncomfortable. We don't want to feel and experience the pain so we discourage others from expressing it in our presence (Weinstein, 2004). I believe as a result of this cultural norm there are a lot of walking wounded among us carrying around unresolved pain that was deprived of expression. I felt it was a sacred honor to be a witness to Suze's and Luke's pain because it was an expression of deep, deep love.

It took every ounce of fiber in my being to stay in operation crisis responder mode while Jonah died. I worked hard to be aware of how everyone was holding up, especially the four young people. They took turns reaching towards me for a hug or a knowing look of encouragement that they could be there with Jonah as he died. I was also very aware that this sacred moment belonged to the family so I was conscious of giving them space and access to Jonah. Suze was physically out of my reach but I actively supported her with knowing looks and nods trying to communicate with nonverbals that I was there for her. It was surreal as

Jonah's breaths became further and further apart. I had to tell myself that this was real; it was actually happening. After a year of treatments, prayers, and hopes, Jonah was dying. And, then it was over and he was gone. The whole thing lasted only 30 minutes.

I waited just seconds before I motioned for Luke and Dawkins to leave the room. I wanted the family to have time alone to grieve in private. Suze had told me several times before that one of her deepest regrets about Noah's death was that he died in the hospital. She hated that he died in an emergency room. Although the hospital staff was empathetic, they did not share the intensity of her loss. I assumed that was why Suze wanted to bring Jonah home to die and I wanted to honor her wishes, so we left the room. Luke and Dawkins walked out before me, and I followed right behind.

When I got out of the family room and into the dining room my knees buckled and I fell to the floor sobbing holding my face in both hands. It was as though as soon as I got out of sight of the family I could no longer hang onto operations mode, and I fully experienced the depth of my own trauma and grief. The next thing I knew Luke and Dawkins were on either side of me gently touching my elbows and offering to help me to my feet. I looked up and nodded. The three of us somehow made it to the couch before collapsing in each other's arms as we sobbed together. Luke kept repeating over and over through his tears, "Momma, thank you! Momma, thank you so much for taking me to see Jonah all those times; Momma, Thank you for bringing me here tonight to say goodbye. Momma, thank you! Momma, thank you!" Jonah had been dead only minutes, and Luke was already expressing gratitude at the amount of time he had shared with his friend over the past year. Luke was the picture of resiliency.

Minutes later Sadie and Elijah were both there in the dining room with us, hugging and crying. I knew Suze would have wanted them to stay with her longer in the family room, but I chose to honor that everyone grieves in their own way and said nothing to them. Soon afterwards we all started making phone calls to tell friends and family that Jonah had died. Luke called his dad. I called Lora. Bob had just gotten home from the hospital late that afternoon and they were exhausted. Lora and I cried together for a few minutes, and then I heard Bob crying in the background after Lora told him the news of Jonah's death. It was too much all at one time for them.

It broke Lora's heart to not be with Suze, but she had to stay home and care for Bob. I assured her Suze would understand and I would tell Suze she loved her. Then I called Bebe to tell her the news that Jonah had died. She was shocked even though 12 hours earlier I had called to tell her it was imminent. Jonah's death exposed her own mortality, and, although I knew she was devastated by the news, I had nothing left to give her other than to promise we would talk more after the funeral when I got back home. This was one of the few times when my tank was so empty there was nothing left to offer Bebe. What little strength I had left was needed for the long night ahead of me.

After about 30 to 45 minutes of walking around in the crisp, midnight air making phone calls and trying to let the reality of Jonah's death sink in, I went back inside and peaked into the family room. Suze and Sam were sitting on either side of Jonah touching him, reminiscing, and crying. I gently walked over to Suze and put my hand on her shoulder. She turned, smiled sorrowfully through her tears, and put her hand on top of mine. I squeezed her shoulders and whispered in her ear, "Just tell me what you need from me." She

replied, "I'm keeping Jonah here with me tonight. Just stay up with me, especially after Sam goes to bed." I nodded and told her I would be close and I left the room.

For the next several hours I wandered between Luke and Dawkins sitting on the trampoline outside with some of the other youth from Jonah's church that had gathered there and the family room where Sam, Suze, and Elijah were with Jonah. Sadie had said her goodbyes to Jonah and left. She asked her mother to please have the funeral home take Jonah's body before she got back to the house around 9:00 in the morning. Suze knew even though she needed more time with Jonah to say goodbye, Sadie's needs were different and she respected that.

Being raised in the mountains of North Carolina, I grew up hearing about old-fashioned wakes where someone dies and the family stands guard over the body all night. My experience that night with Suze reminded me of that tradition. Suze spent the whole evening loving on her son. She bathed him. She cleaned his ears, and cleaned between each finger and toe with a q-tip. She lovingly gazed at him and memorized every detail of his face. This night was her last act of mothering for her son, and she treasured every second of it.

After Sam went to bed, I was just there for emotional support; someone Suze could talk to. I said very little because there was nothing that could be said to take away the stark reality that Suze had lost a second son. She talked about how awful it was when Noah died and they only gave her 30 minutes with him to say goodbye before they took him away. She said it was simply not enough time because it was such a shock. She experienced the human stress response with full force and could not even remember much of what happened that day with Noah.

Watching Suze that night with Jonah, I finally got it. For months she had been saying she did not want Jonah to die in the hospital and I assumed I knew what she meant, but I was so wrong. I thought she wanted Jonah to die at home to be surrounded by family and friends rather than strangers. Making assumptions is one of the pitfalls of an intimate shared history. In reality, Suze wanted Jonah to die at home so she could say goodbye to him her way. She wanted to love on her son for more than 30 minutes. She wanted to take care of him, touch him, and memorize him. It was gut wrenching to watch her say goodbye, but I knew it was an honor and a privilege to be a part of something so beautiful.

The Funeral

The next few days are a blur in my memory as I dealt with my own stress response. I basically sat up all night with Suze the night Jonah died and again the next night as we put together the program for the funeral and designed the bulletin. She asked some church friends to set their camper up in her backyard for my family so we could be right there with her.

The next few days after Jonah died I was often torn between my multiple identities of crisis responder, friend, and mother. Suze was in operation hostess mode, and since there was little time for me to talk with her in private, I gratefully focused my attention on my children. Obviously, I was concerned about Luke, but understandably both Han and Leia were impacted by Jonah's death, too. Leia was only nine years old, but she knew that this was a great loss to Suze, Luke, and our family. I noticed Leia became an important support to Suze over the next few days. At random times she would make her way over to Suze and snuggle up close to her side. Suze was usually talking to one of the myriad of people in the house, but she always put her arm lightly on Leia's shoulder and pulled her in close. Suze

never stopped talking to the other person, and Leia never said a word. They just stood side by side with Leia's head resting on Suze's side. After several minutes Leia would walk away. It was a ritual they repeated often, and it was obviously comforting to both of them. I was touched that Leia was reaching out in her own way to help.

At the funeral my family was invited to sit with Suze's family in reserved rows up front. I sat between Luke and Leia with Han seated beside his dad. Although the funeral was designed to be an upbeat celebration of life I still cried the whole time while trying to remain in crisis responder operation mode as I monitored my children. I was grateful that, for the first time in days, my only responsibility during the funeral was my children. Luke was understandably emotional and upset. He wept freely. Leia was overwhelmed and confused as she hugged my left arm and cried. But the image I will forever carry from Jonah's funeral is Han's face as he cried while he watched Luke cry. Han was heartbroken for his brother's loss, and it showed outwardly. I tried to lean across Leia and pat Han's knee to let him know I was there for him. I was so aggravated at Ben for sitting right there beside Han oblivious to his pain. I tried to get Ben's attention and motion for him to comfort Han, but he was deep inside his own pain for Pastor Sam's loss. I knew Ben, like me, was revisiting Noah's death and funeral. Jonah's death had caused us to open our emotional crisis box and revisit all the other crises there.

Lora and Bob were sitting on the same row beside our family. Bob was only a week out of surgery and had only been home from the hospital for four days. He was really too weak to have made the four-hour trip and should have been at home recuperating. But I knew they had to be there. Lora and Bob had been on a cruise when Noah died and they missed his funeral. They were not about to miss Jonah's funeral.

Lora and I had little time to speak and support each other because I was busy taking care of Suze and my family and she was busy taking care of Bob. But just after we took our seats and before the funeral began she whispered my name. I turned to look at her and she mouthed, “Noah’s here.” I nodded yes as we exchanged a knowing look of shared intimate knowledge. Noah was cremated and Suze had searched high and low before she found the perfect wooden vase for his ashes. She wanted something beautiful that could be displayed at her house and no one would know it was an urn for Noah. She had brought the wooden vase to Jonah’s funeral and placed it among some of Jonah’s favorite belongings on a table at the front of the gym. It was a poignant, symbolic gesture of Suze’s loss of two sons that was shared by Lora and me and very few others.

Looking at the vase, I was flooded with memories of Noah’s funeral in 1993. Sharing both experiences with Suze allowed me to feel the full magnitude of her loss at a deeply intimate level. Noah’s death and funeral had prompted me to become a trained, experienced crisis responder and now, as God would have it, I had used many of those experiences, skills, and knowledge to support Suze and so many people I loved through Jonah’s illness and death. For me personally, Jonah’s funeral was a line in the sand; a mark on the time-line of my life. I had come full circle.

I had the honor of writing about Jonah’s funeral for Suze’s Care Pages. The entire time Jonah had been in the hospital, Suze had blogged about the experience on Care Pages and she had over 1500 regular readers. She asked me to please blog about the funeral so all the people who had been such a support to her would know what had happened. What a daunting task. Suze’s writing standards are very high and I wanted to make her proud. In order to write a coherent blog that captured the essence of the experience for all those readers

who could not physically be with the family, I had to kick back into operations mode. Suze prided herself on keeping her blogs positive and uplifting. I was determined to do the same so I wrote:

December 22, 2008. Hello, I'm Suze's friend, Tina. Suze asked me to write about Jonah's Home Going Celebration last night. The high school gym was filled with an estimated 1,250 people coming together to remember and honor the life of Jonah. What a show of support! It was painful, powerful, endearing, sweet, and all the other emotions rolled together. It will be impossible to describe everything in detail so I'll give an overview of the service.

The presence of Jesus was evident, and when HE shows up it's a celebration. The gym was filled with lime green balloons because they are the colors for lymphoma. At the front there was an eight-foot cross completely covered in different lime green flowers. There were no flowers on Jonah's casket. There was a soccer jersey instead. Just the way Jonah would have wanted it.

The service started with a guitar solo "Tonight." The family processed in to "What a Friend we have in Jesus," The Shout Praises Kids version which was loud and fun. Just the way Jonah would have wanted it. His youth pastor welcomed everyone. Brother Elijah sang "Jesus, Lover of my Soul." It was beautiful. Then, Elijah, Sadie, and Suze spoke about Jonah. They all three stood together as they cried, laughed, and hugged while remembering Jonah's life and especially the past year. It was so touching to see them support each other. Just the way Jonah would have wanted it.

Next the soccer captains presented the family with Jonah's jersey and a captain armband. There was an interpretive dance to the song "Held." Jonah loved to move. He

was constantly on the go. It was appropriate to have movement in the service. OK, Jonah probably would have wanted a little action with the skateboard on a half pipe. But since it was a service that his mother planned, the dance was just the way he would have expected it.

And then, Pastor Sam gave the message, "God is Good, All the Time." You can imagine the impact of a father who had lost not one, but two sons proclaiming, "God is Good, All the Time." Sam went on to explain how Jonah's soul had moved on to heaven and all that was left was his "earth suit." He used a glove as an example. Without a hand in it to make it move, a glove is only fabric. That was pretty cool. Just the way Jonah would have wanted it.

The service concluded with everyone singing, "I can only Imagine." There aren't any words in it about flip kicks or ollies on the skateboards, or highflying flips on the trampoline....but we all thought it. Just the way Jonah would have wanted us to remember him.

Sam, Suze, Elijah, Sadie, and her boyfriend spent the next 3 hours receiving friends. They came from all over. There were 20 people who made the 2 hour drive from the hospital. The family was bathed in love. It was like one great big huge family reunion where everyone that loved Jonah finally got to meet each other. Having all those people together in one room was just the way Jonah would have wanted it.

Oh yeah, remember that 8 foot cross at the front? As everyone left they took a flower from it in memory of Jonah. With 1250 people picking it apart, by the time it was over the flowers were gone. Just the way Jonah would have wanted it.

The Epilogue

Shortly after Jonah died Suze decided to focus her energies on learning more about crisis response. She has since taken over 15 classes in Critical Incident Stress Management (CISM). I have had the honor of teaching her in eight of the classes, which is ironic since Suze has taught me so much about living through crises. Suze made a DVD at the request of the hospital that shares her story of what it was like for Jonah and her to live there for 216 days that year. She decided to finish her Doctorate of Ministries degree and her dissertation project is a curriculum for churches to develop grief support programs for parents who have lost children. Suze doesn't want to miss life. She looks for meaning in her journey because "each of us seeks to discover a meaning to our life that is wholly and uniquely our own. We experience a deepening confidence that purpose has shaped our lives, even as it moved invisibly in us" (Wheatley, 2006, p. 134). Suze's determination to help others by sharing what she has learned on this journey has inspired me to do the same.

Bebe continues to survive ovarian cancer by getting chemotherapy every two weeks. She recently had her 100th round of chemo and we celebrated with cake and balloons! It just seemed like the right thing to do. Last summer she had a brain tumor surgically removed and some Cyberknife radiation. Afterwards she experienced three mini-strokes. Miraculously, Bebe continues to thrive with a strong, active lifestyle. We celebrated with a big cookout when her 5 year diagnosis anniversary came and went. Statistics? Well, they don't know everything.

Recently, Bebe listed all the cancer related events that she has lived through in the past five years. At the end of her list she paused, looked at me, smiled and announced, "I amaze myself!" All I could do was laugh. She certainly amazes me. Bebe, like Suze, also

wanted to help others by sharing her experience so she made a DVD at the request of her doctor's office for other chemo patients. She has also become part of the hospital's promotional materials used to inspire other cancer patients to stay physically active during their treatments. Her neurologist's office displays a large poster of her on her kayak.

Bebe regularly talks with me now about death and how she is clawing, kicking, and screaming to hold onto her life with gusto. They are hard conversations, but I am better prepared to support her after learning life and death lessons from Kirby and Suze. Bebe keeps going strong by dancing, biking, and kayaking regularly. She recently lost her voice from the excessive chemotherapy she has been exposed to, so I had to close the chapter of my life that performed with Bebe. I let it go gracefully. I am just grateful I still have her friendship!

Bob had a relapse of rectal cancer and had surgery to remove a golf-ball size piece of his liver. He finished another round of a very wicked chemotherapy and just got a clean C-T scan! For the first time since Bob's diagnosis, Lora has started talking with me about the hard reality of rectal cancer. They are hard conversations, but I am better prepared to hear them when I go into crisis responder operation mode. Bob is strong and tackles his treatments with purpose and a plan. I pray Bob will fully recover and be cured of the cancer. Lora has thrown her energies into training for triathlons. She is so enthused about it she talked Bob into joining her. He just completed his first competition. And, to honor Jonah, Lora sponsors a large American Red Cross Annual Jonah Memorial Blood Drive at her church.

Luke just finished his first year of college. He wants to be a PE teacher. On the 2nd anniversary of Jonah's death, I read my story about the night Jonah died to Luke and Leia.

We all cried together as we remembered Jonah and what he meant to Luke. Then we spent a long time telling our favorite stories about him until we laughed so hard we cried some more. Jonah was so full of life he never missed a moment to make it fun. The stories about his crazy stunts always make us laugh.

My friends and I have grown through these experiences. I have had to make changes in my life to deal with the chronic stress response and the high demands on my time and energy. I have lost excess weight, changed my diet, and added regular exercise to my weekly routine. In order to counteract the grief and crisis I still face sometimes daily regarding my friends, I started purposefully looking for little joys in my life that remind me God is good. I have friends I text about those small joys on a regular basis. It is amazing how significant the joy hunt is to me.

Since my most intimate friends have been in crisis and are understandably unavailable to support me, I have learned to reach out to new friends. It is awkward for me to ask for support instead of giving it, but I came to the hard realization that I had to somehow learn to replenish myself in order to support my friends for the long haul. I am sure there will be more hard times ahead and I am confident I will continue to need support from my new friends in order to support my lifetime friends. I am so blessed to have all of them all in my life. Joy!

Chapter 5: Lessons Learned

As an educational leader in the field of crisis response, I chose Scholarly Personal Narrative (SPN) as the methodology for my dissertation fully aware it would challenge me personally and professionally. SPN aligned with my goals to learn from my experiences supporting friends in crisis so I could consult with educational leadership regarding crisis response from a scholarly position, to use my experience to train others about crisis response, and to provide better support as a crisis responder. SPN methodology was also well suited to address my research questions: 1) What were my experiences during the journey with friends through crisis? 2) What crisis response skills did I rely on during the journey with friends through crisis? and, 3) What were the lessons learned by me about crisis response?

To write an SPN meant I had to look deeply at my personal experiences and then communicate in a meaningful, purposeful way (Nash, 2004). I had to be transparent and real in my narrative and describe the journey openly even when it was messy, emotional, and chaotic. It was a significant paradigm shift for me to focus on myself as I wrote. For years my primary identity with my friends was that of crisis responder in operations mode. I was a “warrior-healer,” a term Lt. Col. David Grossman used to describe me based on his definition of a warrior: “Those who continue in the face of adversity to do what needs to be done” (Grossman, 2008, p. 176). In operations mode all of my energy was focused on assessing and meeting everyone else’s needs.

To do this research I had to totally change gears, step out of operations mode and reflect on what the journey was like for me. When I did this, I experienced the full impact of emotions I had not previously allowed myself to express. At times the writing was slow, painful, and gut-wrenching work that influenced me significantly. I had both physical and emotional reactions as described in the writings of Grossman (2008), and Everly and Lating

(2002). However, I sincerely believed the process of writing my narrative would be healing and that there would be valuable lessons learned for the crisis response community so I was motivated to keep writing.

However, honest writing alone was not enough because SPN requires more than emotional transparency. It requires a narrative that is scholarly and grounded in literature with relevant teaching points. The particulars of my story as a crisis responder supporting female friends in crisis needed to be universalizable to the general, larger body of knowledge of crisis response (Nash & Bradley, 2011). Readers had to connect with my writing and take away something of scholarly value from my story or I had failed at writing an SPN dissertation and had simply written an endearing tale. Therefore, in this chapter I felt it was important to address both the personal and the scholarly as I discuss my third introspective research question: What were the lessons learned by me about crisis response?

Lessons Learned About Myself

Writing my narrative was healing. One of the most significant personal lessons I learned from writing my story was how desperately I physically and emotionally needed to give voice to my experiences. When I started writing at the cabin, it was as if an artesian well exploded and refused to stop erupting until all the words and emotions had been captured on paper. I wrote about things I had never discussed with anyone because the people in my primary support system were the very ones in crisis. Writing a narrative gave me a tool to find meaning and purpose in my journey supporting friends in crisis as described by Wheatley (2006). SPN gave me a vehicle to honor my experiences as scholarly material that provided valuable, universalizable lessons learned.

I found ways to support myself through writing like I had so easily and naturally supported others. I focused on the heart of the connections I shared with my friends as I slowly replayed the scenes from memory and allowed my story to unfold without placing judgment; it simply was what it was. As many authors expressed, I used the written words on paper to give my journey a voice and credibility (Acosta & Prager, 2002; Ellis, 2004; Everly & Lating, 2002; Wheatley, 2006). I could finally express the unspoken grief, loss, and crises that were tenderly tucked away in a special corner of my heart for safekeeping while I was in crisis responder operations mode. Overall, like many authors reported, I found the physical act of writing at the cabin about my experience in an open, honest manner to be very healing (Borawski, 2007; Jago, 2005; Russell, 2003; Salmon, 2006; Smith, 2005; Straub, Pearlman, & Miller, 2003). The release of those previously denied intense emotions was cleansing and restorative, especially in context of seeking ways to help others who support individuals in crisis.

My mother identity. My dissertation research questions specifically addressed supporting friends in crisis but as I wrote, it was glaringly obvious how intricately connected my identity as a friend was with my identity as a mother. Much of my narrative revolved around my relationship with my son, Luke, as he dealt with the illness and death of his best friend. I realized as I wrote there was no way to remove my mother identity from the narrative. I am always a mother and every decision I made about supporting my friends in crisis was filtered through my mother identity first. I often debated how to best support my friends and continue to meet the needs of my birth children and their friends I have informally adopted as heart children. The never-ending angst between my mother and friend identities was a central theme throughout my story. I believed the impact my mother identity

had on my journey supporting friends in crisis had to be discussed in order for me to write an honest, transparent narrative. I also believed it is a universal angst shared by many mothers.

When I reviewed my narrative for lessons learned from my mother identity, I had a startling realization. My story was filled with reflections of how I supported Luke through Jonah's illness and death, and the relationship we shared was a central theme throughout the journey. After four-year-old Noah's death, the training and experience I acquired in crisis response provided the skills for me to offer quality support to Luke. However, after Noah's death, my son Han did not receive the same quality of support.

When I reflected back on Noah's death, I realized the full extent of trauma I personally experienced. I vividly remembered physical symptoms of the human stress response and how I made little to no attempt to subdue my intense reactions. I was not trained when Noah died in 1993. I had never even heard of a crisis responder, much less the concept of crisis responder operations mode. I was unaware of what was happening to me emotionally and physically; I cried every day for six months as I literally felt the need to carry some of Suze's pain. I remember feeling like I was walking in slow motion through a dense fog. Later, as I began to heal, I took action to find opportunities to gain skills to better support those who were grieving which eventually lead me to the training in crisis response.

As I wrote my story and reminisced back on the experience of Noah's tragic death I became aware of how little I supported my four-year-old Han as he struggled to make sense of the tragedy. I walked with Suze on her journey and was overwhelmed by physical and emotional reactions to the human stress response as described in the literature (Acosta & Prager, 2002; Everly & Lating, 2002; Grossman, 2008). Naively I focused primarily on Suze

rather than Han so it was a rude awakening to realize as I reflected back through my narrative that I did not provide the quality support to Han that he needed. I simply did not know how.

Today, I am highly trained to work with children in crisis. I am a strong advocate for people to acknowledge and address the needs of children, and I am an avid trainer who teaches others how to support children in crisis. I know how important it is to talk with children about their losses. I teach others how a misguided belief that children are always resilient sometimes prevents adults from connecting with children and meeting their needs. I remind crisis responders that children often need their parents most when the parents themselves are least emotionally available to support their children. So crisis responders may need to recruit other family members to support children until the parents can resume that role. As I wrote my narrative all of this knowledge came to mind and made it painfully clear just how much I had missed with Han.

Chaos theory was reinforced as I realized my dissertation about supporting friends in crisis had revealed an opportunity for me to have a discussion with Han about his experience when Noah died. My student identity had enriched and empowered my mother identity by adding a crisis responder operations mode identity that I could now embrace as I talked with Han about his perception of the experience.

Identity triage. Triage is a word commonly used in the medical profession to quickly determine which patient needs medical care first. I have also heard it used as a term to describe prioritizing work projects and deadlines. I have coined the term “identity triage” in this dissertation to describe the process of quickly evaluating and prioritizing among my many identities in order to determine how to divide my time and resources for the greatest good. My research revealed I was often required to make quick decisions about competing

identities. Numerous times throughout my journey I experienced tension and angst in this identity triage process. It became painfully obvious I could not be all things to all people at all times.

At times identity triage was relatively easy because my multiples identities were not always in conflict. For instance, my student identity was the central focus on Thursdays as I sat in my doctoral classes. My mother identity was primary on those long road trips when Luke and I drove back and forth to the hospital to see Jonah, or when Han needed help applying for college and scholarships his senior year. My friend identity was first when I had private moments to connect heart to heart with Suze, Lora, or Bebe. My crisis responder identity was foremost when I lead a crisis response with a school or emergency response agency. My educator identity was my priority when I served as an instructor for CISM trainings at The Academy. And, my spiritual identity was nurtured when I was listening to my favorite Christian music or spending quiet time in prayer.

However, a review of my narrative revealed that often during my journey of supporting friends in crisis my identities were in conflict as two or more of them demanded simultaneous time, attention, and action. For example, my educational leader identity and friend identity collided in Australia on the People to People trip when I first learned about Bebe's cancer. I experienced a conflict between my student identity and friend identity the afternoon I was in my doctoral class and spoke with Suze about Jonah's relapse. On the fateful trip to St. Louis my professional identity, mother identity, and friend identity were in a constant state of triage as I juggled so many different needs in a very short period of time. And finally, there was the night that Jonah died when my mother identity, friend identity,

crisis responder identity, and spiritual identity were all clamoring for attention and had to be triaged minute by minute.

A review of my narrative after it was written revealed that my identities collided with an exhausting frequency. The tension that created was not necessarily negative, but it did require considerable effort on my part to constantly triage which identity to prioritize at that moment. I treasure my mother identity but there were times I made the decision that my friend identity was the most important as I supported the women I love so dearly. There were other times when my mother and mentor identities were unmistakably the most important as I devoted every ounce of my time, attention, and energy to my children in order to help them and their friends through their daily routines and major life transitions. And sometimes, I had to make my spiritual identity a priority in order to maintain my mental and physical health as I prayed, sang, or wept.

My training and experience significantly influenced my identity triage decisions. My story clearly revealed that my work in the field of crisis response played a positive role in my ability to quickly prioritize who should be emotionally supported first. I know there were times I did not always make the best decision. However, because of my training and experience, I did make proactive and educated decisions in a relatively calm state of mind. I knew to use breathing exercises and other stress management techniques as described by Grossman (2008) and Everly and Lating (2002) to mitigate the human stress response so I could think more clearly and rely on my training. This identity triage skill turned out to be very significant because it gave me an added tool that extended my awareness and allowed me to pace myself in order to remain supportive to my friends for an extended period of time.

It is a tool that all educational leaders could benefit from as they, too, will be faced with identity triage in crisis situations.

Crisis responder operations mode. A predominant theme in my story was the concept of the crisis responder operations mode identity that I introduced and embraced. As I wrote and reflected on my story it was obvious I repeatedly made an intuitive decision to shift into crisis responder operations mode when I was supporting my friends in crisis. I first learned to do this naturally and easily when I deployed as a crisis responder with strangers. I realized after I wrote my narrative that it had been especially important for me to generalize this skill from my professional identity to my friend identity when I was supporting friends in crisis. I learned to willfully shift into crisis responder operations mode in order to best support my friends and my children. I found this deliberate mental shift allowed me to compartmentalize my own human stress response and focus on those I loved. This prevented me from wallowing in my own reactions which could have rendered me totally useless to any of them.

The concept of operations mode is not new to emergency responders. Medical professionals routinely shift into crisis responder operation mode in order to care for the traumatic physical needs of their patients. Law enforcement, fire, and military personnel shift into operations mode when they have to protect the public from harm. Professionals in these specialized cultures realize they have a job to do that requires unique skills and training. So when the time comes for them to go into action, they go into operations mode and do what needs to be done. This mentality can be very difficult to master, and it requires continuous training to consciously override the human stress response as described by Grossman (2008). It is only afterwards, when they are no longer in operations mode that

they can take time to reflect on their own reactions and elicit support for themselves. Mastering the process of being in or out of operations mode is an invaluable skill for emergency response professions. How well they incorporate it may predicate their longevity in their respective fields. A review of my narrative helped me to realize that the same skill of mentally moving in and out of operations mode is equally invaluable for crisis responders, especially when supporting friends in crisis.

Stress management and self-care. In Chapter 2, I discussed that friendship is a verb that requires action. My story clearly demonstrated that crisis response is also a verb that demands action. One of the most powerful things I did for my friends was simply to show up. I was physically there for them so we could share long talks, prayers, tears, laughter, and hugs. We were foxhole friends committed to walking a difficult journey together as described by Maxwell (2004). This commitment required considerable effort and energy in addition to all the other priorities in my life.

I found that crisis response was best provided in person. This is contrary to most people's instincts. They tend to run from people's pain as so beautifully described in *Tear Soup*: "Even some of Grandy's friends hurried past her house pretending not to notice the aroma of tear soup coming through her open door" (Schwiebert & DeKlyen, 1999, p. 21). Just as firefighters on duty must run into a burning building when everyone else runs out, crisis responders must also run to those in pain. I believe that is especially true when that person is a dear friend.

My decision to be so actively involved with my friends as a crisis responder took a toll on me emotionally and physically. My training and experience taught me I needed to practice good stress management and self-care in order to support my friends for the long

haul. As I wrote and reflected on my narrative I listed some of the things I did to take care of myself. First and foremost I relied on my faith and spirituality for strength. I prayed constantly throughout the day, every day. I found strength in my devotional, *My Utmost for his Highest* (Chambers, 1935). I listened to contemporary Christian music constantly and found renewal, restoration, and revival in the songs. And, I received regular e-mail devotionals and motivational quotes on my smart phone.

I also made a deliberate effort to go on a joy hunt each day. I purposefully looked for evidence of God's love in my surroundings. I took time to enjoy a sunset, a beautiful flower, or the smile of a stranger. I could have easily fallen into a pit of despair with all the crises around me, but I chose to follow the lead of my friends in crisis by remembering God is good and looking for evidence of that goodness every day. I was never disappointed and I finally claimed a new mantra, "God's got this" to get me through the tough days.

Next, I practiced stress management. I used the breathing technique suggested by Grossman (2008) to calm myself and to lower my heart rate and blood pressure. I relied on years of Tai Chi training to do a body check numerous times throughout the day to notice tense muscles I needed to consciously relax. When the stress was especially difficult I added exercise to my regular routine as often as possible.

I also visited my alternative medical professionals faithfully. I received monthly treatment from my chiropractor who is an applied kinesiologist, and my acupuncturist. They provided physical adjustments and nutritional support to help maintain my health. Their treatments were critical to my emotional and physical health and served as important stress management resources during the most stressful times. The two of them kept a close watch on my overall health and warned me when my reserves were slipping dangerously low.

Their genuine love and support lifted me up emotionally just as their treatments supported me physically. I could not have maintained the level of support I offered my friends in crisis for as long as I have without the assistance of these two competent and compassionate medical professionals.

I looked for reasons to laugh. I love to laugh, and I often renew my spirit with humor. During my journey I surrounded myself with supportive people who were joyful. My own children and their friends were often my best source of stress management as we laughed and joked together. An unexpected place I found to be a delightful escape from the stress is my nail salon. Whenever I walk in, all 10 of my beautiful Asian friends welcome me with a collective shout of “Tina Turner!” The absurdity of it always makes me smile. And, somehow at Starbucks in the middle of the crises my name got changed to “Liz.” I never corrected them and to this day when I go in to order my unsweetened black iced tea I’m cheerfully greeted with “Hey, Liz.” It still makes me giggle.

And finally, in order to survive the crises my friends experienced, I had to find new friends I could trust who were willing to support me on an intimate level as I supported my long-term friends. This was probably the most difficult thing I had to do. I am so blessed to have intimate female friends to share my heart and soul with that I had no need to seek intimate friendships with anyone else. But when three of my closest friends were in the middle of crises I realized I had to seek and accept support from others. Several individuals rose to the occasion and were there to lift me up when I was discouraged, give me a pep talk when I needed it, or just listen and offer a hug when I was brokenhearted. Those new intimate friends made it possible for me to continue on the journey, and I am forever grateful

for their compassion and support. I am truly blessed to have them in my life as I expanded my inner circle of friends.

Lessons Learned for the Scholarly Community

My narrative was understandably significant to me on a personal level, but as my SPN project developed I discovered important lessons for me as an educational leader in crisis response as well. My work on this research prompted significant growth in my professional life. I continued to train and consult as a crisis response leader throughout my entire journey supporting friends in crisis. I also provided direct interventions as a crisis responder with multiple schools and first responder agencies for a variety of crises. The personal lessons I learned made me a stronger professional crisis response leader, provider, and trainer. I gained a better understanding of the importance of self-care for leaders, and I now take the time to connect the scholarly material I am teaching with relevant narratives to make it more meaningful. In the following subsections I describe my lessons learned in hopes of passing on knowledge and insights that can help other educational leaders meet the needs of those in crisis.

Embracing crisis response leadership. Chaos theory's nonlinear interconnectedness best describes how the personal lessons learned from my story are tied to the greater scholarly community via a continual learning loop. My professional training in crisis response and my experience as a crisis responder gave me a foundation of invaluable skills I relied on to support my friends in crisis. Then, my journey supporting my friends in crisis gave me firsthand knowledge of new insights and wisdom that were universalizable to the greater field of crisis response. And, my experience supporting women I loved through crises showed me intimately the dire need to support individuals in their darkest hour. From

a leadership perspective, this process of learning and teaching gave my journey meaning and purpose. However, just as importantly, I was part of a process that encouraged my friends to find meaning and a higher purpose from their journey as well (Reitzug, West, & Angel, 2008). This process continued to intricately weave together the personal and the professional as the journeys unfolded. My personal life fueled the passion to expand my work professionally and the scholarly knowledge I acquired professionally allowed me to personally be better prepared to support my friends in crisis.

Leaders need support in crisis. My passion to help others in crisis motivated me to be instrumental in formalizing ASSIST (Assisting Students and Staff in Stressful Times), a school crisis response model. I brainstormed the name and helped to implement the ASSIST team model in the two school districts where I served as an ASSIST team co-coordinator consulting with school administration. I also helped to coordinated ASSIST team members on-site at the school and provided direct interventions with students, faculty, and staff. I provided training about the ASSIST team model in 10 other school districts in my state and responded to school districts regionally and internationally to provide crisis response following various tragedies. I was invited to introduce the ASSIST team model at two statewide safe school conferences and four international conferences on crisis response.

I have a strong passion for supporting the ASSIST Team model so I was pleased when I realized I had learned something relevant from my personal narrative that could enhance that work. When I reviewed my story I saw a connection between my experience supporting friends as a crisis response leader with limited support and others in leadership positions who felt responsible for the individuals in their care. My experience gave me insight into just how lonely and difficult a leadership position can be during a crisis. I started

paying attention to the level of support leadership received during a crisis and I noticed it was typically negligible if provided at all. As a result, when I now respond to a crisis I actively make a commitment to deliberately carve out time and space for supportive conversations with the leadership teams. It has been my observation that very few crisis responders are comfortable addressing the crisis response needs of leaders. I have also noticed that leaders are more receptive of crisis support if it is offered by crisis response leaders as opposed to other team members. Leaders feel better understood by other leaders. These observations motivated me to change how I organized crisis responses. Since I better understand the burden of responsibility other leaders shoulder with few opportunities to receive support for themselves, I now purposefully make an effort to be readily available to support administrators and others in leadership following a crisis.

My narrative opens doors. My SPN dissertation research included asking professional peers to read my narrative for clarity, honesty, and scholarly application. I quickly noticed that as my peers read my narrative they openly shared their own crisis stories with me. Crisis is a universal phenomenon and crisis responders are trained to support others as they strive to regain balance in their lives. However, crisis responders may find there is limited support for themselves following a personal crisis or the cumulative crisis of supporting others. My willingness to be transparent in my narrative about my journey supporting friends in crisis seems to open the door and encourage other crisis responders to discuss and reflect on their journeys.

Crisis Response Quick Reference Guides for Educational Leaders

As I wrote my narrative and connected it with the scholarly literature reviewed in Chapter 2, I realized that throughout my journey supporting friends in crisis I had naturally

settled into a continuous educational cycle. What I learned from my personal experiences I implemented with others as I supported them in crisis, and then I taught the lessons I learned to other crisis responders. The more I learned from my personal experiences the better my crisis response skills became which gave me more material to teach others. Examples from my narrative include how my support of Suze taught me to better support parents whose children had died. As I practiced my new skills based on that awareness with other parents of deceased children I noted what worked well and what their responses were. I then shared my observations generically with my students in my crisis response classes. Therefore, my students directly benefited from both my personal and professional experiences. They were able to borrow from my experiences as they developed their own crisis response skills instead of having to recreate the wheel. By doing this I could put more crisis response tools in their toolboxes right away.

This process of learning, implementing, and teaching within the field of crisis response seemed significant with universalizable implications for others so I developed two crisis response guidelines for educational leaders. This first guideline, T.U.R.R.E.T., is designed for crisis response core leadership. It is a quick reference guide for how to establish a comprehensive approach to crisis response within an educational setting that describes my cycle of learning and teaching. T.U.R.R.E.T. is designed to be repeated with each new crisis in a cyclic pattern. The second guideline, T.R.U.S.T., is a quick reference guide for educational leaders to use in crisis response team membership selection. It outlines desirable characteristics of successful crisis response team members based on the personal lessons I learned about myself during this research project as well as the professional lessons I learned as an educational leader of the ASSIST team for my school district.

T.U.R.R.E.T.

T= Trauma Assessment

U=Understand Crisis Response Principles

R=Respond Strategically

R=Record the Response

E=Evaluate the Effectiveness of the Response

T=Train Your Team regarding the Lessons Learned

Trauma assessment. One of the most important things about crisis response is to respond to the reactions of people following an event, not the event itself (Everly & Lating, 2002). This simple concept is crucial for leaders to master if they are to coordinate an appropriate response. There is a difference between a critical incident and a crisis. A critical incident is an unusually challenging event that can create distress and overwhelm one's typical coping skills (Everly, 2006). A crisis is the reaction to the critical incident when previous coping skills fail and there is significant distress (Caplin, 1961, 1964; Everly & Lating, 2002). An individual can experience a critical incident and not be in crisis. This is especially true for people in the medical, emergency response and law enforcement fields where critical incidents are common in their everyday jobs. Only a few of the critical incidents are unusually upsetting and require crisis response. Leaders have to assess the total situation in order to plan their crisis response appropriately.

Understand crisis response principles. After leaders determine an event is a crisis, they need to be well prepared to respond and have a thorough understanding of crisis response principles. My narrative teaches many of those principles in context of my journey supporting female friends in crisis. One of the most important principles I noted in my story is knowledge about the human stress response and how it impacts our bodies which in turn impacts our ability to respond to crises (Grossman, 2008). Another principle is the role

themes play in how one perceives and reacts to crisis (Everly, 2006). A third principle is how individuals can acclimate to a crisis so the event becomes part of their normal routine and is no longer perceived as a crisis (Everly, 2006). And, a final principle is that of posttraumatic growth, reflected in individuals who respond with resiliency and move ahead with their lives, stronger and wiser for having experienced the crisis (Grossman, 2008). Leaders must understand these and other key principles at a core level in order to best organize and implement crisis response.

Respond strategically. Leaders who do a thorough assessment and have an understanding of crisis response principles are in the best position to plan a strategic response to crisis. This means the needs of an individual or an organization are met with corresponding customized services rather than a “one size fits all” crisis response. My story revealed at times I had to use strategy when responding to my friends and family in crisis. I triaged my various identities strategically, attempting to take care of the most important needs first. Crisis response leadership groups will have to make tough decisions about when to respond, how to respond, and who will respond. One model of strategic response to crisis that can be used by crisis response educational leadership is, “Target, Type, Timing, Theme, and Team” (Mitchell, Everly, & Clark, 2006, p. 57). This can be summarized as “Who, What, When, Why, and How”. I teach in my crisis response classes that every leader needs to have a reason for every decision he or she makes. This model helps crisis response leaders make purposeful, educated decisions designed to best support people in crisis.

Record the response. Documentation is routine for emergency responders, educators, and medical providers. However, many crisis response leaders do not document their responses. I found great value in writing my narrative and recording my memories of

the sequence of events that transpired as I supported friends in crisis. The process of writing my story allowed me the opportunity to review what happened on the journey in order to extrapolate important lessons learned. That experience taught me the value of documentation for the purposes of reflection and evaluation for lessons learned. Documentation does not have to be a narrative. It can be as simple as a checklist, as described in *The checklist manifesto* (Gawande, 2010). No matter what form it takes, the documentation should reflect the previously discussed steps of assessment, crisis response principles, and strategic planning. It then serves as one of the pieces of the evaluation process.

Evaluate the effectiveness. Crisis response leadership groups must review the documentation in order to evaluate the effectiveness of the response. Every response needs to be studied after the fact in order to determine its effectiveness (Siddle, 1995). Positive lessons learned need to be reviewed and recorded so they can be used again in similar situations and areas that need improvement are noted so changes can be implemented before the next crisis response. This critical step allows crisis response leadership teams to experience growth and confidence as they learn to evaluate responses with an educated eye that looks for areas that need improvement as well as areas that can be celebrated. The lessons learned from this evaluation step are then used as training material for team members.

Train your team. This final step is perhaps the most important. After the response is evaluated the leadership team must share the lessons learned with all team members. If the lessons are not used to improve future responses or to better equip team members, then much of the previous work is wasted. This final step allows leaders to teach what they have learned in order to ground the personal with the scholarly. Borrowing a technique from SPN, leaders

can take the particulars they have learned from their experience and look for universalizable lessons that can be shared with everyone for future reference (Nash & Bradley, 2011). If crisis response leaders will teach their team members after every response they will reinforce the positive points they want to see repeated. They can also discuss the lessons learned about areas that need improvement in context of the response so team members are more likely to remember what was said and actually integrate the desired changes into their future crisis responses.

T.R.U.S.T.

T=Training

R=Reflection

U=Urgency

S=Sensitivity to Others

T=Tender, Loving Care of Self

Training. Team members must be trained in crisis response. This is nonnegotiable. The literature clearly reveals the need for specific crisis response training, especially by school personnel (Adamson & Peacock, 2007; Allen, Burt, Bryan, Carter, Orsi, & Durkan, 2002; Gelman & Mirabito, 2005; Knox & Roberts, 2005). My years of experience leading school and emergency services crisis response teams also support a mandatory minimum requirement for training. Team members trained in crisis response do a better job and are much more likely to do-no-harm than non-trained responders (Everly, 2006). Training provides team members with a common language and common goals so they can work together seamlessly to provide the best possible support in difficult situations.

Reflection. Crisis response team members must be able to reflect objectively on their own lives and experiences. They should be aware of how trauma and crisis have touched their own lives and know the implications those experiences may have on their ability to provide support following a crisis. Like Suze, Bebe, and Lora, team members may have

experienced posttraumatic growth following a crisis. They may be better able to empathize with individuals in crisis. However, I have had the misfortune of working with untrained team members who have not addressed their unresolved crisis experiences. They very quickly become part of the crisis and find themselves in need of support instead of in a position of offering support. It is crucial for team members to be capable of spending time reflecting on the lessons learned in their own lives in order to serve as healthy crisis response team members.

Urgency. Crisis response team members need to have a sense of urgency about providing support following a crisis. Crises rarely happen at convenient times. As reflected in my story, I had to often readjust my plans around the needs of my friends very quickly. As a crisis response leader responsible for calling together a response team, I treasured those team members who shared my sense of urgency and made it a priority to support people in crisis. I had a core group I could always depend on to attend trainings and to deploy whenever I needed them. Over the years these self-selecting team members naturally grew into my core leadership group. My experience proved that the best crisis response team members have a sense of urgency to prioritize crisis response high on their list of responsibilities.

Sensitivity to others. Crisis response team members must be sensitive to others. People in need of crisis response are vulnerable (Acosta & Prager, 2002). They are often looking for a supportive ear and kind word (Acosta & Prager, 2002). Not everyone has the gift of encouraging and supporting people in crisis. Team member selection cannot be based solely on educational background or positions held by an individual. The selection process has to include the temperament of the individual and whether or not they can be sensitive to

individuals in crisis and to the crisis context as a whole. This includes a commitment to be flexible. Crisis response is not prescriptive or linear. There are no hard and fast rules, just underlying principles. Crisis response is more nonlinear and intuitive; more art than science. So, in order to be successful, team members have to exhibit some of these sensitivities as well.

Tender loving care of self. Just as crisis response team members must be capable of showing sensitivity to others, they must also be able to give themselves “Tender, Loving Care” (TLC) following a crisis response. As I describe in my story, I learned to incorporate stress management strategies into my daily life in order to continue to support my friends over a long period of time. This skill is mandated for all crisis response team members. The effects of stress associated with supporting others in crisis can be cumulative if it is allowed to build up. Team members are no good to anyone if they burn out or quit because they fail to take care of themselves. Good team members practice positive stress management. Good leadership provides support in this area by teaching, promoting, and modeling positive stress management techniques.

Limitations of My Story and Implications for Future Research

My friends have no voice. Scholarly Personal Narrative (SPN) is about my perspective of my journey supporting friends in crisis. Therefore, in an SPN format my friends have no voice. For future research it would be of great value to gather the insights and lessons learned from all three of my friends; Suze, Lora, and Bebe. One method I discovered that would blend well with SPN and capture the voices of my friends is the “gateway approach” as described by Mears (2009) in *Interviewing for Educational and Social Science Research: The Gateway Approach*. Mears describes the gateway approach as

“a narrator-centered model for interview research into the ‘reality’ of a life experience through the perspective of others” (Mears, 2009, p. 48). Just as SPN reflected my perspective in a meaningful way, the gateway approach could be used to reflect the perspectives of my friends in a meaningful way.

The gateway approach uses in-depth interview questions, distills the transcripts down to salient points relevant to the research questions, and reflects the individual’s exact words in an excerpted narrative form (Mears, 2009). Mears explains, “By distilling transcripts of those interviews in a way that communicates the essence of the experience, it is possible to provide a clearer expression...thus keeping people present in the research, not just represented in summaries or paraphrased profiles” (p. 48). Because the gateway approach is an intuitive, nonlinear framework that fits nicely within a chaos theory framework, I believe it could be a scholarly resource for representing the experiences of my friends in future research.

Snapshots of crisis. My SPN project focuses on friends in crisis. Therefore, I write about my experiences with my intimate friends in a crisis situation. This gives only a few snapshots of these women and my relationship with them out of a lifetime of other experiences. All three of my friends are strong, educated, confident women. The raw emotions I wrote about were sacred moments shared between close friends in mostly private situations. I do not want my narrative to leave the impression these women are overly emotional or fragile. Nothing could be further from the truth! It is important to clarify that these women are positive, resilient leaders in their own circles of influence. It is also important to note that they support me as often as I support them. I depend on each of them

for assistance in varying specialty areas where they are the experts and I am the student. Our friendships are built on mutual love, encouragement, and support.

Crisis response to a friend by a counselor is not a dual relationship. Several people in the mental health field questioned if my support of friends in crisis was a dual relationship. The bulk of the literature that is available regarding a dual relationship is directed towards professional counselors who are adamantly cautioned not to engage in a dual relationship in which they are providing professional services to friends (Amundson, 2002; Bleiberg & Skufca, 2005; Craig, 1991; Etherington, 1996; Leone & Hawkins, 2006; p. 3; Nigro, 2003; Pearson & Piazza, 1989; Wachtel, 2002; Webb, 1997). This begs the question: is crisis response a form of counseling that is defined as a professional service? The answer to that question had profound implications for counselors who, like me, find themselves embracing the identity of a crisis responder supporting friends in crisis.

The question of whether or not crisis response provided by a counselor to friends is a dual relationship is an area of great concern to counselors and others outside of the field of crisis response. However, professionals in the field of crisis response clearly state crisis response is not therapy (Acosta & Prager, 2002; Dyregrov, 1997; Everly, 2006; Hanna & Romana, 2007; Mitchell, 2006; R. Myer & Moore, 2006; Woolley, 1990). Crisis response is more commonly acknowledged as a support model as opposed to a growth model. Crisis response is about supporting individuals to help them come through the experience with some sense of restored equilibrium or balance (Everly, 2006; Everly & Langlieb, 2003; Flannery & Every, 2000; Gard & Ruzek, 2006; Gelman & Mirabito, 2005; Mitchell, 2006). It has been my experience that many people describe the emotional impact of a crisis with physical descriptions like “it knocked me on my butt,” “it knocked my feet out from under

me,” “it knocked the wind out of me,” or “it knocked me for a loop.” These phrases all graphically described being pushed off balance.

Crisis response is designed to restore that sense of balance and return individuals to their previous level of functioning, not to serve as a form of counseling or psychotherapy (Everly & Lating, 2002). Crisis response is often provided by volunteers and paraprofessionals. My narrative reflects that rather than providing a professional service to my friends I functioned as a foxhole friend (Maxwell, 2004) who supported them as they sought to regain balance in their lives.

Counselors and counselor educators not trained in crisis response may unduly question the ethics of supporting friends in crisis. So, I believe there is a significant need to explore this misconception further because it can create undue stress on the mental health professional who thinks they have to choose between honoring their profession and honoring their friendships. This confusion could lead to friends of counselors being unjustly denied quality crisis response support when they most desperately need it from the friends they love and trust.

I believe the prevalence of this misperception only serves to validate the need for crisis response training in the fields of mental health and education. These misperceptions also reflect a lack of understanding of chaos theory which eloquently describes the interconnectedness of a crisis responder with friends. Chaos theory argues there is no way a crisis responder can unravel and separate their skills from their personal interactions with friends. I agree and argue it is unethical to refrain from supporting a friend in crisis. I urge counselors and counselor educators to delve into the literature reviewed in Chapter 2 and

reflect on their own personal experiences supporting friends in crisis to determine for themselves how the act of crisis support fits into their ethical and professional paradigms.

Crisis response with friends. My SPN researched only my journey supporting dear female friends in crisis. My emotional commitment was much greater because I was responding to friends in crisis and as a result it took a noticeable toll on me personally. There were unique challenges to supporting friends that would not be present in providing crisis response to strangers or acquaintances.

I learned valuable lessons supporting friend in crisis, and I think there is also a great deal to be learned from the experiences of crisis responders supporting other populations in crisis. Potential groups to consider researching might include educational groups, medical providers, emergency responders, disaster survivors, and, law enforcement or military. I encourage other crisis responders to write an SPN of their experiences supporting individuals who are not their personal friends. There is great potential for those lessons learned to also be a valuable contribution to the scholarly community.

Crisis response with women. My narrative is focused on women, with the exception of my son, Luke. I embrace my female friends and celebrate our connectedness. However, for a different perspective, I encourage crisis responders to write an SPN about males in crisis. Some topics might include studying male crisis responders supporting male friends in crisis, or studying the way males respond to crisis.

Another area of interest could be the issue of gender in crisis response. Crisis response was originally designed for military, fire, and law enforcement personnel. These fields were, and still are, predominately male so initially crisis responders were disproportionately male. Other researchers might want to explore what role gender plays in

the field of crisis response today and what, if any, barriers there are for either males or females in crisis response work. The lessons learned from research in these areas could significantly contribute to the larger body of scholarly knowledge.

The crisis of cancer. My story focuses only on the crisis of cancer because that happens to be the crisis all of my intimate friends faced during the time period of my study. Cancer, like other crises, can have specialized themes and concerns. Researching other crises may yield different observations and lessons learned. Therefore, crises like accidents, murders, disasters, divorce, loss of employment, or betrayal of a friend are potential research areas as well. I encourage crisis responders to write SPNs about the many different types of crises they encounter because each type has unique circumstances that might offer insights for other crisis responders so they can better understand another specialized culture.

Faith in crisis response. The literature in Chapter 2 often references faith as authors discussed crisis response. Acosta and Prager (2002) talked about the healing power of prayer. Grossman (2008) references faith throughout his book, *On Combat*. Asken and Grossman (2010) also mention meditation and spirituality in their book, *Warrior Mindset*. Everly and Lating (2002) include a section on religion and spirituality in their text book on the human stress response.

There has also been an increase in the use of chaplains in crisis response. The Billy Graham Rapid Response Team added a large number of chaplains in recent years. And, the International Critical Incident Stress Foundation added two pastoral crisis intervention classes that are regularly well attended. With all this interest, the arena of faith would be another interesting avenue to research in the future. Things that could be studied include: the role faith plays in an individual's response to crisis; how different faiths perceive crisis; how

friends of differing faiths support each other in crisis; and, the role faith plays in the crisis responder's attitude towards crisis response.

In my narrative I discuss how my friends and I all share a devout Christian faith. This was evident as I wrote about us praying openly together and relying on our faith for strength and renewal. Sharing the same faith at the same intensity made it easy for all of us to communicate freely within a faith realm. We shared a common faith language as well as many rituals and traditions. I believe this shared community of faith strengthened our bond of friendship immensely, connected us at a deeply intimate level, and bolstered our resiliency during the most difficult times.

It is this same depth of personal faith that motivates me to support those in crisis. I regard it as my personal ministry. I feel a spiritual obligation to share the peace and comfort I have found in my faith with others who are hurting. I do not have a need to verbally share my faith with them. Rather, I am simply motivated by my faith to do crisis response work with whoever needs it, regardless of their faith background. I offer crisis response support and teach others to do the work of crisis response because it is my spiritual calling.

Conclusion

I found a Scholarly Personal Narrative dissertation to be significant and worthwhile on numerous personal and scholarly levels. The work was intimate and difficult at times, but the depth of my lessons learned provided potentially valuable contributions to the larger body of knowledge through the T.U.R.R.E.T. and T.R.U.S.T. quick reference guides as well as the concepts of identity triage and crisis responder operations mode. SPN provided me with a tool to give voice to my experiences supporting friends in crisis that served to validate my journey and help me to make meaning from the pain. At the close of my dissertation I find

myself as a professional educational leader highly motivated to incorporate the lessons I learned into my crisis response work with others. I am also anxious to weave those lessons into my crisis response training and consultation. On a personal level, I am better prepared to embrace the sacred journeys that most certainly lie ahead as I continue to support my friends in crisis.

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VITA

Tina Swanson Brookes was born Tina Marie Swanson in the foothills of the Appalachian Mountains where she attended elementary through high school. Tina was the valedictorian of her 1980 high school class and was dually enrolled at Appalachian State University her senior year. In 1983 Tina obtained a Bachelor of Arts degree in sociology from Anderson College, Anderson, Indiana. She graduated with a Master's Degree in Social Work with an emphasis in mental health and groups from Indiana University, Indianapolis, Indiana in 1985. And, in 1991, Tina graduated from Appalachian State University with an Education Specialist degree in Counselor Education. She obtained her Doctor of Education Degree in Educational Leadership in 2011 from Appalachian State University.

In 2001 Tina began her career as a crisis responder when she volunteered for three weeks after the 9-11 terrorist attack in New York City. She has since become an avid crisis responder and crisis response instructor. She volunteered following Hurricanes Ivan, Katrina, and Ike. She has also volunteered with numerous community emergency agencies and schools following difficult critical incidents including student deaths, officer involved shootings, and line of duty deaths.

Tina is very passionate about her crisis response work. She has presented at numerous state, national, and international conferences on various crisis response topics. She co-founded The Academy: National Institute for Crisis Response Training where she serves as the Chief Training Officer and Clinical Director. She is also a full partner with Quadra Education Group.

Tina's inspiration to help others comes from her family, friends, and faith. She is married and blessed with three amazing children. Tina can be reached for questions or comments at bedynamic@yahoo.com.