



Spiritual Emotional Care

Essential Tools

Brazilian Liberation Theologian Leonardo Boff wrote “To care is more than a mere *act*; it is rather an *attitude*. Therefore, it encompasses more than a *moment* of awareness, of zeal, and of devotion. It represents an *attitude* of activity, of concern, of responsibility and of an affective involvement with the other.” (Boff, *Essential Care: An Ethics of Human Nature*. p. 14). To enter a caring relationship as a care provider is to enter into the holiness of a caring relationship. In this relationship, we encounter the hopes, joys, sadness, losses, fears, and hurts of another human person. Seeing how they uniquely embody the image of God, with their gifts and talents, and journey of faith and life. We, as caregivers, offer them ourselves, that which makes us who we are as children of God, both aware of our gifts and talents and our limitations. Yet we are never alone in this endeavor, nor should we try to do this alone. In response to the grace of God, we are called to build a web of care to better support the needs of our students and college community.

Important Terms

The words we use to describe and define experiences are important in naming, defining, and addressing them. Making sure we use terms accurately serves to help in creating a mutual and creative caregiving relationship.

- ❖ **Trauma** – is by definition an unbearable and intolerable experience in which an individual’s life is in danger, or is believed to be in danger, and the body’s protective response to this sense of danger. These can be firsthand experiences or experienced secondarily (as a witness, bystander, or supportive person listening to a traumatized individual). The experience of trauma deeply affects us. Bessel van der Kolk notes in *The Body Keeps the Score* that “trauma produces actual physiological changes, including a recalibration of the brain’s alarm system, an increase in stress hormone activities, and alterations in the system that filters relevant information from irrelevant” (pp. 2-3). The experience of this can be manifested in different ways and to varying degrees by each person. These responses range from increased activity of one’s fight, flight, or freeze response, being hyper-vigilant, increases in neurochemical activity (principally adrenaline and cortisol) accompanied by increased heart and respiratory rates, psychomotor agitation (shaking, fidgeting, pacing, etc.), being emotionally numb, finding it difficult to focus or stay on task, or being physically tired but unable to rest. *The Body Keeps the Score* by Bessel van der Kolk is an excellent resource with massive amounts of research and ways to help individuals who have experienced trauma.
- ❖ **Fear** – is the response to a real or perceived imminent threat triggering autonomic arousal necessary for fight or flight reactions.
- ❖ **Stress (acute and severe)** - is the psychological perception of pressure and the body's response to it. It is a normal part of living and can vary in degrees of intensity. Much like trauma, stress affects multiple systems within the body; neurochemical releases (adrenaline and cortisol), increases in the circulatory system (heart rate increases to move oxygenated blood through the body), metabolic changes (the body mobilizing fat and sugar for fast energy, focusing attention, and preparing muscles for movement). Yet unlike trauma, stress typically has an object or source. Prolonged exposure to high levels of stress has negative health consequences including heart disease and depression.

- ❖ **Anxiety** – is different from both fear and stress. It typically relates to an unknown future event or threat. It is accompanied by feelings of worry, vigilance, avoidant behaviors, feeling physically tense, and restlessness. It becomes clinically significant when the feelings of worry and restlessness cannot be controlled readily, impairs social and occupational functioning, and increases distress.
- ❖ **Grief** – is understood as an emotional reaction to a significant loss and is often marked by prolonged and possibly severe emotional distress. These losses can come in the forms of material losses, loss or change in a role within a family or group, ending of a relationship, a collective loss felt by a group an individual is a part of, loss of physical functioning of part of one’s body, and the loss of person or pet. The grieving process is often messy and tends not to follow a prescribed set of steps. Providing a grieving person space to process, emote, share what they are feeling, or simply being with them is a powerful expression of empathy and love. *Grief: Contemporary Theory and the Practice of Ministry* by Mellissa M. Kelly is an excellent resource.
- ❖ **Depression** – is a cluster of emotions that negatively affect how a person feels, thinks, and acts. It is common. Feelings of depression can range from acute to severe in intensity and can last short amounts of time or be prolonged or chronic experiences. It can lead to a variety of emotional, physical, and social problems as well as negatively impact social and occupational functioning. A clinical diagnosis of a depressive disorder takes into account the duration, severity, and impairment the depressed feelings are having on an individual. In this way, depression is distinct from sadness and grief, as it is experienced as being deeper within an individual’s being, and without an apparent cause.

Where to Start – Yourself

In any caregiving relationship, **the caregiver** needs to know where they are spiritually and emotionally. Being a human person means acknowledging our limitations, being aware that we are not God. Start with recognizing and addressing your own spiritual and emotional needs.

- Be honest with yourself about how you feel and the impact this past year has had on you emotionally, spiritually, relationally and in your work.
- Continue, re-start, or begin your spiritual or emotional care with a therapist or spiritual director.
- Be observant about how you are feeling as life returns to “normal.”
- Be gracious with those feelings, curious about what they are telling you, try not to judge them.
- Set reasonable boundaries for yourself. Being honest about your limits, and spiritual and emotional reserves is both an act of self-care and modeling how to set and maintain healthy boundaries for students.
- Trust what has worked for maintaining your spiritual and emotional health over the past year and be open to new possibilities.
- Attend to your own physical wellbeing; exercise, eat well, get enough sleep, and do things that bring joy to your life.

Caring for Students

Creating a safe space is paramount in any caring relationship. This is done by allowing the care recipient to be where they are and to meet them there. This is an act of lived grace. When this is accompanied by care-filled listening, we are communicating a sense of acceptance and a willingness to acknowledge and value what they are experiencing and feeling. Rooted in this place of safety, enacted grace, and acceptance, the following interventions will be strengthened.

- Listen, and reflect on what is being communicated – in terms of content but more importantly emotional/affective material.
- Model being kind and open to what they are saying. This will allow both you and the student to cultivate a sense of curiosity about what they are feeling and experiencing. Being curious, and not judgmental, helps to lower the emotional/affective energy.

- Know when it is time to refer to a mental health professional. If you begin to feel like you cannot help manage a student’s anxiety or grief, then it is time to refer to a mental health professional. A mental health professional will work with the student to help pinpoint and process what their triggers are and help develop ways for them to cope and manage these experiences.

Essentials Resources : a “Rolodex” of referrals

- **Mental Health Professionals** – Identify and connect with mental health professionals in your area, including the counseling services offered at and through the college and university. Important information to collect would include:
 - Contact information –more than their name, phone number, and email, have websites, and possibly a Psychology Today profile. Giving a student this information will allow them to get a better idea of who the therapist is and an initial sense if they may work well together. Unlike other areas in healthcare, the strength of the therapeutic relationship – how well matched the therapist and client are - is the one of greatest determiners of success in the therapeutic process.
 - Referral process – is the therapist accepting new clients, and if so, what is the best way for a student to get in touch with them to begin services, and approximately how long does it take for an initial appointment to be scheduled.
 - Cost/Fee - some therapists in private or group practices offer a sliding scale fee structure and may be willing to work with a student on the fee for therapy. Often, counseling services through the college or university have no additional cost.
 - Insurance – what insurance providers does this therapist or counseling group take, and will the student’s family find out through the insurance provider if the student uses insurance.
 - Do they have specialties or groups they do/do not work with? – many therapists have areas of interest or specialty (i.e. gender issues, specific diagnoses, young adult, etc.) and for some, they have groups they prefer or do not work with (i.e. abusers, alcoholics, or active drug users, and specific diagnoses such as eating disorders).
- **Support Services** – Because we do not and cannot be experts in everything, having a list of emergency social services at hand is important. Below are a few services that may be helpful to have on hand,
 - Sexual Assault – know who to call or how to report sexual assault, harassment, or stalking and what support services are offered to students who are survivors of sexual harassment or assaulted
 - Battered Women’s Shelter, service agency or hotline – may be more important for the larger college or university community (faculty and staff) who may need assistance in getting connected to a service that supports abused women or those fearing domestic violence.
 - LGBTQI and Minority Specific Support Services – services that support these specific student populations offer more comprehensive care while addressing the uniqueness of their experiences.
 - Suicide Hotline - Crisis Text Line (741741) or National Suicide Prevention Hotline (1-800-273-8255). There may also be a local suicide contact with the ability to refer to services in your area.
 - Drug and Alcohol Evaluation and Treatment Centers
 - Food Pantry or Insecurity Program and Resources – both on campus and within the community.
 - Eating Disorders – identify Campus Resources, *National Helpline – (800)931-2237, Text (800)931-2237.*
 - Health Services – both on campus and within the community for illness diagnosis and prescriptions, as well as emergency care.
 - Student Services – support with the transition to college, retention, and medical/mental health withdrawal application process.

Writer: Rev. Mathew Frease, Campus Minister, UKirk Tallahassee
 Office of Christian Formation: www.pcusa.org/formation
 UKirk: www.ukirk.org

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