Excerpts from a chapter by Carrie Doehring on spiritual care in the aftermath of violence (this chapter is in press).

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Spiritual caregivers can help people in the immediate aftermath of violence by offering spiritual first aid. The following step-by-step approach describes how an interdisciplinary approach can be implemented in pastoral counseling with trauma survivors.

**Building a relationship of trust** through intercultural empathy and attunement to the highly individual nature of religious beliefs and spiritual practices, and how they shape and are shaped by trauma and trauma related moral distress.[[1]](#footnote-1)

**Enhancing life-giving coping** with trauma-related symptoms by exploring and intentionally using religious and spiritual practices that help people feel safe when they re-experience traumatic memories so that they can stay relationally engaged with goodness: their own goodness and the goodness of others and life in general. Once people are able to use these coping strategies consistently they will be more able to explore their traumatic memories in terms of values and beliefs called into question by the threat and violation of trauma. Psychospiritual approaches to fear-based trauma focus on helping survivors use spiritual practices to experience of the goodness of life ([Harris et al., 2011](#_ENREF_10); [Whitehead, 2010](#_ENREF_25)). Such practices help survivors cope with hyperarousal and fearful intrusive memories when they begin to explore traumatic memories. Emerging research on trauma and moral distress suggests that, in addition to issues of fear, shame and guilt also need to be considered at the outset of psychospiritual care. Spiritual caregivers are uniquely equipped to help morally-distressed trauma survivors find spiritual practices that help them experience a sense of self-compassion and/or a transcendent experience of the compassion of God or the goodness of creation. When shame is compassionately addressed at the outset of spiritual care relationships, allowing morally-distressed trauma survivors to experience compassion through spiritual practices, they will be less likely to avoid intrusive memories involving moral distress.

**Assessing trauma-related** **symptoms** in terms of intensity, duration, and impact on all aspects of a person’s well being, including physical, emotional, relational, spiritual and behavioral well being.

**Identify, evaluate, and integrate a person’s lived theology:** the beliefs and values they are putting into practice in their trauma-related automatic thoughts, associated feelings/sensations, and coping behaviors. When people trust that spiritual caregivers will respect the unique ways they construct meaning out of morally-distressing traumatic experiences, they will be more likely to enter into a process of reviewing and possibly reconstructing meanings, especially meanings that attribute responsibility for causing harm. Theologically trained spiritual caregivers have expertise that can help morally distressed trauma survivors articulate the moral and theological meanings of suffering. Journal entries about trauma-related symptoms and their automatic thoughts provide people with data for exploring the underlying beliefs and values of their lived theology. People will have the opportunity to assess whether this lived theology is congruent with their espoused theology (what they say they believe in). They will be able to claim the values and beliefs that anchor them, integrating them more fully into their spiritual practices, especially when they experience trauma-related symptoms. Spiritual integration will foster posttraumatic growth.

![C:\Users\cdoehring\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\EZ04BE6J\MC900440107[1].png]()-Trust

-Coping that enhances a sense of safety and the experience of goodness

-Empathic understanding of trauma symptoms

-Integrating one’s lived theology

Figure 1 The heart of pastoral counseling with trauma survivors

**A Compassionate Reminder about Self Care**

I suggest that readers pay attention to any traumatic memories evoked by this chapter. Use religious and spiritual practices that help you feel safe and connected with the goodness of your lives. Remember the values and beliefs that anchor you. When pastoral caregivers have experienced posttraumatic growth, their trauma memories become an invaluable resource and not a roadblock in working with trauma survivors.

**Building Trust**

Right from the outset of meeting with and assessing trauma-related symptoms, pastoral spiritual caregivers need to build trusting relationships with survivors.

**Coping that Enhances a Sense of Safety and Goodness**

Using an intercultural approach that attends to the survivor’s highly individual ways of coping, pastoral caregivers will not assume that religious and spiritual practices always help survivors experience a sense of safety and goodness.

Empirical psychological studies on religious coping and trauma have demonstrated that many victims experience *transitory religious and spiritual struggles*that often involve questioning andsearching for spiritual and religious practices and meanings. They may conserve practices and beliefs that have helped them in the past and also discover new beliefs and practices that become integrated into their lives. Many people will experience psycho-spiritual growth when they use *positive religious coping*that includes(for those in theistic religious traditions) (1) believing in and experiencing God as benevolent, (2) collaborating with God in problem solving rather than deferring to God or being self directing, and (3) seeking spiritual support in their communities of faith. Extensive research demonstrates that positive religious coping decreases psychological and spiritual distress (e.g., anxiety, depression) and increases posttraumatic psychological and spiritual growth. Those who end up experiencing *chronic religious struggle often use negative religious coping*, which, for those in theistic traditions, involves (1) believing in and experiencing God as punitive and abandoning, (2) questioning God’s love, and (3) being discontented with their religious communities ([K. I. Pargament, Murray-Swank, Magyar, Murray, & Ano, 2005](#_ENREF_20)). Ongoing struggles and negative coping are associated with increased psychological and spiritual distress. Some people will experience a transitory or chronic sense of *spiritual violation* and *desecration* of that which is sacred (e.g., one’s body), which can threaten people’ spiritual well being ([Kenneth I. Pargament, 2007](#_ENREF_18)) ([Magyar, Benore, Pargament, & Mahoney, 2005](#_ENREF_15); [Murray-Swank & Pargament, 2005](#_ENREF_16)).

When people intentionally engage in religious and spiritual practices that help them feel safe when they re-experience traumatic memories, they will be more able to stay relationally engaged with goodness: their own goodness, and the goodness of others and life in general. Identifying which ways of coping with traumatic memories are life-giving or life-limiting will enhance a person’s sense of safety and well being.

**Empathically Assessing Trauma-Related Symptoms**

Reactions to intensely fearful events, while upsetting and disruptive, are the way people grapple with and adjust to life-threatening experiences. Fear is an evolved and adaptive response to threats that helps people survive the initial trauma and cope in its aftermath. Their fear-based neurophysiological alarm system alerts them to danger and triggers cognitive, emotional, and motor responses designed to help them survive during the traumatic event and as they adjust to having survived. Pastoral theologian Jason Whitehead ([2010](#_ENREF_25)) argues that that the hope of survival is part of how fear works as a neurophysiological survival mechanism. Hope of survival is the undercurrent of fear that pulls survivors out of danger. Trauma-related symptoms (re-experiencing fear in flashbacks and dreams, hypervigilance, and avoidance) are all ways that human beings automatically try to protect themselves from further life-threatening stressors.

In assessing symptoms, spiritual caregivers need to refrain from delving into trauma-related memories prematurely. People can easily be re-traumatized when they re-experience traumatic memories without feeling safe. On the tenth anniversary of 9/11 psychological research on the effectiveness of crisis debriefing treatment of survivors and first responders found that delving into their trauma-related emotions and experiences forced many people to relive the mayhem, increasing anxiety and depression. It is more effective for crisis response team to use psychological first aid[[2]](#footnote-2) which teaches basic coping skills ([Watson, 2011](#_ENREF_24)).

Establishing a sense of safety and a trusting relationship are necessary before people become immersed in traumatic memories. Exploring and learning how to practice life-giving spiritual ways of coping with trauma-related memories is the next step. These spiritual practices will help people deal with the disruptions of intense and persistent trauma-related symptoms and will also help with the final phase of counseling: exploring the beliefs and values that underlie these spiritual practices and identifying anchoring beliefs and values that connect them with goodness.

 Many trauma survivors find that traumatic events and memories tap into lived theologies formed in childhood. People can be invited to think about their lived theology as multi-layered:

* pre-critical childhood beliefs and values shaped by family and experienced as literally and absolutely true; one could say in a premodern sense.
* values and beliefs formed in adolescence and young adulthood, using critical perspectives gained developmentally and through mentoring and higher education. Often these values and beliefs draw upon more modern ways of thinking.
* maturing values and beliefs shaped through ongoing formative experiences and relationships. These beliefs and values are usually intrinsically meaningful in terms of a more contextual post-modern approach to knowledge ([Doehring, 2006](#_ENREF_2)).

Metaphorically speaking, trauma is like an earthquake that exposes beliefs and values formed in childhood that may be buried but still exerting an influence in the form of automatic thoughts. Pastoral caregivers can help people assess this embedded childhood theology in terms of whether it is still relevant and life-giving to them in adulthood, especially as they cope with trauma-related symptoms.

**Theologically Reflecting on the Benefits and Liabilities of Lived Theologies of Trauma**

Spiritual caregivers trained in pastoral theological studies[[3]](#footnote-3) can draw upon their theological expertise in helping survivors assess the consequences of the theologies of trauma inherent in their values and beliefs, especially embedded theologies from childhood.Caregivers’ religious and theological education gives them an historical and comparative understanding of various religious and theological ways that people have tried to make sense of and live with suffering. There are, of course, innumerable philosophical and theological treatises on evil and the problem of suffering. Theologian Susan Nelson ([Nelson, 2003](#_ENREF_17)) provides a helpful introductory typology of five ways of understanding suffering within Christian traditions[[4]](#footnote-4). In reviewing various ways that religious traditions have struggled to makes sense of suffering, pastoral caregivers can consider how such understandings may be life-giving or life-limiting in the process of coping with trauma-related symptoms, and also in the long-range meaning making process.

 The most common Christian ways of understanding suffering described by Nelson are moral and redemptive theologies. Some traditional moral theologies function in life-limiting ways when people inappropriately blame themselves, believing that trauma and suffering is a consequence of their personal sin and a punishment from God. More complex moral theologies function in life-giving ways when people A third historically significant Christian theology of suffering is eschatological, focused on moments of hope that point to a future when suffering will be alleviated. Nelson makes this theology especially relevant for trauma survivors by describing the moments of hope that pierce unrelenting fear or horror and help survivor see a light beyond the darkness.

 Nelson also describes two less well-known theologies of suffering: theologies of lament/radical suffering and theologies of ambiguous creation. Lament theologies help many trauma survivors interrogate and lament terrible suffering ([Graham, 2006](#_ENREF_9)). Theologies of ambiguous creation use 20th century worldviews of creation as systemic, finite, and diverse, with human beings embedded in relational webs that inevitably result in limits and conflicted choices. Relational theistic theologies like process theology describe God’s power “as persuasive and relational rather than unilateral; ordered by love and compassionate judgment” (Graham, 2006, pp. 11-12). Feminist theologian Wendy Farley highlights the role of compassion in a process theological understanding of tragedy: “The radical love of God . . . is not overcome by evil . . . In seeing and tasting this love, human beings . . . come to burn with the incandescent compassion for the world, to feel the grief of the world without being destroyed by it… ” ([Farley, 1990, p. 133](#_ENREF_6)).

Theologically oriented approaches to trauma and moral distress have been proposed by Kinghorn (2009), Rambo (2010), Jones (2009), and Whitehead (2010). Kinghorn argues for the“irreducibly moral context of the combat situation” (Kinghorn, 2009, p. 2). Spiritual care is not simply a supplement to mental health care but has its own unique expertise and purpose, says Kinghorn. “Christians (and religious communities in general) must provide for combat veterans what Shelly Rambo, following Serene Jones, refers to as “morphological spaces” which provide form and structure to experiences which, due to linguistic and conceptual impoverishment, would otherwise remain unnarratable” (Kinghorn, 2009, p. 11).

Rambo’s and Jones’ theologies of suffering are primarily oriented to Christian traditions, and specifically theologies of lament and redemption. Such theologies often shape how healing is understood. In an exploratory study interviewing Vietnam veteran who use Buddhist practices to cope with trauma, Doehring and Kelly found that these veterans qualified the idea of healing from trauma by describing how Buddhist practices have enabled them to respond compassionately to posttraumatic stress and moral distress without the resurrectionist overtones of redemptive theologies of suffering. Such practices help them, first, recognize triggers and how they automatically respond to them, and second, help them contemplate their reactions through the lenses of self-compassion and complex understandings of suffering. Each of the veterans came to Buddhist practices after searching for ways to reconnect with some sense of goodness, especially when they re-experienced the horrors of their Vietnam experiences and tried to avoid morally distressing memories. Buddhist practices dramatically changed their experience of post traumatic suffering and, indeed, their lives.

The experiences of these veterans highlight the need to monitor how embedded theologies of redemptive suffering are often used to understand trauma but are also often unable to hold the lament associated with moral distress within the ambiguity of such suffering. Spiritual caregivers need to draw upon their theological expertise to appreciate the radical ways some survivors live out an ambiguous theology of suffering at odds with commonly-used redemptive theologies. While Rambo and Jones offer a much more sophisticated theology of suffering that makes room for lament, embedded theologies of redemption often push people beyond lament to accept resurrection as the ultimate sign of healing. In exploring the intricacies of lived theologies of healing, spiritual caregivers and spiritual caregivers need theological expertise, even within the context of intercultural care that values the uniqueness of survivors’ existential worlds.

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1. Research on the moral distress of military service members and veterans focuses on the moral dimensions of posttraumatic stress for those who are and feel responsible for witnessing and/or causing harm([Drescher et al., 2011](#_ENREF_5); [Kinghorn, 2009](#_ENREF_12); [Litz et al., 2009](#_ENREF_14)). In the process of revising the Diagnostic and Statistical Manual, specialists in trauma-related moral distress are considering preliminary research findings that morally-distressing trauma is more oriented around guilt and shame than fear. These findings raise questions about how best to understand and care for these trauma survivors. [↑](#footnote-ref-1)
2. The National Center for PTSD and the National Child Traumatic Stress Network have developed a guide for providing psychological first aid, with the goals of decreasing distress and facilitating adaptive functioning in a respectful caring manner. This guide can be found at <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp> [↑](#footnote-ref-2)
3. Pastoral theological studies is a form of practical theology in which pastoral praxis is brought into dialogue with relevant theoretical perspectives like religious, psychological and theological studies. [↑](#footnote-ref-3)
4. Interculturally, spiritual caregivers need to refrain from “translating” beliefs about suffering from other religions of the world into this Christian typology. In the end, they will be exploring how each person describes and assesses their own lived theologies. Nonetheless, summaries about theologies of suffering can be a helpful way for caregivers to get oriented to some of the benefits and liabilities of these theologies in terms of helping people cope with and make sense of trauma. [↑](#footnote-ref-4)