



Encyclopedia of Trauma: An Interdisciplinary Guide

Clergy, Counseling by

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Trauma survivors are likely to come in regular contact with clergy and chaplains because they are found in greater numbers in small and large towns, hospitals, special care facilities, and places of worship. In small towns, where mental health professionals are uncommon, clergy may still be available; frequently, they are the only available and affordable option. Clergy, chaplains, and volunteers are often used as backup or relief for mental health professionals in trauma clinics, at rape crisis centers, and on crisis hotlines. Often, when people are reluctant to seek mental health care because of the perceived associated stigma, they are willing to speak to or pray with a clergyperson. Above all, the clergyperson can be a valuable addition to a treatment team, giving perspective to and offering healing for the spiritual aspect of trauma.

Titles for Clergy Trauma Caregivers

There are many levels and styles of clergy trauma counseling. It is important to know and understand the training and experience of the person before committing to any type of counseling.

Licensed and Unlicensed Clergy

Unlicensed clergy may have had some experience or have received a certification but have not completed a program that includes well-rounded training and experience and ongoing oversight of their work. Licensed clergy have completed a comprehensive, ongoing program but not a degree program at a seminary, which may have included specialty classes in counseling and clinical pastoral education (CPE); they are normally required to be in a program of ongoing supervision of their work. Many local clergy are not equipped to provide trauma counseling and refer to those who are more prepared, but they may work as part of a team. If included in the treatment team, licensed clergy can be highly effective in monitoring appropriateness and effectiveness of treatment within the community and family since they are usually in regular contact with the person and welcomed into the home.

Ordained Clergy

Clergy who have completed a ministry degree from an accredited school have completed a graduate-level program of over 80 hours, including a minimum of 6 credit hours of counseling and pastoral care. Within this program, many clergy choose to go through clinical professional education (CPE) in a hospital setting or seek a specialty of 15 hours or more in courses related to trauma and counseling. At this level, a clergyperson should not call himself or herself a “counselor” but rather a pastoral caregiver. In many states, the term counselor is reserved for those who have taken and passed state certification and received a license in a specialty such as marriage and family therapy or drug and alcohol abuse counseling.

Clergy who choose to add specialties in chaplaincy normally have significant experience in situations such as car accidents, HIV or AIDS, rape and abductions, domestic violence, postwar trauma, shootings, and other traumatic events. Often, they will have worked with persons of diverse cultures, ethnicities, religions, sexual identities, ages, and languages. Chaplains may come from many religions and may go through their chaplaincy training in military as well as hospital settings, though hospital settings are the most common. Chaplains also serve in emergency services and school settings, but these are seldom used for the supervised training. Clergy who are working or who have worked in chaplaincy settings may also be found in the local community of faith and available to help in case of need. Accredited CPE programs issue credits based on hours of classroom training and clinical experience under supervision, with the titles of intern and resident given to the first two levels.

Pastoral Counselors

Some clergy seek a specialty of more than 36 hours leading to a combined pastoral and counseling degree called pastoral counseling with ordination or credentialing as clergy within a denomination or faith. This prepares candidates for state licensing as a counselor. They may practice as a pastor, chaplain, or counselor.

The doctor of pastoral counseling degree provides the candidate with significant clinical experience in counseling centers, hospitals, and community settings. This is normally preparation for directing in clinical counseling settings, research, teaching, and supervision of pastoral care and counseling through the Association of Clinical Pastoral Education (ACPE). These individuals have demonstrated a doctoral level of clinical and written accomplishment in both the clinical counseling field and spiritual reflection and in theology of events and the healing process.

History and Trends

From earliest times, the fields of healing included what we now call the medical, mental health, and spiritual aspects. The healer was also a member of the known community who had access to personal information about the person's family and home life and what we now think of as community social services. In rural areas, this pattern has always been seen in some form. Local folk medicine is often mixed with spiritual ritual to help those who survive traumatic events.

For almost 200 years of the Enlightenment and modern periods, proponents of specialization and compartmentalization have attempted to shift these aspects of healing into different realms of influence. This effort has been largely unsuccessful except in metropolitan areas. Even there, most people recognize and seek some form of overlapping perspective on trauma and healing.

Today, the trend toward specialization seems to be reversing. More psychologists are interested in the social and spiritual aspects of healing, especially with regard to the healing of trauma. Physicians are more aware of the limits of working only within the medical sciences and are becoming more involved in understanding the interplay of mental health, spiritual and religious concerns, and social support systems. Clergy are also more interested in working as part of a team with other specialists, sometimes working in intentionally interdisciplinary teams. Hospitals are a prime example of this trend. Many hospitals have instituted roundtables in which participants explore the needs of patients as whole beings and include clergy in patient care plans. This is especially evident in trauma care units and rape crisis centers.

Another trend is toward interfaith chaplaincy. In the past, though the United States has been a place of many faiths, it was dominated by the Christian faith, and clergy counseling was dominated by Christian perspectives and Western methods in care. The current trend is toward Christian hospital chaplains providing care that is more sensitive to and relevant to people of diverse faiths and religions. In addition, more non-Christian clergy have been working in chaplaincy positions, especially in areas like airport chaplaincy, where diverse populations may be affected by collective disasters and trauma.

Many effective new strategies in trauma treatment have come from combined religious and philosophical practices. Among these are shamanic rituals, such as sweathouses and using guides to the spirit world. One of the best known and tested is Buddhist meditation and contemplation as seen in the work of Jon Kabat-Zinn. Tai Chi movements have shown promise in the work of Capacitar, Inc., with traumatized communities. These practices are not limited to use within the religious groups where they were developed but are used across cultures, especially those in which the native religion was shared with and abused by the perpetrators as a tool in the traumatization.

A newer, and less tested, trend is a program for intentionally interfaith clergy that is not based in persons who are of one faith serving other faiths but in a clergyperson trained in many faiths and who is not a member of a single faith group. While these programs have not found full accreditation and acceptance, they are building a following in some states and countries where the populations are highly diverse and open to borrowing healing rituals from other cultures and religions.

Skills and Methods

While most people feel themselves to be spiritual in some way and can use that within their profession, a clergyperson has made that the center of their training. Most clergy, especially those working in the trauma field, feel themselves to have been called by their God(s) to care for those in pain. This lends a special kind

of commitment to their dedication, a covenant to be the hands and feet of God.

Power of Listening

First and foremost, a clergyperson working in the trauma field is skilled in listening. This often means listening to the prayers the person is offering or the supplications the person is making. Other times, the clergyperson is the only one making the time to truly listen to the story of the person: their regrets, their losses, their anger, and their inner pain. The clergy caregiver is listening to the prayers. Everyone else is on a tight timetable with a quota of patients to see. The clergy caregiver is attentive as the story comes out at the person's own pace.

Power of Story

In many cultures, story is the only way in which one can speak. Short, direct answers are not the norm. Even within the Western culture, you will find out more about people or the presenting problem if you take the time to ask them for their "story." Clergy caregivers will often reply with a story from the religious text or tradition. This is often intended to help people begin to reframe their story in a more positive way or to help them give voice to the parts of their story they had found too difficult to examine before.

Most clergy caregivers are trained and practiced at helping trauma sufferers reframe their story so that it is more positive and hopeful, reducing the feeling that the trauma was God's will or deserved for past sins or the sins of the family. It should be cautioned, however, that there are those within all faiths that will use language and story to blame the victim for the crime or tragic event. Clergy should be screened for their ability to handle these types of theological issues without dictating either negative or overly positive perspectives on traumatic events.

Power of Ritual

Spiritual songs, acts, and ceremonies that are repeated over years carry the potential for great healing and connectedness in times when the grounding of home and family may have been broken. It is important to ask and understand what is important to the individual rather than make assumptions. Clergy may have the ability to bring songs, movement, and dances of faith; remembrance or funeral rituals; scriptures of anger and forgiveness; and other acts that reach deep inside the pain and allow it to surface and heal. Lighting candles, repeating prayers, creating artwork, tearing clothes, smelling incense, cleansing and baptism, shared meals, and many more rituals recall feelings that cannot be put into words. Many of these rituals also bring together community to support each other and heal together.

Power of Prayer

Clergy are often considered to be intermediaries between humans and God. In this capacity, offering and hearing the prayers, and the act of "being with" a trauma survivor is one of the greatest tools and gifts a clergy caregiver or counselor can offer. Prayer and meditation have been shown to work in situations where there is little or nothing more that can be done by medicine.

Limitations

Clergy too often shun the difficult trainings and experiences involved in the most traumatic and theologically challenging human-created and natural disasters. Having not tended to their theological understanding of and practical resources for torture, the harsh realities of war, or the overwhelming devastation of a hurricane, clergypersons can find themselves overwhelmed by the realities of trauma involving large numbers of people. It is important that they have experienced resources for support in the interdisciplinary fields and from fellow clergy to continue in trauma work effectively. It is also important to pair clergy who are new to the trauma field with those more experienced. Trauma experts know to allow for breaks, relaxation, and rest. Clergy are more likely to think that God will give them the strength to endure longer hours.

Self-care, continued care for the mind, body, and soul, as well as supervision and debriefing time are essential if one is to continue effectively in trauma work. Knowing when to disconnect from the situation is more critical. Many clergy feel that they were called by God to be in this work and that they will have failed their calling or test if they leave the work.

Most clergy are not professional mental health workers and have only a small portion of the mental health training of those trained as pastoral counselors. Pastoral counselors, especially those with significant trauma and crisis experience, are equal to nonmedical mental health workers in the trauma field, but with the addition of the spiritual tools.

- clergy
- trauma
- chaplains
- clinical education
- healing
- counseling
- caregiving

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See Also

- [Growth, Posttraumatic](#)
- [Meditation](#)
- [Religious and Pastoral Responses to Trauma](#)
- [Spiritual and Religious Growth](#)
- [Stigma](#)
- [Traumatization in the Name of Religion](#)

Further Readings

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