



# **Encyclopedia of Trauma: An Interdisciplinary Guide**

## **Religious and Pastoral Responses to Trauma**

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Religious faith and spiritual life are an essential part of human nature. Positive beliefs and existential hope give people zeal to thrive and flourish. Psychosocial resiliency is deeply rooted in religious values, communal heritage, and generational wisdom. Disasters and tragedies seriously interrupt the flow of emotional stability, collective tranquility, and equilibrium of spirituality.

Following a major loss or trauma, communities as well as individuals often become much more reflective, religious, contemplative, and worshipful than usual. Traumas have a way of opening up the gates of the soul to seek what is beyond the scope of the immediate troubles and to transcend the limits of one's condition. Some of the first responses to wars, tragedies, and disasters have been religious and spiritual in nature. People often seek prayer, read scriptures, flock to houses of worship, and rekindle their religious life. Conversely, trauma also has a way of offending people's basic belief systems; they may feel bitter, turn away from faith, and become angry toward God or resentful toward life in general. Some tend to blame everything and everybody for their misfortune or distress, not realizing that their expectations of life have been too complacent or too comfortable, so that their foundations become easily shaken by any moderate crisis or serious ordeal.

Most denominations, religious groups, and communities of faith (churches, synagogues, shrines) are usually among the first respondents to sudden crises, horrific accidents, natural disasters, pressing social ills, violent crimes, displaced refugees, war victims, and similar tragedies. Religious groups have a social orientation to their public ministries (relief work, compassionate aid, social justice). Most mainstream denominations set aside a yearly budget as a disaster fund that can be used locally, nationally, or internationally. In addition, the movement of pastoral care, the program of chaplaincy, and the desire of many clergy to gain training in trauma-related counseling have grown substantially in recent decades. Particularly, the Clinical Pastoral Education (CPE) movement is a well-established and respected training program, which prepares ordained ministers for psychospiritual services in a variety of settings (including an interfaith context). CPE integrates the premises of health, the skills of counseling, and the richness of faith to the care of souls. All these care-givers are increasingly in demand and are called on to be equally involved on the frontlines of tragedies in helping others with the tasks of crisis intervention, first aid delivery, grief and loss debriefing, critical incident response, and trauma intervention and care. At the same time, such providers are not immune to the effects of *secondary trauma* or *vicarious trauma* and, in turn, may need debriefing and compassionate attention themselves. Most large churches and mission agencies have established a department called *member care*, specifically designed to watch over their staff and caregivers, especially those who are serving on the frontlines or in troubled areas around the world.

Emotionally struggling people and victims of acute disturbances and tragedies normally seek their spiritual leaders and pastors first, even before seeking other specialized counselors or health care professionals. Victims are looking for supportive presence, soothing affirmation, and calming assurance. They usually are in need of a deep *soul connection* that surpasses the physical boundary and emotional field. They need to be anchored in a reality that is larger than their own shattered world or already diminished reality. Normally, trauma causes helplessness, fear, depression, anxiety, and despair. It triggers religious-spiritual responses (on the inner, inter, and intra levels) because it shakes people's foundations and worldviews. Traumatic experiences, whether single or repeated events, often unsettle the victims' sense of continuity, livelihood, progression, and meaning. *Hope* generates optimism and a sense of future-fullness, but *despair* generates pessimism and a sense of futurelessness. Frequently,

those who are exposed to multiple traumas feel numb on the inside and unmotivated to try again. They refuse to move on, as if they have lost the zeal for life. Supportive psychospiritual interventions can help traumatized people rediscover meaning, reframe reality, reconnect with the present, and re-instill hope, so they may become friends with the future again.

Following any tragedy, trauma, or major loss, the survivors usually struggle with existential questions that frequently cause them to undergo a crisis of philosophy and faith. It is not uncommon for pastoral counselors to deal with existential doubts and resentment toward God, the church, the system, or any religious establishment. Often, the bereaved or traumatized shun any spiritual activity or gathering, because they are unable to reconcile the badness that has recently happened to them with the goodness they had previously enjoyed.

Many spiritual leaders and caregivers recognize that their role in such a situation is not to defend their faith, beliefs, or religious doctrines but to facilitate the traumatized person's stream of emotions and allow room for free-flowing expression. Survivors naturally struggle to understand *why* and to make sense of the tragic events. Thus, they need an object for their psychological frustration and projection, whether it be society, God, life, others, fate, destiny, evil, or any abstract entity or concept. Rather than resisting such philosophical questions and emotional attacks, or becoming defensive and argumentative, counselors and spiritual leaders are encouraged to listen to the distressed person's anguish and probe for more expressive materials with the understanding that trauma usually fragments the mind and agonizes the soul. To simply define the effects of trauma is to perceive it as an unexpected shock or as a deeply inflicted wound. The human psyche becomes injured and the personal self becomes punctured in many places—thus the need for repair and healing on all these affected levels, especially on the foundational, spiritual, and existential level. Pastoral counselors and spiritual caregivers are available to work alongside victims and survivors within congregations, at schools, in hospitals, on the streets, or on the tragedy site.

Spirituality is a great source of inner strength, peace, and stability. The *spirit* is a substantial force at the core of the human nature that represents a flow of energy and produces a resilient life. It propels the whole organism forward with existential meaning, enthusiasm, and anticipation. Resiliency mainly refers to the human potential to positively manage stress, cope with crises, face adversities, and recover from tragedies. Thus, spiritual resources are essential in the time of need or during a trying calamity. Spiritual care can mobilize the deeper layers of the human mind and soul and move the individual or the community toward healing, restoration, and recovery. Research has shown that those who meditate, worship, and pray on a regular basis enjoy a more balanced and contented life than do the average non-practicing population. In addition, those who have an active life of faith and a meaningful spirituality tend to face adversities better, endure terminal illnesses better, and face death better than those who have no faith, no spirituality, or no existential hope.

Spiritual care and pastoral ministry from faith-based communities are frequently reported by trauma survivors to be among the first support or main intervention they have received during and following a major crisis. Thus, spiritual caregivers and religious institutions are called to work side by side with other clinicians and health care professionals in helping people who are struggling during and after tragic events. Actually, both teams are necessary, and greatly complement each other, as they attempt to work in harmony to meet the needs of the bereaved, distressed, victimized, or traumatized and to provide comprehensive treatment and care along the journey of emotional, mental, physical, social, and spiritual recovery and healing.

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**See Also**

- [Clergy, Counseling by](#)
- [Community Disasters](#)
- [Disaster-Related Trauma](#)
- [Humanitarian Missions](#)
- [Meditation](#)
- [Peacekeeping Missions](#)
- [Psychological Responses to Trauma](#)
- [Recovery From Trauma](#)
- [Religious Fundamentalism](#)
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- [Rituals and Ceremonies, Therapeutic Use of](#)
- [Secondary Traumatic Stress](#)
- [Spiritual and Religious Growth](#)
- [Trauma Caregivers](#)
- [Vicarious Trauma](#)
- [War Crimes](#)

**Further Readings**

Abi-Hashem, N. (2001). Rediscovering hope in American psychology. *American Psychologist*, 56(1), 85–86.

Abi-Hashem, N. (2011). On cultural resiliency. *The Australian Community Psychologist*, 23(2), 23–31. Retrieved from <http://www.groups.psychology.org.au/Assets/Files/Abi-Hashem%20ACP%202%2011.pdf>

Berg, G. M., Crowe, R. E., Wong, B., & Seibert, J. (2009). Trends in publication of spirituality/religiosity articles in critical care populations. *Journal of Religion and Health*, 49(3), 333–336.

Brenner, G. H., Bush, D. H., & Moses, J. (Eds.). (2009). *Creating spiritual and psychological resilience: Integrating care in disaster relief work*. New York, NY: Routledge.

Harding, S. (Ed.). (2007). *Spiritual care and mental health for disaster response and recovery*. New York, NY: New York Disaster Interfaith Services. Retrieved from [http://www.nydis.org/nydis/downloads/manual/NYDIS\\_Disaster\\_SC-MH\\_Manual\\_Introductions-TableofContents.pdf](http://www.nydis.org/nydis/downloads/manual/NYDIS_Disaster_SC-MH_Manual_Introductions-TableofContents.pdf)

Meisenhelder, J. B., & Cassem, E. H. (2009). Terrorism, posttraumatic stress, spiritual coping, and mental health. *Journal of Spirituality in Mental Health*, 11(3), 218–230.

Ogden, C. J., Kaminer, D., Van Kradenburg, J., Seedat, S., & Stein, D. J. (2000). Narrative themes in responses to trauma in a religious community. *Central African Journal of Medicine*, 46(7), 178–184.

Sunnybrook Health Science Center. (2011). *Spiritual and religious care. Chaplains and spiritual support*. Toronto, Ontario, Canada: Sunnybrook Health Science Center.

U.S. Department of Veterans Affairs. (2011). *Spirituality and trauma: Professionals working together*. National Center for PTSD. Retrieved from <http://www.ptsd.va.gov/professional/pages/fs-spirituality.asp>