SAGE reference

Encyclopedia of Trauma: An Interdisciplinary Guide

Secondary Trauma among Chaplains

Chaplains are a special type of caregiver because they join people in their pain and listen to their narratives of strife, suffering, and torment and because they help people cope with spiritual trauma and existential crises. Chaplains generally work in interfaith multicultural institutional settings (military, hospital, prison, academic, etc.) while still bound doctrinally, liturgically, theologically, ethically, and socially by the faith groups endorsing them as qualified to work. Like therapists, medical professionals, and psychiatric caregivers, by definition, chaplains listen empathetically, provide care and counseling, and help people process trauma. Chaplains also act as a source of spiritual guidance, religious information, faith inspiration, and spiritual healing, which greatly differentiates them from other types of caregivers. This added spiritual dimension, along with the fact that faith journeys are rarely smooth even without added existential crises intrinsic to trauma situations, makes chaplains particularly susceptible to secondary traumatic stress. Self-care is rare, self-loathing is prevalent, and burnout is rampant among chaplain caregivers, especially those consistently exposed to trauma and secondary trauma narratives. This entry explores secondary trauma among chaplains—causality as caregivers and causality as clergy.

Chaplains as Caregivers

Chaplains are subject to the same stressors and compassion fatigue–inducing psychosocial influences as other caregivers are. Learning to care for the traumatized, the sick, the saddened, and the anxious requires well-formed professional coping mechanisms and a fully stocked caregiving toolbox. Generally, like other helping and caregiving professions, chaplaincy requires candidates to undertake years of training, academic work, and professional and spiritual formation to achieve professional readiness. Like other caregivers, chaplains are called on to minister to those in need regardless of circumstance, location, adverse conditions, or time of day or day of week. The ability to care for anyone in any place who suffers from any stressors is imperative to chaplains' effectiveness and, subsequently, to their senses of self-worth.

A Question of Identity

Chaplains indeed have to possess a fully formed pastoral identity, complete with an overarching desire to repeatedly sacrifice for the emergent/near-term/long-term care and treatment of those in need. Simply stated, chaplains are "wired" to be altruistic, self-sacrificing caregivers. For this reason, chaplains suffer from the same secondary posttraumatic stress symptoms and compassion fatigue outcomes as mental health professionals and other caregivers. The confluence of secondary trauma exposure and the inability (or unwillingness) to share emotional impacts, stress narratives, or any need for basic empathetic listening with family, friends, colleagues, or other members of the chaplain's support system leads frequently to exhaustion, compassion fatigue, disruptions in sleeping and eating patterns, and burnout. The prevailing attitude is give-give-give, without asking for anything in return, because a chaplain's caregiving vocation is also a calling. Pressure is high, expectations are superhuman, and self-care is scarce.

Susceptibility to Secondary Trauma

Chaplains' hyper-altruistic tendencies and propensity to not acknowledge the same stress-induced symptoms they recognize in others leave them particularly susceptible to physical, emotional, behavioral, professional, and interpersonal burnout symptoms. By definition, they empathetically listen to accounts of traumatic events, join sufferers in their pain, and help find hope amid uncertainty and stress. Constant intense exposure to others' suffering can lead chaplains to reexperience secondhand accounts of traumatic events themselves. The accumulation of passive stressors experienced by the chaplain, or single or multiple sensory triggers (smells, sights, sounds, other stimuli), can result in avoidance behaviors, numbing, workaholic tendencies, hyper-vigilance, difficulty concentrating, sleeping/eating/exercise problems, and social withdrawal. Chaplains often fail to "practice what they preach"—giving themselves even a modicum of self-care—which can exacerbate stress symptoms to a point where countertransference, emotional exhaustion, and overidentification with counselees becomes a "new normal." Healthy idealism is replaced with an ugly realism fraught with the secondary traumatic stress symptoms until the chaplain burns out.

Spiritual Crises

People seek chaplains when they need to forge a sense of meaning and purpose from narratives teeming with uncertainty, emotional chaos, hopelessness, and pain. Chaplains often see their own life experiences in care-seekers' narratives. When providing spiritual care and counseling, chaplains' rescuing tendencies—particularly when a care-seeker's trauma has a spiritual dimension emulating a chaplain's own spiritual issues—can lead to intense agonizing stress, overwhelming chaotic feelings, and profound self-doubt.

Chaplains often wonder if they did enough for a suffering soul or if what they do is pleasing to God (or their faith tradition's divine authority). That chaplaincy is intrinsically a divinely sanctioned (and at times divinely judged) vocation adds a stressful dimension to their caregiving relationships, as perceived failure to alleviate a care-seeker's spiritual pain is a direct cause of spiritual crises. With spirituality firmly residing at the core of a chaplain's personal and pastoral identity, spiritual crises exponentially intensify secondary traumatic stress symptoms and may lead more quickly to burnout.

Difficult Questions

As their faith tradition experts and general institutional spirituality point people, chaplains are often asked extremely deep, thought-provoking, and difficult questions. As people form and nurture their spiritual or religious identity, they must find answers to quandaries such as the problem of evil, divine providence and free will, sin and salvation, the afterlife, and the meaning of our very existence. During times of trauma, the core of a person's socially constructed spiritual and religious systems, and the person's answers to life's difficult questions, can quickly shatter under intense scrutiny and outlook-altering pain. For example, Christian torture victims will most likely not want to hear that God is omnipotent and Jesus loves them because their experiences would indicate that God sanctioned their suffering and Jesus was complicit in their trauma. A chaplain's job is to meet suffering people where they are and help them navigate difficult spiritual questions in an effort to restore hope.

When care-seekers' existential crises threaten their spiritual homeostasis, chaplains' own meticulously cultivated and reinforced belief systems can profoundly suffer after prolonged periods of empathetic listening. Questions go unanswered, doubt arises, and confidence erodes. Narratives of ontological disruption during trauma can shatter one's organization of self, worldview, and spiritual being. Secondary traumatic stress resulting from continual exposure to such disruption can lead to a disorganization, fragmentation, and degeneration of a chaplain's core faith identity. Such outcomes can cause chaplains to rebel, to disassociate from the vocation they sacrificed so much to join, or even to break the law. Constantly ministering to those in spiritual crises—especially when unanswerable questions arise—can indeed cause secondary spiritual crises among chaplains. Even the strong and steadfast are vulnerable.

A Battle within

In 21st-century Western society, chaplains also have to battle stigma brought on by other clergy who have harmed those they serve. For example, a chaplain may experience sneering or hear off-color remarks related to another clergyperson's sexual misconduct or have to counter narratives of unqualified religious "leaders" threatening vulnerable populations with eternal damnation far away from the chaplain's institution. In today's media-driven society, if a military chaplain commits a crime in Virginia, military chaplains in Japan will hear about it. Unlike doctors and mental health professionals who get sued for malpractice generally outside media scrutiny, chaplains suffer greatly from "guilt by association," as abuses of varying severity perpetrated by religious organizations/leaders get played out in the news media and are seen as the norm, not exceptions. Chaplains, then, face added stressors caused by situations out of their control. As ordained clergy, chaplains also find ministering to care-seekers who directly experienced trauma perpetrated by clergy (or a harmful religious system) particularly difficult. The onus is on the chaplain to help victims form healing counter-narratives after suffering—past or present—under oppressive, hurtful, and identity-altering religious authority. Secondary battles within the spiritual/religious profession can result in a unique type of secondary guilt, professional shame, and need for periodic spiritual triage among chaplains.

Often, chaplains mediate strife between their faith traditions and the institutional ministries they conduct. Though their ministry is at least somewhat specialized (military, hospital, and prison ministries in particular), the faith group professionally endorsing them for work monitors their adherence to faith tenets. Some chaplains from fundamentalist faith traditions experience a great deal of stress on this front because they are pressured to proselytize and "grow their flock" by their endorser while being pressured to care for and respect all faith traditions (or lack of a faith background) by their institutions. Chaplains can also endure stressors brought about by their family of origin because often faith systems are parentally constructed during childhood. Given these external stress sources and that institutional ministry inherently involves constant wrestling with revelation and authority within one's belief system, chaplains can feel conflicted and isolated. Chaplains also have to navigate between their faith traditions and institutionally constructed concepts of creation and providence (for theistic religious systems), interfaith ministry and dialogue, culture and context, and eschatology (uncertainty about the future). Internal and external conflicts, uncertainty about religious systems, and spiritual strife are common among chaplains. This added stress dimension could seriously exacerbate secondary traumatic stress symptoms and outcomes.

Conclusions

A personal, social, and spiritual cost is associated with chaplaincy. Like other types of caregivers, chaplains tend to seek spiritual—even salvific—gratification through helping others navigate their stress, fear, anger, sadness, and trauma. The formation of a new hope, which can lead to a return to a previous normal or the forging of a new normal, is the desired outcome of any pastoral counseling session. In the process, chaplains are exposed to a vast variety of stressors, social ills, suffering, and oft-extreme traumatic material. Though they operate under the veil of confidentiality, this freedom can also be a burden because they take on trauma and cannot talk about it. Chaplains also face stressors other caregivers do not because they must represent, as ordained experts, religion and spirituality. Chaplains are "always on," and their institutional ministries are diverse and far-reaching. They hear stories of suffering and pain for a living, which can lead to secondary traumatic stress, secondary traumatic stress disorder, existential crises, religious and spiritual identity issues, and burnout. The unique nature of this caregiving vocation, as outlined in this entry, makes this so.

- chaplains
- spirituals
- trauma
- secondary trauma
- stressors
- caregiving
- burnout

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See Also

- Burnout
- Compassion Fatigue
- Secondary Traumatic Stress

Further Readings

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