

SOCIAL WORK & CHRISTIANITY

JOURNAL OF THE NORTH AMERICAN ASSOCIATION
OF CHRISTIANS IN SOCIAL WORK

VOLUME 43, NUMBER 1 • SPRING 2016



SPECIAL ISSUE: SPIRITUALITY AND TRAUMA

INTRODUCTION TO SPECIAL ISSUE

Introduction: Special Issue on Spirituality and Trauma

ARTICLES

Spirituality as a Potential Resource for Coping with Trauma

After Trauma: Family Relationships and the Road to Healing

The Role of Spirituality in Helping African American Women with Histories of Trauma and Substance Abuse Heal and Recover

Trauma, Religion, and Social Support among African American Women

Reflections on Collective Trauma, Faith, and Service Delivery to Victims of Terrorism and Natural Disaster: Insights from Six National Studies

Religious Coping Strategies Among Traumatized African Refugees in the United States: A Systematic Review

Lessons Learned from Disaster: Behavioral Health for Social Workers and Congregations

Field Test of a Peer Support Pilot Project Serving Federal Employees Deployed to a Major Disaster

Spirituality as a Potential Resource for Coping with Trauma

Mary Patricia Van Hook

Many of the people seeking help from social workers have experienced trauma as result of a variety of life circumstances. Consequently, it is important for social workers to have an understanding of trauma. This paper addresses ways in which trauma is experienced, potential interactions between trauma and spirituality, and possibilities for promoting healing.

TRAUMA OCCURS WHEN A PERSON FACES A POTENTIAL THREAT TO LIFE, a threatening and dangerous experience outside the usual human experience, and events that are overwhelming and make people feel powerless and afraid. Traumatic events have the power to inspire helplessness and terror (Herman, 1997, p. 34). Traumatic events can represent a single event or can be part of an ongoing pattern of events and actions by others. Unfortunately, the numbers of people facing death in the theater of war (both military and civilians), refugees fleeing danger, daily news reports of people facing threats of being murdered or raped, and hidden stories of children being seriously abused in various ways all indicate that the experience of trauma is more widespread than we might wish. As social workers, our work serves as a constant reminder of trauma in the lives of people and their families. As a result, we risk vicarious trauma as our work lives are filled with the stories of danger and evil.

The Impact of Trauma

Our bodies, minds (thoughts and memories), and emotions are an integrated system. Trauma affects all three individually and disrupts the

integration of these systems. Trauma can also have an impact on our interpersonal and spiritual lives. While some of the characteristics are part of the syndrome, Post Traumatic Stress Disorder, typically only about 10% of trauma survivors go on to have PTSD (Peres, Moreira-Almeida, Nasello & Koenig, 2007). For a more complete discussion of PTSD, see Scales & Scales in this issue.

Bodies

Trauma impacts the body in various ways (Herman, 1997, Perry & Pollard, 1998; Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006):

- Potential physical damage created by the traumatic event
- Body memory of the trauma
- Sense of loss of body integrity
- Rush of stress-related hormones
- Neurobiological impact with impact on emotional, cognitive and behavioral coping

While trauma can have a neurobiological impact at all ages, it is especially influential for young children because it can influence the trajectory of their lives (Perry, Pollard, Blakley, Baker, & Vigilante, 1995; Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006). The brain is organized during development through genetic potential and life history. While trauma can cause sensitization within the mature brain, during development it can determine the functioning capacity of the person's brain. Children who have been traumatized (unlike other children) are frequently at a baseline state of low-level fear—responding by using either a hyperarousal or a dissociated adaptation. The child's emotional, behavioral, and cognitive functioning will reflect this (often regressed) state (Perry, et al, 1995).

The brain develops its functions and organization in a process reflecting survival needs. It is use dependent. Experience (in this case, trauma) provides the organizing framework for a child. The traumatized child experiences over-activation of important neural systems during sensitive periods of development (Perry, et al, 1995). The response pattern persists. Following the acute trauma experience, these systems of the brain will be reactivated when the child is exposed to specific reminders of the traumatic event and later when the child just thinks or dreams about the event or anything related to it. As a result, even though the child is no longer facing the traumatic event, the stress response apparatus of the child's brain is activated over and over again. Because the brain plays such an important part in other systems of the child's body and life, these functions too are influenced and deregulated—with the consequent behaviors of motor hyperactivity, anxiety, and impulsivity. The child becomes overly

sensitized, lives in a state of ongoing fear, and reacts to ordinary stressors with being threatened to being terrorized (Perry, et al, 1995). This creates an increased state of vulnerability for adults who experience trauma and were traumatized as children.

Trauma in childhood is reflected in dysregulation of the sympathetic nervous systems, increased cortisol (stress response) and norepinephrine levels in children (Anda, et al, 2006). “The sensitivity and organization of stress response neurochemical systems are related to developmental experience with stress” (Perry & Pollard, 1998, p. 39).

Studies reveal an increased pathway to a variety of long-term, behavior, health, and social problems (Anda, et al, 2006).

In adults, the neurobiological impact of trauma can make it difficult to process trauma both cognitively and emotionally. Smaller hippocampal volume and decreased activation that disrupts its fundamental role in the process of synthesizing, integrating, learning, and evaluating experience can produce fragmentation of the traumatic experience. Changes in the process within the brain can impact the trauma experience by impacting the cognitive synthesis involved in emotional memories and long term memories, obstructing the cognitive synthesis process, creating defects in the extinction of response to fear and emotional regulation, and by creating problems in relating personal experience into communicable language (Perez, et al, 2007).

Cognitions

“Traumatic events destroy the victim’s fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation” (Herman, 1997, p. 51). The following reflect some of the thoughts and cognitive processes that can prompt by the experience of trauma (Herman, 1997; Perry, et al., 1995):

- Views world as a dangerous place
- Impacts the sense of meaning
- Disrupts trust in the fairness of life, in God, in other people
- Raises the question of “Why me?”
- Raises issues of self blame or lack of self worth (belief that one is deserving of punishment or mistreatment—damaged goods (Children especially likely to experience self blame)
- Disrupts memories—no memories, or fragmented memories
- Poses difficulty in processing and describing traumatic event in an organized manner

- Vacillates between intrusive memories and lack of memory for logical narrative in terms of the experience
- Alters state of consciousness —dissociation from body, and situation, trance like state.

Emotions

As a result of trauma, people can experience some of the following emotional responses (Herman, 1997; Perry, et al, 1995):

- A threat of annihilation
- A sense of fear, helplessness, being out of control
- An agitated state (what will happen next?)
- Numbing—sense of just going through the motions
- Reoccurrence of prior traumatic symptoms with new traumas
- Flight/fight response (emotions, body responses)

As a result of these responses, trauma also has an impact on one's interpersonal and spiritual life.

Interpersonal life

There is great variation in the effects on interpersonal relationships of one's response to trauma, depending on the type of trauma (for example, rape or tornado), the meaning attributed to it, and the age when the trauma was experienced. Some of the impacts on a person's interpersonal life can include (Herman, 1997 Anda, et al, 2006):

- People may call into question basic human relationships—shattering their basic sense of trust and connections
- People who have been traumatized by people can begin to distrust other people also
- People can seek a first resource for source of comfort and protection (God, parents). Failure to receive protection can create further sense of abandonment
- “People can withdraw from close relationships and seek them desperately” (Herman, 1997, p. 560)
- People can fear abandonment or being attacked
- People can fear their own inability to control their own anger (Harris, 1998)
- People can feel that they are without value in relationships
- Children who have been traumatized in early years can have problems in establishing basic trust and sense of self worth that makes them especially vulnerable

Research has linked extensive trauma experience in childhood with increased risk for adult life issues that affect interpersonal relationships—risky sexual behavior, anger control, alcohol and other drug use, aggressiveness against intimate partners, anxiety and depression (Anda, et al, 2006).

Spirituality

Spirituality involves people's sense of meaning, morality, and their relationship to the transcendent and world around them. For many people, spirituality is experienced as part of one's religion. Thus the spirituality and sense of meaning regarding life experiences of a Christian, a Muslim, Buddhist, or a Hindu, for example, are likely influenced by the nature of the particular person's religious tradition. Trauma calls into question assumptions about the world and spiritual life. It raises ultimate questions of life and purpose. While trauma and related suffering inevitably raise spiritual issues, the impact of spirituality in the life of the person who has been traumatized varies widely. Trauma can potentially influence spirituality in the following ways (Bryant-Davis, Ellis, Burke-Mayhard, Moon, Counts, & Anderson, 2012; Farley, 2007):

- People can experience a crisis of faith—how could God have let this happen to me (and others) (Bryant-Davis, Ellis, Burke-Maynard, Moon, Counts, Anderson, 2012)
- People can turn to God or spiritual life for comfort, hope, and meaning
- People can find comfort/people can feel abandoned
- People can ask questions about the meaning of life
- People can sometimes search for new meanings and purpose in their life
- People can feel violated at the very core of their being, their sense of their spiritual self

Studies have linked trauma with both an increase in spirituality and religion (a catalyst for spiritual growth) as well as a weakening of religious faith and spirituality. The following section gives examples of ways in which some traumatic life events influenced people's spirituality. The diversity of responses reflected in these studies means that one cannot make assumptions about an individual person and must assess each person individually. Response to spirituality/religion can also involve positive and negative coping strategies described subsequently.

Acts of terrorist violence: Among those experiencing the Sept 11, 2001 attack, 78% reported no difference in religion, 11% described religion as more important, and 10% described as religion as less important. The extent of loss and exposure to trauma influenced this impact. Parents who lost children were especially likely to report a decreased importance of religion

(Seimargo, Neria, Insel, Kiper, Doruk, Gross & Litz, 2012). People's response to the Oklahoma City bombing varied with positive religious coping associated with growth and negative religious coping associated an increase in PTSD (Pergament et al, 1998 as cited in Smith, 2004).

Natural disasters: African American survivors of Hurricane Katrina described a positive response for some—especially religious or spiritual practices with God who gives strength. It was negative for those who reappraised their faith in negative ways—if God really loves us, why is he letting people die in this way? (MHum, Bell, Pyles, & Runnels, 2011; Hrostolowski & Rehner, 2012).

War: The experience of killing people and failing to prevent the death of fellow soldiers weakened religious faith—(associated with greater use of VA MH facilities to seek sense of meaning) (Perez, Moreira-Almeida, Naello, & Koenig, 2007). Among Vietnam veterans suffering PTSD, the majority (74%) reported difficulty reconciling their religious beliefs with the traumatic events in Vietnam; 51% said that they had abandoned their religious faith in Vietnam (Dresher and Foy, 1995, as cited in Smith, 2004). Soldiers who experienced greater combat trauma were more likely to use spiritual/religious coping but it did not lessen their PTSD symptoms relative to other coping strategies (Green, Lindly, & Grace, 1988 as cited in Smith, 2004).

Children who have been abused: Religious faith is severely damaged for some, while others turn to faith and spirituality as way to cope and heal (Walker, Reese, Hughes, Troski, 2010; Bryant-Davis, Ellis, Burke-Maynard, Moon, Courts, & Anderson, 2012). Several studies of women who had been sexually abused as children reported being helped by having a relationship with a benevolent God or higher power (Bryant-Davis & Wong, 2013). Female members of the Church of Latter Day Saints who had been sexually abused in childhood reported the healing that came from supportive members of their church and a sense of meaning provided by their faith (Valentine & Feinauer, 1993). African American women and women who had experienced or witnessed violence as children reported coping using spirituality/religion (rituals—especially prayer, beliefs, pastoral counseling, and involvement in the church organization) (Bryant-Davis, 2005). For women who had experienced trauma earlier and now have mental health and substance abuse issues, an increase in trauma experiences, especially sexual abuse as a child, was associated with greater use of negative religious coping efforts. Having a view of God as punishing increased distress. Positive religious coping helped reduce trauma (Fallot & Heckman, 2005). Among African American men who experienced childhood violence, 55% used spirituality as a way of coping (Bryant-Davis. et. al. 2010). Children who were abused by religious leaders described confusion and anger toward God and religious leaders—especially when told that God will show his anger if they tell (Bryant-Davis, et al, 2012).

Refugees: Spiritual life as Muslims and religious leaders were essential sources of support for Kozovar Albanians feeling the dangers of war (Gozdziak, 2002). Buddhist values were helpful in healing for Cambodian refugees (Bryant-Davis & Wong, 2013). For a more complete discussion of the role of spirituality in the role of coping with trauma for African refugees, see Adedoyin and Bobbie, "Light at the End of the Tunnel: Religion and Spirituality as Coping Resources of Traumatized African Refugees: A Review of the Literature" in this volume.

People Who Lost Loved Ones Due to a Traumatic Death: Some people reported losing any of their faith in God (blame for the tragedy) while others found comfort and new meaning in life through religion or spiritual beliefs and practices. People were comforted by their belief in life after death. People with strong religious or spiritual ties were the most likely to have a positive response. Members of African-Caribbean groups were especially likely to report these ties (Chapple, Swift, & Zie bland, 2011).

The Role of Spirituality in Helping People Cope with Trauma

Spirituality can both contribute to resiliency (the ability to bounce back after hardship) and can intensify the pain and distress. The concept of healing is important here. Healing is the process of becoming whole or finding some way to adapt and compensate for losses (Walsh, 1999). It recognizes that people can heal emotionally and spiritually even though they cannot undo the traumatic event that occurred. The woman cannot undo the rape, the soldier cannot undo the battle carnage, the mother cannot undo the damage to family and home by the tornado, the child cannot reverse her parent's murder or suicide, but healing in the life of the person can take place. Walsh describes spirituality as being able to give meaning to a precarious situation, having faith that there is some greater purpose or force at work, and finding solace and strength in these outlooks (1999).

Pargament and Brandt (1998) describe religion as helping to address the problem of human insufficiency (certainly affirmed during trauma). When people are pushed to realize their fundamental vulnerability, religion offers them some solutions including spiritual support, explanations for difficult life events, and a sense of control.

Positive Religious Coping Strategies

Positive religious coping strategies appear to help promote healing and reduce the impact of trauma. Negative religious coping strategies are associated with an increase in distress. Research has identified some of these coping strategies. Understanding the nature of these coping strategies and their roles in coping offers clues for potential help through spirituality in addressing trauma or contributing to distress. The following are based on

the work of Pargament (e.g., Pargament, Koenig, Tarakeshwarn & Hahn, 2004). This research emphasizes spirituality with a religious dimension. Many studies have drawn from his works and other studies closely reflect these concepts.

Positive spiritual coping strategies include the following (Fallot & Heckman, 2005; Perez, et. al, 2007; Smith, 2004):

- Looked for a stronger connection with God (spiritual connection)
- Sought God's love and care (seeking spiritual support)
- Sought help from God in letting go of my anger (religious forgiveness)
- Tried to put my plans into action together with God (collaborative religious coping)
- Tried to see how God might be trying to strengthen me in this situation (benevolent religious reappraisal)
- Asked forgiveness for my sins (religious purification)
- Focused on religion to stop worrying about my problems (religious focus).

Some of the phrases used by African American survivors of Hurricane Katrina eloquently describe these positive coping strategies (Hrostolwski & Rehner, 2012; MHum, Bell, Pyles, Runnels, 2011).

Collaboration and support:

“So long as I got God on my side I can't give up.”

“Let God guide you and trust that He will lead you in the right direction.”

“He (the Lord) done give me the strength.”

Sense of meaning in the event:

“God ain't brought me this far to leave me hanging.”

“I see the hurricane as an act of God—so I took it in a positive way—brought families closer together, made us see what was more important.”

Spiritual and religious practices prayer, meditation, reading the Bible, attending church were extremely important positive coping strategies for survivors of the hurricane (MHum, et al., 2012; Tausch, Marks, Brown, Cherry, Frias, Williams, Melancon, & Sasser, 2011).

Religious coping can be part of developing a new meaning for the role of faith as reflected in this paraphrase of the response by a man whose brother was shot and killed.

I used to believe that my faith and God would protect us, would keep me safe...that is what I saw as my faith. So my faith was truly shaken through this experience. I now see things differently. Because what my faith taught me was

that I could overcome and handle this situation, I never ever felt that I was alone in it. God was with me through it (Chapple, et al., 2011, p. 10).

Relationships with spiritual leaders can help provide a path for spiritual healing, as expressed by an African American woman who had been sexually abused as a child.

I've been going every week to talk to my pastor here...and trying to search, you know, and heal some of the hurt—just to gain peace and to realize that...He has it in His hands. I know that counseling and therapy does work, but God is the actual answer (Bryant-Davis, 2005, p. 411).

Negative Religious or Spiritual Coping Strategies

Negative religious/spiritual coping strategies can be illustrated by some of the following statements (Perez et al, 2007):

- “I wondered if God had abandoned me?”
- “I questioned God’s love for me.”
- “I decided the Devil made this happen.”
- “I felt punished by God.”

These thoughts increase the sense of being abandoned, of being without support, of being a worthless person. Trauma can destroy a sense of trust in God and the higher power—a contract has been broken (Smith, 2004). Religious leaders or others who view traumatic events (for the individual or the community) as part of God’s judgment further their sense of self-blame—the hurricane was God’s punishment for.... (Smith, 2004).

Children who have been traumatized can have difficulty maintaining their religious and spiritual beliefs. If we understand a child’s sense of spirituality and relationship with God from an attachment theory that God will protect one, abuse to the child disrupts one’s spiritual trust and can “lead to a damaged view and relationship with the divine being”(Bryant-Davis, et al, 2012 p. 309). Children’s sense of the ultimate environment can shift to one of suffering, chaos, struggle, resistance, evil, and fear. This can lead to either an increase in their spiritual life or a rejection of religion and spirituality as a coping strategy. Children can come to believe that the higher power is out to judge, punish or condemn them, making them feel shame and guilt and have negative self-esteem. (Bryant-Davis, et al 2012). Children can feel unworthy of God’s help, feel tested by God, feel angry toward God, blame God for their suffering, and wonder how a loving and just God could allow this to happen (Bryant-Davis et al, 2012; Walker, Reese, Hughes, Troskie, 2010).

When young children experience trauma from parents, phrases like “God is your father, your heavenly father” can create negative and judgmental images of God shaped by the parent. Experiences with parents (both positive and negative) get transferred to their spiritual life.

The nature of religious thoughts and practices prior to trauma can influence the interaction of trauma and religion. People who have a strong relationship with their higher power prior to the trauma are more likely to benefit from their faith and to emerge with their beliefs intact while those with more tenuous or unstable religious attachments are more likely to lose their faith or be unable to benefit from them (Smith, 2004).

Potential Resources within Spirituality and Religious Life

Based on previously cited studies and literature, the following potential resources within spirituality and religious life emerge:

- Spirituality can offer a sense of **hope** in the context of the hopelessness of trauma. Finding some sense of meaning, of belief in a power outside of one's self can contribute to a sense of hopefulness (Perez, et al., 2007). The positive spiritual coping resources described previously draw upon the power of God to address this sense of hopelessness.
- Spirituality in the form of various religious traditions also offers a sense of **power** in partnership (“God on my side”) with the divine and growth in personal strength to counter the sense of helplessness, vulnerability, and powerlessness (Perez, et al, 2007; Hmum, et al, 2011; Hrostowski & Rehner, 2012).
- Spirituality provides a sense of **worth** and **being cared for** to counter being devalued and dehumanized and the crushing of one's spirit (Van Hook, 2014; Siegel & Schrimshaw, 2002).
- Spirituality provides a path toward **personal purification** in a context of damage to worth of the self (religious purification) (Fallot & Heckman, 2005).
- Spirituality associated with a community can offer emotional and practical **support** in the context of feeling abandoned, exploited and devalued (Farley, 2007; Van Hook, 2008).
- Spirituality can offer leaders/counselors who offer **safe, comforting, and understanding relationships** to counter hurtful ones (M. Hrostowski & Rehner, 2012; MHum, et al, 2011).
- Spirituality as a source of **helping others, altruism, giving back** in the context of being made helpless can create a sense of **meaning and purpose** (Bryant-Davis, et al, 2012)
- Spirituality as accessed through **rituals** or practices that help access meaning and power (Hrostowski & Rehner, 2012).

- Spirituality and religion can offer a **hope for continuing life after death** in some form that provides comfort for other family members (Chapple, Swift & Zie bland, 2011).

Helping Clients Identify and Access Their Resources in the Area of Spirituality and Religion

Opening the Door

The first step in any effort to help clients identify and access their resources or struggles in the area of spirituality and religion is to open the door by inquiring if their spiritual life or religious life has any relevance for or gives meaning to what they are going through or have experienced. Such a genuine and concerned inquiry helps open the door to these concerns for people who might have thought that the counselor was not interested or did not think that these issues were relevant or of value. (This opening goes beyond a line on the intake form).

Opening the door also means that the social worker must be comfortable walking with the client on their pathway of pain, being willing to listen to issues of existential concern of the client, or is able to hear what traumatic stories the client wishes to share. As a young and inexperienced social worker, I discovered that I was unable to hear how my client had managed to survive despite being forced to dig her own grave and had inadvertently changed the subject.

Opening the door also means that the social worker is aware of his or her own sense of spirituality and is careful not to use this in an inappropriate way with a vulnerable client. It means assuming the role of facilitator, not a director (Smith, 2004).

Opening the door also means that one is willing to try to understand various spiritual traditions and ways in which they might be influencing how people are experiencing their world and their spirituality. Consulting with religious leaders or experts in relevant faith traditions, as well as study, can be useful here.

Opening the door for our clients also means that we take seriously the need to care for ourselves so that we do not risk the dangers of compassion fatigue or vicarious trauma that make us unable to be of help to our clients as well as invite harm to ourselves. Mary Jo Barrett, in her discussion of relational abuse (2008), discovered that she had lost her own sense of spirituality in spending her days listening to people who had been traumatized and needed to find ways to restore her own spirituality in order to be helpful to others.

Providing safety

People who have been traumatized need to feel safe and secure as part of the healing process (Herman, 1997). A realistic assessment of the situation facing the individual is important—too many women are killed in the process of leaving their abuser. The young woman being trafficked needs to have a safe haven. Children who are being abused need to have a safe place to live. This represents a struggle in working with soldiers who are about to return to the world of combat.

People who have been traumatized need to have a safe haven in terms of relationships with others. The social worker needs to offer this safety in terms of a caring and accepting relationship. Helping the client find safe havens in terms of relationships and settings with others is important. In a real sense, caring relationships offer spiritual support to a hurting and traumatized person. The world of the spiritual is mirrored in that of real life relationships. Barrett's many clients who had been traumatized identified love as one of the two key elements in their recovery. They were able to experience being cared for and in the process also begin to love themselves again. Within this safe haven, they were able to begin to tell their story (Barrett, 2008).

Normalizing people's reactions

People who are struggling with anger toward God, with doubts about their spiritual power, can experience further a strong sense of self blame for these thoughts and feelings. People can be troubled because their certainties have been shaken. Helping people recognize that this is an understandable and normal reaction can help lift this burden that in turn has been making it even more difficult to access any potential spiritual resources. A friend shared with others how he had to "have it out" with God after the accidental death of his son and the acceptance he experienced from God. His story gave healing to another friend who was angry with God for the death of his son-in-law. He, in turn, was able to relieve the burden of blame of a mother grieving the loss of her son and angry with God.

Asking Clients If They Wish to Include Spiritual Issues in the Helping Process

Going beyond the principle of self-determination, this step of initiating the topic of spiritual issues but following the client's lead is especially important for traumatized individuals because they have been left feeling that someone has taken control over their lives and they do not have the power to make decisions. Acknowledging and respecting the client's critical decision making power represents an important step in creating a safe relationship.

Tailoring Interventions to be Responsive to the Client's Experience and View of the World

If the client is interested in including spirituality, a joint functional assessment with the client in terms of identifying what aspects of their spirituality could be helpful. What are potential barriers to accessing them; what burdens might be represented in the spiritual life? This assessment process provides the guide for an individualized approach that incorporates individual life experiences as well as spiritual and cultural traditions. It also identifies ways in which spiritual issues are linked with other life issues—interpersonal relationships, self-image, and sources of support. The client might describe important rituals, beliefs that offer hope or contribute to self-blame, other relationships that offer support or condemnation, fears and doubts, new ways at looking at the world around them, and the nature of their spiritual tradition (for example, life after death may be understood very differently from Christian and Hindu perspectives). What is the role of suffering from the perspective of their spiritual tradition? What are the rituals that offer healing within the client's spiritual tradition?

Some Possible Intervention Strategies

The following represent potential strategies only and must be tailored to the needs and wishes of the individual client—including culture and faith orientations).

Identify potential sources of emotional and practical support within the spiritual community of the person

People within the spiritual community who are understanding and can appreciate the role of trauma can be an important potential resource. As a student, I had a client whose child was born without eyes. She had previously been divorced and remarried outside the Catholic Church (pre Vatican 2). She was always waiting for God to punish her. Understanding and sympathetic Catholic sisters who worked with children with disabilities were able to be a very healing and reassuring presence in her life.

People can be so burdened down with self-blame that they are reluctant to reach out to potential sources of support that might be valuable resources. Social workers can be aware of resources such as chaplains and faith groups with demonstrated efforts of concern that offer support (practical help, caring, support groups) that clients might find useful. These programs in turn offer people a sense of being valued and accepted.

Obtain and use relevant knowledge

Barrett's clients describe knowledge as the other important ingredient in healing from trauma—knowledge regarding their world, themselves, and ways to cope. This knowledge helps clients gain a better understanding of the nature of the world around them, the ways in which trauma has distorted their view of themselves, and ways to cope more effectively with the impact of trauma (2008).

Identify the religious and spiritual coping strategies that are helping the individual cope with trauma

It can be useful to explore with the client any thoughts and actions that have been helpful. What meaning do they have, how do they help, and how the client can continue to incorporate them in his or her life. For example, "You said, 'I feel God's presence as a guide.' When does this happen, what is its effect, and are there ways that you can draw upon this feeling when you are feeling caught up in a sense of fear created by what happened to you?"

Identify ways to address the trauma inflicted by self-blame and self-hatred that destroys their spirituality

While self-blame initially can be protective (I was in control), it is destructive if it continues. Cognitive behavior techniques can be useful here. Clients can be helped to reexamine their beliefs in terms of their religious or spiritual tradition. For example, "What does the Bible say about God's loving his children?" "What does the Quran say about who can offer judgment—only Allah?" (Bryant-Davis, et al, 2012). What does this mean regarding Hindu views of the divine within the person? If you include these statements in your response to "I must be a bad person that this happened to me, I must be a worthless person," how does this change your thoughts? Are there ways that one can explore more affirming spiritual ways of viewing self in terms of one's self talk? Helping clients identify sources of support within their spiritual tradition that are affirming and comforting can be drawn upon in these cognitive reframing efforts.

Asking clients what they would tell a friend or neighbor who had gone through this experience helps clients draw upon their spiritual traditions in more healing ways. "Would you tell a friend who had been raped or beaten up by her boyfriend that she was a bad person, that God was punishing her?" "What would you tell a fellow soldier who had been in an explosion and lost his leg?"

Identify strengths of the client that can be used, especially those used to cope with violence and its impact, to establish safety, and to help counter negative cognitions

This information can be used to counter shame and self-blame. Clients are able to recognize that they are not to blame and that they have self-worth and abilities (Bryant-Davis, 2005). A woman whose is effective in her job or as a parent can be helped to identify her problem-solving strategies and how these can be used in dealing with a potentially violent situation. It can also be used to help address her own sense of inadequacy resulting from a prior traumatic experience. Mrs. L was struggling with PTSD following years as a prisoner of war and her subsequent experience as a refugee. Helping her recognize how well her children were doing and how effective she was as a parent helped her address some of her sense of guilt and powerlessness.

Explore earlier life experiences of trauma and their impact on the current event

Learning about the client's life story, especially in response to earlier traumatic life events that have contributed to these beliefs can provide additional ways to help clients alter their interpretations. A client told of being sexually assaulted by an older man when she was a very young girl. When she told her mother what had happened, she was told not to tell her father and to pray to God for forgiveness. As a small child, she was unable to question her mother's interpretation of the event that in turn created an unquestioned basis for self-blame. When this memory was revisited after an adult trauma, she was able to recognize the mother's distorted view of the situation and to reevaluate these assumptions in ways that no longer made her feel unworthy and guilty.

People can also begin to evaluate their current situation and to separate it from the past. While a child who is abused is small and powerless, as an adult, the client now has new sources of strength and power and people who are willing to help. Identifying these people can also help begin to correct views that the entire world is dangerous and no one can be trusted.

Use creative arts (music, art, stories, journaling) as a way of finding spiritual resources

While valuable for everyone, art and stories can be especially useful for children in expressing and communicating their trauma and finding ways to express themselves. People can be encouraged to use journaling to cope and to think in terms of their personal and spiritual resources in this process.

Involve parents or caretakers to help children who have been traumatized

Caring adults can provide safety, can hear children's stories or help them draw pictures, and can reassure them of being loved and cared for. Psychoeducational approaches can be used with parents to help them recognize signs of trauma and ways they can respond that will give their child a sense of security and safety.

Help clients find ways that they can contribute to others

Many people who have been traumatized find further healing in helping others. This process helps give meaning to the life event and also helps people restore their sense of self-worth and power (Bryant-Davis, et al., 2012). The specific form of help varies depending on the person's resource and what is meaningful to them.

Explore the possibilities of forgiveness

For some people, forgiveness is part of the path to spiritual healing. Forgiveness can involve forgiving the person who hurt them or self-forgiveness. It is important that people not feel coerced or made to feel guilty if they do not follow this path. People also need to be past the first shock of the trauma. Individuals can be introduced to the concept of forgiveness so that they can make an informed choice in terms of their own lives and their readiness to consider such a step.

It is important to understand how forgiveness and harmful actions are viewed within their spiritual tradition. It is also important to identify if people are feeling coerced to forgive by spiritual leaders or others within their family or community. Such pressures to forgive only intensify the sense of powerlessness and trauma.

Forgiveness is not the same as reconciliation that implies that the offending party states that they are sorry for what they have done and seeks a restoration of the relationship. Forgiveness can occur even when the offending party is not aware of the forgiveness process. Forgiveness and its possible healing are not held hostage to the actions of the offending party. It allows the person to move on in terms of his or her life. Forgiveness is also not forgetting. While one can let go of the anger, it can still be important to recognize when someone or a situation is dangerous and to exercise self-protection. The forgiveness process involves a genuine acknowledgement and acceptance of the hurt and anger experienced by the person. Attempts to bypass this step can lead to problems in the future. Individuals need the opportunity to express their feelings and to have them validated (Frame, 2003).

Conclusion

Trauma can have a profound impact on the cognitive, emotional, physical, interpersonal, and spiritual life of a person. Spirituality can potentially offer sources of healing, hope, and sense of worth for individuals who have experienced trauma. Trauma can also have a negative impact on one's spirituality. Incorporating spirituality into the social work process with traumatized individuals requires respect for their self-determination, conditions of safety, and help in strengthening positive cognitions, relationships, and coping strategies to address the impact of trauma. ♦

REFERENCES

- Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, Br., Dube, S. & Giles, W. (2006). *European Archives of Psychiatry Clinical Neuroscience*, 256, 174-186.
- Barrett, M. (2008). Healing from relational trauma. In F. Walsh (Ed.) *Spiritual resources and family therapy, 2nd edition*. (pp. 266-284). New York, NY: Guilford Press.
- Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood violence. *Professional Psychology: Research and Practice*, 36(4), 409-414.
- Bryant-Davis, T., Ellis, M., Burke-Mayhard, E., Moon, N., Courts, P., & Anderson, G. (2012). Religiosity, spirituality and trauma recovery in the lives of children and adolescents. *Professional Psychology: Research and Practice*, 43(4), 306-314.
- Bryant-Davis, T. & Wong, E. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist*, 68(8) 675-684.
- Chapple, A., Swift, C., & Zie bland, S. (2011). The role of spirituality and religion for those bereaved due to a traumatic death. *Mortality*, 16(1) DOI:10.1080/13572011.535998.
- Fallot, R., & Heckman, J. (2005). Religious/spiritual coping among women trauma survivors with mental health and substance abuse disorders. *Journal of Behavioral Health Services Research*, 32(2), 215-224.
- Farley, Y. (2007). Making the connection: Spirituality, trauma and resiliency. *Journal of Religion and Spirituality in Social Work: Social Thought*, 26(1), 1-15.
- Frame, M. (2003). *Integrating religion and spirituality into counseling: A comprehensive approach*. Pacific Grove, CA: Brooks-Cole.
- Gozdziak, E. (2002). Spiritual emergency room: The role of spirituality and religion in the resettlement of Kosovar Albanians. *Journal of Refugee Studies*, 15(2), 136-162.
- Harris, M. (1998) *Trauma recovery and empowerment: A clinician's guide for working with women in groups*. New York, NY: The Free Press.
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York, NY: Basic Books
- Hrostowski, S. & Rehner, T. (2012). *Journal of Gerontological Social Work* 55(2) 337-351.

- MHum, T., Bell, H., Pyles, L., & Runnels, R. (2011). Five years later: Resiliency among older adult survivors of Hurricane Katrina. *Religion and Spirituality in Social Work: Social Thought*. 30(3) 294-311.
- Pargament, K. & Brandt, C. (1998). Religion and coping. In H. Koenig (Ed.) *Handbook of religion and mental health* (pp. 111-128). New York, NY: Academic Press.
- Pargament, K., Koenig, H. G., Tarakeshawar, N. & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9(6), 713-730.
- Perez, J., Moreira-Almeida, A., Naello, A., & Koenig, H. (2007). Spirituality and resilience in trauma victims. *Journal of Religion Health* 46 (3), 343-350.
- Perry, B. & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatry Clinics of North America*, 7(1), 33-48.
- Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigilante, C. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal*, 16(4), 271-291.
- Seimarko, G., Neria, Y., Insel, B., Kiper, D., Doruk, A., Gross, R. & Litz, B. (2012). Religiosity and mental health: Changes in religious beliefs, complicated grief, posttraumatic stress disorder, and major depression following the September 11, 2001 attacks. *Psychology of Religion and Spirituality*, 4(1), 10-18.
- Siegel, K. & Schrimshaw, E. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion*, 41(1) 81-102.
- Smith, S. (2004). Exploring the interaction of trauma and spirituality. *Traumatology*, 10(4), 231-243.
- Tausch, C., Brown, J., Cherry, K., Frias, T., McWilliams. Z., Melancon, M. & Sasser, D. (2011). Religion and coping with trauma: Qualitative examples from Hurricanes Katrina and Rita. *Journal of Religion, Spirituality, and Aging*, 23(3), 236-253.
- Valentine, L. & Feinauer, L. (1993) Resilience factors associated with female survivors of childhood sexual abuse. *American Journal of Family Therapy*, 21(3) 216-224.
- Van Hook, M. (2008). Spirituality. In A. Strozier & J. Carpenter (Eds.), *Introduction to alternative and complementary therapies* (pp. 31-63). New York, NY: The Haworth Press.
- Van Hook, M. (2014). *Social work practice with families: A resiliency-based approach*. 2nd ed. Chicago, IL: Lyceum Books, Inc.
- Walker, D., Reese, J., Hughes, J.P., & Troskie, M. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. *Professional Psychology: Research and Practice*, 41(2), 174-180.
- Walsh, F. (1999). Opening family therapy to spirituality. In F. Walsh (Ed.) *Spiritual resources in family therapy*. (pp. 28-58). New York, NY: Guilford Press.
- Walsh, F. (2008) *Spiritual resources in family therapy*, 2nd edition. New York, NY: Guilford Press.

Mary P. Van Hook, Ph.D., Professor Emeritus, University of Central Florida School of Social Work, 2980 Cedar Glen Place, Phone: (407) 359-2388, Email: jmvanhook@earthlink.net.

Keywords: spirituality, trauma, religious coping, social work

Author's Note: This article is a revision of the Alan Keith-Lucas Lecture, presented at the convention of the North American Association of Christians in Social Work, St. Louis, MO, October 26, 2012.