CHRISTIAN counseling TODAY
VOL. 25 NO. 1

TRAUMA, MENTAL HEALTH, AND RECOVERY PART 2

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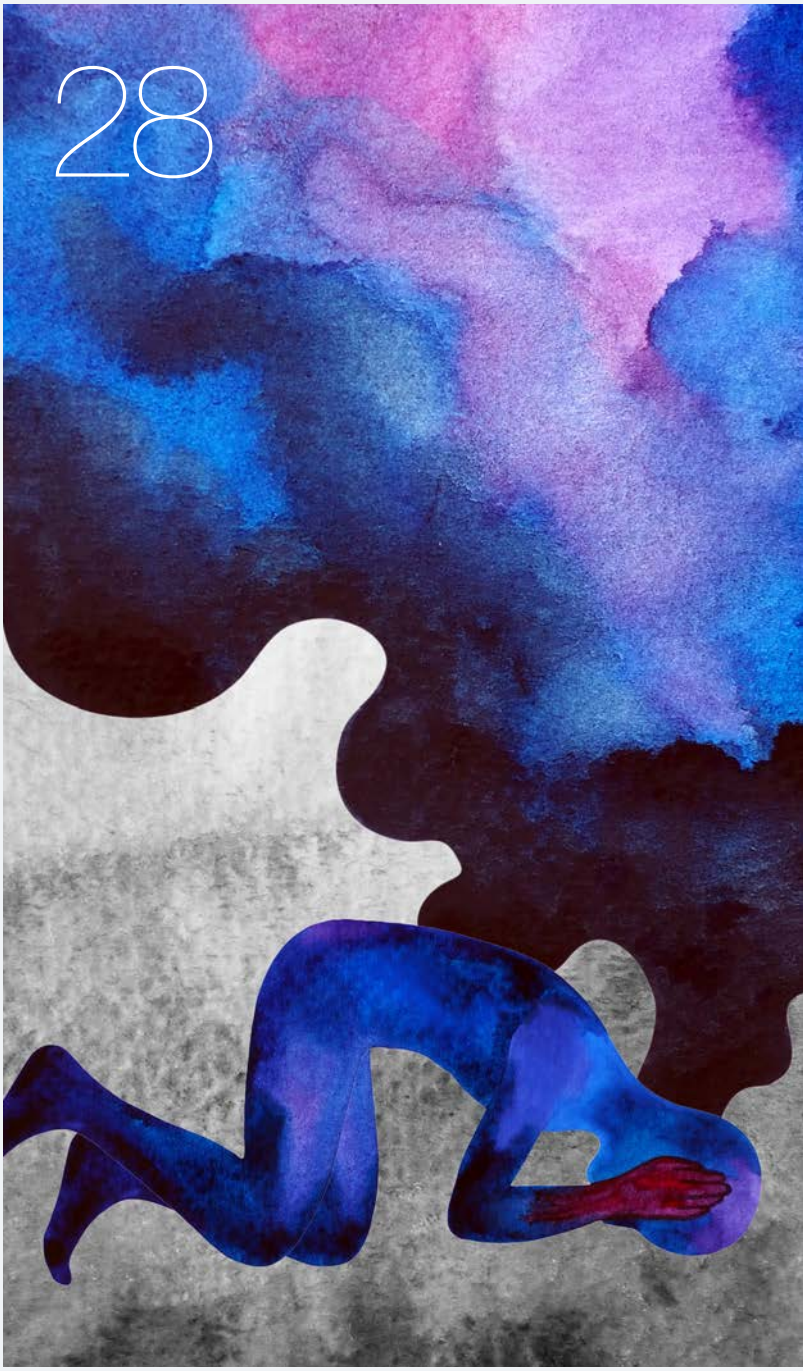

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Curt Thompson, M.D., is a psychiatrist who brings together a dialect of interpersonal neurobiology (IPNB) and Christian anthropology to educate and encourage others as they seek to fulfill their intrinsic desire to feel known, valued, and connected. He understands that deep, authentic relationships are essential to experiencing a healthier, more purposeful life—but the only way to realize this is to begin telling our stories more truly.

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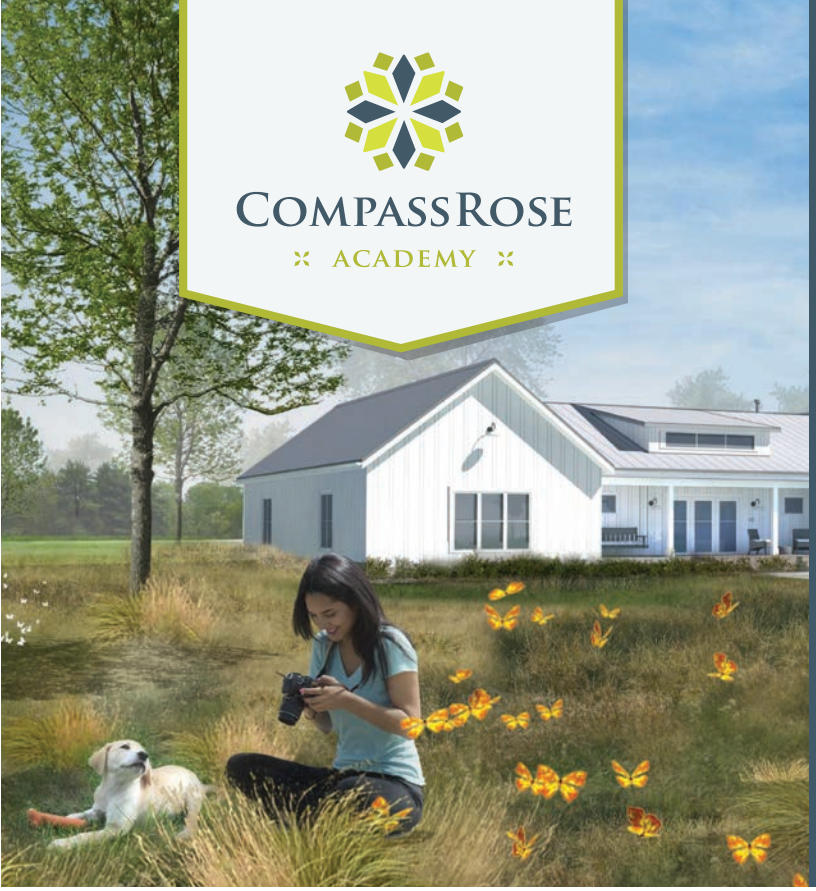

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« TIM CLINTON, ED.D., LPC, LMFT, BCPCC

Our Road Forward… Together

This issue of *Christian Counseling Today* (*CCT*) is part two of our series on "Trauma, Mental Health, and Recovery."

During the COVID-19 pandemic, we have seen an *unprecedented* rise in the rates of anxiety, depression, drug overdoses, suicide attempts, and emergency department visits.[1] A Gallup poll released in December 2020 revealed that "Americans' latest assessment of their mental health is worse than it has been at any point in the last two decades."[2]

We are beginning to see a glimpse of hope and light from the pandemic as the rate of daily COVID-19 cases in the United States continues to decrease. Today, nearly one-third of the population is fully vaccinated,[3] and mandates across many states are being lifted. However, we do not know the lasting impact and long-term effects that COVID-19 will have on adults, adolescents, and children. One study suggests that the pandemic will continue to have increasing, long-term, adverse consequences on children and adolescents compared to adults.[4]

Hope and safety may seem far away for many, especially those who are now experiencing mental health issues for the first time in their lives. Our new, everyday, post-pandemic "normal" and encounters with the general public still bring alarm and concern for many.

Stand in the Gap for Such a Time as This

"Where there is no guidance, a people falls, but in an abundance of counselors there is safety."
– Proverbs 11:14, ESV

As a fellow mental health professional, I want to take a moment to recognize that the past year has not been easy for anyone. Our offices felt the effects of COVID-19, as no one is immune, all while being flooded by the increased demand for mental health services resulting from the virus.

Cited in a study released by the U.S. Government Accountability Office, a survey of members of the National Council for Behavioral Health revealed that "… in the three months preceding the survey, about two-thirds of the member organizations surveyed reported demand for their services increasing and having to cancel or reschedule patient appointments or turn patients away. The survey also found that during the pandemic, 27% of member organizations reported laying off employees, 45% reported closing some programs."[5]

Everywhere I turn, I am hearing from counselors and ministry leaders who are exhausted and emotionally spent from all the mental health demands in their churches and communities. Allow me to pass along some words of encouragement. Hold the line and stand strong… but remember, your self-care is critical and must be a priority. Counselors,

coaches, social workers, psychologists, marriage and family therapists, and the entire helping profession are answering the call to bring light to the loneliness, fear, depression, anxiety, and suicidality of those hurting—and they are doing it amid their own pain.

Thank you for doing what is often a thankless job, especially during this unprecedented time in our nation and around the world. We see you… we are proud of you… and we are delighted to serve you! I cannot help but think of Ecclesiastes 4:10 (ESV) when I reflect on what you do daily, "For if they fall, one will lift up his fellow. But woe to him who is alone when he falls and has not another to lift him up!"

The Urgent Need for Helpers

"Pray ye therefore the Lord of the harvest, that he will send forth labourers into his harvest."
– Matthew 9:38, KJV

According to a report released in November 2016 by the United States Department of Health and Human Services, by 2025, there are projected shortages for the following mental health professions: psychiatrists; clinical, counseling, and school psychologists; mental health and substance abuse social workers; school counselors; and marriage and family therapists.[6] This study was released long before we knew we would be confronted by the current disaster created by COVID-19. For quite some time, I have been saying that, without question, mental health will be one of the greatest, if not the greatest, issues facing the Church and our country over the next 10 years.

Just as we are playing a role in the current pandemic, I believe we will also play a more significant role in the post-pandemic world. Our responsibilities may look similar or appear to be different, but each of us must work "as unto the Lord." He is, and will always be, the reason we do this work. It is exciting to be involved in what God is doing. At AACC, we are also praying for, and looking forward to, developing mental health ministries in and through local churches as part of our Mental Health Coach First Responder Training Program (https://www.lightuniversity.com/mentalhealthcoach/). Currently, we have more than 5,000 churches enrolled and are praying that God will continue to expand this reach and influence!

On the road forward, let's pray God will move mightily in and through the Church for such a time as this. Thank you for being a member; we love being a part of your life! ✠

TIM CLINTON, ED.D., LPC, LMFT, BCPCC, is president of AACC, the largest and most diverse Christian counseling association in the world. Dr. Clinton also serves as the Executive Director of the Liberty University Global Center for Mental Health, Addiction, and Recovery. He is the co-host of "Dr. James Dobson's Family Talk," heard on nearly 1,400 radio outlets daily. Licensed as a Professional Counselor and Marriage and Family Therapist, Dr. Clinton is recognized as a world leader in mental health and relationship issues and spends much of his time working with Christian leaders and professional athletes. He has authored or edited nearly 30 books, including his latest, *Take It Back: Reclaiming Biblical Masculinity – The Heart and Strength of Being a Man.* Dr. Clinton and his wife, Julie, have two children and a granddaughter.

Endnotes

1 U.S. Government Accountability Office. (2021, March 31). *Behavioral health: Patient access, provider claims payment, and the effects of the COVID-19 pandemic*. https://www.gao.gov/products/gao-21-437r.

2 Keeter, S. (2021, March 16). *Many Americans continue to experience mental health difficulties as pandemic enters second year.* Pew Research Center. https://www.pewresearch.org/fact-tank/2021/03/16/many-americans-continue-to-experience-mental-health-difficulties-as-pandemic-enters-second-year/.

3 Dow Jones & Company. (2021, May 10). Nearly a third of the U.S. population is fully vaccinated against Covid-19. *The Wall Street Journal.* https://www.wsj.com/livecoverage/covid-2021-05-07.

4 Shen, K., Zhao, D., Wang, T., Yang, Y., et al. (2020, February 7). Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: Experts' consensus statement. *World Journal of Pediatrics: WJP.* https://pubmed.ncbi.nlm.nih.gov/32034659/.

5 U.S. Government Accountability Office. (2021, March 31). *Behavioral health: Patient access, provider claims payment, and the effects of the COVID-19 pandemic.* https://www.gao.gov/products/gao-21-437r.

6 U.S. Department of Health and Human Services/Health Resources and Services Administration/Bureau of Health Workforce/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2016, November). *National projections of supply and demand for selected behavioral health practitioners: 2013-2025.* Rockville, Maryland. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf.

UNDERSTANDING AND INTERRUPTING GENERATIONAL TRAUMA TRANSMISSION

Take a minute and reflect:

What blessings do you see that have come to you through the life and experiences of the previous generation of your family? Education? Faith? Economic stability? Work ethic?

What pains and suffering did you inherit from those before you? Addiction? Violence? Discrimination? Poverty? Inadequate education?

Notice that you have inherited both family and community blessings and wounds. How do we help others acknowledge traumas passed down through the generations and find ways to begin healing generational trauma?

Clinical discussions of post-traumatic stress disorder (PTSD) and ongoing trauma responses often only describe the impact of traumatic events on an individual. However, some trauma may be historical… consequences passed down from one generation to the next.

Consider this brief, but powerful, image from the book of Exodus: *"So Moses told the people of Israel what the LORD had said, but they refused to listen anymore. They had become too discouraged by the brutality of their slavery"* (Exodus 6:9, NLT).

Trauma disrupts every aspect of life—health, relationships, meaningful work, and faith. Four hundred years of brutal enslavement made it difficult for Israel to believe that God would deliver them. Those who listened to Moses could not imagine anything could be any different for them than for their parents, grandparents, and great grandparents. They could not listen because that would require hope. They needed to survive, and hope might threaten survival. While their woundedness certainly came from their own experiences of slavery, it stands to reason that it also came from the way slavery and oppression had impacted their forebears.

PHILIP MONROE

Survival often comes with a price for the next generation (Dashort et al., 2019; Mutuyimana et al., 2014). Consider the following image from Isabel Wilkerson's book, *The Warmth of Other Suns* (2010). In the 1940s, an African-American boy named George grew up in deeply segregated Eustis, Florida. It was paramount that he learn, and learn quickly, the rules of the caste system.

> "All this stepping off the sidewalk, not looking even in the direction of a white woman, the sirring and ma'aming and waiting until all the white people had been served before buying your ice cream cone, with violence and even death awaiting any misstep. Each generation had to learn the rules without understanding why, because there was no understanding why, and each one either accepted or rebelled in that moment of realization and paid a price whichever they chose. … No one sat George down and told him the rules. His father was quiet and kept his wounds to himself. George's teachers were fear and instinct. The caste system trained him to see absurdity as normal" (p. 62).

Now imagine how such a lifetime of experience would impact the ability to form trust relationships in a community and how it would affect his raising of his children, even when some segregation and discrimination became less visible after the passing of civil rights legislation.

Generational Trauma and the Systems that Enable It

Guyton et al. (2021) provide a simple and helpful definition of generational trauma, "… when heart wounds are passed on from one generation to another within families and across communities" (p. 13). While the next generation may not experience the initial events that create chronic trauma symptoms, a cascade of biological, behavioral, emotional, and relational consequences may well transmit to the next generation. A hypervigilant parent who uses drugs to numb emotions, isolates and does not talk, explodes in angry outbursts, and expresses pessimism about the future will have an obvious impact on children in the home. There is some evidence that trauma may also pass on changes in gene expression. In addition, certain social conditions and systemic structures supporting discrimination and community oppression encourage the transmission of trauma to the next generation. For example, the killing of an unarmed black man by law enforcement may trigger a trauma response within black communities because their experience tells them that they, too, are at risk when interacting with police officers.

Invitation to the Journey of Healing Generational Wounds

When therapists pursue a deeper understanding of the historical contexts in which clients live, help them acknowledge and lament wounds, observe latent resiliencies, and support the development of new patterns to interrupt generational repetition, they are better positioned to facilitate clients' recovery from generational trauma wounds.

Explore generational trauma. Many counselors use genograms and other family history tools to help build the picture of a client's experience. Community timelines can also help illustrate shaping events, social norms, and cultural histories that impact clients beyond their family of origin. These exercises encourage clients to develop greater awareness of, and empathy for, their experiences. For example, one client chose to do a community timeline of her town. This town had suffered severe economic hardship after

The reality of generational trauma is a sober reminder that the world does not work as it should and that broken relationships have consequences that often impact the lives of the next generation.

a highway was built, causing it to be bypassed. As she recounted this history, she recognized that some of her father's alcohol-fueled rage in her home was directly connected to his inability to find a job that could pay for basic family needs. After the activity, she stated, "While I still suffered at the hands of my father, I have greater empathy for his experiences and feel that I am less to blame for his behavior."

Invite corporate lament. Realizations such as I have just described naturally lead to opportunities for lament. In the Bible, laments are corporate expressions of pain to God, often in the form of questions and complaints. Psalm 6, 10, 13, 22, and 42-43 are just a few of the nearly 50 lament psalms in the Scriptures. These appear to be written down to validate our need to cry out to God together. Where are you? Do the dead praise you? Have you abandoned us forever? Such expressions have the counterintuitive impact of inviting us into greater intimacy with God, as well as to bear each other's burdens. Consider Holocaust survivor Elie Wiesel's articulation of how lament impacts his relationship with God amid deep and unanswerable faith questions: "I have not lost faith in God. I have moments of anger and protest. Sometimes I've been closer to him for that reason" (Berger, 1986). When clients write out their laments and speak them to their therapists, friends, families, and faith communities, they often report feeling a release from some of the pain they have been carrying. Guyton et al. (2021) provide instructions and methods to do this in settings outside of therapy and official worship services.

Support the disruption of generational wounds. Changing culture and a community history feels about as possible as moving a large ship under our own strength. In her latest book, *Redeeming Power: Understanding Authority and Abuse in the Church*, psychologist Diane Langberg (2020) tells the story of a pastor who asked her how he could make any change in a village where all the men there were alcoholics, batterers, and had sex with their own daughters. How could he change anything? He could do so by choosing to be a light, to be different with his wife and daughters. That might not seem to do much, but it would introduce a change in his family and invite others to new ways of being.

When we help our clients consider ways to introduce positive change in their immediate families and communities, we remind them that they are indeed able to embody evidence of transformation. They might introduce new traditions and sayings into their families. They might invite conversations about some of the wounds their families carry. They might choose to tell forgotten stories of survival, resilience, and strengths borne out of hardship.

The reality of generational trauma is a sober reminder that the world does not work as it should and that broken relationships have consequences that often impact the lives of the next generation. However, we take comfort in the fact that generational blessings also exist. In Isaiah 61:4 (NLT), we see that those who are healed are empowered to heal and restore the entire city: *"They will rebuild the ancient ruins, repairing cities destroyed long ago. They will revive them, though they have been deserted for many generations."* ✠

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References

Berger, J. (1986, October 10). Man in the news; Witness to evil: Eliezer Wiesel. *The New York Times.* https://www.nytimes.com/1986/10/15/world/man-in-the-news-witness-to-evil-eliezer-weisel.html.

Dashorst, P., Mooren, T.M., Kleber, R.J., de Jong, P.J., & Huntjens, R. (2019). Intergenerational consequences of the Holocaust on offspring mental health: A systematic review of associated factors and mechanisms. *European Journal of Psychotraumatology, 10*(1), 1654065. https://doi.org/10.1080/20008198.2019.1654065.

Guyton, D., Hill, H., Monroe, P., Drew, H., & Hennein, M. (2021). *Healing the wounds of generational trauma: The black and white American experience.* Philadelphia: Trauma Healing Institute.

Langberg, D. (2020). *Redeeming power: Understanding authority and abuse in the church.* Grand Rapids: Brazos Press.

Mutuyimana, C., Sezibera, V., Nsabimana, E., Mugabo, L., Cassady, C., Musanabaganwa, C., & Kayiteshonga, Y. (2019). PTSD prevalence among resident mothers and their offspring in Rwanda 25 years after the 1994 genocide against the Tutsi. *BMC Psychology, 7*(1), 84. https://doi.org/10.1186/s40359-019-0362-4.

Wilkerson, I. (2010). *The warmth of other suns: The epic story of America's great migration*. New York: Vantage Books.

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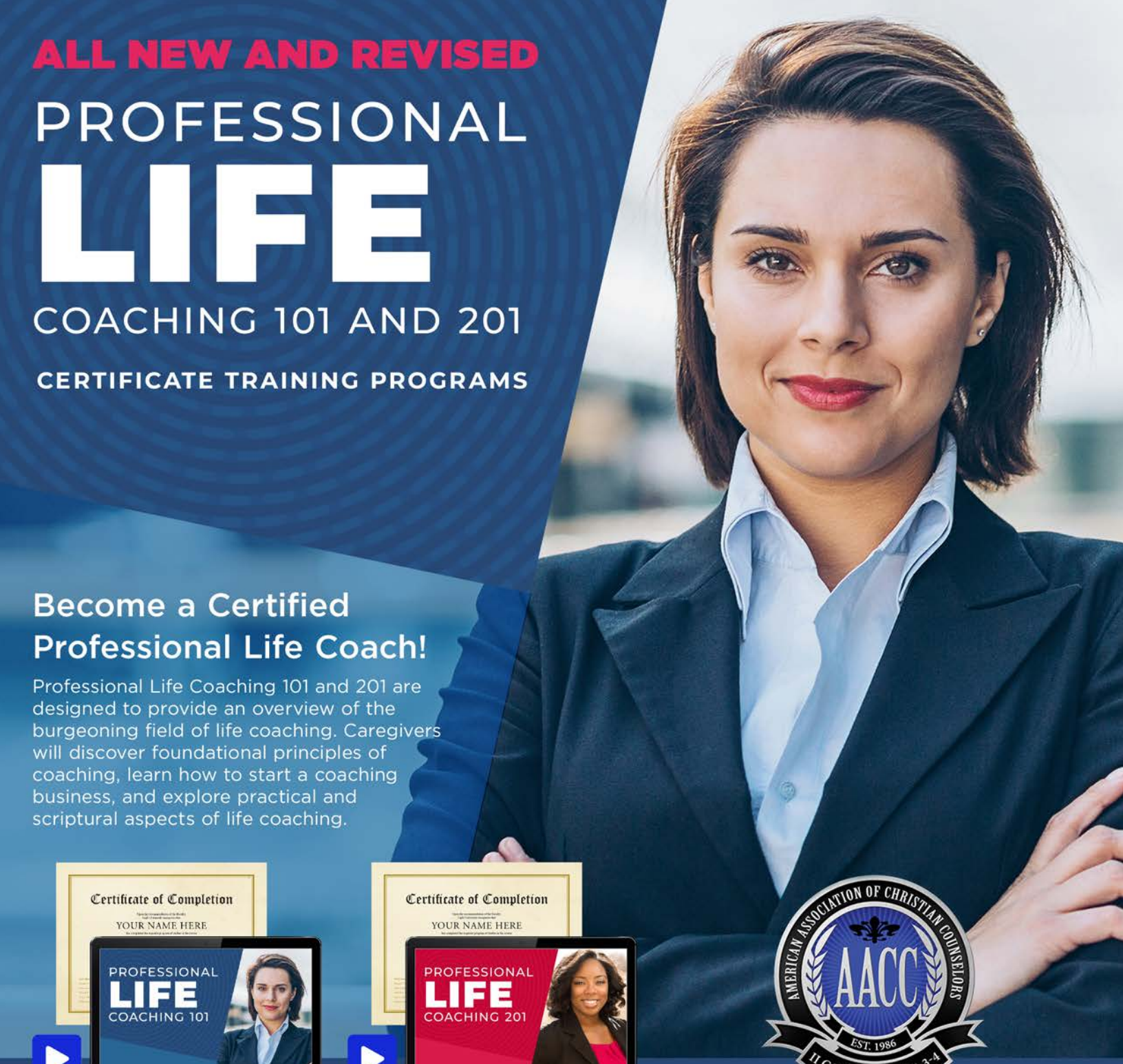

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Attachment Bonds and Safety:

THE ANTIDOTE TO TRAUMA

It all begins with a promise. The baby signals a tentative or even distressed signal upon entering our strange new world, and a parent responds. The parent brings comfort, touch, and soothing, which help the child feel safe and protected. Thousands of these back-and-forth interactions occur during the first couple of years of a baby's life. Each one speaks a promise to the child, mostly without words. "You are not alone. I will take care of you. You have nothing to fear because I will protect you. You belong to me." These promises form the bedrock of safety and settled confidence within the child, which we call secure attachment.[1] This form of attachment provides the optimal environment for cognitive growth, language development, and emotional regulation.

As babies, we are entirely dependent on our caregivers for our basic physical needs. Babies also depend on caregivers to help soothe the "big emotions" they experience in their first years of life. The caring presence and touch of caregivers communicate the important message that pain is temporary and distress can be relieved. If our caregivers are consistent and attuned, our brains can better develop their wise and compassionate regions instead of simmering in their reactive modes. We acquire an internal grid that maps out these experiences, teaching us what to expect from others during our moments of greatest need.[2] Our particular set of bonding experiences helps to determine our attachment style.

Attachment is God's design for us in this fallen world. It is our first line of protection. The promise is fulfilled each time we reach and find safety, provision, or comfort to meet our needs. Each promise kept increases our ability to trust and enhances our sense that life's troubles are manageable. These experiences echo God's promise that He will "never abandon us."

"… I will never leave you and I will never abandon you."
– Hebrews 13:5b (NET)

The Nature of Trauma

Traumatic events violate the promises of safety because they literally threaten our lives or give every appearance of bringing us close to death. At the time, no one prevented us from being totally terrorized and overwhelmed. Our first line of defense was not available. In traumatic moments, a wise mind and verbal centers are deactivated. Our secondary, or even tertiary, systems of defense are predominant, including hyper-arousal and hypo-arousal, respectively.

W. JESSE GILL

The "fight or flight" response is the second line of defense, and it mobilizes us to deal actively with sources of threat via massive surges of adrenaline. Rapid heart rate, circulatory changes, increased respiration, and tunnel vision are some of the components of this hyper-arousal response.

The "freeze" response is the final line of defense, functioning to minimize damage when we cannot escape harm. We become hypo-aroused, numb, mentally dissociated, and even shut down and slide into self-induced coma states.

When these systems are activated, we only have a partial view of the traumatic event because the verbal centers and wise regions of our brains are not engaged. We know that something happened, but words evade us. Even the time-keeper of our brains is turned off when we experience trauma. In some instances, we may have difficulty remembering much of anything at all, especially when our minds revert to the freeze mode of responding. Yet, our nonverbal brains and bodies do remember that something awful happened.[3] In fact, they keep bringing it forward in our minds to warn us if we encounter similar circumstances again. In an effort to make sense of the experience, they may repeatedly bring forward pieces of the material through the channels of flashbacks and nightmares. In some cases, our central nervous systems get stuck or switch intermittently within hyper-arousal or hypo-arousal settings. All of these are the symptoms of post-traumatic stress disorder (PTSD).

Simple Trauma vs. Complex Trauma

Simple trauma includes single occurrence events that threatened our lives. Complex trauma occurs when we face multiple or repeated threats, and it also involves those instances where the very people we trusted for protection were the perpetrators of harm.

The map for simple trauma is by no means simple, but navigating it entails only tracing one thread of harm and the triggers within our minds and bodies. Complex trauma leaves an imprint that is exponentially more difficult to disentangle because of the multiple sources of harm. It is like walking through a field of landmines, not knowing if we can trust anyone to be our guide.

Trauma differs from other mental health symptoms because so much of the imprint is nonverbal. Therefore, traditional talk therapies may not be sufficient modes of treatment. This is especially true of complex trauma where the basic trust instincts have been damaged. Fortunately, God's original attachment design served to bond preverbal humans to caregivers, and the back-and-forth exchange between parent and child built trust from ground zero. So, we have a familiar model already in place to heal the wounds of trauma.

The Promise Restored

Counselors who want to help traumatized clients will be stepping into delicate places where trust and basic safety assumptions have been shattered. Much like a nurturing parent, counselors can embody a secure attachment framework by being gentle, wise, and patient. This is especially important for clients with complex trauma.

Therapists act as an incarnational bridge between the hyper and hypo-aroused states in which the client is stuck and there is a slow return to trust and safety: "*When you pass through the waters,* ***I will be with you****; … they will not sweep over you. When you walk through the fire, you will not be burned…*" (Isaiah 43:2, NIV).

Counselors must expect that the first step in the process will be to establish rudimentary levels of trust. The remaining steps of the healing process will incorporate attachment ingredients called **"The 5 P's:"**

1. Present Moment Grounding. Counselors must train clients in skills to anchor themselves to present reality when the waves of the past come surging. Deep breathing, visual scanning of the therapy room, body awareness, and postural cueing are some tools that can be applied in session and at home. Counselors can tailor their own breathing and posture to foster feelings of calm within the session.

2. Pacing. It is the counselor's job to make sure clients do not get flooded as they process their pain. Too much emotional intensity will merely translate into re-experiencing parts of the trauma. Counselors can slow the pace, simplify the focus, or invite clients back into a more cerebral space when the intensity gets too intense.

3. Piece Together a More Coherent Narrative. The brain needs to integrate the fragmented experiences that occurred during trauma. Proceed slowly, layering in small bits of the plot line, realizing that it may not be possible to get all the details. The goal is to have clients activate verbal centers and higher-level cognitive processing while feeling small doses of the experience's emotional intensity. All this takes place within the attachment framework of the counselor being present with clients.

4. Process Memories and Nonverbal Sensations. Counselors must observe whether clients manifest symptoms within their bodies or behavior patterns that are actually "body memories" of the original trauma. Help clients notice their bodily sensations with compassion and kindness. You may help them reframe body symptoms and behaviors as leftover adaptions to their traumatic past.[4] In other instances, you may intentionally have them reprocess memories in a structured manner.[5]

5. Promote Engagement with the Attachment Centers of the Client's Brain. With children, we have multiple ways to engage them into bonding activities—singing songs together or with a group, acting out stories, using our imaginations to creatively express difficult issues, stretching, breathing, playing with toys, and caring for animals. You may seek out groups that clients can join to experience these things, bringing them back to the "land of the living" again. You may find ways to weave these themes into your counseling, such as the well-timed sharing of laughter or an appropriate story together. All of these methods invite our clients to reengage the attachment centers of their brains.

The use of the "5 P's" reaffirms the promise of safety and presence in the midst of pain. Trauma is resolved when the body and mind agree that the story is told and the past is no longer intruding into the present.

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Endnotes

1 Ainsworth, M.D.S. (1979). Infant-mother attachment. *American Psychologist, 34*, 932-937.

2 Bowlby, J. (1969). *Attachment and loss (Vol. I).* London, Hogarth.

3 Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma.* New York: Penguin Books.

4 Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A Sensorimotor approach to psychotherapy*. New York: W.W. Norton.

5 Parnell, L. (2013). *Attachment-focused EMDR: Healing relational trauma*. New York: W.W. Norton.

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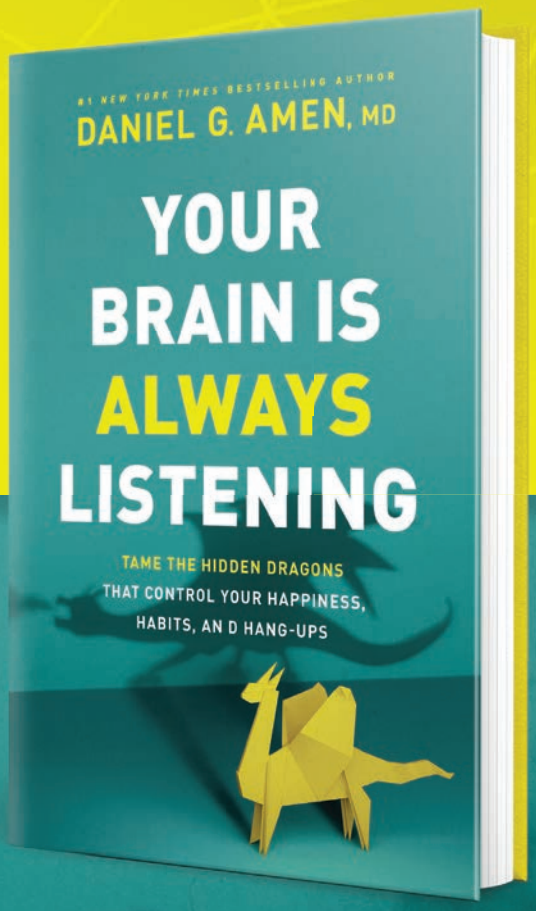

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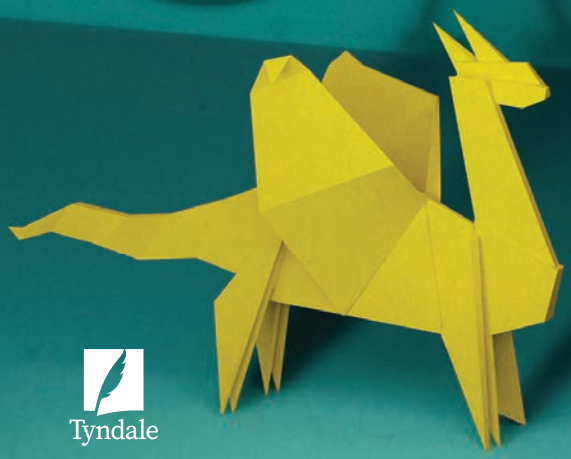

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MORE THAN SELF-CARE: DEALING WITH VICARIOUS TRAUMATIZATION

Counselor educators and supervisors (CES) have an ethical and professional responsibility to inform students and supervisees that helping others deal with life issues, emotional concerns, mental health diagnoses, and past traumatic experiences can be emotionally draining. These CES teach about burnout, countertransference, compassion fatigue, and vicarious traumatization. Further, CES note that clients seek therapeutic services due to problems they are experiencing and not because everything is going well. Ultimately, clients come in and "unload" their difficulties on clinicians for a 50-minute session, one after the other. What results is sometimes an eight-hour day of hearing the struggles and challenges others face and then connecting to those challenges with empathy.

When those long days of empathic engagement seem to focus on clients' traumatic experiences, clinicians are at a greater risk of suffering from vicarious trauma (VT). According to McCann and Pearlman (1990), VT is the cumulative traumatic experiences therapists encounter through counseling that shape their perceptions and beliefs. Due to the empathic nature of counseling, clinicians are vulnerable to the stories of trauma clients share. As Adler (1929) indicated, empathy is seeing with the eyes of another, hearing with the ears of another, and understanding with the heart of another.

This deep connection to a client's material can create a form of traumatization, which primarily impacts meaning-making, worldview, and sense of self. It is important to note that there are distinctions between experiencing VT, compassion fatigue, and burnout. Burnout can happen in any profession and is associated with general occupational stress. For counselors, burnout can occur as a result of working with challenging and difficult clients. However, VT is specific to empathic engagement with another's traumatic material. Figley's (1995) compassion fatigue is more similar to VT in that it can result in clinical errors and a desensitization to client issues and needs as a result of the emotional exhaustion of caring. Yet, compassion fatigue is not specific to trauma work. What makes VT unique from these other hazards of helping is the progressive impact of traumatic material on cognitive schemata, impacting clinicians' personal and professional functioning.

JAMA DAVIS AND ROBYN SIMMONS

The transformational process has been attributed to McCann and Pearlman's (1992) and Pearlman and Saakvitne's (1995) Constructivist Self-Development Theory (CSDT). The foundational beliefs of CSDT suggest that adaptation and coping are an individualized process and results from a need to self-protect. Also, CSDT suggests that the five interpersonal components of self, frame of reference (i.e., identity, worldview, and spirituality), self-capacities (i.e., emotional regulation), ego resources (i.e., intellect, self-growth, and boundary setting), psychological needs (i.e., safety, trust, esteem, and control), and cognitive schemas (i.e., memory and perception) are the most impacted areas. When these components are affected, beliefs about people's goodness, safety and security, confidence in managing emotions, and utilizing internal resources are compromised.

... clinicians may compensate for the threatened sense of safety and security through control issues or feelings of distrust that may sway their perception of clients, colleagues, or others.

Most counselors are aware, cognitively, of the need to leave their "work" in the counseling office. The problem arises, however, when the pervasive effects of VT impact counselors. Ultimately, the influence of VT on the clinician can impact personal and professional functioning. Specifically, clinicians may compensate for the threatened sense of safety and security through control issues or feelings of distrust that may sway their perception of clients, colleagues, or others. Clinicians may begin to doubt their own efficacy and ability to help clients. As a result of memory systems being impacted by client stories, clinicians may have intrusive images or nightmares. Consequently, ethical issues (e.g., avoiding clinical issues, misdiagnoses, boundary issues, unprofessional behaviors, etc.) may arise as clinicians work to self-protect.

Countertransference issues must also be considered. Has trauma victimized the counselor at some point? Has this been addressed? Is continued personal therapy needed for the counselor? Within our ethical responsibilities is the non-negotiable right to engage in and increase self-care should the need arise. Counselors can err in believing they can "handle it" and are "fine" in the guise of being a professional and not wanting to appear in need. In these times, client care is jeopardized.

The importance of supervision cannot be emphasized enough. The boundaries of confidentiality limit with whom we can discuss difficult client situations, our feelings of vulnerability and insecurity as clinicians, and our personal responses to client stories. Counselor and supervisor attentiveness to their personal and professional well-being is non-negotiable and must be taken seriously. Whether supervision is formal or informal, with a peer, a clinical director, or a licensed supervisor, it is a safe space for counselors to process intrapersonal responses and reactions they have with client material.

Counselor educators and supervisors need to intentionally explore vicarious trauma in the training and supervision of novice counselors. Novice counselors may take on complex cases for which they are unprepared due to felt pressure or increased desire to appear skilled. They are also less likely than their more experienced colleagues to seek additional supervision and peer support (Neumann & Gamble, 1995). Experienced counselors, without appropriate self-care and supervision, remain susceptible to VT. Supervision leads to improved client care and self-care. Once a counselor is licensed, peer supervision is a common and effective way to engage in ongoing guidance. Counselors are encouraged to view further supervision, with a peer or paid professional, as an essential part

of their continual professional development. This additional attention allows steady social and professional support, validation, expansion of clinical skills, and sharing of resources and interventions from those aware of VT's impact and the need for deeper reflection and self-care.

Counselors, employers, professional bodies, and counselor educators hold the ethical responsibility of self-care and competence (Harrison & Westwood, 2009). The *AACC Code of Ethics* (2014) refers specifically to Competence in Christian Counseling – A Call to Excellence (ES1-200). This reference involves recognizing personal limits of competence, maintaining expertise, the responsibility to consult and/or refer, and taking action when a counselor's personal problems or experiences may interfere with the counseling process and professional competency is in question. For organizations employing counselors, this involves ensuring a balance in client load, supervision opportunities, time away from the office, and professional development opportunities.

As noted, counselors working extensively with trauma are more susceptible to VT. Listening to client narratives about trauma and abuse impacts counselors personally, underscoring the importance for counselors to monitor caseload to ensure they are prepared to remain professional in their client care. Counselors are to be mindful of times when they need counseling and recognize the strength that comes from making this choice. Good self-awareness leads counselors to make this decision for themselves. Managing clinical hours to have a diverse client load on any given day allows counselors to provide needed time for self-care and professional development. Counselors need to schedule their days to work as their best selves, not depleted professionals, and seek professional development opportunities on an ongoing basis.

Trippany et al. (2004) proposed spirituality to be a shielding factor for clinicians in their work with trauma clients. Christians in the counseling field understand being connected to a purpose larger than ourselves. Victor Frankl's poignant words in *Man's Search for Meaning* express this notion in a powerful way. He stated, "Suffering ceases to be suffering at the moment it finds meaning" (Frankl, 1984, p. 117). Though counselors may not experience suffering firsthand, they engage empathically and understand there is a purpose beyond the suffering. Counselors want to be mindful of how VT can lead to spiritual restlessness (Pargament et al., 2000; Dombo & Gray, 2013; Wang et al., 2014) that needs to be acknowledged and addressed.

It is not always easy to understand God's ways and His purposes; however, there is trust that He is not surprised by what has happened and cares deeply for the hurting. God also cares that counselors are intentional in attending to personal spiritual growth through deliberate engagement with religious practices and disciplines. Being a Christian does not automatically shield counselors from VT; instead, it allows them to lean into a power and purpose greater than self in all situations.

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References

American Association of Christian Counselors (2014). *Y-2014 code of ethics.* AACC Law and Ethics Committee.

Adler, A. (1929). *Practice and theory of individual psychology.* Lund Humphries.

Dombo, E.A., & Gray, C. (2013). Engaging spirituality in addressing vicarious trauma in clinical social workers; A self-care model. *Social Work and Christianity, 40*, 89-104.

Figley, C.R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3-28). Sidran Press.

Frankl, V. (1984). *Man's search for meaning.* Simon and Schuster.

McCann, I.L., & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*, 131-149.

Neumann, D.A., & Gamble, S.J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy, 32*, 341-347.

Pearlman, L.A., & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* W.W. Norton.

Trippany, R.L., White, V.E., & Wilcoxon, S.A. (2004). Vicarious trauma: What counselors should know about working with trauma survivors. *Journal of Counseling and Development, 82*, 31-37.

Wang, D.C., Strosky, D., & Fletes, A. (2014). Secondary and vicarious traumatization: Implications for faith and clinical practice. *Journal of Psychology and Christianity, 33*(3), 281-286.

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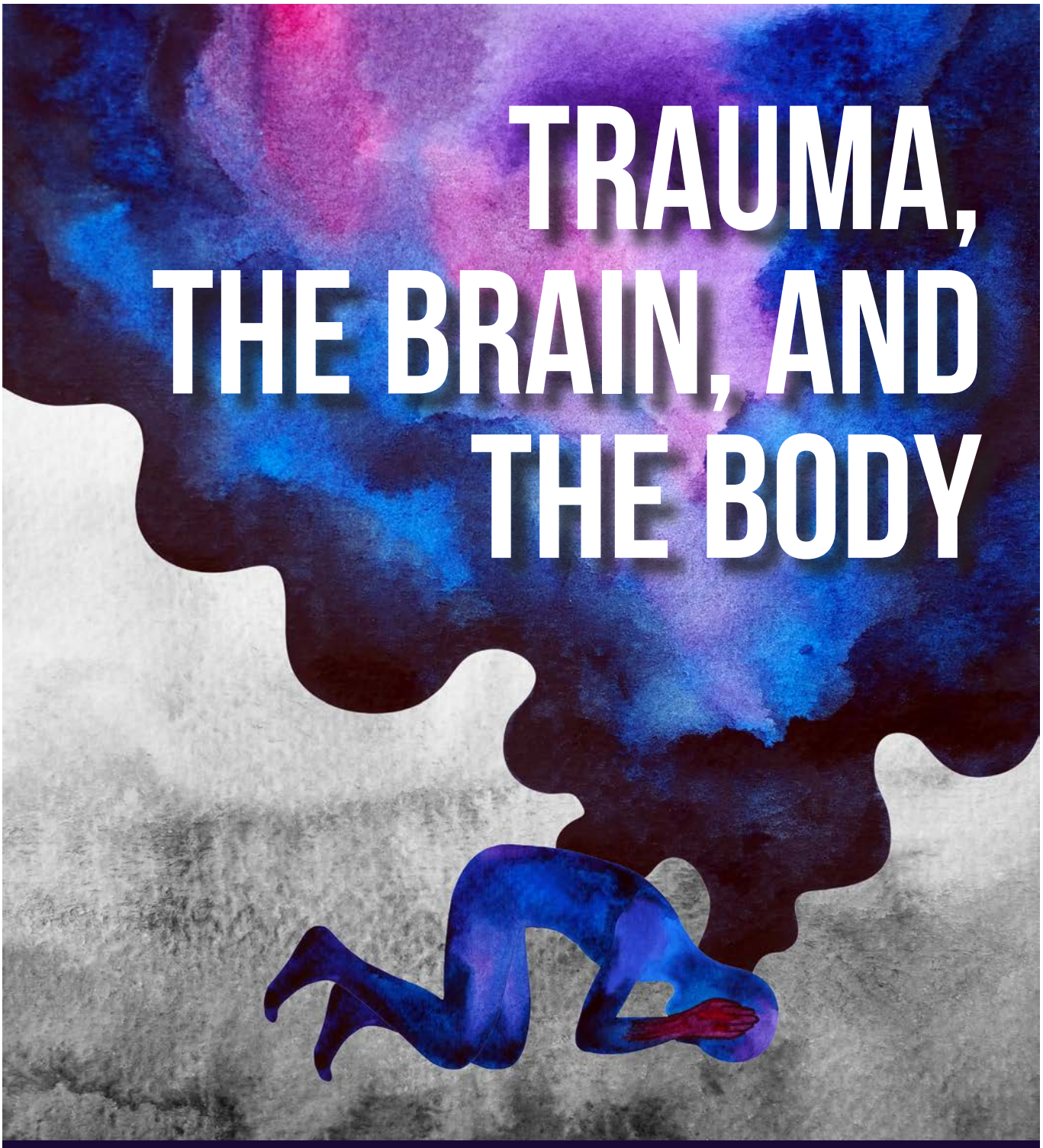

TRAUMA, THE BRAIN, AND THE BODY

Trauma is not just a matter of the mind. It also shows up in the brain and body. Many kinds of experiences can count as traumatic, but trauma is always "too much." In the words of psychiatrist, Judith Herman, in her classic work, *Trauma and Recovery*, "… traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."[1]

Human beings have natural and God-given ways of responding to terrifying and stressful events. Even before we are consciously aware of a threat to our lives or someone else's, our bodies react in a way that helps keep us safe and restore order. The sympathetic nervous system floods the brain and body with catecholamines like dopamine and norepinephrine. It causes a "fight or flight" response with distinctive bodily reactions such as increased heart rate and blood pressure, hair standing on end, and a sudden rush of anxiety and excitement. While protecting the brain and body against harm from this surge of catecholamines, the hypothalamic-pituitary-adrenal (HPA) system floods the body with the stress hormone cortisol. When the immediate threat has passed, the parasympathetic nervous system helps quiet the body, reduces heart rate and blood pressure, and restores a sense of calm.

Scientists do not know precisely why some people exposed to horrible and life-threatening events develop later problems, such as post-traumatic stress disorder (PTSD), and some do not. However, it is clear this stress-response system has limits—related partially to genes, adverse early life experiences, and the nature and extent of a person's trauma exposure.[2]

For many people exposed to horrifying events, particularly when these events are repeated, when the survivor cannot escape, or when the survivor is unable to access adequate support and has to shut down or avoid feeling to keep living, the stress-response system becomes overwhelmed. The survivor becomes stuck in a chronic stress response, with high levels of catecholamines, increased markers of neuroinflammation, and increased activity in the amygdala and other areas associated with threat detection. Likewise, there is often apparent atrophy in regions of the brain such as the hippocampus and ventromedial prefrontal cortex associated with memory and emotion regulation.[3] In this context, vivid and detailed sensory experiences of trauma are encoded in memory. Unlike most memories, though, which form connections to other memories and broader systems of meaning and grow less vivid over time, these memories remain vivid and painfully sharp, like shards of glass on a lake bottom. When they are triggered long after the trauma has passed, the memory and a raging stress response snap back into place, flooding the body again with catecholamines. Sometimes the person may *only* feel this raging stress response, with no conscious access to the traumatic memory. Simultaneously, this drumbeat of catecholamines is not adequately balanced by the body's usual way of responding to, and protecting against, stress. Repeated studies, for instance, have shown that people with chronic PTSD often have *lower* levels of baseline cortisol than the general population.[4]

Over time, this imbalanced stress-response system is associated with broader problems in the brain and body. Partially due to the sustained effects of sympathetic nervous system hyperactivation over time, people with PTSD are at higher risk of poor sleep, increased chronic pain, and chronic gastrointestinal distress.[5] When trauma survivors seek to diminish distress by turning to substances, such as alcohol and opioids, this is associated with significant health risks.

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In a modern American culture that so often teaches survivors to hide their trauma history and ignore their experiences, Scripture points to a very different direction—one that turns out to be good for trauma healing.

Just as the body and brain are involved in the formation of PTSD, they are also essential for trauma healing—though not only because of medication. Medications are often useful for PTSD, but most, at best, help manage symptoms. Though they may promote synaptic growth and neuroplasticity, commonly used drugs, such as serotonin reuptake inhibitors (fluoxetine, sertraline, and so on), modify the symptoms of PTSD, but do not heal the condition. Sometimes, medications actually *disrupt* healing. For instance, benzodiazepines, such as diazepam or alprazolam, inhibit the encoding of new recovery-oriented memories and reinforce patterns of distress-avoidance that can lead to addiction.[6] Medications are helpful for many people, but they are only *one* part of an overall treatment approach that includes trauma-focused psychotherapy and healthy social connections.

Beyond medications, however, the body and brain are essential for the healing of trauma. As psychiatrist, researcher, and author, Bessel van der Kolk, comments in his popular work, *The Body Keeps the Score*, trauma survivors heal when they are permitted to "feel what they feel and know what they know."[7] Healing occurs when survivors have the safety, space, permission, and support to feel what they *would have felt* around the time of the trauma and respond as they *would have responded* had it been safe to do so. This may often be intensely painful and distressing, as when a Vietnam veteran speaks with a therapist for the first time about "that night" on patrol or when a sexual assault survivor writes for the first time about the visceral details of her experience. Physical and psychological safety, a trusting relationship with a counselor or therapist, and healthy support from others are all necessary for healing to occur. When traumatic memories are given permission to emerge, and survivors can safely speak about and *feel* their experiences of trauma, the brain and body begin to change—forming new synaptic connections, reducing the intensity of the chronic stress response, and increasing the capacity for emotion regulation.

How do these neurobiological observations relate to the way Christians think about trauma and Christian counselors' work with trauma survivors?

First, even as Christians cry out to God for the brokenness and violence of trauma to come to an end, Christians can also praise God for the remarkable ways that our bodies can adapt and respond to overwhelmingly stressful events. We are truly "fearfully and wonderfully made" (Psalm 139:14), with a remarkable capacity for healing the mind and body. Indeed, the Bible provides a template for this healing, especially in the words of the prophets (notably Jeremiah) and in the Psalms. The psalms of lament (e.g., Psalm 6, 13, 22, and 88) give a powerful voice to the aching terror of trauma and to yearning for God to deliver.[8] Just as Jesus turned to the words of Psalm 22 during His own traumatic crucifixion, so also Christians can turn to these psalms to "feel what they feel and know what they know." In a modern American culture that so often teaches survivors to hide their trauma history and ignore their experiences, Scripture points to a very different direction—one that turns out to be good for trauma healing. At our best, counselors and clinicians facilitate this healing by offering safety, space, and permission for these natural, God-given capacities to unfold.

Second, the fact that trauma is inscribed in the brain and body does not mean it is a problem of the brain and body alone. Christians know from reading Genesis that humans are creatures of the earth who become who we are in *relationship* with God and others. We are *biosocial* beings. The way we experience relationships with others, whether healthy or unhealthy, is encoded in our brains and bodies. Our bodies, in turn, both affect and reflect these relationships. While it is true that trauma may be associated with brain circuits and neuroendocrine systems that are not functioning correctly, it does not mean the problem is only, or primarily, a brain issue. The brain may be a sign that the person continues to live in a social and relational environment that is unhealthy or traumatic. The "core" problem might be relational and social, not a broken brain.

Third, this means that Christian counselors, and not just clinicians who write prescriptions and manage devices, can actively work to promote neurobiological healing from trauma. In fact, the most powerful neurobiological interventions are not so obviously "biological." Most consensus guidelines agree that survivors with PTSD are most likely to benefit from working closely with therapists or counselors trained in a trauma-focused therapy (such as Prolonged Exposure, Cognitive Processing Therapy, or Eye Movement Desensitization and Reprocessing). These therapies allow survivors to experience the full range of emotions and bodily sensations associated with the trauma and learn healthy ways to move forward.[9] The success of these therapies, in turn, is made more likely if survivors are connected to others, have good social support, find their basic

economic needs met, and are safe—in other words, if the world is just and healthy for survivors. Healthy and supportive relationships may not seem like high-tech neurobiological interventions—indeed, they are not technologies at all. However, nothing in all of mental healthcare is more powerful for healing. ✠

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Endnotes

1 Herman, J. (2007). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror* (New York: Basic Books), 33.

2 Herringa, R.J. (2017). "Trauma, PTSD, and the developing brain," *Current Psychiatry Reports, 19:*69.

3 Sherin, J.E., & Nemeroff, C.B. (2011). "Post-traumatic stress disorder: The neurobiological impact of psychological trauma," *Dialogues in Clinical Neuroscience 13*:263-278; Abdallah, C.G., Averill, L.A., Akiki, T.J., et al. (2019). "The neurobiology and pharmacotherapy of posttraumatic stress disorder," *Annual Review of Pharmacology and Toxicology, 59*:171-189.

4 Yehuda, R., Hoge, C.W., MacFarlane, A.C., et al. (2015). "Post-traumatic stress disorder," *Nature Reviews Disease Primers, 1*:1-22.

5 Ibid.

6 Abdallah, C.G., Averill, L.A., Akiki, T.J., et al. (2019). "The neurobiology and pharmacotherapy of posttraumatic stress disorder," *Annual Review of Pharmacology and Toxicology, 59*:171-189.

7 van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma* (New York: Viking), p. 341.

8 O'Connor, K.M. (2012). *Jeremiah: Pain and promise* (Minneapolis: Fortress).

9 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder (Washington, DC: Department of Veterans Affairs/Department of Defense). (2017). Retrieved January 15, 2021, from https://www.healthquality.va.gov/.

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MANAGING GRIEF AND LOSS AFTER A DISASTER

Some moments are forever etched into our hearts and minds. More than 15 years ago, I stood in a residential neighborhood in St. Bernard Parish, Louisiana, fighting tears and nauseousness as I bore witness to the devastation of Hurricane Katrina, which had destroyed every home in the parish, except for five, and killed 164 residents.

Glancing away from the destruction that appeared as though a bomb had exploded, I looked down in the mud and noticed a child's toy. After hours of touring my beloved community that Katrina's flood waters had ravished, I could no longer hold back the tears. I took a picture of the muddy toy, never realizing that I would use it many years later while teaching in post-disaster communities across the country regarding the tsunami of loss and grief experienced by disaster survivors.

Somewhere around the world, almost daily, communities experience man-made or natural disasters such as wildfires, hurricanes, tornadoes, earthquakes, ice storms, automobile and airplane crashes, pandemics, mass shootings, and terrorist attacks. I often

Disaster survivors battle an even more intense traumatic grief. Usually, a sudden loss leaves disaster survivors with a false sense of reality that may last for a long time.

share that when a disaster happens, I am, of course, sad about the initial tragedy but also heartbroken for the losses and grief that many will experience for a lifetime. Disasters stop time—survivors tell time before and after the disaster because, for many, the losses experienced are traumatic and complex. Although every disaster has a unique plot, all such tragedies leave behind survivors who need to grieve their losses in healthy ways to avoid being stuck in traumatic grief.

The types of losses vary from person to person and experience to experience. The proximity to the most dangerous part of the disaster, the survivor's age, the length of the disaster, the number of prior traumatic experiences, and the connection to loved ones during and after the disaster are some of the factors that will impact the severity of traumatic grief. For example, a person who watched the 9/11 terrorist attacks on television will not have the same traumatic grief as someone who lost a loved one or personally escaped from the Twin Towers' destruction at the World Trade Center. Like in Hurricane Katrina, a person who is separated from family members will have a much more difficult grief journey than survivors who are grieving in community. Global disasters like the COVID-19 pandemic create an additional traumatic impact for communities facing other catastrophes.

Disaster survivors lose much more than loved ones and possessions. For example, the battered, grimy toy I found lying in the mud does not simply represent a lost toy; rather, it signifies what often happens to children post-disaster—losing their childhood. Children are especially vulnerable after disasters because they can easily be overlooked and become invisible or even abused. Their caretakers are frequently overwhelmed by their losses and solely focused on recovery. Because children's brains are not fully developed, they struggle to understand and grieve their losses, often tucking their grief experiences deep within, causing long-term emotional, physical, relational, mental, and spiritual damage. Most alarming about the current pandemic is the long-term impact it will have on our children who have lost the security of being in a safe place like school where they can learn, play, and grow.

Beyond the initial loss of life and property, adult disaster survivors also experience many types of suffering. Some will lose their finances, security, mental and physical health, relational connections, and hope. Disasters rewrite survivors' stories. In the aftermath, they may struggle to develop a new normal. The longer the tragedy, the more distress and grief. Nearly 16 years post-Katrina, and I am still processing grief with a number of my clients. Some still feel great anxiety when hurricane season begins. For many, Hurricane Katrina stole their security, communities, friendships, marriages, finances, and physical and mental health. In 2020, with the double pressure of COVID-19 and eight hurricane threats, our community saw a sharp increase in addiction relapses, suicide, divorce, violence, and child abuse. What is especially alarming about the current pandemic is that it is ongoing, with no actual time frame on when it will end so genuine recovery can begin. This makes the grieving process even more complex and challenging.

The word *grief* comes from the Latin word, *gravāre*, which means to make heavy. It is normal for someone who is grieving to struggle with challenges such as an illness, increase or decrease in sleep, anger, headaches, stomach problems, fatigue, concentration, re-experiencing feelings of sorrow, overeating, drinking alcohol, avoidance of talking or thinking about the event, denial, numbness, confusion, and guilt. Disaster survivors battle an even more intense traumatic grief. Usually, a sudden loss leaves disaster survivors with a false sense of reality that may last for a long time. Sudden loss fosters a stronger-than-normal sense of guilt expressed in "if only" statements. It also increases the blame game.

Probably my most personally memorable moment of experiencing the blame game took place after Hurricane Sandy. While teaching on disaster recovery at a local church, I heard from attendees that a brawl broke out at a Federal Emergency Management Agency (FEMA) meeting just a few blocks away. The need to blame someone is an attempt to try to make sense of the terrible traumatic grief. For some, God may be the only available target to blame. Sudden loss often elicits a sense of helplessness for the disaster survivor that intensifies the grief process. The sudden losses experienced in a disaster

MICHELE LOUVIERE

may leave survivors struggling with regrets and a sense of unfinished business.

Healing from traumatic grief is very difficult. The only way disaster survivors can heal is by feeling the painful emotions of their suffering. Unfortunately, we have become exceptionally good at avoiding pain and not so effective at leaning into our pain so that healing can occur. Indeed, healthy grieving requires disaster survivors to focus on beneficial physical, psychological, emotional, and spiritual coping tools. Disaster survivors first need to focus on reestablishing some type of healthy routine to begin physically calming the body so deeper healing can occur (i.e., practical physical coping such as eating healthy, getting proper sleep, exercising, receiving medical care as needed, and avoiding too much media input).

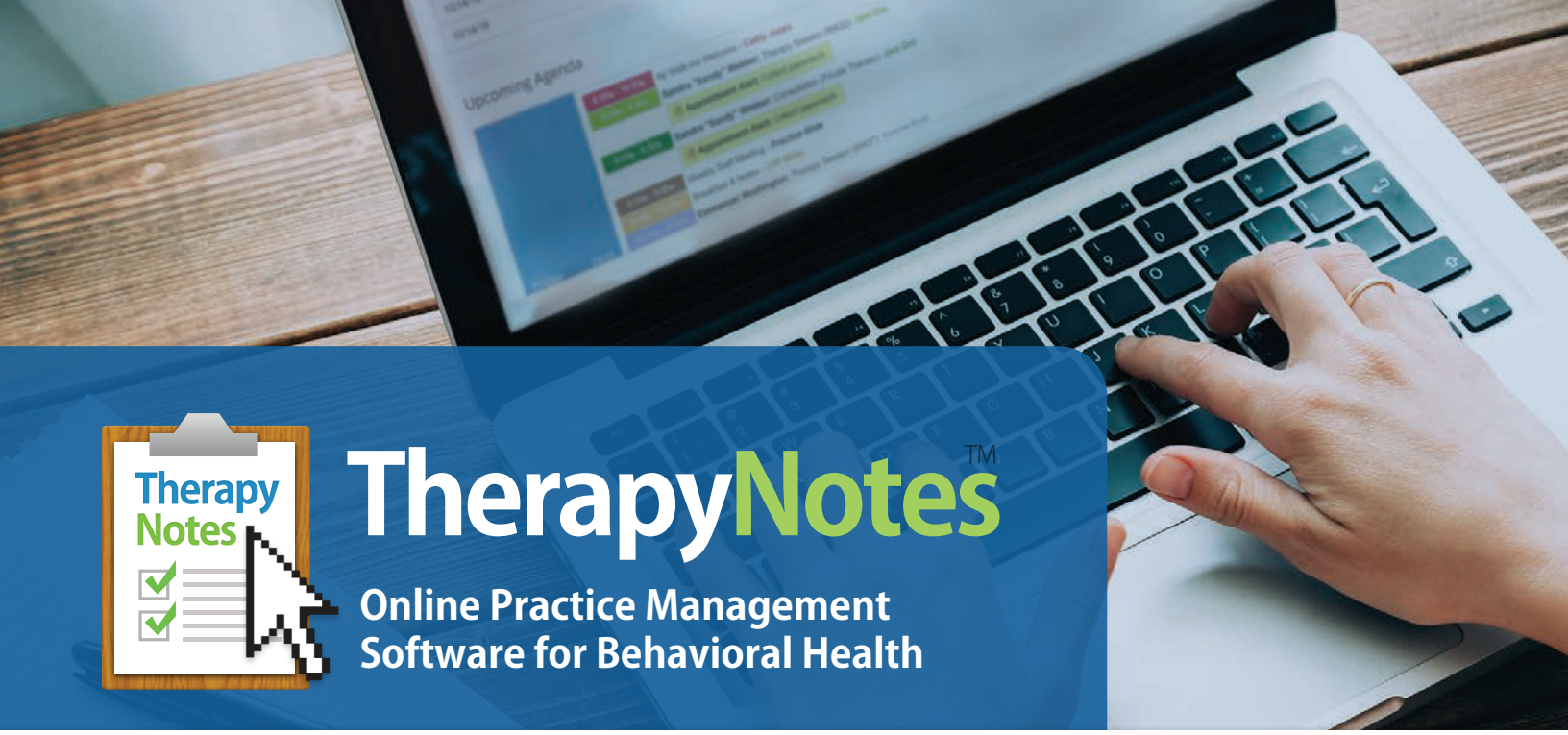
Psychologically, disaster survivors must reduce the pressure on their brains. It is normal to feel irrational after a disaster. Taking time to be curious, naming and focusing on emotions through reflection, or writing in a journal can begin to slow the brain and allow healing. Traumatic grief tries to pull disaster survivors back into reliving the trauma or push them forward into fearing the future. When survivors can focus on the present rather than the past or future, they can begin the healing journey.

Emotionally, disaster survivors need others to help them with their grief. Humans are made for connection. We heal through relationships with others. I will never forget teaching on disaster recovery in California after a deadly wildfire had destroyed much of the city and multiple lives were lost. Although everyone who registered to attend the training received a call to tell them there was no heat in the training space, they showed up anyway. They brought blankets, coats, and mittens and sat in a freezing room crying with one another as they learned how to help their community heal from the recent devastation. God created us with a need to be held so that we may heal. One of the most significant challenges of the current COVID-19 pandemic is the need for people to distance and isolate themselves from loved ones to protect one another from the virus. However, this prevents everyone from doing what they need emotionally, which is to grieve, cry, and hold each other for healing to take place.

Spiritually, we need to intimately connect with our Savior and church communities. Worship, pursuing stillness, gratitude, and prayer are excellent ways to grieve. We need to be completely authentic about our pain with our Heavenly Father. Unfortunately, we have lost the ability to lament, as demonstrated in the Old Testament. As author Michael Card shares in his book, *A Sacred Sorrow*, "Lament is the path that takes us to the place where we discover that there is no complete answer to pain and suffering, only Presence. The language of lament gives a meaningful form to our grief by providing a vocabulary for our suffering and offering it to God as worship. Our questions and complaint will never find individual answers (even as Job's questions were never fully answered). The only answer is the dangerous, disturbing, comforting Presence which is the true answer to all our questions and hopes."

Jesus was clear when He shared, "Blessed are those who mourn, for they will be comforted" (Matthew 5:4). For disaster survivors to experience God's incredible comfort, they must lean into their pain and grieve with their Heavenly Father so true healing, restoration, and redemption can occur. God never wastes our pain, and He specializes in healing it by bringing "His beauty from the ashes."

MICHELE LOUVIERE, LMFT, *graduated from New Orleans Baptist Theological Seminary and then served as a church planter with her husband in Oregon. Later, she returned to New Orleans to serve as Celebration Hope Center's Clinical Director following Hurricane Katrina. Michele has been seeing clients for more than 25 years and currently works at The Refuge 18-2 (refuge182.com), providing intensive trauma counseling for adults and couples. She has served on AACC's Grief, Trauma, and Disaster Board for many years, providing training to many post-disaster communities.*



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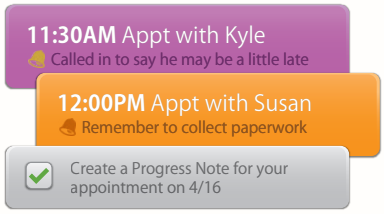

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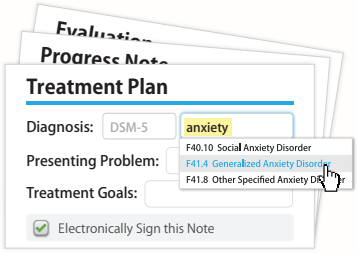

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PRESENCE:
HEALING THE SHAME OF TRAUMA

Shame is a fundamental and virtually ubiquitous feature of trauma. We understand trauma to have occurred in the wake of any event or experience, acute or longstanding, in which we perceive ourselves to be overwhelmed and powerless to change our experience and/or response.[1] The interpersonal and neurobiological concept we use that mirrors this framework of trauma, especially that which is unresolved, is *disintegration*.[2] Trauma disrupts the neural networks' capacity to communicate effectively with each other, both intra- and inter-hemispherical.[3] These neural disruptions correlate with the oft-witnessed clinical presentations of patients who feel disconnected from their bodies, are numb to the emotional content of the "facts" they are relaying to us about the traumatic events they have lived through, or are overwhelmed with feelings and sensations of terror or confusion but unable to place them cogently within the context of their explicitly remembered history.[4]

By comparison, an *integrated* mind is one in which its many differentiated functional domains, along with their correlated neural networks, are linked together in the context of attuned, securely attached interpersonal relationships. An integrated mind is not one that never encounters hardship, pain, or suffering; rather, it responds to ruptures with resilience as a result of having had the experience of remembered repairs to ruptures in the past.

Trauma disintegrates all of that, and the neurophysiologic phenomenon of shame is one of the primary means by which its lasting effects are sustained. Not all shame is evidence of trauma; in fact, shame is, at times, evidence of a healthy interpersonal and neurobiological response to particular behaviors.[5] Of the many features of shame that reinforce the power of trauma and the neural disintegration that it brings, here I will address two, followed by some reflections on how we can respond to shame in a way that brings us to greater states of wholeness and integration.

The most dominant and hovering of any sustained experience of shame is that of *relational disconnection*, both intra and interpersonally. Whether toxic or of the most minor and temporary in nature, shaming events are mediated by our embodied sense of disintegration and isolation from the person or persons by whom we perceive we are being shamed. However, it is often the case that the person who shames me the most is myself, in the privacy of my own mind, in which I become a dominant source of the self-sustaining force of shame in my life. Trauma introduces shame to me and often repeatedly in ways beyond my control, but I can, and often do, invite it to take up residence within my mind and soul—and frequently, with little conscious awareness, this is what I am doing. Hence, I may acknowledge that someone else has abused me, but over time I will tell the story that somehow it was actually all my fault. In this manner, I cut myself off from others while simultaneously cutting myself off from parts of myself. All the while, I must consume neurobiological energy to contain and cope with the distress that this acute or chronic state of mind brings.

CURT THOMPSON

Evil knows that we are made to be known to create beauty and goodness in the world. It is not content that we feel bad or are disabled. Evil intends to devour us.

Another role that shame plays in the course of trauma is that of *stasis*. I am referring to how shame truncates our capacity to move—from the mobility of regulating and directing cognitive and emotional flow to the very movement of our bodies. This restriction stifles us from imagining a future in which we are whole, integrated, and joyful… one different than that of my traumatized, shame-controlled self. In the presence of shame and its isolating, immobilizing effects on my mind, I find it virtually impossible to imagine a future of an integrated state in which I feel seen, soothed, safe, and secure[6]—one where I experience joy, comfort, and confidence in being with God, others, and myself.

Stasis—immobility—is what evil counts on in its wielding of shame as part of trauma. Evil knows that we are made to be known to create beauty and goodness in the world. It is not content that we feel bad or are disabled. Evil intends to devour us.[7] It is most worried that we will, in fact, bear the image of God as we live in Jesus the King and create beauty in the world—beauty that is anathema to evil. Hence, its use of shame to immobilize us not only keeps us in states of unresolved trauma by utilizing shame's interpersonal and neurobiological attributes, but also prevents us from imagining and (literally) moving toward the next new artifact of beauty that God wants us to join Him in creating (e.g., a relationship, business venture, new job, learning to paint, etc.).

For both of these features of shame, as they present themselves in the existence of trauma, there is excellent news, and it comes in the form of *presence*. The patients with whom we work certainly present to us for the information and practices that we offer that will enable them to flourish—to heal and reimagine their lives as ones of beauty and goodness. But above all else, they come for *you*, the clinician. For you, the embodied, relational person who enables them to be seen, soothed, safe, and secure. Patients come for your presence with its intentional attunement that will remain in the room with them as long as it takes. Yes, you will provide the practical tools that will enable them to mobilize in the room with you and in their lives outside. Still, you will do so by standing on the hard deck of the relationship you are creating with them, a relationship in which together you construct and maintain a secure attachment in the face of the fury of their withering states of disintegration.

We are not in the business of merely enabling our patients to "get back to where they used to be," nor are we simply conduits of helping people feel better. We are, instead, practicing for heaven and inviting our patients to join us. We do this by providing all that our psychotherapeutic interventions have to offer. Also, we do this with the awareness of the beauty of our presence in the room into which so much shame-laden trauma walks. May we experience ever more deeply the awareness of our beauty—beauty that God sees, as He has made us so—so we can more sustainably and durably help others do the same. ✠

CURT THOMPSON, M.D., *is a psychiatrist who brings together a dialect of interpersonal neurobiology (IPNB) and Christian anthropology to educate and encourage others as they seek to fulfill their intrinsic desire to feel known, valued, and connected. He understands that deep, authentic relationships are essential to experiencing a healthier, more purposeful life—but the only way to realize this is to begin telling our stories more truly.*

Endnotes

1 Levine, P. (2008). *Healing trauma* (Boulder, CO: Sounds True), pp. 7-9.

2 Solomon, M.F., & Siegel, D.J. (2003). *Healing trauma* (New York: Norton), pp. 10-16, 23-24.

3 Ibid., pp. 23-24.

4 Ogden, P., Minton, K., Pain, C., et al. (2006). *Trauma and the body* (New York: Norton), pp. 26-29, 33-36.

5 There are circumstances in which shame is the proper and necessary response in reaction to particular acts we commit. There are things I do for which shame is the reaction, unpleasant as it is, that draws my attention to the seriousness and severity of my action. The question is not, in this circumstance, "Do I feel shame?," but rather, "What will I do in response to it?" As St. Paul points out, "For godly grief produces a repentance that leads to salvation and brings no regret, but worldly grief produces death" (2 Corinthians 7:10). But my "repentance," my turning around and moving away and out of a trajectory of disintegration and toward one of integration, is not something I can do on my own. I need the presence and help of others who can assist me.

6 Siegel, D.J., & Bryson, T.P. (2020). *The power of showing up* (New York: Ballantine), pp. 5-6.

7 1 Peter 5:8.

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HELPING CLIENTS SHIFT FROM A VICTIM MINDSET TO AN OWNER MINDSET

Kara started counseling because she felt lost and miserable. Her father had sexually abused her as a child, and her mother stayed passive. Kara, now in her 40s, was depressed, angry, and stuck in her story that her parents ruined her life. Kara's parents did ruin her childhood, but Kara was ruining her current life by embracing a victim mindset.

What is a Victim Mindset?

Someone does not have to be an actual victim of abuse or trauma to be stuck in a victim mindset. We see clients who regularly feel helpless and powerless over their own emotions, thoughts, actions, and life decisions. They avoid responsibility and blame others for how their lives are going and often look to their therapists to validate their worldviews as reality.

Assessing for a Victim Mindset

Please pay attention to how your clients tell their stories. What language do they use to describe what happened to them and what they did with what happened? For example, Kara began our session by defining herself as a victim of sexual abuse. Her identity was rooted in what happened to her (victim) rather than who she decided to become through the experience (survivor, warrior, strong woman of God, an advocate for abused women, etc.).

Does your client speak with empowered words? For example, "I can do this." "I will try this." "What can I learn from this?" "How can I grow from this?" Or is her language more helpless or blaming? "I can't do this." "It's too hard." "Why me?" "It's not fair." "Why do I have to change?"

A victim mindset can be hard to challenge. There is a payoff for staying stuck. However, God calls us to not only care about someone's pain but also help transform that pain into something for His glory and purpose.

LESLIE VERNICK

Empathize with your client's feelings and experience but do not stay there (Proverbs 18:13). Building a good alliance with clients begins by listening and empathizing with their pain. Our clients need to know that they are seen and heard right where they are at the moment. However, they are coming for help because they are unhappy with where they are currently.

Clients with a victim mindset invite you to become the hero of their life stories, asking you to rescue them out of their pain and struggle. If you are not mindful of this, you may try to be that hero. However, avoid this invitation as it is not possible.

Sometimes we are fearful of blaming victims for being a victim. We do not move beyond validating their victimhood. We do not talk about stewardship or responsibility for their thoughts, feelings, and lives. Even when people have been victimized, they still have crucial choices to make. For example, will they become bitter or fearful? Will they retaliate? Will they let it define them? Or will they learn and grow from it, finding the meaning and good in their adversity and use it to help others?

Clients with a victim mindset invite you to become the hero of their life stories, asking you to rescue them out of their pain and struggle. If you are not mindful of this, you may try to be that hero.

Help clients understand the thought/feeling connection (Psalm 55:2). Our clients' mindsets, not circumstances, are the determining factor in how they "see" and "process" what is happening to them, whether it is abusive or simply the daily dings of life (John 16:33).

Sometimes those who have been repeatedly traumatized have "learned helplessness."[1] Perhaps these distressed individuals tried to do things in the past but failed and concluded that they were powerless. In these situations, we must help our clients relearn how to take constructive action on their behalf, even when preferred options seem blocked. This can be accomplished by structuring micro choices with quick wins to remind clients that they are stronger, smarter, and more capable than they think.

Help clients assume responsibility for their current problem(s). Kara knew she felt helpless and believed she was incapable of having a meaningful life. However, as we worked together, she began to see that this was her problem to solve. No one else could do this work for her. For example, Kara said, "I'm learning that I need to pay attention to my thought life and take my thoughts captive to Christ and the truth." These are action steps only Kara can take. Even if her parents were repentant for their abusive parenting, they could not fix this for her, and neither could I. This fundamental shift in Kara's mindset, by defining and taking responsibility for her problem, was the beginning of her healing journey. Your clients assume stewardship of their lives with you as their guide, but not their hero.

Build a sense of identity by defining key virtues and values. As a people helper, it is tempting to focus our time on processing feelings, especially with someone so deeply wounded as Kara. Yet, a place to gain more traction in developing an owner mindset is helping clients take action from identity rather than feelings. For example, Kara's identity was as a victim of sexual abuse. Over time, I challenged that identity and said to her, "That's not who you are; that's what happened to you. Who is the real you… and who do you want to be despite, or because of, what happened to you?"

Those questions began to help Kara see that she had more choices. Her identity did not lie in what happened to her. Helping Kara discover her identity started with her defining her current values and virtues. Three rose to the top. She said, "I want to be strong, kind, and wise." Yet, Kara admitted, she often felt mean, selfish, and weak. However, that is not who she aspired to be; it was just how she temporarily felt.

Next, I helped Kara learn to make decisions from her virtues (identity) rather than her temporary feelings. For example, a coworker interrupted Kara when she was expressing her ideas on a project, and Kara felt shamed, invalidated, and furious. In the past, she might have reacted emotionally in ways that cost her professional credibility. However, this time Kara tried something new. She headed to the bathroom, cried, and acknowledge her hurt. Kara took responsibility to calm herself down and then asked herself how her best self would handle this situation.

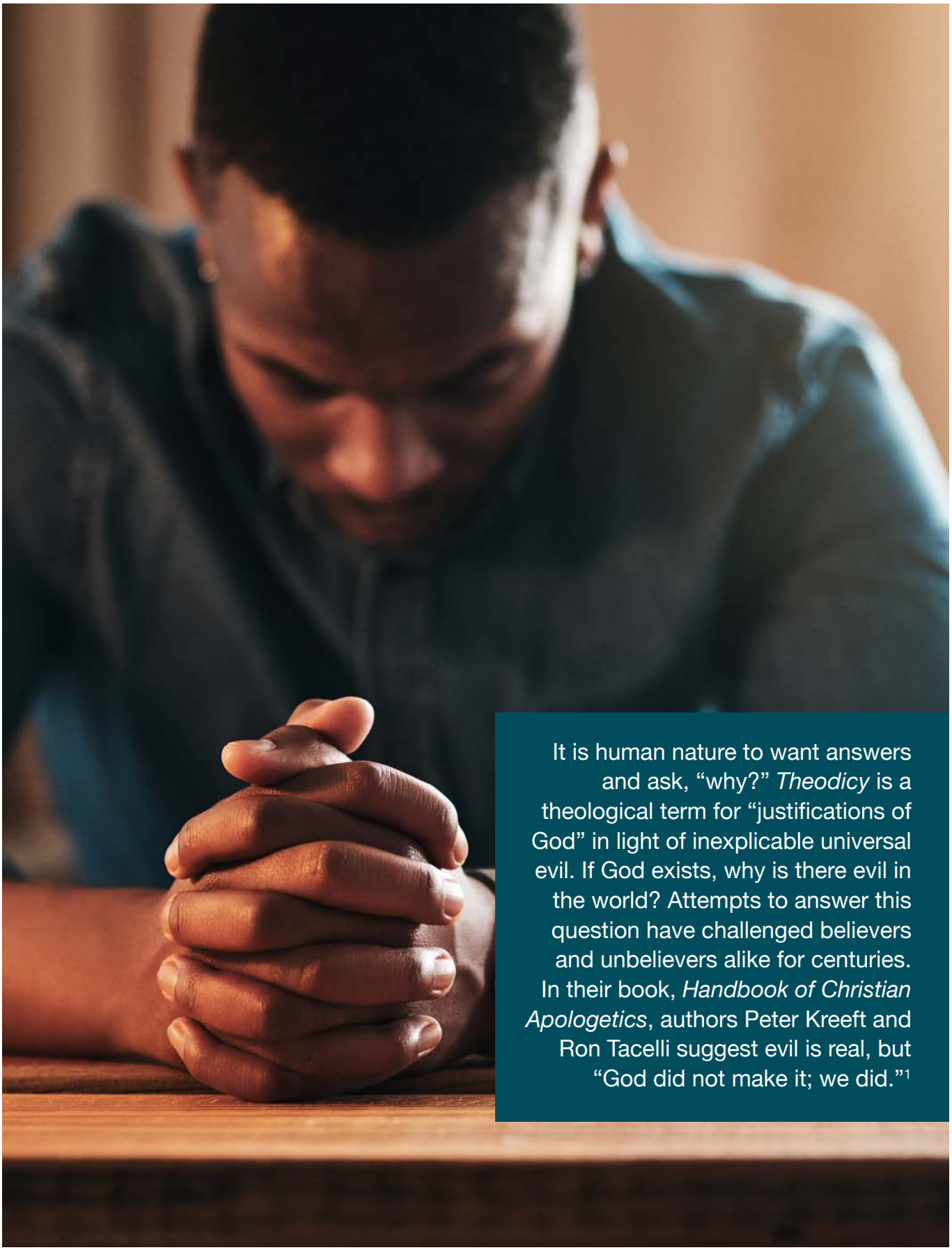
Immediately, Kara got clarity on how she wanted to respond to what happened. That evening, she prepared and practiced what she wanted to say to her coworker from her identity as a strong, wise, and kind person and not her feelings of being angry or shamed. The next day, she calmly confronted her coworker and received a sincere apology. Kara noticed that even though her feeling self was afraid of confrontation, her true self felt strong, wise, capable, and kind. This transformation was a considerable shift for Kara's growth.

The movement from a victim mindset to an owner mindset is something clients must embrace if they want real change. Our job is to hold enough space for them to make that choice patiently. Poet, Mary Oliver, wrote, "Tell me, what is it *you* plan to *do* with *your one wild and precious life*?"

LESLIE VERNICK, MSW, *was a licensed clinical social worker in private practice for more than 35 years counseling individuals and couples in destructive and abusive relationships. She is the author of seven books and is currently a national speaker, blogger, and relationship coach. You can find out more about her at www.leslievernick.com.*

Endnote

1 Psychologist, Martin Seligman, coined the term "learned helplessness" after a series of experiments with dogs that showed they learned helplessness following a sequence of repeated electric shocks. Researchers helped the dogs relearn appropriate self-care after the experiment demonstrated that they failed to take action to get safe, https://www.swarthmore.edu/SocSci/bschwar1/helplessness.pdf.



It is human nature to want answers and ask, "why?" *Theodicy* is a theological term for "justifications of God" in light of inexplicable universal evil. If God exists, why is there evil in the world? Attempts to answer this question have challenged believers and unbelievers alike for centuries. In their book, *Handbook of Christian Apologetics*, authors Peter Kreeft and Ron Tacelli suggest evil is real, but "God did not make it; we did."[1]

Job's Story: The Agony of Suffering and the Ecstasy of Faith

Christianity stands in contrast to postmodern pantheistic idealism that views God as the author of evil and humans as the creators of good, both of which contradict Genesis 1-3. The Bible audaciously confronts this issue from the beginning of Genesis to the end of Revelation. In the middle of the sacred text stands the book of Job, shouting to us down through the tunnel of time into our world today.

The multifaceted perspectives in the story of Job reveal its literary greatness and inherent genius. Scottish historian and essayist, Thomas Carlyle, said of it, "There is nothing written I think, in the Bible or out of it, of equal literary merit."[2] British poet, Alfred Tennyson, said it was "the greatest poem of ancient or modern times."[3] Soren Kierkegaard, the Danish philosopher, exclaimed, "Nowhere in the world has the passion of anguish found such expression."[4] The epic poetry wrestles with the ultimate dilemmas of human suffering (Greek, *pascho*, which is the basis of our English word *passion*). Here in the pages of this ancient book, we find the deepest expressions of human loss, physical pain, inexplicable grief, and personal agony.

EDWARD HINDSON

Messianic believer, Dr. Michael Brown, writes: "Part of the grandeur of Job is the mystery of Job, a book where the solutions themselves are riddles (in particular the divine speeches)."[5] Thus, he concludes that Job "defies a single, definitive interpretation, a testimony of its inspired literary genius."[6] He likens it to a beautiful, multifaceted diamond that reflects light in various directions as we examine the wide range of perspectives presented in the book.

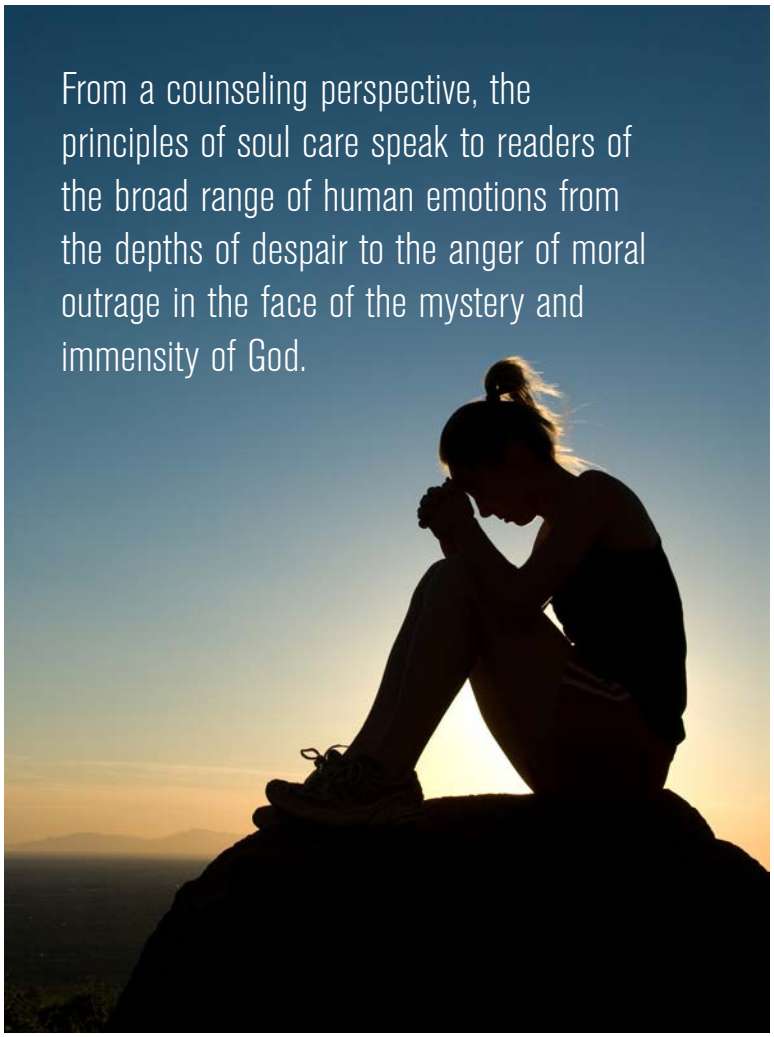
As an inspired book of Scripture, Job wrestles openly and honestly with the fundamental issues of human suffering and divine justice. In this regard, Job stands unique in all the Bible as he dares to question God concerning the injustice in his pain, loss, devastation, and utter humiliation. The brilliant poetry of chapters 3-41 portrays a man who bemoans the futility of life and inevitably surrenders to the sovereign intentions of the Almighty.

Theologian and apologist, Norman Geisler, suggests that five perspectives of suffering are presented in the Book of Job:

1. **Author:** Suffering is **Pernicious**. It often is the result of a Satanic attack.
2. **Job:** Suffering is a **Puzzle**. Sometimes it is beyond our understanding.
3. **Friends:** Suffering can be a **Penalty**. Sometimes it is the consequences of our own sinful actions.
4. **Elihu:** Suffering **Purifies**. It challenges our faith and deepens our understanding of God.
5. **God:** Suffering is **Providential**. It is permitted, yet limited by God's sovereign choice.

From a counseling perspective, the principles of soul care speak to readers of the broad range of human emotions from the depths of despair to the anger of moral outrage in the face of the mystery and immensity of God. In his book, *Job: An Introduction and Commentary*, author Francis Andersen observed, "It is only God Himself who brings Job joy in the end. And when all is done, the mystery remains. God stands revealed in His hiddenness, an object of terror, adoration and love."[7]

Job's three friends' visit in silence has often been observed as the best thing they could offer. Their presence alone told him that they



cared for his soul. Yet, when they finally spoke after seven days of silence, their words were often harsh and cutting. Eliphaz told him, "… you are impatient" (4:5), asking, "… who that was innocent ever perished?" (4:7). Bildad told him, "… the words of your mouth be a great wind" (8:2), asking, "Does God pervert justice…?" (8:3). Zophar called him "… a man full of talk… (and) babble…" (11:2-3).

Job's responses reveal the progression of the human effort to deal with personal calamity. He begins by wishing he had never been born (3:1-12). Next, he complains that his grief is more than he can bear (6:1-4). He has lost his appetite (6:6-7). His friends have turned against him (6:14-17). He cannot sleep (7:4). His life is fading away (7:6-10). God will not answer him (9:1-6). But then Job's tone begins to change. He stops arguing with his friends and begins to bargain with God. "I will say to God, Do not condemn me… you know that I am not guilty…" (10:2, 7). "You have granted me life and steadfast love, and your care has preserved my spirit" (10:12). Job suggests his days are few, "… Then… leave me alone, that I may find a little cheer" (10:20). He asks passionately, "Why do you hide your face…?" (13:24).

Despite God's initial silence, Job cries out: "For I know that my Redeemer lives, and at the last he will stand upon the earth. And after my skin has been thus destroyed, yet in my flesh I shall see God…" (19:25-26). For everyone whose suffering takes them to the precipice of death, there are only two options: 1) bitter resignation, or 2) triumphant hope. If there is, indeed, life after death, then death is not the end. By the final chapter, Job confesses, "I know that you can do all things… therefore I despise myself, and repent in dust and ashes" (42:2, 6).

There are too many lessons to learn and principles to elucidate in this incredible book. However, perhaps the greatest lesson for counselors and counselees alike is the overarching truth that God is God, and we are not! For in all of our futile attempts to be our own God and will our own destiny, we ultimately fail in utter futility or fall at His throne in worship. It is in that moment that we find true freedom, hope, and meaning. And with Job, we can say, "I know that my Redeemer lives!" Then the healing begins. ✠

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Endnotes

1 Kreeft, P., & Tacelli, R. (1994). *Handbook of Christian apologetics* (Downers Grove, IL: IVP), 133.

2 Cited in Ellison, H.L. (1958). *From tragedy to triumph: The message of the Book of Job* (Grand Rapids: Eerdmans), 13.

3 Cited in Brown, M. (2019). *Job: The faith to challenge God* (Peabody, MA: Hendrickson), 1.

4 Ibid.

5 Brown, 2.

6 Brown, 3.

7 Andersen, F.I. (1976). *Job: An introduction and commentary* (Downers Grove, IL: IVP), 15-16.

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THE HEART OF TRAUMA COUNSELING

As my counseling students begin to delve into the depths of trauma issues, some recoil from the intensity and insist, "I will not be doing trauma counseling since my interest is family or children or women or multicultural." My consistent response is, "If you are counseling people, be prepared; you will encounter trauma." Trauma is no respecter of people, ages, places, cultures, or faiths. Among all the literature on trauma, no one sums it up more succinctly than licensed therapist, professor, and author, Dr. H. Norman Wright. He states, "Trauma is a thief. It steals from people. It takes away their sense of security, predictability, and safety" (Wright, 1984).

Early models of trauma counseling focused on the clinical and functional without recognizing the connection to the spiritual. Thus, for Christians and even some non-Christians, the spiritual wounds remained festering in the mind and battering the soul. My colleague and notable trauma specialist, Dr. Benjamin Keyes, recognized this concern and found a kindred spirit in the inner healing work of Dr. David Seamands, *Healing of Memories* (1985). Yet, for years, the clinical focus of trauma research remained mind-body without incorporating the spiritual aspect. Dr. Keyes was inspired to find that missing piece, which led him to develop the HEART Model (Healing Emotional/Affective Responses to Trauma) as a sequential process to guide counselors in helping trauma survivors "heal, be healthy, and to be fully alive [by] becoming your whole and true self" (Keyes et al., p. 228).

The HEART Model is a 10-step process suitable for counseling complex trauma in a secular or spiritual context. The initial steps of this model are similar to the clinical practice models for trauma counseling, which are commonly applied as a three-phase approach. The HEART Model remains consistent with the evidence-based trauma approaches for the treatment of sexual trauma and dissociation, incorporating the standards of the International Society for the Study of Trauma and Dissociation (ISSTD) while providing a missing spiritual element. Steps 7, 8, and 9 of the HEART Model focus on healing the spiritual self. Within the process, the HEART Model incorporates healing of the adult and inner child, or the self, at the time of the trauma.

The HEART MODEL Process (Keyes, 2009, 2010)

1. Establish rapport
2. Establish a connection to, and anchoring of, relevant memory
3. Process affect
4. Negotiate between adult and child ego states, or parts of self, and deal with cognitive distortions of self
5. Forgive self
6. Become aware of the presence of God
7. Confront cognitive distortions of God
8. Receive forgiveness from God
9. Integrate ego states with the presence of God
10. Return and refocus with new insight

KATHIE ERWIN

Cognitive distortions are common in complex trauma from the blame and shame heaped on victims, rejection by those who failed to protect, and the perception of abandonment by God.

Let us focus on the three steps of the HEART Model that are distinctive in healing spiritual wounds from complex trauma. In the Judeo-Christian perspective, the heart is a unifier of the mind, body, and spirit. Trauma interrupts that God-designed connection. Yes, even people who claim no religious orientation or question the existence of God still suffer from that break in mind-body-spirit connection, which can become spiritual distortions. The "where was God?" question can be heard from traumatized Christians and non-Christians alike.

Professor and author, Dr. Heather Davediuk Gingrich (2020), affirms the importance of Christian clients working with trauma-informed, faith-centered therapists who can give them "permission to struggle with these types of existential and faith questions" (p. 182). In dealing with the theology of suffering, Christian counselors must be both clinically and spiritually aware of the imperative to refrain from pressuring clients to move too rapidly toward spiritual resolution. Gingrich (2020) suggests that Christian counselors cannot adequately deal with these client struggles until they have "worked through the theological issues [of trauma] for themselves" (p. 183). Keyes et al. (2018) emphasize that when "the client has worked through cognitive distortions of self and God, the integration phase can begin" (2018, p. 225). The spiritual steps cannot be pressured or introduced too early in the therapeutic process.

Cognitive distortions are common in complex trauma from the blame and shame heaped on victims, rejection by those who failed to protect, and the perception of abandonment by God. When abuse begins at an early age, unprotected children fail to develop trust, which can lead to hypervigilance and functioning in constant fear. These deep emotional wounds occurring at any age can also manifest as dissociative identity disorder (DID), previously known as multiple personality disorder (MPD). The HEART Model has been used in treating victims of human trafficking who are subjected to ongoing sexual violence and captivity. Uncaged, an international humanitarian organization dedicated to liberating and restoring human trafficking victims, has adopted the HEART Model. More than a decade of clinical research was conducted with Uncaged and eight other centers that treat human trafficking. The findings showed that the HEART Model "significantly reduces all negative symptoms of acute stress and post-traumatic stress, reduces dissociation, significantly increases personal resiliency, and increases personal God image" (Keyes et al., 2018).

As with all complex trauma counseling, this process is time-intensive and emotionally draining for the Christian counselor. Working with trauma is a calling that demands continuing education and awareness of current trauma research to effectively be part of emotionally "setting the captives free." Additionally, Christian counselors who provide this work can expect to intensely feel the burden of those trauma stories. Hearing clients reveal their most painful life experiences places even seasoned trauma specialists at high risk for vicarious traumatization (VT) and secondary traumatic stress (STS) from repeated exposure to the grim details of abuse and violence. To avoid becoming among the "walking wounded," Gingrich (2020) emphasizes the need for regular self-care by "building physical, emotional, spiritual and professional resilience" as preparation to be effective in counseling for complex trauma (p. 201). The Christian counseling field has clamored for holistic methods. The HEART Model fills that void while allowing counselors to incorporate a variety of techniques for clients of various faith orientations, including other cultural contexts. ✠

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References

Gingrich, H.D. (2020). *Restoring the shattered self: A Christian counselor's guide to complex trauma*, 2nd ed., Intervarsity Press.

Keyes, B.B. (2009). HEART – Healing emotional affective responses to trauma: Clinical applications, Part I. *Journal of Christian Healing, 25*(1).

Keyes, B.B. (2010). HEART – Healing emotional affective responses to trauma: Clinical applications, Part II. *Journal of Christian Healing, 26*(1).

Keyes, B.B., Underwood, L.A., Snyder, V., Dailey, F.L., & Hourihan, T. (2018). Healing emotional affective responses to trauma (HEART): A Christian model of working with trauma. *Frontiers in the Psychotherapy of Trauma and Dissociation, 1*(2), 212-243.

Seamands, D.A. (1985). *Healing of memories.* Victor Books.

Wright, H.N. (1984). *The new guide to crisis & trauma counseling.* Regal Books, p. 224.

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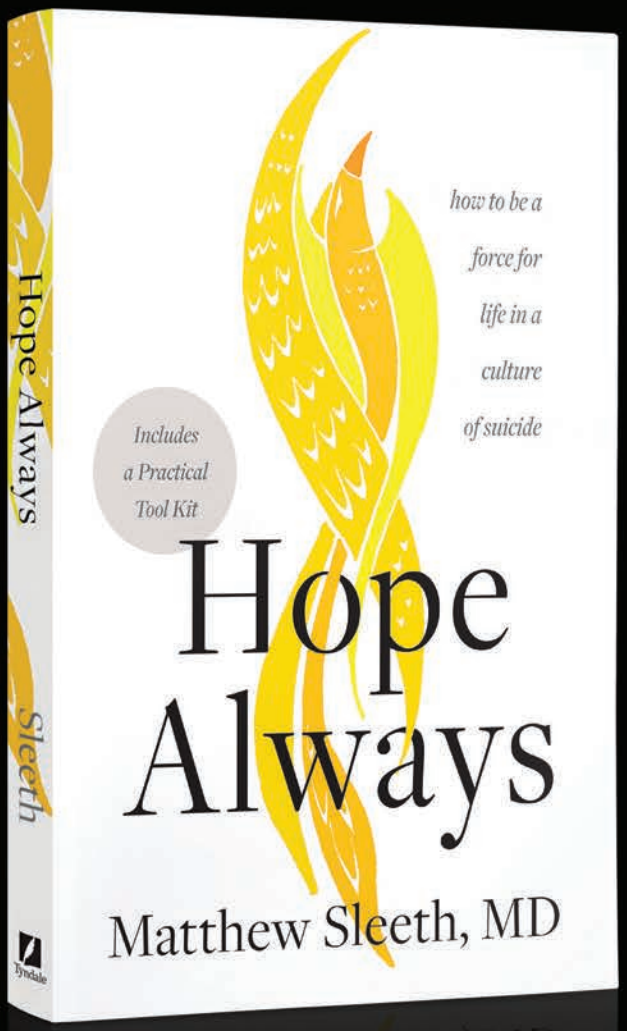

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Helping Others Find Joy and Laughter

In my last *CCT* magazine column, I shared "Helping Each Other Cross the Finish Line" and the role we play in helping others finish well. We all want to persevere and make it through the challenges we face. Endurance is key to finishing the race. We know life is short and long for heaven, but what about walking in joy here on earth?

The past year has been difficult, yet we know as Christians we "rejoice in the Lord always" (Philippians 4:4) even during challenging seasons. For the believer, joy is possible in every trial of life.

My mentor, Dr. Gary Smalley, considered James 1:2-4 one of his life's mission statements: "Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything." When Gary taught on this passage, he carried on stage a set of cheerleading pompoms. He enthusiastically cheered, waving them overhead as he described a trial he went through. He would ask the audience, "When was the last time you cheered for a trial in your life because you couldn't wait to see how God would use it?" Gary went to be with the Lord five years ago, but I can still see him on stage inviting the crowd to join the cheers.

Have you ever thought about helping people cheer on the trials of life? While we need to process mental, emotional, and physical pain, let's not overlook helping others find joy and teaching them to lighten up. Assisting others to discover joy in difficult seasons, rather than waiting for it in a distant season, is a gift we can offer those in our ministries and practices.

In Luke 6:20-23, Jesus reminds us that our present suffering is temporary: "Looking at his disciples, he said: Blessed are you who are poor, for yours is the kingdom of God. Blessed are you who hunger now, for you will laugh. Blessed are you when people hate you, when they exclude you and insult you and reject your name as evil, because of the Son of Man. Rejoice in that day and leap for joy, because great is your reward in heaven. For that is how their ancestors treated the prophets." Author Randy Alcorn points out a noteworthy takeaway from this passage: "In context, He's talking about

people having great reward in heaven. In other words, He's saying, 'You will laugh in heaven.' Surely Jesus will join in the laughter—and be a source of much of it. And when Jesus laughs, it's always the laughter of both God and man."

Laughter is an expression of joy. The Bible says, "A cheerful heart is good medicine, but a crushed spirit dries up the bones" (Proverbs 17:22). You have heard it said, "Laughter is the best medicine," but comedian, Jim Gaffigan, says, "Laughter is the best medicine only after you take real medicine." Laughter may not be the primary medication, but we all could use a little dose.

Pastor Chuck Swindoll once said, "Laughter is the most beautiful and beneficial therapy God ever granted humanity." It does not come in pill form, but laughter is free and readily available for the valleys we travel through in life. Not only do we need this therapy, but we also need to offer it to those we lead, teach, counsel, and coach. I attended Dallas Theological Seminary during Pastor Chuck Swindoll's presidency, and his sermons contained plenty of laughter. It shocked me to learn that he almost did not go into ministry because of his sense of humor. In his book, *Laugh Again*, he shared his struggle with allowing God to use his personality in the pulpit. If you have a fun personality, do not become someone you are not when ministering, preaching, coaching, or counseling. God gave you your character—bring balance to it, but do not suppress this wonderful gift.

There is a time and place for humor, and I would never suggest that you use it all the time. Laughter is one way, not the main or only manner, to help someone through a difficult time. Nonetheless, laughter has numerous benefits for your mind, heart, body, and relationships. Let's consider prescribing it to those with "crushed spirits."

Laughter humanizes us. It reminds us to lighten up and not take ourselves too seriously. It is impossible to place yourself on a pedestal when laughing at yourself. Laughter is a shake of the head acknowledging, "I can't believe I did that." People love to hang around those who cut loose, lighten up, and laugh at themselves. It makes a person more relatable.

Humor helps us cope. Nineteenth-century preacher, Henry Ward Beecher, said, "A person without a sense of humor is like a wagon without springs, jolted by every pebble in the road. Good humor makes all things tolerable." We cannot always control the circumstances and pressures that hit us, but we have everything to say about how we respond.

Laughter is good for us physically. A hearty laugh burns calories. According to one Vanderbilt University study, you can shed up to 40 calories a day with 10-15 minutes of laughter. A good belly laugh also reduces tension throughout your entire body. You know that relaxed feeling you get after exerting yourself in exercise? The same happens after you exert yourself in laughter. I love when people laugh to the point they say, "My face hurts," or "My side hurts." A hurting face or side is a good sign that you released a whole lot of tension.

Do not let a difficult season crush your spirit. Rejoice! I pray you will experience joy in the Lord and, in turn, share it with those in your presence. Make it your goal today to bring a smile to someone's face. ✠

TED CUNNINGHAM, MACE, is the founding pastor of Woodland Hills Family Church in Branson, Missouri. He is a graduate of Liberty University and Dallas Theological Seminary.

> "A person without a sense of humor is like a wagon without springs, jolted by every pebble in the road. Good humor makes all things tolerable."
>
> — Henry Ward Beecher

« DIANE LANGBERG, PH.D.

Doing God's Work

If you are reading this issue of *Christian Counseling Today* magazine, the odds are high that you are a "people-helper" of some kind. You may be a psychologist, psychiatrist, pastor, counselor, or involved in a lay ministry in your church. Usually, when asked why someone has entered such a profession, the answer is in part, "because I want to help people." That is an excellent reason to want to do good work.

There are, however, many factors and types of people that you will meet in this good work of yours that will challenge you, teach you, strain you, and make you weep. In fact, sometimes they may make you want to quit. You will hear about evil and suffering, unlike anything you thought you would encounter and sometimes perpetrated by Christians. You got into this work, in part, to care for and strengthen the vulnerable. However, the atrocities you hear about render you vulnerable and wounded.

You will have choices about how to respond to this suffering. You can quit. You can plaster on a sympathetic face and refuse to let the grief and loss enter. You can begin to give undoable instructions for those you see—stop thinking that, stop feeling that, just forgive 15 years of horrific abuse. You are still a caregiver, but you have slid into caring primarily for yourself. In my experience, this happens when we are called to choose this work again, but this time with more knowledge. Sometimes that choice comes over and over again in a professional lifetime. The choice is about whether or not you want to continue to truly care for others. If you choose yes, it requires change and growth. It demands new thoughts, new strength, and a safe place for you to feed. If you are not tended to, you are a danger to yourself, the lambs you care for, and the name of our God.

A good portion of counseling is helping others see themselves without it crushing their spirit. It is my experience that this applies to both counselors and counselees. I knew that hearing others' stories meant discovering sad and challenging issues, but I had no idea of the depth and degree to which these details would rock me. While still in graduate school, a young college student sat in front of me and said, "My father did weird things to me." I was oblivious to what she meant and did not realize the depth of evil and suffering I was about to hear. I also had no idea the previous sentence would encapsulate my work for the next (almost) 50 years. How do you absorb abuse of all kinds—violence, genocide, and trafficking—and not immediately want to inject a narcotic into your client and yourself to make it go away? It breaks your heart and makes you angry. You feel overwhelmed and just want it to stop. How do you enter in bit by bit, stay with, walk with, and bestow dignity and hope—not as narcotics, but as truth?

You must learn that you are doing *God's work with Him*. It is not *your work* for others, nor are you alone. Counseling is, in fact, a small piece of God's work that you are called to do. He has invited you to share in *His* work. Every time we sit with evil or suffering, we sit with something He has born, something that has wounded Him. He invites us into the fellowship of *His* sufferings. If they are His, then He is there. And God is always there working both sides. He is working *through* you so you can wisely and safely care for His lamb. God is also working *in* you so that you grow into a more accurate picture of the One who is the Great Shepherd over time.

In all this, you are doing God's work *for* Him. Most of us see our work as something for others and, of course, it is. However, what happens

when they do not change, are not pleased no matter what we do, or live with something chronic neither of you can change? Our role as caregivers can easily lead to feeding ourselves and not just our clients. We feel wise, needed, and appreciated. It is good food which can easily lead to feeding off the sheep in some fashion. We have all heard many grievous stories about caregivers, leaders, etc. who have fed off the lambs. The work is God's, not ours, and He is pleased with a likeness to Christ whose work was always done to please the Father.

Are you feeling drained by the work you do? Are you thirsty? Although this can be a vulnerable and dangerous place, it can also be good. Christ called it a blessed place. He said, "Blessed are those who hunger and thirst for righteousness, for they will be filled" (Matthew 5:6). Has your work made you feel needy and famished? You are both blessed and vulnerable. Where you seek to satisfy your hunger is extremely important. The object of your thirst is significant. So often, we seek immediate filling from external things. Satisfaction in such places will lead to damage to us and those we serve. God says our hunger and thirst are to be for Him—He alone is righteousness.

Dear caregiver, you are God's workmanship, His masterpiece, and He is your caregiver. The work God has called you to is His. It is side-by-side work as He does not send you off to do it alone. In small places, with suffering people, doing work many never see or acknowledge, God is present with you and in you. He will use that work to expose you… to increase your hunger and thirst. You will get weary, struggle to have hope, and watch people perform self-destructive acts. It will break your heart… and it breaks His. You will also have a front-row seat to redemption as you see lives change and life grow in places where death reigned. You will see your life change as God faithfully works to increase your hunger and thirst to become more like Him. It is a good work. It is His work. May He bless you richly with more of Himself.

DIANE LANGBERG, PH.D., is globally recognized for her 47 years of clinical work with trauma victims, having trained caregivers on six continents. She directs a group practice in Jenkintown, Pennsylvania, and her most recent book is *Redeeming Power: Understanding Authority and Abuse in the Church.*

« GARY W. MOON, PH.D.

Finding Serenity in Today's Traumatic Culture of Anger and Contempt: Part II
Learning from Jesus and a Black Christian Mystic

A friend recently reminded me how often the term "unprecedented" had been used to describe the events of 2020. It was the go-to label for the raging pandemic, dramatic economic downturn, and racial tensions. However, when you sit down and take a couple of long, slow, deep breaths, you realize that these recent events are actually quite precedented.

The Black Death of the 14th century claimed as many as 200 million lives, including about one in three people on the European continent. During my father's earliest years, a flu pandemic took between 20 and 50 million more; and at that same time, the world was embroiled in "The Great War." Then, there was the "Great Depression" of the 1930s. It was an economic disaster far deeper and longer than the collapse of 2020. And, as bad as the racial tensions and demonstrations of the past few months have been, they reflect only a fraction of the experiences of the civil unrest of the 1960s.

"Unprecedented" is a good word, but it needs to be reserved for events that truly are unparalleled. I need to remind myself of this. It gives me hope. And, I believe, our hope for healing our present trauma will require becoming transformed by something truly unprecedented, the way of life demonstrated by Jesus and echoed by author, philosopher, theologian, educator, and civil rights leader, Howard Thurman.

The unprecedented way of Jesus is beautifully described in Thurman's remarkably poignant work, *Jesus and the Disinherited*. And it was remarkably lived by Thurman, both a Christian mystic and the grandson of a slave. He summarized the essential message of Jesus for the disinherited with these words: "You must abandon your fear of each other and fear only God. You must not indulge in any deception and dishonesty… [and] … love your enemy that you may be the children of your father who is in heaven."[1] Following this guidance actually puts us on the unprecedented path modeled by Jesus.

The Empathy of Jesus

Early in his book, *Jesus and the Disinherited*, Howard Thurman describes an encounter with a Hindu principal of the Law College at the University of Colombo in Sri Lanka. It was 1935. Thurman had given a talk while serving as chairman of a delegation of American students who were on a pilgrimage of conversation with students of India, Burma, and Ceylon. After a talk on civil "disabilities" under states' rights, Thurman was invited into the principal's office.

The leader of the school began, "I am a Hindu. I do not understand. Here you are in my country, standing deep within the Christian faith and tradition. I do not wish to seem rude to you but, sir, I think you are a traitor to the darker peoples of the earth. I am wondering what you, an intelligent man, can say in defense of your position."[2] He had reminded Thurman that the famous Christian hymn writer, John Newton, had made his money from the sale of slaves and the name of one of the famous British slave vessels was "Jesus."

Thurman reports that their subsequent conversation lasted more than five hours. During that exchange, he reminded his host of the unprecedented empathy of Jesus built on three seldom-pondered realities from His life. The Son of God, charged with bringing healing to the world, chose to enter into humanity from the perspective of three, powerless positions: 1) Jesus was a Palestinian Jew in an occupied land, 2) Jesus chose to be born into poverty (in spite of all the sermons suggesting a prosperity gospel, Jesus' parents offered the sacrifice of two turtle doves at His dedication—which was allowed in Leviticus if a lamb was beyond the family's financial means), and 3) Jesus was a member of a minority group whose history included being slaves in a foreign land and living in the midst of a dominant and controlling group.

It was from His thrice-down position of choice that Jesus began His ministry. However, Thurman did not stop by reminding his host of Jesus' choice to embrace empathy with those whose backs are against the wall. He went on to describe the radically different *approach* of Jesus.

Jesus and the Different Way

When our bodies are exposed to a threat, our sympathetic nervous system steps in to help. It turns on and powers us to do one of two things, fight or flee. Jesus lived as a poor member of a minority culture under the oppression of Roman rule. Rome was everywhere. Their symbols of control were everywhere. In some ways, it would be like living daily in

Meditate on the **empathy of Jesus**, who lived and ministered in a toxic environment filled with people following lesser paths of fear management.

the presence of an unchained lion, with the sympathetic nervous system constantly maintaining a high idle that is revved and ready.

Howard Thurman made astute observations concerning how the people in Jesus' culture responded to the stress of living with threat. The Zealots, he observed, lived with a readiness to fight. The Essenes chose the other option for using the sympathetic nervous system's energy; they fled into the Judean wilderness.

The Sadducees and the Pharisees took more nuanced strategies for surviving the threat of the oppressive culture. The former, Thurman suggested, represented the upper class. They cut deals and made public peace with Rome and, in doing so, were leaders who did not represent the majority of the people. In fact, they stood against all revolutionaries and radicals. They saw only the options of becoming like the Romans or being destroyed by them. The Pharisees took a fourth approach to the threat. They did not openly resist Rome, but they held their enemy in contempt. Perhaps to salve this stress, they filled their minds with obsessive thoughts and occupied their bodies with compulsive behaviors, becoming preoccupied with public displays of perfection.

We see each of these four classic approaches championed today. Fight. Flee. Maintain power. Obsess. I'll leave the choice of assigning labels to you. However, in the face of these four alternatives, Jesus offered a radically different path. Thurman suggests that the way of Jesus was to "… abandon your fear of each other [and Rome] and fear only God."[3] The different path of Jesus—abandon fighting, fleeing, power-brokering, and obsession ideation. Abandon hatred and deception and, instead, realize that "… hatred is destructive to hated and hater alike. Love your enemy, that you may be children of your Father in heaven."[4] There is a kingdom more powerful and longer-lasting than that of Rome, and you are invited to be permanent citizens.

Part Three: Suggestions for a Different Way

I want to close this two-part reflection with a few additional suggestions for finding serenity in today's traumatic culture of anger and contempt. These suggestions are offered as notes of harmony to the remarkable observations of Howard Thurman.

1. **Recall.** Meditate on the empathy of Jesus, who lived and ministered in a toxic environment filled with people following lesser paths of fear management.
2. **Hope.** Given that our efforts' success ultimately depends on divine action, Christians across racial lines can energetically devote themselves to justice with hopeful confidence that nothing is impossible for God.
3. **Lament.** Along with hope, professor, researcher, and author, Dr. Rebecca DeYoung, reminds us that a virtuous community will need to practice lament. "Lament expresses the pain and grief that often lie behind anger and affirms that God, too, cares about injustice and the pain of his children. Within the context of hope's larger narrative, lament need not give way to despair."[5]
4. **Listen.** Learn from your anger and the anger of others. Ask the question of our anger, "What are you protecting?" And then ask yourself, "Is my anger driven by a desire for righteousness or fear?"
5. **A Different Model of Reform.** "The real measure of our humanity is whether or not we recognize what is of the essence, the heart of being human. This is the great equalizer, transcending gender, race, education and social class. More than anything, what indicates whether we are fulfilling the call of our humanity is the quality of our seeking God—not as an object, but as the mystery from which all life proceeds."[6]
6. **Learn from those who have lived the way of Jesus during extraordinary trauma and pain.** In 1963, Dr. Martin Luther King, Jr. asked volunteers in the civil rights struggle to go beyond avoiding violent responses and *cultivate* nonviolence in their thoughts, words, and relationships. He asked them to commit to 10 commandments of living life that would function to train their bodies, thoughts, and hearts into becoming people of peace and non-violence:
    - **a.** Meditate daily on the teaching and life of Jesus.
    - **b.** Remember that the movement seeks justice and reconciliation, *not victory.*
    - **c.** Walk and talk in a manner of love, for God is love.

d. Pray daily to be used by God in order that all men might be free.

e. Sacrifice personal wishes in order that all men might be free.

f. Observe with both friend and foe the ordinary rules of courtesy.

g. Seek to perform regular service for others and the world.

h. Refrain from violence of fist, tongue, or heart.

i. Strive to be in good spiritual and bodily health.

j. Follow the directions of the movement and the captain of the demonstration.[7]

As we know, the best thing to do with pain is to learn from it and avoid repeating past mistakes. May we learn much from the pain of 2020. ✠

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Endnotes

1 Thurman, H. (1976/1996). *Jesus and the disinherited*, Beacon Press, Boston. The quote of Thurman appears in the foreword written by Vincent Harding.

2 Ibid. p. 10.

3 Ibid. p. 3.

4 Ibid.

5 DeYoung, R.K. (2021). "What are you guarding?: Virtuous anger and lifelong practice faith & virtue formation," chapter in *Christian Philosophy in Aid of Becoming Good*, edited by Adam C. Pelser and W. Scott Cleveland, Oxford University Press, Oxford, page number not yet available, read from galley proof provided by author.

6 Companions of New Skete, *Reflections*, 16-20, 2020, for December 16, https://mail.google.com/mail/u/0/#label/Compansions+of+New+Skete/FMfcgxwKjwxRGZWPTLLSwpRGSLMDdGjr.

7 Excerpted from https://liberalarts.utexas.edu/coretexts/_files/resources/MLK_Commitment_Card.pdf.

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*Understanding Counselor Liability Risk, NSO and CNA, March 2014.

« MICHAEL R. LYLES, M.D.

The Mental Health Impact of COVID-19

Much of the focus on the COVID-19 pandemic has been on the escalating death rate of affected patients. As someone who lost a family member to COVID-19, I am personally aware of the impact of this death toll on a family and community. As I write this, local hospitals are at their capacity from critically ill COVID-19 patients. However, the mental health impact of the pandemic has been a parallel crisis.

Past infectious disease epidemics, such as the Ebola virus from 2014-2016, resulted in high rates of anxiety, depression, and PTSD.[1] Multiple studies have demonstrated increased rates of anxiety, stress, sleep difficulties, obsessive-compulsive symptoms, and depression in the general population during the COVID-19 pandemic.[2] Healthcare workers in China were documented to experience even higher mental health impairment rates than the general population. Some have argued that the "stay at home" isolation has led to excessive digital and social media utilization as sources of information about the pandemic.[3] This can lead to confusion, fear, and misinformation that can nearly double the rates of depression and anxiety with increased social media exposure.

As the pandemic has evolved, many practitioners have seen patterns of pandemic-influenced mental health challenges in their patients. A

Harvard outpatient psychiatric group documented four recurrent clinical themes in their patient population: isolation, uncertainty, household stress, and grief.[4] Stress related to learning new technologies to access treatment and social interaction was a general problem. The recognition of these themes can be impaired by patients' inability to communicate the depth of their pandemic-related mental health challenges fully. The following is a non-exhaustive list of the types of pandemic-related mental health challenges that my patients and I reported in one week. Patients' exact words are included to give a "voice" to their experiences.

Social Isolation. "My kids will not let me see my school-attending grandkids as they fear that I may get infected by them." "I have lost the guardrails of my friends, family, and church that have kept me anchored." "I am alone so much. The loneliness leads me to eat, drink, and smoke too much." "I watch too much television and social media to keep me company, but it makes me more anxious and fearful."

Sheltered in Place. "I have lost any work/life balance. People are scheduling Zoom meetings all day long." "I cannot concentrate on my work. My ADD is worse when I try to do my job, help my kids with schoolwork, prepare meals, and entertain my kids." "I am isolated at home with my spouse. We were already having problems, but now they seem more focused and significant." "I am taking out my anger about the pandemic on my spouse and children. We are fighting about trivial things."

Financial Uncertainty. "My income is down, and my job is in jeopardy." "My job is stable, but I feel guilty that so many of my friends and family have lost their jobs. We have had massive lay-offs, and I am working the jobs of three people." "I work with the public and am afraid of getting the virus and bringing it home to my family, but I do not have a choice financially." "People are getting financially desperate, and I am more afraid of crime."

Addiction. "I have too much time alone with my thoughts and regrets about my past. This is worse because the future is so uncertain." "I hate virtual 12-step meetings. I need personal contact and accountability." "The more time that I spend alone, the more I am tempted to act out."

Future Uncertainty. "The old normal may never come back." "I am afraid of the vaccines. Will they change my DNA? Will they even work, as the virus is mutating?" "What will go bad next? I did not see this coming, and now I expect something else will happen that I did not expect." "I am afraid that this will become a way of life." "I do not know who to trust about future information about this pandemic."

Family. "My kids are spending too much time on their computers. Are they learning anything? I fear their social development is suffering." "I cannot stop thinking about my sister who died alone in the hospital from COVID." "I am angry when I see people not wearing a mask. That is why my son is dead from COVID."

Health Concerns. I have learned of patients skipping their healthcare appointments due to fears of going to medical settings. This is exacerbating pre-existing medical problems that can worsen mental health and decrease tolerance to psychiatric medications. Patients are afraid of potential long-term complications of COVID-19 to the lungs, heart, or kidneys. Social isolation may contribute to a greater awareness of chronic pain.

Clinical Decision Making. Clinical mistakes can be made by assuming that everything is COVID-related. I have seen patients with lithium toxicity, serotonin syndrome from drug interactions, abrupt antidepressant discontinuation syndromes, and medical problems like mononucleosis who were assumed to have COVID-19 and tested repeatedly before receiving delayed treatment. One COVID-19 patient began to have psychotic symptoms after receiving steroids. He was incorrectly diagnosed with bipolar disorder when, instead, it was a side effect of the steroids.

As I write this column, my arm is sore from receiving a COVID-19 vaccine. However, if enough people quickly get vaccinated, we will have a chance to change this pandemic. Until then, we will need to be sensitive to our patients as they seek to navigate the various mental health challenges of COVID-19. ✠

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Endnotes

1 Kamara, S., Walder, A., Duncan, J., et al. (2017). "Mental health care during the Ebola virus disease outbreak in Sierra Leone." Doi:10.2471/BLT.16.190470.

2 Saeed, S.A., & Hebishi, K. (2020). "The psychiatric consequences of COVID-19: 8 studies." Doi:10.12788/cp.0055.

3 Amsalem, D., Dixon, L.B., & Neria, Y. (2020). "The coronavirus disease 2019 (COVID-19) outbreak and mental health." Doi: 10.1001/jamapsychiatry.2020.1730.

4 Marcus, P.H., Emmerich, A., Koh, K.A., et al. (2020). "Caring for outpatients during COVID-19: 4 themes." Doi: 10.12788/cp.0065.

« JEANNEANE MAXON, J.D., ESQ.

Recognizing Post-abortion Trauma in the 21st Century: The Potential Future Abortion of Policy, Part II

Prior to the election of Joe Biden, 90 pro-abortion organizations, including Planned Parenthood, the nation's largest abortion provider, joined to lay out expectations for a Biden administration to increase the availability of abortion in the United States. The document, titled, "Blueprint for Sexual and Reproductive Health, Rights, and Justice," instructs that the President "must" take actions in supporting abortion, and abortion-related services, as it relates to more than 35 various areas of executive activity, such as Executive orders, legislative amendments, and legislative regulations.[1] I collectively refer to these as "pro-abortion calls for action."

Why Should Christian Counselors Care?

In the previous edition of *Christian Counseling Today*, I discussed the significant mental and emotional harm that many post-abortive women face. Today, I write about the potential impact of Abortion Policy under a Biden Administration. Christian counselors should be concerned about these developments because as abortion rates increase, mental and emotional harm to women will also rise. Counselors should also be concerned that the attacks on healthcare professionals' conscience rights may filter into their own practices.

Author's Note

Acknowledging that this column is written well in advance of publication and the Biden Presidential Administration's inauguration, some of these actions may have already been taken or may be in process. Some actions can be implemented immediately, and others may require more time. Some proceedings will require an Act of Congress, while others will not. There may also be lawsuits moving through the courts related to these actions, the outcomes of which may take years to resolve. U.S. Presidents, however, generally have substantial authority to dictate the policies of their administrations. The following are the most significant pro-abortion calls for action.

International Concerns

While this article is focused primarily on U.S. domestic policy, it is worth noting that the pro-abortion calls for action include several measures to increase compelled taxpayer funding of abortions overseas. These include revoking the Mexico City Policy,[2] increasing funding to abortion-friendly organizations overseas by $1.66 billion, removing the Helms Amendment,[3] and modifying the Siljander Amendment.[4] Likely, these actions will dramatically increase abortion globally at the expense of U.S. taxpayers.

Increasing Taxpayer Funding of Abortion

Domestically, pro-abortion calls for action include compelling taxpayer funding of abortion by ending the life-saving Hyde Amendment, which prohibits federal Medicaid funding for abortion. For 30 years, between its enactment in 1976 and 2006,

Hyde has prevented more than two million abortions.[5]

Another pro-abortion call for action demands that Biden rescind the Protect Life Rule, a regulation placed by the Trump Administration, prohibiting Title X family planning funding to be used for the performance or referral of abortion as a method of family planning. Resending the Protect Life Rule will restore millions of taxpayer dollars to fund elective abortions.[6] Not surprisingly, studies show taxpayer funding of abortion significantly increases abortion rates.[7]

Chemical Abortions

Equally concerning are calls for action to remove protections and regulations regarding the distribution of chemical abortion drugs. Chemical abortions are typically conducted at home using Mifeprex (which blocks a progesterone hormone needed for a pregnancy to continue). The prevalence of chemical abortions is increasing.[8] In the U.S., a total of 339,640 chemical abortions occurred in 2017—comprising about 39% of all abortions.[9]

Calls for action include removing the Food and Drug Administration's (FDA) current requirement for in-person dispensing and modifying the Risk Evaluation and Mitigation Strategies (REMs) for chemical abortion drugs. Current REMs contain basic protections, such as mandated follow-up appointments, prescribing limited to qualified healthcare providers, and providing patients with FDA-approved information.[10] These protections are designed to protect women from the potentially life-threatening side effects of taking a chemical abortion drug without direction from a qualified physician, without follow-up care instruction, and without physician accountability for negligence. Without these protections, women's health and safety will undoubtedly be jeopardized with consequences that may even include death.[11]

Conscience Protections

Perhaps most disturbing, several calls for action could require healthcare providers to participate in abortion or punish them when they refuse. Several calls for action seek to eliminate the current protections against coerced abortion participation. These protections are commonly referred to as "conscience protections." Calls for action include:

- "Eliminating the Weldon Amendment," which prohibits grantees of Health and Human Services funding from discriminating against healthcare workers for their refusal to perform or refer for abortion
- "Eliminating the Livingston Amendment," which prohibits discrimination by the U.S. government against foreign organizations that offer only "natural family planning" for religious or conscientious reasons when the U.S. government is awarding related grants
- Ending measures that protect the conscience rights of employers by forcing them to provide insurance coverage for abortion and contraceptives

Additional Concerns

The calls for action also include increasing funding for educating youth on using contraceptives while eliminating funding for Sexual Risk Avoidance (abstinence-only) education. Of course, it is expected that Biden will stack his administration with individuals holding extreme pro-abortion viewpoints. Both Vice President Kamala Harris and Attorney General Xavier Becerra have been among the most aggressive opponents of pro-life Christian pregnancy center ministries.[12]

Indeed, the future of protecting unborn children and women from the harm of abortion is in jeopardy. Should these pro-abortion calls of action occur, counselors should expect to see increased numbers of post-abortive women seeking help and potential attacks on their freedom of conscience. ✠

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. Law varies from jurisdiction to jurisdiction.

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Endnotes

1 First priorities: Executive and agency actions, blueprint for sexual and reproductive health, rights, and justice. Available at: http://reproblueprint.org/wp-content/uploads/2020/09/First-Priorities-Executive-Agency-Actions-Incoming-Administration-Blueprint.pdf?fbclid=IwAR0rPvFDPgqFOMO8aKu8hsAE6Z4-MSRrq4NbkDcoWJLsm5x7nsMB-vgcwGhU (accessed 9 Jan. 2021).

2 For a description, see https://www.usccb.org/issues-and-action/human-life-and-dignity/abortion/the-importance-of-the-mexico-city-policy (accessed 9 Jan. 2021).

3 For a description, see https://c-fam.org/

definitions/what-is-the-real-purpose-of-the-helms-amendment-to-the-foreign-assistance-act/ (accessed 9 Jan. 2021).

4 For a description, see https://c-fam.org/policy_paper/applying-the-siljander-amendment-to-the-un-system/ (accessed 9 Jan. 2021).

5 New, M.J. (2016). Hyde @ 40: Analyzing the impact of the Hyde Amendment. The Charlotte Lozier Institute. *On Point. Issue 12.* Available at: https://s27589.pcdn.co/wp-content/uploads/2016/09/OP_hyde_9.28.3.pdf (accessed 9 Jan. 2021).

6 Maxon, J. (2019). Planned Parenthood's abortion priority revealed through rejection of Title X funding. The Charlotte Lozier Institute. Available at: https://lozierinstitute.org/planned-parenthoods-abortion-priority-revealed-through-rejection-of-title-x-funding/ (accessed 9 Jan. 2021).

7 Studnicki, J., & Fisher, J.W. (2018). Planned Parenthood: Supply induced demand for abortion in the U.S. Open *Journal of Preventive Medicine, 8*, 142-145. https://doi.org/10.4236/ojpm.2018.84014 (accessed 9 Jan. 2021).

8 Miller, C.C., & Sanger-Katz, M. (2019). Why America's abortion rate might be higher than it appears. *The New York Times.* Available at: https://www.nytimes.com/2019/09/20/upshot/abortion-pills-rising-use.html (accessed 9 Jan. 2021).

9 Jones, R.K., et al. (2019). Abortion incidence and service availability in the United States, 2017. Guttmacher Institute. Available at: https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf (accessed 9 Jan. 2021).

10 Mifeprex (mifepristone) information. U.S. Food and Drug Administration. Available at: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information (accessed 9 Jan. 2021).

11 Mosley, P. (2019). FDA confirms dangerous Mifeprex abortion pill has killed 24 women, injured thousands. LifeNews.com. Available at: https://www.lifenews.com/2019/04/18/fda-confirms-dangerous-mifeprex-abortion-pill-has-killed-two-more-women-since-december/ (accessed 9 Jan. 2019).

12 Glessner, T. (2020). Kamala Harris tried to force my pro-life group to promote abortion. *New York Post.* Available at: https://nypost.com/2020/10/07/kamala-harris-tried-to-force-my-pro-life-group-to-promote-abortion/ (accessed 9 Jan. 2021).

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For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11

« GREGORY L. JANTZ, PH.D.

Effective Leadership During Times of Trauma

Trauma: a deeply distressing or disturbing experience creating an emotional shock consisting of physical trauma, psychological trauma, or both.

In my last column, I began with the same description of trauma. I wrote about trauma from the perspective of leaders and the positive effect leaders can have on others weathering traumatic storms. During times of trauma, I stated that leaders have an opportunity to point others to a hopeful future. In Part I, I expressed the obligation leaders have to others. In Part II, I want to convey the obligation leaders have to themselves. It is assumed that leaders who point others to a hopeful future can also see that optimism in themselves, but what happens when they cannot?

Occupational burnout is described as emotional, mental, and physical exhaustion caused by long-term exposure to emotionally draining experiences. As therapists, we have learned how to watch for this type of professional burnout as we know it all too well. As leaders, we need to recognize we are not immune to leadership burnout. Prolonged exposure to trauma creates traumatic burnout in leaders, and a traumatized leader may have no sense of a hopeful future. When the leader of an organization, the vision-caster, loses hopeful vision, the entire organization suffers.

I have found leaders are often quick to focus on the needs of others in a crisis. The mindset is to push through and do whatever is necessary to hold things together. The leader becomes the foundational rock, anchoring others within the storm. Unavoidably, the traumatic stresses, inside and out, will have their effect on the leader. What can a leader do to prepare and weather such seasons of trauma?

As leaders, we tend to believe we must be strong; we must put up a "good front" to motivate and encourage others. How encouraging is it, though, to deny the obvious?

Accept the Obvious

As a leader in times of prolonged stress, I have felt myself developing a sort of tunnel-vision and only focusing on the moment… on the next emergency. I have become short-tempered, resentful of a subordinate burdening me with one more problem to solve. My ability to vision-cast into the future, including finding hope, becomes impaired. Hope becomes increasingly difficult to envision, so I find myself withholding what I cannot see for myself.

As leaders, we tend to believe we must be strong; we must put up a "good front" to motivate and encourage others. How encouraging is it, though, to deny the obvious? The obvious is that trauma affects everyone, even leaders, especially when it is a prolonged, shared event, such as this pandemic. Leaders cannot escape the emotional, mental, and physical consequences of trauma. These "consequences" tend to become observable by others—physical complaints, concentration lapses, irritability, changes in eating and sleeping, etc. As a leader, you know when others are suffering, but they can see when you are suffering, too. I have learned that denying the obvious is not a mark of positive leadership.

Embrace the Experience

Denying trauma's impact on me compromises my ability to lead. Conversely, accepting trauma's influence can help me become a better leader. The Barna Group did a study in conjunction with the American Bible Society, titled Trauma in America, which contains an interesting statistic near the end. (Admittedly, their study dealt with pastors, but pastors are spiritual leaders, so I believe their conclusions apply.) Barna found that "… pastors with some experience of trauma seem more approachable to people who are dealing with it."[1] Twice as many people came to pastors who reported personal trauma experience. There is something to be said about the cohesion of a shared human experience.

There is also something to be said about the comfort of a shared divine experience. I firmly believe leaders are accountable to the Apostle Paul's teaching in 2 Corinthians 1:3-7. There, Paul speaks of the comfort given to us in "… all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God" (2 Corinthians 1:4, NIV). How can we comfort others if we deny to them (or ourselves) that we are, or have ever been, in need of comfort?

Share with Caution

If we accept that we are meant to share our burdens (Galatians 6:2), the challenge of leadership is knowing when and how much. As a leader, when and how much do I share of my suffering so I can also share the comfort received? Sharing too little creates a burden; however, I contend, sharing too much also does the same. When we share too little, or not at all, we ask others to bear their burdens alone. Share too little and we fail to pass along context for the comfort we received. Share too much and our leadership relationship with others could be compromised. Though this can be a fine line, walking the balance between shared experiences and relationship boundaries is not new to therapists; we contend with this regularly. I have found a helpful leadership parameter is to share personal details sparingly and spiritual blessings generously. In this way, you focus on God, the healer, and avoid the trap of comparing suffering-to-suffering.

Circle Back to Hope

In 2 Corinthians, Paul explains how personal suffering, and the comfort received, can circle back to hope. "And our hope for you is firm, because we know that just as you share in our sufferings, so also you share in our comfort" (1:7, NIV). Hope is created when suffering is acknowledged and comfort shared.

Christ, our ultimate example in leadership, did not try to hide His humanity when He earnestly prayed to avoid the coming suffering (Luke 22:42). And, in His humanity, He humbled Himself to death on the cross (Philippians 2:8). Your role as a leader is not to hide your humanity but reveal it in ways that lead others to hope. ✠

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Endnote

1 Barna Group in conjunction with the American Bible Society, published 2020, *Trauma in America*, p. 93.

« FERNANDO GARZON, PSY.D.

Findings on the "Will to Live," Religious Support, and Forgiveness with Various Trauma Populations

In this Research Digest, we examine how the determination to live can play a role in post-traumatic growth. We also look at the role of religious support in communities that have experienced mass shootings. Finally, we consider how self-forgiveness, the forgiveness of others, and feeling forgiven by God may impact the life satisfaction of sexual abuse survivors.

The "Will to Live"

Kira, I.A., Anci Özcan, N., Shuwiekh, H., Kucharska, J., Al-Huwallah, A.H., & Kanaan, A. (2020). The compelling dynamics of "will to exist, live, and survive" on effecting post-traumatic growth upon exposure to adversities. Is it mediated, in part, by emotional regulation, resilience, and spirituality? *Traumatology*, Advanced online publication.

What leads to post-traumatic growth (PTG) instead of post-traumatic stress disorder (PTSD)? One key factor, among many, appears important but is under-researched—the person's strong drive or will to live (WL). Researchers have done more studies on the combination of the trauma(s), chronic ongoing stressors, and temporary stressors a person experiences (known as cumulative stressors and traumas, CST) in relation to PTG. Kira and colleagues combined survey data from five larger studies to investigate how these two constructs related to other important PTG variables such as spirituality, emotion regulation, and resilience (N = 1,566). The broad international sample from the United Kingdom (N = 177), Egypt (490), Turkey (420), Kuwait (300), and Syria (179) was young (average age = 26). It included 15% adolescents, 49% females, 24% married, 60% students, 19% Christians, 70% Muslims, and 11% atheist/agnostic or other. The researchers used path analysis as the primary strategy to evaluate direct, indirect, and total effects for the measures involved in assessing the study's constructs.

Will to live had a predominantly direct, linear, and stable effect on PTG. Emotion regulation, resilience, and spirituality mediated one-third of its effect indirectly. The authors note that the direct role of WL "seems to have a more influential role (twofold) than these three mediators (reappraisal, resilience, and spirituality) combined." The model accounted for only 15% of the variance of PTG, so other factors also clearly impact PTG. Consequently, more research on WL and these factors is needed. Study limitations included

the cross-sectional design (rather than longitudinal) and convenience sampling. However, for the Christian therapist, the findings point to the importance of developing more intervention strategies to intentionally strengthen our clients' will to live when facing difficult circumstances. Faith can be a crucial component of instilling such motivation.

Religious Support

San Roman, L., Mosher, D.K., Hook, J.N., Captari, L.E., Aten, J.D., Davis, E.B., Van Tongeren, D.R., Davis, D.E., Heinrichsen, H., & Campbell, C.D. (2019). Religious support buffers the indirect negative psychological effects of mass shooting in church-affiliated individuals. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(6), 571-577.

In 2015 at Umpqua Community College, tragedy struck. A gunman burst into a classroom and killed nine people while injuring eight others. The town of Roseburg, Oregon (population 22,000), was left to deal with the horrific act. How do such incidents impact people who were not involved personally or witnessed the event? San Roman and colleagues wanted to see how faith might impact psychological resource loss (reduced sense of control, purpose, closeness with family, coworker support, etc.) and mental health symptoms for people indirectly impacted. Specifically, would religious support buffer the effects of psychological resource loss for those not directly affected by the trauma? The investigators defined religious support as a way of spiritual coping that fosters a sense of closeness to God and "provides aid in belonging, persevering, and coping with distress" (p. 579).

Shortly after the mass shooting, the researchers contacted a local nondenominational Protestant church involved in the shooting response. The church had approximately 1,250 members, with 6% aged 19-29, 27% aged 30-50, and 65% older than 50. Many members had relationships with the community college. Congregants were e-mailed a survey that measured psychological resource loss, religious support, religious/spiritual struggle, depression, anxiety, and PTSD symptoms. To examine the results, the researchers performed a series of hierarchical regression analyses.

Findings suggested that "religious support buffers the deleterious relationship between [psychological] resource loss and negative outcomes, including religious/spiritual struggles, depression, and PTSD symptoms" (p. 576). Clearly, mass shootings can generate psychological resource loss in the local communities impacted. For people of faith, high levels of spiritual support may act as a protective factor against some of the adverse effects. While the investigators' findings were limited by being a convenience sample, the sample's low diversity, and the low response rate ($N = 34$), the results were consistent with research on people directly experiencing traumatic events.

Forgiveness of Self and Others

Morton, K.R., Tanzani, L., & Lee, J.W. (2019). Adult life satisfaction and the role of forgiveness after childhood sexual abuse: Evidence from a Seventh-Day Adventist cohort.

Studies suggest childhood sexual abuse lowers life satisfaction across the life span. Morton and colleagues wanted to investigate how forgiveness of self, others, and feeling forgiven by God may buffer this relationship. Feeling forgiven by God is explicitly an understudied variable. The researchers decided to look at potential associations using data from a substudy of the Adventist Health Study-2 ($N = 5,506$). The subsample included 28% blacks, 72% whites, predominantly females (64%), and a middle-aged to older age range. The survey data contained a life satisfaction measure and three items corresponding to forgiveness of self, others, and feeling forgiven by God. General linear regression was the primary analytic strategy.

Irrespective of when the abuse occurred, reduced life satisfaction was noted; however, self-forgiveness and forgiveness of others were correlated with greater life satisfaction regardless of the age of abuse onset. Feeling forgiven by God indirectly improved life satisfaction through self-forgiveness and forgiveness of others. For abuse in people eight years of age or older, the correlated impact of abuse on reduced life satisfaction was lower for those feeling forgiven by God. The investigators observed that "forgiveness by God operates primarily through forgiveness of self (and others) but can also buffer the effects of childhood sexual abuse on later life satisfaction when the abuse occurs in childhood/adolescence" (p. 138). While limitations existed in the study, the findings highlight the value of self-forgiveness, forgiveness of others, and feeling forgiven by God for the life satisfaction of sexual abuse victims. Christian therapists are in a unique position to promote these sometimes complex responses with their clients. ✠

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counsel quiz

Answer the following questions from this issue of Christian Counseling Today by marking the appropriate circle. Once completed, you may send in this entire page or a photocopy with your payment to the address below. Please do not send cash. The quiz is open-book and you will need a minimum score of 70% to receive a letter of completion.

Attachment Bonds and Safety… – W. Jesse Gill

1. Trauma differs from other mental health symptoms because
   - O a. it creates intense free-floating anxiety
   - O b. it has both physical and emotional symptoms
   - O c. so much of the imprint is nonverbal
   - O d. it always results from multiple threats

Job's Story: The Agony of Suffering and the Ecstasy of Faith – Edward Hindson

2. Job stands unique in all the Bible because
   - O a. he is favored by God above others
   - O b. he handles his situation with unfailing faith
   - O c. he dares to question God over the injustice of his loss and pain
   - O d. in the end, God clearly answers all his questions

Effective Leadership During Times of Trauma – Gregory L. Jantz

3. Jantz contends that as leaders we should
   - O a. not share our own sufferings with those we lead
   - O b. share all our burdens freely with others
   - O c. share personal details sparingly
   - O d. share spiritual blessings sparingly

More than Self-care: Dealing with Vicarious… – Jama Davis and Robyn Simmons

4. Clinicians are more likely to experience VT when
   - O a. empathetic engagement is focused on traumatic experiences
   - O b. their sense of control and trust feels threatened
   - O c. they begin to doubt their own efficacy to help clients
   - O d. all of the above

Helping Client's Shift from a Victim Mindset… – Leslie Vernick

5. Sometimes those who are traumatized have
   - O a. learned helplessness
   - O b. a need for re-parenting by the therapist
   - O c. a need for an especially empathetic counselor
   - O d. a primary need to embrace their feelings

Presence: Healing the Shame of Trauma – Curt Thompson

6. The most dominant… sustained experience of shame is
   - O a. relational disconnection
   - O b. sensational terror
   - O c. neural disintegration
   - O d. neurobiological confusion

Findings on the "Will to Live," Religious Support… – Fernando Garzon

7. The author notes that "feeling forgiven by God…"
   - O a. buffered the effects of childhood sexual abuse
   - O b. correlated with greater life satisfaction
   - O c. is an understudied variable
   - O d. all of the above

The Mental Health Impact of COVID-19 – Michael R. Lyles

8. Which of the following is **NOT** listed as a mental health challenge?
   - O a. social isolation
   - O b. financial uncertainty
   - O c. fear of government overreach
   - O d. health concerns

Trauma, the Brain, and the Body – Warren Kinghorn

9. What psalm is mentioned as Jesus' traumatic lament?
   - O a. Psalm 13
   - O b. Psalm 22
   - O c. Psalm 6
   - O d. Psalm 23

Understanding and Interrupting Generational Trauma… – Philip Monroe

10. Exploring generational trauma helped a client abused by her father
    - O a. become involved in social justice work
    - O b. have greater empathy for his experiences
    - O c. feel she was less to blame for his behavior
    - O d. both b and c

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LEARNING OBJECTIVES

Participants will:

1. Increase awareness and content expertise on current trends in mental health practice.
2. Be able to articulate a more comprehensive understanding of this issue's core theme.
3. Be able to integrate spirituality and faith-based constructs into the delivery of care.

PARTICIPANT EVALUATION

Please rate the following on a scale of 1–5 (1 meaning **Poor** and 5 meaning **Excellent**):

1. _____ This issue of CCT is relevant to my practice as a mental health professional.
2. _____ The articles in this issue are comprehensive and well written.
3. _____ I would recommend this home-study program to other professionals.

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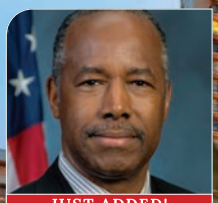
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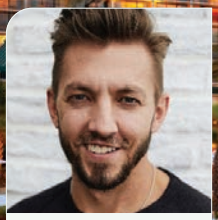
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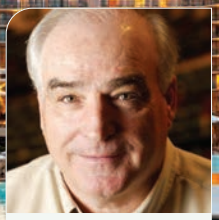
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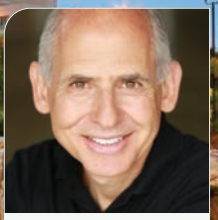
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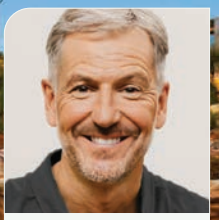
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