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Overview of Webinar

- Objectives of Training and Overview of Concepts

Agenda

- 1:00—1:10 Overview of the agenda and introductions
- 1:10—1:30 Foundation for narrative and spiritual interventions in trauma healing
- 1:30-1:50 Essential Keys to Using Spiritual Narratives in Trauma Work
- 1:50—2:05 Examples of Potential Use- Case Stories
- 2:05—2:15 Discussion and Questions

- Time for questions paused throughout and at end.

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Introductions and Connections

- Personal and professional connection to trauma and spiritual narratives

Please share :

- Name, location, and your connection to trauma work
- Something you hope to hear, or answer during our time

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“For most of us, the prayer in Gethsemane is the only model. Removing mountains can wait.”
C.S Lewis

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Defining Terms

Trauma

- “The individual’s ability to integrate his/her emotional experience is overwhelmed by an event beyond coping”
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.” (Pearlman & Saakvitne, 1995, p. 60)

Healing from Trauma

- A continuum of processes, whereby symptoms related to the impact of trauma are reduced, individuals are able to remember without re-experiencing, of restoring capacity to experience emotions of joy as well as sadness, and renew ability to live an integrated, connected life of relationship, meaning, and hope.

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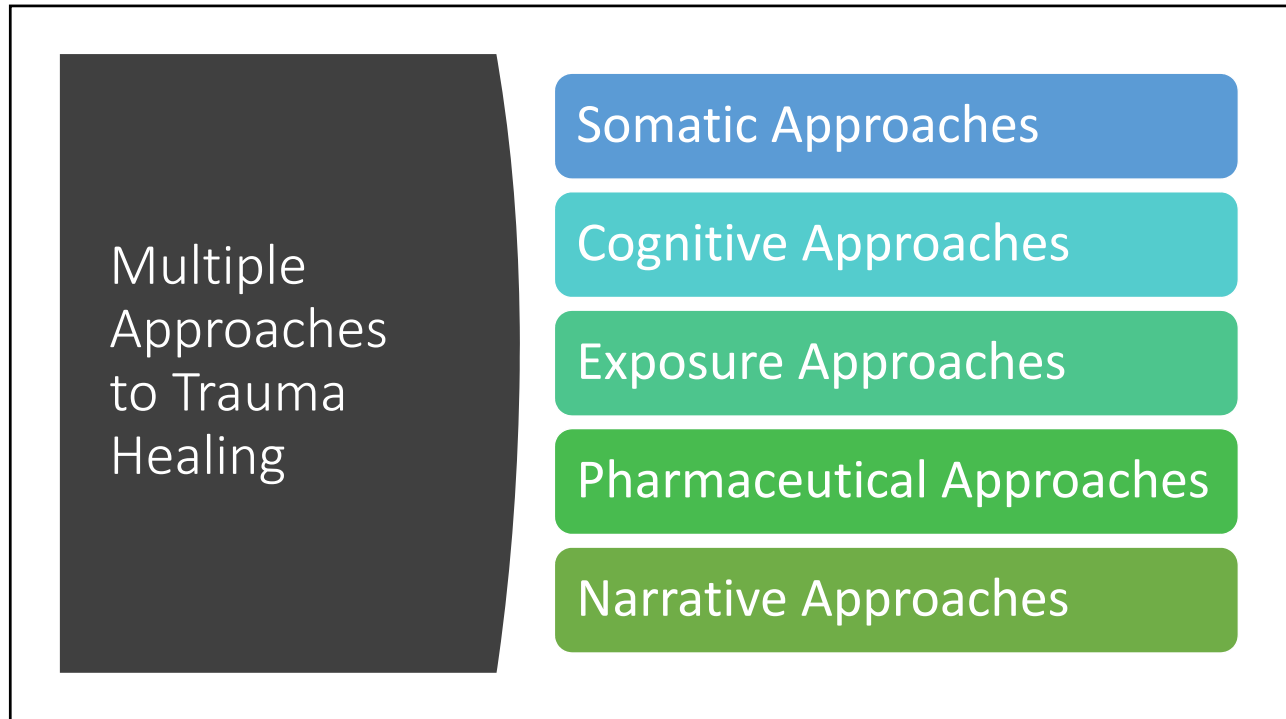
Stages of Recovery Treatment Aims

- Stage One: ESTABLISHING SAFETY
 - Securing safety
 - Stabilizing symptoms
 - Fostering self-care
- Stage Two: REMEMBRANCE & MOURNING
 - Reconstructing the trauma
 - Transforming traumatic memory
- Stage Three: RECONNECTION
 - Reconciliation with self
 - Reconnection with others
 - Resolving the trauma

Justin L. Herman, 1992

Herman's Stage Model of Trauma Healing

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Narrative Therapy

White and Epston (1990:69) state that when people tell stories about their lives, they attach meaning to their experiences.

Through this approach, the client – and not the therapist – remains the expert of his or her own life.

Instead the therapist journeys with the client in the exploration.

Role of the therapist is to keep the narrative alive during the sessions by means of asking “curious questions”.

Goal is to create a space for each client’s unique therapeutic, meaning-making experience.

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Why use Narratives in Trauma Work?

- Trauma impacted individuals often feel very alone, and are isolated from supportive relationships
- Victims often blame themselves for what occurred, especially if it was at an earlier stage of life, or for their reaction during the trauma
- Trauma takes our language (especially for emotions) away. Creativity is frozen, and a cohesive narrative is disjointed or unable to be connected.

Yet...

- We are meaning making, and stories and symbols have been our conduit for creative force
- Narratives provide a pathway for the creation of one's own narrative, a primary task of healing in trauma.
- Individuals have a chance to see their story within the framework of a larger narrative reflected in the path of divinity there is a connection with the sacred struggle.

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Impact on Spiritual Life and Trauma

individuals who are trauma impacted suffer a deep loss of meaning, and crisis of faith.

The core questions of:

"why did this happen to me? How could a loving God have allowed such atrocities?"

echo in an empty space of the losses incurred from trauma for them.

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Spirituality as a resource for trauma healing

- Grant (1999) Traumatic experiences force victims to face issues lying outside the boundaries of personal and collective frames of reference. As a result, they are forced to confront psychological and spiritual challenges that are unfamiliar to the average person. (n.p.)
- Sherman (2010, p 37) adds that traumatic events call into question basic human relationships; breach attachments of family, friendship, love and community.

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Spirituality as a resource for trauma healing

- Van Hook (2016) identified the **duality of the role** spirituality may play in her work on spirituality as a potential coping technique.
- She states that faith can both support and enhance the “ability to recover and restore oneself or alternatively can intensify the pain and distress” (11).
- Spiritual faith has been identified as an essential part of an individual’s self, and much has been written about two contrasting effects of trauma on spiritual beliefs:
- **(1) it leads some to a crisis of faith or even a loss of spiritual belief; and/or**
- **(2) it provides some with a tremendously effective coping tool so that one’s faith is redefined, strengthened, and deepened (Pargamot, 2007).**

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Christian faith: Multiplicity of Narratives and Practices

Social work has begun to recognize spirituality as a vital coping tool yet rarely identifies specific processes through which to involve clients' spirituality.

Faith communities often lack an understanding of basic principles of trauma and current best practices.

The multiplicity of narratives derived from our Christian theology and scripture provides us with stories of remembrance and a transcendence over trauma that is unique to faith alone and could serve to support trauma impacted individuals and communities of faith.

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Theology of Trauma

- Christian theologians and clinicians focusing on trauma have often considered the possibility that biblical narratives were birthed from trauma and have discussed how to use these narratives to help individuals suffering from trauma.
- Rambo (2011) suggested that Holy Saturday, the day between the crucifixion and the ascension, would be meaningful to trauma victims as it described living through trauma without yet being triumphant.
- Ballaban (2014) used Scripture for affirmation, witness, comfort, and lamentation.
- Huisman (2013) integrated the crucifixion and resurrection into the various stages of healing
- Jones (2010) wrote of the image of Thomas placing his hands in the wounds of Christ as a symbol of living through trauma.
- The concept of the "dark night of the soul" as described by St John of the Cross and the writings of other Christian mystics who derived their activism from mental and physical trauma.

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Theology of Trauma

- J.B Metz's (1999) spoke of "the dangerous memory of freedom" (in Jesus Christ) and the "dangerous memory of suffering"
- Padraig O'Tuama -he shares his connection to the Stations of the Cross as a practice- "The idea is to find hope in the practice of what seemed to be the worst... the hope of protest, the hope of truth-telling, the hope of generosity, the hope of gesture — even in those places ." (Tippet, 2018).

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Tradition of Contemplative Practice: Lectio Divino

- Lectio Divino (Ignatious) community practice
- The phrase lectio divina, is the Latin for "sacred reading." The noun lectio could be rendered as a reading which is sacred or better, a reading which is divine.
- Slow perusal of sacred Scripture, both the Old and New Testaments in community practice.
- It is undertaken not with the intention of gaining information but of using the texts as an aide first to contact the living God and secondly, to sustain that contact.

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Creation of Narratives from Trauma

- Frachette (2015) Trauma narratives aim to address fundamental beliefs and identity in emotionally engaged ways, they function like *poetry, fiction, drama, or ritual*.
- Effectiveness depends less on recounting the traumatic events with objective precision than on expressing the meaning of those events by engaging emotion and memory through verbal and non-verbal means.
- Although trauma narratives may evoke the sense of threat created by the traumatic events, their poetic quality preserves a distance from that threat and so reduces its power to overwhelm.

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Defining Terms

Spiritual Narratives

- Written or oral or imagery

May include any forms of:

- biblical stories
- images, seen or imagined
- Icon or symbol embodying a story
- Scripture
- Music lyrics

"Your spiritual narrative is the one story that is true about you when all other stories seem to end or transform. It is the last story standing. It's your story of love and of living, of joy and of transformation. The themes of your story belong to everyone, but when you live fully, they become uniquely your own." (Reeves, 2016)

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Pause and Reflect

What is a spiritual narrative that has been meaningful to you in times of distress?

What symbols or images have resonated in your mind?

How might this be imagined as “guidepost” on the way?

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Guidance on Inclusion of Spiritual Narratives

- Clinical applications of Scripture require good client religio-cultural assessment, a solid therapeutic alliance, clear informed consent procedures, avoidance of the imposition of religious values on the client, and the maintenance of intervention flexibility versus rigidly applying Scripture interventions to all Christian clients (Tan, 2003; Richards & Bergin, 1997).
- Richards & Bergin (1997) describe three guiding values important when considering such religious interventions:
- (a) respect for the client's autonomy/freedom, (b) sensitivity to and empathy for the client's religious and spiritual beliefs, and (c) flexibility and responsiveness to the client's religious and spiritual beliefs.

(Garzon, 2005)

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Important Considerations

- Garzon (2005) shares that clients will have a mixture of experiences with the Bible based on their particular religio-cultural background.
- Considering the ethical, cultural, and assessment issues involved in incorporating Scripture in treatment

AND

- clarifying one's own countertransference reactions to the possibility of utilizing Scripture will enhance the ability to accurately assess an intervention's appropriateness in the individual client's care.
- **Explicit spiritual interventions strategies can sometimes be used by non-Christians with Christian clients to great effect** (e.g., Propst, Ostrom, Watkins, Dean, & Mashburn, 1992).

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Asher's Model of Spiritual Inclusion

- Asher proposes a three-possibility model for intervention in addressing spirituality of the client (the “unasked question” as he describes) that recognizes the varying level of spirituality of the practitioner as well.
- He suggests that social workers can ask a question (assuming the client has extensive resources of all kinds, spiritual and religious as one of them); propose options (assume the client may have some spiritual resources now) or make a statement, (assuming the client may have little resources). (Asher, 2001, pg. 5)

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Key 1- Assessment and Consideration

- Consideration of culture, gender, and other elements of diversity such as faith development.
- For some traditions there may be an inclination toward some narratives more than others.
- This may differ with culture.



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Key 2: Reflexivity and Consider your Role

- Role of helper/clinician may be supporting in making these connections, but ultimately the story must arise from the client themselves.
- Requires the clinician to consider their own meaningful narratives, and their own perspective on trauma. .
- Role of helper might be to help support alternative explanations of meanings of stories.
- Role of helper is to bear witness to the storying and restorying process.
- Familiar stories, even of pain, may be much more accessible than our own emotions, or memories frozen within a time. Our own may be much less decoded, than the meaning in the stories we have chosen.
- In these stories contain tenets of our Christian faith and yet also our humanity. Real human reactions embodied in the story.
- Images may help along with narratives. Sometimes our words are lost in trauma.

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Key 3: Consider Potential Meaningful Narratives Through Exploration

- If person's faith may be a possible resource/strength, discussing use in treatment with the client
- Consider as possibility for use this as a potential anchor or part of "safety plan" or safe place.
- Ask if there is a particularly resonant story that reminds them of God's presence in their life.
- In processing memories, pause to consider " From your faith, does the feeling remind you of any particular image or story?".
- Offer tentative connections to stories, feelings or situation to probe if it might be a helpful allegory.
- Ask exploratory questions such as *what stories or scripture does this moment/feeling/memory remind you of?*

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Key 3: Consider Potential Meaningful Narratives Through Exploration

- Consider why this spiritual narrative may have been chosen? *How is the story similar? How is the story different? What is the feeling invoked?*
- Opportunity for sensory integration- cognition, memory, abstract creativity and connections, and perhaps integration.
- This may be difficult for those continuously in survival mode- it may be difficult to move beyond the concrete- consider stages.

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Key 4: Connect these to a stage of healing.

- Reminder of Herman's 3 Stage Model
- Consider: What stage of healing may be depicted in the narrative that this individual shares?
- Consider: the guidepost this story or image represents as a reflection of a stage of their healing, or meaning



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Key 5: Making Connections

- Offer different associations and connections between spiritual narrative metaphor and the person's experiences.
- Clinician may need to offer new ways of seeing story, particularly if core beliefs evident in the storytelling or connection perpetuate trauma



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Key 6: Evaluate and Consider

- The usefulness of the narrative
- The level of safety within the process
- The capacity of the individual to utilize their imaginative or creative restorying
- The role of helper in supporting this exploration
- Possibilities for other ways of continuing this restorying beyond time together:
 - *Journaling*
 - *Anchor*
 - *Prayer*



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Additional Considerations

- Creation of a Narrative is embedded in Stage 2 of Herman's Model, and yet also may be part of every stage.
- There is a narrative for each stage of healing that might be quite different.



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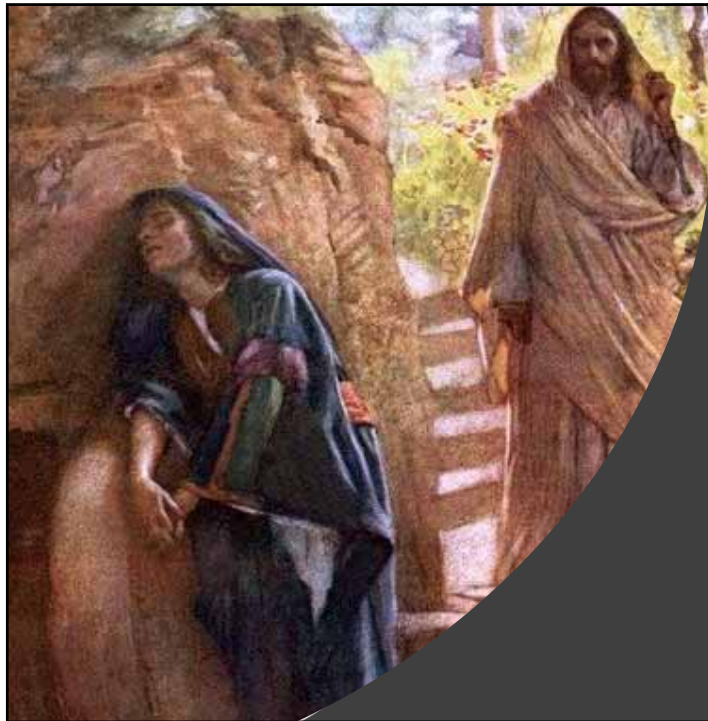


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Stage 1: Restoration of Safety and Stabilization

- During this stage, establishing safety begins by focusing on control of the body. It then moves outward to the environment, such as a safe living situation, mobility, and a plan for self-protection. (Herman, 1992).
- As Herman describes, “a survivor may seek to surround himself with people at all times, or she may isolate herself completely.”
- Lastly, a focus on strengths is needed to shift the frame of the picture-As Herman describes “The same woman who looks like a helpless and “deteriorated” patient in the traditional medical or mental health clinic may look and act like a “strong survivor” in an environment where her experience is validated and her strengths are recognized and encouraged” (1997, pp 98)

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Regina's Story

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Stage 2- Remembrance and Mourning

- In Stage 2 of Herman's work on post-trauma healing, the survivor must work to reconstruct the traumatic memory(1992)
- Traumatic memories are static and are trapped in a time that simultaneously occupies both past and present.
- The memory is often sensory in nature, and is fragmented, with pieces in disconnected order. A traumatic memory may be both hyper-detailed in some areas, and there is a simultaneous loss of memory, time, and space in other areas.
- The central task of healing in this stage is to relive and recover memory and encourage a person to re-tell his or her story in the loving presence of a witness until the story itself transforms, releases, and changes the way the memory is frozen.
- Herman identifies that "the relational aspect of trauma must be addressed here, since at times symptoms may be a symbolic means of keeping faith with a lost person, a substitute for mourning or expression of unresolved guilt." (1992, pg. 131).

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Stage 3- Reconnection and Integration

- Herman defines this stage as foundational in the return to life, *a Lazarus returning again to his beloved friend and family*.
- In this stage, the survivor's focus must be creation of life in the manner that integrates each time period-from before trauma, the experience of trauma and post recovery to become one. Her task now is to become the person she wants to be.
- In the process she draws upon those aspects of herself that she most values from the time before the trauma, from the experience of the trauma itself, and from the period of recovery.
- From this integrated self, love and connection with others is possible. She describes this as a stage of coming into belonging, and to that which is universal humanity.
- She says "**Commonality with other people carries with it all the humanity-the feeling of familiarity, of being known, of communion.**" (170).

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Promising Models

- Diane Langberg's maxim sets the stage : *the cross is where trauma and God meet*.
- <https://philipmonroe.com/global-trauma-recovery-institute/>

Trauma Healing Institute (THI) stewards the Healing the Wounds of Trauma program, and supports global trauma healing through group curriculum.

- Suzanne Coyle-Spiritual Narrative Writing
<http://www.spiritualnarratives.com/about>
- Mindy Lundy-Christian principles integrated through therapeutic interventions
<http://www.lundycounselingcenter.com/>

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Closing Share



In what ways could you use narratives more (of scripture, or of others) in your work or interaction with trauma impacted individuals?



What questions arise for you as you consider this?



What is something you will take away from this discussion today?