

May 24, 2004

Emotional and Spiritual Care, an introduction on basic concepts

**A working document from the Emotional and
Spiritual Care Committee of the National
Voluntary Organizations Active in Disaster**

Emotional and Spiritual Care

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Introduction

"They just can't snap out of it." "Why can't they move on?"

"What's wrong with me - it's just a house (or a business, etc) destroyed... my family's okay..."

"Why is my spouse so withdrawn?" "Why am I feeling so irritable - why can't we relate to each other?"

"Why did this happen?" "I can't believe this happened..."

"What now?"

"Why did God do this?" "Where is God in this?" "Why did God abandon us?" "Me?"

Disasters impact lives - and the dimensions that express life - the physical, (a destroyed home, bodily injury), the social (disrupted relationships and routines), the psychological (intellectual and emotional) and spiritual (searching for meaning and connectedness).

As voluntary agencies (secular and faith-based) we come prepared to address each disaster with the resources we have. And it is in our working collaboratively, cooperatively... that we holistically respond to the needs of communities impacted by disaster.

This document seeks to address the following:

- To define, in broad terms, emotional care in disaster response and recovery
- To define spiritual care (broadly, again) in disaster response and recovery
- Share how emotional and spiritual care overlap
- Share additional ideas and thoughts on emotional care and spiritual care respectively
- To offer some basic resources to promote discussion on planning and to hand out these materials as appropriate.

Overall, this is a first attempt from NVOAD to promote some basic concepts on some very complex issues. My hope is that this serves as an initial resource for your important work.

Johanna Olson
Chair
NVOAD Emotional and Spiritual Care Committee
April 29, 2004

A Note on Language

Victim, Survivor, or Person Impacted by Disaster

Language is a tool of identity. In the aftermath of disaster, how one uses language can be a means to process the trauma of the event.

When people experience trauma or a disaster, they feel vulnerable. Healing comes from people's abilities to reclaim their lives, including their abilities to self-determine and make decisions. The use of language is a major contributing factor to healing.

When speaking with people affected by a disaster, you will notice a variety of expressions in storytelling and in how individuals refer to themselves. Some want to be called "victims" because they want others to know of their pain, suffering, and ongoing struggle. Others quickly state that they are "survivors" because they have endured a crisis and are moving to recover their lives. In other cases, individuals initially state they are "victims," and as they move through the recovery process, they call themselves "survivors."

A disaster can traumatize people through degrees and a variety of experiences. Did the experience happen directly to the individual, such as one's home being destroyed? Is the individual responding to the experience - a first responder evacuating a family from their home, therefore experiencing secondary trauma? Or, did the individual live in a neighboring community not impacted by the disaster and he or she feels a mix of emotions? Did the person repeatedly watch the event, such as September 11th, unfold on television? All of these examples and more fall under the category of people impacted by disaster.

It is critical to understand that the impact of a disaster is broad, deep, and often hidden. Language gives us clues and insights within the stories being told by victims, survivors, or people impacted by the disaster. Their words can be an indication of how they see themselves and how they want to be treated. Listen and follow their lead on what they want to be called. Be sensitive to their vulnerability and listen carefully to how their stories evolve and how they define themselves (Prepared to Care: A booklet for Pastors to Use in the Aftermath of a Human-caused Disaster).

Stress and Emotional Health

What is stress?

"Stress is one's reaction to any change that requires one to adjust or respond. It's important that one can learn to control stress, because stress comes from how one responds to stressful events," The Cleveland Clinic (clevelandclinic.org).

Stress is a constancy of life, expressed in an endless variety of ways. Stress can be productive, spurning a person on to action to face engaging challenges. Stress can also be harmful, overwhelming a person with increasing demands that outstrip their resources to cope and respond. And stress is everything in between these two examples.

For our work, we'll focus on overwhelming stress that is a result from profound loss as experienced in a disaster, whether that is natural or human caused.

Loss

"With every tragedy or disaster comes loss. There may be loss of property or lives. Additionally, individuals' lives are changed, in some cases dramatically. The impact on the emotional and spiritual well-being of the survivors can be enormous. They will need support and understanding as they try to find ways to deal with the aftermath of the crisis and work to establish a new definition of what is normal. The survivors' secure world has been shattered. They will need help dealing with the crisis and loss of security. Eventually, they may need help with the grief that comes with their losses. Prepared to Care: A booklet for pastors to use in the aftermath of a disaster.

How disasters impact communities are based on variables such as: (Corr, Lattanzi-Licht 64)

- Proximity to the event
- Relationship to the primary victims
- The way in which the disaster took place
- Personal circumstances

Loss sets up ripples of associated losses that will eventually touch on all aspects... and secondary losses arising... may be varied, diverse and not immediately evident at the time of principal loss (Corr, Lattanzi-Licht 64)

What is Emotional Care?

There is a wealth of information available on what type of mental health or intervention is appropriate when and for what audience.

Emotional care offers an opportunity where one can express their emotions without judgment. Emotional care takes on many shapes and applications and can have many different purposes. A critical part of emotional care is listening. To acknowledge and recognize the validity of what someone is trying to share - whether that takes the form of tears, or words or a mix of anything in between - is to offer basic emotional care (Conversation with Greg Nelson, Nov. 24, 2003). It is also through listening that one can tell if the person would be better served by mental, physical

health or spiritual services and facilitate access to those services. This also applies to spiritual care.

Spirituality

What is spirituality? Defining spirituality is a bit like trying to nail Jell-o to a tree. It feels elusive because it can stir up so much and inspire different things to different people.

For our purposes, we'll seek to be simple.

Spirituality seeks connection (through belief systems and relationships) to something beyond (or greater) than oneself to find meaning and purpose in one's life. This could be the transcendent, community, nature, etc. Connection could be sought to one or several or engaged everywhere.

What is Spiritual Care?

Spiritual care is to devote presence, attention and respectful assistance to helping people discern what is the meaning in their life now, in this new environment of destruction and pain; and how they seek to live out that meaning as the recovery unfolds (conversation with Foster McCurley, November 24, 2003)

Why offer spiritual care? Because a great number of people impacted by disaster profess belief and practice spirituality in their life.

As pointed out in his book, Spirituality in Patient Care, Dr. Harold Koenig shares some statistics on religion and spirituality "96% of Americans believe in God, over 90% pray, nearly 70% are church members and over 40% have attended church, synagogue or temple within the past seven days," (6).

Relating to the spiritual dimension is just as important as addressing the social environment or psychological state of a person impacted by disaster (Koenig, Spirituality in Patient Care 6).

The Emotional and Spiritual Relationship

The emotional and spiritual relationship is porous. Many basic emotional and spiritual interventions are used day in and day out by voluntary agencies, both faith based and secular, and it is likely that some disaster workers are unaware of the emotional and/or spiritual implication of their work.

The "ministry of presence" or the "art of hanging out" is to provide a "non-anxious presence" to potentially be an "active listener" while holding an outreached hand, offering a cup of coffee, or mucking out a home. To engage a person impacted by disaster is to ask them to tell their story.

Telling Their Story

Acts of outreach and support can connect and unite. Reflected in these and other acts are emotional and spiritual dimensions that enable stories to be told in safe and non-judgmental settings.

First the spiritual, to reach out in assistance to a person impacted by disaster is to relate in a continuum of difference and sameness (conversation with Jack Shea, Nov. 18, 2003). As you engage in conversation, the spiritual dimension asks that you seek the sameness, to focus on the commonality (and not to compare and contrast, in other words, judge). You find what unites you serves as the basis for compassion and in doing so, you turn focus from compassion's opposite - pity. The level of which you are coming from is not "by the grace of God go I" or "thank God I'm not in your shoes" - but "I am with you" or "I don't know how you feel; can you share with me what it is like?" It promotes the power of a shared experience.

The emotional care is also derived from listening and empathetic understanding where the person affected by disaster can share what has happened to them, or what they are currently experiencing without judgment. In doing so, they can receive validation of their feelings and reactions. Also to engage in active listening is also to participate with the person in their recovery, one can serve as a witness to what they have lived and recognize one is not alone in their distress.

Throughout the recovery, the person impacted by disaster (again this can be a direct victim, a case manager, hidden or obvious) needs to tell their story and to tell it often for it is dynamic and changing. Storytelling helps the person organize thoughts and emotions, which can promote reflection and growth.

Emotional Impact of a Disaster

Trauma

The word trauma evolved from the Greek word for "wound."

Evolved from the Greek word of "wound", a trauma is a rare event that is beyond the normal range of human experiences.

Therese A. Rando commonly defines trauma as "a disordered psychic or behavioral state resulting from mental or emotional stress or physical injury... traumatic stress can be understood as the result of what happens when an individual suddenly perceives himself or herself to be in a physically and/or psychologically dangerous situation. Escape is impossible and normal coping mechanisms are insufficient. The person feels threatened, overwhelmed, helpless, anxious and fearful" (quoted in Lattanzi-Licht 265). These feelings are common and it is what we often refer to as a "normal response to an abnormal setting."

Crisis Counseling

According to the National Organization for Victim Assistance, crisis intervention is "...to help resolve the immediate crisis and help restore the victim to a sense of normalcy or level of functioning equal to or higher than prior to the crisis."

The stages of crisis reaction are:

- The Crisis
- Immobilization
- Denial
- Anger or anxiety
- Self-doubt
- Depression
- Testing
- Acceptance

Crisis intervention may be thought of as psychological "first aid" designed to lessen acute distress, assist in a return to normal functioning, and/or serve as a referral for the appropriate level of care.

Crisis intervention is not counseling/psychotherapy, nor is it a substitute for counseling/psychotherapy.

"The current state of the art in crisis intervention is the utilization of a phase-sensitive, integrated, multi-component intervention system as utilized by American Red Cross, NOVA, The Salvation Army, and the International Critical Incident Stress Foundation, among others. Common elements include pre-crisis training, 1:1 crisis intervention, small group crisis intervention, large group crisis intervention, and assessment and triage." (Communication from George Everly, Nov. 19, 2003)

The Complexities of Grief

Charles Cox writes that grief is expressed through all human dimensions – social, psychological (intellectual and emotional), physical, and spiritual (quoted in Lattanzi-Licht 66).

- "Physical sensations, such as hollowness in the stomach, a lump in the throat, tightness in the chest, aching arms, over-sensitivity to noise, shortness of breath, lack of energy, a sense of depersonalization, muscle weakness, dry mouth, or loss of coordination"
- "Feelings, such as sadness, anger, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, or numbness"
- "Thoughts or cognitions, such as disbelief, confusion, preoccupation, a sense of presence of the deceased, or paranormal (hallucinatory) experiences"
- "Behaviors, such as sleep or appetite disturbances, absentmindedness, social withdrawal, loss of interest in activities that previously were sources of satisfaction, dreams of the deceased (or of what once was), searching and calling out, sighing, restless over-activity, or visiting places and cherishing objects that remind one of the deceased (or what was destroyed)"
- "Social difficulties in interpersonal relationships or problems in functioning within an organization"
- "Spiritual searching for a sense of meaning, hostility towards God, or a realization that one's value framework is inadequate to cope with this particular loss"

Grief Counseling

"Grief counseling is literally the counseling process focused upon the a healthy facilitation of the grief experience. The most common method employed is 1:1 counseling, although small group and family formats may be used as well" (communication from George Everly, Nov. 19, 2003).

Spiritual Impact of a Disaster

What is the meaning of my life now, amid the destruction of this disaster? The spiritual questioning asks "who am I, now that this has happened?" Or "what is my role, now?" "What is my destiny?" (Conversation with Foster McCurley, November 24, 2003)

Meaning has been defined as "an effort to understand the event: why it happened and what impact it had. The search for meaning attempts to answer the question, 'what is the significance of the event?' Meaning is also reflected in the answer to the question, what does my life mean now?" (Thompson and Holland referencing Taylor, quoted in Lattanzi-Licht 167 - 168).

Normal and common spiritual reactions to a traumatic event

People may have one, some or all of the following:

- Anger at God
- Feeling distant from God
- Withdrawal from the place of worship (church, synagogue, mosque, temple)
- Uncharacteristic involvement with the place of worship
- Sudden turn toward God
- Familiar faith practices seem empty (prayers, readings, sacraments, songs, rituals)
- Belief that God is powerless
- Loss of meaning and purpose
- Sense of isolation (from God, fellow worshippers, clergy, family, friends)
- Questioning of one's basic beliefs
- Anger at clergy
- Believing God is not in control
- Believing God does not care
- Belief that we have failed God

Do not say "I know what you feel," if you don't. Instead, try: "I don't know how you feel; can you share with me what it is like?"

When in doubt, remember that silence can be golden. A physical presence is more important than carefully constructed theological statements.

Look to the future. To provide support to survivors, help them:

- Look to the future and see their options, as well as the consequences of each, and support their decisions.
- Be realistic with their goals and decisions.
- Find appropriate resources.
- Realize they can learn from this disaster, as appropriate. For example, they may have developed new coping skills, they may be stronger, and they may now be moving toward a new sense of what is normal.

Adapted from the excerpt by Rev. Tom Taylor, Prepared to Care: A Booklet for Pastors to Use in the Aftermath of a Disaster.

The Role of Ritual and Practices

Rituals are means of engaging the spirit with our daily lives. Rituals are practiced in times of celebration and in times of mourning, and like meditation and prayer can be practiced daily. Rituals, along with memorials, have been with us for centuries, providing a means in which to cope with tragedy and disaster for it "simultaneously engages both the conscious and unconscious (Doka in Lattanzi-Licht 179).

Kenneth Doka describes six roles for ritual: "permits meaningful action at a disorganized time... reaffirms community... shows solidarity with the victims... structures public grief and interprets the tragedy in a philosophical, spiritual and historical framework." (Lattanzi-Licht 180 - 181).

Emotional Resources for the Person Impacted by Disaster

Stress and Trauma

What is Crisis Intervention?

Crisis Intervention is Not Grief Counseling

Stages of Grief

Characteristics of Grief Wheel

After It Happens: Suggested "Do's and Don'ts" for the Trauma Survivor

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Thoughts When Working With Victims/Survivors

Resources of Faith Wheel

Time Relationships Resources Triangle

Emotional Resources for the Care Giver

How to Help Victims of Disasters and Trauma

Helping Survivors in the Wake of Disaster

Relaxation Exercises

Spiritual Resources for the Care Giver

Ministry Leadership Issues When Disasters Occur

"What Victims Want to Say to Clergy"

The "God" Questions

General Self-Care

Understanding Care Giver Vulnerability

Survival Strategies for Care Givers

Practicing Lifestyle Balance

Emotional Resources for the Person Impacted by Disaster

Stress and Trauma

CAUSES OF STRESS

Not feeling in control.

Not knowing what is going to happen – the fear of the unknown.

People exist in a normal state balance that can be upset by stress.

Stress reactions can build up until the normal balance is lost and one thinks/feels that the unbalanced state is normal.

TRAUMA

A startling experience that has a lasting effect on the victim's mental/emotional life.

Trauma is the highest stress people can have.

Trauma makes them feel totally out of control, confused about what to do and scared of what will happen to them immediately and in the future.

Trauma can throw people so far off balance that it is difficult for them to get control of their lives.

Trauma can be:

- quick = caused by a sudden, arbitrary, often random or planned event. The trauma is only one event, but aftermath can go on for days, months, or years.
- on-going = occurs over and over again or continues on and on – each time pushing the person toward or even over the edge.
- caused by natural disaster = earthquake, tornado, hurricane, flood
- caused by humans = bombing, abuse, molestation, murder, bio-chemical

Everyone will react to trauma or crisis

- some of the common reactions to trauma are fear, anger, anxiety, withdrawal, and numbness.
- all reactions are normal, meaning they are common, predictable, have happened before.
- it is a situation that is abnormal, not the reactions.
- not all the normal reactions are healthy. Unhealthy reactions must be worked with appropriately.
- Vulnerability is the primary reaction but it can be covered over by anger or anxiety.

HEALTHY/POSITIVE

NEGATIVE/UNHEALTHY

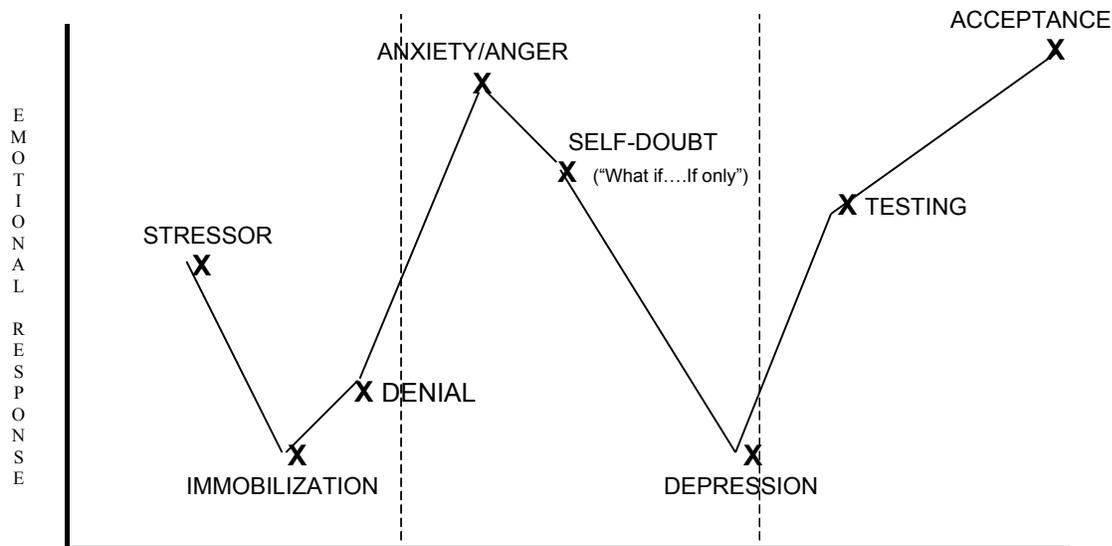
●
TRAUMATIC
REACTION

TRAUMATIC
STRESS REACTION

POST TRAUMATIC
STRESS REACTION

POST TRAUMATIC
STRESS DISORDER
●

“How Faith Communities Can Respond in Crisis and Disasters,” Carol L. Hacker, PhD, CTS



Primary Trauma

First hand, personal exposure to the traumatic event(s).

Secondary Trauma

Develop from being around victims of trauma and disaster.

The friend, family member, or helper can pick up the pain and problems of the victim and start to experience these reactions as their own.

GUILT

Survival Guilt – Manipulate the situation so survivor comes out all right.

Survivor Guilt – Came out all right just by luck, not by own actions.

Guilt when Guilty – Did do something that caused the trauma or disaster.

RECOVERY

How a victim reacts to and recovers from a trauma or disaster depends on how he/she was before the trauma. If a victim has a good support system (family, friends, religious faith), good coping skills, and a positive attitude, he/she will usually recover and become a survivor.

How to help a victim of trauma or disaster (Based on the model from NOVA)

SS = Safety and security

People need to feel safe before they will talk. They need to know they will not be judged, teased, put down, or told what to do, think, or feel.

VV = Ventilate and Validate

They need to tell their story over and over and have someone listen and validate their feelings, thoughts, and reactions as understandable and normal.

PP = Predict and Prepare

Help them to look and figure out what to do to help them learn from the trauma and become stronger and better and/or get the help they need during hard time.

“How Faith Communities Can Respond in Crisis and Disasters,” Carol L. Hacker, PhD, CTS

WHAT IS CRISIS INTERVENTION?

Crisis intervention aims to help victims of crisis absorb what has occurred, understand how they are reacting, and decide what they need to do next.

It is not psychotherapy.

(It does not seek to change long-standing traits or behavioral problems.)

It is an educational tool used:

To strengthen the individual's sagging defenses and marshal their pre-existing habit patterns so they can meet the temporary but overwhelming stress of the current situation. – *Kendall Johnson, School Crisis Management*

To help resolve immediate crisis and help restore the victim to a sense of normalcy or level of functioning equal to or higher than prior to the crisis. – *National Organization for Victim Assistance*

OBJECTIVES

1. Provide immediate relief from pain.
2. Provide time for problem solving.
3. Regain old coping skills and/or develop new ones.
4. Mobilize whatever resources are necessary and available to meet the crisis.
5. Return to functioning and regain feelings of self worth.
6. Assess the person's ability to function and refer the person to further assistance if necessary.

STAGES OF GRIEF

What are the “stages”?

Shock and Denial.

Shock is the natural anesthesia of the human emotional system. When the pain is too great, your system temporarily “blows out.” You may feel so numb that you act as though nothing had happened.

Emotions erupt.

Your emotions break out with wrenching sobs, gentle tears, or deep sighs as you suddenly become aware of your painful loss.

Anger.

At some point you’ll probably feel angry. Angry at God. Angry at the “unfairness” of your loss. Even anger at who or what you have lost for deserting you.

Illness.

Don’t be surprised if physical illness follows a loss experience. Your body may respond to the loss by temporarily breaking down.

Panic.

While you’re grieving, you won’t always feel like your “old self.” You may panic and wonder if you’re losing your mind. Fortunately, this panic soon diminishes if you don’t fight it.

Guilt.

In order to endure your pain, you take personal responsibility for the loss. Feeling guilty often seems more bearable than having no culprit.

Depression and Loneliness.

You may find yourself withdrawing from others who “don’t understand.” Feelings of isolation, hurt, and sadness may escalate into depression.

Re-entry difficulties.

You may resist letting go of your attachment to the past and have trouble moving on in life. Loyalty to a memory may delay your return to normal activities.

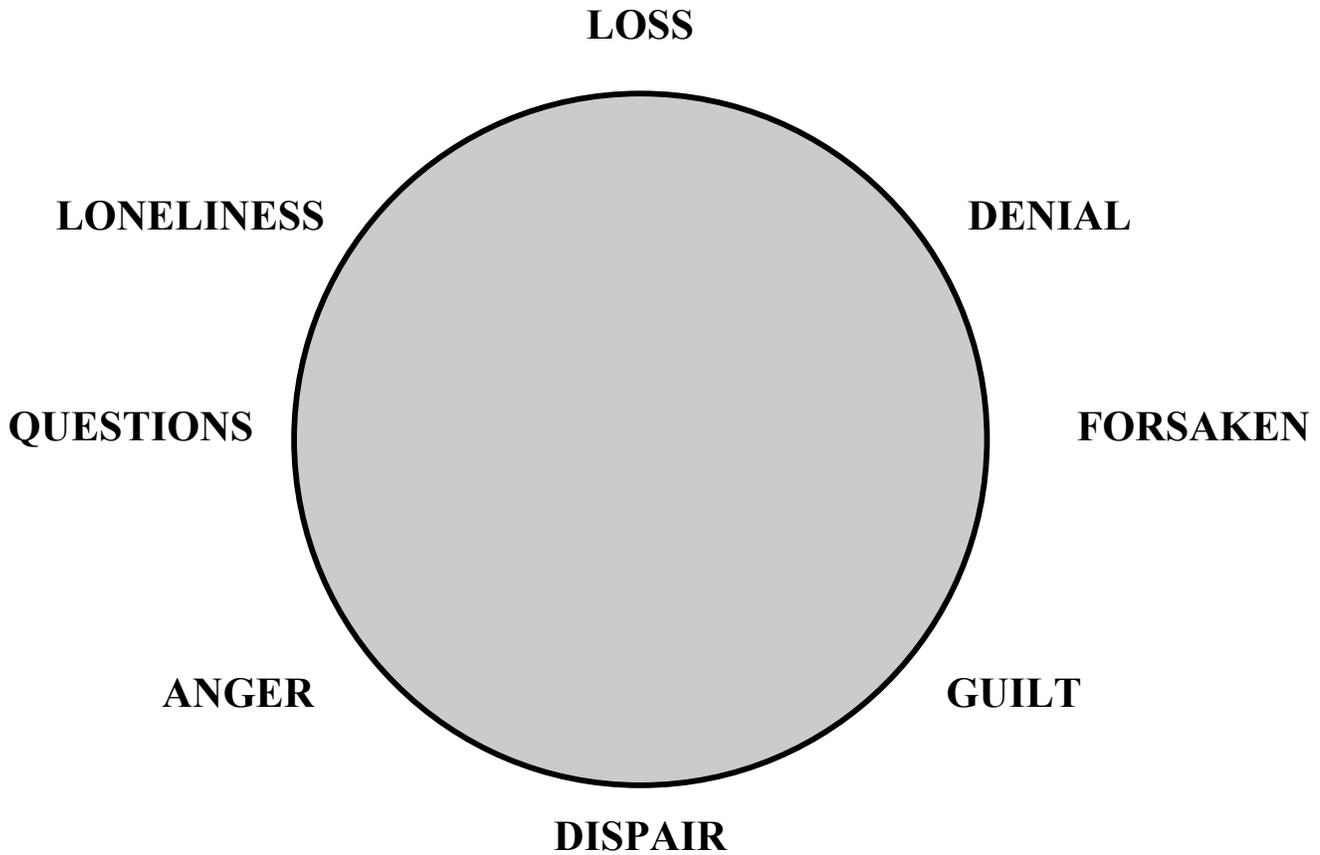
Hope.

Against all odds, somehow hope always sneaks through the cracks, takes root and begins to grow again.

Taken from Kicking Your Stress Habits. Donald A. Tubesina. pp 76-77.

“How Faith Communities Can Respond in Crisis and Disasters,” Carol L. Hacker, PhD, CTS

CHARACTERISTICS OF GRIEF



McCurley Foster, R. and Alan G. Weitzman. Making Sense Out of Sorrow: A Journey of Faith.

AFTER IT HAPPENS:

Suggested “Do’s and Don’ts” for the Trauma Survivor

From National Organization for Victim Assistance

These are examples of coping skills that may assist recovery

Don’t

Drink alcohol excessively

Use legal or illegal substances to numb post-traumatic effects.

Withdraw from family, friends, and coworkers

Automatically stay away from work

Shut off feelings

Look for easy answers to explain the incident

Think you are “crazy”

Have unrealistic expectations for recovery

Blame yourself or others for the incident

Pretend that it doesn’t bother you

Minimize the impact the incident will have

Be afraid to ask for help and consideration from others

Push yourself to “get over it”

Do

Expect that you will be bothered by unusual feelings that may not be “like you”

Maintain a good diet and exercise

Spend time with family, friends, and coworkers, talking about the incident

Take time for leisure activities

Remind yourself that post-traumatic effects are normal

Learn as much as possible about Critical Incident Stress

Get extra help, if necessary

Take on step at a time, be patient with yourself and others

Be aware of your thinking and think more realistically about the incident

Allow yourself time to recover from the shock

Spiritual Resources for the Person Impacted by Disaster

Responding to Victims/Survivors About Spiritual Issues

1. Use reflective listening and active listening techniques when working with victims/survivors.
2. Be honest, with compassion, and do not assume you know what they will say or believe.
3. If you do not feel comfortable discussing spiritual/religious issues, listen quietly and refer them to someone who can help them appropriately.
4. Do not try to explain or give answers to spiritual questions.
5. Do not argue with their beliefs or try to persuade them to believe as you do.
6. Do not respond with platitudes or clichés to victims/survivors. “It will be okay.” “It is God’s will.” “They are in a better place.”
7. Let them tell you what their religious/spiritual beliefs are. Do not assume anything.
8. Help them use their spiritual/religious beliefs to cope.
9. They may need reassurance that it is “normal” to ask questions about God and/or their religious beliefs. However, some faiths do tell their members not to question God.
10. Allow expressions of anger toward God or others – in healthy, non-destructive ways.
11. Do affirm their search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them.
12. Do affirm the wrongness, evil, and/or injustice of what has happened, especially if the trauma was caused by humans.
13. Give them the materials that can help them in their search for meaning or their search for spiritual answers.
14. Emphasize that everyone has to find their own answers and way of understanding in traumatic events.

Thoughts When Working with Victims

When people go through a disaster or trauma, their whole life is impacted. They will never be the same, but they can be stronger and better as they learn from their experience.

As they recover from the disaster or trauma, they need effective support and help as they work to find a “new normal” – a new way of living that will eventually feel right and productive.

Victims/survivors may show anger and anxiety to cover up their feelings of fear and vulnerability.

Do not take their anger personally – they are just scared of being hurt again.

Healing and forgiveness are processes, not events. They take time.

Victims can and do make choices as they recover. They can be an active participant in their recovery and not just let things happen to them.

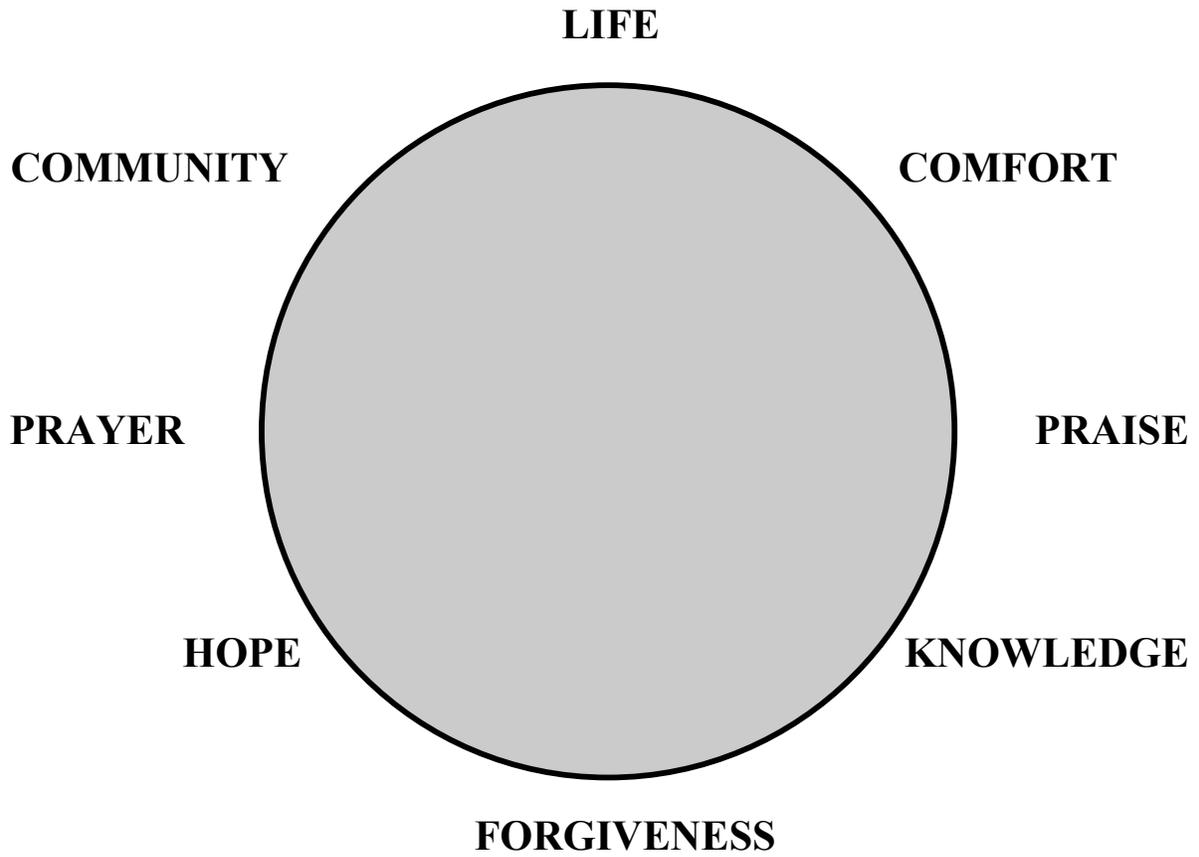
Forgiveness cannot be forced or demanded. It is a choice each makes, as they are ready.

Do not assume their beliefs about religion, life, death, afterlife, or sin are the same as yours.

Listen to them and do not try to impose your beliefs on them. Do not revictimize them.

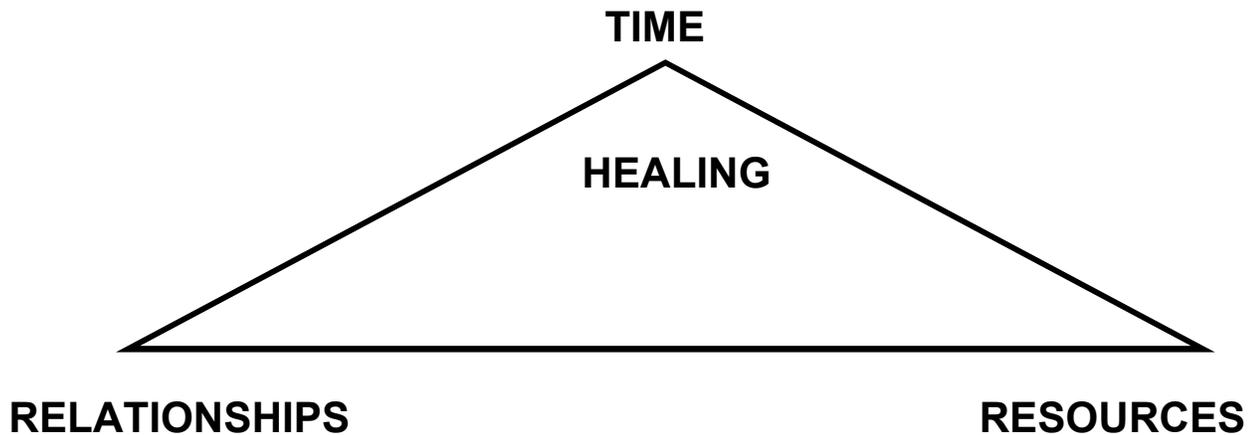
“How Faith Communities Can Respond in Crisis and Disasters,” Carol L. Hacker, PhD, CTS

RESOURCES OF FAITH



McCurley Foster, R. and Alan G. Weitzman. Making Sense Out of Sorrow: A Journey of Faith.

Time Relationships Resources Triangle



TIME

The time required for people to move from grief to wholeness varies from person to person. The progression is by no means linear, however, for certain periods of time cause a person to revert. Three to four months after a tragedy is a particularly difficult time for many people, as are anniversaries, birthdays, holidays, and the anniversary of the disaster.

RELATIONSHIPS

Healing cannot occur in isolation from other persons. Family, friends are often too closely involved to provide the kind of support a grieving person needs. The ongoing type of relationships required for support might rather be the worshipping congregation.

RESOURCES

The resources that enable healing to occur are physical and emotional as well as spiritual. Besides the resources of other people, their love and their expertise, spiritual resources enable a person to continue living in hope and trust.

Emotional Resources for the Care Giver

HOW TO HELP VICTIMS OF DISASTER AND TRAUMA

When people go through a disaster or trauma, their whole life is impacted. They will never be the same, but they can be stronger and better. As they recover from the disaster or trauma, they need effective support and help as they try to find a “new normal” – a new way of living that will eventually feel right and productive.

As a minister, you can give them the support they need as they move from victim to survivor.

The following outline can be a guide as you talk and listen to people after a crisis. It can be used with one person or a group of people.

It is adapted from the process used by the National Organization for Victim Assistance (NOVA).

Make sure everyone knows the limits of confidentiality. If you are standing with them looking at their destroyed house, or in the hospital, or mortuary, be aware that other people could hear.

If you are in an office or enclosed room with a group, be sure to talk about confidentiality. You cannot control what people share outside a room, but encourage them to respect personal information and feelings are shared.

SS = Safety and Security

People need to feel safe before they can talk. Even if there is still some physical danger, they need to know they are safe with you and you will not judge them, make fun of them, or try to change their feelings.

Victims need to feel safe and secure before they can regain a better level of balance and comfort and move on to become survivors.

VV = Ventilate and Validate

Victims need to tell their story over and over. When they are getting better, their story will change some each time they tell it and show they are getting emotional control of their reactions.

Validate the legitimacy of their feelings and reactions. Assure them that even though they are not acting and thinking like they usually do, their reactions are understandable considering what they have been through.

Let them know that questioning God and why this has happened is all right.

Encourage them to feel the pain and “...walk through the valley of the shadow...” and that you and God are with them each step.

If any of their behaviors or thoughts are a danger to themselves or others, be sure to get them appropriate help.

PP = Predict and Prepare

Help them look into the future, see what their options are, the consequences of each and support them decide what to do. Help them be realistic and help them find appropriate resources.

Keep pointing out how they have learned from this disaster or trauma, have new coping skills and are stronger and better and moving towards a “new normal”

National Center for Post-Traumatic Stress Disorder

Helping Survivors in the Wake of Disaster

A National Center for PTSD Fact Sheet

WHAT ARE NORMAL STRESS REACTIONS IN THE WAKE OF A DISASTER?

Most disaster survivors (children and adults as well as disaster rescue or relief workers) experience normal stress reactions after a traumatic event. These reactions may last for several days or even a few weeks and may include:

- Emotional reactions: shock, fear, grief, anger, guilt, shame, feeling helpless or hopeless, feeling numb, feeling empty, diminished ability to feel interest, pleasure or love
- Cognitive reactions: confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
- Physical reactions: tension, fatigue, edginess, insomnia, bodily aches or pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
- Interpersonal reactions: distrust, conflict, withdrawal, work problems, school problems, irritability, loss of intimacy, being over-controlling, feeling rejected or abandoned

WHAT ARE SOME MORE SEVERE REACTIONS TO A DISASTER?

Studies show that as many as one in three disaster survivors have severe stress symptoms that put them at risk for lasting Posttraumatic Stress Disorder (PTSD). Symptoms may include:

- Dissociation (depersonalization, derealization, amnesia)
- Intrusive reexperiencing (terrifying memories, nightmares, or flashbacks)
- Extreme emotional numbing (completely unable to feel emotion, as if empty)
- Extreme attempts to avoid disturbing memories (such as through substance use)
- Hyper-arousal (panic attacks, rage, extreme irritability, intense agitation)
- Severe anxiety (debilitating worry, extreme helplessness, compulsions or obsessions)
- Severe depression (loss of the ability to feel hope, pleasure, or interest; feeling worthless)

WHAT ASPECTS OF DISASTER ARE ESPECIALLY TRAUMATIZING?

Certain aspects of disaster are particularly likely to be traumatic. The following are likely to put survivors at risk for severe stress symptoms and lasting PTSD if the survivor directly experiences them or witnesses them:

- Life threatening danger or physical harm (especially to children)
- Exposure to gruesome death, bodily injury, or dead or maimed bodies
- Extreme environmental or human violence or destruction
- Loss of home, valued possessions, neighborhood, or community
- Loss of communication with or support from close relations
- Intense emotional demands (e.g., rescue personnel and caregivers searching for possibly dying survivors, or interacting with bereaved family members)
- Extreme fatigue, weather exposure, hunger, sleep deprivation
- Extended exposure to danger, loss, emotional/physical strain
- Exposure to toxic contamination (e.g., gas or fumes, chemicals, radioactivity)

RELAXATION EXERCISES

From "Stress: How Can I Cope?", The Cleveland Clinic (www.clevelandclinic.org)

2-Minute Relaxation-Switch your thoughts to yourself and your breathing. Take a few deep breaths, exhaling slowly. Mentally scan your body. Notice areas that feel tense or cramped. Quickly loosen up these areas. Let go of as much tension as you can. Rotate your head in a smooth, circular motion once or twice. (Stop any movements that cause pain.) Roll your shoulders forward and backward several times. Let all of your muscles completely relax. Recall a pleasant thought for a few seconds. Take another deep breath and exhale slowly. You should feel more relaxed.

Mind Relaxation-Close your eyes. Breathe normally through your nose. As you exhale, silently say to yourself the word "one," a short word such as "peaceful" or a short phrase such as "I feel quiet" or "I'm safe". Continue for ten minutes. If your mind wanders, gently remind yourself to think about your breathing and your chosen word or phrase. Let your breathing become slow and steady.

Deep Breathing Relaxation-Imagine a spot just below your navel. Breathe into that spot and fill your abdomen with air. Let the air fill you from the abdomen up, then let it out, like deflating a balloon. With every long, slow breath out, you should feel more relaxed.

Spiritual Resources for the Care Giver

Ministry Leadership Issues When Disasters or Crisis Occur

Clergy

- Are used to being in charge and being the strength of the congregation/faith community.
- Are used to asking the questions and/or knowing the answers

However, in a crisis or disaster, the clergy may

- Not know what to do, what to ask, or what the answers are.
- Be personally impacted and not have the strength to be a leader.

Congregation needs its clergy to

- Be strong, be the anchor, be the leader.
- Have the answers and be confident.
- Continue to do the daily, routine tasks and activities while also meeting the needs of the victims.
- Meet the needs of all members, even when the needs are totally different from each other. (We need to continue to focus on and discuss the tragedy vs. It is over and we need to move on.)

However, in a crisis or disaster, the clergy may

- Feel lost, confused, anxious, and angry and not want to be the leader. ("Take this cup from me.")
- Have more questions than answers and not know what to say or do.
- Not have the energy or time to do routine tasks as well as minister to victims.
- Find it impossible to make everyone happy or feel heard and become discouraged or frustrated.

Other issues for clergy

- Intrusion by and seductiveness of the media.
- Conflict and disagreements within the faith community.
- Taking care of their families.
- Taking care of themselves.

Ways clergy can help and support

- Have support group meetings with other clergy.
- Respite leave
- Get extra help for daily, routine tasks (volunteers, retired clergy, people from the church not impacted by the disaster.)
- Have training on crisis response, the emotional effects of tragedy, disaster preparedness.
- Set up crisis response and disaster preparedness plan for the church.
- Know community resources and set up relationships with them. (Fire, police, paramedics, mortuaries, hospitals, mental health centers, etc.)
- Have ideas and suggestions for prayers, services, liturgies, Bible studies, and newsletter and bulletin articles and announcements for various types of crisis.
- Prepare and plan for anniversaries, similar catastrophic events, and other possible triggers.
- Have a lay group prepared to support the church staff physically and emotionally.

"How Faith Communities Can Respond in Crisis and Disasters," Carol L. Hacker, PhD, CTS

“What Victims Want to Say to Clergy”

The following is a compilation of comments made by victims following crises. Think about what expectations you may have of caregivers assisting *you* as a victim following a crisis, and how similar your reactions would be to these.

1. *Don't explain*

As deeply as I cry out, “Why?” I know there is no rational explanation. My “Why” is more a longing for God to hold me in His arms and give me some comfort that it is a question I want answered. I don't want you to try to give me answers. What has happened is absurd. It surely is not as God intended life to be. It doesn't make sense. God didn't cause it. The devil didn't cause it. It could not have been God's will.

Therefore, let us together try to explain the cause of the tragedy as factually and honestly as possible. I want God and you, as my pastor, as companions who will stand with me in my longings not as sources of explanation.

2. *Don't take away my reality*

My pain seems unbearable to me and yet, in light of what has happened, it feels right that I should be in pain. I know it is uncomfortable for you. I know you want to take it away. But you can't so please don't try. The pain is a sign to me of how much I have loved and how much I have lost. If I have doubts, if I am angry, understand that these are normal reactions to a very abnormal situation. I will not always be this, but I am now. These are my feelings. Please respect them.

3. *Help me deal with forgiveness and integrity*

Understand that if my faith is important to me, I will struggle with the issue of forgiveness. I will remember all the times I've been told that I must forgive. And yet, something deep within me resists forgiving someone who has not even said, “I'm sorry.”

I wonder if I am the appropriate one to forgive the person who harmed or injured someone I love. I don't feel obligated to forgive; I don't even feel that I have the right to forgive in these circumstances. But yet I feel uncomfortable in my resistance to forgive.

I am also troubled by the difference between forgiving and forgetting. I desperately want my loved one who has been killed or injured, to be remembered. I resist anything that threatens the memory of one who has died. Therefore, even if I do decide at some point that I can honestly and with integrity offer forgiveness, please don't ask me to forget what happened. It is impossible to forget and to me, it is very undesirable as well. Even Jesus said, “Remember me,” when He was dying on the cross. Understand that forgiveness is far more than just saying three words, “I forgive you.” If I say the words, they must be true. I must speak them from the depths of my very soul with absolute integrity. Don't push me to say the words just to satisfy you. I can only say them if I come to really mean them.

4. *Stay close.*

Just as a one-year old child learns to walk with someone close by to steady him when he stumbles, stay close enough so I can reach out and steady myself on you when I need to.

Understand my need to grieve, my need to withdraw, my need to agonize, but remind me that you're there to lean on when I want to share my pain.

5. *Remember me for a long time.*

This loss will always be part of me. I'll need to talk about it for years to come. Most people will be tired of hearing about it after a period of time. Be the person who will invite me to share my feelings about this after others have moved on to other concerns. If my loved one has died, mention his or her name from time to time and let us remember together.

6. *Don't be frightened by my anger.*

Anger isn't nice to be around. But it's part of what I'm feeling now, and I need to be honest about it. I won't hurt myself or anybody else. I know my anger doesn't threaten God. People got angry in the Bible. Even God got angry at certain things. The one to worry about is the one who has experienced violence but hasn't become angry.

7. *Listen to my doubt.*

You stand for faith, and I want you to, but listen to my doubt so you can hear the pain it is expressing. Like anger, doubt is not pleasant to be around, so people will want to talk me out of it. But for right now, let me express the questions, which are measured by the depth of the loss I feel. If I cannot doubt, my faith will have no meaning. It is only as I move through doubt that a more meaningful faith will develop.

8. *Be patient*

My progress will not be steady. I'll slip back just when everyone thinks I'm doing so well. Be one to whom, on occasion, I can reveal my weakness and regression. Let me be weak around you and not always strong. I'll make it, but it will take much longer than most people think. I'll need your patience.

9. *Remind me this isn't all there is to life.*

My pain and my questions consume me. I can think and feel nothing else. Remind me there is more to life than my understanding and my feelings. Speak the word "God" not to dull my pain but to affirm life. I don't want God as an aspirin but as a companion who shares my journey. Stay beside me and remind me of that Eternal Presence which can penetrate my grief.

Footnote: What Victims Say to Clergy, A Collections of Feelings Expressed by Victims, author unknown.

The “God Questions”

Why did God do this?

Why did God let this happen?

Where was/is God when I need God?

What if I can discover I’m angry at God?

To whom can I talk when I’m so down and out?

What good can possibly come of it?

General Self-Care

Understanding Caregiver Vulnerability

Stress comes from:

Not knowing what will happen

Not feeling in control of the situation

TRAUMA IS THE HIGHEST KIND OF STRESS

THE THREE LEVELS OF VULNERABILITY TO TRAUMA

Primary Traumatization

The direct effects of the victim's exposure to traumatic events.

Secondary Traumatization

The effects of experiencing the traumatization of others with whom one has a relationship and for whom he/she feels responsible such as friends and family.

Vicarious Traumatization

The transformation of a caregiver's inner self as a result of his/her empathic engagement with traumatized clients in helping relationship.

COMPASSION FATIGUE

Happens when helpers/caregivers become emotionally drained because of hearing about all of the pain and trauma of their clients. The helpers still care and want to help, but they do not have the emotional energy to do so.

Taking time off, getting professional help and nurturing self can usually help them return to being healthy, helpful caregivers.

BURNOUT

Happens when helpers/caregivers become extremely dissatisfied with their work and become cynical, depressed, emotionally exhausted, irritable with supporters, and even impaired.

Burnout requires professional help and discontinuing being a caregiver until the cynicism and impairment are gone.

Questions to ask yourself

1. What causes high stress in your professional life?
2. How do you manage your stress and how effective is it?
3. What crisis and traumas have happened in your life?
4. How did you react to and recover from these crises and traumas?
5. What are the "triggers" that cause high stress or strong reactions for you?
6. What are your "triggers" or vulnerable areas (kinds of problems or types of problems) that could cause you problems in your work with clients?
7. What can you do to keep yourself healthy as a person and as a caregiver?
8. What are you doing consistently to take care of yourself as a person and as a caregiver?

Survival Strategies for Caregivers

Do Unto Self as You Tell Others to do Unto Themselves

Self Awareness and Self Care

1. Know your own “triggers” and vulnerable areas and learn to defuse them or avoid them.
2. Resolve your own personal issues and continue to monitor your own reactions to other’s pain.
3. Be human and allow yourself to grieve when bad things happen to others.
4. Develop realistic expectations about the rewards as well as limitations of being a helper.
5. Set and follow appropriate limits and boundaries for yourself and tell them to others.

Ask For and Accept Help for Other Professionals

1. Find opportunities to acknowledge, express, and work through your experience in a supportive environment.
2. Seek assistance from other colleagues and caregivers who have worked in the trauma field and have remained healthy and hopeful.
3. Delegate responsibilities and get help from others for routine work, when appropriate.
4. Develop a healthy support system to protect you from compassion fatigue and emotional exhaustion.
5. Remember that most victims of trauma do grow and learn from their experiences and so can their helpers.

Live a Healthy Balanced Life

1. Set and keep healthy boundaries for work. Ask yourself, “Will the world fall apart if I step away from my work for a day, or a week? Do I really have that much power?”
2. Think about the idea that if you never say “no,” what is your “yes” worth?
3. Find professional activities that provide opportunities for growth and renewal.
4. Have a life beyond your professional work that nurtures you personally.
5. Eat nutritious food, exercise, meditate, and take care of your whole self.
6. Remember to laugh, enjoy life, have healthy personal relationships, and breathe deeply.

**Take good care of yourself, so you will be a healthy caregiver
for those who need your help.**

National Center for Post-Traumatic Stress Disorder
Self-Care and Self-Help Following Disasters

A National Center for PTSD Fact Sheet

Practicing Lifestyle Balance

(Excerpted from: Saakvitne, K. W., & Pearlman, L. A. (Eds.). 1996. *Transforming the pain: A workbook on vicarious traumatization*. New York: Norton).

There are many ways to restore lifestyle balance, and keeping track of and making progress with as many of the following changes is a good way to regain balance after having been exposed to or witnessed cumulative traumatic experiences:

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get regular medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual--with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences -- listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Let others know different aspects of you
- Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Find ways to increase your sense of self-esteem
- Reread favorite books, review favorite movies
- Identify comforting activities, objects, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children

Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)

When to Seek Help

Several studies have pointed out that following a terroristic event such as the Oklahoma City bombing, many of those in closest proximity to the disaster do not believe that they need help and will not seek out services, despite reporting significant emotional distress (Sprang, 2000). Sprang lists several potential reasons for this:

- Some people may feel that they are better off than those more affected and that they, therefore, should not be so upset.
- Some may not seek help because of pride or because they think that distress indicates weakness of some sort.
- Some individuals may not define services they receive as mental-health intervention, especially if such intervention is unsolicited (e.g., lectures, sermons, discussions, community rituals). Indeed, because the goal of many disaster mental-health workers is to have interventions be a seamless, integrated part of an overall disaster effort, those who receive these services may not recognize them as mental-health interventions.
- Many individuals are more apt to seek informal support from family and friends, which may not be sufficient to prevent long-term distress for some.

It is critical to address this hesitance about seeking help given that a large portion of the individuals who were directly exposed to the Oklahoma City bomb blast continued to have active postdisaster psychiatric symptoms six months after the bombing. (PTSD was the most common disorder, and major depression was the second most common disorder (North et al., 1999).) There may be times when self-help strategies are not effective in reducing the effects of exposure to traumatic stress. Research has shown that exposure to trauma may result in a change in brain chemistry and function. Research has also shown that the use of antidepressant or other medication reduces both PTSD and depressive symptoms in individuals who are unable to use behavioral techniques to manage their symptoms. Individuals have also experienced partial or full relief from posttraumatic stress symptoms when using certain types of cognitive-behavioral treatment. As stated above, it is recommended that you seek assistance from your medical doctor or from a mental-health professional who is skilled in the treatment of trauma if:

- You are experiencing any symptoms that are causing distress, are causing significant changes in relationships, or are impairing functioning at work
- You are self-medicating with alcohol or drugs
- You are unable to find relief with the strategies listed above

Coping with PTSD symptoms and the problems they cause is usually a continuing challenge for survivors of trauma. As stated above, those who are able to convert traumas into growth experiences are often able to do so through sudden insight or revelation. For those who develop PTSD, however, recovery is an ongoing, daily, gradual process. It doesn't happen through sudden insight and there isn't a quick cure. Healing doesn't mean that a survivor will forget the trauma experiences or have no emotional pain when remembering them. Some level of continuing reaction to memories is natural and reflects a normal body and mind. Healing may mean that reactions will occur less often and be less intense. Healing also means having a greater ability to manage trauma-related emotions and having greater confidence in one's ability to cope.

When a trauma survivor takes direct action to cope with problems, he or she often gains a greater sense of personal power and control. Active coping means recognizing and accepting the impact of a traumatic experience and then taking concrete action to improve things.

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