The Ministry of Presence to broken people in a broken world: Theological and Psychological Considerations

- Christians encounter tragedy and brokenness just like anyone else.

- Christians encounter tragedy and brokenness just like anyone else.
- The consequences of these tragedies, this brokenness persist.

[Q:] As a Christian, what do I do when the consequences of tragedy and brokenness in life (e.g., broken relationships, mental illness, grief/loss) persist and refuse to go away?

…no matter what we do, how hard we pray, how hard we try?

All the intellectual virtues (e.g., curiosity, attentiveness, intellectual courage, etc.) can be understood as different 'forms of motivation to have cognitive contact with reality.'

(Zagzebski, 1996, p.167)

The *relational* virtues (e.g., kindness, compassion, justice, etc.) can be similarly understood as being undergirded by a motivation to have *relational* contact with the reality of others---the ministry of presence.

Examples of things people say…

- "God is sovereign and has a higher purpose."
- "Jesus died on the cross for us, so you've already won."
- "Rejoice in Jesus today. Give him thanks no matter what you encounter. Not one thing will happen to you that he hasn't ordained for your good."
- "Maybe it's because you're in sin or you've made some poor choices. If you change <fill in the blank>, things will get better, you're problem will be solved"
- "Let me pray for you"*

Examples of things people say…

- "God is sovereign and has a higher purpose."
- "Jesus died on the cross for us, so you've already won."
- "Rejoice in Jesus today. Give him thanks no matter what you encounter. Not one thing will happen to you that he hasn't ordained for your good."
- "Maybe it's because you're in sin or you've made some poor choices. If you change <fill in the blank>, things will get better, you're problem will be solved"
- "Let me pray for you"*

How might some of these statements be unhelpful (or hurtful) for someone who is struggling with a mental illness? …who is struggling with tragedy or loss?

A Holistic Christian Perspective on Mental Illness through the lens of Trauma/PTSD

What is a trauma?

A traumatic event is characterized by the following:

- The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

- *The person's response involved intense fear, helplessness, or horror.*

Motor Vehicle Accident (MVA)

Natural Disaster

Sexual Assault/Trauma

Clergy Sexual Abuse

- **Definition**: "minister, priests, rabbis, or other clergypersons or religious leaders who make sexual advances or propositions to persons in the congregations they serve who are not their spouses or significant others" (Baylor Clergy Sexual Misconduct Study, 2008).

Prevalence of Clergy Sexual Abuse

Baylor Clergy Sexual Misconduct Study (Garland, 2008)

- Study/Survey characteristics
- More than 3% of women who had attended a congregation in the past month reported that they had been the object of CSM at some time in their adult lives
- 92% of these sexual advances had been made in secret (i.e., not in an open dating relationship)
- 67% of the offenders were married at the time of the advance
- Only 23% of survivors reported the abuse to religious authorities and only 11% to civil authorities. (Stacey, Darnell, & Shupe, 2000)
- 8% reporting having known about CSM in a congregation they attended.

Prevalence

Among Protestant Churches

- 10-14% of pastors have sexual contact with someone other than a spouse while in the ministry (Thoburn & Baker, 2011)
- In samples from other studies:
  - 19% of 374 ordained pastors reported an affair or inappropriate sexual contact (Goetz, 1992)
  - 12% of 300 ordained clergy reported having sexual intercourse with someone other than spouse (Muck, 1988)
- **An average number of seven women** involved in clergy sexual misconduct per affected congregation (the average size of most congregations is between 100-700). (Chaves & Garland, 2010)

Prevalence

Compared to other helping professions

- Parallel studies indicate similar or lower prevalence rates among other professions (Thoburn & Baker, 2011; Flynn, 2003)
  - 7.1% of male psychiatrists
  - 5-7% of psychologists
  - 10% of physicians
  - > 1% of female psychologists and physicians
- Groups with roughly comparable prevalence rates
  - Boy Scout leaders, coaches, school bus drivers (Plante, 2003)

Childhood Trauma

Prevalence of Childhood Trauma

National Comorbidity Survey Replication-Adolescent Supplement (NCS-A; Finkelhor et al., 2009)

- 60.6% of children and adolescents in the US reported violence exposure in the past year
- 10% reported child maltreatment (physical abuse, emotional abuse, neglect)
- 6.1% reported sexual victimization
- 68% of children in rural settings, 82.5% of urban youth exposed to one or more traumatic events (Breslau et al., 2004)
- Boys (62.2% vs. 33.7%), 6-9 year olds more likely to be physically assaulted
- Girls, 14-17 year olds more likely to be sexually victimized (Finkelhor et al., 2009)

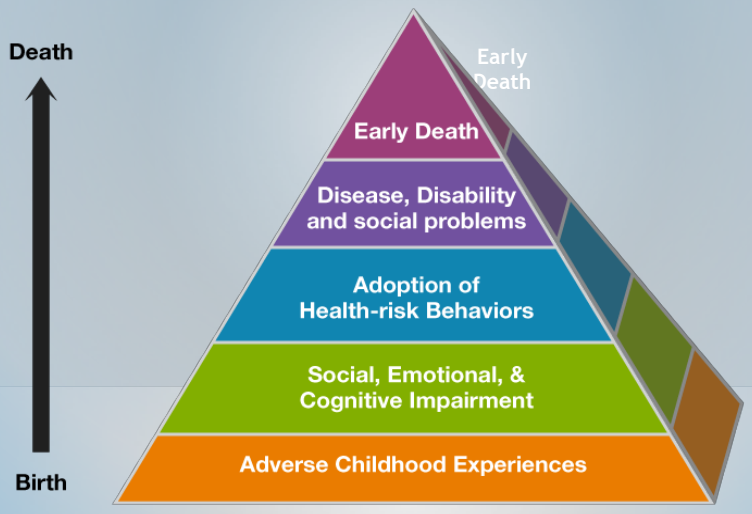
Long term Impact of Childhood Trauma: Adverse Childhood Experiences Study

Adverse Childhood Experiences (ACE; Fellitti,1998) Study looked at adverse childhood experiences:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Growing up in household with:
  - Alcohol or drug user
  - Family member being imprisoned
  - Mentally ill, chronically depressed family member
  - Separation/Divorce
  - Mother being treated violently
  - Both biological parents absent

The Question: <u>Does trauma impact health risk behaviors and health?</u>

ACE Study Results



ACE Study Results

Respondents who had experienced:

- Sexual Abuse:
  - 12 times more likely to engage in early sex;
  - 9 times more likely to have an early pregnancy; and
  - 5 times more likely to attempt suicide
- Psychological Abuse & Sexual Abuse:
  - More likely to have multiple sex partners
  - More experiences of unintended pregnancy; and
  - More suicide attempts.
- Physical Neglect:
  - More likely to use alcohol and illicit drugs and
  - More likely to attempt to smoke early in life.
- Feeling of being unloved:
  - More likely to smoke and use drugs;
  - More likely to have early sex; and
  - More likely to have multiple sex partners.
- Poverty:
  - Increased instances of adverse childhood experiences

(Ramiro, Madrid, & Brown, 2011)

Long Term Impact of Trauma on Children

Adverse childhood experiences: (Lanius & Vermetten, 2009)

- are a major health issue
- result in social, emotional and cognitive impairment
- linked to higher risks for medical conditions (heart disease, severe obesity, COPD) as well as unexplained medical symptoms
- linked to higher risk for substance abuse, depression, suicide attempts, and hallucinations
- Increased risky teen sexual behavior

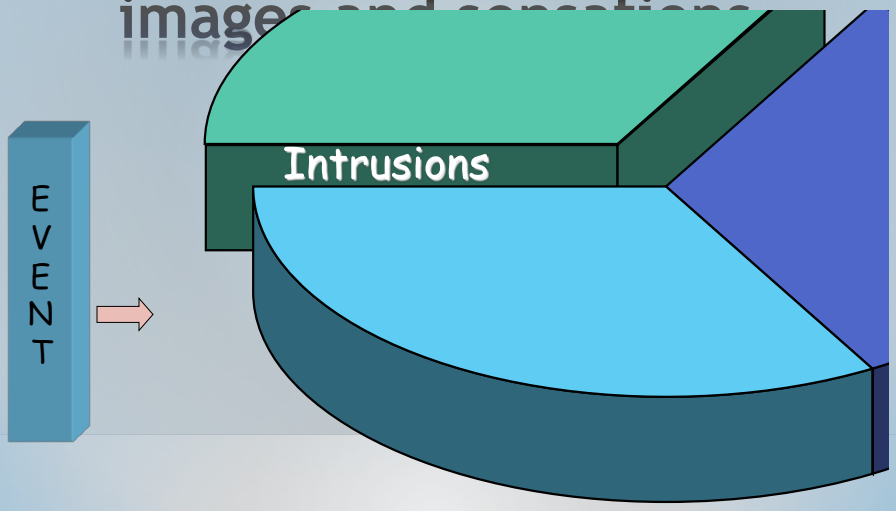
Combat Trauma

Domestic Violence

Prevalence of Trauma

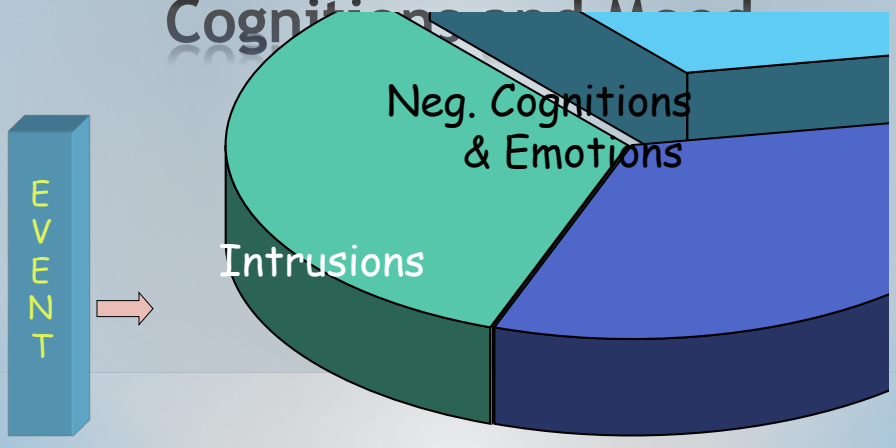
- How common is trauma in your community or church?
- If a trauma occurred, how likely would it be for people to talk about it at church?
- What resources are available for them?

Symptoms of PTSD: 1. Intrusive images and sensations



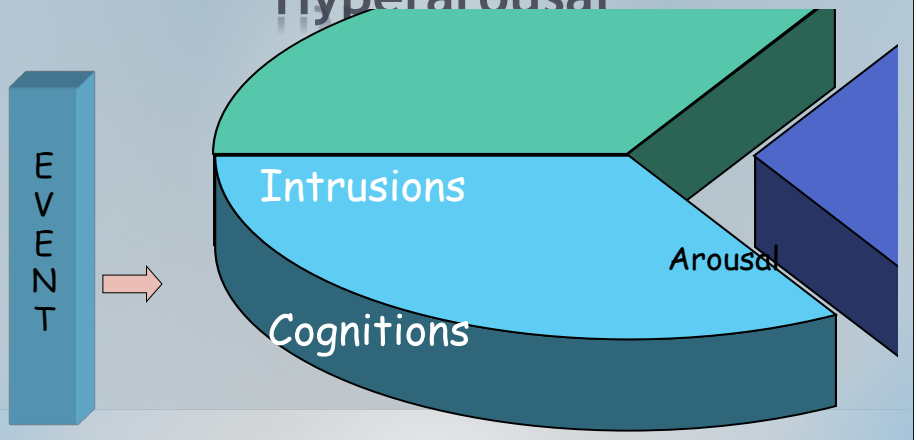
27

Symptoms of PTSD: 2. Negative Alternations in Cognitions and Mood



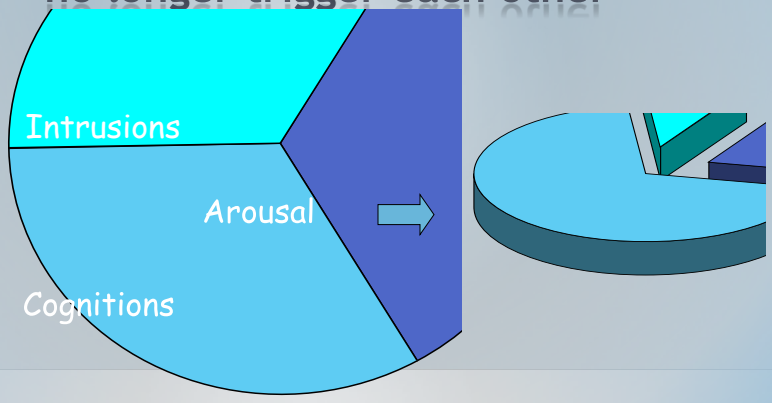
28

Symptoms of PTSD: 3. Hyperarousal

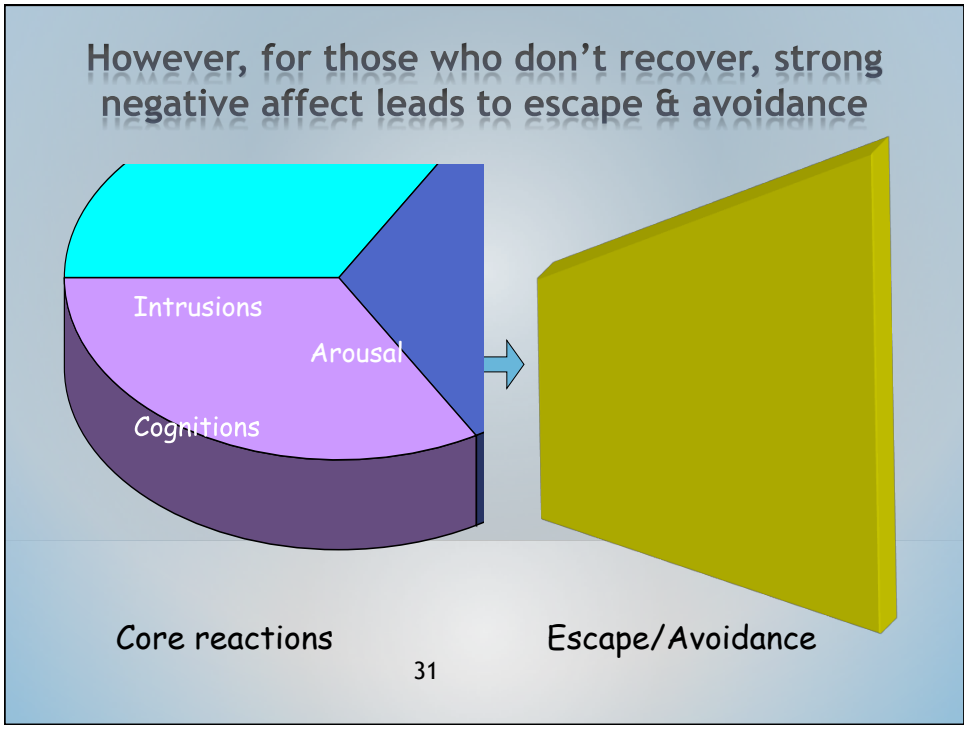


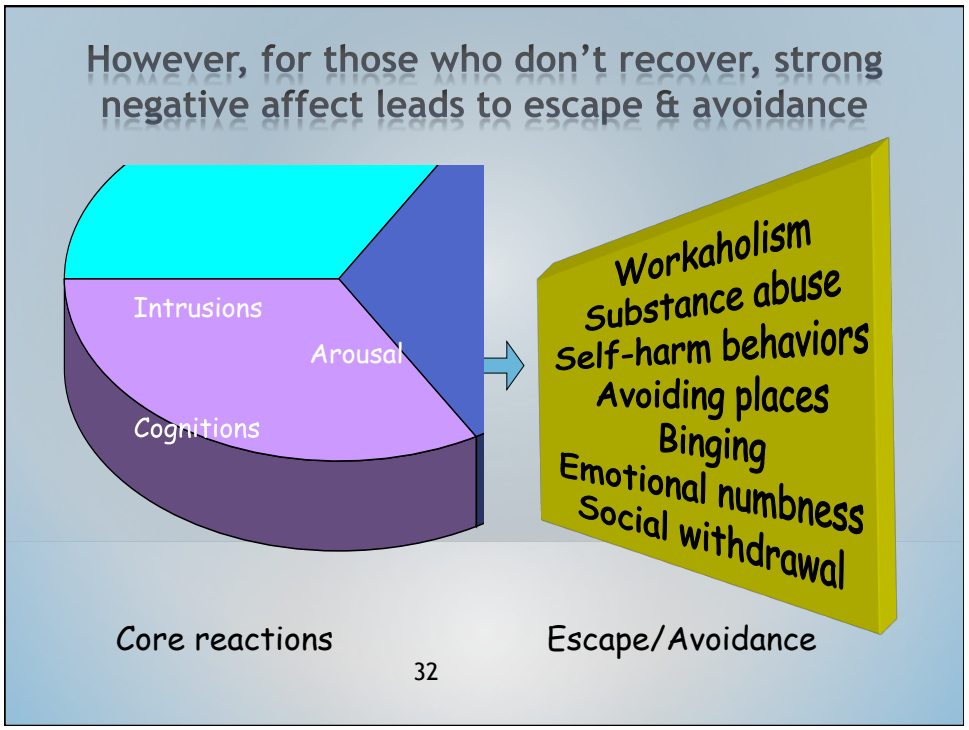
29

Typically, in normal recovery, these symptoms naturally decrease over time and no longer trigger each other



30


However, for those who don't recover, strong negative affect leads to escape & avoidance
Intrusions
Arousal
Cognitions
Core reactions
Escape/Avoidance
31


However, for those who don't recover, strong negative affect leads to escape & avoidance
Intrusions
Arousal
Cognitions
Workaholism
Substance abuse
Self-harm behaviors
Avoiding places
Binging
Emotional numbness
Social withdrawal
Core reactions
Escape/Avoidance
32

Risk-Factors for PTSD

The PERSON

- Gender
  - Women 10.4%
  - Men 5.0 %
- Age
  - Younger
  - Older
- Race: non-white
- SES - lower
- Psychological Hx
- Family dysfunction
- Coping style (avoidant)
- History of traumatic exposures
- Dysfunctional nervous system
- Genetic disposition
- Distress at the time of the trauma

Risk-Factors for PTSD

The STRESSOR

- Intentional acts vs. non-interpersonal
- Presence of life-threat
- Physical injury
- Extent of combat exposure in war
- Witness grotesque death
- Loss of friend / loved-one due to trauma
- Unpredictable / uncontrollable
- Sexual vs. non-sexual victimization

Mediators of Traumatic Outcomes

The Crucial role of Social Support

- Social support is one of the most powerful determinants of facilitating or impairing recovery from trauma (Feeny, Rytwinski, & Zoellner, 2014)
- Some traumatic events are more socially acceptable (or shameful) than others
- From family, friends, & others (e.g., local churches & natural disaster relief)
- From support or aid agencies

Social Support & PTSD

- Lack of social support, and especially the presence of negative support (e.g., blame) one of the strongest predictors of PTSD and a strong impediment to recovery (Brewin, Andres, & Valendine, 2000)
- Lack of social support more strongly predicted PTSD than other factors such as prior trauma history, prior mental illness, and even severity of the traumatic event itself. (Zoellner, Foa, & Brigidi, 1999)

Social Support & PTSD

Definition of Social Support:

- "…those social interactions or relationships that provide actual assistance or a feeling of attachment to a person or group that is perceived as caring or loving" (Hobfoll & Stephens, 1990, p.45)
  - Social support can be **positive** (makes us feel loved) or **negative** (makes us feel unloved or isolated)

Social Support & PTSD

Negative Social Support:

- Reactions that are intended or perceived as critical, blaming, or grossly insensitive.
  - Example: (following sexual assault) "At least he didn't use a weapon—you're lucky," "It's over, try to put it behind you."
  - "God's ways are higher than our ways," "Whatever is true, whatever is pure…think of such things"
- Indifference (changing the topic, failing to acknowledge the impact of the trauma)
- Encouraging avoidance
  - "Just stop thinking about it."

Social Support & PTSD

Negative Social Support:

- When both positive and negative social support are present, negative social reactions are stronger predictors of PTSD (Andrews et al., 2003)
- Common negative reactions
  - Blame—survivors are culpable or responsible for the event itself or for one's reaction to it
  - Doubt—questioning the accuracy of a victim's description of events or whether they were as 'traumatic' as described
  - Criticism— "stop talking about it—it's over!"
  - Invalidation— "why don't you look on the bright side…"

Social Support & PTSD

Negative Social Support:

- Invalidation/Indifference to the trauma may actually be more damaging than overtly negative social reactions because the latter are easier to dismiss as wrong or misguided (Pruitt & Zoellner, 2008)
  - Suppress natural coping responses (e.g., talking about what happened, trying to make sense of what happened, emotional processing, etc…).
  - Stops reaching out; "I should be able to move on"
  - Enhances negative self-appraisals (self-blame, negative self-esteem, precursors to depressed mood)

Social Support & PTSD

Positive Social Support:

- Removing negative social support alone is not adequate (the *lack* of social support is related to increased risk for PTSD).
  - Higher levels of social support associated with better health outcomes (Cohen & Wills, 1985), and less severe PTSD (Galea et al., 2008).
  - Reduces the impact of the stressor, facilitates an adaptive view of their trauma, related to post-traumatic growth (Prati & Pietrantoni, 2009)
  - "Wow, you were brave," "I know it's hard, but I am impressed by how you have dealt with the situation"

Social Support & PTSD

Types of Positive Social Support:

- Emotional support—support aimed at meeting emotional needs.
  - Reassurance from friends, talking to someone trusted
- Instrumental support—support aimed at meeting practical needs.
  - Driving you to appointments, lending money
- While both are important, ***emotional*** support looks to be most helpful for recovery (Dikel, Engdahl, & Eberly, 2005)
  - Lack of emotional support→PTSD
  - Importance of *feeling* understood, valued, heard

Social Support & PTSD

Types of Positive Social Support:

- Formal support—support offered through professional networks
  - MH networks, hospitals, police
- Informal support—support offered by existing informal relationships (spouses, family, friends)
- Generally, ***informal*** supports seem to be sought often and may be most helpful in the aftermath of trauma (Golding et al., 1999; Ullman & Filipas, 2001)
  - Support more easily obtained by people whom a trauma survivor has established relationships.
  - Mobilizing local churches for disaster response

Social Support & PTSD

Summary of research findings on social support and PTSD

- Informal support (vs. formal support) may be most helpful in the aftermath of trauma
- While both instrumental and emotional support are helpful, emotional support is more strongly linked to recovery.
- Negative social support (e.g., indifference, blaming, encouraging avoidance) one of the strongest impediments to recovery

Impact of Negative Social Support on the beliefs of survivors

1. I am responsible for the abuse/trauma; it's my fault
2. It's wrong for me to show anger, frustration, defiance, discouragement, or a critical attitude.
3. I can't handle the memories of what happened
4. I must be punished
5. I can't trust myself or others

Where do these beliefs come from?

Just World Hypothesis

- **Just world hypothesis**: "good things happen to good people, bad things happen to bad people."

Questions to discuss

- **Why do people of faith often endorse the just world hypothesis?**
- **How might the just world hypothesis be problematic for those who have suffered past trauma? Who suffer from mental illness?**
- **How might the just world hypothesis undergird mental health stigma?**

One consideration…

- **Re-examining the gospel and the doctrine of the incarnation in light of a world that is not just…**

One consideration…

- **Re-examining the gospel and the doctrine of the incarnation in light of a world that is not just…**

- **Reclaiming the role of Lament in Christian Spirituality**

One consideration…

- **Re-examining the gospel and the doctrine of the incarnation in light of a world that is not just…**
- **The Doctrine of the Incarnation as the starting point of the gospel.**

Phases of Disaster