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The Role of Religious Leaders in Crisis Response:

CARING FOR THE SOUL

BY THE REVEREND WILLARD ASHLEY, D.MIN.
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1. Introduction

- In a disaster, religious leaders are front-line, trusted caregivers to whom people look for assistance and support for healing.
- A primary function of religious leaders is the care of the soul, which involves showing compassion and empathy for people in times of crisis by offering comfort, support, clarity, direction and spiritual resources.
- The religious leader is in a unique position to respond to people who are impacted by a disaster because she or he is already in an established role, has a core of relationships, and brings a faith perspective that speaks to the need for meaning that is so pervasive in the human experience of suffering.

We learned from 9/11 that people really do turn to religious leaders for support.

In a poll conducted by the American Red Cross of individuals emotionally impacted by the attacks on the World Trade Center:

- 59 percent said they were likely or most likely to turn to a religious leader or spiritual guide for help;
- 45 percent said they would turn to a physician;
- 40 percent said they would turn to a mental health professional.
- Anecdotal information substantiates similar experiences with recovery workers at Ground Zero and families in the Family Assistance Centers.

Additional research, predating the September 11 terrorist attacks, supports the ARC findings:

- 43-60% of people who have emotional problems turn first to religious leaders for help;
- 94% of Americans believe in God;
- Prayer and faith are the most widely used methods of coping with traumatic life events.

Religious Leaders' Roles In Disaster Spiritual Care

The type of caregiving provided by religious leaders to persons impacted by a disaster will depend upon training and skill.

- **At the very basic level, religious leaders are called upon to provide psychological/spiritual "first aid"** that will help the person impacted by a disaster with stabilization, normalization and adaptation, as well as with processing what has happened and with making meaning of the experience.
- **Optimally, religious leaders will not only have basic pastoral/spiritual care training and skills** from seminary or other theological/religious education, but will also have specialized training in crisis intervention and trauma response and will be able to companion a person to a positive outcome, even growth, after a catastrophic event.

The type of caregiving provided by religious leaders to persons impacted by a disaster will depend upon training and skill.

- **Religious leaders without advanced clinical training should be clear about the limits of their role as caregivers**—that they are not psychotherapists or pastoral counselors, and should refer those with severe symptoms to a trained mental health professional or pastoral counselor.

While religious leaders should not diminish the value of their role or stand on the sidelines in assisting with the healing process, they should above all else, do no harm.

II. Recognizing Serious Problems

It is important to learn the signs and symptoms of anxiety and grief responses to disaster. Recognizing severe symptoms of anxiety and grief that need referral for professional treatment is an extension of care, not a sign of failure.

1. Normal **Emotional** Responses to Grief
 - Denial, disbelief, feeling unreal
 - Anger, blaming
 - Difficulty concentrating
 - Inability to organize
 - Guilt
 - Preoccupation with the deceased or object of loss
 - Feelings of abandonment

2. Normal **Physical** Responses to Grief
 - Sleep disturbance
 - Restlessness or agitation
 - Fatigue
 - Loss of Appetite
 - Diarrhea
 - Rapid heart rate
 - Headaches
 - Numbness

3. Signs of **Possible Prolonged or Unresolved Grief**
 - Feels sick or that one is “losing one’s mind”
 - Life seems over, or meaningless
 - Marked psychomotor retardation
 - Uninvolved and uninterested
 - Profound denial
 - Delusions and illusions
 - Active suicidal ideation
 - Loss of faith, spiritual/religious crisis

4. **Post Traumatic Stress Disorder (PTSD)**
Editor’s note: Please refer to Chapter 3 (Self-Care) for a description of PTSD.

Religious Leaders can help those with Acute Stress Disorder and/or PTSD by:

- Knowing the signs and symptoms of PTSD.
- Referring appropriately to a mental health professional.
- Connecting those with special problems to communal and social supports.
- Appreciating the usefulness of medication.
- Offering spiritual resources.
- Continuing caregiving relationship after referral.





It is important to learn the signs and symptoms of anxiety and grief responses to disaster.

5. Alcohol & Drug Use

- Substance abuse may increase following a disaster.
- Virtually all post-disaster substance abuse has been found to have pre-existed before the disaster.
- Disasters provide a more acceptable platform for people to acknowledge and obtain treatment for substance abuse.

Religious leaders can help by acknowledging the problem, seizing the opportunity, and referring substance abusers for treatment while providing communal and caregiving support.

6. Domestic Violence

- Virtually all post-disaster domestic violence has been found to have already existed before the disaster.
- Disasters provide a more acceptable platform for people to acknowledge and obtain treatment for domestic violence.

Religious leaders can help by not avoiding the problem, seizing the opportunity, and referring the victim and abuser for treatment while providing communal and ongoing caregiving support.

(Some information in this section came from a project sponsored by the September 11th Fund entitled, *Short Term Crisis Intervention Skill Building for the Caregiver*. The Project was managed by the Council of Churches of the City of New York , under the name “Care for the Caregivers Interfaith Project.” The Rev. Willard Ashley, D.Min., was the Project Director.)

7. Suicide

Suicide is relatively rare following a disaster, according to studies of disaster mental health trends (www.astho.org/pubs/disasterMN.pdf), **but should be on the religious leader’s radar when there are such risk factors as mental illness, severe physical illness, substance abuse, previous attempts, job**

loss, financial distress, relationship loss, hopelessness, isolation and lack of support.

A. Four facets of pastoral care to suicidal persons:

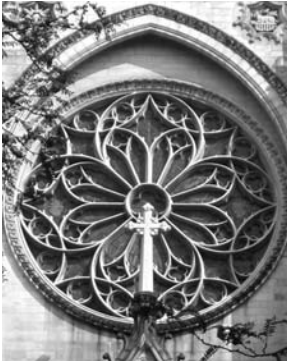
- Recognizing when persons are suicidal
- Providing emergency crisis intervention or getting professional help.
- Continuing pastoral care to help the person deal with the underlying causes of suicide.
- Helping loved ones to deal with the destructive consequences of incomplete or complete suicide.

B. Signs of suicidal behavior:

- Obvious suicidal threats. All suicidal threats must be taken seriously.
- Covert suicidal threats; feelings of emptiness and meaningless.
- Depression.
- Crushing losses and pathological grief.
- Psychological disturbances and chronic illnesses.

C. In counseling with suicidal or suspected suicidal persons, *always ask about suicidal impulses, fantasies, or intentions.*

D. The only time in counseling when you break a confidence entrusted to you is when the life of someone is in danger, either by suicidal impulses or killing impulses.



Make your house of worship a safe space for sharing feelings, and a welcoming environment so that those experiencing trauma can be connected to others and to the spiritual.

(Some information in this section came from www.receduc.com/counseling/suicide.html.)

GUIDELINES AND INTERVENTIONS FOR RELIGIOUS LEADERS

Survivors

- Many survivors of disasters can be helped to re-evaluate life goals and directions, which may include addressing pre-existing concerns as well as new issues.
- Many survivors may be open to broadening their faith, as well as becoming more sensitive to the suffering of others.
- Unlike other helping professionals, religious leaders can be available for continuing care post-disaster—the religious leader as long-term companion on the journey to healing and wholeness.

Positive Outcomes from experiencing disasters

Disaster research findings show that:

- Some people report they have grown as a result of a disaster.
- Disasters can bring out the best in people and communities.
- Most people describe some positive outcome from catastrophic events.
- People are resilient; even after the most severe disasters, most people do not develop long term issues.

(Some information in this section was taken from *Short Term Crisis Intervention Skill Building for the Caregiver*.)

MITIGATION AND PREPAREDNESS PHASES: Education and Training

The task is to be effective in the role of trusted caregiver.

- Educate self and houses of worship about common emotional reactions to disasters by attending workshops and trainings in pastoral crisis intervention, trauma response, etc.

- Promote the idea of resiliency. Research shows that even after the most severe disasters, most people do not develop mental illness, and symptoms subside with time. In fact, only 7%-35% of people experience significant distress after a trauma/disaster.
- Make your house of worship a safe space for sharing feelings, and a welcoming environment so that those experiencing trauma can be connected to others and to the spiritual.
- Train staff and a team of caregivers such as deacons or lay ministers in disaster spiritual care so that they can be quickly mobilized in a disaster.

RESPONSE PHASE: Basic Support and Listening

The task is to help persons understand and normalize what has happened.

- Help stabilize a person through the ministry of presence. Be an anchor, stay calm and non-anxious. Think of yourself as a companion.
- Give basic support to reduce stress by helping solve immediate problems, such as obtaining concrete information, finding loved ones, providing food or drink, using the telephone, etc. Serve as a liaison or advocate if needed.
- Active/Supportive Listening
 - Be open to listening to the telling, or retelling, of stories about what has happened.
 - Stay present in the moment as you listen, rather than thinking ahead to what you will say.
 - Invite thoughts and gently probe details with interest, but don't force feelings. Let them come, and be prepared for intense emotions.
 - Offer empathetic and reflective responses to what is expressed; normalize the situation (i.e. "it's normal to feel this way after this kind of experience").
 - Respect personal and cultural boundaries and differences (e.g. touch, disclosure).



The religious leader should not underestimate the power of ritual for comfort and healing, and for the binding of anxiety.

- Offer to pray if it seems appropriate, but do not rush or force the issue. Ask first.
- Help facilitate further care:
 - Link individual up with family, friends, colleagues, or house of worship to provide connections for additional support.
 - If after evaluating a person’s mental, behavioral, and spiritual status, you sense the person has deeper or special needs, make a referral to a mental health or pastoral/spiritual care professional.
- Family and close friends may be less supportive in a disaster situation due to their own involvement and may be more needy than helpful.

RECOVERY PHASE: Short Term

The task is to encourage coping and doing the “work of mourning”

Coping & Stress Management

- Lend permission to cry, feel bad, be nonproductive, focus on self for a period of time.
- Help regain control of some aspect of life; restore routine.
- Utilize social supports.
- Encourage appropriate use of humor.
- Suggest down time, relaxation, pleasurable activities.
- Point out the need for self care: sleep, meals, hygiene, exercise, habits, time off, balance.
- Utilize religious resources (prayer, meditation, reading of sacred texts, music, etc.).

Caring for the House of Worship

- The religious leader should not underestimate the power of ritual for comfort and healing, and for the binding of anxiety. This includes:
 - Commemorations and anniversaries
 - Sacraments, Ordinances of healing, Communion
 - Pastoral prayers of intercession
 - Rituals of confession

- Rituals of forgiveness
- The religious leader can utilize the worship context to acknowledge and normalize the experience of trauma and grief—name the elephant in the room.
- The religious leader can interpret, reframe, and offer contextual meaning to disaster events, drawing upon sacred texts and religious traditions.
- The religious leader can assist with the spiritual questions on the hearts and minds of the members of the worshipping community after a disaster:
 - Where is God?
 - Where is God’s sense of justice in this matter?
 - Why do bad things happen to good people?
 - How safe am I?
 - Where will I find inner strength during this time?
- The religious leader can arrange for the worshipping community to be offered workshops, groups, and other opportunities for education, healing, and recovery.



Religious leaders are most effective when they help people find spiritual resources and their own inner strength.

LONG TERM RECOVERY

The task is not merely overcoming loss or sadness, but redefining how to live life.

Problem Solving Assistance

- Make a list; prioritize.
- Weigh advantages and disadvantages of potential choices.
- Try new behaviors and develop new skills.
- Try more than one approach; allow a backup if Plan A doesn't work.
- One step at a time—manageable units first.
- Keep sight of larger perspective and progress.
- Identify religious resources.

Find Meaning & Perspective

- Explore the person's values that facilitate this process.
- Listen to the person's language in self description, such as victim, survivor, rescuer, etc.
- Find spiritual/religious meaning in the disaster.
- Explore how trauma/the experience has changed the person.
- Consider the healing dimensions of forgiveness, if appropriate.

Some Helpful Reminders

- All need caring for—emergency personnel, victims, survivors, families, and yourself.
- It is not the job of the religious leader to have all the answers or to fix people and their problems.
- Don't over-help; it disempowers victims.
- Religious leaders are most effective when they help people find spiritual resources and their own inner strength.
- Keep confidences; never reveal information shared in caregiving situations without permission of the person/s involved.

Editor's Note: The resources and websites provided here are provided by the authors as resources for issues raised in this chapter. For a list of all the resources provided in this manual, please refer to Chapter 10, just before the Reference Section.

RESOURCES

Models of Best Practices

A. Other Models from Various Faiths or Providers

1. Pastoral Crisis Intervention: a basic and advanced training program of the International Critical Incident Stress Foundation that provides skills and didactic training for religious leaders.
2. Short Term Crisis Intervention Skill Building for the Caregiver: a project that was sponsored by the September 11th Fund and managed by the Council of Churches of the City of New York under the name Care for the Caregivers Interfaith Project. The Rev. Willard Ashley, D. Min. was the Project Director.
3. Emotional and Spiritual Care in Disaster Operations: provided by the National Disaster Training Program of the Salvation Army.

B. Contact Information

1. International Critical Incident Stress Foundation **www.icisf.org**.
2. Care for the Caregivers Interfaith Project **www.cccny.net**.
3. The National Emergency Disaster Services Coordinator
The Salvation Army National Headquarters
615 Slaters Lane, Box 269
Alexandria, VA 22313-0269
703.684.5500

Websites

Care for the Caregivers Interfaith Project: **www.cccny.net**.

Centers for Disease Control and Prevention: Disaster Mental Health Resources **www.bt.cdc.gov/mentalhealth**.

Church World Service provides an introduction to some of the stressors, defines stress and trauma, describes symptoms, discusses what to do after you experience a traumatic event, offers aid to the management of cumulative stress, and offers links and on-line resources. **www.churchworldservice.org**.

International Critical Incident Stress Foundation provides training in Critical Incident Stress Management (CISM) and provides information for coping with traumatic events and has a bookstore listing of reading materials useful for crisis intervention. **www.icisf.org**.

US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration: **www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/**.

National Institute of Mental Health **www.nimh.nih.gov/healthinformation/anxietymenu.cfm** (Anxiety).

National Voluntary Organizations Active in Disaster
www.nvoad.org/documents.php#planning **www.nvoad.org/documents.php#planning**.

The New York Disaster Interfaith Services, provides information about training events in the Greater New York Area. www.nydis.org.

The QPR Institute offers comprehensive suicide prevention training programs along with educational and clinical materials for the general public, professionals and institutions. www.qprinstitute.com/.

Recursos Educativos Cristianos / Christian Education Resources: Suicidal Crisis www.receduc.com/counseling/suicide.html.

The Salvation Army
www.usc.salvationarmy.org/usc/www_usc_edu.nsf/vw-text-index/bc49c1d9f0841f14802570580006a191?opendocument.

Books

Braiker, Harriet. *The September 11 Syndrome: Seven Steps to Getting a Grip in Uncertain Times*. McGraw-Hill, 2002. Deals with the “new normal” and provides a number of practical coping exercises.

Brende, J.O. *Post-traumatic symptoms and trauma recovery in the Bible*. Trauma Recovery Publications, 1991. Recommended by ICISF’s PCI training. Fleischman, P.R. *The healing spirit*. Paragon, 1989. Recommended by ICISF’s PCI training.

Herman, Judith. *Trauma and Recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books, 1997. A classic that provides valuable information on trauma and the stages of recovery.

Nouwen, Henri. *Lifesigns*. Image Books, 1986. Recommended resource by ICISF’s PCI training.

Pargament, K. *Psychology of religion and coping*. Guilford, 1997. Recommended resource by ICISF’s PCI training.

Parkinson, Frank. *Post-Trauma Stress: A personal guide to reduce the long-term effects and hidden emotional damage caused by violence and disaster*. Fisher Books, 2000. Grew out of his experience of working with a multidisciplinary team who worked together before and after the Gulf War; deals with the debriefing process.

Sinclair, N.D. *Horrific Traumata: A pastoral response to the post-traumatic stress disorder*. Haworth Pastoral Press, 1993. Recommended resource by ICISF’s PCI training.

Wilder-Smith, A.E. *Why does God allow it?* TWFT Publishers, 1980. Recommended resource by ICISF’s PCI training.