

## Addressing the Spiritual Impact of Trauma in Therapy

Trauma is a word that can carry many meanings and originations creating a complex task for the mental health professional as 90% of those who seek therapeutic services have experienced some form of traumatic event (SAMHSA, n.d.). Trauma, especially childhood trauma, has a way of seeping into every aspect of the client's life, distorting the client's views of self, God, and the world, and leaving wounds from the past that impact the client's present and future. Because of this, treating clients who have suffered from trauma rarely looks as neat and concise as the treatment plan implies. Furthermore, while the physical and psychological aspects are often stressed in therapy, the spiritual impact is frequently left unattended, which may leave an open wound that can stunt the healing process.

The physical and emotional impact of trauma have been well documented, as research demonstrates higher anxiety, depression, and self-esteem issues (Gall, Basque, Damasceno-Scott, & Vardy, 2007; Krejci et al., 2004; Peres, Moreira-Almeida, Naswello, & Doenig, 2007; Wright et al., 2007), as well as somatic complaints, weaker immune systems, and higher rates of drug and alcohol abuse, self-mutilation, and suicide attempts (Gall et al., 2007; Goodyear-Brown, 2011; Krejci et al., 2004; Peres et al., 2007). Recently, the spiritual impact of trauma has begun to gain recognition, as research depicts a negative impact on spiritual growth due to distorted views of God and what the research has termed negative religious coping mechanisms (Ahrens, Abeling, Ahmad, & Hinman, 2010; Gall et al., 2007; Kennedy, 2000; Turell & Thomas, 2002; Walker, Reid, O'Neill, & Brown, 2009). Yet, while the majority of research focuses on the negative impact to spirituality, research also demonstrates that spiritual growth can have a positive impact in healing trauma, creating a path to a better well being for those who are able to incorporate spiritual concepts into healing (Ahrens et al., 2010; Gall, 2006; Gall et al., 2007;

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Murray-Swank & Pargament, 2005; Wright et al., 2007). Researchers have found when people are able to create meaning from their trauma and integrate the trauma into their current belief systems, they are more likely to experience post traumatic growth and an overall greater well-being (Ahrens et al., 2010; Bryant-Davis et al., 2012; Gall et al., 2007; Krejci et al., 2004; Wright et al., 2007).

The difficulty lies in the fact that the majority of trauma survivors turn away from God following a trauma (Ahrens et al., 2010; Burkett, 2004; Krejci et al., 2004; Wright et al., 2007) and few therapists feel comfortable addressing spiritual matters in therapy due to ethical concerns and a lack of training (Cornish & Wade, 2010; Walker, Gosruch, & Tan, 2005). However, research demonstrates that the majority of Americans believe in God or a higher power and 78% identify with a Christian denomination and consider this a significant part of their lives (Cornish & Wade, 2010; Cragun & Fridelander, 2012; Knabb, 2012). When this reality is combined with the spiritual wounds left following a trauma (Ahrens et al., 2010; Gall et al., 2007; Ganje-Fling & McCarthy, 1996; Kennedy, 2000; Krejci et al., 2004; Peres et al., 2007; Turell & Thomas, 2002; Walker et al., 2009; Walker et al., 2010), the long-term well-being that comes from incorporating spirituality into healing (Ahrens et al., 2010; Cornish & Wade, 2010; Gall, 2006; Gall et al., 2007; Harris et al. 2011; Krejci et al., 2004; Peres et al., 2007; Wright et al., 2007), and the interconnectedness between the physical, spiritual, and psychological realms, the importance of incorporating spiritual aspects into counseling with trauma clients becomes evident. So how do therapists begin to bridge this gap between trauma and God while maintaining a therapeutic point of view and respecting the client's belief system?

### **Gaps in the Research**

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Although the world of psychology has historically looked at religion with disdain, research related to spirituality and trauma have begun to open the eyes to the positive impact spirituality can have on coping. As a result, more and more research is being done to demonstrate the implementation of religious coping mechanisms, where positive religious coping mechanisms, such as meaning making, resiliency, and hope lead to a better well being, and negative religious coping mechanisms, such as anger and blame towards God lead to higher rates of depression, aggression, and hopelessness (Ahrens et al., 2010; Gall et al., 2007; Leavell et al., 2012; Pargament, 1997; Pargament et al., 1999; Tran et al., 2012).

Where the literature has fallen behind is in looking at how the concept of spirituality and religion can be used as a restorative tool in therapy. So far, the literature lumps all forms of spirituality and religion together when conducting research and focuses only on the aspect of coping mechanisms. In no other area of psychology do therapists rely entirely on coping mechanisms as a healing agent. This is a concern, as research has already demonstrated that trauma survivors are left with distorted views of God, self, and others and some form of cognitive integration is needed to reduce the long-term negative impact these distorted views produce (Peres et al., 2007; Turell & Walker, 2002; Walker et al., 2009).

### **The Need for Biblical Principles in Trauma**

Due to this gap in the research, a qualitative study was conducted utilizing licensed therapists who integrate biblical principles into their therapeutic approach with trauma clients.

The research questions were:

1. What Christian principles are helpful/needed when working with trauma clients?
2. How are these principles integrated into therapy through therapeutic interventions?

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There were 16 participants from all over the world who were gathered through the Christian Association of Psychological Studies, the American Association of Christian Counselors, social media, and snowballing who participated in an in-depth interview. In order to participate, volunteers held a mental health license, regularly worked with trauma, and incorporated biblical principles into their therapeutic approach. As a result, this study focused on a sub-group of therapists who are as religious, if not more religious, than their clients, which contrasts with the psychological world at large, where the majority of therapists are not as religious as their clients (Cornish & Wade, 2010).

### **Outcome of the Study**

One of the primary goals of this study was to help practitioners understand how to address the spiritual impact of trauma in therapy. In order to do this, the participants were first asked what they see in their practice as the primary issues related to trauma, which is the first sub-category presented. The next category looks at how these issues are addressed using biblical principles and why biblical principles are needed when working with trauma survivors.

### **Primary Issues Related to Trauma**

Lining up with the literature, the study found the primary therapeutic issues related to trauma centered on the client's worldview, trauma symptoms, trust issues, a need for control, family systems, and comorbid disorders. In some cases, distorted views are present prior to trauma, but the trauma incident may exacerbate or bring these distortions to the surface, stressing the importance of a thorough intake which can help the therapist determine current and pre-existing worldviews. Examples of these are listed below:

- **Worldview**
  - Self - negative self image, lacking value, seeing self as damaged

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- God – God does not love or care about them, God allowed this to happen
- World – everyone is bad, people cannot be trusted, everyone leaves
- **Traumatic symptoms** – guilt, victimization, grief, anger
- **Trust** – inability to trust themselves, God, and others; the fear of more trauma
- **Control** – feeling a loss of control which exacerbates the need for control
- **Family systems** – This refers to understanding the family background, especially in relation to childhood coping mechanisms and familial coping mechanisms, i.e. How did the family model coping?
- **Comorbid disorders** – self-medicating through drugs and alcohol

### **Biblical Principles Needed/Used in Therapy with Trauma**

Listed are the biblical principles and a brief explanation mentioned by participants in the study:

- **Characteristics of God** – The characteristics of God are helpful when addressing the distorted beliefs brought out by the trauma, i.e. God is healer, creator, love, unmoving, faithful, consistent, a friend, good, and sovereign.
- **Scripture** – Scripture can be used to realign distortions or bring clarity, such as Psalm 23, Romans 8:28, and Job.
- **Purpose** – The biblical principle of God's purpose can be applied toward the client as an individual or His ability to bring good from the trauma. Participants stated this principle was often skewed following a trauma, stressing the need for therapists to be alert for distorted views by the client and ready to realign these views with scripture.

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- **Hope** – Hope can be utilized through many biblical principles, but especially relevant was the concept of God’s presence, that they are not alone in their suffering. Hope is an essential element for healing.
- **Forgiveness** – Forgiveness can be incorporated in multiple ways depending on the needs of the client. For instance:
  - Utilizing God’s forgiveness towards mankind to help clients understand that forgiveness is not something that is “deserved” but given freely, just as God forgave through His Son.
  - Forgiving oneself and the perpetrator in order to “let go” and move beyond the trauma.
  - Helping the client understand the difference between reconciliation and forgiveness.

Participants stressed the importance of incorporating forgiveness at the appropriate time and place in the course of treatment, for instance, after the trauma has been processed and distorted beliefs realigned. Therapists need to be aware that forgiveness is often seen as a way to minimize or avoid the trauma, so when a client, family member, or minister want to move towards forgiveness too quickly, evaluating the motivation to do so can give the therapist insight.

- **Grace and Mercy** - These were considered gifts that are offered by God of which the client has the option to accept or reject. Using these principles, the therapist can help the client accept difficult concepts related to the trauma or aftermath of the trauma, such as God’s presence through the trauma (Where was He?), sanctification, and personal responsibility for regretful decisions made based on a distorted worldview.

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- **Faith** – Faith was mentioned as a tool to combat fear, most notably the fear related to the trauma, but also the fear of opening up and allowing God to heal. It is common to hear clients attest to a fear that they will “lose control” and not be able to regain control if they open the wounds of the past.
- **Sin/Sin nature** – This principle was used to help clients understand why trauma happens, to recognize that the world is broken and sinful, and to accurately view God’s power within the context of freewill.

### **The Necessity of Biblical Principles**

Participants overwhelmingly stated that in order to realign distorted views there must be a blueprint and foundation for which these views can be measured. Biblical principles create an absolute truth and an outline in addressing the distorted beliefs, and the biblical principles mentioned by the participants line up with the common issues presented with trauma, such as safety/security, trust, and hope. This also creates a holistic approach, as the spiritual, psychological, and physical realms are all incorporated into the healing process.

In addition, an active spiritual life creates a buffer, which is not only supported by the literature (Ahrens, et al., 2010; Gall et al., 2007; Krejci et al, 2004; Pargament, 1997), but these participants went a step further stating a relationship and foundation in *Christ* serves as a buffer for trauma. What the participants of this study mentioned was that although everyone is rocked by trauma, those who have a pre-existing relationship with Christ are better able to process and heal from the traumatic experience.

This concept has implications for parents and churches as well, stressing the importance of teaching children an accurate view of God and encouraging them to develop a personal relationship with Christ. Bad things happen to good people, even children, and no matter how

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hard parents and adults try to protect children, bad things happen. Therefore the best way to protect children from the world is to take the time to teach them a developmentally appropriate, yet accurate, view of God.

One last concept that was mentioned in this study was the necessity of the Holy Spirit when working with trauma. The participants of this study referenced the Holy Spirit in relation to a source for wisdom, discernment, and direction; often acknowledging that they, the therapist, were just a conduit, and the Holy Spirit was the one doing the work.

### **Spirituality – Coping or Foundation**

In contrast to the literature, all the participants in this study used spirituality, or in this case biblical principles, as the foundation of their therapeutic approach, incorporating biblical principles into the heart of therapy. In this way, biblical principles were used by participants as the foundation of their approach, through therapeutic interventions, and incorporated as ways to help the client heal and cope with the traumatic even in an effective, not avoidant, manner.

### **Implementation and Interventions**

#### **Integrating Views Before and After Trauma**

When it comes to integrating the trauma survivor's views before and after the trauma, the therapist must first know from what belief system the client is functioning - an intrinsic/internal belief system or extrinsic/external belief system. In other words, does the client have a relationship with Christ or is he or she practicing a religion based on actions or rituals? This helps to determine the starting point once the distortions have been identified and the time has come to realign these distortions with scripture. This leads to cognitive integration, where the trauma can be integrated into a new belief system and is no longer a defining factor in the client's life. Factored into this process is the concept of meaning making, which allows for the

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instillation of hope and a faith that they will not remain in the pain, but work through it and fulfill a purpose.

### **Therapeutic Interventions**

The road to recovery for a trauma survivor is a long one and requires patience, understanding, and the implementation of multiple therapeutic interventions. Listed below are the most commonly used therapeutic interventions mentioned by the participants:

- **Storytelling Through Scripture and Bible stories** –
  - Biblical stories that characterize what the client is experiencing, i.e. the story of Joseph was mentioned in relation to being sinned against and represents how good can come from evil.
  - Scripture to address concepts being addressed, i.e. All things work together for the good of those who love Him.
- **Psychological Theories** – Cognitive and Cognitive Behavioral Therapy were the most commonly mentioned theories used with trauma and are backed by empirical research as an effective approach with trauma. Dialectical Behavioral Therapy, Gestalt, and Exposure Therapy were also mentioned, as well as specific interventions such as guided imagery, Socratic questioning, the empty chair technique, journaling, letter writing, coping skills, and grounding techniques. These techniques and theories can be easily integrated into the biblical foundation of the therapist.
- **Addressing the Impact of the Trauma** – This referred to such issues as grief work, identity/personal beliefs, view of danger, accepting and processing the trauma, stress and anger management.

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- **Reframing and Meaning Making** – This concept was not only used as an intervention, but also to assess growth and healing in the client.
- **Relationship Building** – Relationship building is important in any therapeutic relationship, but when it comes to the trauma survivor, the concept of creating a safe and secure environment where compassion, understanding, and validation flow freely is imperative.
- **Prayer** – Prayer can be used as a way to reflect the clients' problems off of themselves and onto God.
- **Psycho-education** – This intervention is used to teach the client life skills, help the client understand the impact of their trauma, or in the realigning of distorted views.
- **Forgiveness** – When helping a trauma survivor work through the concept of forgiveness, the participants focused on the difference between forgiveness and absolving someone of guilt, using the biblical definition to help the client understand the variance. It was also pointed out how difficult it can be to walk a client through forgiveness from a strictly secular point of view.

### **Working with clients from differing backgrounds**

Therapists who work in a secular setting or work with clients of all different walks of life may wonder how it is possible to implement a biblical approach without violating ethical standards. Each participant of this study was asked if they approached clients differently depending on the client's spiritual background. The result was that the biblical foundation of the therapist's approach did not change, nor did the goals of therapy. What did change was the starting point and language used with the client.

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This conclusion brings to light a very important concept for practicing therapists - the personal belief system of the therapist cannot be separated from therapy. This stresses the importance of including the therapist's personal belief system in the informed consent, and not just for faith based therapists, but all religions, including atheists, agnostics, or any religious belief system. Even though it is acceptable in the psychology realm to leave faith out of the therapy room, by doing this, an undercurrent of beliefs and biases that impact the therapeutic process are being ignored.

Another important concept to be considered from this outcome is that a client's viewpoint and belief system can be respected while still using the Bible as an absolute truth, even if the client is not a Believer. The key is meeting the client at his or her level using language the client can understand. There are two important concepts to be implemented here. The therapy room must be a safe place to address anger and questions towards God, which means the therapist's belief system must be secure so that the client has the freedom needed to explore, question, and reach his or her own conclusions.

### **Promoting Implementation of Biblical Principles among Therapists**

Although counseling psychology programs are beginning to focus more on the concept of spirituality and religion through the course of multiculturalism, the majority of therapists have not been trained to the point where they feel comfortable implementing these concepts into their therapeutic approach (Brawer et al., 2002; Briggs & Rayle, 2005; Schulte et al., 2002; Shaw et al., 2012; Smith, 2004; Vogel et al., 2013; Young et al., 2002). As such, the participants advised of several ways therapists could gather the skills needed to address the spiritual impact of trauma with their clients.

- **Education** – books, seminars, CEU's

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- **Self-reflection** – It is important for therapists to first walk through their own trauma and/or seek out faith based counseling of their own in order to gain perspective. It is also important for the therapist to have a solid understanding of his or her own beliefs and interpretation of scripture and how these factor into the therapeutic approach. This is also important to increase interpersonal effectiveness and reduce transference issues.
- **Spiritual Growth of the Therapist** – It is often stated that one cannot give something away that he or she does not possess. This same concept was mentioned in relation to biblical integration. Authenticity is the backbone of a healthy relationship and as such, a therapist who incorporates the importance of Christ in the client's life and healing must also be actively incorporating Christ into his or her own.
- **Supervision/Consultation** – Due to the nuances involved in integrating biblical principles in an ethical manner, and the added responsibility of working with clients of differing faiths and beliefs systems, it is highly recommended that therapists new to the integration process seek out supervision or consultation from a therapist well versed in the approach. As more and more biblical issues become political hot spots, it is important the therapist know how to ethically maneuver his or her personal convictions while respecting the needs of the client.

### Conclusion

A holistic approach, where the psychological, physical, and spiritual realms are all incorporated into treatment, generates a better outcome when working with trauma clients. Research has demonstrated the positive outcome when spiritual concepts are included in the healing process, and this study demonstrated the need for biblical concepts in order to create a foundation/absolute truth from which the common distortions brought about from trauma can be

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realigned. Integrating biblical principles with common theoretical concepts and techniques can produce the path where distortions and faulty identities can be identified and realigned, and the trauma can be integrated into a healthier belief system.

### About Dr. Mindi Lunday

Dr. Mindi Lunday has a doctorate in Counseling Psychology, a Master's in Marriage and Family Counseling, and a Master's in Education. In addition, Dr. Lunday was trained to integrate biblical principles with psychological theory and trained in play therapy, working with children as young as three years of age. Dr. Lunday currently owns a private practice, Lunday Counseling Center in Destin, FL, providing therapy to children and adults as well as community and professional trainings. She also works with Shelter House, the domestic violence and rape crisis center in Ft. Walton Beach, FL, providing trainings, supervision, and play therapy. Dr. Lunday has a varied background that includes working at Child Protective Services, an Advocacy Center working with sexually abused children and their families, domestic violence shelters, a homeless shelter, and private practice.

*Editors note:*

*You can follow up with Mindi about her thesis project and learn more about her at her website:*  
[www.lundaycounselingcenter.com](http://www.lundaycounselingcenter.com)

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