

## A Matter of Faith

By Andrea Blanch, PhD, President, Center for Religious Tolerance

Chances are good that many people who come to you or your agency for help have an active spiritual life. According to the Pew Foundation, 87% of people in the United States define themselves as “religious,” 57% regularly attend a worship service, and a growing number describe themselves as “spiritual but not religious.” Clients who have experienced severe trauma may be searching for answers to deep religious or spiritual questions. They may wonder how God could allow such a thing to happen, or they may seek to restore their sense of a meaningful world. As Laura Mancuso, an interfaith chaplain and mental health professional states, “Spirituality touches the very core of the suffering that results from trauma...It reminds us that we are whole, no matter what happened, and can help restore our sense of safety.” Yet, why are so many clinicians uncomfortable talking about religion or spirituality with clients? There are several factors at play, according to Roger Fallot, PhD, a psychologist who works to integrate spirituality into trauma treatment. Fallot notes that many people erroneously believe that the “separation clause” of the First Amendment to the Constitution prohibits discussion of these issues in a therapeutic setting. Reverend Mancuso agrees that this misconception has been a barrier: “The time has come to stop hiding behind a generalized fear of violating the separation of church and state and to instead become informed about what that actually means.” Dr. Fallot believes that many people are also personally uncomfortable with these issues: “For some people, religious or spiritual experiences are too close for comfort to psychotic process or to irrational thinking. Many people simply don’t know what to do when their clients tell them they talk to God.” Fallot gives the example of a woman applying for a housing subsidy who was asked what she would do in an emergency. When she replied that she would pray, she was denied the subsidy — presumably because the agency fear she had poor judgment and coping skills. “It’s noteworthy that the decision was so quick,” Fallot adds. “Almost any other answer would have elicited followup questions like ‘What would you do next?’ or ‘What else would you do?’”

Despite the reluctance of many clinicians to address religious or spiritual issues, many trauma survivors talk about recovery as a deeply spiritual process. To begin a discussion of these issues, SAMHSA’s National Center on Trauma Informed Care convened a two-day “listening session” in 2009 that included religious leaders, behavioral health practitioners, and trauma survivors. Thirty-eight people participated, reflecting 26 different faith traditions. The meeting’s focus was on identifying ways in which a religious or spiritual framework can assist people in responding to and healing from trauma and violence. Several themes emerged from the discussion. Churches and clergy are often on the frontlines of a crisis, and many people turn first to faith leaders for help. The world’s religions clearly have deep wisdom to offer people who have experienced violence or trauma. From the Jewish celebration of the Passover Seder to Christian beliefs about the Resurrection and the Buddha’s teachings about nonattachment, religious texts and practices offer ways to understand and cope with human suffering. Many of the “coping strategies” that trauma survivors already use as part of their healing journey have roots in religious or spiritual systems: yoga, meditation, breath work, retreats in nature, chanting, even some forms of dance and music were originally associated with accessing the divine. Mancuso points out that many of these practices are effective in building resiliency, as well as in trauma healing. “No one is immune from the possibility of experiencing trauma. Daily spiritual practices are a good way to prepare for the traumas that will inevitably come our way. It’s a method of building resiliency during calmer times that will serve us well when the unexpected happens — enhancing our capacity to survive and thrive despite the traumatic events of our lives.”

Another issue that arose during the discussion concerned the potential negative impact of religion or spirituality on trauma healing. For some people, religion may have been a source of profound trauma, as in clergy abuse, and for others, it may have been a source of constriction or punishment. While trauma informed practice requires the clinician to be vigilant about potential retraumatization, both Fallot and Mancuso believe that we have an obligation to address this domain. Spiritual competence, the capacity to understand and work within the framework of other people’s religious or spiritual realities, is as important as other forms of cultural competence. In fact, a recent survey of California County behavioral health directors concerning mental health

and spirituality found the highest level of survey respondents agreed, “Spirituality is an important element of multicultural competency for mental health providers.” “All trauma interventions should offer — not require — spiritual support...People recovering from trauma deserve to have every possible resource made available to them. We must gather the courage to stop excluding spirituality as an essential resource for trauma healing,” according to Mancuso. Falot concurs: “Professionals sometimes feel like they are walking through a minefield when these issues come up, but not addressing religion and spirituality excludes an entire sphere of people’s existence. Really, it’s like any other issue — all you have to do is ask.”

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