

Liberty University

**Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers**

A Thesis Project Submitted to  
The Faculty of the John W. Rawlings School of Divinity  
In Candidacy for the Degree of  
Doctor of Ministry

by

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Lynchburg, Virginia  
March 3, 2020

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Liberty University John W. Rawlings School of Divinity

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## **Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers**

THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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Liberty University School of Divinity, 2020

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Trauma experiences are becoming more prevalent in today's society. For example, each day, the media reports the widespread impact of war, gun violence, domestic and international terrorism, violent crimes, sexual assault, domestic violence, child abuse and neglect, mass shootings, and natural disasters in the general population. The church has long been considered a place of refuge, hope, and healing for people who suffer from crises and trauma. It is often the first place Christians and the surrounding community turn in times of distress. Because pastors and churches are often the first responders when people experience crises and traumatic events, there is a need for faith-based trauma-informed education to enhance the capacity of care to crisis and trauma sufferers.

The researcher has chosen to conduct a quantitative study by surveying the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, to build a report of their crisis and trauma experiences. From the compiled data, the researcher will develop an enhanced plan for pastoral care and support of The Greenhill Church and Christian Outreach Ministries that incorporates spiritual disciplines and Christian mindfulness to provide hope, and the opportunity for people to experience spiritual growth and transformation despite their painful experiences.

Word Count: 241

Key Words: Crisis, Trauma, Trauma-Informed, Christian Mindfulness, Pastoral Care, Pastoral Counseling

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## **Abbreviations**

Acceptance and Commitment Therapy

ACT

Post-Traumatic Stress Disorder

PTSD

Posttraumatic Growth

PTG

The Greenhill Church and Christian Outreach Ministries

The Greenhill Church



## Chapter 1: Introduction

Trauma experiences are becoming more prevalent in today's society. For example, each day, the media reports the widespread impact of war, gun violence, domestic and international terrorism, violent crimes, sexual assault, domestic violence, child abuse and neglect, mass shootings, and natural disasters in the general population. Additionally, researchers report that

today, the general trend in many populations across the globe is fear and anxiety about self and neighbor. Socio-political events have cast a shadow of uneasiness about one's security and that of significant others at a personal as well as a societal level. Similarly, although the research is limited and still early, this is being seen as characteristic in the youngest living generation (those following the Millennials).<sup>1</sup>

Human exposure to traumatic events is seemingly commonplace as it “cuts across all walks of life, regardless of age, race, ethnicity, socioeconomic status, religion, and cultural background.”<sup>2</sup> *The Journal of Psychiatry and Neuroscience* supports this claim by reporting that “about 60%-75% of individuals in North America experience a traumatic event at some point in their lifetime. The 12-month prevalence of Post-Traumatic Stress Disorder (PTSD) is estimated to be 2.5% - 3.5% in North America, making this condition an important public health issue.”<sup>3</sup> According to the National Center for PTSD, “8% of men and 20% of women go on to develop PTSD, and ~30% of these individuals develop a chronic form that persists throughout their lifetimes.”<sup>4</sup> Research shows that the constant images of the 9/11 attacks on the World Trade

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<sup>1</sup> Javier Irribarren, Paolo Prolo, Negoita Neagos, and Francesco Chiappelli, “Post-Traumatic Stress Disorder: Evidence-Based Research for the Third Millennium,” *Evidence-Based Complementary and Alternative Medicine* 2, no. 4 (2005): 503.

<sup>2</sup> Lesia Ruglass, and Kathleen Kendall-Tackett, *Psychology of Trauma 101* (New York: Springer Publishing Company, 2014), 5.

<sup>3</sup> Jenna E. Boyd, Ruth A. Lanius, and Margaret C. McKinnon, “Mindfulness-Based Treatments for Posttraumatic Stress Disorder: A Review of the Treatment Literature and Neurobiological Evidence,” *Journal of Psychiatry Neuroscience* 43, no. 1 (2017): 7.

<sup>4</sup> Irribarren, Prolo, Neagos, and Chiappelli, “Post-Traumatic Stress Disorder,” 504.

Center, the Pentagon, and the airline crash of United Airlines Flight 93 in Pennsylvania, where a total of over 3,000 lives were lost, possibly contributed to PTSD experiences, even if a person was not physically present.<sup>5</sup> Journalist Sandy Villarreal additionally reports that “twenty people per minute are the victims of physical violence by an intimate partner in the U.S.”<sup>6</sup> These alarming statistics confirm the prevalence of trauma as a public health issue.

### Ministry Context

In addition to the above statistics, the ministry context of this thesis project is based on the experience of the researcher as a senior pastor and a career educator for over twenty years in a school located on the military base in Ft. Campbell, KY. The researcher has served in various roles of ministry for the past thirty years in The Greenhill Church and Christian Outreach Ministries (The Greenhill Church) located in Clarksville, TN. The researcher has served as senior pastor for the past eleven years. The majority of the membership of The Greenhill Church includes active duty, retired, and former military, and their families. Included in the membership are active duty and retired soldiers who have served in combat situations such as the recent War on Terrorism, Desert Storm, Vietnam, and multiple deployments. Many of the soldiers have been clinically diagnosed with trauma and PTSD and receive treatment for symptoms that result from the traumatic experiences of war. The remaining members consist of native Clarksvillians and members that have migrated to this area for various reasons. Many members have shared experiences of crisis and traumatic events. Likewise, the researcher of this project has experienced a life-changing traumatic event resulting in greater sensitivity and awareness to others suffering through crises and trauma.

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<sup>5</sup> Cheryl A. Roberts, *Coping with Post-Traumatic Stress Disorder: A Guide for Families* (Jefferson, NC: McFarland and Company Publishers, 2011), 31.

<sup>6</sup> Sandi Villarreal, “Shelter in the Storm,” *Sojourners Magazine* 44, no. 9 (September 2015): 36.

In addition to being a public health issue, the above statistics connect with a vital issue in The Greenhill Church. Consequently, the church plays a vital role in caring for its membership, which inevitably includes those suffering from various traumatic events. The ministry context includes the families of these soldiers as they also are impacted by the stress of the soldier with symptoms identified as secondary PTSD. However, trauma and PTSD are not exclusive to the military. Many members not connected to the military have also expressed their experiences with crises and traumatic events. Furthermore, not all traumatic experiences result in PTSD, and not all problems result in crises.

Another pertinent fact about the ministry context is that the congregation consists of approximately 115 members, and is predominantly African American. It was founded in 1865 by formerly enslaved people and was not initially affiliated with a denomination. The church existed as a Baptist church for most of its history, and evolved into a non-denominational church that welcomes other ethnicities. While other ethnicities are welcomed, as previously noted, the church is predominantly African American, so it is important to note that the stress and trauma often associated with racial and social injustices experienced by the African American community, often go unnoticed and untreated. Frederick Street, a professor in pastoral counseling, notes that many of the health issues suffered by African Americans, such as cancer, diabetes, heart disease, are “often exacerbated by stress and the effects of trauma.”<sup>7</sup>

Pertinent to the ministry context is the vision of The Greenhill Church, which is “Teaching, Enhancing and Transforming Lives.” The vision is accomplished through various ministries and activities with the intent to holistically address concerns that could hinder or help

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<sup>7</sup> Frederick Streets, “Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda,” *Social Work and Christianity* 42, no. 4 (Winter 2015): 473.

the spiritual growth of all members. Specialized workshops, conferences, sermons, Bible studies, and other ministry activities tied to the vision address Greenhill's seven core values of faith, family, friendship, fellowship, fitness, finances, and fun. Consequently, many members have expressed the benefits of participating in church activities such as attending worship services, corporate prayer, Bible study classes, music, drama, and small groups such as men's and women's ministries. Participating in other activities which focus on spiritual disciplines such as corporate fasts with prescribed daily Scripture meditations and prayers, prayer meetings, weekly Bible studies, and various discipleship curriculum studies based on the seven core values have not only assisted the members in spiritual growth, but provided opportunities to experience God's healing and restorative power.

These experiences have played a vital role in enabling individuals and families suffering from crises and traumatic events by equipping them with the spiritual knowledge to manage their symptoms and cope with the realities of their traumatic experiences. Likewise, members have acknowledged that the personal practice of spiritual disciplines such as reading Scripture, completing daily devotions, fasting, praying, and participating in private worship, builds their faith, and solidifies their hope through surrender to God, while opening the heart to divine healing. The researcher of this project, who is also the senior pastor, asserts that the strong practice of these spiritual disciplines are due to the church's emphasis on discipleship, the exercise of spiritual disciplines, emotional wellness, and the importance of professional counseling combined with spiritual caregiving.

In addition to the teaching and practice of the spiritual disciplines, The Greenhill Church has a pastoral care team consisting of ministers, elders, and deacons who assist the pastor in the care and counsel of the membership. The roster is divided among the pastoral care team

members to care for the needs of families and to build relationships to help families remain connected and engaged in the life of the church. The pastoral care team provides care and support to families and individuals who experience a myriad of situations, including celebrations and milestones, crises, grief, loss, and trauma. The pastoral care team prays with families, reads Scriptures, visits with, and provides other spiritual resources to families that may bring comfort during times of trouble. The ministry of the pastoral care team is one way the church can address spiritual issues that may be unfamiliar to secular counselors by assisting the crisis sufferer in reframing traumatic experiences and psychological issues in the context of their faith.

#### Statement of Problem

The church has long been considered a place of refuge, hope, and healing for people who suffer from crises and trauma. It is often the first place Christians and the surrounding community turn in times of distress. Therefore, the problem is that Christians suffering from crisis, trauma, and PTSD often rely on secular counselors and traditional therapies to address their issues, which often omit spiritual elements. A critical factor impacting why Christians may turn to secular assistance could be as Judith Sigmund argues, that some clergy may have training in mental health counseling, but many do not. Likewise, many mental health professionals have little training in evaluating the spiritual concerns of patients.”<sup>8</sup> Subsequently, churches often lack the tools needed to effectively address the psychological issues that often accompany persons suffering from crisis and trauma.

The church can still be a valuable source of care and counsel although additional training is needed to be sensitive and aware of psychological issues of crisis and trauma sufferers. For

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<sup>8</sup> Judith A. Sigmund, “Spirituality and Trauma: The Role of Clergy in the Treatment of Posttraumatic Stress Disorder,” *Journal of Religion and Health* 42, no. 3 (Fall 2003): 224.

instance, Nancy C. Reeves, Ph.D., a clinical psychologist specializing in trauma, grief, and loss, reports that she has observed an increasing amount of spiritual issues associated with those who have PTSD.<sup>9</sup> The observation by Reeves highlights the point that addressing spiritual issues in crisis and trauma sufferers is vital to their care and the process of healing. In regards to addressing spiritual issues in the care of crisis and trauma, Dr. Kent Dresher et al. maintains that “religious communities provide for many people an important framework for understanding those most difficult moments of living, particularly human suffering.”<sup>10</sup> Therefore, the supposition is that if religious communities continue to address issues of crisis, then knowledge on how to best provide ministry is needed to help people grow and transform spiritually.

Regarding The Greenhill Church, serving the population described in the ministry context exposes the need to enhance the existing pastoral care and support to crisis and trauma sufferers to better assist them in the process of healing and spiritual growth. The pastoral care team, as outlined above, presently consists of lay members, ministers and elders who have been licensed and/or ordained after fulfilling requirements of training in biblical principles, church leadership and the exercise of spiritual disciplines to serve the basic ministry needs of the church and membership, including crisis and trauma situations as they arise. However, the training of the pastoral care team does not presently consist of how to effectively provide extended care and support of members beyond a traumatic event. Consequently, members of the pastoral care team have expressed the need for a more structured method of after-care to assist in the healing and spiritual growth process. Therefore, enhancing pastoral care and support requires additional

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<sup>9</sup> Nancy C. Reeves, "The Effects of Post-Traumatic Stress Disorder on Spirituality," *American Journal of Pastoral Counseling* 4, no. 3 (July 2010): 4.

<sup>10</sup> Kent D. Dresher and Daniel M. Saperstein, "ACT and Clergy," in *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care*, eds. Jason A. Nieuwsma, Robyn D. Walser, and Steven C. Hayes (Oakland, CA: Context Press, 2016), 187.

training on the sensitivity to the emotional and spiritual needs of crisis and trauma sufferers. A structured method of care could ensure that the opportunity to meet these needs is accessible to all members.

Another concern of addressing the needs of crisis and trauma sufferers is that not all families seek professional counseling due to various reasons. The ministry experience of the researcher to the various families of The Greenhill Church and the surrounding community affirms that although secular counseling and therapy can be effective in addressing emotional issues, when utilized, secular methods of treatment are often deficient of elements addressing the spiritual needs and concerns of people who are crisis and trauma sufferers. The church, as a first responder, is needed to fill the void of spiritual care and counsel to many in crisis. David Powlison, Ph.D., addresses this void in the church's role as first responder by posing some interesting questions. For example, he says,

But what about the practice of *counseling*? Should churches and mere Christians step into complex personal and interpersonal problems simply because the Bible contains life-changing *counsel*? Should we [*sic*] get involved with victims of abuse, with volatile marriages, with strugglers overwhelmed by depression or panic, with people in the grip of addictions? Can life-giving counsel inhabit honest, life-rearranging conversations—or is God's merciful and realistic truth limited to books, sermons, hymns, and prayers?! *Scripture teaches, illustrates, and assumes that we can, should, and will counsel.*<sup>11</sup>

Karen Swanson and Philip Monroe developed a unique approach to solving the void of spiritual care and counseling as addressed in the questions posed by Powlison. They established a trauma education program to “build an army of capable Christ-followers.”<sup>12</sup> The trauma education program was designed to illustrate “how God responds to traumatized people and

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<sup>11</sup> David Powlison, “Counsel and Counseling: Christ’s Message and Ministry Practice Go Together,” *Journal of Biblical Counseling* 32, no. 1 (2018): 3-4.

<sup>12</sup> Karen Swanson and Phil Monroe, “Trauma: How the Church Can Heal Soul Wounds,” *Christianity Today*, (June 26, 2019): n.p., accessed November 30, 2019, <https://www.christianitytoday.com/edstetzer/2019/June/trauma-how-church-can-heal-soul-wounds.html>.

provides simple, yet effective care responses laypersons can enact without being professional caregivers.”<sup>13</sup> Because the church is often a first responder, the pastoral care team could benefit from ways to specifically provide care and counsel to crisis and trauma sufferers. The recommendation posed by Swanson and Monroe of a trauma-informed curriculum could potentially benefit crisis and trauma sufferers while enhancing the effectiveness of the existing pastoral care team. During training for the pastoral care team, a valid concern expressed is how to follow-up after the initial contact with a family or individual experiencing a crisis. There is a structured protocol for the initial events of crisis and trauma. Further opportunities for healing and encouragement in addition to opportunities relevant to the spiritual growth of crisis and trauma sufferers are needed.

Another aspect of the problem and further support for the need of a faith-based, trauma-informed care plan is that the lack of trauma education can cause further trauma to persons in crisis, especially if the trauma situation is highly sensitive. A structured method of care can prevent the person in crisis from feeling singled out or exposed. For example, author and seminary professor Wade Mullen, says that in the face of sexual trauma, victims process their traumatic experiences in different ways. He says that “If a congregation is unprepared, the exposure of sexual sin might produce immediate confusion. This confusion can lead to poor and even dangerous responses.”<sup>14</sup> Similarly, Laura M. Bonner and other researchers suggest that “prior negative religious experiences might be associated with increased anxiety and depression,”<sup>15</sup> particularly among patients that suffer from severe trauma. The concern then

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<sup>13</sup> Swanson and Monroe, “Trauma: How the Church,” n.p.

<sup>14</sup> Wade Mullen, “Casting the First Stone: Perpetrators, Victims, and Sinners,” *Christian Counseling Today* 23, no. 1 (2018): 42.

<sup>15</sup> Laure M. Bonner et al., “Help-Seeking from Clergy and Spiritual Counselors Among Veterans with Depression and PTSD in Primary Care,” *Journal of Religion and Health* 52 (2013): 709.



arises that if a congregation is not prepared to address traumatic experiences, then the intervention can cause further damage to the person that is already traumatized.

Additionally, the need to define further what it means to provide support to families and individuals experiencing a crisis is another matter of concern. As mentioned, there is need for a structured method to assist families and individuals beyond the initial onset of a crisis or trauma situation to stimulate spiritual growth despite difficulties. For instance, praying for individual needs is powerful and effective. However, “bearing one another’s burdens” (Galatians 6:2),<sup>16</sup> implies walking beside others through trials in addition to praying. Pastoral care, which is carried out either by the pastor, pastoral care teams, deacons, ministers, and lay counselors, is a way to walk beside those who are suffering from crisis and traumatic events. Associate Professor of Pastoral Theology, Frederick Streets suggest that when walking along with others, caregivers should identify the religious and spiritual elements that can cause further harm to emotionally oppressed people.<sup>17</sup> The elements can be identified through the proper knowledge to recognize the effects of trauma on individuals.

Another concern mentioned in the ministry context is that The Greenhill Church is predominantly African American. The church has often been the first responder to members experiencing a crisis and traumatic situations. This fact is a major component when considering adequate preparation for providing pastoral care to crisis and trauma sufferers. According to the research reported in the *Social Work in Health Care* journal, “African-American clergy are the primary source of mental health care for a large, socioeconomically diverse cohort of African

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<sup>16</sup> Unless otherwise noted, all biblical passages referenced are in the *New King James Version* (Nashville: Thomas Nelson, Inc., 1982).

<sup>17</sup> Streets, “Social Work and a Trauma-Informed Ministry,” 483.

Americans.”<sup>18</sup> Also, research shows that for African Americans and mental health concerns, “A majority of individuals seek assistance from clergy exclusively and do not seek additional care from physicians or specialty mental health personnel.”<sup>19</sup>

Because “African-American clergy are also trusted ‘gatekeepers’ for referrals to mental health professionals,”<sup>20</sup> it is imperative that the pastor and The Greenhill Church adequately prepare as the first responders to assist members experiencing crisis and trauma. The pastoral care team includes deacons and elders who work alongside the pastor as responders to the crisis and trauma situations of the membership. Therefore, the incorporation of faith-based trauma-informed care would greatly enhance the care and support of the pastoral care team while additionally offering a definitive process for the spiritual growth of crisis and trauma sufferers.

#### Statement of Purpose

Pastors and churches are often the first responders when people experience crises and traumatic events. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. The purpose of this study is to survey the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.

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<sup>18</sup> Laverne Williams, Robyn Gorman, and Sidney Hankerson, “Implementing a Mental Health Ministry Committee in Faith-Based Organizations: The Promoting Emotional Wellness and Spirituality Program,” *Social Work in Health Care*, 53, no. 4 (2014): 416.

<sup>19</sup> Kim L. Stansbury et al., “African American Clergy: What are Their Perceptions of Pastoral Care and Pastoral Counseling?” *Journal of Religion and Health* 51, no. 3 (September 2012): 962.

<sup>20</sup> Williams, Gorman, and Hankerson, “Implementing a Mental Health Ministry,” 416.

## Basic Assumptions

The ministry context of this project focuses on the members and frequent attendees of The Greenhill Church to build a report of the crisis and trauma experiences. The researcher assumes that first, the members and frequent attendees will respond to the survey. Secondly, the researcher assumes that some responders have suffered from a crisis or traumatic event. Also, the researcher assumes that survey responders acknowledge the importance of including spirituality as a significant component in their care and counsel.

Another assumption is that the possibility of using a trauma-informed approach to care, possibly using spiritual disciplines such as Christian mindfulness, could fulfill the need for a structured method of care to enhance the existing ministry of the pastoral care team and to help those who experience crisis and trauma grow spiritually despite their experiences. Christian mindfulness employs spiritual disciplines such as prayer, contemplation, biblical study, and meditation to foster hope, healing, spiritual growth, and transformation. The researcher assumes that utilizing a curriculum of this manner will provide structure for gaining fluidity in the practice of spiritual disciplines, consistency of tools for pastoral care, and opportunities for spiritual growth and transformation for those who experience crisis and trauma.

## Definitions

The following terms will be used throughout this paper to expound upon the problem and purpose of this study. The terms will explicate the possible use of Christian mindfulness to enhance the pastoral care and support for those suffering through crisis and trauma situations.

First, according to Scott Floyd, an associate professor of psychology and counseling, the term *crisis* can have varied definitions indicating a “negative or problematic state, event, or

series of events, or an unstable time with an uncertain outcome.”<sup>21</sup> An expanded definition of crisis is “a turning point in human functioning,”<sup>22</sup> in which things can “go one way or another.”<sup>23</sup> Nonetheless, crisis events can cause a person to lose his/her normal coping abilities due to “an intolerable difficulty that exceeds the person’s current resources.”<sup>24</sup> Crises are temporary. Therefore, an individual expects to regain healthy coping skills once the crisis is over.

Conversely, individuals in crises may not experience the severity of symptoms as those suffering from trauma and PTSD. Dr. Norman Wright maintains that “trauma is more than a state of crisis...you [*sic*] can end up in a crisis and not be traumatized.”<sup>25</sup> Furthermore, Wright proposes that “the heart of trauma and crisis is loss.”<sup>26</sup> Everyone suffers a loss of something at some point in life. For example, death is an inevitable loss that all people experience at some point in their lives. However, death is not the sole source of loss or crisis. According to Dr. Scott Floyd, a person can view a crisis from a positive or negative perspective. The concept of the positive perspective denotes a time in a person’s life where a situation causes a turning point.

On the contrary, the negative connotation of crisis is a time of distress where the experience of the person is beyond normal coping mechanisms, affecting daily functionality.<sup>27</sup> Floyd suggests that while “crisis may be somewhat vague and can involve a person’s perception, trauma is very specific and is connected to a particular event.”<sup>28</sup> He further purports that trauma

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<sup>21</sup> Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel Publications, 2008), 24-25.

<sup>22</sup> *Ibid*, 24.

<sup>23</sup> *Ibid*.

<sup>24</sup> *Ibid*, 25.

<sup>25</sup> H. Norman Wright, *The Complete Guide and Trauma Counseling: What to Do and Say When it Matters Most!* (Minneapolis, MN: Bethany House, 2011), 191.

<sup>26</sup> *Ibid*, 4.

<sup>27</sup> Floyd, *Crisis Counseling*, 25.

<sup>28</sup> *Ibid*, 42.

causes a specific set of symptoms and “can also be emotional, striking at the core of a person’s identity and sense of self.”<sup>29</sup> Trauma symptoms can last over a lifetime, whereas crisis symptoms usually dissipate as the crisis event subsides.

Secondly, *trauma* is a primary term used in this paper. It is defined as “a wound (or an event that causes a wound).”<sup>30</sup> Trauma encompasses psychological wounds that “can occur when a person experiences an extreme stressor that negatively affects his or her emotional or physical well-being, causing emotionally painful and distressing feelings that overwhelm a person’s capacity to cope and leave him or her with feelings of helplessness.”<sup>31</sup> In addition to the possible development of PTSD, other symptoms may occur, such as “depression, substance abuse, sleep problems, and potentially chronic health problems, such as heart disease, diabetes, and cancer.”<sup>32</sup> Hence, the wound experienced could be a physical or emotional wound causing psychological trauma resulting in a wound to the mind and emotions.

To further define trauma, it is essential to note that individuals may suffer from trauma as a result of exposure to single or multiple traumatic events. Therefore, it is critical to differentiate crisis or stressful situations from actual traumatic events. There are three categories of potential traumatic events and stressors that lead to suffering: intentional human acts (manmade, deliberate, malicious) such as war, abuse, or criminal assault; unintentional human acts (accidents, technological disasters); and acts of nature or natural disasters such as tornados, floods, and earthquakes.<sup>33</sup> Likewise, “an event is considered traumatic if the event resulted in

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<sup>29</sup> Floyd, *Crisis Counseling*, 25

<sup>30</sup> Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (New York: McGraw Hill Education, 2016), 4.

<sup>31</sup> Ruglass and Kendall-Tackett, *Psychology of Trauma*, 5.

<sup>32</sup> *Ibid.*

<sup>33</sup> Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 5.

death or threatened death, actual or threatened physical injury, or actual or threatened sexual violation.”<sup>34</sup>

Like trauma, *Post-Traumatic Stress Disorder (PTSD)* is defined as a disorder resulting from exposure to a traumatic event causing a psychological wound. However, all trauma exposure will not necessarily result in the development of PTSD. A PTSD diagnosis must meet the criteria found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. To meet the DSM-IV criteria for PTSD, traumatic events must be “persistently reexperienced in at least one of several ways, including intrusive distressing recollections, recurrent distressing dreams, acting or feeling as if the event is occurring, or intense psychological or physiological distress at internal or external cues related to an aspect of the traumatic event.”<sup>35</sup>

Another term used on the other spectrum of PTSD is posttraumatic growth, also known as PTG. *Posttraumatic growth* is defined by Eranda Jayawickreme and Laura E. R. Blackie as the “positive transformations in beliefs and behavior”<sup>36</sup> in the forms of “improved relations with others, identification of new possibilities for one’s life, increased perception of personal strength, spiritual growth and enhance appreciation of life.”<sup>37</sup> According to Amanda M. Evans, Carrie Hemmings, Christopher Burkhalter, and Virginia Lacy, “PTG acknowledges the resilience and growth that can occur following a traumatic event whereby the individual derives meaning from

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<sup>34</sup> Ruglass and Kendall-Tackett, *Psychology of Trauma*, 5.

<sup>35</sup> David E. Jenkins, "Post-traumatic Stress Disorder," in *The Popular Encyclopedia of Christian Counseling*, eds. Dr. Tim Clinton and Dr. Ron Hawkins (Eugene, OR: Harvest House Publishers, 2011), 404.

<sup>36</sup> Eranda Jayawickreme and Laura E. R. Blackie, “Post-traumatic Growth as Positive Personality Change: Evidence, Controversies and Future Directions,” *European Journal of Personality*, 28 (2014): 312.

<sup>37</sup> *Ibid.*

an event that caused suffering to transcend the trauma.”<sup>38</sup> In other words, PTG represents the positive outcomes that arise from crisis and traumatic events.

Mindfulness is another term used in this thesis project. The general definition of *mindfulness* is “the process of keeping one’s mind in the present moment while staying non-judgmentally detached from potentially destructive thoughts and feelings.”<sup>39</sup> In other words, mindfulness is a practice enabling individuals to become open to thoughts and feelings momentary and passing through, but not necessarily to act upon them. Fernando Garzon, a professor and licensed clinical psychologist, and Kristy Ford, an assistant professor and psychology program director, explain that the goal of mindfulness is to “become increasingly adept at maintaining a compassionate awareness of the varying personal thoughts, feelings, sensations, behaviors, or impulses experienced at any given moment in time.”<sup>40</sup>

*Christian mindfulness*, subsequently, is defined as “the act of using our awareness on purpose”<sup>41</sup> while employing “the practice of paying prayerful attention in the present moment to God’s abundant life.”<sup>42</sup> Thomas J. Bushlack, an assistant professor of Christian Ethics, explains in his article “Mindfulness and the Discernment of Passions: Insights from Thomas Aquinas” that “the general concept of mindfulness is an essential-if sometimes over-looked aspect of

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<sup>38</sup> Amanda M. Evans, Carrie Hemmings, Christopher Burkhalter, and Virginia Lacy, “Responding to Race Related Trauma: Counseling and Research Recommendations to Promote Post-Traumatic Growth when Counseling African American Males,” *The Journal of Counselor Preparation and Supervision* 8, no. 1 (2016): n.p., accessed January 20, 2020, <https://doi.org/10.7729/81.1085>.

<sup>39</sup> Scott H. Symington and Melissa F. Symington, “A Christian Model of Mindfulness: Using Mindfulness Principles to Support Psychological Well-Being, Value-Based Behavior, and the Christian Spiritual Journey,” *Journal of Psychology and Christianity* 31, no. 1 (2012): 72.

<sup>40</sup> Fernando Garzon and Kristy Ford, “Adapting Mindfulness for Conservative Christians,” *Journal of Psychology and Christianity* 35, no. 3 (2016): 263.

<sup>41</sup> Amy G. Oden, *Right Here Right Now: The Practice of Christian Mindfulness* (Nashville: Abingdon Press, 2017), 3.

<sup>42</sup> *Ibid.*, 2.

Christian spirituality and morality.”<sup>43</sup> Bushlack further explains that in the “rich biblical tradition of mindfulness...believers mindfully *recall* the acts of mercy that God has enacted on behalf of God’s people and *recognize* God’s continuing presence and promise of loving care.”<sup>44</sup> The practice of mindfulness for the Christian employs the spiritual disciplines of prayer, Scripture reading, biblical meditation, contemplation, solitude, silent prayer and meditation, worship, and fasting.

There is an unambiguous distinction between the secular and Christian practice of mindfulness. Joanna Jackson, Ph.D., asserts that “God will wholly heal our minds, bodies, relationships, and physical world. Mindfulness, apart from Christ, may provide alleviation of psychological distress, but it is at best limited and temporary.”<sup>45</sup> After comparing Christian and secular mindfulness, Dr. Katherine Thompson, a clinical social worker and author of *Christ-Centred Mindfulness* states that “mindful connection for the follower of Christ is, therefore, more complex than simple secular practice. It requires the surrender of our will and loving God in a mutual relationship... It is a different way of seeing. It is to have the mind of Christ.”<sup>46</sup>

Christian mindfulness also ensures that the core of awareness is filled with the presence of God and hope “rooted in Christ’s life, death, and resurrection behind - and new reaction in which every tear will be wiped away (cf. Revelation 21:4).”<sup>47</sup> Likewise, the Christian perspective

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<sup>43</sup> Thomas J. Bushlack, “Mindfulness and the Discernment of Passions: Insights from Thomas Aquinas,” *Spiritus* 14 (2014):142.

<sup>44</sup> Ibid.

<sup>45</sup> Joanna Jackson, “How Christian Faith Compares and Conflicts with Mindfulness,” *Journal of Biblical Counseling* 33, no. 1 (2019): 33.

<sup>46</sup> Katherine Thompson, *Christ-Centered Mindfulness: Connection to Self and God* (Sydney, Australia: Acorn Press, 2018), n.p., Kindle.

<sup>47</sup> Aaron Rosales and Siang-Yang Tan, “Mindfulness-Based Cognitive Therapy (MBCT): Empirical Evidence and Clinical Applications from a Christian Perspective,” *Journal of Psychology and Christianity* 36, no. 1 (2017): 79-80.



of mindfulness is the mindset of “letting go and letting God” while “bringing every thought into captivity to the obedience of Christ” (2 Cor. 10:5), while embracing God’s grace (Romans 5:1-2), to “watch and pray” (Matt. 26:41), and to “treat every moment as an offering to God.”<sup>48</sup>

Similarly, a form of mindfulness is Acceptance Commitment Therapy, also known as ACT (pronounced as “act”). Ingrid Ord, an ACT practitioner, correlates the ACT processes to the transforming ministry of Jesus Christ. According to Ord, Peter and Paul are examples of the transformative ministry of Jesus Christ because they were both aware of their situation while being open to life by enduring hardship. They believed that they were empowered by the Holy Spirit, which led them to be fruitful in ministry because of their values of faith.<sup>49</sup> Another Christian mindfulness approach is the concept of a “renewed mind” (Romans 12:1-2) as a result of the transformative power of being focused on Christ, a meditation on the Scripture with the intent of growing deeper in one’s relationship with God while living out biblical principles.<sup>50</sup>

A key element in the practice of Christian mindfulness is meditation. Because the term meditation has been secularized and often associated with many other forms of religions, the Christian tradition of meditation has been forgotten and devalued. However, the *Holman Treasury of Key Bible Words* says that “to meditate” on God’s law day and night (as referenced in Psalm 1:2) means “‘to muse,’ ‘to meditate,’ ‘to moan,’ ‘to think,’ or ‘to speak,’”<sup>51</sup> indicating both internal and verbal utterances. According to Joshua J. Knabb, et al., through biblical

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<sup>48</sup> Rosales and Tan, “Mindfulness-Based Cognitive Therapy,” 79-80.

<sup>49</sup> Ingrid Ord, “ACT and Christianity,” in *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care*, eds. Jason A. Nieuwsma, Roby D. Walser, and Steven C. Hayes (Oakland, CA: Context Press, 2016), 164.

<sup>50</sup> *Ibid*, 170.

<sup>51</sup> Eugene E. Carpenter and Philip W. Comfort, “Meditate,” in *Holman Treasury of Key Bible Words: 200 Greek and 200 Hebrew Words Defined and Explained* (Nashville, TN: Broadman and Holman Publishers, 2000), 123.

meditation, “Christians are aiming to shift from inner (e.g., the self, worry, and rumination) and outer (e.g., the pursuit of wealth, the desire to please others) preoccupations to God.”<sup>52</sup>

Therefore, mediation affects the mind by focusing with intention and attention to Scripture in order to gain insight, to know, and to cultivate a deep relationship with God.

*Prayer* is defined as “Communication with God, primarily offered in the second-person voice (addressing God directly). It may include a petition, entreaty, supplication, thanksgiving, praise, hymns, and lament.”<sup>53</sup> Prayer is a prevalent practice for Christians and is foundational to Christian mindfulness. Elmer Towns, a pastor and seminary professor, explains that the “Christian understanding of prayer assumes an intimate relationship with God (such as fellowship with God, resting in God, communing with God)... an expression of worship and dependency on God, and it unleashes the power of the Holy Spirit.”<sup>54</sup> Towns further explains that “when a counselor invokes God’s presence and power to solve a problem, healing takes on a divine dimension.”<sup>55</sup> A critical element to note about prayer and pastoral care is that

Healing prayer (or “bringing people to Jesus”) is not a quick fix. It doesn’t [*sic*]bypass the process of slow, steady growth. It doesn’t [*sic*] remove the need for pastoral acceptance, encouragement, boundaries, even professional counseling or lay mentoring. Sometimes it simply reorients the wounded and needy, directing them to the proper source of healing - Christ.<sup>56</sup>

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<sup>52</sup> Joshua J. Knabb et al., “Christian Meditation for Repetitive Negative Thinking: A Multisite Randomize Trial Examining the Effects of a 4-Week Preventative Program,” *American Psychological Association: Spirituality in Clinical Practice* (2019): 3, accessed January 20, 2020, <http://dx.doi.org/10.1037/scp0000206>.

<sup>53</sup> Leslie T. Hardin, “Prayer,” in *The Lexham Bible Dictionary*, ed. John D. Barry et al. (Bellingham, WA: Lexham Press, 2016), n.p., Logos Edition.

<sup>54</sup> Elmer Towns, “Prayer in Counseling,” in *The Popular Encyclopedia of Christian Counseling*, ed. Tim Clinton and Ron Hawkins (Eugene, OR: Harvest House Publishers, 2011), 142.

<sup>55</sup> Ibid.

<sup>56</sup> Matthew Woodley, “Care for the Chronically Wounded,” in *Building Your Church through Counsel and Care: 30 Strategies to Transform Your Ministry*, vol. 3 of Library of leadership Development., ed. Marshall Shelley (Minneapolis, MN: Bethany House, 1997), 250.

*Centering prayer*, which is another form of prayer, is defined as a practice that utilizes a Christian form of meditation where the individual exercises the “method of opening space for loving contemplation of God.”<sup>57</sup> The clearing of the mind is done by choosing and concentrating on a sacred word or theme through prayer and consenting to “God’s presence and action within.”<sup>58</sup> Author and college professor James C. Wilhoit states that centering prayer “provides a method to respond to God’s initiative and gives a method of being present to God.”<sup>59</sup> Wilhoit also states that the intention of centering prayer is to provide a context and perspective for a person’s prayer practice, not to become the primary form of prayer.<sup>60</sup>

Authors Jane Ferguson, Eleanor Willemsen, and MayLynn Castaneto emphasize that the practice of centering prayer entails “consenting to the healing presence and action of God within...stress is released as a side effect both in prayer and in daily life. The resulting healing of practicing centering prayer is due to the lessening of one’s emotional pain and increasing trust in God, which brings healing.”<sup>61</sup> Moreover, research shows that centering prayer is comparable to mindfulness meditation with “evidence of the effectiveness of this spiritual discipline on emotional well-being, depression, anxiety, and faith.”<sup>62</sup> It is one method used to integrate Christian meditative practices with mindfulness.

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<sup>57</sup> Jesse Fox, Daniel Gutierrez, Jessica Haas, and Stephanie Dunford, “Centering Prayer’s Effects on Psycho-Spiritual Outcomes: A Pilot Outcome Study,” *Mental Health, Religion and Culture* 19, no. 4 (July 26, 2016): 380.

<sup>58</sup> *Ibid.*

<sup>59</sup> James C. Wilhoit, “Contemplative and Centering Prayer,” *Journal of Spiritual Formation and Soul Care* 7, no. 1 (2014): 107.

<sup>60</sup> *Ibid.*

<sup>61</sup> Jane K. Ferguson, Elenor W. Willemsen, and MayLynn V. Castaneto, “Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process,” *Pastoral Psychology* 59 (2010): 313.

<sup>62</sup> Thomas Frederick and Kristen M. White, “Mindfulness, Christian Devotion Meditation, Surrender, and Worry,” *Mental Health, Religion and Culture* 18, no. 10 (2015): 852.

*Contemplative prayer* is defined as “an experienced union with the divine that yields the fruit of a transformed life that is fully awake and fully alive. It is both a *way of knowing* God and a *way of being* that mirrors Christ.”<sup>63</sup> Therefore, it is crucial to note that contemplative prayer for the Christian, is grounded in the theology of the Christian faith community. Professors Nancy Campbell and Marti J. Steussy, of Christian Theological Seminary, emphasize that “the experience of direct awareness of God...be subjected to testing against tradition and the community’s discernment.”<sup>64</sup> The community these authors are referring to is the theological doctrine rooted in the Christian church.

A common way of exercising centering and contemplative prayer is through breath meditation, which is a staple practice in mindfulness. Author and professor Bénédicte Lemmelijn likens breathing to spirituality by pointing out that the “the word ‘respiration’ or breathing, ... (with the prefix re- pointing repetitively at breathing in and out) is similar to the word ‘*spiritus*,’ which indeed means simultaneously ‘breath’ and ‘spirit’ of life.”<sup>65</sup> Lemmelijn asserts that the practice of breath meditation coupled with Scripture is a catalyst to an experience of God’s presence and the indwelling presence of the Holy Spirit.<sup>66</sup> Furthermore, Garzon and Ford explain that breath meditation with Christian mindfulness encompasses the individual opening to God’s presence as he/she sits in a comfortable position and breathes in and out. These authors explain that the practice of breath meditation is to bring the mind back to focus on breathing when the mind wanders. A person should center his/her thoughts on God as Creator “who

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<sup>63</sup> Rolf Nolasco, *The Contemplative Counselor: A Way of Being* (Minneapolis: Augsburg Fortress, Publishers, 2011), 35.

<sup>64</sup> Nancy D. Campbell and Marti J. Steussy, “Process Theology and Contemplative Prayer: Seeking the Presence of God,” *Encounter: Indianapolis* 63, no. 1/2 (Winter 2002): 86.

<sup>65</sup> Bénédicte Lemmelijn, “Mindful Happiness Nowadays: A New Perspective from Ancient Biblical Wisdom,” *Acta Theologica: Bloemfontein* 38, no. 26 (2018): 288.

<sup>66</sup> *Ibid.*

breathed into his nostrils the breath of life; and man became a living being” (Gen. 2:7). The person is encouraged to breathe in the power and presence of God and breathe out the problems or concerns, releasing them to God.<sup>67</sup>

The term *spirituality* is defined in various ways to various groups of people. Kimberly A. Kick, a clinical therapist, and Myrna McNitt, a military family life counselor, describes the term spirituality as an “individual’s existential relationship with God (or perceived transcendence), and religion as flowing from spirituality, the actual expression of the spiritual relationship.”<sup>68</sup> Therefore, Christianity is an expression of the spiritual relationship and faith of an individual who believes in Christian doctrine, and that Jesus Christ is the Son of God the Father, Savior, and Redeemer.

*Spiritual formation* is defined as “our [*sic*] cooperation with the Spirit’s action over our lifetime, the action of transforming our desires, our deepest self, into the relationship Christ has with God, our Parent, and toward all humanity.”<sup>69</sup> It is the formation process and development of a person’s spiritual life as Christ is formed in the soul of a person. The article “Spiritual Formation and Grace” explains that “the goal of spiritual formation is that the person lives in such a way that he or she is awake to God in his or her heart and the world around him or her.”<sup>70</sup> Further insight is maintained by Keith Edwards, Ph.D., who states that “spiritual formation practices are structured activities that guide the individual in patterns of thinking, feeling, and

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<sup>67</sup> Garzon and Ford, “Adapting Mindfulness,” 263-264.

<sup>68</sup> Kimberly A. Kick and Myrna McNitt, “Trauma, Spirituality, and Mindfulness: Finding Hope,” *Journal of the North American Association of Christians in Social Work* 43, no. 3 (2016): 103.

<sup>69</sup> Joann Wolski Conn, “Spiritual Formation,” *Theology Today* 56, no. 1 (1999): 88.

<sup>70</sup> Andrea M. Dean, “Spiritual Formation and Grace,” *Compass* 49, no. 1 (Autumn, 2015): 18.

behaving intended to enhance spiritual consciousness and promote spiritual growth of the embodied self-soul.”<sup>71</sup>

A derivative of spiritual formation exercises is *Christian devotion meditation*, which is “designed to foster awareness and attention on God. These practices lead to a deepening of relationship with God, and they also lead to healing and greater connection with others.”<sup>72</sup> Lisa M. Cataldo, Ph.D., explores the idea of the positive benefits of the experience of trauma, reframed from the perspective of “trauma itself as a gateway to spiritual growth.”<sup>73</sup> Christian mindfulness within the framework of spiritual formation practices can provide the opportunity for spiritual growth and transformation.

#### Limitations and Delimitations

The proposed thesis study will be limited in the following ways. First, the survey is limited to the members and frequent attendees of The Greenhill Church. Secondly, the target population will be at least 18 years of age or older. The delimitation of this study is that of an anonymous survey with multiple choice and not open-ended questions as the primary instrument for research. The approach is to receive a snapshot view of the participants’ experiences with crisis and trauma, spirituality, and faith, and the general practice of mindfulness. Participants will not have the opportunity to explain in-depth their experiences. Therefore, the responses are limited. Another delimitation is that the researcher will address the issue of crisis and trauma from a Christian perspective with a recommendation for care and support from a faith-based perspective.

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<sup>71</sup> Keith J. Edwards, “When Word Meets Flesh; A Neuroscience Perspective on Embodied Spiritual Formation,” *Journal of Psychology and Christianity* 34, no. 3 (2015): 228.

<sup>72</sup> Frederick and White, “Mindfulness, Christian Devotion Meditation,” 850.

<sup>73</sup> Lisa M. Cataldo, “I Know That My Redeemer Lives: Relational Perspectives on Trauma, Dissociation, and Faith,” *Pastoral Psychology* 62 (2013): 795.

## Thesis Statement

Theologian and professor of religion, Serene Jones, Ph.D., explains in her book, *Trauma and Grace*, a turning point in her ministry regarding her thoughts of trauma and trauma sufferers. Jones explains that during a church worship service, a young lady, who she later learned was sexually molested as a teenager, abruptly left the service. After talking with the young lady, Jones learned that the communion ritual triggered terrifying memories of her abuse, so she left. At this point, Jones realized that “when one [*sic*] becomes aware of the extensive wounds that events of overwhelming violence can inflict on the soul, bodies, and psyches of people, one’s understanding of what human beings are and what they can do changes.”<sup>74</sup> The experience of hearing about the young lady’s trauma led Jones to come to the resolve that “if the church’s message about God’s love for the world is to be offered to those who suffer these wounds, then we must think anew about how we use language and how we put bodies in motion and employ imagery and sound.”<sup>75</sup>

The point raised by Jones confirms the need for the church, in general, to develop trauma-informed care and support to enhance the process of spiritual growth and transformation. Specifically, the researcher of this thesis project hopes to provide suggestions to meet the needs of The Greenhill Church and better fulfill the mission of teaching, enhancing, and transforming lives by leading people to Christ and into a deeper relationship with Him. Therefore, the thesis of this project is to survey the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, to survey the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, to build a report

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<sup>74</sup> Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville: Presbyterian Publishing Corporation, 2009) 11.

<sup>75</sup> *Ibid.*

on crisis and trauma experiences, and to develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.



## **Chapter 2: Conceptual Framework**

Often, families and individuals who suffer from crises and traumatic events rely on the church and the pastor as first responders. However, beyond the point of relying on the church and the pastor, Christians must often depend on secular counseling for care, which often lacks a faith-based component. Because of this, the church and pastors require further preparation to provide faith-based and trauma-informed pastoral care and support for Christians who experience crisis and trauma. To better understand why The Greenhill Church needs a faith-based, trauma-informed approach to caring for people who experience crisis and trauma, it is helpful to review current literature, to understand the theological foundations for caring for the spiritual development of people who experience crisis and trauma, and to know the theoretical foundation for a faith-based, trauma-informed approach to spiritual development.

### **Literature Review**

Multiple resources are used and organized into three broad categories in the literature review to address the problem and support the thesis of this project. The focus of the first category is to clarify the problem, which includes describing the issues and spiritual needs of crisis and trauma sufferers, the role of pastoral care, and the issue of the church and clergy as first responders. The second category suggests possible solutions identified as a trauma-informed church with a structured method of care and support, possibly utilizing Christian mindfulness. The third category addresses the potential benefits of the development of a process of care for crisis and trauma sufferers.

## Clarifying the Problem

In clarifying the problem, through various resources, the researcher first examined the reliance of Christians on secular therapies and the need to fill the void of spiritual/religious elements existing in secular counseling and therapies. Secondly, further discussion is given on the need for trauma-informed care to coincide with the spiritual elements of care that presently exist in the ministry context. Another aspect of the problem presented is that The Greenhill Church is predominantly African American. Culturally and historically, African Americans rely more on the church and clergy as the sole source of mental health needs. Because of this, the need for a trauma-informed structured method of care exists.

The book, *The Crucial Role of Christian Counseling Approaches in Trauma Counseling*, Heather Gingrich and Fred Gingrich address the problem of filling the gap of secular counseling versus pastoral care from a faith-based perspective. The authors describe the process of moving from the “traumatized self”<sup>76</sup> to the “recovered self,”<sup>77</sup> and healing as a journey rather than the end goal. The authors examine the traumatized self as compared to the recovered self from the faith-based perspective that “Jesus’ resurrection and ascension as an embodied person affirm that the body is essential to our existence.”<sup>78</sup> The authors also emphasize that when compared to clinical counseling that requires scientific evidence, in Christian counseling, there is a belief that extends beyond science that faith and the power of God is the catalyst to change and healing.<sup>79</sup>

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<sup>76</sup> Fred C. Gingrich and Heather Davediuk Gingrich, “The Crucial Role of Christian Counseling Approaches in Trauma Counseling,” in *Treating Trauma in Christian Counseling*, eds. Heather Davediuk Gingrich and Fred C. Gingrich (Downers Grove, IL: Intervarsity Press, 2017), 21.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid, 22.

<sup>79</sup> Ibid, 26.

The article, “Mental Health Counseling in the Black American Church: Reflections and Recommendations from Counsellors Serving in a Counselling Ministry,”<sup>80</sup> supports the ministry context of this project and the concern that African Americans seek to rely on the church as a first responder to crisis and trauma situations. Authors Rosalyn Campbell and Tenesha Littleton argue the significant role the Black Church has historically played in providing - beyond worship, a range of social services to the African American community. The authors maintain that when compared to the general population, “African Americans report higher rates of religiosity and use of religious coping strategies compared to other ethnic groups.”<sup>81</sup> Furthermore, African Americans tend to rely on their faith and the church for the informal care of mental health needs. In summary, this article illuminates another aspect of the problem concerning the capacity of the pastoral care team to provide adequate care and support to crisis and trauma sufferers, especially to the population mentioned in the ministry context.

Likewise, the article “African American Clergy: What Are Their Perceptions of Pastoral Care and Pastoral Counseling?” argues that “clergy are an integral part of mental health care in the African American community.”<sup>82</sup> The authors assert that “a majority of individuals seek assistance from clergy exclusively and do not seek additional care from physicians or specialty mental health personnel.”<sup>83</sup> Also, the clergy are often on the frontline of mental health needs and serve as a gateway to other mental health professionals. This observation undergirds the problem presented by the researcher that there is a need for a trauma-informed and structured method of

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<sup>80</sup> Rosalyn Denise Campbell and Tenesha Littleton, “Mental Health Counselling in the Black American Church: Reflections and Recommendations from Counsellors Serving in a Counselling Ministry,” *Mental Health, Religion and Culture* 21, no. 4 (2018): 336-352.

<sup>81</sup> Ibid.

<sup>82</sup> Kim L. Stansbury et al., “African American Clergy: What are Their Perceptions of Pastoral Care and Pastoral Counseling?” *Journal of Religion and Health* 51, no. 3 (September 2012): 962.

<sup>83</sup> Ibid.

care to crisis and trauma sufferers due in part to the reason listed in this article, and the fact that the church is a predominantly African American church. Enhancing pastoral care for adequate care will also assist the church in recommending professional counseling to trauma sufferers as tools gained simultaneously help identify more serious emotional and mental health issues.

Likewise, the book, *The PTSD Solution: The Truth About Your Symptoms and How to Heal*,<sup>84</sup> by Alan Wolfelt argues that medical models of trauma and PTSD caregiving often ignore the spiritual dimension. Wolfelt encourages the reader to believe that healing from traumatic grief is possible. He maintains that the emotion of grief can result from traumatic experiences and that the realms of healing include the physical, cognitive, emotional, social, and spiritual realms. He maintains, however, that healing from traumatic grief is a spiritual journey and suggest nurturing the spiritual aspect of a person suffering from trauma and PTSD. He further recommends that spiritual practices such as prayer, worship, and meditation are a means to nurture spirituality. In other words, because Wolfelt views healing from crisis and trauma as a spiritual journey. He outlines spiritual and religious practices excluded in secular counseling that can guide the crisis and trauma sufferer through the journey of hope, healing, and spiritual transformation. Wolfelt's view emphasizes that often, secular counseling omits spiritual elements.

Similarly, the problem of spiritual elements absent in the treatment of people with PTSD is discussed in the article "Integrating Cognitive Processing Therapy and Spirituality for the Treatment of Post-traumatic Stress Disorder in the Military,"<sup>85</sup> by Natalia Wade. She discusses

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<sup>84</sup> Alan D. Wolfelt, *The PTSD Solution: The Truth about Your Symptoms and How to Heal* (Fort Collins, CO: Companion Press, 2015).

<sup>85</sup> Natalia R. Wade, "Integrating Cognitive Processing Therapy and Spirituality for the Treatment of Post-traumatic Stress Disorder in the Military," *Social Work and Christianity* 43, no.3 (2016): 63-65.

the percentage of service members diagnosed with PTSD as a result of the Iraq and Afghanistan wars. Likewise, Wade maintains that the results of studies show the spiritual crisis and loss of faith experienced by many with combat-related PTSD. Because of this, Wade argues that there is a need to address spiritual struggles in counseling. According to Wade, as also stated by the researcher of this project, secular counseling often omits spiritual components. Therefore, clinicians have embraced “spiritually informed cognitive processing therapy”<sup>86</sup> as an effective method of treatment to address the spiritual and religious needs of patients. This article highlights the fact that reliance on secular counseling does not adequately address the spiritual struggles experienced by crisis and trauma sufferers.

Comparably, Joseph M. Currier, Jason M. Holland, and Kent D. Drescher argue in the article, “Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans,”<sup>87</sup> that a person who experiences crisis and trauma draws on his/her faith for tools to manage symptoms. Therefore, the article asserts that incorporating the spirituality component in counseling enhances coping skills and helps the sufferers to reframe their trauma experience in the context of their faith. Additionally, a person receives “comfort from a relationship with God...and incorporate practices such as prayer or meditation for transcending their symptoms and experiencing positive emotions amid struggles with PTSD.”<sup>88</sup> This article supports the supposition that the church and pastoral care can be psychologically informed and can simultaneously address spiritual struggles biblically through the lens of the Christian faith.

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<sup>86</sup> Wade, “Integrating Cognitive Processing Therapy,” 65.

<sup>87</sup> Joseph M. Currier, Jason M. Holland, and Kent D. Drescher, “Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans,” *Journal of Traumatic Stress* 28 (February 2015): 57.

<sup>88</sup> *Ibid.*

Comparatively, in the article, “War Torn: PTSD is not just Trauma of the Mind but Trauma of the Soul”<sup>89</sup> Annalaura Montgomery Chuang addresses the omission of spiritual components in secular counseling. She describes PTSD in veterans from the perspective of moral injury to the soul as a result of witnessing or committing acts of war that directly oppose personal beliefs. Chuang mentions that many people and even the church do not understand the depth of the moral and spiritual issues servicemen faced. However, the need for the vision to live as a human being who flourishes despite failings cannot be “conjured scientifically.”<sup>90</sup> She states that “clinical psychology does not always possess such a robust vision. But the church does.”<sup>91</sup> Likewise, the church incorporates religious and spiritual practices that secular counseling lacks. This article illuminates the fact that the church is already in a position to address the spiritual element lacking in secular counseling because of the theological teachings, and the spiritual and faith component that already exists as a part of the mission of the church. However, trauma education is needed to adequately provide care and address the spiritual struggles of crisis and trauma sufferers.

After examining the reliance of Christians on secular therapies and the need to fill the void of spiritual/religious elements existing in secular counseling and therapies, it is helpful to review the literature that addresses the need for trauma-informed education in the church. Jennifer Wortmann, Crystal Park, and Donald Edmondson address the problem of the church’s need for trauma education in the article, “Trauma and PTSD Symptoms: Does Spiritual Struggle

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<sup>89</sup> Annalaura Montgomery Chuang, “War Torn: PTSD is not just Trauma of the Mind but Trauma of the Soul,” *Christianity Today* 59, no. 5, (June 1, 2015): n.p., accessed December 31, 2019, [https://go-gale-com.ezproxy.liberty.edu/ps/i.do?p=ITOF&u=vic\\_liberty&id=GALE|A425237409&v=2.1&it=r&sid=summon](https://go-gale-com.ezproxy.liberty.edu/ps/i.do?p=ITOF&u=vic_liberty&id=GALE|A425237409&v=2.1&it=r&sid=summon).

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

Mediate the Link?”<sup>92</sup> In this article, the authors discuss the link between spiritual struggles and persisting symptoms of PTSD and trauma. Furthermore, the authors maintain that although religion can help people cope with trauma, “it can also be a source of stress if religious beliefs or attributions suggest maladaptive ways of understanding an event.”<sup>93</sup> In essence, this article argues the need for trauma-informed care in addition to the training of religious institutions in recognizing negative religious coping to prevent exacerbation of spiritual struggles.

The article, “Christian Religious Functioning and Trauma Outcomes,”<sup>94</sup> addresses the positive impact of faith practices in the counsel and care of crisis and trauma sufferers. The article maintains that many people turn to religious coping mechanisms when faced with trauma. The article offers a detailed comparison of positive and negative coping strategies and their outcomes. The authors assert that involvement in religious activities provides “social support (both from people in the faith group and from God), improved meaning, purpose, and direction in life, and the support of virtues.”<sup>95</sup> The article establishes the reality of the problem that secular counseling often neglects the faith practices needed in the care of Christians clients who are crisis and trauma sufferers.

In the article, “Set Your Minds on Things Above: Shifting from Trauma-Based Ruminations to Ruminating on God,”<sup>96</sup> Joshua Knabb, Veola Vazquez, and Robert Pate argue

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<sup>92</sup> Jennifer H. Wortmann, Crystal L. Park, and Donald Edmondson, "Trauma and PTSD Symptoms: Does Spiritual Struggle Mediate the Link?" *Psychology of Trauma* 3, no. 4 (2011): 444.

<sup>93</sup> Ibid.

<sup>94</sup> J. Irene Harris et al., “Christian Religious Functioning and Trauma Outcomes,” *Journal of Clinical Psychology* 64, no. 1 (2008): 18.

<sup>95</sup> Ibid.

<sup>96</sup> Joshua Knabb, Veola Vazquez, and Robert Pate, "Set Your Minds on Things Above: Shifting from Trauma-Based Ruminations to Ruminating on God," *Mental Health, Religion and Culture*, 22 no. 4 (2019): 384-399.

that trauma sufferers generally ruminate on past events, the meaning of the experiences, and their emotional state with failure to regulate emotional distress. The central theme of this article finds its base on Colossians 3:1-2, where Paul encourages the readers to set their hearts and minds on things above and not earthly things, by continually fixing thoughts on heavenly matters as opposed to earthly matters.<sup>97</sup> Consequently, fixing thoughts on God and his presence is considered a form of Christian mindfulness, fostering the capacity for emotional healing and spiritual growth. This article confirms that the need for pastoral care and support to assist the crisis and trauma sufferer in shifting the mind from the negative ruminations of trauma to giving focused attention to the present moment, and the presence of God in life's situations.

#### Possible Solutions

The researcher examined multiple resources to support the suggestions of ways to enhance pastoral care and support to address spiritual struggles from a faith-based perspective and to present opportunities for healing, hope, and spiritual growth. To start with, providing opportunities for spiritual growth and transformation are discussed in the book, *Healing Crisis and Trauma with Mind, Body, and Spirit* by Barbara Wainrib. Wainrib, a clinical psychologist, describes the effects of trauma on the spirituality of a person. She explains that people who suffer from crises and trauma experience both psychological and spiritual challenges. Wainrib describes the spiritual problems as a "darkness of the soul,"<sup>98</sup> which requires the understanding of "the concept of spirituality and spiritual connection"<sup>99</sup> and how trauma affects spirituality.

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<sup>97</sup> Knabb, Vazquez, and Pate, "Set Your Minds on Things," 384.

<sup>98</sup> Barbara Rubin Wainrib, *Healing Crisis and Trauma with Mind, Body, and Spirit* (New York: Springer Publishing Company, 2006), 131.

<sup>99</sup> *Ibid*, 127.



Also, Wainrib stresses that helping professionals should focus on “the potential for growth rather than on the sense of despair.”<sup>100</sup>

Similarly, the article “How to Become a Trauma-Informed Congregation; These Suggestions Will Help Your Church Better Care for Survivors of Abuse,”<sup>101</sup> Heather Gingrich describes the symptoms of trauma, and its possibility of developing into full-fledged PTSD. However, she suggests that the church can become a safe place to foster healing for people who are wounded by trauma. Gingrich suggests that churches become trauma-informed in the following ways. First, to become trauma-informed, the church can educate through preaching and teaching, by training the pastor, staff and other leaders as well as the survivor. Secondly, to become trauma-informed, the church can establish support systems such as support groups, lay counselors, mentoring, spiritual direction, life coaches and assigning helpers. Thirdly, the church can become trauma-informed by encouraging survivors to seek informal care by establishing their network of supporters. Fourth, to become trauma-informed, the church can provide resources for both the survivors and helpers. Gingrich offers steps of how to implement a trauma-informed ministry, which supports the proposed solution that training and implementation of a structured method of care will enable the pastoral care team to care for crisis and trauma sufferers adequately.

Authors Betsy Barber and Chris Baker address the solution of providing opportunities to grow spiritually through pastoral care in a challenge to the modern church to return to the early days of pastoral care and caring for souls. In the article, “Soul Care and Spiritual Formation: An

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<sup>100</sup> Wainrib, *Healing Crisis and Trauma*, 131.

<sup>101</sup> Heather Davediuk Gingrich, “How to Become a Trauma-Informed Congregation: These Suggestions Will Help Your Church Better Care for Survivors of Abuse,” *Christianity Today* 62, no. 8 (October 1, 2018): n.p., accessed October 29, 2019, [https://link.gale.com/apps/doc/A560015240/BIC?u=vic\\_liberty&sid=BIC&xid=e7fc4420](https://link.gale.com/apps/doc/A560015240/BIC?u=vic_liberty&sid=BIC&xid=e7fc4420).

Old Call in Need of New Voices”<sup>102</sup> Barber and Baker recommend the return to a model of pastoral care that focuses on Christ's likeness and the power of the presence of the Holy Spirit. The authors challenge the church to regain the compassion of Jesus Christ in their care for those “who are mentally ill, disabled, poor, elderly, or those very broken,”<sup>103</sup> by moving from “the mere programmatic ‘care’ of the suffering, into an active ‘welcoming’ for the suffering.”<sup>104</sup> This article supports the proposed solution that the role of pastoral care in a church is to ultimately care for the souls of individuals by bearing their burdens (Gal. 5:6) and walking with them on their journey of hope, healing, spiritual growth, and transformation.

In like manner, the article, “The Church as Responder,”<sup>105</sup> Marja Bergen first interviews and then reports the testimony of specific people who experienced traumatic events. The purpose of the report is to demonstrate that the church provides valuable support because of the spiritual component bypassed in secular counseling. The article also mentions that the church provides the positive support and fellowship of church friends. Individuals reported sensing the love of God through the love shown by interaction with fellow church members. Another critical aspect of the church as a responder has the ability to directly address the spiritual needs and spiritual questions of crisis and trauma sufferers. She explains that education and information help the church as a responder to be sensitive to those suffering from psychological issues. This article supports the proposed thesis of this project that a trauma-informed church that incorporates a

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<sup>102</sup> Betsy Barber and Chris Baker, “Soul Care and Spiritual Formation: An Old Call in Need of New Voices,” *Journal of Spiritual Formation and Soul Care* 7, no. 2 (2014): 270-283.

<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

<sup>105</sup> Marja Bergen, “The Church as Responder,” *Visions: BC’s Mental Health and Substance Use Journal* 3, no. 2 (2006), 1-4.

method of care unique to crisis and trauma sufferers can provide positive opportunities for spiritual growth and transformation.

Similarly, the article “Grief as a Mystical Journey: Fowler’s Stages of Faith Development and Their Relation to Post-Traumatic Growth”<sup>106</sup> provides a solution to the problem. The author, Terri Daniel, a clinical chaplain, says that “profound loss experiences have the potential to lead the griever to a shift in theological thinking... in which a ‘crisis of faith’ triggered by loss or trauma prompts the questioning of closely-held beliefs.”<sup>107</sup> Daniel describes the five stages of faith development and its integration for effective pastoral care in assisting sufferers of grief, loss, and trauma, which provide a solution of becoming a trauma-informed pastoral care and support team. She proposes that as a person moves through these stages and confronts the pain, the transcendent power of God is present. Daniel stresses that effective pastoral care integrates spirituality and psychology for a holistic approach of guidance and healing for both mind and spirit. Daniel’s explanation of the benefit of a holistic approach further supports the supposition of this project that a structured trauma-informed method of care compliments the spiritual component of care.

The issue of spiritual growth opportunities is discussed in the article “Religion and Coping with Trauma: Qualitative Examples from Hurricanes Katrina and Rita.”<sup>108</sup> The article asserts that there are three dimensions of religiosity: the faith community, religious practices, and spiritual beliefs. Upon surveying the victims of Hurricanes Katrina and Rita, the authors

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<sup>106</sup> Terri Daniel, “Grief as a Mystical Journey: Fowler’s Stages of Faith Development and Their Relation to Post-Traumatic Growth,” *Journal of Pastoral Care and Counseling* 7, no. 4 (2017): 220-229.

<sup>107</sup> Ibid, 220.

<sup>108</sup> Christina Tausch et al., “Religion and Coping with Trauma: Qualitative Examples from Hurricanes Katrina and Rita,” *Journal of Religion and Spiritual Aging* 23, no. 3 (2011): 232-253.

concluded that the vast majority of the victims mentioned that the support and assistance of not only their church but the community of churches, brought comfort and lessened the pain and the aftermath of the trauma. In the area of religious practices, prayer, the study of Scripture, church or religious rituals, and worship gave them peace and stability in the middle of trouble. Lastly, the victim's internal spiritual beliefs such as God's abiding presence, His promise to give strength, and the vested personal relationship with Christ gave them hope and endurance as they recovered. This article supports the fact that religious activities and spiritual practices incorporated into a method of care, possibly using Christian mindfulness, can help the crisis and trauma sufferer by imparting hope, healing, and opportunities for spiritual growth.

The book, *Transformative Encounters: The Intervention of God in Christian Counseling and Pastoral Care*, provides a practical aspect of the solution posed in this thesis that a faith-based model of counseling as found in pastoral care can provide transformative opportunities for those suffering from emotional difficulties. Lydia Kim-Van Daalen, a Christian counselor, and Eric L. Johnson, a professor of pastoral care, address the dynamics of emotions in the chapter “Transformation Through Christ Emotion-Focused Therapy.”<sup>109</sup> The authors stress that because God created emotions, the caregiver should be aware that spiritual transformation during overwhelming difficulties contains an emotional component.

The authors indicate that worship, the fruit of the Spirit, and the experience of God's love are essential emotional components to spiritual growth. Through a series of structured sessions, the counselee takes his/her negative and unhealthy emotions to the foot of the cross. This article supports the premise that walking alongside an individual by focusing on Scripture and Christ-

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<sup>109</sup> Lydia C. W. Kim-Van Daalen and Eric L Johnson, “Transformation Through Christ Emotion-Focused Therapy,” in *Transformative Encounters: The Intervention of God in Christian Counseling*, eds. D. W. Appleby and G. Ohlschlager (Downers Grove, IL: Intervarsity Press, 2013), 168-182.

centered themes can lead to emotional healing and spiritual transformation. Furthermore, it affirms the argument that when compared to secular counseling, the Bible and Christian faith practices serve as a useful resource to a holistic approach to addressing psychological and spiritual issues.

The article, “God’s Providence and Human Agency in Counseling,”<sup>110</sup> by Todd Stryd argues the value of a counseling ministry as a conduit for God’s care through others. Stryd asserts that God can and does directly intervene through miracles and His divine providence in the crisis and traumatic events of people’s lives. Furthermore, Stryd explains the role of the counseling ministry as walking beside people through their situations, especially the times of trauma and crisis, to lead them to the presence of God and the work of the Holy Spirit. This article confirms the fact that caregivers are important conduits used by God in the care and support of crisis and trauma sufferers. A trauma-informed ministry educates and prepares the pastoral care team, who serves in the capacity of informal brief counseling. The benefit is that the pastoral care team understands their role as instruments of grace.

In the book, *The Contemplative Counselor: A Way of Being*,<sup>111</sup> Rolf Nolasco compares and contrasts in the chapter entitled “Contemplation, Mindfulness, and Counseling,” today’s culture of busyness and doing, to a life deplete of contemplation, inner silence, and being. Nolasco asserts that individuals inundated with noisy, painful, and fragmented lives often seek “a safe space to rest their wearied souls, a freedom they have never known, and silence and solitude where they might get to know themselves and God.”<sup>112</sup> Nolasco asserts that many are not calling

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<sup>110</sup> Todd Stryd, “God’s Providence and Human Agency in Counseling,” *Journal of Biblical Counseling* 33, no. 3 (2019): 41-57.

<sup>111</sup> Rolf Nolasco, *The Contemplative Counselor: A Way of Being* (Minneapolis, MN: Augsburg Fortress, Publishers, 2011).

<sup>112</sup> *Ibid*, 2.

for a quick fix, but a way of life that “enhances their capacity to live meaningful and connected lives,”<sup>113</sup> coupled with gaining contemplative and mindfulness practices that lead to a deeper communion with God. This article confirms the researcher’s presupposition that contemplative practices of prayer and biblical meditation can enhance pastoral care and support as an adequate method of care for crisis and trauma sufferers. Leading people to avail themselves to the presence of God provides the opportunity for His restorative and transformative power to work in their lives.

### Potential Benefits

The researcher proposes that developing a structured method of care that is trauma-informed and possibly utilizing Christian mindfulness that ultimately incorporates the spiritual disciplines will enhance pastoral care and support to help people grow spiritually despite their painful experiences. First, the crisis and trauma sufferer will benefit from the incorporation of a faith-based, trauma-informed method of care, possibly utilizing Christian mindfulness by gaining knowledge and coping tools on how to address their emotional and spiritual struggles from a faith-based perspective. Secondly, tools will be gained by the pastoral care team and the crisis and trauma sufferers on how to continue growing spiritually as followers of Christ despite crisis and traumatic experiences.

The article, “Can Christians Practice Mindfulness Without Compromising Their Convictions?”<sup>114</sup> by Jonathan Hoover, a psychology and counseling professor, supports this supposition. According to Hoover, research shows the positive health outcomes of utilizing mindfulness in the psychological and medical fields. However, Hoover argues the transformative

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<sup>113</sup> Nolasco, *The Contemplative Counselor*, 3.

<sup>114</sup> Jonathan Hoover, “Can Christians Practice Mindfulness Without Compromising Their Convictions?” *Journal of Psychology and Christianity* 37, no. 3 (2018): 247-255.

value of employing Christian mindfulness and contends that Christianity has a platform and is more akin to mindfulness practices than some realize. Hoover considers Paul's thoughts in Roman 7:15-25, where Paul compares his desire to obey Christ with his sinful flesh that opposes Christ. Hoover likens this to the mindfulness concept of observing self. This article supports the value of enhancing pastoral care through the use of Christian mindfulness to potentially benefit the crisis and trauma sufferer by providing spiritual growth opportunities.

The article, "Contemplative Meditation and Neuroscience: Prospects for Mental Health,"<sup>115</sup> supports the proposal of this project that Christian mindfulness, which employs the contemplative practices of prayer and meditation, provides opportunities for spiritual growth, thereby opening the trauma sufferer to God's transformative healing power. Authors Denis Larrivee of the Neiswanger Bioethics Institute and Luis Echarte, a school of medicine professor, assert that although there is a distinction between secular mindfulness and Christian meditation, there are similar benefits. According to this article, Christian meditation is underrepresented in the research of clinical effectiveness, while some research shows that prayer has a positive influence on mental health. Larrivee and Echarte argue that secular mindfulness focuses on positive mental health benefits as a result of its practices. In contrast, Christian meditation posits that mental health benefits are a result of the cultivation of a personal relationship with God.

The authors assert that the benefits of mindfulness are also pertinent to Christian contemplation, which in some cases extend beyond the range of mental health benefits of mindfulness. The authors compare the Christian contemplative practices to Augustine's *The*

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<sup>115</sup> Denis Larrivee and Luis Echarte, "Contemplative Meditation and Neuroscience: Prospects for Mental Health," *Journal of Religion and Health* 57 (2018): 960-978.

*Confessions of St. Augustine*,<sup>116</sup> who prepared himself through meditation for an encounter with God.

A similar article, “The Controversy over Contemplation and Contemplative Prayer: A Historical, Theological, and Biblical Resolution”<sup>117</sup> argues the potential benefits of enhancing pastoral care through Christian mindfulness. John Coe, Ph.D., argues the distinction between contemplation in the New Age secular realm versus contemplative prayer that is biblically-based and faith-based. Coe maintains that the theological argument for the Christian approach to contemplation is the “understanding of revelation, original sin, and a New Covenant understanding of the Cross and the Spirit.”<sup>118</sup> Coe delves into contemplative prayer grounded in the work of Christ, the dwelling presence of the Holy Spirit, and the Word of God as the basis for a person’s dependence on God. This article supports the assertion that contemplative prayer, in this sense, leads a person to be open to the presence and power of God in his/her life. The researcher proposes that when a person yields to the presence and power of God, he/she are now open to the possibility of healing, spiritual growth, and transformation. Contemplative prayer as a form of Christian mindfulness provides this opportunity, and may be a helpful benefit of a faith-based, trauma-informed pastoral care approach.

The article, “Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process”<sup>119</sup> describes centering prayer as divine therapy that has both a psychological and spiritual effect. The authors argue that the practice of centering prayer is a

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<sup>116</sup> Larrivee and Echarte, “Contemplative Meditation,” 964.

<sup>117</sup> John Coe, “The Controversy Over Contemplation and Contemplative Prayer: A Historical, Theological, and Biblical Resolution,” *Journal of Spiritual Formation and Soul Care* 7, no. 1 (2014): 140-153.

<sup>118</sup> Ibid, 141.

<sup>119</sup> Jane K. Ferguson, Eleanor W. Willemsen, and MayLynn V. Castaneto, “Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process,” *Pastoral Psychology* 59 (2010): 305-329.



means of surrender to the will of God and His divine inner healing. The article maintains that the development of centering prayer was to facilitate the journey of personal transformation.

According to Jane K. Ferguson, D. Min., the practice of centering prayer includes the focus on a sacred word or theme. As people release their thoughts to God and open themselves to a loving relationship with God, the stress of life is released as a side effect from surrendering to God. The authors maintain that “this is due to the lessening of one’s emotional pain and increasing trust in God, which brings healing.”<sup>120</sup> This article supports the premise that centering prayer opens the soul of a person to the healing power and presence of God and is a useful method in care and support of crisis and trauma sufferers. The researcher maintains that centering prayer is a component of meditation in the practice of Christian mindfulness. Centering prayer provides the benefit of offering spiritual tools to crisis and trauma sufferers in light of their difficult situation, which inevitably leads to spiritual growth.

The book, *Spiritual Crisis: Surviving Trauma to the Soul*,<sup>121</sup> confirms the benefits of trauma-informed care to equip caregivers such as pastors and ministers, lay counselors, and the church at large on how to effectively walk beside those in a spiritual crisis. The author, J. Lebron McBride, a behavior scientist and minister, writes to the caregiver and discusses ways to minister to and walk beside sufferers of trauma. In a detailed exposé, McBride describes how trauma impacts society and the lives of individuals. Although trauma affects the whole of a person, physical, emotional, and mental, McBride lends attention to the impact of trauma on the spiritual aspect of an individual. He uses biblical examples such as Job and his affliction and the disciples who witnessed the crucifixion of their beloved Jesus. McBride vividly describes their spiritual

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<sup>120</sup> Ferguson, Willemen, and Castaneto, “Centering Prayer as a Healing,” 9.

<sup>121</sup> LeBron McBride, *Spiritual Crisis: Surviving Trauma to the Soul* (New York: Routledge Taylor and Francis Group, 2013).

crises and attributes their state of mind to the experience of traumatic events. However, he stresses that the plight of these biblical examples opened pathways to spiritual growth, a new meaning of life, and a new understanding of how God works through calamities.

In the book, *Holy Conversation: Spirituality for Worship*,<sup>122</sup> John Linman argues that sometimes, wounds are buried so deep into the subconscious that it takes a profound encounter with God to lead to reformation and transformation. According to Linman, *Lectio Divina* and Holy conversation are pathways to the healing of those deeply buried wounds. Linman further describes the spiritual exercise of *Lectio Divina* as a form of contemplation that is not just for healing wounds but is a practice for a person to commune with, and rest in God. According to Linman, the origin of *Lectio Divina* as a practice perfected in early Christianity (ref. Joshua 1:8 and 1 Timothy 4:13) and by monks during their scheduled times of devotion,<sup>123</sup> therefore dispelling the myth that contemplation is an Eastern religious or secular form of mysticism. This article supports the premise of this project that Christian mindfulness, which employs contemplation, prayer, and meditation, is a spiritual practice that opens the soul of a person to the healing and transformative power of God.

In the book, *Foundations of Spiritual Formation: A Community Approach to Becoming Like Christ*,<sup>124</sup> Paul Pettit discusses the transformational journey of a person into the image and likeness of Jesus Christ. Pettit explains the developmental stages of a person holistically maturing in his/her relationship with God and with others. However, Klaus Issler discusses in the

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<sup>122</sup> Jonathan Linman, *Holy Conversation: Spirituality for Worship* (Minneapolis, MN: Fortress Press, 2010), 33, accessed January 8, 2020, ProQuest Ebook Central.

<sup>123</sup> Ibid, 32.

<sup>124</sup> Paul Pettit, "Introduction," in *Foundations of Spiritual Formation: A Community Approach to Becoming Like Christ*, ed. Paul Pettit (Grand Rapids, MI: Kregel Publications, 2008), 17-25.

chapter, “The Soul and Spiritual Formation,”<sup>125</sup> the importance of cultivating the heart by evaluating within the soul and emotions of a person. He emphasizes that Jesus often addressed both the outer actions of an individual as well as the “internal movements of the heart.”<sup>126</sup> One example is the theme, “the good man brings good things out of the good stored up in him (ref. Matt. 12:33-35, Matt. 6:21, 15:18-20, Mark 7:20-23).”<sup>127</sup> Issler also emphasizes that as a person is formed spiritually in his/her faith, feelings are a consideration in the spiritual formation process for emotionally healthy formation rooted in Christ. This book confirms the need to address the specific emotional and spiritual concerns of crisis and trauma sufferers to ensure positive opportunities for spiritual growth and transformation.

The book, *Christ-Centred Mindfulness: Connection to Self and God*,<sup>128</sup> explains the benefits of the practice of Christian mindfulness as a spiritual discipline. The author Dr. Katherine Thompson, a clinical social worker and psychotherapist, contends that although Christian meditation and contemplative faith practices have been in existence since the founding of the church, there is very little known or practiced today. She argues that regarding mindfulness practices, if the distinct focus of Christian meditation and contemplation is on God, then the issue is of will and loving God completely, and not just self.<sup>129</sup> Thompson explains the origin of Christian mindful practices from the time of the Middle Ages and monastic communities to examples of modern contemplatives.

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<sup>125</sup> Klaus Issler, “The Soul and Spiritual Formation,” in *Foundations of Spiritual Formation: A Community Approach to Becoming Like Christ*, ed. Paul Pettit (Grand Rapids, MI: Kregel Publications, 2008), 121-141.

<sup>126</sup> Ibid.

<sup>127</sup> Ibid.

<sup>128</sup> Katherine Thompson, *Christ-Centred Mindfulness: Connection to Self and God* (Sydney, Australia: Acorn Press, 2018), n.p., Kindle.

<sup>129</sup> Ibid.

Specifically, Christian mysticism<sup>130</sup> (sometimes interchangeably referred to as contemplation), and its impact on the church and the Christian faith can be found in examples such as the writing *The Cloud of Unknowing* written in the 1300s by an unknown author, *Interior Castle* written by the nun Teresa of Avila in the 1500s, *The Spiritual Exercises* written in the 1500s by St. Ignatius of Loyola, *The Presence of God* written in the 1600s by Brother Lawrence and *Spiritual Direction* (1960) written by Thomas Merton. Thompson's description of the origin of contemplation in the Christian faith dispels the myth that Christian mindfulness practices are exclusively rooted in secularism, clinical psychological practices, or Eastern religions. Thompson's research on contemplation supports the proposed thesis of this project, that God has afforded Christians the tools to access His presence and His healing power through contemplation and mindfulness.

The book, *The Celebration of Discipline: The Path to Spiritual Growth*,<sup>131</sup> provides the foundational base of spiritual disciplines that the researcher contends are foundational to the practice of Christian mindfulness. Moreover, the author Richard Foster draws from the spiritual practices of the classic masters of faith representing various generations in history, such as Augustine of Hippo, Brother Lawrence, Teresa of Avila, Dallas Willard, and others to present to the contemporary Christian a means of profound spiritual growth and transformation. According to Foster, the exercises of spiritual disciplines supersede superficial religious activities that do not adequately move the Christian beyond surface living to address the inner man and the spiritual realm. Furthermore, Foster maintains that the spiritual disciplines open the door for inner transformation that comes through the work of God, and not by the efforts of man. Foster

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<sup>130</sup> Thompson, *Christ-Centred Mindfulness*, n.p., Kindle.

<sup>131</sup> Richard Foster, *Celebration of Discipline: The Path to Spiritual Growth* (San Francisco: HarperOne Publishers, 2018).

explains the inward disciplines of meditation, prayer, fasting, and study; the outward disciplines of simplicity, solitude, submission and service, and finally, the corporate disciplines of confession, worship, guidance, and celebrations. The researcher of this project contends that Foster's book provides a valuable resource to the enhancement of a structured method of care for the pastoral care team.

The book, *Switch on the Brain*<sup>132</sup> is another resource that supports the premise that healing and spiritual growth are a possible benefit for the crisis and trauma sufferer. The author, Dr. Caroline Leaf, a communication pathologist and audiologist who specializes in cognitive neuroscience, asserts that experiences such as trauma, PTSD, and stress can negatively affect the neurological and physiological function of the brain. She argues in depth the cognitive and metacognitive functions of the brain, which in turn affect the mind, soul, and behavior. However, she argues that God has the blueprint for the human brain. Leaf contends that the answer to the healing of the mind and brain does not rest solely in science, but in the power and presence of God, who has enabled the body to heal itself.

Furthermore, Leaf infers that a person's brain can be rewired by making mental and emotional changes that can switch the brain from the negative patterns of thought. This mental switch is called neuroplasticity. Leaf states that her proposed solution of a 21-Day Brain Detox Plan is "based on rigorous science and the word of God, it is a simple tool to help bring peak happiness, thinking, health, and peace."<sup>133</sup> Dr. Leaf's research and practice support the researcher's premise that providing the spiritual tools of Christian mindfulness infused with the

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<sup>132</sup> Caroline Leaf, *Switch on Your Brain: The Key to Peak Happiness, Thinking, and Health* (Grand Rapids, MI: Baker Books, 2013).

<sup>133</sup> Ibid, 140.

spiritual disciplines will open the crisis and trauma sufferer to the presence and power of God to redirect their thoughts from their painful experiences to a more peaceful, hopeful and happy life.

### **Theological Basis**

In addition to the review of precedent literature, several factors support the theological basis for developing a faith-based, trauma-informed plan to help address the spiritual needs of the people who experience crises and traumatic events. The first factor is addressed by David Powlison, Ph.D., who argues the value of a faith-based trauma-informed method of care in his thoughts on the involvement of the church. In the lives of its members, especially during times of crises, Powlison says the church may ask,

Should we get involved with victims of abuse, with volatile marriages, with strugglers overwhelmed by depression or panic, with people in the grip of addictions? Can life-giving counsel inhabit honest, life-rearranging conversations—or is God’s merciful and realistic truth limited to books, sermons, hymns, and prayers?! *Scripture teaches, illustrates, and assumes that we can, should, and will counsel.* Those finding comfort in their particular afflictions can comfort those facing any affliction (2 Cor 1:4).<sup>134</sup>

The book of Numbers offers a biblical example that supports the concept of care and counsel in the church, as presented by Powlison. Specifically, Numbers 11 describes the emotional distress of the Israelites and the needed care and counsel of Moses during the time of their exodus from Egypt. Because of his position as leader and deliverer, Moses listened to their complaints and offered counsel, but he became overwhelmed. In Numbers 11:14, Moses says to the Lord, “I am not able to bear all these people alone because the burden is too heavy for me.” According to the *Dictionary of Biblical Languages*, the term “burden” means “that which causes hardship or distress as a figurative extension of the weariness occurring when carrying a load.”<sup>135</sup>

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<sup>134</sup> David Powlison, “Counsel and Counseling: Christ’s Message and Ministry Practice Go Together,” *The Journal of Biblical Counseling* 32, no. 1 (2018): 3-4.

<sup>135</sup> James Swanson, *Dictionary of Biblical Languages with Semantic Domains: Hebrew (Old Testament)* (Oak Harbor: Logos Research Systems, Inc., 1997), n.p., Logos Edition.

In essence, to make care available for all of the people in their time of hardship and distress, God instructs Moses to choose seventy other elders of Israel, of whom He would put the same spirit of counsel on them that was on Moses (ref. Num 11:17). Although this passage is often cited for its leadership principles, in essence, God established a pastoral care team to assist Moses in the care and counsel of the people.

Exodus 18 gives a similar scenario to Numbers 11. In Exodus 18, Moses spent all day, from morning to evening judging various issues that the people brought before him. Moses' father-in-law, Jethro saw what Moses was doing and made the statement in Exodus 18:17-18, "The thing that you do *is* not good. Both you and these people who *are* with you will surely wear yourselves out. For this thing *is* too much for you; you are not able to perform it by yourself." Jethro instructs Moses to take the difficulties to God, but to also select able men from among the people "and place such over them to be rulers of thousands, rulers of hundreds, rulers of fifties, and rulers of tens" (Exodus 18:21). In both passages, God instructed Moses to mobilize a team to assist with care and counsel to the children of Israel. The biblical forms of caring for the people were strategic and structured. The church, as it is known today, was not in existence at that time, but the same concept is present. Both Numbers 11 and Exodus 18 offer a simple biblical model of pastoral care that is foundational to the practice of contemporary pastoral care teams and counseling ministries.

This concept of caring for the people is expressed in the New Testament. The Scripture passage in James 5:13-16 also gives a biblical example admonishing the church to provide care for those who are suffering. It reads:

Is anyone among you suffering? Let him pray. Is anyone cheerful? Let him sing psalms. Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick, and the Lord will raise him up. And if he has committed sins, he will

be forgiven. Confess *your* trespasses to one another, and pray for one another, that you may be healed. The effective, fervent prayer of a righteous man avails much (James 5:13-16).

In this verse, James, the author, instructs the early church on how to meet the specific needs of the believers. The *Greek English Lexicon of the New Testament* defines the term suffering in verse 13 as translated from the Greek word meaning “affliction,” meaning “to suffer physical pain, hardship, and distress.”<sup>136</sup> *The Holman Illustrated Bible Dictionary* describes affliction as a “condition of physical or mental distress.”<sup>137</sup> James then makes the statement in verse 13, “Let him pray,” meaning that they, the elders and the church, should pray for the one suffering from physical or mental distress, as well as those who are sick with diseases and other ailments. Those that are cheerful should continue to sing praises to God. The individuals overcome with sin should confess their faults to another.

James then declares that the Lord would heal the sick and forgive those who had committed sins, which often results in affliction and sickness. The effects of sin loom over the everyday life of man. Human’s sin and humans are victims of other people’s sins. Consequently, many crises and traumatic events are the direct results of human sinfulness. The need to consider sin as a direct or indirect source of trauma and crisis in the life of Christians is paramount in leading the individual to hope and emotional wellness.

A second theological factor is found in 1 Thessalonians 5:23. According to this Scripture passage, Christians believe that the mind, body, and soul (spirit) comprise the totality of human beings. According to the *Commentary Critical and Explanatory on the Whole Bible*, “all three,

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<sup>136</sup> Johannes P. Louw and Eugene Albert Nida, *Greek-English Lexicon of the New Testament: Based on Semantic Domains* (New York: United Bible Societies, 1996), 286.

<sup>137</sup> Mark M. Overstreet, “Affliction,” in *Holman Illustrated Bible Dictionary*, edited by Chad Brand et al. (Nashville, TN: Holman Bible Publishers, 2003), 32.



spirit, soul, and body, each in its due place, constitute man “entire”<sup>138</sup> Consequently, psychological injury resulting from trauma affecting the spiritual aspects of human beings means that addressing the spiritual concerns of trauma victims is essential to healing. The spiritual matters of crisis and trauma sufferers begin with recognizing the root of the pain by creating a safe space to address traumatic events to reframe stories through the lens of God’s presence and providence.

Creating a safe place through pastoral care for crisis and trauma sufferers to openly share their stories and to lament provides an opportunity to reframe trauma experienced from a faith-perspective. As previously mentioned in the definitions in chapter one, lament is one form of prayer. The article “Suffering in God’s Presence: The Role of Lament in Transformation,” offers a theology of suffering in the form of biblical lament as a pathway to healing and transformation for the trauma sufferer.<sup>139</sup> The author, M. Elizabeth Lewis Hall, Ph.D., explains that biblical lament, as opposed to the general form of lament, is not just an expression of sorrow but the spiritual discipline that first cries out to and depends on God for guidance, comfort, and intervention.<sup>140</sup> Furthermore, biblical lament calls out to God for action and leads to praise to God while providing the sufferers’ need to express their pain and to restore order in the middle of chaos.<sup>141</sup>

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<sup>138</sup> A. R. Fausset, “The First Epistle of Paul the Apostle to the Thessalonians,” in *Commentary Critical and Explanatory on the Whole Bible*, vol. 2, eds. Robert Jamieson, A. R. Fausset, and David Brown (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 392.

<sup>139</sup> M. Elizabeth Lewis Hall, “Suffering in God’s Presence: The Role of Lament in Transformation,” *Journal of Spiritual Formation and Soul Care* 9, no. 2 (2016): 219.

<sup>140</sup> Hall, “Suffering in God’s Presence,” 220.

<sup>141</sup> *Ibid.*

For example, Psalm 6 is an expression of David's distress as he cries out to God. According to *The Teacher's Commentary*, David laments because of a severe personal illness that weakened his body almost to the point of death.<sup>142</sup> After David gives explicit details of his condition, "he then declares his certainty that God will answer his prayer and will turn back the trouble that threatens him."<sup>143</sup> On the contrary, Hall stresses that lament is not just complaining to God, but it has a disciplined structure that "involves a psychological move, a transformative move, from distress to praise."<sup>144</sup> For instance, the author in Psalm 42 laments through the first four verses, but in verse five, the language shifts from lament to hope and praise in God.

Interestingly, Deborah van Deusen Hunsinger, Ph.D., argues that for those suffering, "instead of protecting themselves against the pain, the afflicted are encouraged to go down into it, clinging to God's promises as they do so."<sup>145</sup> Some people may view allowing a person to feel pain as negative. However, Kathleen M. Rochester, Ph.D., argues that "negative emotions are now better accepted as signals, like all emotions, of things we need to pay attention to as well as to control. Biblical lament is a surprisingly acceptable expression of negative emotions to God."<sup>146</sup> Again, Psalm 6 illustrates lament as it draws attention to the language that indicates distress. Verse 2 uses the phrases "I am weak," and "my bones are troubled."

Similarly, the phrases "my soul is greatly troubled," and "O Lord, how long" are found in verse 3. Likewise, Psalm 61:1-2 reads, "Hear my cry, O God, attend to my prayer. From the end

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<sup>142</sup> Russell H. Dilday, Jr., and J. Hardee Kennedy, "Psalms," in *The Teacher's Bible Commentary*, ed. H. Franklin Paschall and Herschel H. Hobbs (Nashville: Broadman and Holman Publishers, 1972), 294.

<sup>143</sup> Ibid.

<sup>144</sup> Hall, "Suffering in God's Presence," 223.

<sup>145</sup> Deborah van Deusen Hunsinger, "Bearing the Unbearable: Trauma, Gospel, and Pastoral Care," *Theology Today* 68, no. 1 (2011): 22.

<sup>146</sup> Kathleen M. Rochester, "Unintegrated Suffering: Healing Disconnections Between the Emotional, The Rational, and the Spiritual Through Lament," *Journal of Spiritual Formation and Soul Care* 9, no. 2 (2016): 276.

of the earth, I will cry to You, when my heart is overwhelmed; lead me to the rock that is higher than I.” These Psalms provide an example of biblical language that can aid the trauma sufferer in freely expressing his/her distress and hope in God.

The third factor supporting the theological argument of including spiritual elements in the care of Christians who suffer from crises and traumatic events is the belief that the origin of man stems from God the Creator. Because God is the creator, ultimately, healing and wholeness stem from Him. For example, Genesis 1:27 says that “God created man in His own image,” and Genesis 2:7 says, “And the LORD God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living being.” Meditating on this particular Scripture text and others may cause some to honor God in humble thanksgiving as Creator who has the power to heal. In contrast, meditation on Scripture may cause others to question God’s sovereignty and loving-kindness toward them in the wake of trauma. Likewise, there are some Christians who may struggle to reconcile God’s goodness in the middle of trauma. Becoming trauma-informed can enhance the church’s capacity to assist the crisis and trauma sufferer in reconciling his/her struggles with biblical truths.

A fourth factor supporting the theological basis is that Christians believe in the power of the Holy Spirit. Caregivers must assist the crisis and trauma sufferer in acknowledging the reality of their situation. Trauma victims often reexperience the traumatic event, which causes all the other symptoms and possible additional emotional and psychological issues. Conversely, through Scripture and prayer such as John 14:26 (KJV), which reads: “But the Comforter, which is the Holy Ghost, whom the Father will send in my name, he shall teach you all things...” caregivers too, will be empowered to assist the crisis sufferer in shifting his/her unhealthy patterns of

ruminating. Christian caregivers understand that the Holy Spirit, who is the comforter, aids the healing process of the crisis and trauma sufferers.

According to the *Vines Expository Dictionary*, the word “comforter” is derived from the Greek word *parakletos*, which means “called to one’s side, (i.e.), to one’s aid, is primarily a verbal adjective, and suggests the capability or adaptability for giving aid.”<sup>147</sup> Therefore, the power and presence of the Holy Spirit enable both the caregiver and the person needing care and counsel. The indwelling presence and work of the Holy Spirit assure the believer while bringing supernatural counsel, peace, joy, and healing. Leading the crisis and trauma sufferers to experience the loving compassion of God is beneficial in aiding victims of trauma and PTSD in restructuring their thoughts to foster faith-based as opposed to fear-based thought patterns, thereby decreasing the symptoms of trauma and PTSD.

Finally, the Christian belief that the disciplines of prayer and meditation on the Bible as the infallible Word of God are essential to growing deeper in relationship to God is the fifth factor. These spiritual disciplines, along with the practices of contemplation and centering prayer, as previously mentioned, are the core of Christian mindfulness. Memorizing Scripture, to the Christian, helps to refocus thoughts on the healing power of God and His presence, and to assure the believer of spiritual, mental, emotional, and physical well-being. For example, Paul admonishes the reader in Philippians 4:6 not to be anxious but pray, and then Philippians 4:8 to meditate or think on “whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable-if anything is excellent or praiseworthy...whatever you have learned or received or heard from me, or seen in me-put into practice.”

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<sup>147</sup> W.E. Vine, Merrill F. Unger, and William White, Jr., “Comforter,” in *Vine’s Complete Expository Dictionary of Old and New Testament Words*, eds. W.E. Vine, Merrill F. Unger, and William White, Jr. (Nashville, TN: Thomas Nelson, 1996), 111.

In essence, Paul encourages those who profess to be Christians to condition their thought life to focus on these specific aspects of their faith through the spiritual disciplines of prayer and meditation. Robert J. Morgan writes in *Reclaiming the Lost Art of Biblical Meditation: Find True Peace in Jesus* that “as we meditate, God guides and changes our thoughts, helps us process our griefs and sorrows, enables us to soak up the wonder of His greatness, and prepares us for what He has planned for us.”<sup>148</sup> Other passages, such as Psalms 23 and 91, speak to the core of Christian mindfulness by admonishing the reader to direct his/her thoughts to God as a provider and protector.

### **Biblical References<sup>149</sup>**

In addition to the previously mentioned concepts which support the theological basis for this thesis project, the following biblical references further substantiate the purpose of this study in addressing the issue of ministry to crisis and trauma sufferers. Secondly, the following Scripture references are examples of biblical resources for both the pastoral care team, the pastoral counselor, and the sufferers of crisis and trauma to be used for encouragement, prayer, meditation, contemplation, and edification to aid in the healing, spiritual growth, and transformation.

#### Lamentations 3:16-26

*He has also broken my teeth with gravel, And covered me with ashes. You have moved my soul far from peace; I have forgotten prosperity. And I said, “My strength and my hope Have perished from the LORD.” Remember my affliction and roaming, The wormwood and the gall. My soul still remembers and sinks within me. This I recall to my mind. Therefore I have hope. Through the LORD’s mercies, we are not consumed, Because His compassions fail not. They are new every morning; Great is Your faithfulness. “The LORD is my portion,” says my soul, “Therefore I hope in Him!” The LORD is good to those who wait for Him, To the soul who seeks Him. It is good that one should hope and wait quietly for the salvation of the LORD.*

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<sup>148</sup> Robert J. Morgan, *Reclaiming the Lost Art of Biblical Meditation* (Nashville: Thomas Nelson, 2017), 10, Kindle.

<sup>149</sup> Unless noted, all biblical references will be from the *New King James Version (NKJV)*.

In this Scripture, the writer describes his emotional state as a result of severe suffering. The entire third chapter of Lamentations poetically depicts vivid imagery of the emotional state of the writer who is suffering severely. In verses 16-20, the writer has reached the lowest possible point of depression and anguish. However, verse 21 indicates a shift. He recalls to mind the mercies of God, and that each new day brings new mercies. Therefore, he now has hope. Crisis and trauma sufferers can learn from this Scripture that it is safe to lament and grieve, but once the complaint is released, a person could gain hope by refocusing on the goodness and faithfulness of God.

2 Corinthians 1:3-5, 8-10

*Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God. For as the sufferings of Christ abound in us, so our consolation also abounds through Christ. For we do not want you to be ignorant, brethren, of our trouble which came to us in Asia: that we were burdened beyond measure, above strength, so that we despaired even of life. Yes, we had the sentence of death in ourselves, that we should not trust in ourselves but in God who raises the dead, who delivered us from so great a death, and does deliver us; in whom we trust that He will still deliver us.*

In this passage, the apostle Paul openly shares with his readers the sufferings that he endured. It appears that Paul's sufferings led him to an emotionally traumatic state. Paul gives a more detailed description of his traumatic experience in 2 Corinthians 11:23-29. However, he presents the perspective that just as God comforted him through his severe afflictions, God gave them the ability to comfort others with the same comfort they received. Likewise, many people serving in the church and the role of pastoral care are wounded. Nevertheless, the comfort of God is shared one with another. Crisis and trauma sufferers can find comfort in biblical examples of those who have endured suffering but ultimately experienced the comfort of God.

Psalm 1:2-3

*But his delight is in the law of the LORD, And in His law, he meditates day and night. He shall be like a tree Planted by the rivers of water, That brings forth its fruit in its season, Whose leaf also shall not wither; And whatever he does shall prosper.*

This passage emphasizes the benefits of meditating, continually thinking on God's Word, His works, and the things positive and lovely in life. Meditating on Scripture not only ushers in the presence of God, breeds hope and healing, peace, wisdom, and a new perspective on life.

Robert Morgan states that “Biblical meditation has a way of turning our attention from the problems we face, to the face of the God we serve,”<sup>150</sup> and that “it leads us to spiritual growth, emotional strength, deepening intimacy with the Lord, and soul-steadying peace.”<sup>151</sup>

Psalm 121

*I will lift up my eyes to the hills—From whence comes my help? My help comes from the LORD, Who made heaven and earth. He will not allow your foot to be moved; He who keeps you will not slumber. Behold, He who keeps Israel Shall neither slumber nor sleep. The LORD is your keeper; The LORD is your shade at your right hand. The sun shall not strike you by day, Nor the moon by night. The LORD shall preserve you from all evil; He shall preserve your soul. The LORD shall preserve your going out and your coming in From this time forth, and even forevermore.*

The above passage of Scripture provides the crisis and trauma sufferer with the hope and assurance that although he/she may be experiencing severe trials God knows all about what has occurred. God's knowledge of man is perfect. God can intervene because of His sovereign power. God is a keeper who is always, ready, willing, and able to help.

Luke 4:18-19

*The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favor.*

After forty days of being tempted by Satan, Jesus quotes this passage from Isaiah 61 to announce His mission. According to Luke, Jesus speaks in the first person and declares that God

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<sup>150</sup> Morgan, *Reclaiming the Lost Art of Biblical Meditation*, 83, Kindle.

<sup>151</sup> *Ibid*, x, Kindle.

has anointed Him to release those who believe in Him from various oppressive situations. In other words, the soul of a man experiences hardships and trials along the way in life. However, the promise to believers is healing for the soul through the power of Jesus Christ. He specifically came to earth to heal. Incorporating this Scripture into meditation and mindfulness promotes hope and healing to the crisis and trauma sufferer. According to Morgan, “there is healing and holy power in pondering, picturing, and personalizing passages of Scripture from God’s Word.”<sup>152</sup>

Proverbs 3:5-6

*Trust in the LORD with all your heart, And lean not on your own understanding; In all your ways acknowledge Him, And He shall direct your paths.*

Mark 9:23

*Jesus said to him, “If you can believe, all things are possible to him who believes.”*

Faith and belief in God are critical to the healing process and needed to address the loss of hope that many crises and trauma sufferers experience. Trust in God helps to switch the thoughts of a crisis and trauma sufferer from fear and despair to hope in the supernatural power of Jesus Christ that there is an end to the suffering and that life will get better. It is also critical to trust God and not ruminate over the traumatic event. Trusting in God and not relying on human logic will assist the crisis and trauma sufferer in combating painful rumination.

Psalms 91:1-2

*He who dwells in the secret place of the Most High Shall abide under the shadow of the Almighty. I will say of the Lord, “He is my refuge and my fortress; My God, in Him I will trust.”*

Mark 1:35

*Now in the morning, having risen a long while before daylight, He went out and departed to a solitary place; and there He prayed.*

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<sup>152</sup> Morgan, *Reclaiming the Lost Art of Biblical Meditation*, x, Kindle.



The above passages of Scripture underscore the importance of prayer, meditation, and solitude or silence. Jesus withdrew away from others to reflect and connect with God. Silence and solitude allow a person to commune with God and build a deeper and more intimate relationship with Him. Likewise, leading the crisis and trauma sufferer to a place of calm so that they can release their concerns through prayer and meditation is critical to addressing his/her anxieties. Robert Mulholland, Jr. Ph.D., says that “silence is the inner act of letting it go.”<sup>153</sup>

Philippians 3:13-14

*Brethren, I do not count myself to have apprehended; but one thing I do, forgetting those things which are behind and reaching forward to those things which are ahead, I press toward the goal for the prize of the upward call of God in Christ Jesus.*

The above passage encourages the reader to search out and receive God’s purposes by pressing forward to life beyond the traumatic experience. In essence, new life begins with living in the present moment and then pursuing future goals, dreams, and desires revealed through a relationship with Christ. One of the goals of pastoral care is to inspire the crisis and trauma sufferer to move forward by first accepting difficulties as inevitable occurrences in everyone’s life, and pressing forward to embrace a life of hope and healing already obtained through the sacrifice of Christ. In the words of Fausset, “*Looking back* is sure to end in *going back*.”<sup>154</sup>

### **Theoretical Basis**

In addition to the review of the precedent literature and the theological basis, several factors support the theoretical basis of the proposed thesis of this project. To start with, as previously mentioned in the ministry context, The Greenhill Church is predominantly African

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<sup>153</sup> Robert Mulholland, Jr., *Invitation to a Journey; A Road Map for Spiritual Formation* (Downers Grove, IL: InterVarsity Press, 1993), 137.

<sup>154</sup> A. R. Fausset, “Philippians,” in *Commentary Critical and Explanatory on the Whole Bible*, vol. 2, eds. Robert Jamieson, A. R. Fausset, and David Brown (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 367.

American. This demographic fact is important to note when establishing and executing an approach to pastoral care. Although the number of African Americans seeking professional mental health care is growing, a vast number depends solely on their faith and the intervention of the church for support. For instance, an article in the *Social Work and Christianity Social* reports that religious rituals such as prayer, faith, church involvement, and pastoral counseling provided positive spiritual coping skills for African American women who experienced violence as a child.<sup>155</sup> Likewise, the same article reports that “among African American men who experienced childhood violence, 55% used spirituality as a way of coping.”<sup>156</sup> Laverne Williams, CSW, Robyn Gorman, MA, LPC, and Sidney Hankerson, MD, MBA, state in an article that the “‘Black Church,’ comprised of seven predominantly African American denominations... has a storied history of providing health, social, and educational services for community members.”<sup>157</sup>

Further research shows that “African-American clergy are the primary source of mental health care for a large, socioeconomically diverse cohort of American Americans...and are also trusted ‘gatekeepers’ for referrals to mental health professionals.”<sup>158</sup> Because of the responsibilities that statistically fall on African American clergy, Frederick Streets, Associate Professor of Pastoral Theology, argues that “as the leader of the church, which is often the only ‘glue’ holding a community together, they take on multiple leadership roles for which they may not have been prepared.”<sup>159</sup> However, on the contrary, another study indicates that clergy “are

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<sup>155</sup> Mary Patricia Van Hook, “Spirituality as a Potential Resource for Coping with Trauma,” *Social Work and Christianity* 43, no. 1 (2016): 12.

<sup>156</sup> Ibid.

<sup>157</sup> Laverne Williams, Robyn Gorman, and Sidney Hankerson, “Implementing a Mental Health Ministry Committee in Faith-Based Organizations: The Promoting Emotional Wellness and Spirituality Program,” *Social Work in Health Care*, 53, no. 4 (2014): 416.

<sup>158</sup> Ibid, 416-417.

<sup>159</sup> Frederick Streets, “Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda,” *Social Work and Christianity* 42, no. 4 (Winter 2015), 473.

often more accessible to individuals needing treatment; they may have a longer and more personal relationship with those under their care; there may be less stigma involved in seeking counsel; perhaps most importantly, they are trained in dealing with spiritual matters.”<sup>160</sup> The above statistics confirm the need to enhance the pastoral care to adequately assist those who rely on the church for care and counsel during difficult circumstances.

A second factor supporting the theoretical basis is that secular counselors often fail to include spiritual elements during care, or they lack the spiritual knowledge to address spiritual issues in crisis and trauma sufferers adequately. A Gallup poll suggests that “an overwhelming number of Americans recognize the close link between spirituality, faith, religious values, and mental health, and would prefer to seek assistance from a mental health professional who recognizes and can integrate spiritual values into the course of treatment.”<sup>161</sup> However, Natalia Wade reports in *Social Work and Christianity* that many behavioral health providers “are reluctant to address the spiritual and religious beliefs and practices of their clients”<sup>162</sup> because of their struggle with ethical boundaries. Wade contends that “when clinicians practice the inclusion of spiritual or religious practices such as prayer or meditation, increased positive outcomes of psychotherapy have been noted in both the physical and mental health domains.”<sup>163</sup> Therefore, research demonstrates that spiritual elements are crucial to positive outcomes in care to crisis and trauma sufferers who may have spiritual needs.

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<sup>160</sup> Stacy Smith, “Exploring the Interaction of Trauma and Spirituality,” *Traumatology* 10, no. 4 (2004): 236.

<sup>161</sup> Grafton T. Eliason, Mark Lepore, and Douglas Holmes, “Ethics in Pastoral Care and Counseling: A Contemporary Review of Updated Standards in the Field,” *Journal of Pastoral Care and Counseling* 67, no. 2 (June 2013): 1.

<sup>162</sup> Wade, “Integrating Cognitive Processing Therapy,” 64.

<sup>163</sup> *Ibid.*, 65.

A third factor supporting the theoretical basis is that many crises and trauma sufferers seek help from the church and clergy because of the need to address their spiritual struggles. Through their studies with the American Association of Christian Counselors and Liberty University, Tim Clinton and Gary Sibcy maintain that “when people seek mental health services, they often start with a pastor, priest, or rabbi, and regardless of the context, they usually want their faith addressed as part of the therapeutic process.”<sup>164</sup> Subsequently, Clinton and Sibcy further report that “spirituality and the importance of faith-based counseling have become the fifth force in mental health care.”<sup>165</sup> Likewise, Stacey Smith, who is a Licensed Professional Counselor, maintains that “trauma survivors often present to clergy with spiritual difficulties that arise as a result of the trauma, sometimes leading clergy to attempt to address spiritual concerns without recognizing the underlying trauma components.”<sup>166</sup>

The above research leads to another observation in the care of trauma sufferers. Although there are faith-based care and counseling community and parachurch agencies available, Stella Potgieter asserts that “it is our responsibility as the church (pastors and laypersons alike) to care for people struggling with their pain, trauma, uncertainty, and confusion. I believe God ordained the church as His primary instrument to tend to God’s people, especially those who are hurting.”<sup>167</sup> Likewise, in the book *Trauma and Transformation: Growing in the Aftermath of Suffering*, the authors maintain that there is a difference from the Christian perspective in coping

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<sup>164</sup> Tim Clinton and Gary Sibcy, “Christian Counseling, Interpersonal Neurobiology, and the Future,” *Journal of Psychology and Theology* 40, no. 2 (2012): 141.

<sup>165</sup> Ibid.

<sup>166</sup> Smith, “Exploring the Interaction of Trauma,” 236.

<sup>167</sup> Stella D. Potgieter, “Communities: Development of Church-Based Counselling Teams,” *HTS Teologiese Studies/Theological Studies* 71 no. 2 art. #2050 (2015): 2, accessed November 19, 2019, <http://dx.doi.org/10.4102/hts.v71i2.2050>.

and transformation.<sup>168</sup> The premise of this book is that suffering offers the opportunity for biblical counsel and spiritual growth, and divine healing, which frame the belief and approach that God has equipped the church with the capacity to offer adequate care and counsel to crisis and trauma sufferers.

The fourth factor supporting the theoretical basis is the need for a structured method of care to assist the church and pastor in providing faith-based trauma-informed care and opportunities for spiritual growth. As previously mentioned, the church traditionally serves as the hub for pastoral care, counseling, and support to its membership. The book *Strategic Pastoral Counseling: A Short-Term Structured Model* discusses an example of contemporary models of pastoral care and counseling. In this book, David Benner delves into the various elements of pastoral ministry, soul care, pastoral care, and pastoral counseling to suggest ways of implementing adequate care and counsel. Benner defines pastoral care as “the total range of help offered by pastors, elders, deacons, and other members of a congregation...reaching out with help, encouragement, or support to another at a time of need.”<sup>169</sup> For that reason, he argues that pastoral counseling is a structured way of being with someone from a biblical perspective.<sup>170</sup>

Another key point is that pastoral counseling, which is an important component of pastoral care, is considered pastoral because of the multifaceted role of a pastor, who “just as God offers his people his faithful presence in their suffering, brokenness, and struggles, a counselor can offer to be with those who seek his or her help.”<sup>171</sup> The ultimate goal of pastoral

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<sup>168</sup> Richard G. Tedeschi and Lawrence G. Calhoun, *Trauma and Transformation: Growing in the Aftermath of Suffering* (Thousand Oaks, CA: Sage Publications, Inc., 1999), 5.

<sup>169</sup> David Benner, *Strategic Pastoral Counseling: A Short-Term Structured Model* (Grand Rapids, MI: 2003), 19-20, Kindle.

<sup>170</sup> Ibid.

<sup>171</sup> Ibid, 27.

counseling, although it may be psychologically and theologically informed, is to help people mature in their faith. As a result, pastoral care and counseling can assist a person to see his/her struggles from a biblical perspective. As indicated by Benner, the researcher of this project suggests that also just being with crisis and trauma sufferers requires structure and a strategic method of care. Benner's book addresses the need and reasonable process of providing care and support through the pastoral care team, which directly addresses the concern of enhancing pastoral care in The Greenhill Church.

A fifth factor supporting the theoretical basis is the concern of how to develop a method of care to support the crisis and trauma sufferer through the journey of healing and transformation. The researcher proposes that a trauma-informed church utilizing Christian mindfulness infused with spiritual disciplines provides a theoretical framework for the pastoral care team to address spiritual issues and spiritual growth. The article "Mindfulness, Christian Devotion Meditation, Surrender, and Worry," describes Christian devotion meditation as another spiritual discipline used as a tool for Christian mindfulness and its effectiveness on emotional well-being.<sup>172</sup> This discipline is "derived from spiritual formation exercises, designed to foster awareness and attention on God. These practices lead to a deepening of relationship with God, and they also lead to healing and greater connection with others."<sup>173</sup> The principle behind utilizing Christian devotion meditation in mindfulness is to lead the crisis and trauma sufferer to decenter from destructive thoughts and refocusing with hope on the presence of God and the healing power of Jesus Christ. The researcher of this project contends that leading the crisis and trauma sufferer to the presence of God opens the door to His healing and transformative power.

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<sup>172</sup> Thomas Frederick and Kristen M. White, "Mindfulness, Christian Devotion Meditation, Surrender, and Worry," *Mental Health, Religion and Culture*, 18, no 10 (2015): 852.

<sup>173</sup> *Ibid*, 850.

The final factor supporting the theoretical basis is the development of a structured curriculum to educate the pastoral care team on how to “bear one another’s burdens” (Gal. 6:9) with sensitivity so as not to exacerbate trauma experiences. A structured curriculum for after-care will equip the pastoral care team to guide the trauma sufferer holistically through the journey of hope, healing, and a deeper relationship with Christ.

An example of a method of this type of care is the mindfulness practice developed by Dr. Joshua Knabb. In his book *Faith-Based ACT for Christian Clients: Faith-Based ACT for Christian Clients: An Integrative Treatment Approach*, Dr. Joshua Knabb explains the value and core processes of Acceptance and Commitment Therapy (ACT) and its possible use to care for those with psychological and spiritual concerns. He maintains that “within contemplative tradition of Christianity, patient endurance...helps Christians to follow Jesus in the midst of difficult inner experiences.”<sup>174</sup> The fundamentally linked core processes described by Knabb are as follows:

<u>ACT</u>	<u>Faith-Based ACT</u>
Present-Moment Awareness	Stillness with God
Values	Jesus’ Teachings
Committed Action	Following Jesus
Observing Self	“Eye of the Soul”
Cognitive Defusion	Watchfulness
Acceptance	Endurance <sup>175</sup>

In addition to his book *Faith-Based ACT*, Knabb authored a companion workbook, *Acceptance and Commitment Therapy for Christian Clients: A Faith-Based Workbook*,<sup>176</sup> to provide a resource to assist with the process of leading trauma sufferers to shift their thoughts

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<sup>174</sup> Joshua J. Knabb, *Faith-Based ACT for Christian Clients: An Integrative Treatment Approach* (New York: Routledge, 2016), 9-10.

<sup>175</sup> Ibid, 11.

<sup>176</sup> Joshua J. Knabb, *Acceptance and Commitment Therapy for Christian Clients: A Faith-Based Workbook* (New York: Routledge Taylor and Francis Group, 2017).

and emotions to a more positive state. The workbook provides a model of how to work through painful experiences by addressing psychological pain in the Bible using various examples, including the disciples and their commitment to follow Jesus despite suffering through persecution and other crises. This workbook and the accompanying research by Knabb provides a resource for the development of a curriculum to assist in the spiritual growth of trauma sufferers.

Similar in concept to faith-based ACT approach mentioned above, but different in the content approach, is the practice of centering prayer as a way to enhance pastoral care and spiritual growth opportunities for the crisis and trauma sufferer. Ferguson, expounds on the practice of centering prayer as a form of meditation that focuses on the “ancient Christian tradition of resting in God.”<sup>177</sup> According to Ferguson, studies suggest that the “regular practice of resting in the arms of a loving God may inspire an unburdening of emotional wounds from the past.”<sup>178</sup> Furthermore, she explains that the practice of centering prayer encourages total surrender to God from the core being of a person to center on the transcendent presence of the Trinity of the Father, Son, and Holy Spirit.

Through her studies, personal practice of centering prayer, and implementation as a trained presenter to facilitate centering prayer groups in professional ministry, Ferguson recommends a method of practicing centering prayer using four basic guidelines for twenty minutes twice a day that can be expanded with accompanying spiritual practices. Ferguson suggests that spiritual practices such as the cultivation of silence, solitude, and service, *Lectio*

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<sup>177</sup> Jane K. Ferguson, “Centering Prayer: A Method of Christian Meditation for Our Time,” in *Contemplative Practices in Action: Spirituality, Meditation, and Health*, ed. by Thomas G. Plante (Santa Barbara, CA: Prager ABC-CLIO, LLC, 2010), 58.

<sup>178</sup> Ferguson, “Centering Prayer,” 70.



*Divina*, and a prayer welcoming the presence of God can enhance the centering prayer experience. The researcher of this project views Ferguson’s guidelines for centering prayer as a resource to inform the development of a structured method of care, possibly utilizing Christian mindfulness practices to enhance the existing pastoral care.

For example, an empirical study of a four-week preventative program entitled “Christian meditation for Repetitive Negative Thinking: A Multisite Randomized Trial Examining the Effects of a 4-Week Preventative Program,”<sup>179</sup> engaged participants utilizing mindfulness and Christian meditation for one hour once per week. The method used in this study was a nine-step process and a four-step process of Christian meditation to facilitate participants with the ability to shift negative repetitive thinking to the loving presence of God. The outcome of the study showed that Christian meditation helped to decrease the rumination of past events and positively affect emotional disorders.<sup>180</sup> Based on these studies, the researcher of this project recommends that contextualizing Christian mindfulness practices to enhance the pastoral care and support in The Greenhill Church will provide a safe place for crisis and trauma sufferers to accept their painful situations as a pathway to hope, healing, and spiritual transformation.

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<sup>179</sup> Knabb et al., “Christian Meditation for Repetitive,” 3.

<sup>180</sup> Ibid, 2.

### **Chapter 3: Methodology**

As previously mentioned, pastors and churches are often the first responders when people experience crises and traumatic events. The problem is that secular counseling often excludes spiritual elements needed to address the spiritual struggles of crisis and trauma sufferers. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. Therefore, the research question for this thesis project is as follows: In a church where many people have experienced a crisis, is there a way to enhance pastoral care and support to help members who experience crises and trauma use their experiences as positive opportunities for spiritual growth and transformation? To address this question, the researcher poses that: Through surveying the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, and building a report on crisis and trauma experiences, an enhanced plan for pastoral care and support, possibly utilizing Christian mindfulness, will be developed to help people who experience crisis and trauma grow spiritually despite their painful experiences.

Therefore, the method used to address the research question and thesis was to develop a survey to investigate the specific crisis and trauma experiences and their effects. First, the scope of this project was to describe the ministry context of The Greenhill Church in relationship to the research problem to be presented in chapter one. Secondly, chapter one explicated definitions of key elements used in the problem and the proposed intervention.

Chapter two expounded on the conceptual framework consisting of three sections to address the problem and purpose statements of this thesis paper. First, the literature review was organized into the following three categories: clarifying the problem, possible solutions to the problem, and the potential benefits of the suggested solutions. Secondly, the theological basis

presented factors based on the biblical truths relevant to the need for developing a faith-based, trauma-informed method of care to enhance pastoral care to crisis and trauma sufferers. Thirdly, the theoretical basis expanded further on the theories and other research on how the church can help crisis and trauma sufferers by providing opportunities for spiritual growth and transformation despite their painful experiences.

Chapter three offers the method of applied research for this project. A survey served as the instrument to investigate the nature and needs of the crisis and trauma sufferers. Chapter four will give a detailed critical analysis of the data collected from the survey to build a report of the needs and experiences of crisis and trauma sufferers. Chapter five will explicate the conclusion by providing a summary of the major points of the paper and the data collected from the survey.

Finally, the conclusion in chapter five will include suggested ways to implement a faith-based trauma-informed method of care that is trauma-informed, possibly incorporating Christian mindfulness infused with the practice of the spiritual disciplines to enhance the pastoral care and support to crisis and trauma sufferers. The proposed enhancement to the existing pastoral care and support team will provide a way to minister hope and healing to the crisis and trauma sufferers and the opportunity for spiritual growth and transformation, therefore inevitably strengthening their faith as a follower of Jesus Christ.

### **Intervention Design**

The results of the survey provide data to suggest ways of enhancing pastoral care and support to crisis and trauma sufferers to provide opportunities for spiritual growth and transformation. Also, the results of the survey provided data to build a profile of the background, needs, and traumatic experiences of the members and frequent attendees. The researcher of this project designed the survey based on key definitions presented in chapter one, and the outlined

categories of the literature review in chapter two. The following key elements were included in the survey to assist in building the profile of the responders. First, basic demographic information, along with the regularity of religious practices, were collected. Secondly, ascertaining the level of crisis and trauma experiences, the symptoms of these events, and how the lives of crisis and trauma sufferers were affected provided a key component in analyzing the background of the responders. Thirdly, a report of the impact of trauma on spirituality and spirituality on trauma revealed the spiritual struggles and possible coping skills of the crisis and trauma sufferer.

Finally, the survey investigated the possible influence of spiritual and mindful practices and the responders' perceptions of their sufferings. The end goal was to build a snapshot of how trauma holistically affected the life of the members and frequent attendees and critically analyze the data to suggest a holistic approach to enhance the pastoral care to provide hope and healing, and an opportunity for spiritual growth and faith in Christ.

Care and counsel to people of The Greenhill Church who suffer from traumatic events can impact their entire lives. In order to effectively provide care, the consideration of the whole man is crucial. To assist people in their spiritual growth, giving attention to what effects the totality of a human being is crucial. According to Mary Van Hook, "Our bodies, minds (thoughts and memories), and emotions are an integrated system. Trauma affects all three individually and disrupts the integration of these systems. Trauma can also have an impact on our interpersonal and spiritual lives."<sup>181</sup> Because of this, Van Hook's observation is relevant to the development of the survey to assess the effects of crisis and trauma experiences.

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<sup>181</sup> Mary Patricia Van Hook, "Spirituality as a Potential Resource for Coping with Trauma," *Social Work and Christianity* 43, no. 1 (2016): 7-8.

## **Implementation of the Intervention Design**

The members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, were chosen to participate in the survey. Recruitment for participants took place through announcements during Sunday morning worship services and weekly activities at The Greenhill Church. Additionally, recruitment occurred by phone, email, letters, and in-person conversations. The recruited participants were adult men and women between the ages of eighteen to seventy-five years of age because of their potential ability to identify crisis and trauma experiences and better articulate their spiritual and emotional mindset and practices. Members and frequent attendees of The Greenhill Church were the preferred demographic because of the researcher's role and relationship as senior pastor to the membership in providing pastoral care.

### **Process of Creating the Survey**

The survey was anonymous and was available online and as printed hard copies. Printed copies were placed in the foyer and rear entrances of the church for distribution to non-computer users. Participants were able to access the online survey via an email sent to the membership and frequent attendee contact list. The survey began on January 31, 2020 and ended on February 9, giving the participants a total of nine days to respond. Participants were to return printed surveys in a sealed envelope to the church in a sealed container in the administrator's office.

The data compilation reported on the printed surveys were entered into data of the online surveys to obtain a final accurate report of all responders. The online survey tool utilized for this project was Google Forms. The researcher desired to receive at least twenty-five to fifty responses. The design of the survey included four major sections: demographic information, potential exposure to crisis and traumatic events, spirituality and faith (including spiritual

discipline practices), and mindfulness/Christian mindfulness habits. A description of the development and rationale for creating the survey is as follows.

Rationale for Creating the Survey  
Part I: Demographic Information

The purpose of the demographic information section was to identify the basic characteristics of the participants to also better understand their background and how they fit into the target group. The demographic section provided information on the background of the responders and the possible influence on their perspective on their crisis and trauma situations, and to insure that the participants met the demographic information required as was reported to the IRB (Internal Review Board). Background information is critical when assessing the possible perceptions that influence the coping skills of the crisis and trauma sufferers. There are two subsections within the demographic section. Questions 1 through 7 were designed to obtain information to build a profile of the nature of the responders to assist the researcher in assessing the information given in the remainder of the survey. The participation of responders was completely anonymous. No personal identifying information was collected.

**Questions 1 through 7**

1. Age Range: 18-28 29-39 40-50 51-61 62-72 73+
2. Gender: Male Female
3. Are you affiliated with the military? Active Duty Retired Reserves  
Veteran (Served but did not retire) Spouse Dependent/Child No
4. Marital Status: Married/Separated Single/Engaged Divorced Widowed
5. Are you a member of The Greenhill Church? Yes No
6. Are you a frequent attendee of The Greenhill Church? Yes No
7. Do you consider yourself a Born-Again believer? Yes No

Questions, 2, and 4 are basic demographics, which include age, gender, and marital status, and are found on most surveys and applications. Given the ministry context of this project, and the large number of people at The Greenhill Church who are affiliated with the military, Question 3 specifically records the number of individuals and families affiliated with the military. This question is important in building an accurate profile of the responders to distinguish between the trauma experiences of the military and non-military responders. The survey measures data on crisis and trauma experiences that are unique to soldiers. Many soldiers and their families may have similar experiences to civilian crisis and trauma sufferers; however, civilians will not have the traumatic experiences that are unique to the soldiers and their families.

Also, the data compiled on the experience of military and non-military members and frequent attendees is important in the development of an enhanced pastoral care ministry that adequately addresses the needs of all crises and trauma sufferers. Question 7 identifies those who consider themselves a born-again Christian with a confession of faith in the life, death, resurrection of Jesus Christ, receiving Him as their personal Savior. A confession of faith as a born-again Christian can potentially affect the response to the crisis and traumatic experiences because of faith in the supremacy of God, the Father, and Creator of the universe.

### **Part I: Subsection 2**

The second subsection of the demographic information section contains eight statements to assess the basic religious practices of the responders. Participants were to read the following statements and rate each as follows:

- a. Never      b. Occasionally      c. Sometimes      d. Often      e. Always

\_\_\_\_\_I attend worship services and other church events.

\_\_\_\_\_ I attend Bible Study.

\_\_\_\_\_ I participate in other small group ministries and/or fellowships.

\_\_\_\_\_ I use my gifts and talents to serve in my church.

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

\_\_\_\_\_ I attend or participate in corporate prayer activities.

\_\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

The above statements are important to the research because they measure the religious practices of the participants. Religious practices can affect the response, recovery, and coping skills of those who experience crises and traumatic events. According to Christian Tausch et al. in the Louisiana Healthy Aging Study, “60% of Americans report that religion is “important” or “very important” to them.”<sup>182</sup> The importance of religious engagement for people exposed to crises and traumatic events is a critical consideration when providing counsel and care.

According to Tausch, “religious activities provide comfort and a positive tool to cope during times of difficulty.”<sup>183</sup> However, on the contrary, J. Irene Harris et al. argue that the “negative aspects of religious involvement include interpersonal conflict (with peers in the faith group, authorities in the faith group, and G-d), religious doubts or perceived failures of faith, guilt associated with failures of virtue, fears of condemnation, (i.e. hell), and difficulty resolving conflict with G-d.”<sup>184</sup> After completing this section once, then the participants were to reread the

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<sup>182</sup> Christina Tausch et al, “Religion and Coping with Trauma: Qualitative Examples from Hurricanes Katrina and Rita,” *Journal of Religion and Spiritual Aging* 23, no. 3 (2011): 237.

<sup>183</sup> Ibid.

<sup>184</sup> J. Irene Harris et al. “Christian Religious Functioning and Trauma Outcomes,” *Journal of Clinical Psychology* 64, no. 1 (2008): 19.



statements and check all that provide opportunities for spiritual growth and transformation, and a positive impact on their response to a crisis and traumatic life experiences.

## Part II: Crisis and Traumatic Events

Part II was designed to survey the type and nature of trauma experienced by the participants. In addition to the definition of trauma offered in chapter one, Associate professor of theology, Shelley Rambo offers a general description of trauma that gives further insight into its effect on people who experience traumatic events. She argues that “trauma is often expressed in terms of what exceeds categories of comprehension, the human capacity to take in the process the external world... A central way of expressing this excess is in terms of the relationship between death and life.”<sup>185</sup> Furthermore, H. Norman Wright, Ph. D., argues that “trauma is the response to any event that shatters your safe world so that it is no longer a place of refuge. What we used to see as a safe world is no longer safe. What we used to see as a predictable world is no longer predictable.”<sup>186</sup> From these descriptions of trauma, the conclusion drawn is that exposure to the various events described in the following questions can shatter the safe world of people, leaving them to rebuild and reframe their perspective on what is safe. Addressing the effects of trauma in the lives of the people in The Greenhill Church is critical to providing opportunities for spiritual growth, and the discipleship making process.

### Questions 1 through 6

1. Have you ever experienced a natural disaster? Check all that apply. If you check “other” further explanation can be given in the space provided in Question 19.

Tornado  
 Hurricane

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<sup>185</sup> Shelly Rambo, “Spirit and Trauma,” *Interpretation: A Journal of Bible and Theology* 69, no. 1 (2015): 12.

<sup>186</sup> H. Norman Wright, *The Complete Guide to Crisis and Trauma Counseling: What To Do and Say When it Matters Most!* (Minneapolis, MN: Bethany House, 2011), 189.

- Flood
- Earthquake
- Chemical spill
- Technological/Electrical Failure
- Fire
- Other
- None

2. Have you ever experienced a criminal or personal assault at home or in a public place? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- Theft or robbery with a gun or knife
- Sexual assault, rape, and/or unwanted sexual contact in any way
- Domestic violence, verbal abuse, and/or financial abuse
- Child abuse, sexual abuse, neglect, bullying, severely punished or beaten before the age of 18, by a parent or family member, babysitter, caretaker, or teacher
- Victim of injustice, discrimination, racial bias, or gender bias
- Overwhelming poverty
- Other
- None

3. Have you experienced a life-threatening illness, life-changing disease, and/or surgery due to any of the following conditions? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- Cancer
- Multiple sclerosis
- Heart attack
- Stroke
- HIV / AIDS
- Diabetes
- COPD
- Neurological Conditions
- Organ Transplant
- Car accident
- Drug or Alcohol Addiction
- Homelessness
- Other
- None

4. If you are affiliated with the military, have you experienced any of the following? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- Stationed and/or served in a war zone

- Stationed and/or served in a non-combat zone but exposed to casualties related to war
- Injured during combat or military duty
- Lost a friend or fellow soldier to combat
- Lost a friend or fellow soldier to suicide
- Discharged Unexpectedly
- Experienced a loved one (spouse, parent, etc.) diagnosed with PTSD related to military service
- Other
- Not Applicable

5. Have you witnessed a family member or close friend experience any of the following situations? Check all that apply. If you check "other," further explanation can be given in the space provided in Question 19.

- Armed Robbery
- Car Crash
- Homicide or Suicide
- Very seriously injured
- Near death injury, illness, or accident
- Other
- None

6. Have you experienced the sudden or untimely death of any of the following? Check all that apply.

- Parent
- Sibling
- Spouse
- Child
- Loved one or Close friend
- Coworker
- Multiple deaths of people close to you
- None

The above questions were designed to assess the types of crises and traumatic events the participants may have experienced. Participants were to check all statements that best described their exposure to crisis and traumatic exposure. The researcher designed question 1 to assess the participants' exposure to natural disasters. The effects of exposure to natural disasters can be just as devastating as other traumatic events. Some may not view natural phenomenon as traumatic as other types of trauma. Trauma experienced to any degree is measured by the effect of an event

on the person who experiences trauma. To illustrate this point, Shelly Rambo reports in a study and series of interviews of the victims of Hurricane Katrina, that a particular deacon of a church made the statement in the interview she conducted, that “people keep telling us to get over it already. The storm is gone, but the ‘after the storm’ is always here.”<sup>187</sup> Hurricane Katrina is good illustration of one of the most traumatic natural disasters in American History because of its astronomical devastation. According to the report of the National Geographic Society, Hurricane Katrina was a Category 3 storm that hit landfall on August 29, 2005. As a result of the storm, an estimated 1,200 people died with approximately \$108 billion in damage to property.<sup>188</sup> Subsequently, the deacon interviewed by Rambo spoke to the fact that although Hurricane Katrina was gone, the devastating effects of the storm to the community, and on the heart and soul of the people, still lingers.

Questions 2, 4, and 6 measure the number of participants exposed to interpersonal trauma, or trauma that happens between people. Associate professor of psychology, Thema Bryant-Davis, Ph.D., and senior behavior scientist, Eunice C. Wong contend that interpersonal trauma includes, but is not limited to “intimate partner violence, sexual assault, child abuse, community violence, and war.”<sup>189</sup> They further maintain that “interpersonal trauma is “one of the primary contemporary threats to mental health in societies domestically and globally...and may result in long-term consequences physically, cognitively, behaviorally, socially, and spiritually.”<sup>190</sup> Question 5 can be categorized as interpersonal, but focuses solely on people

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<sup>187</sup> Rambo, “Spirit and Trauma,” 9.

<sup>188</sup> Sarah Gibbens, “Hurricane Katrina, Explained,” *National Geographic*, January 26, 2019, accessed January 20, 2020, <https://www.nationalgeographic.com/environment/natural-disasters/reference/hurricane-katrina/#close>.

<sup>189</sup> Thema Bryant-Davis and Eunice C. Wong, “Faith to Move Mountains: Religious Coping, Spirituality, and Interpersonal Trauma Recovery,” *The American Psychologist* 68, no. 8 (2013): 675.

<sup>190</sup> *Ibid*, 675.

associated with the military. Question 3 addresses the personal crisis and trauma situations of illness and diseases, addictions, car accidents, and homelessness. Question 6 addresses the experience of trauma as a result of witnessing life-threatening situations experienced by a relative or close friend.

### Questions 7 through 8

7. Have you experienced any of the following symptoms as a result of exposure to crisis and/or traumatic situations? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Fear
<input type="checkbox"/> Avoid crowds	<input type="checkbox"/> Overwhelming Stress
<input type="checkbox"/> Withdrawal in relationships	<input type="checkbox"/> Disconnection
<input type="checkbox"/> Intruding thoughts	<input type="checkbox"/> Irritability
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Numb or paralyzed emotions
<input type="checkbox"/> Depression or excessive sadness	<input type="checkbox"/> Other
<input type="checkbox"/> Anxiety	<input type="checkbox"/> None
<input type="checkbox"/> Anger	

8. Have you experienced any of the following spiritual struggles as a result of exposure to crisis and/or traumatic events? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Anger or confusion toward God  
 Felt that God abandoned you  
 Thought that God did not answer your prayers  
 Believed you did something to deserve the pain  
 Felt disconnected from God or that He is far away  
 Had no desire to pray, read Scriptures, or worship  
 Questioned God’s love for you  
 Asked, “Why does God let bad things happen to good people?”  
 Found it difficult to go to church because of your situation  
 None of the above

The researcher designed questions 7 and 8 to investigate the symptoms that the participants may have experienced in the past and maybe presently experiencing as a result of exposure to traumatic events. Question 7 measures physical and emotional symptoms, while question 8 surveys the spiritual struggles that the participants may have experienced as a result of exposure to traumatic situations. Associate Professor of Pastoral Theology, Frederick Streets

contends that sometimes people are “not aware of any connection between the trauma they have experienced and the quality of their current emotional and spiritual life.”<sup>191</sup> Questions 7 and 8 seek to make that connection by examining the responses in light of the responses to questions 1 through 6.

### **Questions 9 through 11**

9. Did you seek professional counseling for any of the events you experienced above?  
 Yes  No  I did not experience any of the above events.
10. If you answered “yes” to question #9, did it help?  Yes  No
11. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices
  - Received guidance based on Scripture and biblical principles
  - Helped me to obtain peace and happiness in my life

The researcher designed questions 9 through 11 to obtain data on the number of participants who sought professional counseling to assist with the effects of crisis and trauma situations. As previously mentioned in the paper, many people do not seek care from secular counselors, but instead, consider the church as a first responder. These questions also address the problem presented previously in this paper that secular counselors, when utilized, often exclude spiritual elements in the care of counselees.

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<sup>191</sup> Frederick Streets, “Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda,” *Social Work and Christianity* 42, no. 4 (Winter 2015), 470-471.

### Questions 12 through 14

12. Did you seek counseling or prayer from your pastor, other ministers, or lay pastoral care team (such as a deacon, elder, minister, or prayer partner, etc.)?  
 Yes  No  I did not experience any of the above events
13. If you answered “yes” to question #12, did it help?  Yes  No
14. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices
  - Received guidance based on Scripture and biblical principles
  - Helped me to obtain peace and happiness in my life

The researcher designed questions 12 through 14 to first investigate if the responder sought the care and counsel of the existing pastoral care. Secondly, to see if there were positive outcomes.

### Question 15

15. Do you regularly practice any of the following spiritual disciplines? Check all that apply.
- Prayer
  - Silent Reflective Prayer
  - Corporate Prayer
  - Meditation
  - Scripture Memory
  - Corporate Bible Study
  - Private/Personal Bible Study
  - Fasting
  - Extended Corporate Fasts (i.e. the 21-day, 7-day, and 3-day corporate fasts)
  - Corporate Worship on Sunday morning and/or special services
  - Private Worship (i.e., listening to Christian music)
  - Times of silence and solitude

The researcher designed Question 15 to assess the percentage of crisis and trauma responders who practice spiritual disciplines. The actual effects of practicing the disciplines are not the focus of this question. For example, Richard Foster argues that

to know the mechanics does not mean that we are practicing the Disciplines. The Spiritual Disciplines are an inward and spiritual reality, and the inner attitude of the heart is far more crucial than the mechanics for coming into the reality of the spiritual life. In our enthusiasm to practice the Disciplines, we may fail to practice discipline. The life that is pleasing to God is not a series of religious duties.<sup>192</sup>

Nevertheless, the practice of the spiritual disciplines, if exercised with the intent of exploring the inner life and cultivating and intimacy with God, opens the door to hope and healing, endurance in the times of difficulties, and spiritual growth and transformation and growth despite pain and adversity.

### Questions 16 through 18

16. If you have experienced a trauma or crisis situation, or were to experience a trauma or crisis situation, would you benefit from a follow-up program that extends beyond the short-term care of the pastoral care team?     Yes     No     Unsure
17. Do you think the church can play a pivotal role in providing positive opportunities for spiritual growth and transformation to positively impact how crisis and trauma sufferers respond to their difficult situations?     Yes     No     Unsure
18. Do you think a short-term support group to enhance your spiritual growth and encourage faith, hope and divine healing through the practices of prayer, meditation and Bible verse memory would help you and others to deal with the emotional and spiritual wounds of crisis and traumatic situations?     Yes     No     Unsure

The focus of questions 16 through 18 was to assess the responders' view of the possible benefits of enhancing the existing pastoral care and support by establishing a follow-up short-term method of care. The extended care would address the needs of crisis and trauma sufferers, and provide opportunities for spiritual growth by incorporating prayer, meditation, and Scripture

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<sup>192</sup> Richard J. Foster, *Celebration of Discipline: The Path to Spiritual Growth* (San Francisco: HarperOne Publishers, 2018), 3.



memory into spiritual practices. It is important for the crisis and trauma sufferer who may participate in the special groups to have an open heart to receive hope and divine healing. Consequently, the spiritual struggles of the responders to the survey can affect their outlook on the potential benefits of extended pastoral care through the church. Professors Jennifer H. Wortmann, Crystal L. Park, and Donald Edmondson describe spiritual struggles as the “negative religious cognitions about the self, God, and the world,”<sup>193</sup> and “consists of maladaptive religious cognitions about the cause of, responsibility for, and future implications of stressful events.”<sup>194</sup>

### **Question 19**

19. If you have experienced anything else other than the choices in question #1, 2, 3, 4, 5, and 7, or have any other comments for any other questions, you can give further explanation or comments in the space below.

Question 19 was the only question in this section designed to allow the responders to write out comments for the selected sections if they checked “other” as a response. A few reasons for checking “other” could be that options provided may not represent the thoughts or situations of the responders. Secondly, the possibility exists that responders did not feel comfortable answering specific questions.

### **Part III: Spirituality and Faith**

Part III was designed to measure some aspects of the spirituality, faith, and belief practices of the responders, and consists of thirteen statements. As previously noted in chapter one, spirituality holds a range of meanings in contemporary society. Some people deem themselves spiritual, but not religious. However, Bryant-Davis and Wong argue that although

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<sup>193</sup> Jennifer H. Wortmann, Crystal L. Park, and Donald Edmondson, "Trauma and PTSD Symptoms: Does Spiritual Struggle Mediate the Link?" *Psychology of Trauma* 3, no. 4 (2011): 444.

<sup>194</sup> Ibid.

spirituality usually represents the “private experience...that promotes a process of growing,”<sup>195</sup> and religiosity usually represents “a commitment to the beliefs and practices recognized by a specific organized sacred institution such as a church,”<sup>196</sup> they are not entirely separate. Religion is not solely institutional, and spirituality is not solely private or based on an individual’s personal beliefs,<sup>197</sup> one impacts the other. On the other hand, *The Lexham Bible Dictionary* defines faith as “reliance upon and trust in God.”<sup>198</sup>

Consequently, a person’s religious affiliation, spiritual values, and faith level potentially affect his/her perspective on suffering including the severity of the symptoms of trauma, physical health, emotional and spiritual well-being, and the ability to endure adversity. Kenneth I. Pargament, Kavita M. Desai, and Kelly M. McConnell of Bowling Green State University maintain that “spirituality can play a critical role in the way traumas are understood, how they are managed, and how they are ultimately resolved.”<sup>199</sup> According to the research of Olivia G. M. Washington, David P. Moxley, Lois Garriott, and Jennifer P. Weinberger, “literature supports the importance of prayer and other expressions of faith as sources of personal strength and self-resilience during times of adversity...and confirms its positive effects on physical and mental health.”<sup>200</sup>

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<sup>195</sup> Bryant-Davis and Wong, “Faith That Moves Mountains,” 676.

<sup>196</sup> Ibid.

<sup>197</sup> Ibid.

<sup>198</sup> Nijay K. Gupta, “Faith,” ed. John D. Barry et al., *The Lexham Bible Dictionary* (Bellingham, WA: Lexham Press, 2016), n.p., Logos Edition.

<sup>199</sup> Kenneth I. Pargament, Kavita M. Desai, and Kelly M. McConnell, “Spirituality: A Pathway to Posttraumatic Growth or Decline?,” eds. Lawrence Calhoun and Richard G. Tedeschi, *Handbook of Posttraumatic Growth: Research and Practice* (Florence: Routledge, 2006), 121.

<sup>200</sup> Olivia G. M. Washington, David P. Moxley, Lois Garriott, and Jennifer P. Weinberger, “Five Dimensions of Faith and Spirituality of Older African American Women Transitioning Out of Homelessness.” *Journal of Religion and Health* 48 (2009): 432.

The researcher designed this portion of the survey to examine the correlation of the influence of spirituality and faith on how responders manage traumatic situations. Participants were to read the following thirteen statements and choose from the following options that best described their situations.

- a. Strongly disagree   b. Disagree   c. Unsure   d. Agree   e. Strongly Agree

### **Questions 1 through 5**

1. I believe that my relationship with God is strong.
2. I read my Bible on a regular basis.
3. I study and/or meditate on Scripture verses on a regular basis.
4. I pray on a regular basis, other than at meals and beyond church attendance.
5. I cry out to God for help in my crisis situations.

The researcher designed Question 1 to evaluate the participants' assessment of their relationship with God. Questions 2, 3, and 4 were designed to evaluate the responders' private practices of reading the Bible, meditating on Scripture, and prayer. Question 5 examines how many responders practice a form of lament or crying out to God, as expounded on in chapter two. June Dickie, Ph. D., describes lament as “a cry of pain from the sufferer to God, and it includes complaints, requests (some of which may have to do with justice being meted out to the enemy) and affirmations of faith.”<sup>201</sup> Furthermore, Dickie argues that “in today’s world of increasing trauma, this means of grace is much needed.”<sup>202</sup> Dickie’s description of lament confirms the researcher’s aim to measure the responders’ lament to God. A similar message is found in 1 Peter 5:7, which says, “casting all your care upon Him, for He cares for you.”<sup>203</sup>

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<sup>201</sup> June Dickie, “The Importance of Lament in Pastoral Ministry: Biblical Basis and Some Applications,” *Verbum et Ecclesia* 40, no. 1 (2019): 2.

<sup>202</sup> *Ibid.*, 1.

<sup>203</sup> Unless otherwise noted, all biblical passages referenced are in the *New King James Version* (Nashville: Thomas Nelson, Inc., 1982).

Psalm 30:2 says, “O LORD my God, I cried out to You, and You healed me.” In other words, releasing pain by crying out to God can be an indication of faith in the power of God to bring relief in times of difficulty.

### **Questions 6 through 8**

6. My faith has helped me to grow and experience spiritual transformation through the crisis and traumatic situations in my life.
7. Prayer, meditation on Scripture, and/or worship have positively affected my thought life, emotions, feelings, and behavior.
8. My faith in God gives me meaning and purpose for life.

Questions 6 through 8 survey the positive outcomes and transformation that a person may have experienced despite the crisis and trauma. A common struggle for crisis and trauma sufferers is making meaning of life and searching for God’s presence and purpose during their painful experiences. As the above questions state, painful experiences can lead to transformation, positive changes in thoughts and emotions, and greater faith in God’s presence during their struggles. Traumatic situations can also serve as the foundation for reframing life from the perspective of faith in God’s presence. However, negative religious coping strategies can exacerbate trauma symptoms. Some examples of negative coping strategies are, “feeling dissatisfied in one’s relationship with G-d, attributing the stressor to the devil, passively waiting for G-d to change the situation, feeling dissatisfied with relationships with the clergy and others in one’s faith group, redefining G-d as other than omnipotent, [and] identifying the stressor as punishment from G-d.”<sup>204</sup> Negative coping combats positive changes, thereby delaying healing and transformation.

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<sup>204</sup> Harris et al. “Christian Religious Functioning,” 19.

As mentioned in chapter one, posttraumatic growth is the term used to describe positive changes that occur as a result of the crisis and traumatic experiences. The researcher is seeking to attain data through this survey to ascertain if spirituality and faith practices caused growth and transformation to responders amid their traumatic situations. Moreover, Pargament, Desai, and McConnell contend that spirituality can be a pathway to Posttraumatic growth. These authors delineate that first, spirituality may “provide people with an important source of support and empowerment in stressful times.”<sup>205</sup> Secondly, “spirituality may play a critical role in the meaning-making process.”<sup>206</sup> Lastly, “spirituality may foster life-changing transformations of goals and priorities.”<sup>207</sup>

### **Questions 9**

9. I try to shift my mind from my problems to focusing on the power and presence of God.

The aim of Question 9 is to survey whether the participant first recognizes the negative thoughts that tend to invade the mind as a result of the crisis and traumatic situations, and then his/her ability to intentionally shift the mind to focus on the power and presence of God. A common symptom of crisis and trauma sufferers is negative intrusive thoughts known as rumination. Joshua Knabb, Veola Vazquez, and Robert Pate define rumination as “unhelpful, perseverative, repetitive cognitive process, involving passively thinking about prior events (e.g., trauma-related occurrences), the meaning of such events, and current emotional states, all in a

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<sup>205</sup> Pargament, Desai, and McConnell, “Spirituality: A Pathway to Posttraumatic Growth,” 123.

<sup>206</sup> Ibid.

<sup>207</sup> Ibid.

futile attempt to gain a sense of control and regulate emotional distress in a more abstract, cognitive manner.<sup>208</sup>

Using the Scripture passage found in Colossians 3:2 as a base, these authors contend that the contrary of negative rumination is Christian rumination. Colossians 3:2 reads, “Set your mind on things above, not on things on the earth.” In *Wuest’s Word Studies in the Greek New Testament*, to “set your mind,” as found in Colossians 3:2, means to “to direct one’s mind to a thing,”<sup>209</sup> emphasizing that “you must not only seek heaven; you must also think heaven.”<sup>210</sup> In other words, they contend that as followers of Jesus Christ, “the Christian practice of meditating on God’s Word, attributes, actions, and so forth,”<sup>211</sup> can ease and possibly alleviate negative ruminations. The above survey question evaluates the responders' ability to shift the mind to “things above,” as stated in Colossians 3:2 when problematic thinking or negative rumination occurs.

### **Questions 10 through 13**

10. Reading biblical examples of the miracles of Jesus Christ from the Gospels gives me hope in the healing power of God.
11. I believe that God forgives me of my sins or shortcomings when I confess and repent.
12. I consider biblical principles and/or Bible stories when making decisions.
13. I believe that healing is possible for me because of the sacrificial death and resurrection of Jesus Christ.

Questions 10 through 13 extend beyond Question 9 to assess the mindset of the

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<sup>208</sup> Joshua Knabb, Veola Vazquez, and Robert Pate, “‘Set Your Minds on Things Above’: Shifting From Trauma-based Ruminations to Ruminating on God,” *Mental Health, Religion and Culture* 22, no. 4 (2019): 385.

<sup>209</sup> Kenneth S. Wuest, *Wuest’s Word Studies in the Greek New Testament* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Company, 1955), n.p., Logos Edition.

<sup>210</sup> Ibid.

<sup>211</sup> Knabb, Vazquez, and Pate, “‘Set Your Minds on Things,’” 385.

responders regarding their faith in biblical principles. First, the mission of the church is to make disciples of Christ (cf. Matthew 28:19-20). According to the *Harper's Bible Dictionary*, a “disciple” is “an apprentice or pupil attached to a teacher or movement; one whose allegiance is to the instruction and commitments of the teacher or movement.”<sup>212</sup> The gospel teachings of Jesus Christ are found in the biblical books of Matthew, Mark, Luke, and John and constitute the basic doctrinal beliefs of Christian disciples.

The Gospels contain teachings on the miracles of Jesus Christ, repentance, and the forgiveness of sins and healing through the shed blood of Jesus Christ. When Christians experience crisis and trauma, these teachings, if believed, bring comfort and hope that their painful experiences can be relieved and possibly wiped away by the power of Jesus Christ. For example, the raising of the widow's son of Nain (Luke 7:11-17), the healing of the paralytic man (Luke 5:18-19), the stilling of a storm (Mark 4:34-35), changing water to wine (John 2:1-11), the healing of the woman with an issue of blood (Mark 5:25-34), Jesus raises Lazarus from the dead (John 11:1-44), and of course, the resurrection of Jesus Christ (Matthew 28) are stories of the miracles of Jesus Christ which brings hope to the trauma sufferer that the possibility that a miracle could one day expunge the pain and consequences that result from their traumatic experiences. The above questions address the basic doctrinal beliefs of Christians, who are disciples of Christ and their spiritual aptitude to see their crisis and traumatic events from a faith

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<sup>212</sup> Philip L. Shuler, “Disciple,” in *Harper's Bible Dictionary*, ed. Paul J. Achtemeier (San Francisco: Harper and Row, 1985), 222.

perspective, which opens the door to hope, healing, and spiritual transformation amid crisis.

#### Part IV: Mindfulness and Christian Mindfulness

The researcher designed Part IV of the survey to collect data on the basic mindful practices the responders. The following definitions of mindfulness and Christian mindfulness were included in Part IV of the survey.

The general definition of mindfulness is “the process of keeping one's mind in the present moment while staying non-judgmentally detached from potentially destructive thoughts and feelings.”<sup>213</sup> Christian mindfulness can be described as “the act of using our awareness on purpose”<sup>214</sup> while employing “the practice of paying prayerful attention in the present moment to God’s abundant life.”<sup>215</sup> Christian mindfulness is Christ-centered and focuses on both God and self. It incorporates the Christ-centered spiritual disciplines of prayer and meditation.<sup>216</sup>

Katherine Thompson argues that the practice of mindfulness

- improves psychological flexibility and quality of life,
- improves emotional regulation,
- reduces rumination and worry,
- prevents depression relapse,
- improves coping with chronic illness and reduces distress,
- decreases heart rate, respiration, blood pressure,
- improves attention, self-control, perception, and mood, and
- changes brain activity in networks associated with emotional processing and sustained attention.<sup>217</sup>

The above benefits of mindfulness shown were obtained through research as indicated, which of course, affects all people, Christian and non-Christian. However, Christ-centered mindfulness

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<sup>213</sup> Scott H. Symington and Melissa F. Symington, “A Christian Model of Mindfulness: Using Mindfulness Principles to Support Psychological Well-Being, Value-Based Behavior, and the Christian Spiritual Journey,” *Journal of Psychology and Christianity* 31, no. 1 (2012): 72.

<sup>214</sup> Amy G. Oden, *Right Here Right Now: The Practice of Christian Mindfulness* (Nashville: Abingdon Press, 2017), 3.

<sup>215</sup> *Ibid.*, 2.

<sup>216</sup> Appendix A, 187.

<sup>217</sup> Katherine Thompson, *Christ-Centred Mindfulness: Connection to self and God* (Sydney, Australia: Acorn Press, 2018), n.p., Kindle Edition.



has added benefits. Thompson says that “Christ-centered mindfulness means holistic transformation so that we have the mind of Christ. We become connected to our self and to God moment to moment, in the now.”<sup>218</sup> Scott Symington and Melissa Symington argue that practicing mindfulness in the Christian faith “can empower the Christian to more fully live out deeply held values and beliefs.”<sup>219</sup> The purpose of this portion of the survey was to assess the participants’ knowledge and practice of mindfulness by retrieving data on the possibility that they have experienced any of the benefits.

According to the previously noted definition of Christian/Christ-centered mindfulness, a person is mindful of the totality of life through the lens of faith in Jesus Christ, and the power of God. The following statements in this section were designed to retrieve a basic understanding of the mindful awareness of the responder to the presence of God, internal feelings, and his/her personal emotional and spiritual state of mind. The participants were to read the following statements and choose one of the following options that best described their situation.

- a. Never or very rarely true
- b. Rarely true
- c. Sometimes true
- d. Often True
- e. Very often or always true

### **Questions 1 through 3**

1. I am aware of my inner feelings and can usually put them into words without hesitancy.
2. I am present emotionally and mentally in my relationships with friends and family by listening, empathizing with others, and enjoying the moment.
3. I am aware of what is going on around me, such as the wind and rain, the sensations of the weather, and what is going on in the room.

One of the symptoms of a person dealing with trauma is the avoidance of any thoughts such as pain, fear, failure, guilt, and shame that may be associated with traumatic events. Crisis

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<sup>218</sup> Thompson, *Christ-Centred Mindfulness*, n.p., Kindle Edition.

<sup>219</sup> Symington and Symington, “A Christian Model of Mindfulness,” 72.

and trauma sufferers can also become withdrawn and isolated from friends and family. Intrusive ruminating thoughts can cause a crisis and trauma sufferer to become preoccupied to the point that they are not fully aware and present with the here and now.

Likewise, the above concept is explained by Symington and Symington, who present a model of mindfulness that is supported by the following three pillars: the presence of mind, acceptance, and internal observation.<sup>220</sup> When utilized, the three pillars of mindfulness enable a person to live more purposefully and appreciative of everyday life by non-judgmentally accepting negative situations and the resulting thoughts. These authors further propose that people who practice mindfulness per the three pillars are more attentive to personal relationships, their inner thoughts, and personal emotional processes, which also causes greater awareness and sensitivity to God's presence.<sup>221</sup>

Although questions 1 through 3 do not mention the word crisis, trauma or PTSD, certain habits of mindfulness or the lack thereof affect a person's response to trauma. The questions are to measure basic mindful habits of the responders' inner feelings, relationships, and the immediate world around them.

#### **Questions 4 through 7**

4. I can easily step back and accept distressing feelings without identifying with them.
5. I avoid negative, distressing feelings by suppressing them or keeping busy.
6. I find myself daydreaming, worrying, or being distracted by past experiences and/or future desires to the point that I cannot pay attention to what is going on at the moment.
7. I often walk into a room and forget what I went in to do.

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<sup>220</sup> Symington and Symington, "A Christian Model of Mindfulness," 73-74.

<sup>221</sup> Ibid.

Questions 4 through 6 were designed to measure the responders' way of dealing with distressing feelings. These questions extend the concepts of questions 1 through 5.

### **Questions 8 through 10**

8. I am mentally, emotionally, and spiritually aware of God's presence in my life.
9. I can easily open my heart and accept my shortcomings and sin through my personal prayer to God because I know that he loves me unconditionally.
10. I am aware of the fact that God's grace works in me and through my situations.

Questions 8 through 10 were designed to measure the responders' awareness and faith in the love and grace of God to help them through their trials. Scripture confirmation of God's love is found in 1 John 3:1a, which reads, "See what great love the Father has lavished on us, that we should be called the children of God! And that is what we are!" (NIV) Growing as a disciple of Christ entails that the believer is aware of God's presence as his/her heavenly Father, who is present through trials. According to the *New Bible Dictionary*, "Grace involves such other subjects as forgiveness, salvation, regeneration, repentance and the love of God."<sup>222</sup> *The Dictionary of Bible Themes* describes grace as "the qualities of God's character by which he shows himself compassionate, accepting, and generous to sinful human beings, shielding them from his wrath, forgiving them, and bestowing on them his righteousness so that they can live and grow in faith and obedience."<sup>223</sup> In other words, during crisis and trauma, the love and the grace of God are two attributes that bring hope and comfort to the Christian when received by faith. The love of God and the grace of the Lord Jesus Christ enable the crisis and trauma sufferer to endure hardship while living out his/her values.

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<sup>222</sup> J. H. Stringer, "Grace, Favour," in *New Bible Dictionary*, ed. D. R. W. Wood et al. (Downers Grove, IL: InterVarsity Press, 1996), 433.

<sup>223</sup> Martin H. Manser, "Grace," in *Dictionary of Bible Themes: The Accessible and Comprehensive Tool for Topical Studies*, ed. Martin H. Manser et al. (London: Martin Manser, 2009), n.p., Logos Edition.

## Questions 11 through 12

11. I am aware of the indwelling presence of the Holy Spirit, which gives me the power to endure and ultimately overcome hardships.
12. I can usually focus on reading Scripture, praying, and worshipping God without my mind wandering or worrying about my trouble.

The researcher designed Question 11 to measure the responders' knowledge, faith, and awareness of the inward presence, power, and ministry of the Holy Spirit during times of trouble. Question 12 inquires of the responders' ability to mindfully focus on reading Scripture, praying, and worshipping God without being overcome or overtaken by troubling thoughts. Spiritual growth and transformation are possible through the indwelling presence of the Holy Spirit in the life of every believer. There is a process of healing from pain and spiritual transformation. First, spending time studying Scripture, prayer and private worship feeds the spirit of a person, and are needed pathways to spiritual growth. John Coe contends that "there is a great need in the church for a robust methodology that takes seriously the study of spiritual growth."<sup>224</sup> In other words, he proposes that the church needs to study and implement how the Spirit of Christ is formed in the believer.

In essence, spiritual formation is the process of spiritual growth in which the spirit or mind of Christ is formed into the heart and soul of the believer. The thesis of this paper proposes that data be collected to build a report of the experiences of crisis and trauma sufferers so that that pastoral care and support are enhanced to provide opportunities for spiritual growth and transformation. The Holy Spirit is the sustainer and the one to give comfort and strength to the crisis and trauma sufferer to accept trials and live according to Christian values.

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<sup>224</sup> John Coe, "Spiritual Theology: When Psychology and Theology in the Spirit Service Faith," in *Psychology and Spiritual Formation in Dialogue*, ed. Steven Por (Westmont: InterVarsity Press, 2019), 18.

Secondly, spiritual growth and transformation come from the work of the Spirit in the believer. Furthermore, Coe argues that “because the Spirit does the work of transformation in the human person...the dynamic processes of the human spirit, sin, psychopathology, and response to the Spirit (psychodynamics)”<sup>225</sup> need to be examined and understood. In other words, spiritual growth includes healing and deliverance of the soul and the emotions from life’s trials so that spiritual transformation can continue to take place. To grow spiritually means to move from one point in life to another point where the believer has surrendered more and more to the working of the Spirit, and obtaining the mind of Christ.

### **Questions 13 through 15**

13. I can usually endure trials and tribulations in my life because I am aware of the power of God working in my life.
14. I try to fix things when they do not go my way instead of trusting that God will work it out.
15. I believe that surrendering to God will bring peace and transformation within my inner soul.

Questions 13 through 15 were designed to investigate the responders’ perception and practice of enduring hardships as a result of trusting in God. The themes of faith and trust are found throughout the Bible. For example, Proverbs 3:5-6 reads, “Trust in the LORD with all your heart, and lean not on your own understanding; in all your ways acknowledge Him, and he shall direct your paths.” The Psalmist encourages the reader first to consider the wisdom of God and seeking guidance as opposed to relying on his/her abilities to manipulate or fix situations, even if they are painful.

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<sup>225</sup> Coe, “Spiritual Theology: When Psychology,” 20-21.

### **Questions 16 through 18**

16. I am prone to lean on biblical wisdom and principles, even when I am facing difficulties as opposed to giving in to my emotions.
17. I find it easy to sit in solitude and silence without my mind wandering to distressful thoughts.
18. I find it difficult to put into words how I really feel because of how others may perceive or respond to my true feelings.

Questions 16 through 18 focus on the responders' ability to first recognize and accept their innermost thoughts, whether positive or negative, and secondly, not allowing distressful thoughts or negative rumination to take root, but to pass through the mind. Roni Berger, a professor of social work, defines psychological distress as "a combination of negative feelings of being easily annoyed or irritated, emotional pain, sadness, anxiety and fearfulness, and having uncontrollable temper outburst."<sup>226</sup> The book of Psalms gives examples of people calling out to the Lord, even during times of distress. For example, Psalm 118:5-6 reads, "I called on the LORD in distress; the LORD answered me and set me in a broad place. The Lord is on my side. I will not fear. What can man do to me?" Hence, the researcher hopes to obtain data from these questions of the responders' crisis and trauma experiences as it relates to their ability to transcend the traumatic event and call on the LORD with faith and hope to bring relief their difficult situation.

### **Questions 19 through 21**

19. I find it difficult to let go of my past hurts and accept God's will for my life at this present moment.
20. I struggle with forgiving others.
21. I struggle with forgiving myself.

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<sup>226</sup> Roni Berger, *Stress, Trauma and Posttraumatic Growth: Social Context, Environment, and Identities* (New York: Routledge Taylor and Francis Group, 2015), 7.

Questions 19 through 21 address the ability of the crisis and trauma sufferers to let go of past hurts to move forward in healing and anticipation of a new outlook on life. One of the major symptoms of trauma sufferers is the experience of the intrusive thoughts of reexperiencing the traumatic event. The person can become fixated on the event, and the subsequent emotions resulting from the event. The only way to truly heal and experience spiritual transformation is to let go and “forgive one another, even as God in Christ forgave you” (Eph 4:32).

Letting go of the past is further explained in the faith-based form of mindfulness known Acceptance and Commitment Therapy (ACT). As previously noted in chapter one, the concept of ACT is based on focusing on and living out the present moment and accepting God’s will for the here and now. Rosales and Tan contend that the goal of ACT is to lead a person to become “fully present in the current moment rather than being entangled in the past pain or future anxieties.”<sup>227</sup> He further maintains that “prayer itself often promotes taking God’s perspective-a perspective larger than the ever-changing and experiencing self.”<sup>228</sup> Philippians 3:13-14 gives a scriptural base for the claim of Rosales and Tan. In these verses, the Apostle Paul explains that despite his past mistakes and trauma experiences, he says in Philippians 3:13-14 “but one thing I do, forgetting those things which are behind and reaching forward to those things which are ahead, I press toward the goal for the prize of the upward call of God in Christ Jesus.” The above questions conclude the survey with the thought that despite the participants’ painful experiences, they can press forward “toward the goal for the prize of the upward call of God” (Philippians 4:13-14). Through God’s healing power, crisis, and trauma sufferers can fully live out Christian virtues as disciples becoming transformed into the image of Christ.

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<sup>227</sup> Aaron Rosales and Siang-Yang Tan, “Acceptance and Commitment Therapy (ACT): Empirical Evidence and Clinical Applications from a Christian Perspective,” *Journal of Psychology and Christianity* 35, no. 3 (2016), 272.

<sup>228</sup> Ibid.

## **Chapter 4: Survey Results**

This chapter will present the results of the survey used to collect the data on crisis and trauma sufferers and their experiences. As previously mentioned, the participants were members and frequent attendees of The Greenhill Church who responded anonymously. There were a total of 31 responses, 3 of which the total survey was left blank. The blank responses were due to three test runs to ensure ease of access and submission prior to officially opening the survey to participants. Therefore, the data was calculated on a total of 28 participants, representing 38.4% of the total adult membership. The total membership of The Greenhill Church at the time of this thesis project was 115 members, with 73 adults and 42 children/youth under the age of 18. Of the 73 adults, there are a total of 21 (28.8%) men and 52 (71.2%) women listed on the membership roster. In addition to the roster, there are frequent attendees who do not consider themselves as visitors because they regularly attend church services and ministry events. Because of their frequency in attendance, they sometimes receive the same attention for various situations as the membership. This is the rationale for also including them in the survey if they chose to participate.

The results of the survey will assist in building a report by critically analyzing the responses to inform the researcher on how to suggest ways to enhance pastoral care and support to crisis and trauma sufferers. The structure of the report in this chapter mirrors the structure of the survey and the outlined rationale and development of the survey as presented in chapter three. Also, as indicated in chapter three, there are many variables that could affect the responses of the participants. For example, the participants could opt not to respond to a question skipping over the question and moving to the next question. This was reflected in the data where the total number of participants to a particular question was recorded. This chapter reports the data, while

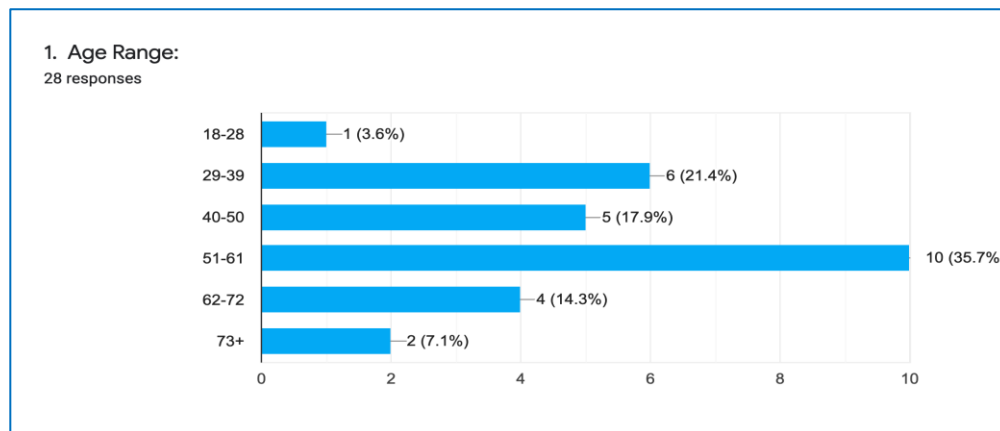


chapter three explains the rationale behind formulating the questions and collecting the data. Google forms is the instrument used to build the survey. The resulting data with percentages and numerical responses were automatically calculated within google forms. It is important to note that in Google Forms percentages that are general below 7.1% were not numerically reflected on the charts and graphs, however the researcher was able to click on the chart to retrieve all of the raw data calculated within the form. Those percentages are reported within the critical analysis below.

### Part I: Demographic Information

Throughout this section, participants were instructed to choose all options that apply to them.

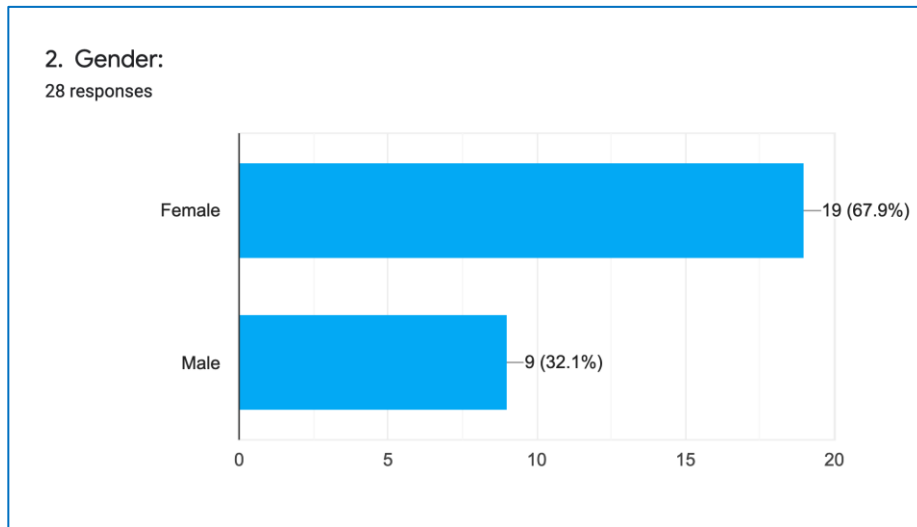
#### Questions 1 through 7



**Figure 1: Age Range**

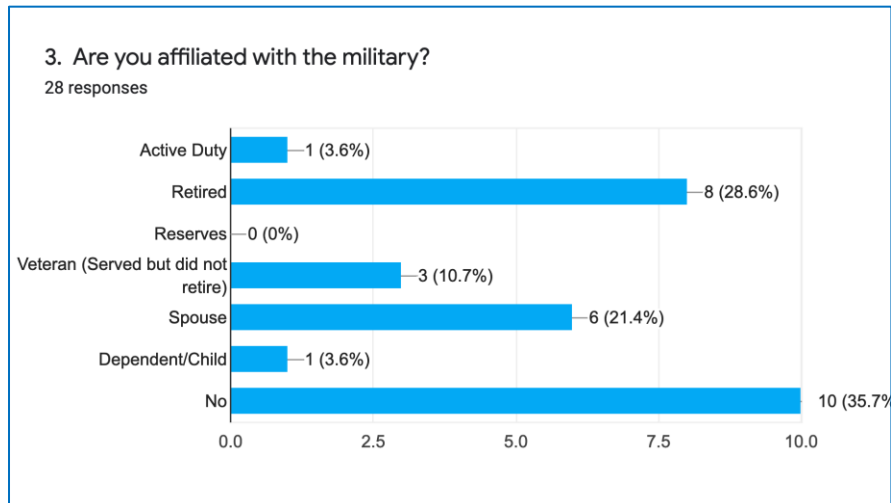
There were a total of 28 responses for Question 1/Figure 1 concerning age range. The results indicate the age ranges of the participants are as follows: 1 response (3.6%) for the 18-28 age range, 6 responses (21.4%) for the 29-39 age range, 5 responses (17.9%) in the 40-50 age range, 10 responses (35.7%) in the 51-61 age range, 4 responses (14.3%) in the 62-72 age range, and 2 responses (7.1%) in the 73+ age range. The majority of the participants were in the 51-61

age range. A total of 16 (57.1%) of the participants were over the age of 50. The smallest age group was the 18-28 years of age range with only 1 response (3.6%).



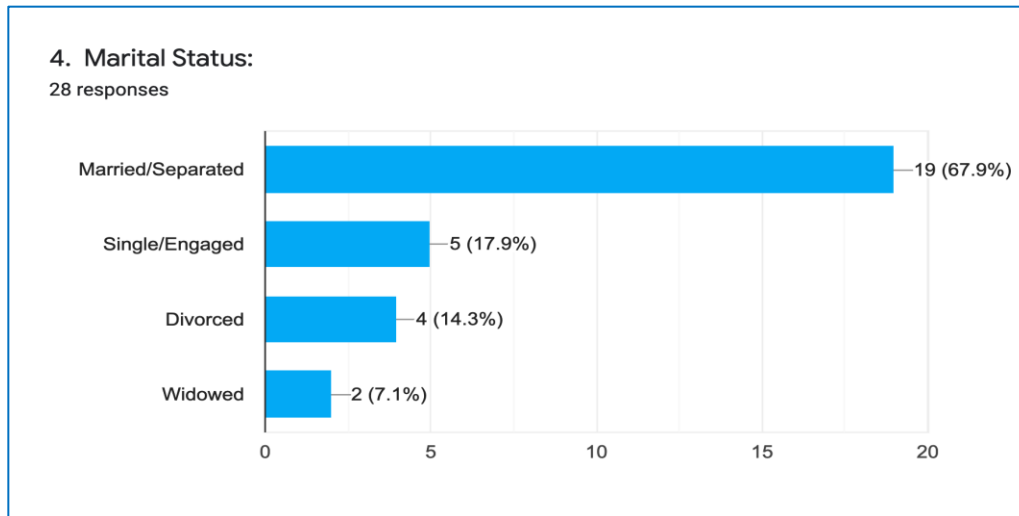
**Figure 2: Gender**

Of the 28 total participants for Question 2/Figure 2 concerning gender, 19 (67.9%) were female, and 9 (32.1%) were male. The results indicate that the majority of the participants were female. The 67.9% of female participants on the survey is slightly lower than the 71.2% female membership at The Greenhill Church. Subsequently, the 32.1% of male participants on the survey is slightly higher than the 28.8% of men in the overall population of The Greenhill Church.



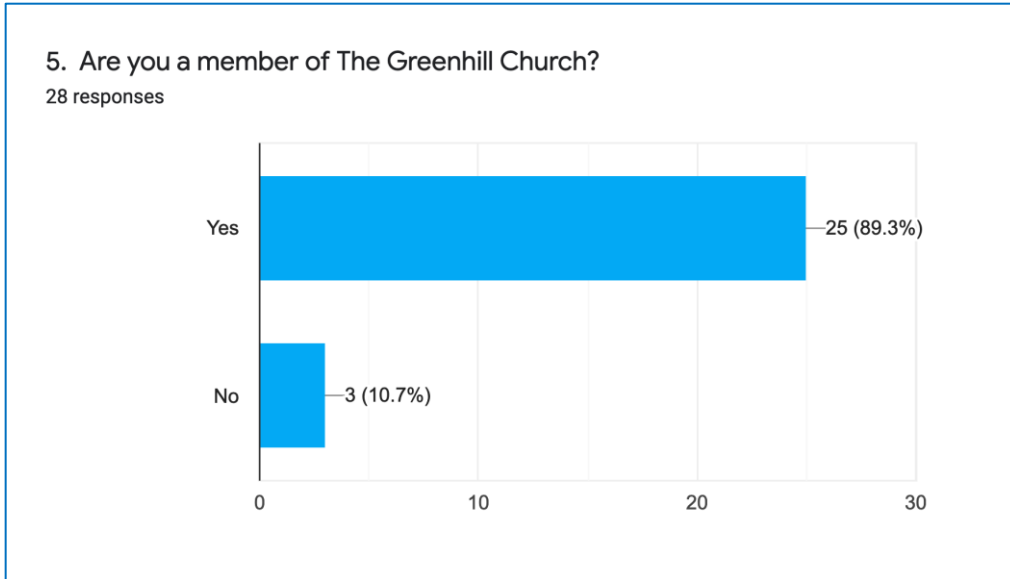
**Figure 3: Military Affiliation**

Of the 28 responses to Question 3/Figure 3 concerning military affiliation, 1 participant (3.6%) selected “Active Duty,” 8 (28%) participants selected “Retired,” 0% selected “Reserves,” 3 (10.7%) participants selected “Veterans who served, but did not retire,” 6 (21.4%) of the participants selected “Spouse,” 1 (3.6%) participant selected “Dependent/Child,” and 10 (35.7%) participants selected “No,” indicating that they are not affiliated with the military. Within the reported responses above, there is one unique response where a responder selected both “Retired,” and “Spouse.” The results indicate that 18 (64.3%) of the 28 participants are affiliated with the military in some way compared to 10 (35.7%) of the participants who are not affiliated with the military in any way.



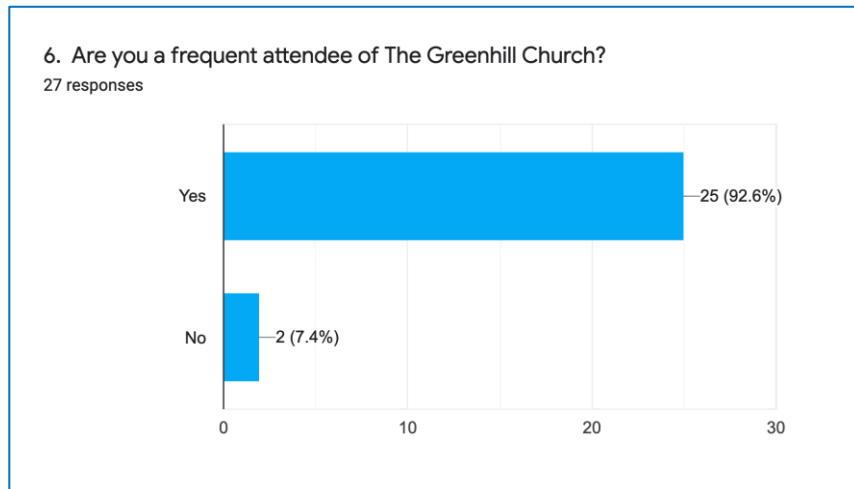
**Figure 4: Marital Status**

Of the 28 responses to Question 4/Figure 4 concerning marital status, 19 (67.9%) selected “Married/Separated,” 5 (17.9%) selected “Single/Engaged,” 4 (14.3%) selected “Divorced,” and 2 (7.1%) selected “Widowed.” The unique responses caused a slight variance in the total responses, causing the total percentage to be higher than 100%. For example, 1 responder selected both “Married/Separated” and “Single/Engaged.” Another responder selected both “Divorced” and “Widowed,” leaving a total of 10 responses for the “Married/Separated” option. The unique responses could possibly represent the fact that a responder selected all of the options that represent his/her marital status over the course of his/her life. The results indicate that the majority of the participants are “Married/Separated.”



**Figure 5. Membership Status**

Of the 28 responses to Question 5/Figure 5, 25 (89.3%) participants are members of The Greenhill Church, 3 (10.7%) participants said that they are not members. The frequent attendees are represented in the “No” category. (See figure 6 for more information). Results indicate that the majority of the participants are members of The Greenhill Church.

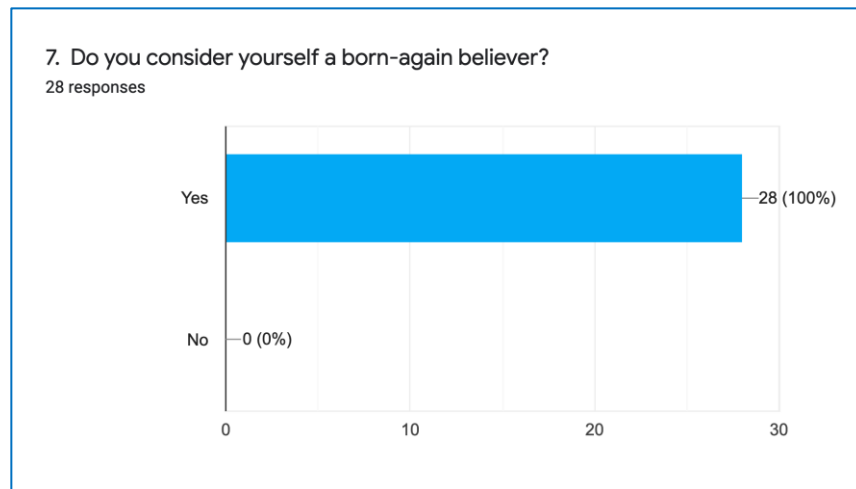


**Figure 6: Frequent Attendee Status**

Of the total 28 responses to the survey, only 27 responded to Question 6/Figure 6 concerning frequent attendee status. Of the 27 responses, 25 (92.6%) participants selected

“Yes,” indicating that that they are frequent attendees and 2 (7.4%) participants selected “No,” indicating that they are not frequent attendees.

Of the 28 total responses to the survey, one participant did not respond to this particular question. After further analysis of the responses, 1 participant selected “Yes” to being a member, but “No” to being a frequent attendee. Another selected “Yes” to membership, but left the frequent attendee question blank. The researcher attributes the participants in the “No” category to the participants’ possible interpretation that because they are a member, they did not fit into the category of “frequent attendee.” This assumption was made based on the information given to the participants during recruiting. Initially, the designation of “frequent attendee” was considered to be non-members who attend church on a regular basis. There are many people who attend The Greenhill Church and Christian Outreach Ministries on a regular basis, who fall into this category. Some of the frequent attendees attend church services and events more frequently than official members listed on the roster.



**Figure 7: Born-again Believer Status**

All 28 or 100% of the participants selected “Yes,” to Question 7/Figure 7, affirming that they are born-again believers. The confession of Jesus Christ in a believer could affect the faith

in the healing power of Jesus Christ and a hopeful and positive impact on the experience of the crisis and trauma sufferer.

### **Part I: Subsection 2**

Subsection 2 of the survey begins with printed statements. Since the statements were not numbered in the original survey for this particular section, and are not included in the charts, the researcher numbered the statements in this chapter for the purpose of pairing the data with the appropriate statement.

Participants were to read the following 8 statements and respond by selecting the following: a. Never, b. Occasionally, c. Sometimes, d. Often, and e. Always.

\_\_\_\_\_ I attend worship services and other church events.

\_\_\_\_\_ I attend Bible Study.

\_\_\_\_\_ I participate in other small group ministries and/or fellowships.

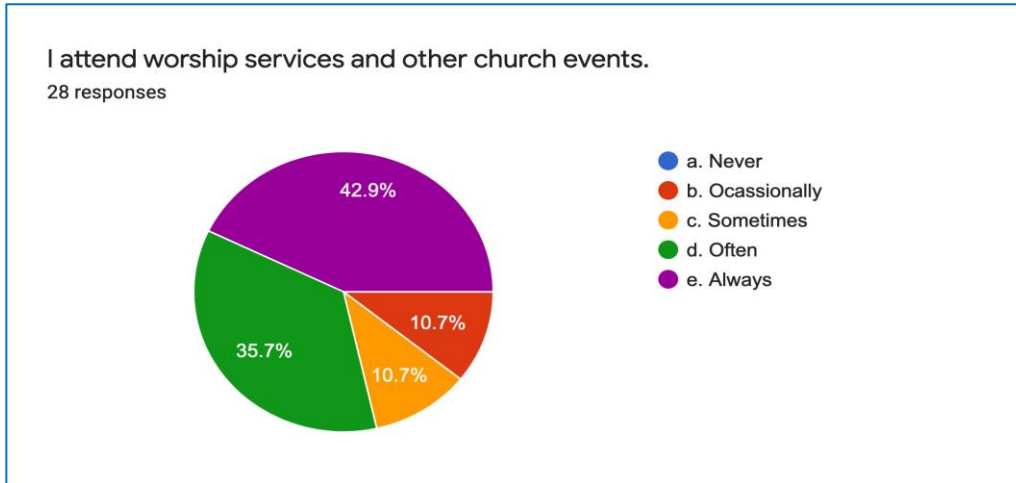
\_\_\_\_\_ I use my gifts and talents to serve in my church.

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

\_\_\_\_\_ I attend or participate in corporate prayer activities.

\_\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

1.

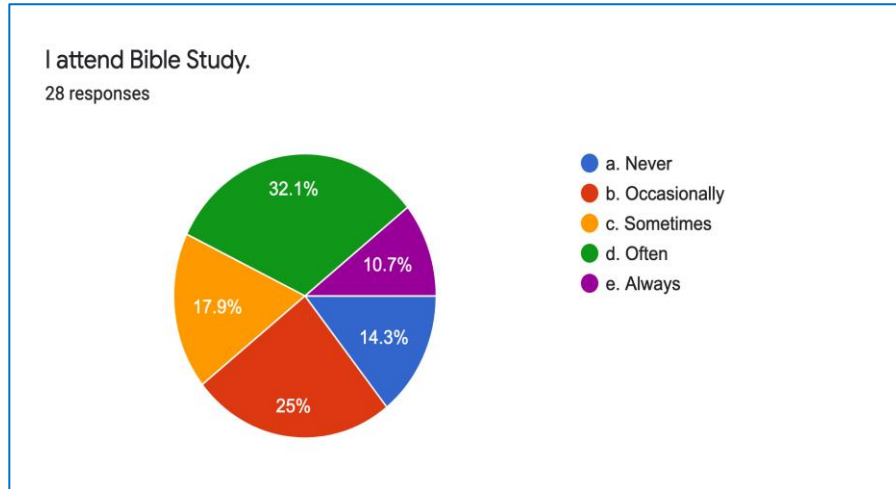


**Figure 8: Worship service and church events attendance**

Of the above 28 responses to Statement 1/Figure 8 on attendance of worship services and other church events, 3 (10.7%) participants selected “Occasionally,” 3 (10.7%) participants selected “Sometimes,” 10 (35.7%) selected “Often,” and 12 (42.9%) of the participants selected the “Always.” The results indicate that all 28 of the participants attend worship services and other church events to some degree.



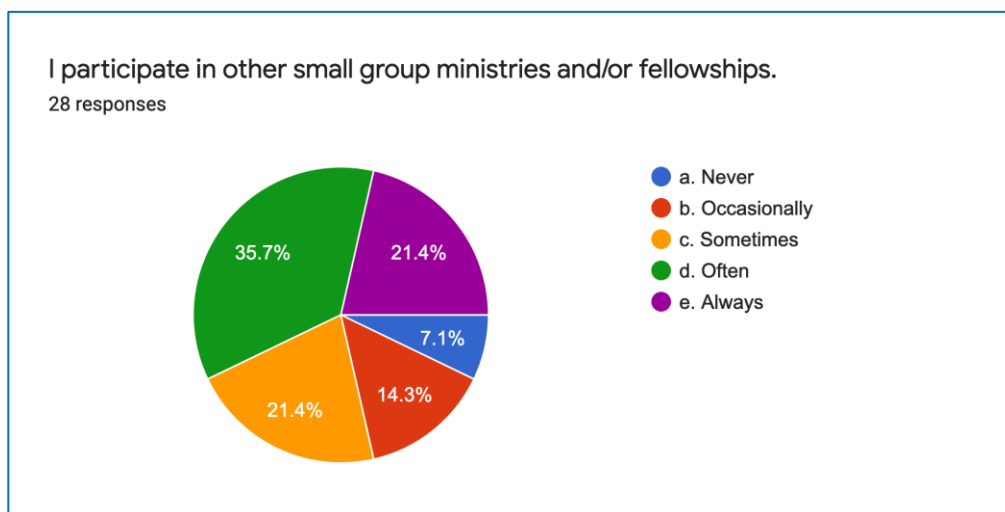
2.



**Figure 9: Bible Study attendance**

Of the above 28 responses to Statement 2/Figure 9 on Bible study attendance, 4 (14.3 %) participants selected the “Never” option, 7 (25%) participants selected “Occasionally,” 5 (17.9%) participants selected “Sometimes,” 9 (32.1%) selected “Often,” and 3 (10.7%) selected “Always.” The results indicate that on 4 (14.3%) of the participants never attend corporate Bible study, and 26 (85.7%) attend Bible Study to some degree.

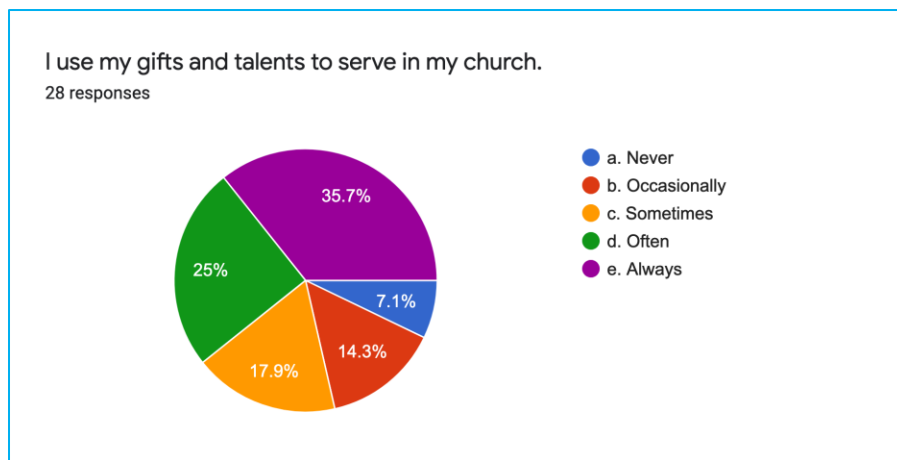
3.



**Figure 10: Small group participation**

Of the 28 responses to Statement 3/Figure 10 on participation in small group ministries and/or fellowships, 2 (7.1%) participants selected “Never” as the option, 4 (14.3%) of the participants selected “Occasionally,” 6 (21.4%) participants selected “Sometimes,” 10 (35.7%) selected “Often,” and 6 (21.4%) participants “Always.” The results indicate that the majority of the participants participate in small group ministries and fellowships.

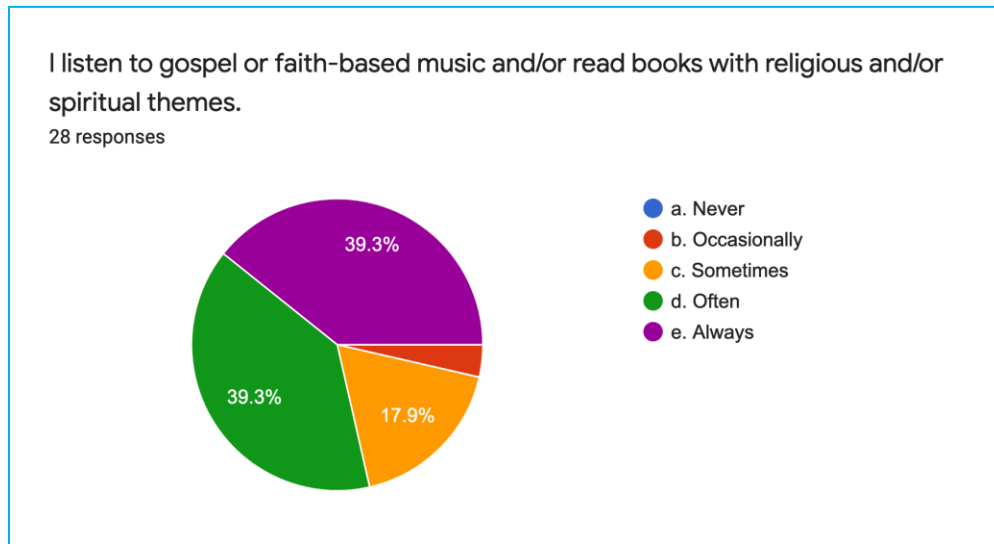
4.



**Figure 11: Use of gifts and talents to serve**

Of the 28 total responses to Statement 4/Figure 11 on the use of gifts and talents to serve in church, 2 (7.1%) selected “Never,” 4 (14.3%) participants selected the “Occasionally” option, 5 (17.9%) participants selected “Sometimes,” 7 (25%) participants selected “Often,” and 10 (35.7%) participants selected “Always,” The results indicate that the majority of the participants use their gifts and talents to render service in the church.

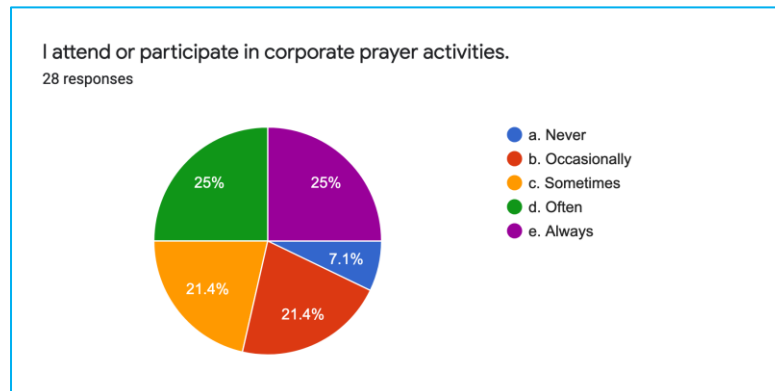
5.



**Figure 12: Use of religious music and books**

Of the 28 responses to Statement 5/Figure 12 of listening to gospel or faith-based music and/or reading religious or spiritual books, 1(3.6%) responder selected the “Occasionally” option, 5 (17.9%) participants selected “Sometimes,” 11 (39.3%) participants selected “Often,” and 11 (39.3%) participants selected “Always” as an option. The results indicate that 27 (96.5%) of the participants listen to gospel or faith-based music and/or read books with religious or spiritual themes.

6.



### Figure 13: Participation in corporate prayer activities

Of the 28 responses to Statement 6/Figure 13 regarding participation in corporate prayer activities, 2 (7.1%) of the participants selected “Never” as the option, 6 (21.4%) participants selected “Occasionally” as the option, 6 (21.4%) of the participants selected “Sometimes,” 7 (25%) selected “Often,” and 7 (25%) of the participants selected “Always.” The results indicate that 26 (92.9%) of the responders participate in corporate prayer activities to some degree.

7.

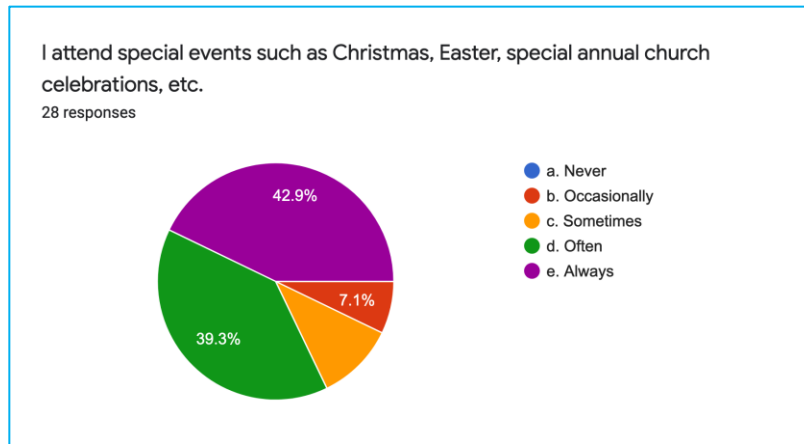


Figure 14: Attendance of special events

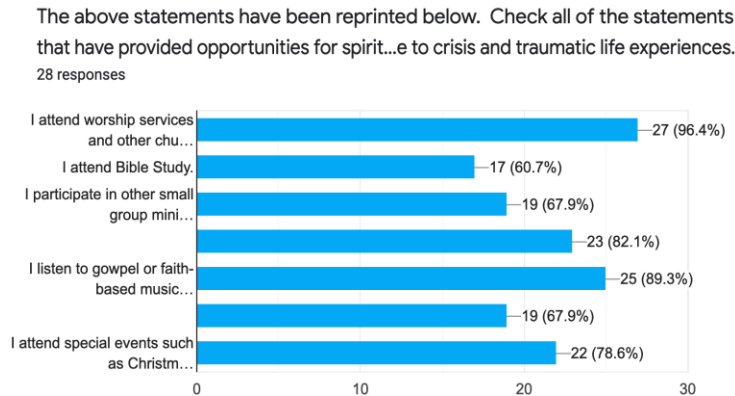
Of the 28 responses to Statement 7/Figure 14 on attendance of special events, 2 (7.1%) participants selected the option “Occasionally,” 3 (10.7%) participants selected “Sometimes,” 11 (39.3%) of the participants selected “Often,” and 12 (42.9%) participants selected “Always.” The results indicate that all of the participants attend special events such as Christmas, Easter, and/or special annual church celebrations to some degree.

### Part 1: Subsection 2, Responses 2

The above statements were reprinted on the survey and have been reprinted below. Participants were to check all of the statements that provided opportunities for spiritual growth

and transformation, and made a positive impact on their response to crisis and traumatic life experiences.

8.



6 options selected	18 responses
5 options selected	1 response
4 options selected	3 responses
3 options selected	3 responses
2 option selected	1 response
1 option selected	2 responses

**Figure 15: Impact of attending church related activities**

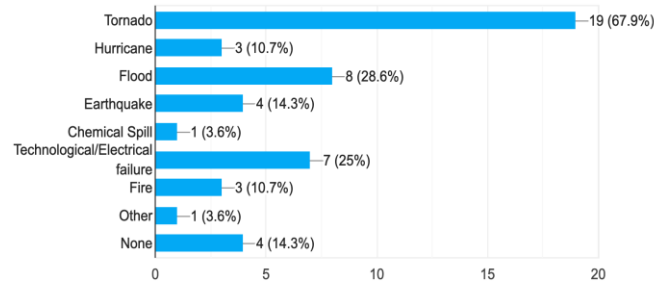
All 28 survey participants responded to Statement 8/Figure 15, indicating the positive opportunities for spiritual growth. Participants could check multiple options. Of the 28 responses, 27 (96.4%) indicated that attending worship services and other church events provided opportunities for spiritual growth. The next highest option selection was 25 (89.3%) participants indicated that they listen to gospel music and/or read religious books, and 17 (60%) participants indicated that they attend Bible Study. The multiple options selected by participants are reported in Table 1.

## Part II: Crisis and Traumatic Events

The results in this section are reported by the highest percentage of participants first, rather than by the order of the options. The tables are listed from the highest number of options selected to the lowest.

### Questions 1 through 6

1. Have you ever experienced a natural disaster? Check all that apply. If you check "other," further explanation can be given in the space provided in Question 19.  
28 responses

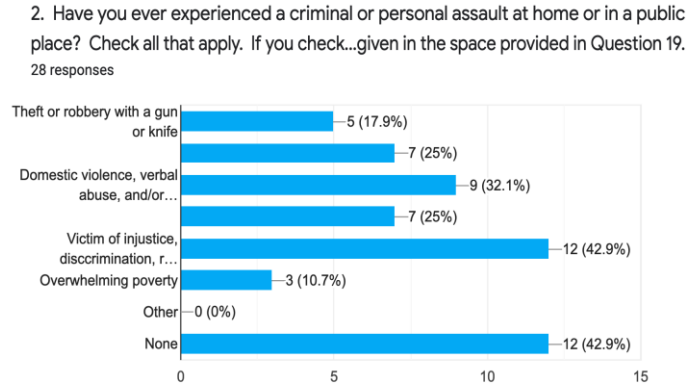


4 options selected	2 responses
3 options selected	4 responses
2 options selected	6 responses
1 options selected	9 responses
Other	1 response
None	4 responses

### Figure 16: Natural Disasters

Of the 28 responses to Question 1/Figure 16, the highest percentages include 19 (67.9%) of the participants selected “Tornado,” 8 (28.6%) participants selected “Flood,” 7 (25%) participants selected “Technological/Electrical failure,” and only 4 (14.3%) participants selected the “None” option. The results indicate that 24 (85.7%) of the participants experienced a natural

disaster. In addition to the above data of the participants who experienced a natural disaster, Table 2 reports the number of participants who experienced multiple natural disasters.



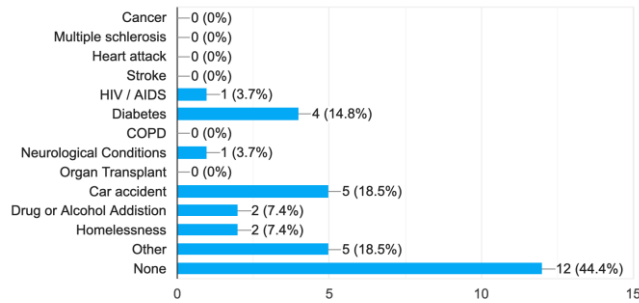
5 options selected	1 response
4 options selected	4 responses
3 options selected	3 responses
2 options selected	2 responses
1 option selected	5 responses
None	12 responses

**Figure 17: Criminal or Personal Assault**

Of the 28 responses to Question 2/Figure 17, 12 (42.9%) participants selected the “None” option, indicating that they have never experienced a criminal or personal assault at home or in a public place. However, the same number of 12 (42.9%) participants selected the option, “victim of injustice, discrimination, racial bias, or gender bias.” Additionally, 9 (32.1%) participants selected the “domestic violence, verbal abuse, and/or financial abuse” option. The results indicate that 16 (57.1%) participants experienced criminal or personal assault at home or in a

public place. In addition to the above data in Figure 15, Table 3 reveals the compound exposure of the participants to multiple events.

3. Have you experienced a life-threatening illness, life-changing disease, and/or surgery due to any of the following conditions...iven in the space provided in Question 19.  
27 responses



Illness/Diseases	6 responses
Addictions	2 responses
Car Accidents	5 responses
Homelessness	2 responses
Other	5 responses
None	12 responses

**Figure 18: Life-Threatening illness or other events**

Of the 28 survey participants, only 27 responded to Question 3/Figure 18. The above options were organized by the researcher into several categories: illness/diseases, addictions, car accidents and homelessness, other or none. Of the options selected, 12 (44.4%) of the participants selected “None.” The results indicate that 6 (22.2%) of the participants experienced some type of illness or disease. The next highest number of responses were equal: 5 (18.5%) participants selected “Car accident” and 5 (18.5%) selected “Other” as an option. The majority of



the participants experienced a life-threatening illness or life-changing disease. Table 4 reports the number of participants who selected multiple options.

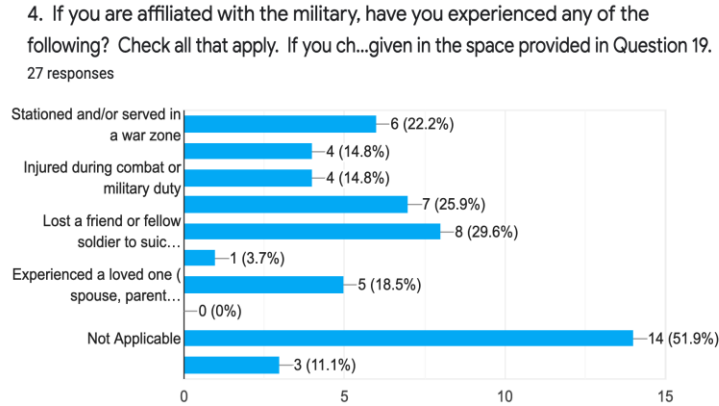


Table 5 Responses for Figure 19	
6 options selected	1 response
4 options selected	2 responses
3 options selected	6 responses
2 options selected	2 responses
1 option selected	2 responses
Not applicable	14 responses

**Figure 19: Trauma exposure due to the military**

Of the 28 total responses to the survey, only 27 responded to Question 4 /Figure 19, regarding trauma exposure due to the military. Of the 27 responses, 14 (51.9%) of the participants selected “Not Applicable.” Therefore, the results indicate that only 13 (48.1%) of the participants were exposed to the military trauma options listed. The results indicate that 8 (29.6%) of the 13 participants selected the “loss of a friend or fellow soldier to combat or suicide” option., and 7 (25.9%) of the 13 participants selected “lost a friend or fellow soldier to

combat.” Only 5 (28.5%) of the 13 participants of the selected the option “experienced a loved one (spouse, parent, etc.) diagnosed with PTSD related to military service.”

The majority of the military trauma experienced by the participants was due to the loss of a friend or fellow soldier to combat or suicide. The final data of this question can be compared to the responses for Question 3/Figures 3 in the Demographics section, where 18 (64.3%) of the 28 participants are affiliated with the military in some way, that includes spouses and dependents/child. Table 5 reveals exposure to multiple traumatic events due to the affiliation with the military.

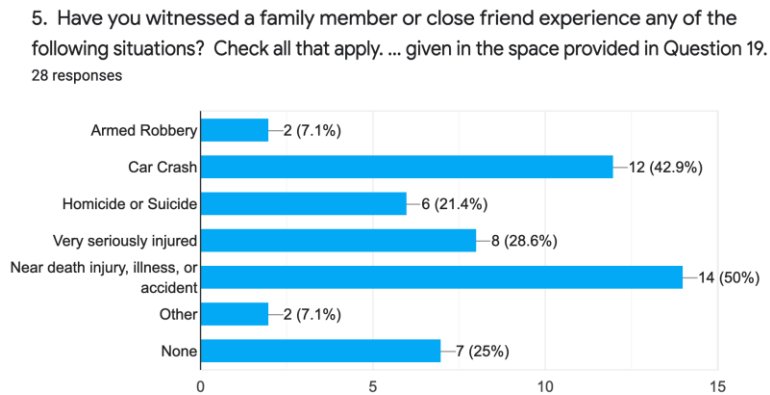


Table 6 Responses for Figure 20	
4 options selected	2 responses
3 options selected	6 responses
2 options selected	5 responses
1 option selected	9 responses
None	7 responses

**Figure 20: Life-threatening event of a family member or close friend**

Of the 28 responses to Question 5/Figure 20 about witnessing a traumatic event of a family member or close friend, 14 (50%) selected “near death injury, illness, or accident” as the

option, 12 (42.9%) selected “car crash,” and 8 (28.6%) report exposure to witnessing “someone very seriously injured” as the option, 7 (25%) participants selected “None” as the option. The results indicate that 21 (75%) of the participants witnessed a family member or close friend experience a traumatic event. In addition to the data reported in Figure 18 for participants who witnessed a family or close friend experience trauma, the data in Table 6 reveals exposure to multiple events.

6. Have you experienced the sudden or untimely death of any of the following?  
Check all that apply.

28 responses

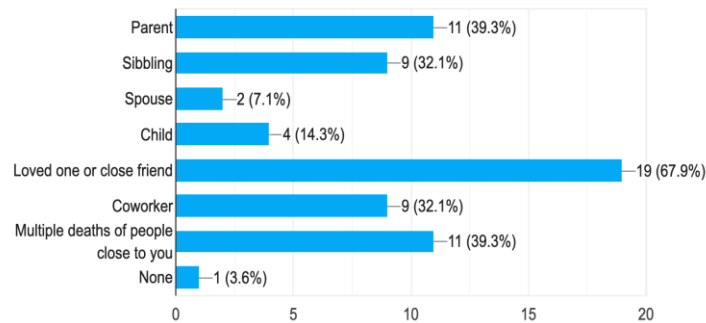


Table 7 Responses for Figure 21	
5 options selected	2 responses
4 options selected	3 responses
3 options selected	8 responses
2 options selected	5 responses
1 option selected	9 responses
None	1 response

**Figure 21: Experience of sudden or untimely death of a close relationship**

Of the 28 responses to Question 6/Figure 21 concerning sudden or untimely death of someone close, 19 (67.9%) of the participants selected “Loved one or close friend” as the option,

11 (39.3%) of the participants selected the option indicating the sudden death of a “Parent” and “Multiple deaths of people close to you,” and 9 (32.9%) participants selected “Sibling.” Only 1 participant selected “None” as an option, indicating that 27 (96%) of the 28 participants experienced the sudden or untimely death of someone that is close to them. In addition to the above data of participants, Table 7 reveals exposure to multiple losses of sudden or untimely death of friends and loves.

### Questions 7 through 8

7. Have you experienced any of the following symptoms as a result of exposure to crisis and/or traumatic situations? Check ...iven in the space provided in Question 19.  
28 responses

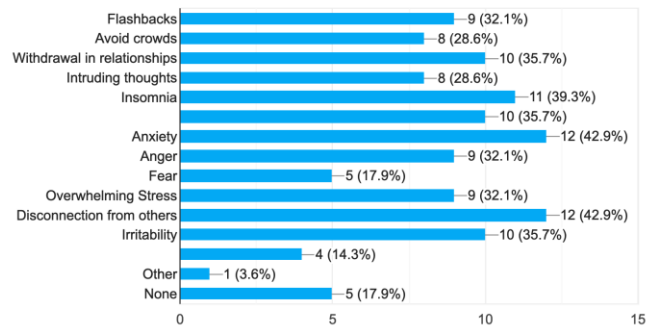


Table 8 Responses for Figure 22	
13 options selected	1 response
11 options selected	1 response
10 options selected	3 responses
8 options selected	2 responses
7 options selected	2 responses
6 options selected	1 response
5 options selected	1 response
4 options selected	1 response
3 options selected	1 response
2 options selected	6 responses
1 option selected	4 responses
None	5 responses

### Figure 22: Resulting symptoms of exposure to crisis and trauma

Of the 28 responses to Question 7/Figure 22 concerning symptoms resulting from trauma exposure, 12 (42.9%) participants selected “anxiety” and “disconnection from others” as the

most experienced symptom, 10 (35.7%) participants selected “withdrawal in relationships,” 5 (17.9%) of the participants selected “None” as the option. The results indicate that 23 (82.1%) of the participants experienced one or more of the listed symptoms for Question 7. In addition to the above data, Table 8 reveals the participant’s experience of multiple symptoms.

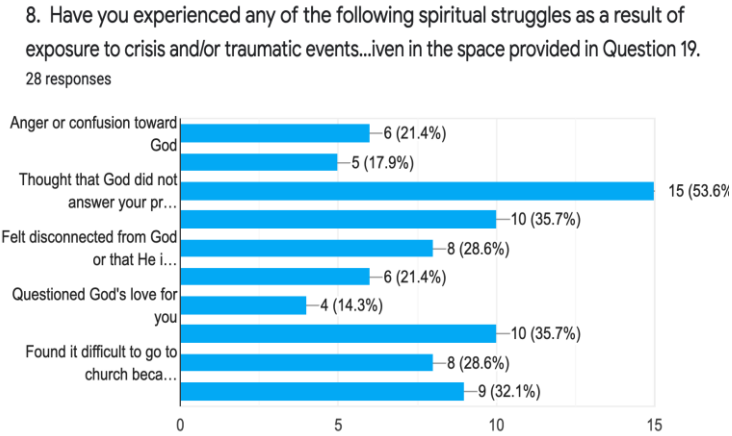


Table 9 Responses for Figure 23	
9 options selected	2 responses
8 options selected	1 response
6 options selected	1 response
5 options selected	3 responses
4 option selected	1 response
3 options selected	3 responses
2 options selected	4 responses
1 option selected	4 responses
None of the above	9 responses

**Figure 23: Spiritual struggles**

Of the 28 responses to Question 8/ Figure 23 regarding spiritual struggles, 15 (53.6%) participants selected the option “Thought that God did not answer your prayers” as the option. Next, 10 (35.7%) participants selected “Believed you did something to deserve the pain,” and “Asked, ‘Why does God let bad things happen to good people?’” 9 (32.1%) participants selected “None of the above” as the option. The results indicate that 19 (67.9%) of the participants

experienced one or more of the spiritual struggles listed in Question 8. In addition to the above data that reports the experience of spiritual struggles as a result of crisis and trauma, Table 9 reveals the experience of multiple symptoms.

**Questions 9 through 11**

9. Did you seek professional counseling for any of the events you experienced above?  
27 responses

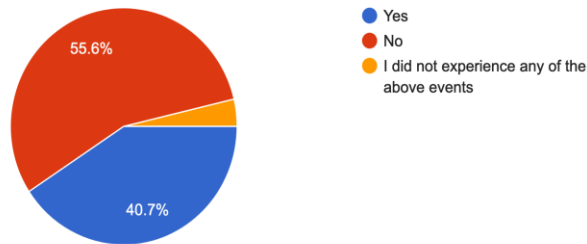


Table 10 Responses for Figure 24	
Yes	11 responses
No	15 responses
I did not experience any of the above events	1 response
	1 Blank

**Figure 24: Did you seek professional counseling**

Of the total of 28 responses to the survey, 27 responded to Question 9/Figure 24 concerning the use of professional counseling. Of the 27 responses, 15 (55.6%) participants selected the option “No” and 11 (40.7%) participants selected “Yes” as the option. Only 1 (3.7%) participant selected “I did not experience any of the above events” compared to 5 (17.9%) who selected “None” to the experience of symptoms as a result to trauma exposure in Question 7/Figure 22 and 9 (32.1%) who selected “None of the above” in Question 8/Figure 23. The researcher attributes the wide gap between Questions 7 and 8 from the response to Question 9 to the fact that any symptoms participants may have experienced may were not listed as options.

Nevertheless, the results indicate that the majority of the participants did not seek professional counseling to deal with a crisis and traumatic event. Table 10 reports the numerical responses.

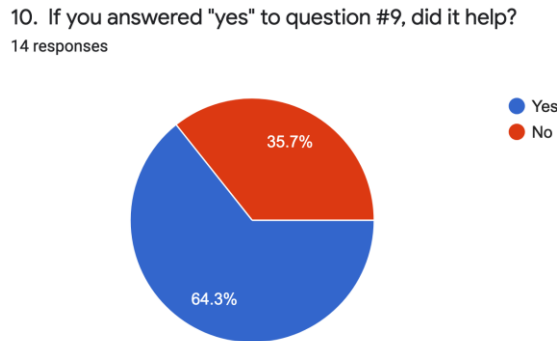
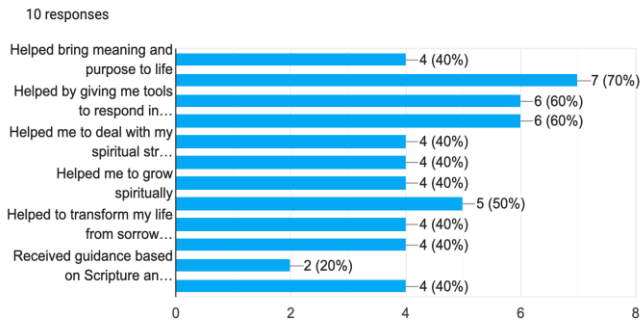


Table 11 Responses to Figure 25	
Yes	9 responses
No	5 responses
	14 non-responses

**Figure 25: Did professional counseling help**

The participants who selected “Yes” for Question 9/Figure 24 were to respond to Question 10 /Figure 25. The participant response to the above Question 10/Figure 25 was 14 total responses. Of the 14 participants, 9 (64.3%) participants selected “Yes,” indicating that professional counseling helped. In contrast, 5 (35.6%) selected “No,” indicating that professional counseling did not help. When compared to Question 9, 11 participants selected “Yes” to seeking professional counseling, and 9 responders in Question 10 selected “Yes,” professional counseling did help. The results indicate that the majority of those who sought professional counseling found it to be helpful. Table 11 reports the numerical responses.

11. If you answered "yes" to the previous question, how did it help? Check all that apply.



12 options selected	1 response
11 options selected	1 response
8 options selected	2 responses
6 options selected	1 response
3 option selected	1 response
2 options selected	2 responses
1 option selected	2 responses

### Figure 26: How did professional counseling help

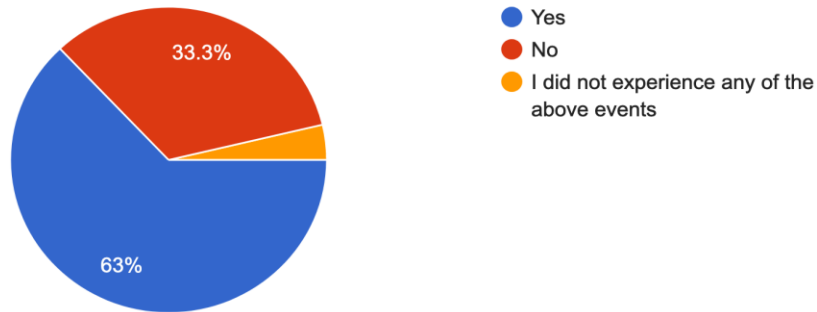
In Question 11/Figure 26, participants were to indicate how professional counseling helped. Of the 11 people who attended counseling in Question 8/Figure 23 9 indicated that it helped (Question 9/Figure 24), and 10 responded to this question. Of the 10 responses, 7 (70%) participants selected the option “helped by listening and allowing me to tell of my experience,” 6 (60%) participants equally selected the following two options, “Helped by giving me tools to respond in a more positive manner to painful events,” and “helped me to deal with my emotional struggles.” Finally, 2 (20%) participants selected “received guidance based on Scripture and biblical principles.” The data in Table 12 reveals the multiple options selected by participants that describe how professional counseling was beneficial.



**Questions 12 through 14**

12. Did you seek counseling or prayer from your pastor, other ministers, or lay pastoral care team (such as a deacon, elder, minister, or prayer partner, etc.)?

27 responses



Yes	17 responses
No	9 responses
I did not experience any of the above events	1 response
	1 blank

**Figure 27: Did you seek counseling or prayer from the pastoral care team**

Of the total 28 responses, 27 responded to Question 12/Figure 27. The “Yes” option was selected by 17 (63%) participants. The “No” option was selected by 9 (33.3%) participants. The additional data in Table 13 reveals specific numerical numbers of those who did or did not seek the care of the pastoral care team. The results indicate that over half of the participants sought care and counsel from the pastoral care team.

13. If you answered "yes" to question #12, did it help?  
 17 responses

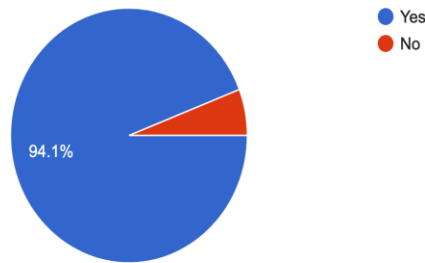


Table 14 Responses to Figure 28	
Yes	16 responses
No	1 response
	11 blank

**Figure 28: Did the counsel of the pastoral care team help**

The participants who answered “Yes” to Question 12/Figure 27, were to complete Question 13/Figure 28. Of the 27 participants in Question 12/ Figure 27, 17 responded to Question 13/Figure 28. The number of participants that selected “Yes” was 16 (94.1%), indicating that the counsel provided by the pastoral care team did help. Only 1 (5.9%) participant selected “No.” This is a key finding in that the ministry of the pastoral care team is making a positive impact. An enhanced method of care will increase its effectiveness. The numerical response is recorded in Table 14.

14. If you answered "yes" to the previous question, how did it help? Check all that apply.

16 responses

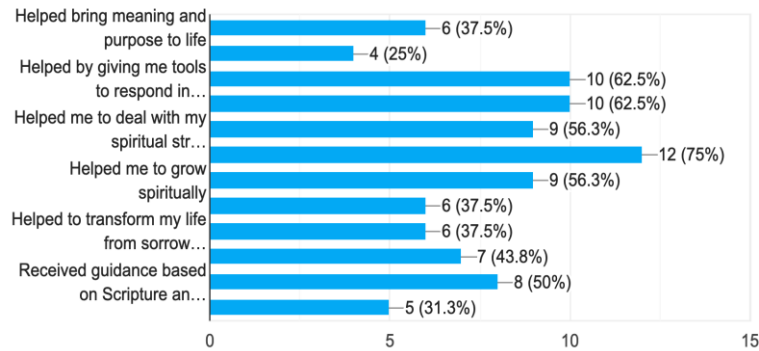


Table 15 Responses for Figure 29	
12 options selected	1 response
11 options selected	2 responses
9 options selected	1 response
8 options selected	2 responses
6 option selected	1 response
5 options selected	4 response
2 options selected	2 responses
1 options selected	3 responses

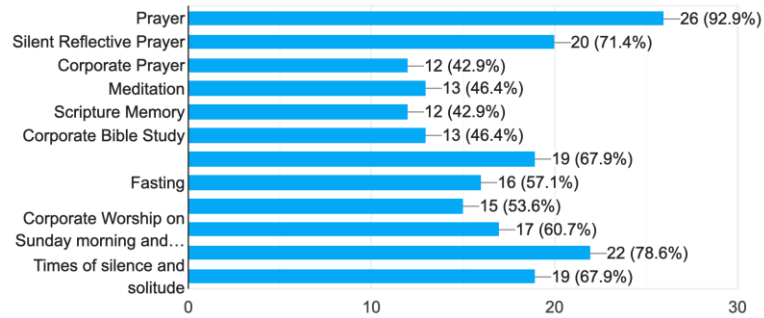
**Figure 29: How the counsel of the pastoral care team helped**

If the responder answered “Yes” to Question 13/Figure 28, he/she was to respond to Question 14/Figure 29. Of the 17 responses to Question 13 / Figure 29, 16 responded to Question 14/ Figure 29. In response to how the pastoral care team helped, 12 (75%) participants selected “strengthened my faith in God” as the option, 10 (62.5%) participants selected “helped by giving me tools to respond tin a more positive manner to painful events” and “helped me to deal with my emotional struggles” as options, 9 (56.3%) participants selected “helped me to deal with my spiritual struggles” and “helped me to grow spiritually” as options. Finally, 6 (37.5%) participants selected “Helped to strengthen my relationships with others” and “helped to transform my life from sorrow to a life of hope” as options. The responses to this question also

confirm the positive impact of the pastoral care team, and the anticipated effectiveness of enhancing the pastoral care to become trauma-informed. The numerical responses are listed in Table 15 indicating that multiple options were selected by a single responder.

15. Do you regularly practice any of the following spiritual disciplines? Check all that apply.

28 responses



12 options selected	4 responses
11 options selected	5 responses
8 options selected	4 responses
7 options selected	3 responses
6 options selected	3 responses
5 options selected	3 responses
3 options selected	3 responses
2 options selected	3 responses

**Figure 30: Regular practice of the spiritual disciplines**

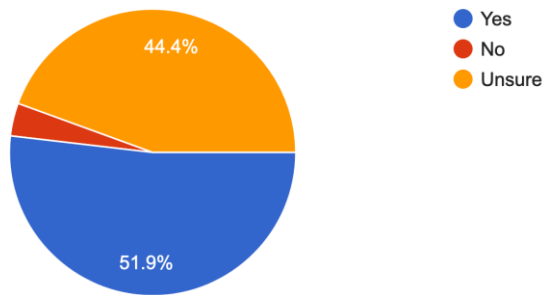
Of the 28 participant responses to Question 15/Figure 30 indicating regular practice of the spiritual disciplines, 26 (92.9%) participants selected “Prayer” as an option, 22 (78%) selected “Private worship (i.e., listening to Christian music),” 15 (53.6%) participants selected “Extended Corporate Fasts (i.e. the 21-day, 7-day, and 3-day corporate fasts)” as an option. The results indicate that the highest percentage of participants practice prayer, then private worship, and next the extended corporate fasts. All of the participants practice at least 2 or more of the

spiritual disciplines. The numerical responses indicating that a single responder selected multiple options is reported in Table 16.

**Questions 16 through 18**

16. If you have experienced a trauma or crisis situation, or were to experience a trauma or crisis situation, would you benefit from short-term care of the pastoral care team?

27 responses



Yes	14 responses
No	1 response
Unsure	12 response

**Figure 31: Possible benefit of short-term care of the pastoral care team**

Of the 28 survey participants, 27 responded to Question 16/Figure 31 on the possible benefits of short-term care for the pastoral care team. Of the “Yes” responses, 14 (51.9%) indicate that they believe that short term care of the pastoral care team would be beneficial for crisis and trauma sufferers, and only 1 (3.6%) selected the “No” response. The option “Unsure” response was selected by 12 (44.4%) participants. The numerical responses are indicated in Table 17.

17. Do you think the church can play a pivotal role in providing positive opportunities for spiritual growth and trans...rers respond to their difficult situations?  
28 responses

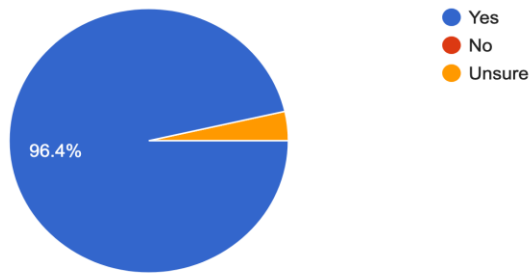


Table 18	
Yes	27 responses
No	0 responses
Unsure	1 response

**Figure 32: Can the church play a role in providing positive spiritual growth opportunities?**

All 28 survey participants responded to Question 17/Figure 32 on whether the church can play a role in providing positive spiritual growth opportunities for crisis and trauma sufferers. The option “Yes” was selected by 27 (96.4%) participants, indicating the possibility of the church providing positive spiritual growth opportunities. The “Unsure” option was selected by 1 (3.6%) participants. The high percentage of the “Yes” responses confirm the thesis of this project in that the enhancement of the pastoral care team can positively impact crisis and trauma sufferers. The numerical responses are reported in Table 18.

18. Do you think a short-term support group to enhance your spiritual growth and encourage faith, hope and divine healing t...ounds of crisis and traumatic situations?  
27 responses

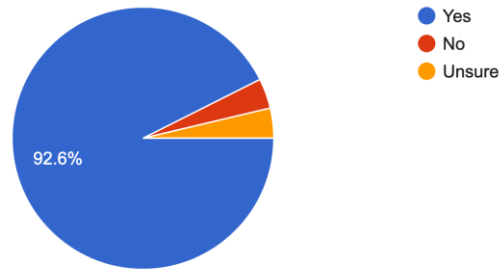


Table 19	
Yes	25 responses
No	1 responses
Unsure	1 response

**Figure 33: Benefits of a short-term support group to enhance spiritual growth**

Of the 28 survey participants, 27 responded to Question 18/Figure 33. The option “Yes” was selected by 25 (92.8 %) participants, indicating the possible benefits of a short-term care group. The “No” option was selected by 1 (3.7%), and “Unsure” by 1 (3.7%) of the participants. Numerical responses are recorded in Table 19.

**Question 19**

Question 19:	If you have experienced anything else other than the choices in questions #1, 2, 3, 4, 5, and 7, or have any other comments for any other questions, you can give further explanation or comments in the space below.
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**Figure 34: Open-ended question to add additional comments**

According to the data, there were 24 participants that did not add comments to Question 19 in Figure 34. four participants added comments as indicated in Table 20.

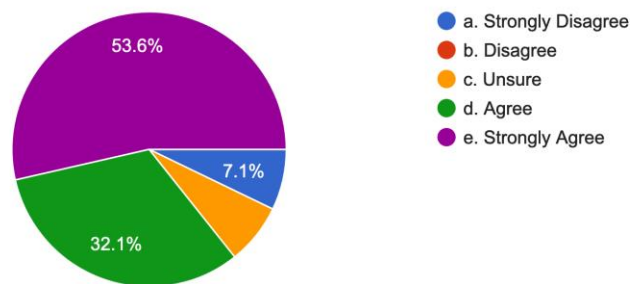
<b>Table 20 Responses for Figure 34</b>	
I believe that group with like interest, like marriage ministry or all males are also beneficial because many people have like issues and it helps to know you are not alone in this.	1 responder
I am grateful for this survey. It brought a lot of things to light for me.	1 responder
N/A	1 responder
Abandonment	1 responder

### Part III: Spirituality and Faith

#### Questions 1 through 5

The following questions in Part III were presented in the form of statements to measure some aspects of spirituality, faith, and belief practices. The participants were given the following options to respond to the statements: a. Strongly Disagree, b. Disagree, c. Unsure, d. Agree, e. Strongly Agree.

1. I believe that my relationship with God is strong.  
28 responses



<b>Table 21 Responses for Figure 35</b>	
a. Strongly Disagree	2 responses
b. Disagree	0 responses
c. Unsure	2 responses
d. Agree	9 responses
e. Strongly Agree	15 responses



**Figure 35: Relationship with God**

Of the 28 responses to Statement 1/Figure 35, 15 (53.6%) participants selected “Strongly Agree,” 9 (32.1%) selected “Agree,” indicating that they believe their relationship with God is strong. 2 (7.1%) selected “Unsure,” and 2 (7.1%) selected “Strongly Disagree.” The results indicate that 24 of the participants believe that their relationship with God is strong, while on 4 (14.2%) are either unsure, or do not feel that their relationship with God is strong. The numerical responses are recorded in Table 21.

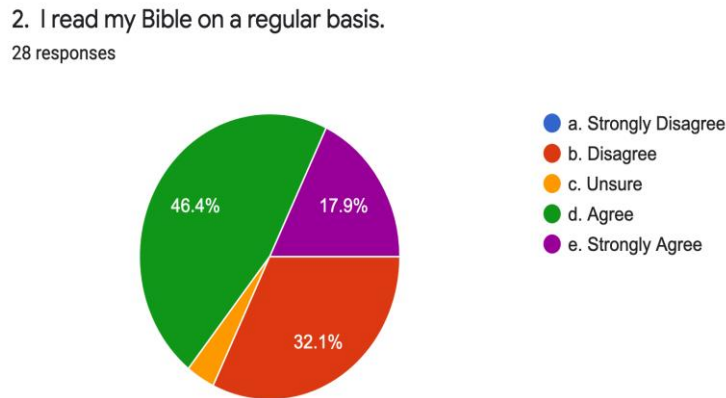


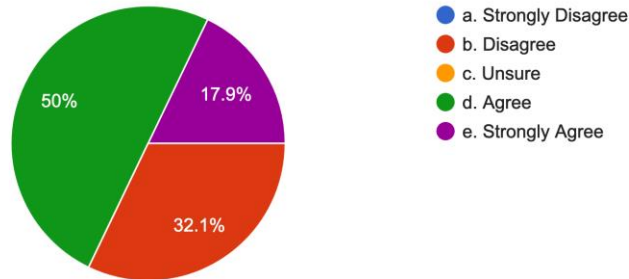
Table 22 Responses for Figure 36	
a. Strongly Disagree	0 responses
b. Disagree	9 responses
c. Unsure	1 response
d. Agree	13 responses
e. Strongly Agree	5 responses

**Figure 36: Bible reading on a regular basis**

Of the 28 responses to Statement 2/Figure 36, 5 (17.9%) of the participants selected the “Strongly Agree” option, and 13 (46.4%) selected the “Agree” option, indicating that they read the Bible on a regular basis. 1 (7.1%) selected the “Unsure” option and 9 (32.1%) of the participants selected the “Disagree” option. The results indicate 18 (64.3%) of the participants read the Bible on a regular basis. The numerical responses are recorded in Table 22.

3. I study and/or meditate on Scripture on a regular basis.

28 responses



a. Strongly Disagree	0 responses
b. Disagree	9 responses
c. Unsure	0 responses
d. Agree	14 responses
e. Strongly Agree	5 responses

### **Figure 37: Regular study and meditation of Scripture**

Of the 28 responses to Statement 3/Figure 37, 5 (17.9%) selected the “Strongly Agree” option, 14 (50%) selected the “Agree” option, and 9 (32.1%) selected the “Disagree” option. The results indicate that 19 (67.9%) of the participants study and meditate on Scripture on a regular basis. The numerical responses are reported in Table 23.

4. I pray on a regular basis, other than at meals and beyond church attendance.

28 responses

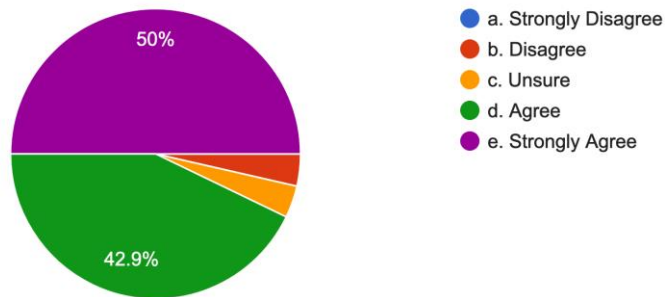


Table 24 Responses for Figure 38	
a. Strongly Disagree	0 responses
b. Disagree	1 response
c. Unsure	1 response
d. Agree	12 responses
e. Strongly Agree	14 responses

**Figure 38: Prayer on a regular basis beyond church attendance**

Of the 28 responses to Statement 4/Figure 38, 14 (50%) selected the “Strongly Agree” option. 12 (42.9%) selected the “Agree” option, 1 (3.6%) selected “Unsure,” and 1 (3.6%) selected the “Disagree” options. The results indicate that 26 (92.8%) of the participants pray on a regular basis. The numerical responses are reported in Table 24.

5. I cry out to God for help in my crisis situations.

28 responses

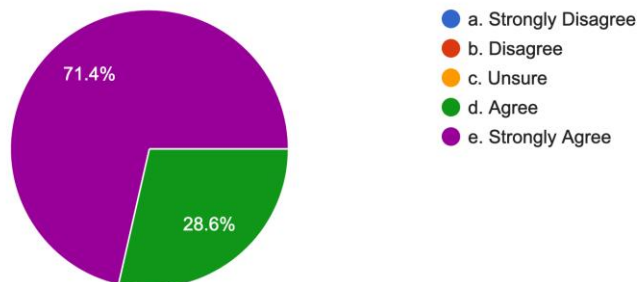


Table 25	
a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	0 responses
d. Agree	8 responses
e. Strongly Agree	20 responses

**Figure 39: Crying out to God in crisis situations**

Of the 28 responses to Statement 5/Figure 39, 20 (71.4%) selected the “Strongly Agree” option, and 8 (28.6%) selected the “Agree” option, indicating that cry out to God in crisis situations. The percentage and numerical responses reported in Table 25 indicate that all 28 participants cry out to God during crisis situations.

**Questions 6 through 8**

6. My faith has helped me to grow and experience spiritual transformation through the crisis and traumatic situations in my life.  
28 responses

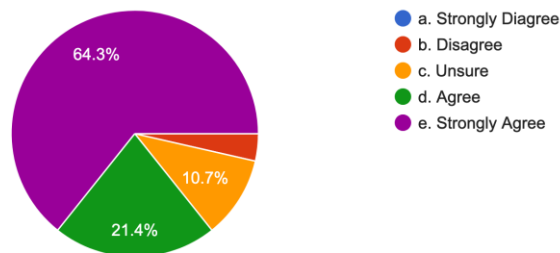


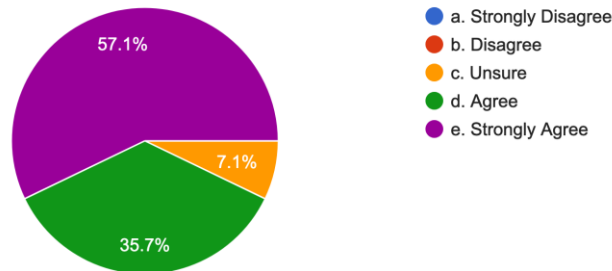
Table 26 Responses for Figure 40	
a. Strongly Disagree	0 responses
b. Disagree	1 response
c. Unsure	3 responses
d. Agree	6 responses
e. Strongly Agree	18 responses

**Figure 40: Faith and spiritual transformation in crises and trauma**

Of the 28 responses to Statement 6/Figure 40 indicating that their faith helped them to experience spiritual growth and transformation during crisis and trauma, 18 (64.3%) of the 28 responses selected the “Strongly Agree” option, and 6 (21.4%) selected the “Agree” option. The

“Unsure” option was selected by 3 (10.7%) and the “Disagree” option was selected by 1 (3.6%) of the participants. The results indicate that 24 (85.7%) of the participants experienced spiritual growth and transformation through crises as a result of their faith. The numerical responses are reported in Table 26.

7. Prayer, meditation on Scripture, and/or worship have positively affected my thought life, emotions, feelings, and behavior.  
28 responses



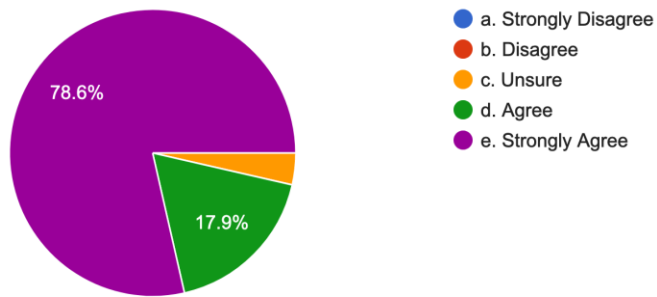
a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	2 responses
d. Agree	10 responses
e. Strongly Agree	16 responses

**Figure 41: Impact of prayer and meditation on emotions and behavior**

Of the 28 responses to Statement 7/Figure 41, 16 (57.1%) selected the “Strongly Agree” option, and 10 (35.7%) selected the “Agree” option, and 2 (7.1%) selected the “Unsure” option. The results indicate that the 26 participants report the positive impact of prayer, meditation on Scripture, and/or worship on their thought life, emotions, feelings, and behavior. The numerical responses are reported in Table 27.

8. My faith in God gives me meaning and purpose for life.

28 responses



a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	1 response
d. Agree	5 responses
e. Strongly Agree	22 responses

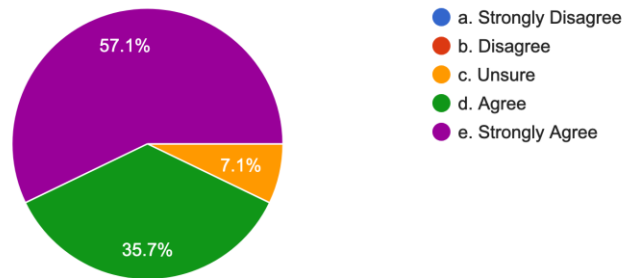
**Figure 42: Impact of faith on meaning and purpose for life**

Of the 28 responses for Statement 8/Figure 43, 22 (8.6%) selected the “Strongly Agree” option, 5 (17.9%) selected the “Agree” option, and 1 (3.6%) selected “Unsure.” The results indicate that 27 (96.4%) of the participants report the positive impact of faith in God on the meaning and purpose for life. The numerical responses are reported in Table 28.

## Questions 9

9. I try to shift my mind from my problems to focusing on the power and presence of God.

28 responses



a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	2 responses
d. Agree	10 responses
e. Strongly Agree	14 responses

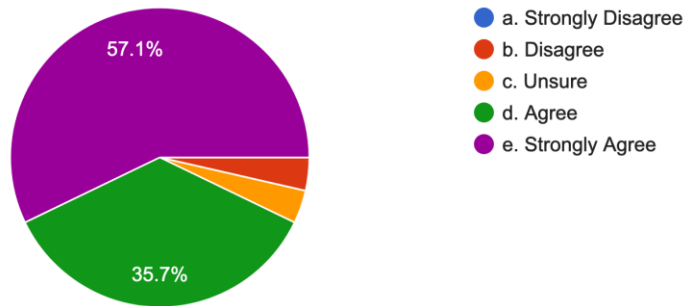
### Figure 43: Mind shift from problems to God's presence

Of the 28 responses to Statement 9/Figure 43, 16 (57.1%) selected the “Strongly Agree” option, 10 (35.7%) selected “Agree,” and 2 (7.2%) selected “Unsure.” The results indicate that 24 (92.8%) of the participants try to shift their minds from problems to God’s presence. The numerical responses are reported in Table 29.

## Questions 10 through 13

10. Reading biblical examples of the miracles of Jesus Christ from the Gospels gives me hope in the healing power of God.

28 responses



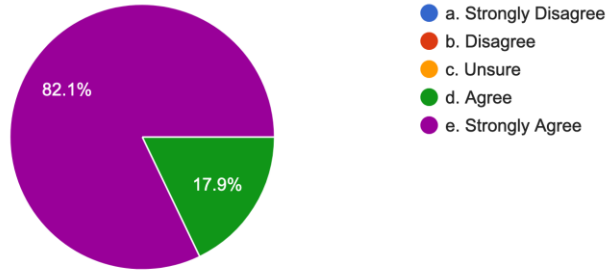
a. Strongly Disagree	0 responses
b. Disagree	1 response
c. Unsure	1 response
d. Agree	10 responses
e. Strongly Agree	16 responses

### Figure 44: Hope and healing in reading the miracles of Jesus Christ

Of the 28 responses for Statement 10/Figure 44, 16 (57.1%) selected the “Strongly Agree” option and 10 (35.7%) selected the “Agree” option, indicating that 26 of participants find hope for healing by reading the miracles of Jesus Christ. Comparatively, only 1 (3.6%) of the participants selected the “Unsure” option, and 1 (3.6%) selected “Disagree.” The numerical responses are reported in Table 30.



11. I believe that God forgives me of my sins or shortcomings when I confess and repent.  
 28 responses

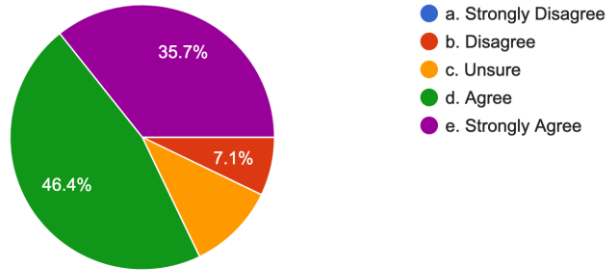


a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	0 responses
d. Agree	5 responses
e. Strongly Agree	23 responses

**Figure 45: Belief in repentance and God’s forgiveness**

Of the 28 responses to Statement 11/Figure 45, 23 (82.1%) selected the “Strongly Agree” option and 5 (17.9%) selected the “Agree” option, indicating that all 28 of the participants believe to some degree, that God does forgive sins when repentance takes place. The numerical responses are reported in Table 31.

12. I consider biblical principles and/or Bible stories when making decisions.  
28 responses



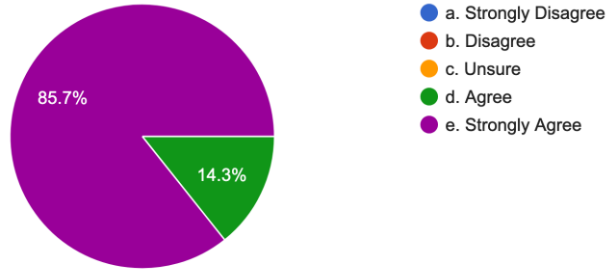
a. Strongly Disagree	0 responses
b. Disagree	2 responses
c. Unsure	3 responses
d. Agree	13 responses
e. Strongly Agree	10 responses

**Figure 46: Consideration of biblical principles when making decisions**

Of the 28 responses to Statement 12/Figure 46, 10 (35.7%) selected the “Strongly Agree” option, 13 (46.4%) selected “Agree,” 3 (10.8%) selected “Unsure,” and 2 (7.1%) selected “Disagree.” The results indicate that 23 (82.1%) of the participants consider biblical principles to some degree when making decisions. The numerical responses are reported in Table 32.

13. I believe that healing is possible for me because of the sacrificial death and resurrection of Jesus Christ.

28 responses



a. Strongly Disagree	0 responses
b. Disagree	0 responses
c. Unsure	0 responses
d. Agree	4 responses
e. Strongly Agree	24 responses

**Figure 47: Belief that personal healing is possible through the sacrifice of Jesus Christ**

Of the 28 responses to Statement 13/Figure 47, 24 (85.7%) selected the “Strongly Agree” option, and 4 (14.3%) selected the agree option. All 28 participants indicate belief to some degree that personal healing is possible through faith in the sacrificial death of Jesus Christ. The numerical responses are reported in Table 33.

Part IV: Mindfulness and Christian Mindfulness

The following questions in Part IV were presented in the form of statements. The participants were given the following options to respond to the statements: a. Never or very rarely true, b. Rarely True, c. Sometimes True, d. Often True, and e. Very often or always true.

**Questions 1 through 3**

1. I am aware of my inner feelings and can usually put them into words without hesitancy.  
28 responses

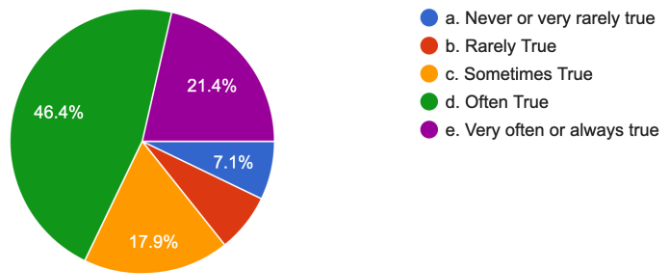


Table 34 Responses for Figure 48	
a. Never or very rarely true	2 responses
b. Rarely True	2 responses
c. Sometimes True	5 responses
d. Often True	13 responses
e. Very often or always true	6 responses

**Figure 48: Awareness of inner feelings and the ability to put them into words**

Of the 28 responses to Statement 1/Figure 48, 6 (21.4%) selected the “Very Often or Always True” option, 13 (46.4%) selected the “Often True,” and 5 (17.9%) selected “Sometimes True,” 2 (7.1%) selected “Rarely True,” and 2 (7.1%) selected “Never or very rarely true.” The results indicate that 24 of the participants are aware to some degree, of their inner feelings and can usually put them into words without hesitancy. The numerical responses are reported in Table 34.

2. I am present emotionally and mentally in my relationships with friends and family by listening, empathizing with others, and enjoying the moment.  
28 responses

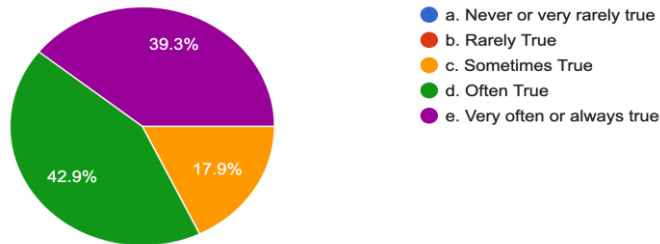


Table 35 Responses for Figure 49	
a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	5 responses
d. Often True	12 responses
e. Very often or always true	11 responses

**Figure 49: Present emotionally and mentally in relationships**

Of the 28 responses to Statement 2/Figure 49, 11 (39.3%) selected the “Very often or always true” option, 12 (42.9%) selected “Often True,” and 5 (17.9%) selected “Sometimes True.” The results indicate all 28 of the participants are emotionally and mentally present and attentive in their relationships to some degree. The numerical responses are reported in Table 35.

3. I am aware of what is going on around me, such as the wind and rain, the sensations of the weather, and what is going on in the room.  
28 responses

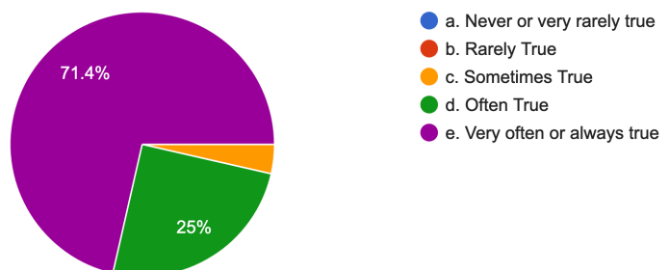


Table 36 Responses for Figure 50	
a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	1 response
d. Often True	7 responses
e. Very often or always true	20 responses

**Figure 50: Awareness of what is going on in the immediate surroundings**

Of the 28 responses to Statement 3/Figure 50, 20 (71.4%) selected the “Very often or Always True” option, 7 (25%) selected “Often True,” and 1 (3.6%) selected “Sometimes True.” The results indicate that all 28 of the participants are mindfully aware of their surroundings. Only 1 responder selected “Sometimes true.” The numerical responses are reported in Table 36.

**Questions 4 through 7**

4. I can easily step back and accept distressing feelings without identifying with them.

28 responses

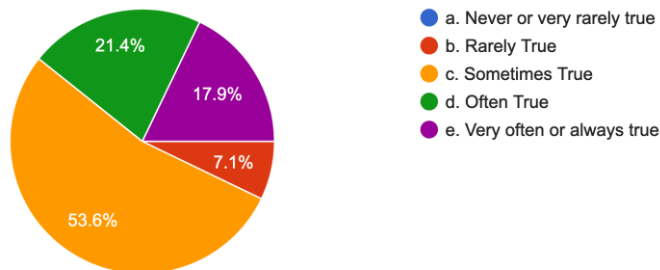


Table 37 Responses for Figure 51	
a. Never or very rarely true	0 responses
b. Rarely True	2 responses
c. Sometimes True	15 responses
d. Often True	6 responses
e. Very often or always true	5 responses

**Figure 51: Ability to step back from distressing feelings**

Of the 28 responses to Statement 4/Figure 51, 5 (17.9%) participants selected the “Very often or always true” option, 6 (21.4%) participants selected “Often True,” 15 (53.6%) selected “Sometimes True,” and 2 (7.1%) selected “Rarely True.” Although the overall responses were positive, results indicate that some participants still struggle to some degree with stepping back from distressing feelings. The numerical responses are reported in Table 37.

5. I avoid negative, distressing feelings by suppressing them or keeping busy.  
28 responses

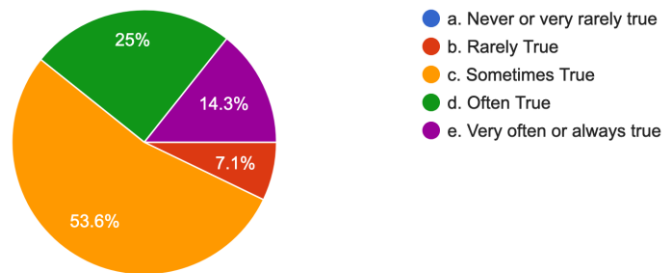


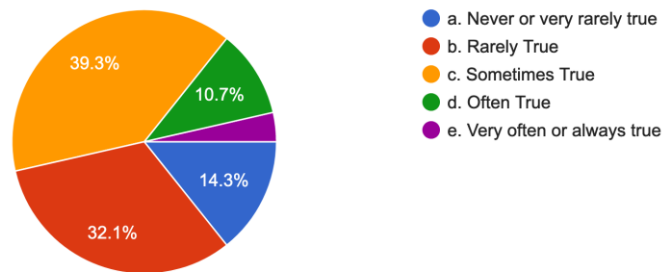
Table 38 Responses for Figure 52	
a. Never or very rarely true	0 responses
b. Rarely True	2 responses
c. Sometimes True	15 responses
d. Often True	7 responses
e. Very often or always true	4 responses

**Figure 52: Avoidance and suppression of negative and distressing feelings**

Of the 28 responses to Statement 5 in Figure 52, 4(14.3%) participants selected the “Very often or always true” option, 7 (25%) participants selected the “Often True” option. 15 (53.6%) of the participants selected the “Sometimes True” option, and 2 (7.1%) selected “Rarely True.” Although the overall response to Statement 5 is somewhat positive, 15 (53.6%) participants selected “Sometimes True,” which indicates that sometimes it may not be true, and 2 (7.1%) participants selected “rarely true.” These results indicate that the majority of the participants

struggle, to some degree, with avoiding or suppressing negative and distressing feelings. The numerical responses are recorded in Table 38.

6. I find myself daydreaming, worrying, or being distracted by past experiences and/or future desires to the point that I c...ttention to what is going on at the moment.  
28 responses



a. Never or very rarely true	4 responses
b. Rarely True	9 responses
c. Sometimes True	11 responses
d. Often True	3 responses
e. Very often or always true	1 response

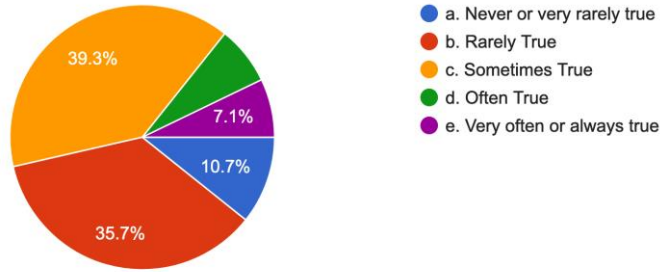
**Figure 53: Struggle to pay to the present moment**

Of the 28 responses to Statement 6/Figure 53, 1 (3.6%) selected “Very often or always true,” 3 (10.7%) selected “Often True,” 11 (39.3%) selected “Sometimes True,” 9 (32.1%) selected “Rarely True,” and 4 (14.3%) selected “Never or very rarely true.” The results indicate that the majority of the participants struggle to some degree with paying attention to the present moment due to daydreaming, worry and preoccupation with past experiences or future desires. The numerical responses are recorded in Table 39.



7. I often walk into a room and forget what I went in to do.

28 responses



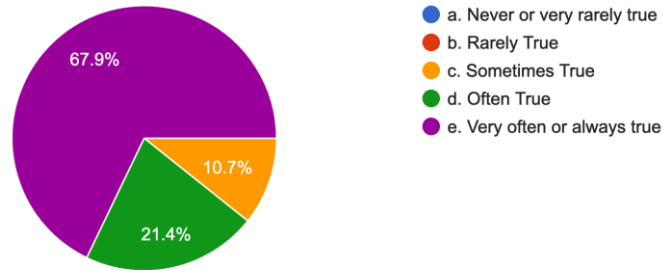
a. Never or very rarely true	3 responses
b. Rarely True	10 responses
c. Sometimes True	11 responses
d. Often True	2 responses
e. Very often or always true	2 responses

**Figure 54: The mental awareness of the present moment**

Of the 28 responses to Statement 7/Figure 54, 2 (7.1%) selected “Very often or always true), 2 (7.1%) selected “Often true,” 11 (39.3%) selected “Sometimes True,” 10 (35.7%) selected “Rarely True,” and 3 (10.7%) selected “Never or very rarely true.” The results indicate that 15 of the participants are sometimes preoccupied to the point that they forget why they entered a room. The numerical responses are recorded in Table 40.

## Questions 8 through 10

8. I am mentally, emotionally, and spiritually aware of God's presence in my life.  
28 responses



a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	3 responses
d. Often True	6 responses
e. Very often or always true	19 responses

### Figure 55: Awareness of God's presence

Of the 28 responses to Statement 8/Figure 55, 19 (67.9 %) selected the “Very often or always true” option, 6 (21.4%) selected “Often true,” and 3 (10.7%) selected “Sometimes True.” The results indicate that all 28 participants are aware of God's presence to some degree. The numerical responses are recorded in Table 41.

9. I can easily open my heart and accept my shortcomings and sin through my personal prayer to God because I know that He loves me unconditionally.  
28 responses

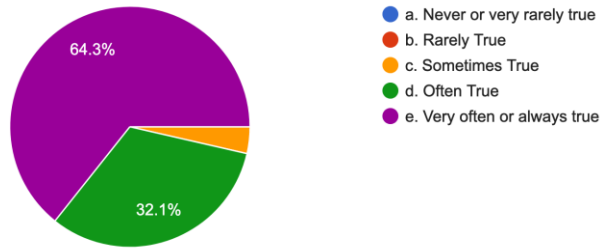


Table 42 Responses for Figure 56	
a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	1 response
d. Often True	9 responses
e. Very often or always true	18 responses

**Figure 56: Awareness of God’s love despite shortcomings**

Of the 28 responses to Statement 9/Figure 56, 18 (64.3%) selected the “Very often or always true” option, and 9 (32.1%) selected “Often True.” Only 1 (3.6%) participant selected “Sometimes True.” The results indicate all 28 participants, to some degree are aware and open to God’s unconditional love despite their sins and shortcomings. The numerical responses are recorded in Table 42.

10. I am aware of the fact that God’s grace works in me and through my situations.  
28 responses

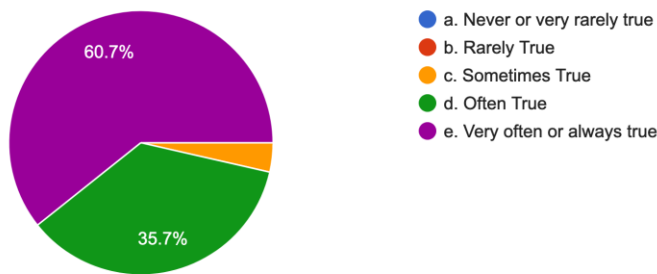


Table 43 Responses for Figure 57	
a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	1 response
d. Often True	10 responses
e. Very often or always true	17 responses

**Figure 57: Awareness of God’s grace**

Of the 28 responses to Statement 10 / Figure 57, 17 (60.7%) selected the “Very often or always true” option, 10 (35.7%) selected “Often True,” and 1 (3.6%) selected “Sometimes True.” The results indicate all 28 of the participants are aware of God’s grace working in their situations to some degree. The majority of the participants (27) feel strongly aware of God’s grace, while one participant selected “sometimes true,” indicating that they are not as strongly aware of God’s grace working in their situations. The numerical responses are recorded in Table 43.

**Questions 11 through 12**

11. I am aware of the indwelling presence of the Holy Spirit, which gives me the power to endure and ultimately overcome hardships.

28 responses

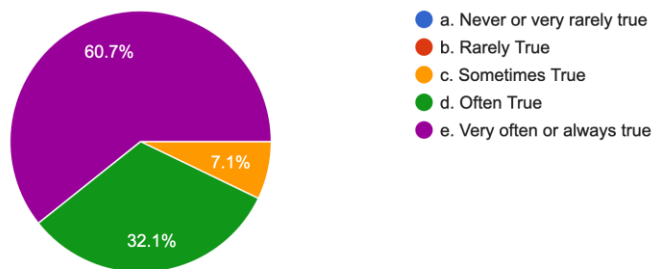
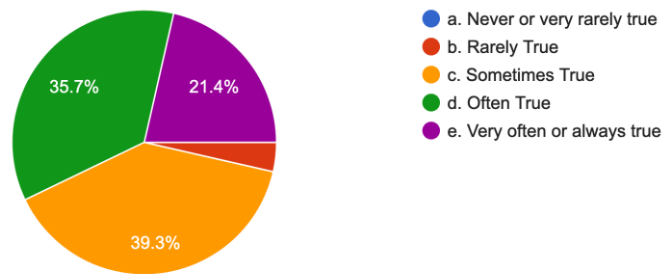


Table 44 Responses to Figure 58	
a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	2 responses
d. Often True	9 responses
e. Very often or always true	17 responses

**Figure 58: Awareness of the indwelling presence of the Holy Spirit**

Of the 28 responses to Statement 11/Figure 58, 17 (60.7%) selected the “Very often or always true” option, 9 (32.1%) selected “Often true,” and 2 (7.1%) selected “Sometimes True.” The results indicate that, to some degree, all 28 participants are aware of the indwelling presence of the Holy Spirit from whom they receive power to endure hardships. The numerical responses are recorded in Table 44.

12. I can usually focus on reading Scripture, praying, and worshiping God without my mind wandering or worrying about my troubles.  
28 responses



a. Never or very rarely true	0 responses
b. Rarely True	1 response
c. Sometimes True	11 responses
d. Often True	10 responses
e. Very often or always true	6 responses

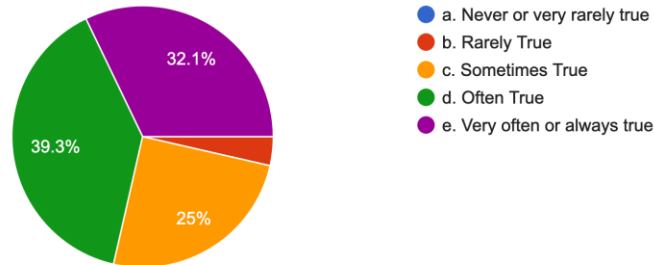
**Figure 59: Ability to focus on Scripture, prayer and worship without the mind wandering and worrying**

Of the 28 responses to Statement 12/Figure 59, 6 (21.4%) selected “Very often or always true” as the option, 10 (35.7%) selected “Often True,” 10 (39.3%) selected “Sometimes True,” and one selected “Rarely True.” The results indicate that 27 of the participants are able to focus to some degree, on reading Scripture, praying, and worshiping God without their minds wandering or worrying about troubles. The numerical responses are recorded in Table 45

## Questions 13 through 15

13. I can usually endure trials and tribulations in my life because I am aware of the power of God working in my life.

28 responses

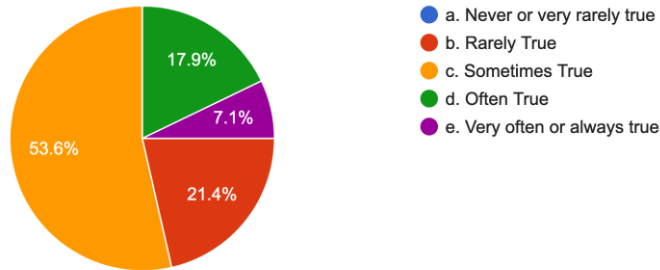


a. Never or very rarely true	0 responses
b. Rarely True	1 response
c. Sometimes True	7 responses
d. Often True	11 responses
e. Very often or always true	9 responses

### **Figure 60: Endurance through trials due to an awareness of the power of God**

Of the 28 responses to Statement 13/Figure 60, 9 (32.1%) selected “Very often or always true” as the option, 11 (39.3%) selected “Often True,” 7 (25%) selected “Sometimes True,” and 1 (3.6%) selected “Rarely True.” The results indicate that 27 of the participants are able to endure trials to some degree, because of their faith in the power of God working in their situations. The numerical responses are recorded in Table 46.

14. I try to fix things when they do not go my way instead of trusting that God will work it out.  
28 responses



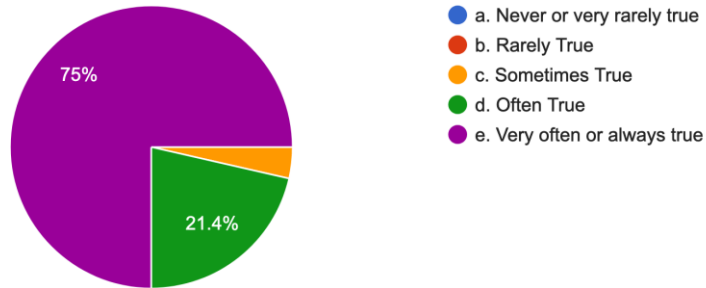
a. Never or very rarely true	0 responses
b. Rarely True	6 responses
c. Sometimes True	15 responses
d. Often True	5 responses
e. Very often or always true	2 responses

**Figure 61: Trying to fix situations instead of trusting God to intervene**

Of the 28 responses to Statement 14/Figure 61, 2 (7.1 %) selected the “Very often or always true” option, 5 (17.9%) selected “Often True,” 15 (53.6%) selected “Sometimes True,” and 6 (21.4%) selected “Rarely True” as the option. The results indicate that 22 of the participants struggle to some degree with trusting God to work out their situations without stepping in to try to fix things. The numerical responses are recorded in Table 47.

15. I believe that surrendering to God will bring peace and transformation within my inner soul.

28 responses



a. Never or very rarely true	0 responses
b. Rarely True	0 responses
c. Sometimes True	1 response
d. Often True	6 responses
e. Very often or always true	21 responses

**Figure 62: Belief that surrender to God will bring peace and transformation**

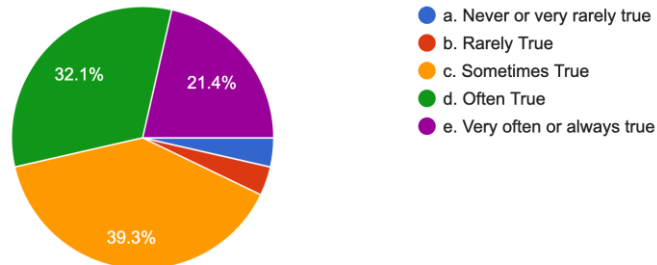
Of the 28 responses to Statement 15/Figure 62, 21 (75%) selected “Very often or always true” as the option, 6 (21.4%) selected “Often,” and 1 (3.6%) selected “Rarely True.” The results indicate that all 28 of the participants believe that surrendering to God will bring inner peace and transformation. One of the 28 participants selected “Sometimes True,” indicating that there is still a periodic struggle with this statement. The numerical responses are reported in Table 48.



## Questions 16 through 18

16. I am prone to lean on biblical wisdom and principles even when I am facing difficulties as opposed to giving in to my emotions.

28 responses



a. Never or very rarely true	1 response
b. Rarely True	1 response
c. Sometimes True	11 responses
d. Often True	9 responses
e. Very often or always true	6 responses

### Figure 63: Leaning on biblical wisdom when facing difficulties

Of the 28 responses to Statement 16/Figure 63, 6 (21.4%) selected “Very often or always true” as the option, 9 (32.1%) selected “Often True,” 9 (39.3%) selected “Sometimes True,” and 1 (3.6%) selected “Rarely True,” and 1 (3.6%) selected “Never or very rarely true.” The results indicate that 26 of the participants rely on biblical wisdom to some degree, but may still struggle with giving into their emotions. The numerical responses are reported in Table 49.

17. I find it easy to sit in solitude and silence without my mind wandering to distressful thoughts.

28 responses

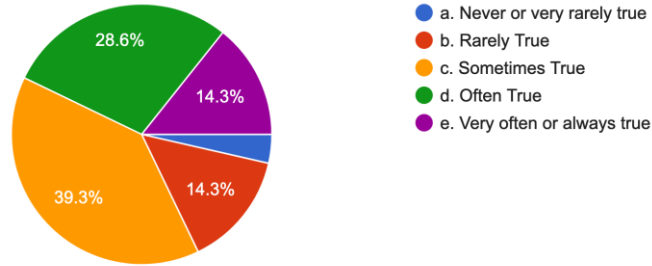


Table 50 Responses for Figure 64	
a. Never or very rarely true	1 response
b. Rarely True	4 responses
c. Sometimes True	11 responses
d. Often True	8 responses
e. Very often or always true	4 responses

**Figure 63: Leaning on biblical wisdom when facing difficulties**

Of the 28 responses to Statement 17/Figure 64, 4 ( 14.3% selected “Very often or always true,” 8 (28.6 %) selected the “Often True,” 11 (39.3%) selected the “Sometimes True” option, 4 (14.3%) selected “Rarely True,” and 1 (3.6%) selected “Never or very rarely true.” The results indicate that the 23 of the participants find it easy to sit in solitude and silence without wandering to distressful thoughts. The numerical responses are recorded in Table 50.

18. I find it difficult to put into words how I really feel because of how others may perceive or respond to my true feelings.

28 responses

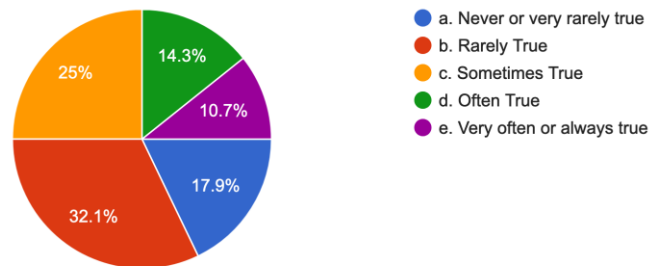


Table 51 Responses for Figure 65	
a. Never or very rarely true	5 responses
b. Rarely True	9 responses
c. Sometimes True	7 responses
d. Often True	4 responses
e. Very often or always true	3 responses

**Figure 65: Ease or difficulty in perceiving or putting true feelings into words because of how it may be received by others**

Of the 28 responses to Statement 18/Figure 65, 3 (10.7%) selected the “Very often or always true” option, 4 (14.3%) selected “Often True,” 7 (25%) selected “Sometimes true,” 9 (32.1%) selected “Rarely true,” and 5 (17.9%) selected the “Never or very rarely true.” The results indicate that 14 of the participants find it difficult to some degree to express their true feelings to others because of how it may be perceived. The numerical responses are recorded in Table 51.

**Questions 19 through 21**

19. I find it difficult to let go of my past hurts and accept God’s will for my life at this present moment.  
28 responses

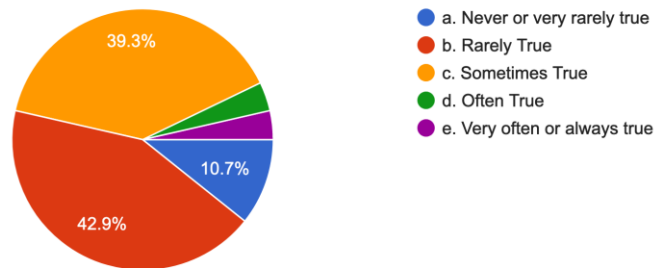


Table 52 Responses for Figure 66	
a. Never or very rarely true	3 responses
b. Rarely True	12 responses
c. Sometimes True	11 responses
d. Often True	1 response
e. Very often or always true	1 responses

**Figure 66: Ease or difficulty in letting go of past hurts to accept God’s will for the present**

Of the 28 responses to Statement 19/ Figure 66, 1 (3.6%) selected “Very often or always true,” 1 (3.6%) selected “Often True,” 11 (39.9%) selected “Sometimes True,” 12 (42.9%) selected “Rarely True,” and 3 (10.7 %) selected “Never or very rarely true.” The results indicate that 15 of the participants do not find it difficult to some degree, to let go of past hurts and live in the present. The remaining 13 participants find it difficult to some degree, to let go of past hurts. The numerical responses are recorded in Table 52.

20. I struggle with forgiving others.  
28 responses

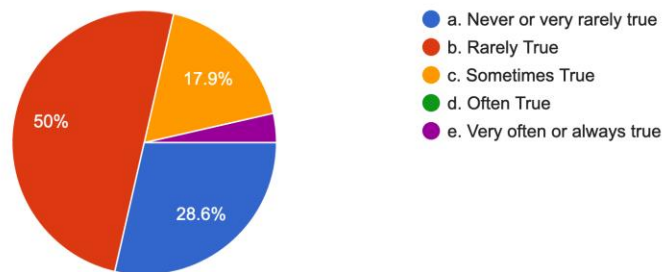
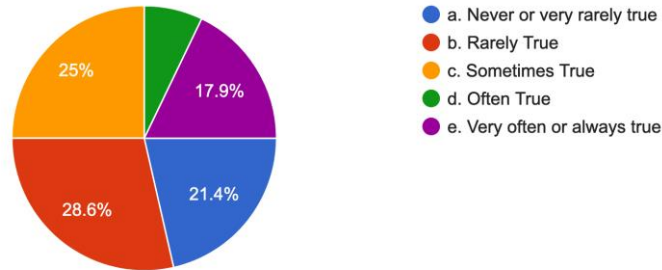


Table 53 Responses for Figure 67	
a. Never or very rarely true	8 responses
b. Rarely True	14 responses
c. Sometimes True	5 responses
d. Often True	0 responses
e. Very often or always true	1 response

**Figure 67: Forgiving others**

Of the 28 responses to Statement 20/Figure 67, 1 (3.6%) of the participants selected “Very often or always true” as the option, 5 (17.9% selected” “Sometimes True,” 14 (50%) selected “Rarely True,” and 8 (28.6%) selected “Never or very rarely true.” The results indicate that only 6 of the participants struggle with forgiving others. The numerical responses are recorded in Table 53.

21. I struggle with forgiving myself.  
28 responses



a. Never or very rarely true	6 responses
b. Rarely True	8 responses
c. Sometimes True	7 responses
d. Often True	2 responses
e. Very often or always true	5 responses

**Figure 68: Forgiving yourself**

Of the 28 responses to Statement 21/Figure 68, 5 (17.9%) selected the “Very often or always true” option, 2 (7.1%) selected “Often True,” 7 (25%) selected “Sometimes True,” 8 (28.6%) selected the “Rarely True” option, 6 (21.4%) selected “Never or very rarely true.” The results indicate that 14 of the participants struggle with self-forgiveness, while the other 14 participants do not struggle with self-forgiveness. The numerical responses are recorded in Table 54.

**Summary**

Data from the survey reveals that all of the participants have experienced trauma within their lifetimes. Spiritual struggles and symptoms from traumatic experiences are also existent in

the trauma sufferers. However, the results also reveal the prevalence of the practice of the spiritual disciplines of prayer and Bible reading. Also, there is a very high percentage of participants who attend worship services and other church events. Less than half of the participants indicated that they sought professional counseling, while more than half of the participants sought the assistance of the pastoral care team. A high number of participants affirmed that the assistance of the pastoral care team was helpful. Because the survey reveals a high number of responses to the religious and spiritual practices already present in The Greenhill Church, the research concludes that an enhanced plan to encouraging another level of spiritual discipline as it relates to the crisis and trauma sufferer would be greatly beneficial. Also, the researcher concludes that the responses confirm the thesis of this paper that enhancing the pastoral care team to become trauma-informed possibly using the spiritual disciplines and Christian mindfulness will provide even greater opportunities to the crisis and trauma sufferer for spiritual growth and transformation.

## Chapter 5: Conclusion

### Summary of the Research Results in the Context of the Conceptual Framework

Crisis and trauma experiences have now become a widespread public health concern. Media reports flood the airways with reports of mass shootings, frequent natural disasters, sexual and criminal assault, interpersonal violence, domestic violence and abuse, child abuse, and military-related trauma. These are just a few of the types of crises and traumatic situations consistently experienced by much of the general population. According to the research reported by the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration (SAMHSA-HRSA), “in the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, 90 percent of women report exposure to at least one lifetime traumatic event, and 90 percent of clients in public behavioral health care settings have experienced trauma.”<sup>229</sup>

To further substantiate this claim, Vincent R. Starnino, Ph.D., argues that “in recent years, policymakers have called attention to the high rate of traumatic experiences among consumers of mental health service, concluding that a majority of those with psychiatric disabilities are trauma survivors.”<sup>230</sup> Because of the widespread exposure to trauma, the need for a holistic approach to the care of crisis and trauma sufferers is vital to the health of society. It is within the context of these facts, the ministry context of this project, and the researcher’s personal experience with trauma as a senior pastor who likewise has experienced traumatic events, that the topic of this research project was pursued. The purpose of this study was to

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<sup>229</sup> “Trauma,” Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration (SAMHSA-HRSA), accessed February 27, 2020, <https://www.integration.samhsa.gov/clinical-practice/trauma>.

<sup>230</sup> Vincent R. Starnino, “When Trauma, Spirituality, and Mental Illness Intersect: A Qualitative Case Study,” *Psychological Trauma, Theory, Research, Practice and Policy* 8, No. 3 (2016): 375.

survey the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences and develop a faith-based trauma-informed plan to enhance pastoral care and support. Based on research and the results of the study, the use of Christian mindfulness in this proposed plan could help people who experience crisis and trauma grow spiritually despite their painful experiences. Also, based on the conceptual framework, which includes the literature review, the theological and theoretical basis, the researcher has drawn several conclusions to support the need for enhancing pastoral care at The Greenhill Church to provide spiritual growth opportunities for crisis and trauma sufferers adequately.

The first conclusion drawn is the supposition that the potential role of The Greenhill Church and the pastoral care and support for crisis and trauma sufferers is critical. The conclusion drawn is due in part to the deduction that often, as also previously mentioned in the statement of the problem in chapter one, secular counseling and therapies lack a spiritual component in the care of individuals who experience trauma. In support of this claim, Judith Sigmund argues that “there has been interest recently in the spiritual aspects of health and illness. Some assert that physicians have not adequately addressed patients’ spiritual needs.”<sup>231</sup> Furthermore, Sigmund argues the value of pastoral care in filling the void of spiritual elements in secular counseling because “clergy are specially trained to work with people regarding faith in God, religious teachings, and the reconciling of personal experiences with spiritual expectations.”<sup>232</sup> Reconciling the personal experience of crisis and trauma with spiritual expectations is also referred to as spiritual struggles that sometimes result from traumatic

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<sup>231</sup> Judith A. Sigmund, “Spirituality and Trauma: The Role of Clergy in the Treatment of Posttraumatic Stress Disorder,” *Journal of Religion and Health* 42, no. 3 (Fall 2003): 221.

<sup>232</sup> Ibid.



experiences. This supposition is demonstrated on the survey results of this thesis project that although many participants exhibit strong faith, participation in church events, and the practice of spiritual disciplines such as prayer, Bible study, and worship, they were not exempt from spiritual struggles resulting from their traumatic experiences.<sup>233</sup>

Consequently, when compared to secular counseling, the church can directly address spiritual struggles through one avenue of sharing biblical accounts related to trauma and hope. One of the most well-known biblical narratives of trauma is the story of Job, who became gravely ill and lost all of his material possessions and all of his children to death. Job chapter 7 records Job's spiritual struggles as a result of his traumatic experiences. He laments to God, and vividly describes his physical and emotional suffering. However, as Job's attitude turns to praise, he then acknowledges the power and possibilities of God. He says in Job 19:25, "For I know that my Redeemer lives, and at last, he will stand upon the earth." After much suffering in his body, mind, and soul, Job fully recovers. The story of Job and other biblical narratives of people and their traumatic experiences help the crisis and trauma sufferer to understand that they are not alone and that suffering through trials is not necessarily the end of life. Because of God's almighty power, healing, and recovery is possible.

The second conclusion drawn is that often, the clergy and the church are the first responders to people experiencing crisis and trauma. Because of this factor, trauma education is important in the preparation of providing adequate care for crisis and trauma sufferers. The church as the first responder is especially true among African Americans, who also make up the majority of the membership/frequent attendees of The Greenhill Church. The article "Mental Health Counselling in the Black American Church: Reflections and Recommendations from

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<sup>233</sup> See Chapter 4: Results, Figure 15, p. 109.

Counsellors Serving in a Counselling Ministry,” addresses the concern of the Black American Church having the capacity to “meet the mental health needs of the African American community.”<sup>234</sup> The authors expound on the historical role of the Black Church as an influential institution providing a range of social services to African Americans due to the racial exclusiveness from health and social services. Because the role has carried over into contemporary society, many African Americans needing mental health services rely on the church as the sole provider, also due in part to the fact that “African Americans report higher rates of religiosity and use of religious coping strategies compared to other ethnic groups.”<sup>235</sup>

The research findings of the survey of the members and frequent attendees of The Greenhill Church support this point. As previously mentioned, The Greenhill Church is predominantly African American. According the results of the survey, responses to the question of regular practice of the listed spiritual disciplines, prayer was selected by 26 of the 28 of the participants followed closely by “Private worship (i.e., listening to Christian music)” and participation in the “Extended Corporate Fasts (i.e., the 21-day, 7-day, and 3-day corporate fasts).” Other questions focusing on church attendance, and the importance of the practice of spiritual exercises scored high. The results of the survey support the research claims of the importance of the church, in addition to the high religious tendencies of African Americans.<sup>236</sup>

The researcher contends that because The Greenhill Church is predominantly African American with members who have experienced crisis and trauma, there is a need to enhance pastoral care through trauma education and a structured method of care to extend beyond the

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<sup>234</sup> Rosalyn Denise Campbell and Tenesha Littleton, “Mental Health Counselling in the Black American Church: Reflections and Recommendations from Counsellors Serving in a Counselling Ministry,” *Mental Health, Religion and Culture* 21, no. 4 (2018). 338.

<sup>235</sup> Ibid, 336.

<sup>236</sup> See Chapter 4: Results, Figure 15, p. 109.

initial first responder encounter. According to the research results, all of the participants experienced one or more traumatic events.<sup>237</sup> Survey results also show that some participants did seek professional counseling and found it to be helpful with some issues, and some participants sought the support of pastoral care, while others did not.<sup>238</sup> The researcher of this project, who is also the senior pastor, attributes some of the responses to the church's emphasis on discipleship, the exercise of spiritual disciplines of prayer and Bible reading, emotional wellness, and the importance of professional counseling combined with spiritual caregiving.

In regards to trauma education, Scott Floyd maintains that “when a church is prepared for crisis events, reacts appropriately, and effectively ministers to those hurting it becomes an incredible witness, not only to those directly involved in a crisis or disaster but to the entire community.”<sup>239</sup> Responding to crises beyond the walls of the church provides the church with the opportunity to share the love, care, and compassion of Christ. The opportunity is valuable, especially to those who are hurting. Furthermore, the Bible emphasizes that the mission of the church is to be “salt of the earth” (Matt. 5:13) and the “light of the world” (Matt. 5:14) by spreading the gospel of Jesus Christ (Matt. 28:19). By preparing to deal with the crisis and traumatic experiences of people, “the church has the opportunity to be relevant, to express Christ's love in a very tangible manner, and to communicate to the watching world that it is not inert, uncaring, nor irrelevant.”<sup>240</sup> The researcher concurs with this stated claim and has chosen The Greenhill Church in Clarksville, TN, to investigate further the potential role of the church

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<sup>237</sup> See Chapter 4: Results, Figures 16-21, p. 110-116.

<sup>238</sup> Ibid,

<sup>239</sup> Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel Publications, 2008), 228.

<sup>240</sup> Ibid.

and the pastoral care ministry in the counsel and care of Christians who suffer from crisis and trauma, and to provide opportunities for spiritual transformation.

The third conclusion drawn is that faith-based trauma-informed structured method of care at The Greenhill Church is needed to holistically address the issues of crisis and trauma sufferers if the church continues to serve as the first responder and provide care and support. Therefore, to address the concern of adequate care, and the spiritual needs of Christians who suffer from crisis and trauma experiences, the purpose and goal of this thesis project were to investigate how The Greenhill Church could respond to members and frequent attendees who experience crises and trauma by enhancing the pastoral care and support. More specifically, the researcher sought to address this issue from a Christian perspective by surveying the membership and frequent attendees of The Greenhill Church to collect data on crisis and trauma sufferers, and the need to enhance the pastoral care team to provide adequate care. The researcher proposed that the critical analysis of the resulting data collected from the survey of the experiences of crisis and trauma sufferers be used to recommend ways to enhance the pastoral care and support team by implementing a faith-based trauma-informed structured method of care. A faith-based trauma-informed approach to care will prepare the pastoral care team on how to respond with sensitivity to the emotional and spiritual issues of crisis and trauma sufferers to help them spiritually despite their painful experiences.

The fourth conclusion drawn is that the enhancement of the pastoral care and support ministry will provide opportunities for hope, healing, spiritual growth, and transformation. Growth and transformation that occurs beyond a traumatic event are known as posttraumatic growth. Expounding on what, as previously mentioned in chapters one and two, further research argues that posttraumatic growth can occur when “individuals struggling to cope with traumatic

events may experience a significant change in life priorities, and increased potential to appreciate life and increased importance given to spiritual and religious issues.”<sup>241</sup> Due to the “vast literature on religion and mental health,”<sup>242</sup> it is reported that “aspects of religious and spiritual behaviours and beliefs are variously related with well-being, so it is reasonable to expect that religion and spirituality may also play a role in how people adjust to traumatic events.”<sup>243</sup>

The fifth conclusion drawn to consider is that crisis and trauma experiences open the path to not only posttraumatic growth and the process of spiritual formation. Spiritual formation is the work of the Holy Spirit as the image of Christ is formed in the believer. For example, the Apostle Paul says Romans 5:3-5, “...but we also glory in tribulations, knowing that tribulation produces perseverance; and perseverance, character; and character, hope. Now hope does not disappoint, because the love of God has been poured out in our hearts by the Holy Spirit who was given to us.” In summary, this Scripture expresses the process of growth, which leads to hope in Christ as a person works through painful situations with the aid of the Holy Spirit and faith in Christ. A similar message can be found in Romans 8:28-29, which says, “And we know that all things work together for good to those who love God, to those who are the called according to His purpose. For whom He foreknew, He also predestined to be conformed to the image of His Son, that he might be the firstborn among many brethren.” Often, verse 28 is quoted to encourage in the fact that all situations, whether good or bad, will work out for good because of a person’s relationship and faith in Christ. However, the reason why all things will work out for “the good

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<sup>241</sup> Annick Shaw, Stephen Joseph, and P. Alex Linley, “Religion, Spirituality, and Posttraumatic Growth: A Systematic Review,” *Mental Health, Religion and Culture* 8, no. 1 (2005): 1.

<sup>242</sup> Ibid, 3.

<sup>243</sup> Ibid.

of those who love the Lord” (Rom. 8:28) is that God’s ultimate goal is to form the believer into the image of Christ despite any circumstances, whether good or bad.

The sixth and final conclusion drawn is that a structured method of care would provide tools to the pastoral care team on how to adequately minister to the crisis and trauma sufferer, while the trauma sufferer will gain tools to cope and to grow spiritually through their painful experiences. Based on the above observations and the findings of the survey, the researcher of this project concludes that the possible use of Christian mindfulness is a way to inspire posttraumatic growth by providing spiritual growth and transformation opportunities to crisis and trauma sufferers. The researcher of this project asserts that prayer, meditation, and contemplation comprise the foundation of Christian mindfulness and can enhance pastoral care to assist crisis and trauma sufferers in achieving a new way of thinking (Rom. 12:1-2). Likewise, Aaron Rosales and Siang-Yang Tan address the theological basis of mindfulness by reiterating that not only is the presence of God acknowledged, “but also hope rooted in Christ’s life, death, and resurrection behind – and new creation in which every tear will be wiped away ahead (cf. Revelation 21:4).”<sup>244</sup> In this regard, Christians believe that the renewal and transformation of the mind are made possible through faith in Jesus Christ.

Consider Romans 12:1-2 is another illustration: "I beseech you therefore, brethren, by the mercies of God, that you present your bodies a living sacrifice, holy, acceptable to God, which is your reasonable service. And do not be conformed to this world but be transformed by the renewing of your mind." This passage of Scripture emphasizes that the individual is to surrender his/her mind, heart and soul to God by living and believing in the doctrine, and supernatural

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<sup>244</sup> Aaron Rosales and Siang-Yang Tan, “Mindfulness-Based Cognitive Therapy (MBCT): Empirical Evidence and Clinical Applications from a Christian Perspective,” *Journal of Psychology and Christianity* 36, no. 1 (2017): 80.

healing powers in the person and power Jesus Christ. Because of the merciful sacrificial death of Jesus Christ on the cross, such spiritual blessings as sonship, hope, joy, peace, love, meaning, and purpose of life are transferred by the power of the Holy Spirit into the heart of every believer. As a result, the mind will be transformed into a new way of thinking and focus on the person and power of Christ.

The emphasis of Romans 12:1-2 is not solely on conforming to the world, but the transformation that comes from a new way of thinking. For example, Rosales and Tan reiterate the fact that for Christians, “accepting difficult experiences is not the ultimate goal, but Christians are to take every thought captive to Christ’s control (cf. 2 Corinthians 10:5) while simultaneously embracing God’s grace (cf. Romans 5:1-2).”<sup>245</sup> Likewise, the central task of mindfulness is to lead the person to a new way of thinking. The person who experiences crisis and trauma gains tools to retrain his/her mind from focusing solely on past traumatic experiences to concentrate on the hope of Christ and His power to heal.

Similar in theory, Katherine Thompson gives the model of “ACTing to Create Change,”<sup>246</sup> based on the form of mindfulness known as Acceptance and Commitment Therapy. Through this model, Thompson suggests ways of mindfully connecting to the present moment, the immediate surroundings, and the presence of God by outlining a series of exercises and sessions. For example, she suggest that one way to connect to God is to meditate in an exercise to experience “mindful encounters with God’s creation,”<sup>247</sup> using Psalm 8:3-4 which reads, “When I look at your heavens, the work of your fingers, the moon and the stars that you have

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<sup>245</sup> Rosales and Tan, “Mindfulness-Base Cognitive Therapy,” 80.

<sup>246</sup> Katherine Thompson, *Christ-Centered Mindfulness: Connection to Self and God* (Sydney, Australia: Acorn Press, 2018), n.p., Kindle.

<sup>247</sup> Ibid, n.p. Kindle.

established; what are human beings that you are mindful of them, mortals that you care for them?”<sup>248</sup> Additionally, Thompson suggests using Scripture to mindfully connect to everyday tasks, breath meditation, and how to connect to self and others as a person connects to God.

Thompson also uses mindfulness principles that are akin to Christian beliefs as she instructs the reader on how to defuse negative and painful thoughts. Practicing the presence of God through contemplation, prayer, study, and daily meditation of God’s Word as the basis for acceptance of self and the present situation helps to defuse thoughts. Thompson’s method of care is intentionally Christ-focused with the intent of leading crisis and trauma sufferers who are ready to accept God's grace, God’s perfect plan, and His love. Her practical suggestions for exercises through individual or group studies provide an excellent resource for structuring similar support for the pastoral care team or small group leader in the care and support of crisis and trauma sufferers at The Greenhill Church, or any other ministry setting.

### **Practical Application**

As is evidenced by the above-drawn conclusions, conceptual framework, and the results of the research findings of the survey, The Greenhill Church needs an enhanced plan for caring for people who experience crisis and trauma. Additionally, the findings show that this plan should be trauma-informed and faith-based, possibly utilizing Christian mindfulness. Using this type of plan will provide opportunities for spiritual growth and transformation to crisis and trauma sufferers despite their painful circumstances.

The structured care plan will be based on four elements and titled, “The Quadruple A Plan for Moving Forward From Trauma to Transformation: Acknowledge, Accept, Adjust, and

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<sup>248</sup> Thompson, *Christ-Centered Mindfulness*, n.p., Kindle.



Take Action.” The plan includes four sessions and a two-fold implementation process. The first step in the implementation process trains the care team. The care team will attend two sessions (session one combines sessions 1 and 2 of the four-step plan, and session two combines sessions 2 and 3 of the four-step plan). The second step in the implementation process is to offer the four sessions in four consecutive weekly one-hour sessions to the crisis and trauma sufferer. Session 1 will be offered during week one, sessions 2 through 4 will be offered in the following consecutive weeks. The sessions will equip the crisis and trauma sufferers on healthy faith-based coping skills, and tools on how to grow spiritually despite their painful circumstances. The enhancement plan serves as a structured method of care to be used in a small group ministry setting or can be adapted for individual sessions. Participants should also be encouraged to review all sessions content as homework practice between sessions.

The following simple outline gives a brief synopsis of the plan to enhance the existing pastoral care and support of The Greenhill Church. It is purposefully designed as a teaching outline so that it can be modified based on the participants and their level of exposure, education, and experience with crises and trauma and pastoral care. The outline is designed to be interactive with practical exercises to be completed by the participants. Unless otherwise noted, the content, definitions, and resources are based on the research of this thesis project and can be found within this paper.

**The Quadruple A Plan for Moving Forward From Trauma to Transformation:  
Acknowledge, Accept, Adjust and Take Action**

Session 1: Acknowledgment

Topic:

- Crisis, Trauma, Post-Traumatic Stress, Post-Traumatic Growth, Meditation, Mindfulness, Christian Mindfulness, and Centering Prayer

Purpose:

- The participant will gain knowledge on what it means to acknowledge traumatic experiences and lead others to acknowledge their traumatic experiences by learning of definitions on crisis and trauma. Also, to acknowledge the power and presence of God.

Session Opening: Mindfulness and Centering Prayer:

- Define Mindfulness and Centering Prayer.
  - Note: Repeat the following format for each session.
  - The following steps to enter into centering prayer are adapted from the article, “Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process” by Janke K. Ferguson, Eleanor W. Willemsen, and MayLynn V. Castañeto. The steps are enhanced slightly for clarity and guidance.
1. Sit comfortably and with eyes closed, settle briefly, and silently. Some may choose to keep your eyes open. If so, find one specific thing in the room to focus on, such as an item, a picture or painting, a specific color, the wall. A second option could be your hands or feet as a point of focus.
  2. Choose a sacred word as a symbol of your intention to open and consent to God’s presence and actions within your mind and heart. The sacred word can be taken from the

following scriptures. When practiced at home, a favorite Scripture, spiritual or inspirational word or saying can be used as the symbol of your consent to God's presence and action within your heart and mind.

3. Choose a sacred word from the following Scripture and/or Centering Prayer to be used throughout this exercise.
  - Scripture: Genesis 2:7, "And the LORD God formed man *of* the dust of the ground, and breathed into his nostrils the breath of life; and man became a living being."
  - Centering Prayer: God the Creator, giver of life and breath, thank you for my life. Thank you for watching over me and allowing me to experience the good things in life.
4. When engaged with thoughts, if your mind wanders, return ever so gently to the sacred word.
5. At the end of the prayer period, remain in silence with eyes closed for a couple of minutes.<sup>249</sup>
6. Now repeat the above steps a second time. However, this time, add the following breathing exercise as the first step. The following exercise is adapted from the book, *Christ-Centred Mindfulness* by Katherine Thompson. Within each breath, center your thoughts on the presence and repeat the phrase, thank you for life. You can repeat the exercise and return to the sacred word chosen for the above exercise.

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<sup>249</sup> Jane K. Ferguson, Elenor W. Willemsen, and MayLynn V. Castaneto, "Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process," *Pastoral Psychology* 59 (2010). 310.

- 1) Stop
- 2) Be still.
- 3) Take five deep breaths.
- 4) Slow your breathing down.
- 5) Breathe from your belly.
- 6) Breathe deeply.
7. Continue until you are calm.<sup>250</sup>

Discussion and Activities:

1. Briefly discuss the definition of the following terms.<sup>251</sup>

Crisis

Trauma

Post-Traumatic Stress Disorder

Lament

Meditation

Mindfulness

Christian Mindfulness

Centering Prayer

Spirituality

2. Verbal Discussion of the following Symptoms<sup>252</sup>

Reexperiencing

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<sup>250</sup> Thompson, *Christ-Centered Mindfulness*, n.p., Kindle.

<sup>251</sup> See Chapter 1: Introduction, Definitions, p. 11-22.

<sup>252</sup> H. Norman Wright, *The Complete Guide and Trauma Counseling: What to Do and Say When it Matters Most!* (Minneapolis, MN: Bethany House, 2011), 213-237.

Avoidance

Guilt

Hyperarousal

Fight or Flight

Freeze or Appease

Others

3. Biblical example of psychological pain and suffering: Reference and summarize the suffering of Job, his physical suffering, mental anguish and despair, spiritual struggle with what has occurred in his life (Job 1, 4;12-27, 8:8-10, 11:6; his friends express their opinions on Job's suffering, but they are all wrong -42:7-10).
4. Read Philippians 4:6-8. Discuss the words prayer and meditation, as mentioned in this scripture. How can these spiritual disciplines be helpful during crises and traumatic experiences?

Application:

1. Print out Part II: Crisis and Traumatic Events of the "Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers Survey."<sup>253</sup> Review and discuss each statement or question and complete the following after reviewing the survey.
2. Briefly write out your traumatic experience(s), and the symptom(s) experienced on a separate piece of paper. This piece of paper will not be shared with anyone. It is to aid the crisis and trauma sufferer in acknowledging his/her experience(s). Answer the following questions after completing your story.

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<sup>253</sup> See Appendix A, p. 187.

- Do any of these symptoms hinder you from living out anything in your life that you value?
  - List everything you have tried to change or fix to deal with these symptoms. Has the change or fix worked?
3. Read the following Scripture slowly, and choose the words that stand out. Share what comes to mind.
- Read Philippians 3:1-14. Your past does not necessarily determine your future. In this Scripture, Paul recalls his past life. But he declares that he forgets the things which are behind so that he can press forward. This was made possible through his faith and hope in Jesus Christ. What did Paul overcome? How did He press forward? How does this relate to you and your traumatic experience(s)?
  - Read Isaiah 43:1-2, 18-19.
  - Discuss what it means to focus on the present moment as opposed to what may have happened in the past.

Closing: Mindfulness and Centering Prayer

- Note: The centering prayer and breathing exercises outlined at the beginning of this session are to be used for all closing sessions.
- Scripture: Matthew 11:28-30, “Come to Me, all *you* who labor and are heavy laden, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls. For My yoke *is* easy and My burden is light.”
- Centering Prayer: Thank you for providing rest for my soul.

Session 2: Acceptance

Topic:

- Acceptance, Christian Acceptance, and Commitment Mindfulness, Meditation

Purpose:

- To lead the participant to a place of acceptance for life as it is, and to gain hope for the future through the power of prayer and meditation, through the power of God and the presence of the Holy Spirit.

Session Opening: Mindfulness and Centering Prayer:

- Scripture: Psalm 118:24, “This is the day that the Lord has made, we will be glad and rejoice in it.”
- Centering Prayer: I accept this day that God has made as a gift to live another day, it will be a good day and I am grateful.

Discussion and Activities:

- Discuss the following. The following terms can also be used to describe avoidance behavior. Read and then underline one of the categories of avoidance that may describe your symptoms.

\* Note to group leaders: A person must learn to acknowledge and accept his/her symptoms to encourage others to do the same.

- Self-Judgement – Extremely critical or judgmental of your own thoughts and feelings. Christians sometimes feel that they should not experience distressful thoughts, but should be strong enough in the faith control the feeling. Therefore you feel guilty for not being strong enough to avert or control these feelings, so you try to avoid feeling this way by over absorbing yourself in spiritual activities to overcompensate for the guilt and shame of feeling the way you do.
- Social Anxiety – The avoidance of social activities and church involvement because being around people and certain events trigger unpleasant or painful memories and feelings.

- Suppression – A person attempts to avoid facing the root of his/her pain by numbing his/her emotions and keeping busy with work and family, or drug, alcohol, sex, and/or food addictions.
- Disassociation – A person is unwilling to accept his/her past traumatic experiences, whether childhood or other past events.
- Disconnection – A person is disconnected from reality, from other people, going through the motions with a wall to guard and avoid unpleasant and painful feelings.

Discussion of acceptance:

1. Discuss the following versions of the Serenity Prayer and the concept of acceptance.

Version 1 (the original version)

God, grant me the serenity to accept the things I cannot change,

Courage to change the things I can,

And wisdom to know the difference.

Living one day at a time, Enjoying one moment at a time,

Accepting hardship as a pathway to peace,

Taking, as Jesus did, This sinful world as it is,

Not as I would have it,

Trusting that You will make all things right, If I surrender to Your will,

So that I may be reasonably happy in this life,

And supremely happy with You forever in the next.

Amen.

*Attributed to Reinhold Niebuhr (1892-1971)*



Version 2

Let me give my permission (accept) for life to be as I find it (as life is, was, or may be),

even though I may not approve of what I find.

I have wisdom to see what would be good to change,

willingness to act, willingness to follow through,

and the gratitude for the opportunity to try to live my life as best I can.

by Hank Robb, Ph.D. in “Opening Up: Acceptance and Defusion.”<sup>254</sup>

2. Discuss the psychological pain experiences of the following biblical narratives of people who have experienced crisis and trauma. Divide into three groups. Each group will examine one of the following examples. Use the definitions of crisis and trauma discussed in Session 1 to help identify the crisis or traumatic situation within the passage. After reading the assigned passage, respond to the given questions.

- The Apostle Paul: 2 Corinthians 1:3-11
  - a. What is your first reaction to this passage?
  - b. What did you learn about each person?
  - c. How did these people move past their trauma?
  - d. What does this passage teach you about accepting, learning and growing through the reality of crisis and traumatic experiences?
- The Prophet Jeremiah: Jeremiah 20:7-11
  - a. What is your first reaction to this passage?

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<sup>254</sup> Hank Robb, “Opening Up: Acceptance and Defusion,” in *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care*, eds. Jason A. Nieuwsma, Roby D. Walser, and Steven C. Hayes (Oakland, CA: Context Press, 2016), 87-88.

- b. What did you learn about each person?
  - c. How did these people move past their trauma?
  - d. What does this passage teach you about accepting, learning and growing through the reality of crisis and traumatic experiences?
- Jesus: John 11:33-44
    - a. What is your first reaction to this passage?
    - b. What did you learn about each person?
    - c. How did these people move past their trauma?
    - d. What does this passage teach you about accepting, learning and growing through the reality of crisis and traumatic experiences?

Application:

1. Read the following Bible verses out loud slowly during the session. Underline the words that stand out as you read.
  - Philippians 4:6-7, “Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.”
  - Hebrews 4:12, “For the word of God *is* living and powerful, and sharper than any two-edged sword, piercing even to the division of soul and spirit, and of joints and marrow, and is a discerner of the thoughts and intents of the heart.”
2. Discuss with the group why you chose these words and how the concepts can be applied to accepting the reality of your traumatic situation.

Closing: Mindfulness and Centering Prayer:

- Scripture: Psalm 118:24, “This is the day that the Lord has made, we will be glad and rejoice in it.”
- Centering Prayer: I accept this day that God has made as a gift to live another day, it will be a good day and I am grateful.

### Session 3: Adjustment

Topic:

- Meditation, Prayer, Contemplation, Renewed Mind, Stuck versus Broken

Purpose:

- Participants will be able to recognize the need and gain tools to move past the traumatic event by accepting life as it is and making the proper adjustments.

Session Opening

- Scripture: Philippians 4:8 (NKJV), “Finally brethren, whatever things are true, whatever things are noble, whatever things are just, whatever things are pure, whatever things are lovely, whatever things are of good report, if there is any virtue and if there is anything praiseworthy, meditate on these things.”
- Centering Prayer: Father in heaven, help me to embrace your presence. Let me feel the presence of the Holy Spirit. Speak to my heart, take over my mind. Let me think on things above.

Discussion and Activities:

1. Briefly discuss the meanings of meditation, prayer, contemplation, renewed mind, and stuck vs. broken. Robert Morgan says that biblical meditation means to “ponder, picture, and personalize God’s Word.”<sup>255</sup>

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<sup>255</sup> Robert J. Morgan, *Reclaiming the Lost Art of Biblical Meditation* (Nashville, TN: Thomas Nelson, 2017), 9, Kindle Edition.

2. Read the example of Mary and Martha in Luke 10:38-32 and apply the above principle of biblical meditation. Divide into pairs and discuss how Mary's actions illustrate mindfulness, openness, and present moment awareness. Secondly, discuss Mary's acknowledgment of the presence of Jesus Christ in comparison to Martha's business. Thirdly, discuss how it relates to adjustment versus being psychologically inflexible. Be prepared to share your answers with the group.
3. Do you agree with the following statement? Why or Why not?

We practice biblical meditation by noting, quoting, and devoting ourselves to whatever passage of Scripture we are reading or studying, based on the premise that God's Word is flawless, faultless, and unailing. Meditation helps and heals the mind while shoring up the soul. It lessens anxiety, reduces stress, and generates peace.<sup>256</sup>

Application:

1. Brainstorm as a group by writing responses to the following concepts on a large group presentation tablet, chalkboard, or magnetic whiteboard so that the entire group can read and discuss the results.
2. Discuss the following concepts:
  - The mind is fixed and stuck on trauma and pain and struggles to be open to new ways of viewing life and being) versus
  - The mind is open to new possibilities and a new perspective of the experienced trauma.
  - Read and discuss Ephesians 4:20-24. According to this Scripture, renewing the mind is possible. Discuss what this Scripture implies, and the Christian view of renewing your mind. How does renewing the mind happen?

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<sup>256</sup> Morgan, *Reclaiming the Lost Art*, 10, Kindle Edition.

- What does it mean to be “stuck vs. broken”?

Closing: Mindfulness and Centering Prayer:

- Scripture: Romans 8:11, “But if the Spirit of Him who raised Jesus from the dead dwells in you, He who raised Christ from the dead will also give life to your mortal bodies through His Spirit who dwells in you.”
- Centering Prayer: Heavenly Father, thank you for praying in and for me through the sacrifice of your son Jesus Christ, and the indwelling presence of the Holy Spirit. I believe by faith that things will work out in my favor. I will focus on the good and anticipate a positive outcome because of your love for me. Amen

#### Session 4: Action

Topic:

- Meditation, Contemplation, Silence, and Solitude

Purpose:

- Participants will be able to look forward with hope despite spiritual struggles and crises and make plans on how to take action to live beyond their traumatic experiences.

Session Opening: Mindfulness and Centering Prayer

- Scripture: 1 Thessalonians 5:23, “Now may the God of peace Himself sanctify you completely; and may your whole spirit, soul, and body be preserved blameless at the coming of our Lord Jesus Christ. He who calls you is faithful, who also will do it.”
- Centering Prayer: God almighty, I am grateful that my entire body, mind, and soul belong to you. I surrender my entire being to you because you are the one who can make me whole. Amen.

Discussion and Activities:

1. Clarifying Goals and Values: Divide into groups of 3. As you complete each exercise, share

it with the group.

- Group Exercise: Brainstorm and discuss what personal values are, such as the relationship of family and friends, personal career goals, health goals, emotional wellness goals, growing spiritually, attending or serving in church, furthering your education.
  - Group Exercise: Brainstorm and discuss a list of feelings.
  - Group Exercise: Read and examine Galatians 5:22-23; Colossians 3:1-3, 12-16; 2 Corinthians 5:17; and 1 Timothy 1:7. Discuss the values that can be identified in these verses.
  - List some goals and values that are important for you to live out. For example, a personal care plan to set goals for spiritual growth, physical and psychological well-being, emotional health, and healthy relationships. This can be complete at home during quiet time. The purpose of this exercise is to provide a guideline on how to begin to take action to move beyond the crisis and traumatic experience.
2. Often, those with trauma and PTSD make choices based on fear and avoidance. How can you live a value-driven life based on what is discovered in this group exercise? Give at least two possible action steps.
- Read 2 Corinthians 12:1-10 and discuss the following questions after dividing into groups of
    - a. How did Paul handle his “thorn in the flesh?”
    - b. Did Paul move forward and fulfill his purpose in spite of his thorn and his past trauma?
    - c. Where did he receive his strength to move forward and live out his values?  
(Philippians 3 and 4:13)
    - d. Paul had a life change and an encounter with the presence of Jesus Christ. How did

this affect his values. (Acts 9)

3. Sit and be still and silent in the presence of God by using the breathing exercises from the opening mindfulness and centering prayer exercise. Now begin to repeat Psalm 28:7: “The Lord is my strength and my shield; my heart trusts in him, and he helps me.” Now repeat this Scripture in the form of a prayer.

1) List ways that He has helped you. 2) List ways that you need His help.

Application:

1. The following statements were taken from the book, *Switch on Your Brain: The Key to Peak Happiness, Thinking, and Health* by Dr. Caroline Leaf. The purpose of the statements was to list the claims Leaf makes in the book as a result of her research. Read the statements as a large group, or in groups of 2 or 3 as time permits. You may consider the Scripture reference as you discuss each statement. Be prepared to discuss your thoughts with the entire group.
  - Your mind is the most powerful thing in the universe after God.
  - Free will and choice are real, spiritual, and scientific facts (Deut. 30:19).
  - Your mind (soul) has one foot in the door of the spiritual and one foot in the door of the body; you can change your brain with your mind and essentially renew your mind (Rom. 12:2).
  - You can develop your spirit through choices you make in your mind to be led by the Holy Spirit (Gal. 2:20).
  - Your body is not in control of your mind, your mind is in control of your body, and your mind is stronger than your body. Mind certainly is over matter.
  - You are not a victim of your biology.

- You cannot control the events and circumstances of life, but you can control your reaction to those events and circumstances (Matt. 7:13-14; Gal. 6:7-8).
  - When you think, you build thoughts, and these become physical substances in your brain. “As he thinks in his heart, so is he” (Prov. 23:7).
  - Good thinking = good choices – healthy thoughts; toxic thinking = toxic choices – toxic thoughts (Deut. 30:19).
  - You are designed to stand outside yourself and observe your own thinking *and change it* (Rom. 12:2; 2 Cor. 10:5; Phil. 3:13-14).
  - You are designed to recognize and choose the right things to think about (Josh. 24:15; Eccles. 7:29; Isa. 30:2).
  - Each morning when you wake up, you have new baby nerve cells born inside your brain to use wisely to remove bad thoughts and wire in new ones (Lam. 3:23). This is called neurogenesis.
  - You have been designed for deep, intellectual thought (Ps. 139:4).
  - You are wired for love, and fear is a learned and not a natural response (2. Tim. 1:7).
  - You have the mind of Christ (1 Cor. 2:16).
  - You are made in God’s image (Gen. 1:27)<sup>257</sup>
2. Reread the statements and discuss what stands out to you.
  3. As you have chosen the statements, now decide which statements can aid you in making choices to renew your mind and make a plan to live a full and purposeful life, and to live out your faith as a believer of Christ. move forward from this point.

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<sup>257</sup> Caroline Leaf, *Switch on Your Brain: The Key to Peak Happiness, Thinking, and Health* (Grand Rapids, MI: Baker Books, 2013), 25-26.



### Closing: Mindfulness and Centering Prayer

- Scripture: Psalm 139:13-14, “For You formed my inward parts; You covered me in my mother’s womb. I will praise You, for I am fearfully and wonderfully made; Marvelous are Your works, And that my soul knows very well.
- Centering Prayer Topic: God almighty, I am grateful that my entire body, mind and soul belong to you. I surrender my entire being to you because you are the one who can make me whole. Amen.

### Summary

In conclusion, the researcher maintains that due to the widespread crisis and trauma situations in society, there is a need to provide faith-based trauma-informed care for Christians who experience trauma. Furthermore, the researcher asserts that “The Quadruple A Plan for Moving Forward From Trauma to Transformation: Acknowledge, Accept, Adjust and Take Action,” can serve as a means to provide a method of care to enhance the pastoral care and support of The Greenhill Church. Furthermore, this plan can be implemented on a broader scale to include special workshops, retreats and conferences for other churches, agencies and the community beyond the walls of the church who desire a faith-based, trauma-informed method of care. The enhanced plan is designed to specifically address the needs of the crisis and trauma sufferer to provide opportunities for hope, healing spiritual growth and transformation, fulfilling the mission of the church to “make disciples of all nations” (Matt. 28:19).

## Appendix A

### Survey

#### **Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers**

Angela R. Jones, Researcher  
Liberty University John W. Rawlings School of Divinity

#### **Part I: Demographic Information**

The following demographic information will provide a background sketch of all the participants and assist the researcher in accurately assessing the information provided. Your participation will be completely anonymous, and no personal identifying information will be collected.

1. Age Range:  18-28  29-39  40-50  51-61  62-72  73+
2. Gender:  Male  Female
3. Are you affiliated with the military?  Active Duty  Retired  Reserves  
 Veteran (Served but did not retire)  Spouse  Dependent/Child  No
4. Marital Status:  Married/Separated  Single/Engaged  Divorced  Widowed
5. Are you a member of The Greenhill Church?  Yes  No
6. Are you a frequent attendee of The Greenhill Church?  Yes  No

Do you consider yourself a Born-Again believer?  Yes  No

**Read the statements below and choose the answer that best describes you.**

I attend worship services and other church events.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

I attend Bible Study.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

I participate in other small group ministries and/or fellowships.

- a. Never

- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I use my gifts and talents to serve in my church.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I attend or participate in corporate prayer activities.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

The above statements have been reprinted below. Check all of the statements that have provided opportunities for spiritual growth and transformation, and has made a positive impact on your response to crisis and traumatic life experiences.

\_\_\_\_\_ I attend worship services and other church events.

\_\_\_\_\_ I attend Bible Study.

\_\_\_\_\_ I participate in other small group ministries and/or fellowships.

\_\_\_\_\_ I use my gifts and talents to serve in my church.

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

\_\_\_\_\_ I attend or participate in corporate prayer activities.

\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

## Part II: Crisis and Traumatic Events

Crisis events can be described as situations in life that cause overwhelming emotions which can affect your ability to function at your maximum capacity. Crisis situations and symptoms are usually short term but can cause great distress.

Trauma is defined as “a wound (or an event that causes a wound).”<sup>258</sup> Trauma can be further described as a psychological wound which “can occur when a person experiences an extreme stressor that negatively affects his or her emotional or physical well-being causing emotionally painful and distressing feelings that overwhelm a person’s capacity to cope and leave him or her with feelings of helplessness.”<sup>259</sup>

Below is a list of experiences that can foster crisis or traumatic experiences. Please read each section and check all that applies to what you may have experienced over the course of your lifetime.

Read the list of crises and traumatic events below. Check all that you may have experienced at any time over the course of your lifetime.

1. Have you ever experienced a natural disaster?  
Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

\_\_\_ Tornado

\_\_\_ Hurricane

\_\_\_ Flood

\_\_\_ Earthquake

\_\_\_ Chemical spill

\_\_\_ Technological/Electrical failure

\_\_\_ Fire

\_\_\_ Other

\_\_\_ None

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<sup>258</sup> Glenn R. Schiraldi, Ph.D., *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (New York: McGraw Hill Education, 2016), 4.

<sup>259</sup> Lesia Ruglass, and Kathleen Kendall-Tackett, *Psychology of Trauma 101* (New York: Springer Publishing Company, 2014), 5.

2. Have you ever experienced a criminal or personal assault at home or in a public place? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.
- Theft or robbery with a gun or knife
  - Sexual assault, rape, and/or unwanted sexual contact in any way
  - Domestic violence, verbal abuse, and/or financial abuse
  - Child abuse, sexual abuse, neglect, bullying, severely punished or beaten before the age of 18, by a parent or family member, babysitter, caretaker, or teacher
  - Victim of injustice, discrimination, racial bias, or gender bias
  - Overwhelming poverty
  - Other
  - None
3. Have you experienced a life-threatening illness, life-changing disease, and/or surgery due to any of the following conditions? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.
- Cancer
  - Multiple sclerosis
  - Heart attack
  - Stroke
  - HIV / AIDS
  - Diabetes
  - COPD
  - Neurological Conditions
  - Organ Transplant
  - Car accident
  - Drug or Alcohol Addiction
  - Homelessness
  - Other
  - None
4. If you are affiliated with the military, have you experienced any of the following? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.
- Stationed and/or served in a war zone

- Stationed and/or served in a non-combat zone but exposed to casualties related to war
- Injured during combat or military duty
- Lost a friend or fellow soldier to combat
- Lost a friend or fellow soldier to suicide
- Discharged Unexpectedly
- Experienced a loved one (spouse, parent, etc.) diagnosed with PTSD related to military service
- Other
- Not Applicable

5. Have you witnessed a family member or close friend experience any of the following situations? Check all that apply. If you check "other," further explanation can be given in the space provided in Question 19.

- Armed Robbery
- Car Crash
- Homicide or Suicide
- Very seriously injured
- Near death injury, illness, or accident
- Other
- None

6. Have you experienced the sudden or untimely death of any of the following? Check all that apply.

- Parent
- Sibling
- Spouse
- Child
- Loved one or Close friend
- Coworker
- Multiple deaths of people close to you
- None

7. Have you experienced any of the following symptoms as a result of exposure to crisis and/or traumatic situations? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Flashbacks  
 Avoid crowds  
 Withdrawal in relationships  
 Intruding thoughts  
 Insomnia  
 Depression or excessive sadness  
 Anxiety  
 Anger  
 Fear  
 Overwhelming Stress  
 Disconnection from others  
 Irritability  
 Numb or paralyzed emotions  
 Other  
 None

8. Have you experienced any of the following spiritual struggles as a result of exposure to crisis and/or traumatic events? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Anger or confusion toward God  
 Felt that God abandoned you  
 Thought that God did not answer your prayers  
 Believed you did something to deserve the pain  
 Felt disconnected from God or that He is far away  
 Had no desire to pray, read Scriptures, or worship  
 Questioned God’s love for you  
 Asked, “Why does God let bad things happen to good people?”  
 Found it difficult to go to church because of your situation  
 None of the above

9. Did you seek professional counseling for any of the events you experienced above?  
 Yes  No  I did not experience any of the above events
10. If you answered “yes” to question #9, did it help?  Yes  No
11. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices
  - Received guidance based on Scripture and biblical principles
  - Helped me to obtain peace and happiness in my life
12. Did you seek counseling or prayer from your pastor, other ministers, or lay pastoral care team (such as a deacon, elder, minister, or prayer partner, etc.)?  
 Yes  No  I did not experience any of the above events
13. If you answered “yes” to question #12, did it help?  Yes  No
14. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices



Received guidance based on Scripture and biblical principles

Helped me to obtain peace and happiness in my life

15. Do you regularly practice any of the following spiritual disciplines? Check all that apply.

Prayer

Silent Reflective Prayer

Corporate Prayer

Meditation

Scripture Memory

Corporate Bible Study

Private/Personal Bible Study

Fasting

Extended Corporate Fasts (i.e. the 21-day, 7-day, and 3-day corporate fasts)

Corporate Worship on Sunday morning and/or special services

Private Worship (i.e., listening to Christian music)

Times of silence and solitude

16. If you have experienced a trauma or crisis situation, or were to experience a trauma or crisis situation, would you benefit from a follow-up program that extends beyond the short-term care of the pastoral care team?  Yes  No  Unsure

17. Do you think the church can play a pivotal role in providing positive opportunities for spiritual growth and transformation to positively impact how crisis and trauma sufferers respond to their difficult situations?  Yes  No  Unsure

18. Do you think a short-term support group to enhance your spiritual growth and encourage faith, hope and divine healing through the practices of prayer, meditation and Bible verse memory would help you and others to deal with the emotional and spiritual wounds of crisis and traumatic situations?  
 Yes  No  Unsure

19. If you have experienced anything else other than the choices in questions #1, 2, 3, 4, 5, and 7, or have any other comments for any other questions, you can give further explanation or comments in the space below.

### **Part III: Spirituality and Faith**

This portion of the survey is to measure some aspects of your spirituality, faith, and belief practices which may have an impact on your response to crises and traumatic events.

Read the statements below and choose the answer that best describes you.

- \_\_\_\_ 1. I believe that my relationship with God is strong.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 2. I read my Bible on a regular basis.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 3. I study and/or meditate on Scripture verses on a regular basis.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 4. I pray on a regular basis, other than at meals and beyond church attendance.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 5. I cry out to God for help in my crisis situations.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 6. My faith has helped me to grow and experience spiritual transformation through the crisis and traumatic situations in my life.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_\_ 7. Prayer, meditation on Scripture, and/or worship have positively affected my thought life, emotions, feelings, and behavior.
- Strongly Disagree
  - Disagree

- c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 8. My faith in God gives me meaning and purpose for life.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 9. I try to shift my mind from my problems to focusing on the power and presence of God.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 10. Reading biblical examples of the miracles of Jesus Christ from the Gospels gives me hope in the healing power of God.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 11. I believe that God forgives me of my sins or shortcomings when I confess and repent.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 12. I consider biblical principles and/or Bible stories when making decisions.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 13. I believe that healing is possible for me because of the sacrificial death and resurrection of Jesus Christ.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree

## Part IV: Mindfulness and Christian Mindfulness

The general definition of *mindfulness* is "the process of keeping one's mind in the present moment while staying non-judgmentally detached from potentially destructive thoughts and feelings."<sup>260</sup>

Christian mindfulness can be described as "the act of using our awareness on purpose"<sup>261</sup> while employing "the practice of paying prayerful attention in the present moment to God's abundant life."<sup>262</sup> Christian mindfulness is Christ-centered and focuses on both God and self. It incorporates the Christ-centered spiritual disciplines of prayer and meditation.

Read the following statements and choose the answer that best describes you.

- \_\_\_1. I am aware of my inner feelings and can usually put them into words without hesitancy.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_2. I am present emotionally and mentally in my relationships with friends and family by listening, empathizing with others, and enjoying the moment.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_3. I am aware of what is going on around me, such as the wind and rain, the sensations of the weather, and what is going on in the room.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_4. I can easily step back and accept distressing feelings without identifying with them.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true

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<sup>260</sup> Scott H. Symington and Melissa F. Symington, "A Christian Model of Mindfulness: Using Mindfulness Principles to Support Psychological Well-Being, Value-Based Behavior, and the Christian Spiritual Journey," *Journal of Psychology and Christianity* 31, no. 1 (2012): 72.

<sup>261</sup> Amy G. Oden, *Right Here Right Now: The Practice of Christian Mindfulness* (Nashville: Abingdon Press, 2017), 3.

<sup>262</sup> *Ibid.*, 2.

- \_\_\_5. I avoid negative, distressing feelings by suppressing them or keeping busy.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_6. I find myself daydreaming, worrying, or being distracted by past experiences and/or future desires to the point that I cannot pay attention to what is going on at the moment.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_7. I often walk into a room and forget what I went in to do.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_8. I am mentally, emotionally, and spiritually aware of God's presence in my life.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_9. I can easily open my heart and accept my shortcomings and sin through my personal prayer to God because I know that He loves me unconditionally.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_10. I am aware of the fact that God's grace works in me and through my situations.
- Never or very rarely true
  - Rarely True
  - Sometimes True
  - Often True
  - Very often or always true
- \_\_\_11. I am aware of the indwelling presence of the Holy Spirit, which gives me the power to endure and ultimately overcome hardships.
- Never or very rarely true
  - Rarely True
  - Sometimes True

- d. Often True
  - e. Very often or always true
- \_\_\_12. I can usually focus on reading Scripture, praying, and worshipping God without my mind wandering or worrying about my troubles.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_13. I can usually endure trials and tribulations in my life because I am aware of the power of God working in my life.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_14. I try to fix things when they do not go my way instead of trusting that God will work it out.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_15. I believe that surrendering to God will bring peace and transformation within my inner soul.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_16. I am prone to lean on biblical wisdom and principles even when I am facing difficulties as opposed to giving in to my emotions.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_17. I find it easy to sit in solitude and silence without my mind wandering to distressful thoughts.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True

- e. Very often or always true
- \_\_\_18. I find it difficult to put into words how I really feel because of how others may perceive or respond to my true feelings.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_19. I find it difficult to let go of my past hurts and accept God's will for my life at this present moment.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_20. I struggle with forgiving others.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_21. I struggle with forgiving myself.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true

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## IRB Approval

### DOCTOR OF MINISTRY (D. MIN) IRB APPLICATION

IRB APPLICATION #: 4182 (*To be assigned by the IRB*)

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#### **I. APPLICATION INSTRUCTIONS**

1. Complete each section of this form, using the gray form fields (use the tab key).
2. If you have questions, hover your cursor over the blue question mark (?) to the right of each heading, or refer to the IRB Application Instructions.
3. Review the IRB Application Checklist.
4. Email the completed application, with the following supporting documents (as separate word documents) to irb@liberty.edu:
  - a. Consent Forms, Permission Letters, Recruitment Materials
  - b. Surveys, Questionnaires, Interview Questions, Focus Group Questions
5. **Submit one signed copy of the signature page (available on the IRB website) to any of the following:**
  - a. Email: As a scanned document to irb@liberty.edu
  - b. Fax: 434-522-0506
  - c. Mail: IRB 1971 University Blvd. Lynchburg, VA 24515
  - d. In Person: Green Hall, Suite 1887
6. Once received, applications are processed on a first-come, first-served basis.
7. Preliminary review may take up to 3 weeks.
8. Most applications will require 3 sets of revisions.
9. The entire process may take between 1 and 2 months.

**Note: Applications and supporting documents with the following problems will be returned immediately for revisions:**

1. Grammar, spelling, or punctuation errors.
2. Lack of professionalism.
3. Lack of consistency or clarity.
4. Incomplete applications.

*\*\*Failure to minimize these errors will cause delays in your processing time\*\**

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## DOCUMENTS & APPLICATION CHECKLIST

Use the checklist below to make sure you have completed the prerequisites and will submit the necessary paperwork to the IRB. Please submit all necessary documents as *separate attachments* to the same email along with your application.

- I have completed the required CITI Training (*Social and Behavioral Researchers*).
- I have completed DMIN 830 and received faculty mentor approval.
- I have completed the below Doctor of Ministry IRB application in its entirety.
- I will submit each of the following supplemental documents (templates) for review:
  - Permission Request Letter(s) (*how you will request permission from a church/organization to invite their members/attendees to be in your study*)
  - Recruitment Document(s) (*how you will tell people about your study*):
    - ✓ Email or Letter  
**[most common]**
    - ✓ Verbal or Telephone Script
    - ✓ Announcement
    - ✓ Social Media Post
    - ✓ Flyer
  - Consent Document(s) (*a detailed statement about your study*):
    - ✓ Consent Form  
**[most common]**
    - ✓ Assent Form
    - ✓ Parental Consent Form
  - Study Instrument(s) (*what you will use to collect your data*):
    - ✓ Survey or Questionnaire **[most common]**
    - ✓ Interview Questions
    - ✓ Focus Group Questions
    - ✓ Other Test/Assessment/Instructional Material
- I will submit my signed signature page to the IRB (including mentor signature).\*
- If applicable, I will submit proof of permission (as a letter or email response) to the IRB.
- I will submit my application as a Word document and the above supplemental documents as separate Word documents\* to the IRB (irb@liberty.edu).

*\*Please note: Signature pages and proof of permission may be submitted as PDFs. You may request an electronic signature option from the IRB if preferred.*

**REMEMBER:**



**II. GENERAL INFORMATION**

**1. STUDENT INFORMATION (?)**

**Student Name:** Angela R. Jones

**Student ID:** [REDACTED]

**Student Phone:** [REDACTED]

**Student Email:** [REDACTED]

**Are you a Doctor of Ministry (D. Min) student?**

No (**STOP**. Complete the “General IRB Application” found on our website)

Yes (Proceed to Box 2)

**2. FACULTY MENTOR INFORMATION (?)**

**Faculty Mentor Name:** Dr. Andrea Adams

**Faculty Mentor Phone:** [REDACTED]

**Faculty Mentor Email:** [REDACTED]

**3. STUDY DATES (?)**

**When will you perform your study?** (Approximate dates for data collection/analysis):

**Start** (Month/Year): January 2020    **Finish** (Month/Year): January 2020

**4. FUNDING SOURCE (?)**

**Is your study funded by a grant?**

No, my study is unfunded.

Yes, my funding source is:

**III. RESEARCH SUMMARY**

**5. STUDY INFORMATION (?)**

**Please indicate whether your proposed study will include any of the following:**

Will your participants be audio recorded?     No     Yes

Will your participants be video recorded?     No     Yes

Will your participants be photographed?     No     Yes

**6. STUDY TITLE (?)**

**State the title of your study:** Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

**7. DESCRIPTION OF RESEARCH (?)**

**Research Question** (What are you hoping to learn by completing this study?): In a church where many people have experienced crises, is there a way to enhance pastoral care and support to help people who experience crises or trauma use their experiences as positive opportunities for spiritual growth and transformation?

**Research Purpose** (*Why/how will this research contribute to your field of study?*): Pastors and churches are often the first responders when people experience crises and traumatic events. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. The purpose of this study is to survey the members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.

### 8. STUDY DESIGN (?)

**Check all that apply:**

- Survey/Questionnaire  Interview  
 Other (*testimony, journal prompt, etc.*):

### 9. STUDY PROCEDURES (?)

**Step-by-step, describe exactly what your participants will be asked to do.** Include information about how long it should take your participants to complete each step. **DO NOT** list contacting participants or reading consent as a step.

Step/Task/Procedure ( <i>e.g., Complete a survey</i> )	Approximate Time to Complete the Procedure ( <i>e.g., 10-20 minutes</i> )
1. Take an anonymous survey that will be available online and print.	20 minutes
2.	
3.	
4.	
5.	
6.	

### 10. SUBMISSION OF DATA COLLECTION INSTRUMENTS/MATERIALS (?)

**Submit a Word document of all survey/questionnaire questions, interviews questions, journal instructions, etc.** that you plan to use to collect data for your study.

**Check the box to verify that you will submit your study materials:**

- All of the necessary data collection instruments will be submitted with my application.

### 11. STUDY LOCATION (?)

**Please describe the location(s)/site(s) in which the study will be conducted.** Be specific (*include city, state, church, clinic, etc.*): The participants of the anonymous survey will be members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN.

## IV. PARTICIPANT INFORMATION

### 12. TYPES OF PARTICIPANTS (?)

**Please provide a description of your study participants** (*members of your church, fellow pastors, members of a specific organization, etc.*): Participants will be members or frequent attendees of The Greenhill Church and Christian Outreach Ministries.

**As applicable, please provide any criteria your participants must meet to participate** (*i.e., gender, age range, years of experience, ethnic background, etc.*): Participants will be males and females at least 18 years of age or older, and members and frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN.

**Please explain why you chose this specific group of participants** (*Why will this specific group help you answer your research question?*): The researcher chose this group because they are members and frequent attendees of The Greenhill Church and Christian Outreach Ministries.

**Who will be the focus of your study?** (*Check the applicable box(es) below*):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Normal Participants (Age 18-65) | <input type="checkbox"/> Outpatients                              |
| <input type="checkbox"/> Minors (Under Age 18)                      | <input type="checkbox"/> Cognitively Disabled                     |
| <input checked="" type="checkbox"/> Over Age 65                     | <input type="checkbox"/> Physically Disabled                      |
| <input type="checkbox"/> University Students                        | <input type="checkbox"/> Participants Incapable of Giving Consent |
| <input type="checkbox"/> Active-Duty Military Personnel             | <input type="checkbox"/> Prisoners or Institutional Individuals   |
| <input type="checkbox"/> Discharged/Retired Military Personnel      | <input type="checkbox"/> Specific Ethnic/Racial Groups            |
| <input type="checkbox"/> Inpatients                                 | <input type="checkbox"/> Participant(s) Related to the Researcher |

*Note: Only check the boxes if the participants will be the focus (for example, ONLY military or ONLY students). If they just happen to be a part of the broad group you are studying, you only need to check "Normal Participants."*

### 13. NUMBER OF PARTICIPANTS (?)

**How many participants do you plan to include in the study?** The intent of the researcher is to include 25 to 50 participants.

## V. RECRUITMENT

### 14. RECRUITMENT OF PARTICIPANTS (?)

**How you will tell participants about your study?** (*Check all that apply*):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Phone Call | <input type="checkbox"/> Social Media   |
| <input checked="" type="checkbox"/> Letter     | <input checked="" type="checkbox"/> In-Person Conversation  |
| <input checked="" type="checkbox"/> Email      | <input checked="" type="checkbox"/> Flyers/Advertisement  |
| <input type="checkbox"/> Other:                | <input checked="" type="checkbox"/> Other: Announcements will be made during Sunday morning worship service and other activities of The Greenhill Church. |

### 15. SUBMISSION OF RECRUITMENT MATERIALS (?)

**Submit a copy of all letters, scripts, emails, flyers, advertisements, or social media posts** you plan to use to recruit participants for your study as separate Word documents with your application. Recruitment templates are available on the IRB website.

**Check the box to verify that you will submit your recruitment materials:**

All of the necessary recruitment materials will be submitted with my application.

#### 16. PARTICIPANT COMPENSATION (?)

**Will your participants be paid, given food or gift cards for taking part in your research?**

No (*Continue to #16*)

Yes (*Explain what will be given, including dollar amounts/value*):

#### 17. PERMISSION (?)

**Will you need to obtain permission to use a church, ministry, school, convention, or membership database to recruit participants and/or gather data?**

I have/will obtain permission.

I will not need to obtain permission.

### **VI. INFORMED CONSENT**

#### 18. OBTAINING CONSENT (?)

**How will you provide consent forms to participants? (*Select one*):**

The consent form will be attached to the recruitment letter/email I send out.

The consent form will be the first page of my survey/questionnaire.

The consent form will be provided at the time of the interview/survey.

Other (*describe*):

**How will participants return completed consent forms to you? (*Select one*):**

My study is anonymous, so the consent form does not need to be signed and returned.

Participants will return the signed consent form at the time of the survey/interview.

Participants will sign/scan/return the consent form prior to the survey/interview.

Other (*describe*):

#### 19. PARENTAL/GUARDIAN CONSENT REQUIREMENTS (?)

**Are any of your participants under the age of 18? (*If your participants are under 18, parental/guardian consent is required and you will need to obtain assent from the child.*)**

No

Yes

#### 20. STATEMENT (?)

**Submit a copy of all informed consent/assent documents as separate Word documents with your application.** Informed consent/assent templates are available on our website. Additional information regarding consent is also available on our website.

**Check the box to verify that you will submit your consent materials:**

All of the necessary consent/assent documents will be submitted with my application.

### **VII. PRIVACY AND DATA SECURITY**

#### 21. DATA SECURITY (?)

**How will you keep your data secure? (*Check all that apply*):**

Password-locked computer

Locked desk

Locked filing cabinet

Other:

**Who will have access to the data?** (Check one option for this section):

- The researcher  
 The researcher and faculty mentor  
 Other:

*Note: Data must be kept for a minimum of 3 years after the study is finished.*

## **22. PRIVACY OF PARTICIPANTS**

**My study is anonymous** (I will not know which participant gave which response.).

**Describe the process you will use to collect the data to ensure that it is anonymous:** The anonymous survey will be available online and print. Participants will not be required to give their name or any other personal identifying information. Participants will be sent an email to access the survey. The printed copy will be available at The Greenhill Church after Sunday morning worship services, and throughout the week during office hours and other activities. The printed copy can be returned in the unmarked sealed envelope provided by the researcher during anytime the church is open for activities. A secured box located at The Greenhill Church will be available for the return of all printed copy surveys. Only the researcher will have access to the secured box and the returned surveys.

**My study is confidential** (I will know which participant gave which response.).

**Describe the process you will use to collect the data to ensure the confidentiality of the participants** (e.g., participant identities will not be disclosed, pseudonyms will be used, interviews will be in private locations, etc.):

**Do you plan to maintain a list or codebook linking pseudonyms or codes to participant identities?**

- No  
 Yes (Please describe where this list/codebook will be stored and who will have access to the list/codebook. **The codebook should not be stored with the data.**):

*Note: If you will have both anonymous and confidential data, check both boxes and respond accordingly.*

## **VIII. RISKS AND BENEFITS OF PARTICIPATION**

### **24. DIRECT BENEFITS (?)**

**List any anticipated direct benefits to your participants.** If there are none, state “No direct benefits”: Participants will not receive any personal benefits.

*Note: Direct benefits are increases in knowledge or skills for the individual participant. Direct benefits are NOT “helping the researcher with his/her project.”*

### **25. PARTICIPANT RISKS (?)**

**List any anticipated risks to your participants.** If the risks for participating are minimal (no more than one would expect when taking part in normal daily activities), state “Minimal risk” below: The risks in this study are minimal (no more than the participant would encounter in everyday life).



## CONSENT FORM

### Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

Angela R. Jones  
Doctor of Ministry Candidate  
Liberty University John W. Rawlings School of Divinity

You are invited to be in a research study on ways of enhancing pastoral care and spiritual growth opportunities for crisis and trauma sufferers. You were selected as a possible participant because you are at least 18 years of age or older, and a member or frequent attendee of The Greenhill Church and Christian Outreach Ministries. Please read this form and ask any questions you may have before agreeing to be in the study.

Angela R. Jones, a Doctor of Ministry candidate in the John W. Rawlings School of Divinity at Liberty University, is conducting this study.

**Background Information:** Pastors and churches are often the first responders when people experience crises and traumatic events. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. The purpose of this study is to survey the members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

1. Complete an anonymous survey. The survey will take approximately 20 minutes to complete.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

**Benefits:** Participants should not expect to receive a direct benefit from taking part in this study.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept private. Research records will be stored securely, and only the researcher and the faculty mentor will have access to the records. Participant responses will be anonymous. Data will be stored on a locked computer and/or in a locked drawer and may be used in future presentations. After three years, all records will be deleted.

**Conflict of Interest Disclosure:** The researcher serves as the Senior Pastor at The Greenhill Church and Christian Outreach Ministries. To limit potential conflicts, the study will be anonymous, so the researcher will not know who participated. This disclosure is made so that

you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate in this study.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or The Greenhill Church and Christian Outreach Ministries. If you decide to participate, you are free not to answer any question or withdraw at any time, prior to submitting the survey, without affecting those relationships.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study. If you received a printed copy and decide not to participate, please do not complete or submit your study materials.

**Contacts and Questions:** The researcher conducting this study is Angela R. Jones. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty mentor, Dr. Andrea Adams, at [REDACTED].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Please notify the researcher if you would like a copy of this information for your records.*

## Survey

### Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

Angela R. Jones, Researcher  
Liberty University John W. Rawlings School of Divinity

#### Part I: Demographic Information

The following demographic information will provide a background sketch of all the participants and assist the researcher in accurately assessing the information provided. Your participation will be completely anonymous, and no personal identifying information will be collected.

7. Age Range:  18-28  29-39  40-50  51-61  62-72  73+
8. Gender:  Male  Female
9. Are you affiliated with the military?  Active Duty  Retired  Reserves  
 Veteran (Served but did not retire)  Spouse  Dependent/Child  No
10. Marital Status:  Married/Separated  Single/Engaged  Divorced  Widowed
11. Are you a member of The Greenhill Church?  Yes  No
12. Are you a frequent attendee of The Greenhill Church?  Yes  No

Do you consider yourself a Born-Again believer?  Yes  No

**Read the statements below and choose the answer that best describes you.**

I attend worship services and other church events.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

I attend Bible Study.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

I participate in other small group ministries and/or fellowships.

- a. Never
- b. Occasionally

- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I use my gifts and talents to serve in my church.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I attend or participate in corporate prayer activities.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

\_\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

- a. Never
- b. Occasionally
- c. Sometimes
- d. Often
- e. Always

The above statements have been reprinted below. Check all of the statements that have provided opportunities for spiritual growth and transformation, and has made a positive impact on your response to crisis and traumatic life experiences.

\_\_\_\_\_ I attend worship services and other church events.

\_\_\_\_\_ I attend Bible Study.

\_\_\_\_\_ I participate in other small group ministries and/or fellowships.

\_\_\_\_\_ I use my gifts and talents to serve in my church.

\_\_\_\_\_ I listen to gospel or faith-based music and/or read books with religious and/or spiritual themes.

\_\_\_\_\_ I attend or participate in corporate prayer activities.

\_\_\_\_ I attend special events such as Christmas, Easter, special annual church celebrations, etc.

## Part II: Crisis and Traumatic Events

Crisis events can be described as situations in life that cause overwhelming emotions which can affect your ability to function at your maximum capacity. Crisis situations and symptoms are usually short term but can cause great distress.

Trauma is defined as “a wound (or an event that causes a wound).”<sup>263</sup> Trauma can be further described as a psychological wound which “can occur when a person experiences an extreme stressor that negatively affects his or her emotional or physical well-being causing emotionally painful and distressing feelings that overwhelm a person’s capacity to cope and leave him or her with feelings of helplessness.”<sup>264</sup>

Below is a list of experiences that can foster crisis or traumatic experiences. Please read each section and check all that applies to what you may have experienced over the course of your lifetime.

Read the list of crises and traumatic events below. Check all that you may have experienced at any time over the course of your lifetime.

19. Have you ever experienced a natural disaster?

Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- \_\_\_ Tornado
- \_\_\_ Hurricane
- \_\_\_ Flood
- \_\_\_ Earthquake
- \_\_\_ Chemical spill
- \_\_\_ Technological/Electrical failure
- \_\_\_ Fire
- \_\_\_ Other
- \_\_\_ None

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<sup>263</sup> Glenn R. Schiraldi, Ph.D., *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (New York: McGraw Hill Education, 2016), 4.

<sup>264</sup> Lesia Ruglass, and Kathleen Kendall-Tackett, *Psychology of Trauma 101* (New York: Springer Publishing Company, 2014), 5.

20. Have you ever experienced a criminal or personal assault at home or in a public place? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Theft or robbery with a gun or knife

Sexual assault, rape, and/or unwanted sexual contact in any way

Domestic violence, verbal abuse, and/or financial abuse

Child abuse, sexual abuse, neglect, bullying, severely punished or beaten before the age of 18, by a parent or family member, babysitter, caretaker, or teacher

Victim of injustice, discrimination, racial bias, or gender bias

Overwhelming poverty

Other

None

21. Have you experienced a life-threatening illness, life-changing disease, and/or surgery due to any of the following conditions? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Cancer

Multiple sclerosis

Heart attack

Stroke

HIV / AIDS

Diabetes

COPD

Neurological Conditions

Organ Transplant

Car accident

Drug or Alcohol Addiction

Homelessness

Other

None

22. If you are affiliated with the military, have you experienced any of the following? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

Stationed and/or served in a war zone

- Stationed and/or served in a non-combat zone but exposed to casualties related to war
- Injured during combat or military duty
- Lost a friend or fellow soldier to combat
- Lost a friend or fellow soldier to suicide
- Discharged Unexpectedly
- Experienced a loved one (spouse, parent, etc.) diagnosed with PTSD related to military service
- Other
- Not Applicable

23. Have you witnessed a family member or close friend experience any of the following situations? Check all that apply. If you check "other," further explanation can be given in the space provided in Question 19.

- Armed Robbery
- Car Crash
- Homicide or Suicide
- Very seriously injured
- Near death injury, illness, or accident
- Other
- None

24. Have you experienced the sudden or untimely death of any of the following? Check all that apply.

- Parent
- Sibling
- Spouse
- Child
- Loved one or Close friend
- Coworker
- Multiple deaths of people close to you
- None

25. Have you experienced any of the following symptoms as a result of exposure to crisis and/or traumatic situations? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- Flashbacks
- Avoid crowds
- Withdrawal in relationships
- Intruding thoughts
- Insomnia
- Depression or excessive sadness
- Anxiety
- Anger
- Fear
- Overwhelming Stress
- Disconnection from others
- Irritability
- Numb or paralyzed emotions
- Other
- None

26. Have you experienced any of the following spiritual struggles as a result of exposure to crisis and/or traumatic events? Check all that apply. If you check “other,” further explanation can be given in the space provided in Question 19.

- Anger or confusion toward God
- Felt that God abandoned you
- Thought that God did not answer your prayers
- Believed you did something to deserve the pain
- Felt disconnected from God or that He is far away
- Had no desire to pray, read Scriptures, or worship
- Questioned God’s love for you
- Asked, “Why does God let bad things happen to good people?”
- Found it difficult to go to church because of your situation
- None of the above



27. Did you seek professional counseling for any of the events you experienced above?  
 Yes  No  I did not experience any of the above events
28. If you answered “yes” to question #9, did it help?  Yes  No
29. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices
  - Received guidance based on Scripture and biblical principles
  - Helped me to obtain peace and happiness in my life
30. Did you seek counseling or prayer from your pastor, other ministers, or lay pastoral care team (such as a deacon, elder, minister, or prayer partner, etc.)?  
 Yes  No  I did not experience any of the above events
31. If you answered “yes” to question #12, did it help?  Yes  No
32. If you answered “yes” to the previous question, how did it help? Check all that apply.
- Helped bring meaning and purpose to life
  - Helped by listening and allowing me to tell of my experience
  - Helped by giving me tools to respond in a more positive manner to painful events
  - Helped me to deal with my emotional struggles
  - Helped me to deal with my spiritual struggles
  - Strengthened my faith in God
  - Helped me to grow spirituality
  - Helped to strengthen my relationships with others
  - Helped to transform my life from sorrow to a life of hope
  - Deepened my desire and habits for prayer, meditation, and other spiritual practices

Received guidance based on Scripture and biblical principles

Helped me to obtain peace and happiness in my life

33. Do you regularly practice any of the following spiritual disciplines? Check all that apply.

Prayer

Silent Reflective Prayer

Corporate Prayer

Meditation

Scripture Memory

Corporate Bible Study

Private/Personal Bible Study

Fasting

Extended Corporate Fasts (i.e. the 21-day, 7-day, and 3-day corporate fasts)

Corporate Worship on Sunday morning and/or special services

Private Worship (i.e., listening to Christian music)

Times of silence and solitude

34. If you have experienced a trauma or crisis situation, or were to experience a trauma or crisis situation, would you benefit from a follow-up program that extends beyond the short-term care of the pastoral care team?  Yes  No  Unsure

35. Do you think the church can play a pivotal role in providing positive opportunities for spiritual growth and transformation to positively impact how crisis and trauma sufferers respond to their difficult situations?  Yes  No  Unsure

36. Do you think a short-term support group to enhance your spiritual growth and encourage faith, hope and divine healing through the practices of prayer, meditation and Bible verse memory would help you and others to deal with the emotional and spiritual wounds of crisis and traumatic situations?  
 Yes  No  Unsure

19. If you have experienced anything else other than the choices in questions #1, 2, 3, 4, 5, and 7, or have any other comments for any other questions, you can give further explanation or comments in the space below.

### **Part III: Spirituality and Faith**

This portion of the survey is to measure some aspects of your spirituality, faith, and belief practices which may have an impact on your response to crises and traumatic events.

Read the statements below and choose the answer that best describes you.

- \_\_\_ 1. I believe that my relationship with God is strong.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 2. I read my Bible on a regular basis.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 3. I study and/or meditate on Scripture verses on a regular basis.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 4. I pray on a regular basis, other than at meals and beyond church attendance.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 5. I cry out to God for help in my crisis situations.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 6. My faith has helped me to grow and experience spiritual transformation through the crisis and traumatic situations in my life.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
- \_\_\_ 7. Prayer, meditation on Scripture, and/or worship have positively affected my thought life, emotions, feelings, and behavior.
- Strongly Disagree
  - Disagree

- c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 8. My faith in God gives me meaning and purpose for life.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 9. I try to shift my mind from my problems to focusing on the power and presence of God.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 10. Reading biblical examples of the miracles of Jesus Christ from the Gospels gives me hope in the healing power of God.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 11. I believe that God forgives me of my sins or shortcomings when I confess and repent.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 12. I consider biblical principles and/or Bible stories when making decisions.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree
- \_\_\_ 13. I believe that healing is possible for me because of the sacrificial death and resurrection of Jesus Christ.
- a. Strongly Disagree
  - b. Disagree
  - c. Unsure
  - d. Agree
  - e. Strongly Agree

## Part IV: Mindfulness and Christian Mindfulness

The general definition of *mindfulness* is "the process of keeping one's mind in the present moment while staying non-judgmentally detached from potentially destructive thoughts and feelings."<sup>265</sup>

Christian mindfulness can be described as "the act of using our awareness on purpose"<sup>266</sup> while employing "the practice of paying prayerful attention in the present moment to God's abundant life."<sup>267</sup> Christian mindfulness is Christ-centered and focuses on both God and self. It incorporates the Christ-centered spiritual disciplines of prayer and meditation.

Read the following statements and choose the answer that best describes you.

- \_\_\_1. I am aware of my inner feelings and can usually put them into words without hesitancy.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_2. I am present emotionally and mentally in my relationships with friends and family by listening, empathizing with others, and enjoying the moment.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_3. I am aware of what is going on around me, such as the wind and rain, the sensations of the weather, and what is going on in the room.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_4. I can easily step back and accept distressing feelings without identifying with them.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True

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<sup>265</sup> Scott H. Symington and Melissa F. Symington, "A Christian Model of Mindfulness: Using Mindfulness Principles to Support Psychological Well-Being, Value-Based Behavior, and the Christian Spiritual Journey," *Journal of Psychology and Christianity* 31, no. 1 (2012): 72.

<sup>266</sup> Amy G. Oden, *Right Here Right Now: The Practice of Christian Mindfulness* (Nashville: Abingdon Press, 2017), 3.

<sup>267</sup> *Ibid.*, 2.

- e. Very often or always true
- \_\_\_5. I avoid negative, distressing feelings by suppressing them or keeping busy.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_6. I find myself daydreaming, worrying, or being distracted by past experiences and/or future desires to the point that I cannot pay attention to what is going on at the moment.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_7. I often walk into a room and forget what I went in to do.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_8. I am mentally, emotionally, and spiritually aware of God's presence in my life.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_9. I can easily open my heart and accept my shortcomings and sin through my personal prayer to God because I know that He loves me unconditionally.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_10. I am aware of the fact that God's grace works in me and through my situations.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_11. I am aware of the indwelling presence of the Holy Spirit, which gives me the power to endure and ultimately overcome hardships.
- a. Never or very rarely true
  - b. Rarely True

- c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 12. I can usually focus on reading Scripture, praying, and worshipping God without my mind wandering or worrying about my troubles.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 13. I can usually endure trials and tribulations in my life because I am aware of the power of God working in my life.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 14. I try to fix things when they do not go my way instead of trusting that God will work it out.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 15. I believe that surrendering to God will bring peace and transformation within my inner soul.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 16. I am prone to lean on biblical wisdom and principles even when I am facing difficulties as opposed to giving in to my emotions.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True
  - d. Often True
  - e. Very often or always true
- \_\_\_ 17. I find it easy to sit in solitude and silence without my mind wandering to distressful thoughts.
- a. Never or very rarely true
  - b. Rarely True
  - c. Sometimes True

- d. Often True
- e. Very often or always true

\_\_\_18. I find it difficult to put into words how I really feel because of how others may perceive or respond to my true feelings.

- a. Never or very rarely true
- b. Rarely True
- c. Sometimes True
- d. Often True
- e. Very often or always true

\_\_\_19. I find it difficult to let go of my past hurts and accept God's will for my life at this present moment.

- a. Never or very rarely true
- b. Rarely True
- c. Sometimes True
- d. Often True
- e. Very often or always true

\_\_\_20. I struggle with forgiving others.

- a. Never or very rarely true
- b. Rarely True
- c. Sometimes True
- d. Often True
- e. Very often or always true

\_\_\_21. I struggle with forgiving myself.

- a. Never or very rarely true
- b. Rarely True
- c. Sometimes True
- d. Often True
- e. Very often or always true



## Bibliography

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# Research Participants Needed

## Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

- Are you 18 years or older?
- Are you a member or frequent attendee of The Greenhill Church and Christian Outreach Ministries?

If you answered “yes” to these questions, you are eligible to participate in an anonymous survey.

Pastors and churches are often the first responders when people experience crises and traumatic events. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. The purpose of this study is to survey the members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in [REDACTED], build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.

Participants are asked to complete an anonymous survey that will take approximately 20 minutes. The printed copy will be available at The Greenhill Church after Sunday morning worship services, and throughout the week during office hours and other activities. Once completed please drop the copy back in the secured box located in the administrative assistant’s office. To participate online, click on the link that will be sent to your email address to access the survey, or you may contact me at [ajones33@liberty.edu](mailto:ajones33@liberty.edu) to request the link to access the online survey.

Angela R. Jones, a Doctor of Ministry candidate in the John W. Rawlings School of Divinity at Liberty University, is conducting this study.

Please contact Angela R. Jones at [REDACTED] or [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

February 2, 2020

Members and Frequent Attendees  
The Greenhill Church and Christian Outreach Ministries

[REDACTED]

Hello Members and Frequent Attendees of The Greenhill Church,

As a graduate student in the John W. Rawlings School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree. The purpose of my research is to survey the members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences. I am writing to invite you to participate in my study.

If you are 18 years of age or older, a member or frequent attendee of The Greenhill Church and Christian Outreach Ministries, and are willing to participate, you will be asked to complete an anonymous survey available online or as a printed copy. The survey takes approximately 20 minutes to complete. Your participation will be completely anonymous, and no personal identifying information will be collected.

To participate online, click on the link that will be sent to your email address to access the survey, or you may contact me at [REDACTED] to request the link to access the online survey.

A printed copy of the survey will be available at The Greenhill Church and Christian Outreach Ministries on the information table in the front and rear foyers after Sunday morning worship or weekly office hours until February 9, 2020 for non-computer users. The printed copy can be returned in the unmarked sealed envelope provided by the researcher during anytime the church is open for activities. A secured box located in the administrative assistant's office at The Greenhill Church will be available for the return of all printed copy surveys. Only the researcher will have access to the secured box and the returned surveys.

A consent document will be provided to you as the first page of the survey. The consent document contains additional information about my research, but you do not need to sign and return it.

Sincerely,

Angela R. Jones  
D. Min. Candidate

## Phone/Conversation Script/Verbal Announcement

Hello, my name is Angela Jones.

As a graduate student in the John W. Rawlings School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree. The purpose of my research is to survey the members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences. I am calling/speaking with you/making this announcement to invite you to participate in my study.

If you are 18 years of age or older, a member or frequent attendee of The Greenhill Church and Christian Outreach Ministries, and are willing to participate, you will be asked to complete an anonymous survey that should take approximately 20 minutes. The anonymous survey will be available online or as a printed copy. Your participation will be completely anonymous, and no personal identifying information will be collected.

To participate in the online survey, click on the link that may have been sent to your email, or you may contact me at [REDACTED] to request the link to access the survey.

A printed copy will be available at The Greenhill Church and Christian Outreach Ministries in the front and rear foyers after Sunday morning worship or weekly office hours until February 9, 2020 for non-computer users. The printed copy can be returned in the unmarked sealed envelope provided by the researcher during anytime the church is open for activities. A secured box located in the administrator assistant's office at The Greenhill Church will be available for the return of all paper copy surveys. Only the researcher will have access to the secured box and the returned surveys.

A consent document will be provided to you as the first page of the survey. The consent document contains additional information about my research, but you do not need to sign and return it.

Thank you for considering participating in this study.



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# LIBERTY UNIVERSITY

## INSTITUTIONAL REVIEW BOARD

January 31, 2020

Angela R. Jones  
IRB Exemption 4182.013120: Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

Dear Angela R. Jones,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,



**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**

**LIBERTY**  
UNIVERSITY  
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### CONSENT FORM

#### Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers

Angela R. Jones  
Doctor of Ministry Candidate  
Liberty University John W. Rawlings School of Divinity

You are invited to be in a research study on ways of enhancing pastoral care and spiritual growth opportunities for crisis and trauma sufferers. You were selected as a possible participant because you are at least 18 years of age or older, and a member or frequent attendee of The Greenhill Church and Christian Outreach Ministries. Please read this form and ask any questions you may have before agreeing to be in the study.

Angela R. Jones, a Doctor of Ministry candidate in the John W. Rawlings School of Divinity at Liberty University, is conducting this study.

**Background Information:** Pastors and churches are often the first responders when people experience crises and traumatic events. Because of this, the need to provide faith-based and trauma-informed pastoral care and support for Christians who encounter these experiences is critical. The purpose of this study is to survey the members or frequent attendees of The Greenhill Church and Christian Outreach Ministries in Clarksville, TN, build a report on crisis and trauma experiences, and develop an enhanced plan for pastoral care and support to help people who experience crisis and trauma grow spiritually despite their painful experiences.

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

1. Complete an anonymous survey. The survey will take approximately 20 minutes to complete.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

**Benefits:** Participants should not expect to receive a direct benefit from taking part in this study.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept private. Research records will be stored securely, and only the researcher and the faculty mentor will have access to the records. Participant responses will be anonymous. Data will be stored on a locked computer and/or in a locked drawer and may be used in future presentations. After three years, all records will be deleted.

**Conflict of Interest Disclosure:** The researcher serves as the Senior Pastor at The Greenhill Church and Christian Outreach Ministries. To limit potential conflicts, the study will be anonymous, so the researcher will not know who participated. This disclosure is made so that