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**The Experiences of Religiously and Spiritually Diverse Counselors and Psychotherapists  
Who Work with Survivors of Sexual Violence**

Mitchell Waters

Virginia Commonwealth University

The Experiences of Religiously and Spiritually Diverse Counselors and Psychotherapists Who  
Work with Survivors of Sexual Violence

A dissertation submitted in partial requirements for the degree of Doctor of Philosophy in  
Education with a concentration in Counselor Education and Supervision at Virginia  
Commonwealth University.

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to game and talk and let me share what was going on in my life. I'd like to say thank you, also to my parents, John and Angie Waters, for giving breath to the flame that would start me on this career. Your encouragement and support over the years has been invaluable. Really, in many ways, this was all your fault. Thank you also to my father-in-law, Victor Barr, a sharp psychologist, fellow shop-talker, and loving man. We speak the same language about many things in our fields. Thanks for being a kindred spirit in a family of nurses and teachers.

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#### DEDICATION

I'd like to dedicate this dissertation to my wife, Liz, my son, Oliver, and to any other children we might have. Liz, you are a rare woman and the brightest star in my world. You have supported and encouraged me through many endeavors. You have been there when I was my most proud and when I wanted to give up completely. You are kind, empathetic, hilarious, compassionate, wickedly intelligent, and fiercely loyal. Thank you for giving me what I'll never be able to repay. I will cherish it forever. You are my greatest gift. Olive juice.

Oliver and any other children we might have, I haven't met you just yet, but you mean the world to me already. My hope is that, through all this school and dissertation nonsense I've seen fit to put myself through, I can give you a good life where you can grow to love others well.

## TABLE OF CONTENTS

List of Tables.....	vi
List of Figures.....	vii
Abstract.....	viii
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	13
Chapter 3: Methodology.....	63
Chapter 4: Results.....	75
Chapter 5: Discussion.....	123
References.....	161
Appendix A: Demographics Survey.....	202
Appendix B: Interview Protocol.....	203
Appendix C: Recruitment Email .....	205
Appendix D: Research Participant Information Form.....	206
Appendix E: Member Checking Email Template.....	208
Vita.....	209

**LIST OF TABLES**

Table 1. Participant Demographics.....76

Table 2. Major Themes and Subthemes.....77

**LIST OF FIGURES**

Figure 1: Visual representation of resilience theory.....	15
Figure 2: Visual representation of the conceptual framework.....	61



## Abstract

THE EXPERIENCES OF RELIGIOUSLY AND SPIRITUALLY DIVERSE COUNSELORS  
AND PSYCHOTHERAPISTS WHO WORK WITH SURVIVORS OF SEXUAL VIOLENCE

By Mitchell Waters, MA, LPC

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education and Supervision at Virginia Commonwealth University

Virginia Commonwealth University, 2022

Major Director: Dr. Abigail Conley, Associate Professor, Department of Counseling and Special Education

The purpose of this qualitative study was to examine the lived experiences of religiously and spiritually diverse counselors and psychotherapists who work with survivors of sexual violence. The researcher used a transcendental phenomenological approach to understand how the participants engaged their religious and/or spiritual identity to cope with the traumatic stress that accompanies continuous exposure to their clients' trauma narratives over time. As the only study that has examined these phenomena qualitatively, the present study aimed to enhance counselors and counselor educators' understanding of the ways that religiously and spiritually diverse counselors make meaning of their experiences. The researcher collected data through 11 interviews with actively practicing counselors and psychotherapists who have worked with survivors of sexual violence for a significant portion of their practice for at least two years. The data analysis showcased both similarities and significant differences in experiences that resulted in five themes: 1) *adverse psychological consequences*, 2) *faith changes*, 3) *religion as a barrier*, 4) *intersecting identities*, and 5) *growth and resilience*. These themes are discussed in detail and

implications for counselors and educators are provided. This study's limitations and recommendations for future research are also discussed.

## CHAPTER I. INTRODUCTION

### Introduction

Wellness counseling is the model for the counseling profession, with strengths-based strategies that inform practically every step of the counseling process, from assessment to developmental issues, and diagnosis to treatment planning and intervention (Kaplan et al., 2014; Kaplan & Gladding, 2011). Client wellness is what nearly every counselor aims to promote in their practice. Wellness is a theoretical concept, with different aspects of an individual's life that work together to move towards biopsychosocialspiritual health. Ohrt and colleagues (2019) also saw wellness as occurring in and across five domains: mind, body, emotion, connection, and spirit (Ohrt et al., 2019). That is, when an individual is healthy in each psychologically, physically, emotionally, relationally, and spiritually, they experience individual wellness.

However, a contradiction commonly exists in that while counselors work toward wellness, many are themselves experiencing burnout (Norcross & VandenBos, 2018; Rothschild, 2006). Burnout, the antithesis to wellness, can be defined as a set of psychological symptoms that involves chronic stress responses in the workplace and the strain that comes from an incongruence between an employee and their work environment (Maslach, 2003). This is particularly true for counselors that chronically work with survivors of trauma (Deville et al., 2009). Simionato and Simpson (2018) conducted a systematic review of 30 years of research on burnout, which involved roughly 9,000 counselors and psychotherapists. Over half of the counselors in the samples indicated that they were experiencing moderate to high levels of burnout. With such alarming numbers, it is important to examine what protective factors individuals might have to prevent experiencing burnout.

In addition to burnout, counselors working with survivors of trauma can experience trauma symptoms themselves. Counselors can experience post-traumatic stress (PTS), vicarious traumatization (VT), or secondary traumatic stress (STS) because of their work. PTS refers to the result of events, experiences, or exposures that significantly exceed an individual's ability to control or cope with (Ford & Courtois, 2020). Mental health professionals may experience a traumatic event at some point in their career, but those that work with clients who have experienced serious trauma, such as sexual violence, are at an increased risk (Trippany et al., 2004). Although it is possible for a counselor to experience PTS as a result of their work with survivors of sexual violence, it is also common for them to experience trauma more indirectly. VT and STS do not necessarily involve direct exposure to a traumatic event, but the negative effects on counselors can be great. VT negatively affects a counselor's feelings, cognitive schemas and worldview, memories, self-efficacy, or sense of both physical and psychological safety (Hernandez-Wolfe et al., 2015). While STS is also experienced because of indirect exposure to trauma, individuals affected by it may experience psychophysiological reactions that more closely resemble posttraumatic stress (Bride et al., 2004).

In a meta-analysis of 38 studies by Hensel et al. (2015), the researchers found that 34% of mental health professionals that provide services to survivors of trauma were experiencing trauma symptoms themselves. Additionally, roughly 55% of the professionals in the sample met at least one of the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD). In another study, Choi (2011) found that 21% of clinicians treating survivors of family or sexual violence were experiencing STS and about 65% of the sample met at least one of the diagnostic criteria for PTSD.

Both burnout and trauma symptoms can be increased, decreased, or even prevented, based on how an individual copes with stress and the resources they have available (Colville et al., 2016; Hasan et al., 2018; January et al., 2015; Rohe et al., 2015). As previously highlighted in the domains of wellness, spirituality is an important domain to consider when looking at holistic wellness (Ohrt et al., 2019). When examining coping, religion and spirituality should be considered because, not only is it a domain of wellness, but it is a highly important resource for many individuals when they face adversity and life stress (Hill & Pargament 2003; Pargament et al., 2011).

There is a significant amount of empirical evidence that supports the claim that many individuals use religion and spirituality to cope and make meaning in times of adversity (Ahrens et al., 2010; Carroll et al., 2020; Gall et al. 2009; Jenkins & Pargament, 1995). Religious and spiritual beliefs have demonstrated effectiveness in reducing and mitigating negative psychological states that follow stress (Sherman & Simonton 2001; Thune-Boyle et al. 2006). Indeed, religious and spiritual coping are a vital part of life for many counselors and clients that face life stress or trauma (Hill & Pargament 2003; Koenig, 2012; Miller & Thoresen 2003; Powell et al. 2003).

Spiritual and religious coping are generally conceptualized as falling into two categories: positive and negative (Charzynska, 2015; Pargament et al., 2011). While the presentation and conceptualization of religious coping and spiritual coping are different, the function that they serve can be viewed similarly. Positive religious and positive spiritual coping are types of coping that reflect secure attachment with a Higher Power or nature, spiritual connectedness with others, and a more positive worldview. This form of coping is reflected through an individual's

behavior, thoughts, and attitudes during stress and is typically associated with more positive psychological outcomes following stress or adversity.

Negative religious and negative spiritual coping, on the other hand, involve behaviors, thoughts, and attitudes that facilitate spiritual tension, conflict and struggle with a Higher Power or nature and others, negative reappraisals of one's Higher Power's power or the benevolence of the universe, spiritual questioning, and interpersonal discontent (Charzynska, 2015; Pargament et al., 2011). Negative religious and spiritual coping is typically associated with poorer psychological and relational outcomes following stress or adversity. More detailed information regarding religious and spiritual coping, including similarities and differences, can be found in Chapter Two.

### **Need for the Study**

Counselors working with traumatized populations are experiencing heightened levels of burnout and trauma symptomology. While it is known that these negative symptoms can be increased or decreased by the ways that counselors cope with stress, very little is known about the experiences of religiously and/or spiritually diverse counselors that draw from their identities to cope with the indirect trauma from working with survivors of sexual violence.

Furthermore, religious and spiritual coping with stress and trauma have been traditionally examined quantitatively in counseling and psychology literature, which excludes contextually sensitive information. Contextually sensitive information is important when examining religious and spiritual coping because not everyone will engage in their religious/spiritual identities and practices or interpret stressors in the same way. Thus, examining the lived experiences of counselors with diverse religious and/or spiritual identities and how they engage their beliefs to cope with the stress that comes from counseling survivors was necessary. Additionally, the

findings of this study will provide a significant contribution to the literature in the areas of trauma, stress and coping, religion and spirituality in counseling, wellness, and burnout. The majority of the extant literature does not examine these constructs together. The information gathered from this study will inform interventions, programs, and practices that will help reduce burnout and staff turnover, increase client wellness by increasing counselor wellness, and will help inform counselor education, supervision, and clinical practice.

### **Theoretical Frameworks**

Resilience theory and religious constructivism were utilized to provide a theoretical foundation for this study. This section will provide a summary of these theories and how they were used in this study. More detailed information regarding these theories can be found in Chapter 2.

#### **Resilience Theory**

Resilience theory is a biopsychosocialspiritual phenomenon that refers to an individual's capacity to recover following stress or trauma by employing healthy mediating processes for coping (Vaillant, 2011). Adversity can negatively impact an individual's biological, psychological, social, and spiritual functioning. Thus, resilience theory posits that there are mediating processes, such as social support, or religion/spirituality that can help facilitate growth and resilience following adversity (VanBreda, 2001). Resilience theory was the major theoretical framework that guided this study.

#### **Religious Constructivism**

Constructivism refers to the position that knowledge is created and co-created collaboratively between individuals and groups (McAuliffe, 2011). Constructivism asserts that knowledge is created through dialogue in several domains of human interaction, such as the arts,

sciences, religions, media, or classroom discussions in education. Constructivism is a way in which groups create, or construct, the world around them based on their experiences. This is a common framework in counseling and counselor education research (Barrio Minton et al., 2014; Stipanovic et al., 2018; Watson et al., 2020) because it allows individuals to engage with their various identities such as gender, age, religion, or ability levels to create meaning and celebrate differences.

Like Constructivism, Religious Constructivism posits that reality is constructed by individuals and groups on the basis of experiences, relationships, beliefs, and values (Guba & Lincoln, 1989). It rejects the notion that there is an absolute reality to be discovered and that belief or disbelief in God or a higher power is neither true nor false absolutely (Pargament, 1997). In counseling, this framework is helpful because it allows counselors and clients to come together to work towards the client's goals even if the client and counselor believe differently. In this sense, it matters not whether a client's beliefs are "true" in the absolute sense, but rather asks the question, "Is the way that the individual constructed and engages with his or her beliefs conducive to the promotion of mental health and wellness?" Religious Constructivism was appropriate for this study because the absolute truth of a participant's beliefs is less important than the essence of their lived experiences and the realities that participants have constructed. Utilizing this theoretical framework was a novel approach because religious constructivism is infrequently utilized or engaged with in the extant counseling or psychology literature.

### **Faith Development Theory**

Fowler and Dell's (2006) theory of Faith Development is a theory of how peoples' faith and spirituality develop and change across the lifespan. It involves six stages of faith development throughout the lifespan. The earlier stages of faith development (infancy through



childhood) involve a relatively simple and uncomplicated faith. As people progress through late childhood adolescence, faith starts to become more real and individualized to them. As people age and mature, around the ages of 30 or 40, people may begin to experience spiritual dissonance. This dissonance necessitates further questioning that may lead to more spiritual attunement. In the final stage, *universalizing faith*, people begin to see themselves as part of a universal collective that is concerned with the whole rather than only the individual level. This stage is characterized by the increased tolerance of paradox and contradictions. This theory was utilized for this study because the participants were at different stages of their own faith development. Thus, it was necessary to use a developmental lens through which to view the participants' experiences of their own faith and spirituality.

### **Purpose Statement**

Many counselors are experiencing burnout (Norcross & VandenBos, 2018; Rothschild, 2006) and traumatic stress symptoms themselves due to their work with survivors of trauma (Ford & Courtois, 2020; Hensel et al., 2015; Hernandez-Wolfe et al., 2015; Trippany et al., 2004). Furthermore, individuals' religious and/or spiritual identities, which are known to help mitigate these negative psychological consequences (Hill & Pargament 2003; Koenig, 2012; Miller & Thoresen 2003; Powell et al. 2003), are frequently excluded from counseling self-care and wellness literature aimed to combat these negative effects. It is known that many individuals engage their religious and/or spiritual identities to cope with adversity (Koenig, 2012; Krause & Hayward, 2012; Leo et al., 2021; Robinson, 2014), but there are currently no studies that examine the experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence.

This study also helps fill in a gap in the extant literature by providing a contextually sensitive understanding of these counselors' experiences. Furthermore, the findings from this study will contribute to the extant body of literature around burnout, stress, coping, trauma, and religion and spirituality but it will also be one of the first to combine them all and examine them phenomenologically. In this way, this study is creating the opportunity for interdisciplinary conversation so that fields such as counseling, psychology, social work, and education may all grow and benefit.

The insight gained from this study will help inform and improve counselor burnout prevention initiatives, counselor training, supervision, and clinical practice. This study was also unique because the lived experiences of both religious and spiritual but not religious counselors will be examined for a more comprehensive understanding of the roles that religion and/or spirituality play in these counselors' lives. The purpose of this study, then, was to gain a deep understanding of the lived experiences of counselors with diverse religious and/or spiritual identities and how they engage with these identities to cope with the stress that comes from working with survivors of sexual violence. There were two primary research questions:

- 1) What are the lived experiences of counselors that use their religious/spiritual identities to cope with the stress of counseling survivors of sexual violence?
- 2) How do counselors perceive the intersection of their other identities such as race, ethnicity, or gender with their religious/spiritual identities in relation to their work?

### **Methodology**

To answer these research questions, a qualitative, transcendental phenomenological investigation was conducted. Transcendental phenomenology is an appropriate design because it focuses on discovering the essence of lived experiences of individuals and groups (Van Manen,

2014). This approach to qualitative research was fitting for this study because the experiences of individuals that utilize religious and spiritual coping are complicated and presented differently from individual to individual. Furthermore, religious and spiritual coping have been found to uniquely impact trauma and stress outcomes (Gerber et al., 2011). The data was collected through the use of individual interviews. The utilization of individual interviews was more appropriate for this study than other forms of qualitative data collection, such as focus groups, because the information discussed in the interviews will be deeply personal and if participants were discussing their experiences with religion, trauma, and coping with others in the room, the data collected and the findings interpreted could have been tainted and trustworthiness could have been damaged.

### **Summary**

This chapter presented an introduction to the background, purpose, and need for this study to investigate the lived experiences of religiously and/or spiritually diverse counselors that work with survivors of sexual violence. Chapter Two will provide an in-depth exploration into the extant literature on this study's theoretical frameworks, wellness, burnout, trauma, coping, religion and spirituality in the counseling profession, religious coping, and spiritual coping.

### **Definition of Terms**

Counseling – For this study, the term counseling will refer to “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2013, p. 366). Counseling is a diverse field with many different types of counselors existing within it including Clinical Mental Health, Rehabilitation, Substance Abuse, Marriage and Family, School, and Career counselors at the Master's level and Counselor Education and Supervision at the doctoral level. Counselors are,

foundationally, mental health professionals that work with clients, couples, families, groups, schools, and communities to remove barriers to mental health and help clients move toward holistic wellness.

Wellness - Wellness can be defined as “a way of life oriented toward optimal health and well-being, in which body, mind and spirit are integrated by the individual to live life more fully within the human and natural community” (Myers et al., 2000, p. 252). Wellness is often thought as the overall goal of counseling. Counselors may work in different settings, with different populations, and may utilize different theories of counseling and psychotherapy, but the overall goal is to promote client wellness.

Post-Traumatic Stress – Post-traumatic stress (PTS) is the psychological outcome that results from events, experiences, and exposures that greatly exceed an individual’s capacity to control, cope with, or withstand that compromises the individual’s psychophysiological equilibrium or stasis (Ford & Courtois, 2020). When individuals experience traumatic events such as a sexual assault, vehicle accident, fire, natural disaster, physical violence, they may experience heightened degrees of stress following the event and negative symptoms such as hyper arousal, avoidance of unwanted stimuli, nightmares, flashbacks, intrusive thoughts or feelings, and anhedonia (American Psychiatric Association, 2013).

Vicarious Trauma - Vicarious trauma (VT) is “the cumulative effect of working with traumatized clients, involving interference with the counselor’s feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety” (Hernandez-Wolfe et al., 2015, p. 157). VT usually develops over a longer period of time due to the chronicity of exposure to clients’ explanations of traumatic events (Benuto, 2018).

Vicarious Post-Traumatic Growth – Vicarious Post-Traumatic Growth (VPTG) occurs when an individual experiences positive changes as a result of witnessing the post-traumatic growth of others (Arnold et al., 2005).

Secondary Traumatic Stress – Secondary traumatic stress (STS) differs from VT because individuals may experience psychological reactions that resemble posttraumatic stress, such as intrusive re-experiencing of the traumatic material, avoidance of trauma triggers, and emotions and increased arousal, but they are all results from indirect exposure to a client's trauma (Bride et al., 2004).

Biopsychosocialspiritual Model – This is a model that examines biological, psychological, social, and spiritual domains of human existence and functioning. This model posits that each of these domains are not only distinct dimensions of a person, but that no single dimension can be disaggregated from the whole. This model was developed to provide a more comprehensive model of care and research that accounts for the each of the listed domains so that humans can be more deeply understood in their wholeness (Sulmasy, 2002).

Religion - Religion refers to a belief power that is higher than humanity, usually a god or series of gods. Religion is generally organized by a system of beliefs shared by others and is governed by institutional rules for worship. Some common religions are Islam, Christianity, Judaism, Taoism, and Hinduism.

Spirituality – Spirituality is a “developmental process that is both active and passive wherein beliefs, disciplined practice, and experiences are grounded and integrated to result in increased mindfulness (nonjudgemental awareness of present experiences), heartfulness (experiences of compassion and love), and soulfulness (connections beyond ourselves).” (Cashwell et al., 2007,

p. 67). Spirituality differs from religion because one does not need to practice a religion to practice spirituality as it is not necessarily rooted in the belief in a Higher Power.

Religious Coping - Religious coping a type of coping with the goal of understanding and dealing with life stressors in ways related to the sacred, divinity, and/or a higher power (Pargament, 1997). The term “sacred” in this definition can refer to the traditionally understood God in major world religions but it also can also include other conceptions of a higher power (Charzyńska, 2015).

Spiritual Coping – Charzynska (2015) defines spiritual coping as “attempts to overcome the stressor on the basis of what is transcendent” (p. 1613). Transcendence, in this context, can refer to efforts for self-improvement, deepening interpersonal relationships, fostering a sense of oneness with nature, or attachment to and trust in a divine entity (Hill et al., 2000; Miller & Thoresen, 2003). Spiritual coping can include a divine deity, but it is not essential.

## **CHAPTER 2. LITERATURE REVIEW**

### **Introduction**

Chapter 2 provides a review of the literature related to wellness, burnout, trauma in its various forms, religion, spirituality and how counselors may utilize their religious/spiritual identity and practices to cope with the stress that comes from trauma therapy. The chapter will begin by highlighting the methods of searching for articles that were relevant to this study, including various online databases. The chapter will continue by detailing the theoretical frameworks, which laid the foundation for the framing of this study. The chapter will then describe wellness in counseling and the consequence of professional burnout. An overview of the literature of post-traumatic stress, vicarious traumatization, secondary traumatic stress, and their differences will be provided. Literature about stress and coping, religious and/or spiritual identities in counseling, and religious and spiritual coping will also be reviewed. The chapter will conclude with a discussion of the literature gaps that the current study addressed.

### **Methods of Searching**

For this study, 337 peer reviewed resources were obtained, primarily from Virginia Commonwealth University's electronic database and Google Scholar. The following databases were searched to acquire the most current and relevant research on this topic: PsycArticles, PsycINFO, EBSCOhost, ERIC, MEDLine, ProQuest, and Psychiatry Online. The search consisted of the following key words: resilience theory, constructivism, wellness, burnout, trauma, post-traumatic stress, secondary traumatic stress, vicarious trauma, vicarious post-traumatic growth, religion, spirituality, religious counseling, spiritual counseling, religious counselor, counselor trauma, stress, coping, religious coping, spiritual coping, trauma therapy, sexual violence, and sexual violence counseling.

## Theoretical Frameworks

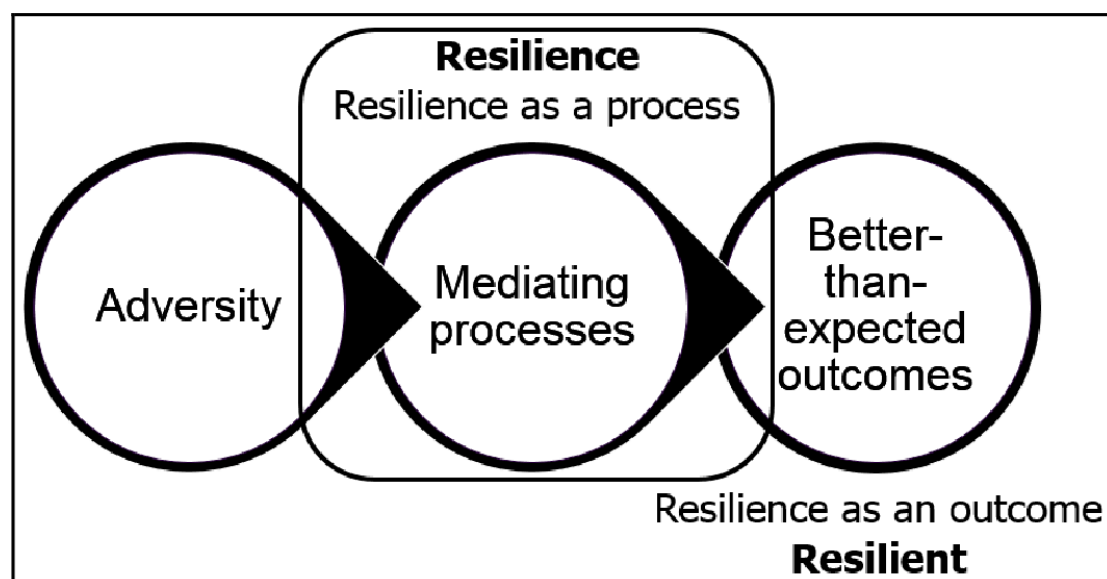
### Resilience Theories

Resilience theory is a multifaceted theoretical orientation that has been utilized in by many disciplines, including, counseling, social work, psychology, sociology, education, and others. Resilience has been defined in many ways over the years. Kaplan et al. (1996) defined it as “the capacity to maintain competent functioning in the face of major life stressors (p. 158). Vaillant (2011) claimed that resilience is about an individual’s capacity to recover from stress or trauma based on the resources and coping strategies he or she employs. In essence, resilience emphasizes the strengths that individuals, family systems, and communities demonstrated that enabled them to rise above and grow through adversity (VanBreda, 2001). It argues that the nature of adversity is not the most important, but rather how it is dealt and coped with. Resilience theory postulates that an emphasis on strengths, rather than pathology, is key to resilience (Rak & Patterson, 1996). Other theories in counseling and psychology, such as wellness (Myers & Sweeney, 2008; Ohrt et al., 2019) and positive psychology (Rashid & Seligman, 2018; Seligman & Csikszentmihalyi, 2000) have taken the same strengths-based approach to psychological healing.

A thorough literature review conducted by Greene (2002) identified key theoretical assumptions for resilience theory. The author noted that resilience is a biopsychosocialspiritual phenomenon that involves a transactional, dynamic process of person-environment exchanges. Models that use a biopsychosocialspiritual framework examine phenomena as they occur in each domain: biological, psychological, social, and spiritual. Not only can this phenomenon occur in individuals, but also in family systems and in entire communities. It was also noted that resilience is linked to stress and individual coping capacities and skills and is enhanced through



connection and relationship with others. Resilience is also influenced by intersectionality (Crenshaw, 2017) to include identities such as ethnicity, race, gender, age, sexual orientation, socioeconomic status and resource availability, religious affiliations, and ability levels (Greene, 2002). That is, resilience is influenced, promoted, and impeded by a variety of biopsychosocialspiritual factors. Figure 1 provides a visual representation of resilience theory (Van Breda, 2018).



*Figure 1.* Visual representation of resilience theory

Historically, resilience theory began at the micro level, or with an individual. Its roots are in the study of children who demonstrated resilience despite adverse childhood experiences and environments (Dahlin et al., 1990). For an individual to be resilient, research has identified protective factors, or conditions that buffer, mitigate, or prevent problems like post-traumatic stress from occurring (Wolin & Wolin, 1995). These protective factors have led theorists to realize the immense potential and capacity for individuals to overcome adversity and pain, and to even thrive through it (Bernard, 1993; Sleebey, 1993, 1997a, 1997b). Since the development of these resilience theories, researchers have been seeking to promote resilience and strengths-based

approaches into clinical practices (Fraser et al., 1999). Resilience theory has also been applied to family systems (McCubbin & McCubbin, 1988; Walsh, 1996; 2002) and communities (Berkes & Ross, 2013; Buikstra et al, 2010; Magis, 2010).

Resilience Theory was an appropriate framework to utilize when considering the ways in which religious and/or spiritual identity may help clinicians cope with traumatic stress. Faith, spirituality, belief in something greater than oneself, and the ability to derive meaning following traumatic stress are discussed as important factors in resilience development (Angell et al., 1998; Frankl, 1946; Lifton, 1993; Moskovitz, 1981). After an individual experiences trauma or adversity, the experience of that event and the following consequences may be mitigated by the individual's spiritual and/or religious beliefs and practices. Additionally, caring relationships and social support are all factors that contribute to resilience (Steele & Steele, 1994) and post-traumatic growth (PTG; Idås et al., 2019; Scrignaro et al., 2011; Tedeschi & Calhoun, 2004). PTG, like resilience, involves positive post-traumatic consequences such as enhanced ability to relate to others, awareness of new possibilities, personal strength, spiritual change, and a new or greater appreciation of life (Tedeschi & Calhoun, 2004). While many models in the social sciences may adopt a biopsychosocial framework, resilience theory includes the spiritual domain and views it as an important mitigating factor between adversity and growth. In this study, resilience theory provided a framework for understanding mediating processes, such as religion and spirituality, and how they impact health outcomes.

### **Constructivism**

Constructivism was another guiding theory for this study. The word itself refers to the communal construction of something, such as a building or an idea. Emanating from the work of Jean Piaget, a Swiss developmental psychologist, this epistemology asserts that knowledge is

created and co-created between individuals and groups (McAuliffe, 2011). It is a complex and multifaceted theory with different strands of thought from various minds throughout history including Vygotsky (1978) who emphasized the sociocultural dimensions of knowledge and Rogoff (1994) who focused on the role of knowledge creation at communal and institutional levels. Constructivism asserts that knowledge is created through conversations in many domains of human existence, such as the arts, sciences, religions, media, classroom discussions, and scholarly journals. It is a way in which individuals and groups create, or construct, the world around them based on their experiences. When developing Constructivism, Piaget sought to understand the nature of human knowledge, how it grows and develops (Ultanir, 2012), and how humans construct a secure and orderly picture that flow from their experiences (Hyde, 2015).

Constructivism, however, should not be confused with relativism, which is the doctrine that there are no absolute truths and that what is morally right or wrong varies from person to person or from society to society (Dulles, 2017). The German philosopher, Immanuel Kant, posited that the human mind can know only through sensory experiences and what can be deduced from them. According to Kant, knowledge is therefore created by sensory experiences, which are relative to the one observing (Dulles, 2017). Constructivism rejects the idea that morality and knowledge are limited to the perceptions of an individual. It instead embraces the idea that knowledge is created between individuals and groups.

Constructivism is a widely utilized framework in counseling and counselor education (Barrio Minton et al., 2014; McAuliffe, 2011). This epistemology is useful in the field because it allows individuals to utilize and engage with their various identities such as gender, age, religion, or ability levels to create meaning. Additionally, Constructivism's rejection of universal absolutes, the critical examination of power differentials, and celebration of differences (Burbles

& Rice, 1991) is congruent with the counseling professions emphasis on social justice and multiculturalism. This framework was chosen as a basis for the current study, not only because it is a widely used epistemology in the counseling field, but also because there is a sub-theory of Constructivism that engages with religious experience and knowledge known as Religious Constructivism.

### **Religious Constructivism**

Like Constructivism, Religious Constructivism asserts that “reality” is constructed by an individual on the basis of experiences, relationships, beliefs, values, and the larger sociocultural context (Guba & Lincoln, 1989). It questions the assumption of an absolute reality that is waiting to be discovered (Pargament, 1997). That is, belief or disbelief in God or a Higher Power is neither true nor false in the absolute cosmic sense. Constructs can, however, be evaluated but evaluated based on the quality of the construction for the individual rather than its proximity to absolute reality (Pargament, 1997). Quality, in this sense is seen as the internal consistency, differentiation, and flexibility of the construction and its functionality in dealing with the world’s demands (Neimeyer, 1995).

Pargament (1995) notes that, in counseling, symptomatology is a sign of “construct trouble” that needs attention (p. 367). However, the counselor’s role is not to determine the correctness of the religious constructs, but rather to enter into the individually constructed world of the client to help them repair and strengthen their world from within. A constructivist counselor examines the extent to which these religious constructs generate a sense of incongruence or pathology within an individual. While the counselor does not need to share the same religious beliefs as their client, it is important that they develop an empathetic understanding of what their client’s religious beliefs mean to them.

Religious Constructivism is not without its challenges, however. When examining religious beliefs, there is often a doctrine of objective reality. There is some incongruence between differing religions that all posit that their beliefs are objectively true. This of course, may create opposition between various religious affiliations. For instance, a Christian might believe in the objective truth that Jesus was God, while other individuals that practice other religions, such as Islam or Judaism, might believe in the objective truth that he was a great prophet, but not God Himself. According to Cottone (2001, p. 41), Religious Constructivism reconciles these differences through the idea of “pockets of objectivity.” That is, each religion’s “truth” represents a pocket of objectivity that individuals believe to be objectively true, but within the context of a community of understanding. This idea also highlights the tendency for humans to operate socially on matters of truth, rather than individual subjectivity. From this framework, each religion’s beliefs about truth and reality and individual religious experiences can be validated.

### **Faith Development**

A useful theory to consider for this study was Fowler and Dell’s (2006) theory of Faith Development. This theory posits that there are six stages of faith development throughout the lifespan. The earlier stages of faith development (infancy through childhood) portray an individual’s faith as relatively simple, uncomplicated, and even mythical. As an individual progresses through late childhood and into adolescence, they begin to experience their beliefs in a more relational way. That is, their faith becomes more real and individualized to them. As an individual ages and matures, around the age of 30 or 40, an individual may experience spiritual dissonance that may accompany a midlife crisis. This dissonance spurs further questioning that may lead to more spiritual attunement. The last stage of this development theory is known as

*universalizing faith*. In this stage, an individual begins to see themselves as part of a universal collective that is concerned with the whole rather than only the individual level. This stage is characterized by the increased ability to tolerate paradox, contradictions, and divisions. This final stage aligns well with religious constructivism because of its tolerance of differences and paradoxes. It leaves room for there to be differences in belief in the nature of objective truth and how knowledge is constructed. However, Fowler and Dell (2006) found that relatively few individuals fully embrace this stage.

An earlier stage, *Individuative-Reflective Faith*, involves individuals developing the ability to reflect critically on and reexamine their deeply held values and beliefs. This can be a painful process where individuals must grapple with developing an identity that is capable of independent judgment regarding the individuals, institutions, and worldview that anchored their sense of being up to that point. At this stage, one questions inherited beliefs and traditions and might even evaluate other faith traditions for what they might have to offer. In the end, an individual's traditional belief system may or may not be rejected, but if they are retained, they are normally different and engaged with with more nuance and intentionality. This change might even be prompted by exposure to adversity and the question of theodicy (Barnes & Moodley (2020). Utilizing these frameworks in tandem with resilience theory creates the appropriate framework to examine the multidimensional and complex constructs of wellness, burnout, and trauma.

## **Summary**

In this section, I reviewed four theoretical frameworks that informed this study: resilience theory, constructivism, religious constructivism, and faith development. Resilience theory was useful for understanding how counselors' identities might mitigate the stress of trauma therapy

and facilitate the process of resilience. Additionally, constructivism and religious constructivism allowed space for spiritually and religiously diverse counselor to make meaning out of their experiences by the ways they construct their understanding of events in counseling. This framework validates the specific religious and spiritual beliefs of counselors and allows room for diversity and contradicting beliefs. Faith development theory provided a developmental lens through which to view the participants' experiences of their own faith and spirituality. When considering how these theories informed this study, an appropriate place to start is with counseling, the goal of wellness, and the potential negative consequences of delivering counseling services.

### **Counselor Wellness and Burnout**

#### **Wellness in the Counseling Profession**

Wellness counseling is conceptualized as the model for the counseling profession with strengths-based strategies inform the process of assessment, developmental issues, diagnosis, treatment planning, and intervention (Kaplan et al., 2014; Kaplan & Gladding, 2011). Myers and colleagues (2000) defined wellness as “a way of life oriented toward optimal health and well-being, in which body, mind and spirit are integrated by the individual to live life more fully within the human and natural community” (p. 252). For the purposes of this study, this will be the operationalized definition of wellness.

While wellness is the overall goal of counseling, it is not confined strictly to the counseling profession. Wellness goes back nearly 2,000 years, with the work of Aristotle, the Greek philosopher. Aristotle's writing explored the differences between health and illness and defined the model of good health as one seeks for nothing in excess (Myers & Sweeney, 2008). Since Aristotle, there have been other historical minds, such as Descartes, who have examined

wellness, illness, and the human body. It was not until the 20<sup>th</sup> century that a new standard of medicine, which saw the body, mind, and spirit as integral to health became common in practice and research (Larson, 1999). Additionally, wellness has deep roots in eastern cultures as well. Traditional Chinese medicine is based on the five philosophical concepts of experience, flow, transformation, balance, and entropy (Cohen, 2008). Mindfulness meditation, a practice endorsed by the counseling profession (Brown et al., 2013), has its origins in the Theravadan Buddhist traditions of South Asia and Southeast Asia (Miller, 2005). The World Health Organization (WHO) defined health as “physical, mental, and social well-being, not merely the absence of disease” (1958, p. 1). The shift away from pathology-based models of health to strengths-based models is thanks in large part to the wellness movement in helping professions.

Myers and Sweeney (2000) proposed a theoretical model of wellness for counselors and clients: The Wheel of Wellness. This wheel visually describes the different aspects of an individual’s life that work together to promote wellness and holistic health. Some of these micro-level aspects include stress management, cultural identity, nutrition, exercise, self-care, and a sense of worth. Spirituality is seen as instrumental in contributing to an individual’s sense of meaning in life in addition to religious or spiritual beliefs and practices. This wheel also takes into account more macro systems such as business/industry, media, government, community, family, religion, and education that impact the Adlerian life tasks (Adler, 1954) of work and leisure, friendship, and love. This wheel remains a useful tool for counselors that seek to guide clients in their clinical practice (Myers & Sweeney, 2008).

Additionally, Ohrt and colleagues (2019) conceptualized wellness as occurring across five domains: mind, body, spirit, emotion, and connection. The mind domain examines how the brain and neurobiology interact with the mind to facilitate wellness. The body domain



emphasizes physical wellness as crucial to the body's health and functioning. The spirit domain emphasizes the roles that faith and meaning play in wellness. The emotion domain stresses the importance of an individual's identification, expression, and cultivation of emotions. Finally, the connection domain centers around relationships and intimacy. All of these domains are seen as working together or, at times, in opposition, to paint a holistic picture of health and wellness. While all five of these domains are important and should inform a counselor's approach to treatment, the domains of mind, spirit, and emotion are going to be the primary foci of this study.

Although wellness is the goal of counseling, a common contradiction exists in that the counselors that promote wellness in their clients are commonly experiencing professional burnout (Norcross & VandenBos, 2018; Rothschild, 2006). Burnout can be a negative and unintended consequence of working in the helping profession. Despite helping clients move toward wellness, the stress and chronicity of counseling can lead to negative emotional, psychological, social, and physiological consequences.

### **Burnout in the Counseling Profession**

It is believed that 21-67% of mental health workers are experiencing high levels of burnout and emotional exhaustion in the field (Morse, 2012), with even higher numbers with the advent of the COVID-19 pandemic (Litam et al., 2021). Kottler (2010) described burnout as "the single most common personal consequence of practicing therapy" (p. 143). Burnout negatively impacts the counselor's emotional, psychological, physical, and relational functioning. (Carrola et al., 2012). The term 'burnout' was first introduced in the scientific literature by Freudenberger (1974), an American psychologist who described burnout as a "state of mental and physical exhaustion caused by one's professional life" (p. 159-165). Although Freudenberger's work was helpful in moving the burnout literature forward, he only suggested that people that are on the

front lines of health care are in danger of burnout. In subsequent years, Maslach et al. (2001) broadened the populations susceptible to burnout to all professionals working with other people in challenging situations. Maslach (2003) later suggested that burnout is a set of psychological symptoms that involves chronic stress responses in the workplace as well as the strain that comes from an incongruence between an employee and the work environment. Burnout among counselors can involve physiological symptoms such as insomnia, exhaustion, and headaches and psychological or emotional symptoms such as apathy, irritability, and depression. Behavioral symptoms of burnout can include low organizational commitment, absenteeism, intentions to leave the job, job turnover and job dissatisfaction (Maslach & Leiter, 2016).

As the interest in managing burnout among helping professionals grew, researchers began to conceptualize it in different ways. Three key features of burnout have been identified: 1) emotional exhaustion; 2) depersonalization; and 3) feeling ineffective and lacking feelings of personal accomplishment (Maslach, 2003; Maslach et al., 2001; Thompson et al., 2014). This definition of burnout and the accompanying symptoms remain the most widely accepted definition in the literature currently. However, Kristensen et al. (2007) suggested that, while fatigue and exhaustion are the key features of burnout, depersonalization is more of a strategy to cope with these symptoms. Depersonalization, defined earlier on by Barton (1979), involves an individual experiencing a disturbance of the subjective experience of one's existence, actions, and emotions. Mendes de Oliveira & Oliveira (2013) later described depersonalization as a feeling of detachment from the normal feeling of oneself. Depersonalization is a form of dissociation, a psychological defense mechanism that involves the disruption of an individual's consciousness (Fani et al., 2019). Psychological defense mechanisms such as depersonalization

are common in individuals experiencing chronic emotional strain. Currently, scholars continue to debate whether depersonalization is a symptom of burnout or a psychological response to it.

Rossi et al. (2012) also suggested that compassion fatigue be added to burnout symptoms. Figley (1995) described compassion fatigue as an occupational hazard that is specific to clinical work involving high levels of emotional distress. Rossi et al. (2012) defined it as the caregiver's reduced empathetic capacity and a diminished ability to bear the suffering of one's clients. Awa et al. (2010) suggested that psychological conditions such as anxiety, fear, depression, psychological distress, fatigue, negative emotions, and emotional job demands, which when experienced over prolonged periods of time, are significant risk factors for burnout.

Counselors are particularly susceptible to burnout in their relational work with clients who have experienced trauma (Devilly et al., 2009). Awa et al. (2010) suggested that burnout results from the social and psychological stress that comes about through the relationship between a helper and the helped. This is usually found in disproportionate professional relationships, where the counselor is the "giver" and the client(s) are the "receiver." This arrangement is frequently the case with professionals like doctors, nurses, counselors, teachers, or social workers.

Burnout symptoms specific to counselors started gaining more attention the mid 2000's, when Lee et al. (2007) developed the initial psychometrics for the Counselor Burnout Inventory (CBI). While there are other instruments that can measure burnout in individuals that work with people, such as the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1986) or the Copenhagen Burnout Inventory (Kristensen et al. 2007), the CBI was developed as a way of assessing levels of burnout as it related specifically to counselors.

The CBI consists of 20 self-report items and assesses burnout in five dimensions: (a) *exhaustion* (e.g., “I feel exhausted due to my job as a counselor”), (b) *negative work environment* (e.g., “I feel frustrated with the system in my workplace.”), (c) *devaluing client* (e.g., “I am not interested in my clients and their problems.”), (d) *incompetence* (e.g., “I do not feel like I am making a change in my clients”) and (e) *deterioration of personal life* (e.g., “My relationships with family members have been negatively impacted by my work as a counselor”) (Lee et al., 2007). Respondents rate items on a 5-point Likert-type scale (1 = *never true*, 2 = *rarely true*, 3 = *some- times true*, 4 = *often true*, 5 = *always true*). Currently, this measure appears to be the most accurate when assessing burnout specific to counseling professionals. The psychometrics of the CBI demonstrated strong reliability but needed additional research to determine validity with multiple ethnicities.

Bardhoshi et al. (2017) later conducted a psychometric synthesis for the CBI where two studies were conducted. The first study was done with 1,005 school counselors in the United States and demonstrated strong reliability with a robust coefficient alpha of .90. In the second study, the researchers analyzed psychometric data gathered from 12 studies that used the English version of the CBI. One of the studies was a cross-cultural validation study that measured responses with the English version of the inventory and compared them with responses from the Korean translation. The weighted average of the coefficient alphas from all studies was a .90 with a 95% confidence interval [.85, .95]. The researchers also reported strong external and structural validity as well as strong applicability across diverse samples.

Researchers have historically investigated ways to assess counselor burnout through quantitative methodologies. When investigators used measures such as the MBI or the CBI, they sought to make findings generalizable to the population by creating a measure that could be

applied to all human service employees or all counselors to assess for burnout. While researchers achieved what they set out to do and created and tested valid, reliable measures to assess burnout, a disadvantage of the quantitative modes of research used is that they often fail to provide contextually sensitive and detailed descriptions of the experiences counselor educators often seek to study. Kline (2003) noted that this is because quantitative research “is not designed to describe such uniquely human and unquantifiable phenomena as social construction processes, consciousness, and emotional experiences” (p. 82).

When developing the CBI, Lee et al. (2007) collected two independent samples of 258 and 132 professional counselors. Samples were diverse in region of the United States, setting (schools, college, mental health clinics, and rehabilitation clinics), and years of experience. However, the majority of the sample were white females. The first group completed the CBI and the second group completed the CBI and the Maslach Burnout Inventory – Human Services Survey (MHI-HSS) (Maslach & Jackson, 1981). The purpose of this study was to expand previous ways of assessing burnout. Previous measures focused on burnout as an individual syndrome, while the CBI expanded to take into account environmental and workplace factors. The initial psychometrics of the CBI demonstrated strong reliability but needed additional research to determine validity with multiple ethnicities.

In my review, I found that factors that can contribute to a counselor burning out can be unique to the counselor’s individual experience, both personal and professional. The purpose of quantitative research is to highlight and isolate facts and correlations that apply to the population being studied. Because burnout is unique to each individual, it is impossible to measure all factors that might contribute to the counselor’s experience. While researchers have achieved a great deal in measuring counselor burnout through quantitative methodologies, it is important to

remember that not all factors are being considered because they cannot be. To move the literature forward and capture the essence of individual experiences, burnout should be examined utilizing more qualitative methodologies.

## **Summary**

In this section, I examined wellness and burnout as it relates to the counseling profession. In my review, I examined wellness as the goal of counseling (Myers et al., 2000) and how counselors are at an increased risk for professional burnout (Morse, 2012). Additionally, I found that counselors that regularly engage in trauma therapy with clients are at a heightened risk for burnout than other counselors (Devilley et al., 2009). These constructs are important to this study because I examined the experiences of trauma counselors and mitigating processes that could lead to greater degrees of wellness or professional burnout. To promote wellness and decrease burnout, it is now necessary to examine how individuals respond and cope with stress.

## **Stress and Coping**

### **Stress and Coping Overview**

As people go throughout their life, they will face adversity, stress, and various challenges that trigger the need to cope. Coping is generally thought of as a reaction to a causal event (Greenaway et al., 2015) with an external trigger being what distinguishes this process from emotional self-regulation (Golkman & Moskowitz, 2004). That is, coping includes efforts to manage stress, regardless of whether those efforts help reduce or mediate the stress experienced (Greenaway et al., 2015). Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.” (p. 141).

People respond to these threats in different ways. Some might face the stressor head on, while others may withdraw and distance themselves (Greenaway et al., 2015). Some may turn to religion or spirituality (Hill & Pargament 2003; Pargament et al., 2011) substances (Franken et al., 2001; Greenaway et al, 2015), humor (Abel, 2002), or any other activity or belief system that can help the individual make sense in the face of adversity. What determines how people respond to adversity is an individual's appraisal of the stressful or adverse situation. Coping impacts an individual's wellness on many different levels and coping in ways that are congruent with an individual can lead to more positive psychological outcomes (Hasan et al., 2018; January et al., 2015; Rohe et al., 2015).

Lazarus' (1966) theory of stress and coping suggests that there are two different types of cognitive appraisals of stress: primary and secondary. Primary appraisals are made when an individual appraises a situation and determines that it has significance for their personal wellbeing. Appraisals of stressful situations fall into three categories: harm, threat, and challenge (Lazarus & Folkman, 1984). Harm appraisals are made when situations are psychologically or physically harmful whereas threat appraisals are made when the situation has the potential to be psychologically or physically harmful. Challenge appraisals, unlike the former two, are made when situations have the potential for positive outcomes, growth, or improvement. How an individual assesses the situation directly impacts an individual's orientation to the stressor, emotional experience, and choice of coping strategies (Greenaway et al., 2015).

Secondary appraisals are concerned with an individual's perceived self-efficacy to handle a stressful event (Lazarus, 1966). These appraisals are important when an individual is trying to identify ways in which he or she might be able to cope (Greenaway et al., 2015). An important aspect that impacts secondary appraisals is the perceived availability of coping resources, which

could be access to money, social support (Schwarzer & Leppin, 1991), or internal factors such as optimism (Schwarzer & Leppin, 1991), emotional agility (David, 2016), or self-efficacy (Jerusalem & Schwarzer, 1992). With the copious amounts of research on stress and coping, it is essential to understand the process of how stress and coping impact an individual's wellness.

### **Stress and Coping in Religious and Cultural Minority Populations**

While there has been much research on stress and religious coping, it is important to consider the added stress that comes with membership to religious and cultural minority populations. One population relevant to this study that experiences increased levels of stress are acculturating Muslims. In a study on subjective wellbeing in 167 New Zealand Muslims, Adam & Ward (2016) examined an international context of Islamophobia, acculturative stress, and religious coping. The researchers found that the participants acculturative stress predicted a lower level of life satisfaction and more adverse psychological symptoms. The authors also found that religious coping buffered the negative effects of acculturative stress on life satisfaction. The findings of this study demonstrated the need for special considerations for the unique stressors that many Muslim minorities might experience regarding existing in western societies in addition to the stressors of everyday life.

A similar study by Benson and Colleagues (2011) investigated the relationship between religious coping and acculturation stress among a sample of Hindu Bhutanese refugees newly resettled in the United States. The results of this study found that Hindu religious coping was positively associated with environmental and social stress, indicating the need for additional services to cope with acculturation stress, contrary to the researchers' hypothesis. These studies highlight both the importance and complexity of religious coping for many in the world.



Religious coping will be detailed later in this chapter. First, it is important to understand the types of coping and how they affect individuals' emotional, psychological, and social wellbeing.

### **Trait Coping**

There are some researchers who theorize that coping is an individual fixed trait (Carver et al., 1989). That is, individuals will naturally and consistently cope in certain ways. This could mean that they naturally move toward or away from a threat or seek social support or isolate. It is all determined by individual characteristics and personality (Conner-Smith & Flachsbart, 2007). This theory received some criticism due to the lack of attention to possible variations in behavior attributed to specific situational demands (Lazarus & Folkman, 1984) and I agree that this framework of coping gives little room for individual choices and agency. This coping theory undervalues the complexity and variability in coping efforts and that it does not adequately capture the multidimensional essence of the coping processes. In contrast, the theory of state coping or flexible coping was also examined.

### **State Coping**

State coping is the alternative to trait coping. The criticisms of trait coping theories, researchers began to view the coping process as a dynamic and moving process that can change in individual across the lifespan and in different situations (Greenaway et al., 2015). This type of coping examines how an individual copes in specific stressful situations rather than how individuals cope with stress in general. Lazarus and Folkman (1984) believed that, to gain an accurate understanding of how an individual copes, the specific conditions of the stressful situation and the strategies he or she uses to cope need to be examined. A situation-specific theory of stress and coping allows for flexibility in coping strategies depending on changes in the environment (Daniels & Harris, 2005; Lazarus & Folkman, 1984). In my review, state coping

appears to be the best fit when examining how religious and spiritual counselors cope with the stress that comes with trauma therapy delivery because it allows space for individuals to cope and respond in a way that is situationally specific. Additionally, it is in line with the constructivist framework.

## **Summary**

In this section, I reviewed the multifaceted constructs of stress and coping. Understanding stress and coping was important to this study because it aimed to understand the experiences of counselors that cope with the stress that results from trauma therapy. While everyone experiences stress in their life, fewer experience trauma, which is the more severe form of stress. In the next section, I will review trauma and its various forms as it relates to the counselor's experience.

## **Trauma and Post-Traumatic Stress**

### **Trauma and Post-Traumatic Stress**

Post-traumatic stress (PTS) is one of the most heavily researched subjects in the fields of psychology and counseling, with roots dating to the 19th century (van der Kolk et al., 1994). PTS can be the result of events, experiences, and exposures that greatly exceed an individual's capacity to control, cope with, or withstand that compromises the individual's psychophysiological equilibrium or stasis (Ford & Courtois, 2020). While the definition of trauma has changed many times over the past hundred years, what remains the same is the occurrence of a life-altering psychophysiological event. Many mental health professionals will experience a traumatic event at some point in their career, especially those professionals working with clients in high-acuity settings such as community mental health, residential facilities, or

corrections. Additionally, counselors are progressively being tasked with working with clients who have experienced serious trauma (Trippany et al., 2004).

PTS, in its most extreme form, can take the form of Post-Traumatic Stress Disorder (PTSD). According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V), individuals with this diagnosis experience symptoms such as hyper arousal, avoidance of unwanted stimuli, nightmares, flashbacks, intrusive thoughts or feelings, and anhedonia (American Psychiatric Association, 2013). A counselor may experience PTS as a result of events that transpired in counseling (Jenkins et al., 2011; Jordan, 2010; Michalopoulos & Aparicio, 2012).

Traumatic events can range from physical or sexual violence, car accidents, fires, natural disaster. While all types of traumatic events have the power to profoundly impact an individual, this study will focus on sexual violence inasmuch as it relates to a counselor's experience working with sexual violence survivors. This specific focus is due to the high prevalence of and underreporting of incidences of sexual violence (Krebs et al., 2011). Additionally, it is important to acknowledge that, while the majority of sexual assault survivors are women, men also experience it (Black et al., 2011; RAINN, 2015). However, with the stigma of being a male survivor of sexual violence, the numbers are even more underreported (Peterson et al., 2011).

### **Sexual Violence**

Sexual violence is one of the more common traumatic experiences that occur (Kewley & Barlow, 2020). The World Health Organization (2017) reports that roughly 35% of women experience physical and/or sexual violence in their lifetime. Sexual violence can result in survivors experiencing significant physical, mental, and relational health problems (Kewley & Barlow, 2020). Sexual assault includes rape, sexual coercion, being forced to penetrate someone

else, and undesired sexual experiences including those without physical contact (Black et al., 2011). Sexual violence can occur at the hands of a stranger, but it often perpetrated by someone the victim knows, such as an intimate partner (Howard et al., 2003). Additionally, the university population is at an increased risk of being exposed to sexual violence (Cantor et al., 2015; Howard et al., 2018; Krebs et al., 2007; Krebs et al., 2016;) with an estimated 25.9% of college women and 6.8% of college men experience sexual assault during their college career.

While there has been much research about sexual violence in populations such as the general population and college students, it is also important to investigate sexual violence prevalence in cultural, racial, and minority populations, namely South Asian individuals with Muslim and Hindu religious identities for the purposes of this study. Many individuals in these populations' racial and cultural identities are closely tied with their religious identities (Ahmed & Reddy, 2007; Kabir, 2010). Because of this, there has historically existed a complicated relationship between individuals, their affiliated religious institutions, and sexual violence. Religious systems and cultural norms may also be additional barriers to reporting sexual violence and seeking help among survivors in these communities (Fung & Wong, 2007; Gilligan & Akhtar, 2006; Kanukollu & Mahalingam, 2011). Thus, it is important to examine some of the additional layers of difficulties South Asian Hindu and Muslim communities might experience regarding sexual violence.

A few studies have investigated domestic and sexual violence rates in the American Muslim community (Adam & Schewe, 2007; Al-Khateeb, 1999; Oyewuwo, 2020). According to the Council on American-Islamic Relations (CAIR), the number of Islamophobic hate crimes in the United States continue to rise every year (Pew Research Center, 2017). Muslims, on a macro level, are experiencing significant discrimination and PTSD in the West. Additionally, Adam &

Schewe (2007) found that, in their sample of Hindu and Muslim South Asian women, 73% ( $n = 41$ ) of the women identified as victims of domestic and sexual abuse, although the authors estimate that the numbers in this study were still underreported.

Human sexuality is a deeply personal and intimate thing. When it is violated, there may be deep psychological, emotional, and/or relational consequences. The profound negative consequences, prevalence, underreporting, and stigma of sexual violence were strong motivators for focusing on sexual violence in this study. Both the privilege and burden of sifting through the aftermath of sexual assault frequently falls to counselors. In the next section, I will provide an overview of the emotional and psychological consequences that may impact counselors who engage in this type of therapeutic work.

### **Trauma Counseling and Counselor Impact**

Clinicians chronically working with traumatized populations are at risk of experiencing trauma symptoms themselves (Figley, 1983; Pearlman & Saakvitne, 1995). Jenkins and colleagues (2011) examined 101 sexual assault and domestic violence counselors' motivations for engaging in trauma therapy in addition to their personal changes, such as individual trauma symptoms and burnout. The counselors that were motivated to engage in trauma work due to their own trauma history reported both increased symptomology and positive changes, including finding the motivation to deal with their own trauma. Additionally, the counselors that were motivated by their own trauma history described the reported success in working through personal trauma through their work. This suggested that there may be a link to increased resilience in survivor counselors who work with traumatized individuals.

The researchers also examined the counselors who experienced greater degrees of stress and post-traumatic stress. They found that a counselor's chronic exposure to their clients' trauma

narratives and the fact that they were routinely the recipients of the vivid details about the evil and cruel things that some people inflict on others may have challenged or arrested their usual processes of meaning-making or connecting with a higher purpose. These counselors also reported experiencing common post-traumatic stress symptoms such as hypervigilance and isolation, suggesting the possibility of a damaged view of the world as a safe place.

Finklestein et al. (2015) illustrated this phenomenon through a study of 99 mental health care practitioners that worked near the Gaza Strip in Palestine from 2004 to 2014. The Gaza Strip is a 10-kilometer border between Egypt and Israel and was brutalized by rocket and missile attacks. The researchers found that the mental health care workers experienced increased levels of post-traumatic stress due to direct and indirect exposure to the violence.

When considering sexual assault and counseling, Choi (2011) investigated trauma symptoms among 154 social work practitioners who deliver treatment directly to sexual violence survivors. The researcher found significant positive correlations between post-traumatic stress symptoms and a personal history of sexual violence. This highlights the reality that sexual assault negatively impacts both clients and counselors. Additionally, Jenkins and colleagues (2011) found that counselors with their own trauma who work with survivors may experience the exacerbation of their own unresolved personal trauma history.

While a trauma counselor may gain a great deal from engaging in this type of work, such as compassion satisfaction (Stamm, 2002) greater positive psychological changes (Linley & Joseph, 2005), they may also experience negative symptoms such as increased stress, burnout, vicarious traumatization (VT) and secondary traumatic stress (STS). The next sections provide an in depth examination of VT and STS.

### *Vicarious Traumatization*

The term vicarious traumatization was first used by McCann and Pearlman (1990) to describe pervasive changes that occur within mental health clinicians over time as a result of working directly with clients who have experienced trauma. Hernandez-Wolfe et al. (2015) provided another definition of “the cumulative effect of working with traumatized clients, involving interference with the counselor’s feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety” (p. 157). Saakvitne and Pearlman (1996) referred to vicarious trauma as involving significant changes, often negative, in the core aspects of the counselor’s self as a result of engaging empathetically with traumatic material. These changes often involve disruptions in the cognitive schemas of the counselor’s identity, memory systems and belief systems (Hernandez-Wolfe et al., 2015). It is important to differentiate between vicarious trauma and secondary trauma or secondary traumatic stress because the two are often viewed as synonymous. Secondary trauma differs from vicarious trauma in the individual experiences reactions resembling posttraumatic stress, such as intrusive re-experiencing of the traumatic material, avoidance of trauma triggers, and emotions and increased arousal, all resulting from indirect exposure to trauma (Bride et al., 2004). Vicarious trauma develops over a longer period of time due to the gradual exposure to clients’ explanations of traumatic events and overall trauma narratives (Benuto, 2018). Pearlman & Saakvitne (1996) suggested that exposure to a patient’s trauma narratives, the chronicity of trauma work, the individual’s capacity for emotional empathy, and a history of personal trauma are all factors that contribute to a counselor’s experience of vicarious trauma.

Most models of trauma therapy are usually longer-term and trauma counselors often see more than one traumatized client. Much like complex trauma, repeated exposures to clients’

traumatic experiences can cause a shift in the way that counselors perceive themselves, others, and the world. These shifts in the cognitive schemas can have profoundly negative impacts on counselors' personal and professional lives. By listening to the explicit details in clients' trauma narratives in counseling sessions, counselors become secondary witnesses to the trauma that many clients experience (Pearlman & Mac Ian, 1995), and this exposure can lead to such transformation within the mental, emotional and relational functioning of counselors.

Pearlman & Saakvitne (1995) suggested that it is of the utmost importance to recognize and resolve vicarious traumatization for the wellbeing of clients and clinicians alike. Much like burnout, vicarious traumatization can negatively affect the counselor's ability to work effectively, not just with clients presenting with trauma, but all clients. Because vicarious trauma so deeply impacts a counselor's cognitive schemas, it may interfere with a counselor's ability to provide effective counseling. Pearlman & Saakvitne (1995) also noted that vicarious trauma, if left unaddressed, can manifest in cynicism and despair, and can result in a loss of hope, optimism, and joy. The authors wrote that "in the larger systems in which we were once active as change agents, and which we may now leave, or withdraw from emotionally in a state of disillusionment and resignation" (p. 33).

Compassion fatigue and secondary traumatic stress are concepts used to describe the negative impact that trauma therapy has on a counselor's life. Hernandez-Wolfe et al. (2014) suggested that these concepts confirm that a counselor's indirect exposure to trauma may involve significant emotional, cognitive, and behavioral consequences for counselors.

Vicarious trauma is a construct that many counselors experience as a result of long-term exposure to their patient's trauma narratives. Many mental health counselors work with traumatized populations and can, as a result, experience this negative shift in self- and other-



perception, worldview, self-efficacy, and/or sense of safety. As there have been differing definitions of vicarious trauma, there are also some strategies counselors and organizations can employ to help prevent it.

While there have been a wide variety of formal assessments and diagnostic instruments to measure trauma symptoms and evaluate for Post-Traumatic Stress Disorder (PTSD), it has only been in more recent years that a formalized assessment measure for vicarious trauma has been developed. Previously, vicarious trauma was being assessed by conducting PTSD symptom checklists (Benuto, 2018). One can see how this is problematic because of the vast differences in presentation of vicarious trauma and secondary traumatic stress.

One of these previous measurements was Pearlman's (2003) Trauma and Attachment Belief Scale (TABS). This was formerly known as the Traumatic Stress Institute (TSI) Belief Scale. The TABS/TSI Belief Scale has historically been used with diverse populations and demonstrated valid and reliable psychometric properties. However, it is an 84-item measure that is expensive and time-consuming, making the measure less practical for social work in the field, community practice and clinical settings (Aparicio, 2013). The response to the TABS's limitations of utility were in the development of the Vicarious Trauma Scale (VTS; Vrkleviski & Franklin, 2008).

The VTS was developed to assess levels of distress that are associated with working with traumatized clients, such as exposure to traumatic material, work satisfaction, rumination, feelings of helplessness, feelings of being overwhelmed, and difficulty staying positive and optimistic. The scale is composed of 8 items, each being assessed on a 7-point Likert scale with 1 being strongly disagree and 7 being strongly agree. The scale has a Cronbach's alpha of .88. (Benuto et al., 2018). The measure's simplicity and easy-to-administer nature has lent itself to

popular use, although there have been relatively few research studies conducted that determine usefulness in a wide variety of populations and settings (Aparicio et al. 2013).

Much like counselor burnout assessment, the assessment of vicarious trauma tends to use quantitative measures as well. Again, the researchers sought to develop a generalizable measure that assesses vicarious trauma and can be used by many people. Much like counselor burnout assessment, this has some advantages and disadvantages. Advantages of these measures are that we do now have a valid and reliable measure to assess vicarious trauma. This is something that had not been present in the field until 2008. The development of the VTS was a monumental step in the field because it provided a way to assess a previously ambiguous construct. The disadvantage, however, is that the VTS is able to tell an individual that they are experiencing vicarious trauma but that is it. The measure does not take into account the individual's experience. Because a counselor working with traumatized clients hears stories unique to the individual, the VTS is unable to tell the individual *how* their cognitive schemas have changed, it can only tell them that they have.

Vicarious trauma is the cumulative effect of working with traumatized clients. It negatively interferes with a counselor's cognitive schemas, worldview, self-efficacy and sense of safety (Hernandez-Wolfe et al., 2014). Most models of trauma therapy are usually longer-term and trauma counselors often see more than one traumatized client. Much like complex trauma, repeated exposures to clients' traumatic experiences can cause a shift in the way that counselors perceive themselves, others, and the world (Ford & Courtois, 2020). These shifts in the cognitive schemas can have profoundly negative impacts on counselors' personal and professional lives. By listening to the explicit details in clients' trauma in counseling sessions, counselors become secondary witnesses to the trauma that many clients experience (Pearlman & Mac Ian, 1995),

and this exposure can lead to transformation in the mental, emotional, and relational functioning of counselors.

### ***Secondary Traumatic Stress***

Secondary traumatic stress (STS) differs from VT in that individuals may experience reactions resembling posttraumatic stress, such as intrusive re-experiencing of the traumatic material, avoidance of trauma triggers, and emotions and increased arousal, all resulting from indirect exposure to trauma (Bride et al., 2004). It is also important to note that VT develops over a longer period of time due to the gradual exposure to clients' explanations of traumatic events and overall trauma narratives while STS may be a result of an event (Benuto, 2018). Pearlman & Saakvitne (1995) suggested that exposure to a patient's trauma narratives, the chronicity of trauma work, the individual's capacity for emotional empathy, and a history of personal trauma are all factors that contribute to a counselor's experience of VT.

In one study, Lanier and Carney (2019) examined the frequency and characteristics of VT symptoms and subthreshold PTSD symptoms among practicing counselors. The researchers used the Secondary Traumatic Stress Scale (STSS; Bride et al., 2004; Ting et al., 2005) The STSS is a 17-item self-report measure designed to assess counselors who may have experienced STS as well as the frequency of intrusion, avoidance, and arousal symptoms. They discovered that 49.5% of all of their participants ( $n = 220$ ) were experiencing all the symptoms of VT. That is, they were experiencing a wide range of symptoms such as feeling numb, thinking about clients when they did not want to, trouble sleeping and concentrating, avoidance, feeling easily annoyed, and discouraged about the future.

### ***Vicarious Post Traumatic Growth***

Although individuals that experience indirect exposure to trauma might experience adverse psychological effects, they can also experience some positive effects as well, known as Vicarious Post Traumatic Growth (VPTG; Arnold et al., 2005). VPTG occurs when an individual experiences positive changes as a result of indirect exposure to a traumatic event or sequence of events. Previous research has demonstrated that, when counselors are able to make meaning of their experiences and witness positive growth and change in their clients, they may experience similar growth (Herman, 2015; Linley et al., 2005). VPTG does not necessarily posit that counselors do not experience any negative psychological consequences as a result of engaging in their work, but rather may experience positive changes as well.

### **Summary**

In this section, I reviewed traumatic stress in its various forms including post-traumatic stress (PTS), vicarious traumatization (VT), and secondary traumatic stress (STS). In summary, the literature in this section indicates that counselors that work with traumatized populations are at a heightened risk of experiencing trauma symptoms themselves. This is important for this study as I will examine the experiences of counselors that work with traumatized clinical populations. An additional layer that I will examine is how the religious and/or spiritual identity factors into the ways that clinicians cope with the adverse consequences of this type of work.

### **Religious and Spiritual Identity**

Religion and spirituality are important aspects of many lives in the United States (Pew Research Center, 2019) and internationally (International Center for Religion & Diplomacy, 2019; Pew Research Center, 2018). Over half of the US population identify as religious along with one-fifth of the US public and one-third of adults under the age of thirty identifying as id spiritual but not religious (Funk & Smith, 2014). A growing number of studies on religion have

suggested that there is a positive connection between active religious faith and various measures of psychological well-being that include career satisfaction, the ability to cope, a sense of meaning and purpose in life, and overall levels of happiness (Neubert & Halbesleben, 2015; Salmoirago-Blotcher et al., 2016). What follows is a review of how individuals engage with religion and spirituality to cope with stress. However, it is important to define, compare, and contrast the constructs of religion and spirituality.

### **Religion**

Religion is the most popular form of spiritual life, which is related to the natural human inclination to reach beyond material existence (Charzynska, 2015). It can be defined as a “belief in a higher power, usually a god or gods, organized by a system of beliefs shared by others” (Ohrt et al., 2019, p. 94). It has been an integral and formative part of human cultural and social history since humanity has existed (Jensen, 2020). Religion, in essence, has to do with humankind’s belief in something greater than themselves. Who an individual’s higher power is varies by religion, but they are most commonly referred to as God, Allah, Yahweh, or The Light.

Marjorie Leach’s (1992) book *Guide to the Gods*, listed more than 17,000 identified gods and goddesses throughout human history, which does not count unrecorded beliefs of millions of humans throughout history. Religion is found on every continent in the world and encompasses a wide range of beliefs. There are deities that are associated with the creation of the world, the afterlife, prosperity, sex, marriage, warfare, prophecy, magic, and healing. The majority of world religions that are polytheistic, meaning belief in many gods. Polytheism encompasses virtually all world religions save Judaism, Islam, and Christianity. These religions are monotheistic, meaning belief in one God that created and sustains the world. Religion has served the roles of

meaning-making, understanding cosmology, and gaining purpose for billions of people since there were people.

## **Spirituality**

Spirituality differs from religion in that it is an attribute of every human that exists (McCarroll et al., 2005). It is important to note that people who are religious are often spiritual, but people that are spiritual are not always religious. Indeed, those who identify as spiritual but not religious (SBNR) are growing in numbers (Pew Research Center, 2017). Understanding spirituality as both an integral part of religious experience and as a separate identity is crucial. Cashwell et al., (2007) defined spirituality as “a developmental process that is both active and passive wherein beliefs, disciplined practice, and experiences are grounded and integrated to result in increased mindfulness (nonjudgemental awareness of present experiences), heartfulness (experiences of compassion and love), and soulfulness (connections beyond ourselves)” (pg. 67). Canda and Furman (2010) referred to spirituality as a universal and fundamental human quality that involves searching for meaning, purpose, morality, and wellbeing within ourselves, others, and reality. At its core, spirituality is attributed with the experience being inherently sacred and connected to virtues such as love, justice, compassion, humility, and forgiveness (Dudley, 2016). Canda and Furman (2010) go on to highlight the fact that some aspects of spirituality can be measured, such as its effects on mental health, but there are other aspects, such as the mystical and the sacred cannot be easily measured. This is what makes spirituality complex. While it is universal, it is also unique to an individual’s experience.

The practice of spirituality is about transforming one’s life and transcending the physical (Cashwell et al., 2007), and connecting with a world outside of oneself rather than a being. Additionally, spirituality is developmental, in that it, as people grow and change over time, so

does their spirituality (Fowler, 1981; Fowler, 1996; Fowler, 2001; Ohrt et al., 2019;). A constructivist view of spirituality would include the concept of ‘critical spirituality.’ This concept views spirituality in a way that is beyond any specific traditions or expression and affirms that there is no one ‘true’ path to spirituality, but a diversity in spiritual expression (Dudley, 2016; Gardner, 2011). This conceptualization of spirituality accepts spiritual pluralism and creates space for contradictions and uncertainty in spiritual practice.

Another aspect of spirituality is the belief in the plane of existence known as the spirit world. While the majority of the western world does not believe in the spirit world, it is an important cultural factor to consider when exploring spirituality. Belief in this realm is popular in many other parts of the world and in many Indigenous cultures (Ingerman, 2008). The spirit world is a world that is beyond the material world that is comprised of the spirits of the deceased. A shaman, or a spiritual leader, is one who is able to directly interact with spirits. The shaman can obtain information from the spirits who have transcended the material world to help their communities commune with the divine or to help deceased individuals cross over into the afterlife (Dudley, 2016). Belief in the spirit world is a belief that can be engaged with in both individual level (with restrictions) and communally. Although belief in the spirit world is shared by a relatively small number of people in the United States and by more internationally, it is important to recognize how complex, multifaceted, and diverse spirituality can be.

According to Dudley (2016), spirituality can also be understood as occurring on three distinct levels: micro, mezzo, and macro. At the micro level, spiritual individuals may experience phenomena such as hope, wonder, joy, belief, and coping with suffering. At the mezzo level, and individual might experience intimacy and connectedness. At the macro level, and individual might experience or pursue justice, equity, and empowerment. It is important to note that an

individual may experience aspects of each level of spirituality simultaneously. For instance, a religious and spiritual individual may grieve the loss of a family member yet also experience joy in their belief that this family member is now free from suffering and is entering the afterlife, such as Heaven, reincarnation, or even Valhalla.

With religion and spirituality playing such an essential role in how humanity understands the world, makes meaning, connects with others and themselves, it is vitally important to examine religious and spiritual identity in helping professions, namely counseling.

### **Religion and Spirituality in Counseling**

When it comes to counseling practice, it is important to consider the religious and/or spiritual identities of the clients that are served (American Counseling Association, 2014; Dudley, 2016; Ohrt et al., 2019; Robertson & Young, 2011; Walker et al., 2004). Understanding how religion and spirituality impact clients is essential for two important aspects in the field: multicultural competence (Hage et al., 2006; Mintert et al., 2020) and the promotion of client wellness (Hodge, 2020; Ohrt et al., 2019). There has been an increased focus on religion and spirituality in counseling (Cashwell & Young, 2014; Cornish & Wade, 2010) and counselor education and supervision (Adams et al., 2014; Dobmeier & Reiner, 2012; Lu et al., 2019).

In 2009, the Association for Spiritual, Ethical, and Religious Issues in Counseling (ASERVIC), a division of the American Counseling Association (ACA), published *Competencies for Addressing Spiritual and Religious Issues in Counseling*. Working with the *ACA Code of Ethics* (2014), but not superseding it, this became the standard for counselor competency for working with diverse religiously and spiritually affiliated clients and communities. Its purpose is to “recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural



contexts” (American Counseling Association, 2014, p. 3). Likewise, Vieten et al. (2016) published the *Competencies for Psychologists in the Domains of Religion and Spirituality* as a guide for psychology practitioners. These competencies are intended to be used synchronously with evidence-based practices and treatments in counseling. Among other things, these competencies emphasize the need for the professional counselor to be able to understand the difference between religion and spirituality, including various spiritual systems, major world religions, agnosticism, and atheism. Additionally, the competencies note that counselors should be self-aware regarding his or her own beliefs and affiliations and how that might influence the therapeutic relationship. Professional counselors are to take the client’s beliefs and practices into account when performing assessments and making decisions about diagnosis and treatment. All of these competencies are to affect how the counselor engages with their clients with the goal of empathy, acceptance, and sensitivity.

Even with these competencies in place, the counseling field has struggled with adequately addressing religious and spiritual identities in practice and education. Despite reasonably favorable dispositions regarding religion and spirituality in counseling and an expressed desire for training in this area (Souza, 2002; Young et al., 2007), the majority of counselors report that they rarely discussed religion or spirituality in their educational programs (Walker et al., 2004). Additionally, many counseling educational programs inconsistently address topics of religion and spirituality (Cashwell & Young, 2002; Dobmeier & Reiner, 2012; Hage et al., 2006; Post & Wade, 2009; Walker et al., 2004; Young et al., 2007).

With the inconsistencies or lack of education around religion and spirituality in counseling programs, counselors feel ill-equipped to implement the ASERVIC (2009) competencies into practice (Dobmeier & Reiner, 2012; Robertson, 2010) and with working with

religious clients in general (Hage, 2006; Hofmann & Walach, 2011). Additionally, there is evidence that counselors tend to pathologize religious or spiritual beliefs with which they are unfamiliar (O'Connor & Vanderberg, 2005).

Furthermore, the bulk of the research on religion and spirituality in counselor study the client population instead of the clinician population. One exception is the work of Morrison and Borgen (2010). The researchers examined how Christian spiritual and religious beliefs both help and hinder counselors' empathy toward their clients. In a sample of twelve Christian-identifying counselors, the researchers identified 242 helping incidents and 25 hindering incidents. The counselors reported that they relied on their natural connection to their spirituality and drew from the empathic roots of their religion or spiritual experience. These experiences were used to develop commonalities and empathy with their clients.

Another study, Martinez and Baker (2000) utilized a grounded theory analysis to examine psychodynamically-oriented religious counselors in their training, supervision, and practice in the United Kingdom. The researchers identified three themes: 1) changes occurring in participants' religiosity; 2) aspects of disclosure of personal religious commitment; and 3) the non-inclusion of religious issues within the counsellor training process. The third theme identified as the most powerful, indicating that a lack of training on religion and spirituality in counseling might not be unique to the United States.

Although it has been established that religion and spirituality are important in the counseling profession, it is also clear that, with little training on the ASERVIC competencies, many counselors are ill-equipped to meet the demands of religiously and spiritually diverse clients. Understanding how spirituality and religion impact clients' lives is important for a

counselor to be competent in these areas if they are to promote client wellness (Dolores, 1988; Ohrt et al., 2019; Pargament, 2011).

One significant part of wellness is the ability to cope well with stress (Greenaway et al., 2015) and trauma (Allen, 2005; Park & Ai, 2006; Van der Kolk et al., 1996). If there are many individuals with religious and spiritual identities, it is important to examine the ways in which these individuals might engage with this aspect of their identities to cope with psychological stress and trauma.

### **Summary**

In this section, I reviewed religion and spirituality in general as well as in counseling. Although the counseling field has a complicated relationship with religion and/or spirituality, it is evident that these beliefs and practices are important to many individuals in the world, including counselors. Because people draw from their spiritual and/or religious identities to make meaning out of their experiences, it was important for this study to examine the ways in which individuals may utilize these resources to cope with adverse events. Spiritual and religious coping will be examined in the next section.

### **Spiritual and Religious Coping**

There is substantial evidence to support the claim that many individuals cope with life stress by the use of religion and spirituality for comfort and support (Gall et al. 2009; Jenkins & Pargament, 1995). Religion has also been effective in assuaging negative psychosocial states that accompany life stressors (Sherman & Simonton 2001; Thune-Boyle et al. 2006). This evidence highlights the fact that religious and spiritual-based coping are an important part of the lives of many individuals facing life stress (Hill & Pargament 2003; Koenig, 2012; Miller & Thoresen 2003; Powell et al. 2003). Furthermore, it is not uncommon for individuals who have

experienced trauma or extreme adversity to experience changes in their religious or spiritual beliefs (Fontana & Rosenheck, 2004; Krause & Hayward, 2012; Leo et al., 2021; Robinson, 2014).

While there may be positive effects of religious coping, there can potentially be damaging effects as well. Indeed, the field of psychology has accused religion of offenses such as dogmatism, intolerance, social repression, and mental illness (Ellis, 1986). Pargament et al. (2011) agreed that religious coping could potentially be harmful and, thus, separated religious coping into positive and negative. Additionally, Charzynska (2015) has developed a model through which to examine positive and negative spiritual coping. What follows will be a review of religious and spiritual coping and the benefits and drawbacks of these forms of coping.

### **Religious Coping**

Religious coping has been shown to be highly important for many individuals that identify as such, including Christians (Bjorck & Thurman, 2007; Bosworth et al., 2003; Exline et al., 2017; Viftrup et al., 2017), Muslims (Abu et al., 2008; Bhui et al., 2008; Gardner et al., 2014), Jews (Baider et al., 1999; Lazar & Bjorck, 2008; Rosmarin et al., 2009), Buddhists, (Falb & Pargament, 2013; Phillips et al., 2012) and Hindus (Benson et al., 2011; Tarakeshwar et al., 2003). Over the past 10 years, there has been an increase in the number of studies that focus on the roles that religion play in coping with life stress (Abu-Raiya & Pargament, 2015; Pargament et al., 2011). Based on empirical data, it is evident that many people turn to religion as a resource in their efforts to cope with difficult life stressors including but not limited to COVID-19 (Yildirim et al., 2021), infertility (Nouman et al., 2019), substance abuse (Medlock et al., 2017), and post-traumatic stress (Carroll, 2020; Walker et al., 2021). Additionally, research has consistently correlated various types of religious coping to measures of wellness and overall

health among diverse populations that were facing live stress (Ano & Vasconcelles, 2005; Pargament, 2010).

Much of the religious coping literature has focused predominantly on Judeo-Christian communities (Abu et al., 2008). However, religious coping in other populations such as Muslims have been gaining some attention (Abu-Raiya & Pargament, 2011; Adams & Ward, 2016), which is highly relevant to this study. These studies have demonstrated how Islam is considered a comprehensive way of life that is intertwined with many Muslims' cognitive, affective, behavioral, and spiritual domains of the self (Abu-Raiya & Pargament, 2011). When encountering adversity, many Muslims turn to Islam as a resource to manage their distress. Indeed, they have also been found to engage their religious beliefs during periods of stress at higher rates than other religious groups (Bhui et al., 2008; Cinnirella & Loewenthal, 1999). Additionally, religious coping for many Muslims has an emphasis on both its inner (i.e., one's personal relationship with Allah) and outer (i.e., religious rituals and interactions with others), which are essential components of the faith (Abu-Raiya et al., 2008; Khan & Watson, 2006).

Likewise, research on Hindu religious coping, while still sparse, has also been gaining some attention. Tarakeshwar and Colleagues (2003) developed the Hindu Religious Coping Scale, which was comprised of three subscales: *God Focused*, *Spirituality Focused*, and *Religious Guilt, Anger, and Passivity*. The researchers found that Hindus with higher scores on the *God Focused* scale were highly correlated with life satisfaction. The fact that these areas of interest are growing in the counseling and psychology literature delineate the fact that religious coping remains an important and integral part of many religious individuals' lives.

The most well-known and widely accepted theory concerning religious coping is attributed to Pargament (1997). Pargament viewed stress through a transactional model of stress,

which assumes that an individual plays an active role in interpreting and responding to life stress (Lazarus & Folkman, 1984). Pargament (1997) defined religious coping a type of coping with the goal of understanding and dealing with life stressors in ways related to the sacred, divinity, and/or a higher power. By this definition, the term ‘sacred’ does not only refer to the traditionally understood God but can also include other conceptions of a higher power (Charzyńska, 2015). Pargament’s (1997) goal was to understand religious coping as situational expressions of an individual’s journey to make meaning of their experiences.

When considering life stress and traumatic events, religious factors can be particularly meaningful in understanding an individual’s response to trauma, and how their beliefs and rituals inform how they cope following adversity (Park, 2005). In one study coping with trauma, positive religious coping has been linked to resilience following traumatic events (Walker et al., 2021). However, some trauma survivors struggle to reconcile their traumatic experiences with their religious beliefs (Walker et al., 2009). Additionally, trauma survivors often report changes in religious beliefs following a significant traumatic event (Kuile & Ehring, 2014). Struggling with religious beliefs following a traumatic event has been linked to post-traumatic stress (Gerber et al., 2011; Wortmann et al., 2011), which suggests that more positive outcomes following trauma may be associated with the strengthening of an individual’s religious beliefs (Kuile & Ehring, 2014).

Historically, religion has been assessed in one of two ways (Hill & Pargament, 2003). One way was to measure religiosity utilizing global indices, such as the frequency of church attendance, frequency of prayer or devotion, and religious affiliation (Pargament et al., 2011). The other method examines patterns of religious beliefs and attitudes that is highlighted by measures of attachment to God and attitudes toward the church. While useful for some research,

both of these methods of measurement fail to address the role that religion plays for individuals in critical life stress.

To address this problem, Pargament et al. (2011) developed the Brief Religious Coping Scale (Brief RCOPE). It is a 14-item instrument that measures religious coping with major life stress. Since its development, this instrument has become one of the most widely utilized measures to assess religious coping in stressful life events and how each might predict health and wellness outcomes (Castillo & Alino, 2020; Esperandio et al., 2018; Khan & Watson, 2006). In their research, Pargament et al., (2011) identified two forms of religious coping: positive and negative. Each form has its own unique characteristics and may be associated with different psychological outcomes following stress and trauma exposure.

### ***Positive Religious Coping***

Positive religious coping is a type of coping that reflects secure attachment with a higher power, a sense of spiritual connectedness with others, and a more benevolent worldview (Pargament et al., 2011). This form of coping is assessed through an individual's behavior, thoughts, and attitudes during a stressful time and is typically seen as more adaptive and promotes mental health and wellness. It can be further conceptualized by an individual seeking spiritual support or forgiveness from his or her higher power and having more benevolent religious appraisals (Pargament et al., 1998). It is a positive form of religious coping helps facilitate the process of meaning-making following stress or trauma, which is associated with better psychological outcomes including resilience and post-traumatic growth (PTG; Gall et al., 2007; Gerber et al., 2011; Park, 2005; Schaefer et al., 2018). By utilizing religious beliefs as coping mechanisms and engaging with religious communities following trauma or stress exposure, individuals experience social support, more positive self-worth, and an external

attribution of blame for the event, which help decrease psychological symptoms such as depression, shame and guilt (Valentine & Feinauer, 1993). Although positive religious coping can serve to promote resilience and post-traumatic growth, the true nature of religious coping is complicated due to the influence of the alternative: negative religious coping (Pargament et al., 2011).

### ***Negative Religious Coping***

Negative religious coping is a type of coping that is characterized by behaviors, thoughts, and attitudes that promote spiritual tension, conflict and struggle with a higher power and others, negative reappraisals of one's higher power's power (e.g., feeling abandoned or punished by God), demonic reappraisals (i.e., feeling the devil is involved in the stressor), spiritual questioning and doubting, and interpersonal discontent (Pargament et al. 2011). It can involve spiritual discontent, fear of punishment, or blaming the higher power for not adequately serving as the role of protector. Additionally, the concept of spiritual bypass has been linked with negative religious coping. Spiritual bypass is a way of engaging in spiritual practices and beliefs to avoid dealing with psychological or emotional issues (Welwood, 1984). This may be considered a form of avoidance in the face of adversity, which can impede positive outcomes (Picciotto et al., 2018). Negative religious coping has been associated with negative psychological outcomes, greater degrees of post-traumatic stress, and fewer degrees of PTG (Ano & Vasconcelles, 2005; Gerber et al., 2011;).

Many studies have examined the relationship between religious coping and post-traumatic stress following a sexual trauma (Ahrens et al., 2010; Bradley et al., 2005; Bryant-Davis et al., 2011; de la Rosa et al., 2016) and have generally consistently found that higher levels of positive religious coping led to higher levels of PTG and resilience while higher levels



of negative religious coping led to higher levels of post-traumatic stress and other negative psychological symptoms.

In a mixed methods study, Ahrens et al. (2010) interviewed 103 female rape survivors about their assault experiences, and administered several scales that assessed symptoms of PTSD, post-traumatic growth, psychological well-being, and religious coping. The researchers found that the women that engaged in positive religious coping activities, such as doing good deeds and volunteering at their church, demonstrated more PTG, less PTS, and more positive psychological wellbeing overall. Additionally, African American survivors engaged in more positive religious coping than White survivors, indicating that there are differences based on other intersecting identities. This study also observed fairly high levels of negative religious coping in their sample. The common forms were religious avoidance (e.g., spiritual bypass) or pleading/bargaining with God. Even with a wide variety of possible religious coping strategies that were employed by the participants, half of them reported feeling discontent with their religion as a result of the assault.

The majority of the current literature on religious coping is about coping with PTSD or everyday stress. In my review, I was unable to find any studies that examined how counselors use religious coping to cope with VT or STS. While it would not be far-reaching to assume that the findings of examining religious coping with VT and STS would be similar to that of PTS, the lack of empirical evidence makes it difficult to make such claims with any real conviction.

Because individuals are complex beings, the process of religious coping is rarely binary in the sense that people will only do one or the other. When analyzing data from studies that examined these factors, it is important to examine how the researchers controlled for other types of coping.

While religious coping has been examined in this review, it is also important to explore the ways in which individuals engage in spiritual practices when coping with stress. While religion and spirituality may be closely related, and religious individuals usually utilize spirituality to cope in addition to religion, it is necessary to examine spiritual coping separately to account for individuals that identify as spiritual but not religious.

### **Spiritual Coping**

Much like religious coping, spiritual coping is a way to connect with something beyond oneself to ease the impact that stress can have. Spiritual coping can be defined as “attempts to overcome the stressor on the basis of what is transcendent” (Charzynska, 2015, p. 1613). Transcendence, can refer to self-improvement, deepening interpersonal relationships, fostering a sense of oneness with nature, or attachment to and trust in a divine entity (Hill et al., 2000; Miller & Thoresen, 2003). Charzynska (2015) posited that spirituality has four domains: personal (connecting with self), religious (connecting with a supreme Being/God), social (connecting with others), and environmental (connecting with the universe or nature).

As Pargament et al. (2011) noted that religiosity can have negative consequences, it is true that spirituality can as well. However, Charzynska (2015) noted, it is not helpful or appropriate to try to differentiate between positive and negative spirituality, because spirituality can adopt different manifestations. Hence, it is more useful to examine the ways in which individuals engage with their spirituality to cope in different ways: positive and negative spiritual coping.

#### ***Positive Spiritual Coping***

Positive spiritual coping involves efforts to reduce or mitigate stress through positive spiritual practices. Charzynska (2015) described positive spiritual coping in each of the four

domains listed previously. For the personal domain, an individual pursues a goal or sense of meaning, concentrates on their internal life or attempts to overcome personal weakness or acquire more self-knowledge. For the social domain, an individual establishes and works to maintain deep and meaningful relationships with others. They care for and help those in need and display love, empathy, and compassion to others. For the environmental domain, an individual may focus on their sense of attachment or oneness with nature or the universe. They advocate for and perceive harmony, beauty, and order in all things. They may perceive nature and the universe as inherently friendly to humankind. Lastly, for the religious domain, the individual may maintain intimate relations with God or their higher power. They experience a sense of closeness to Them and feel that They love and protect the individual.

### *Negative Spiritual Coping*

Negative spiritual coping also involves efforts to reduce or mitigate stress but, unlike positive spiritual coping, this type of coping makes prevents an individual from drawing on spiritual resources for strength and inhibits the pursuit of meaning in life (Charzynska, 2015). Negative spiritual coping is also described as occurring in the four domains of spirituality. For the personal domain, an individual may emphasize their weakness and limitations or may concentrate on their failures or wrongdoings. For the social domain, an individual may view others as inherently egotistic and focusing only on their cares. This may result in aversion to others, isolation, and immense difficulty forming and maintaining deep interpersonal relationships. For the environmental domain, the individual may view nature as inherently hostile to humans and emphasize their own helplessness and insignificance in the face of the natural laws of the cosmos. Lastly, for the religious domain, an individual may experience relational dissonance, discord, distance, and anger with God or their higher power. They may feel a sense

of shame for their shortcomings and view their higher power as actively opposing them, malevolent, or unjust.

Much like religious coping, it is important to understand that spiritual coping is not always a binary process. That is, it is possible for individuals to use positive and negative religious coping simultaneously. Additionally, it is possible for individuals to engage in both positive and negative spiritual coping and religious coping simultaneously. Both spiritual and religious coping can have positive and negative impacts on mental health.

### **Religious and Spiritual Coping with Trauma**

Religious and spiritual coping with trauma has also been investigated. Bryant-Davis and Wong (2013) reviewed many studies of religious coping with trauma. In their review, they have found that religious coping has been both helpful and harmful for survivors of childhood trauma (Bryant-Davis, 2005; Gall et al., 2007), sexual assault (Bryant-Davis et al., 2011; Dale & Daniel, 2011;), sex trafficking (Villareal Armas, 2010), war and torture (Allden et al., 1996), and refugee trauma (Benedict et al., 2009; Hussain & Bhushan, 2011). The helpfulness or harmfulness of religious coping for these individuals, like stress, depended on the prevalence of utilizing either positive or negative religious or spiritual coping.

The majority of the scholarship that focuses on faith and trauma is from a Muslim, Christian, or Buddhist perspective (Brazier, 2007). Additionally, it is important to take into account other intersecting identities such as gender, race, and socioeconomic status when examining the type of traumatic event, psychological impact, and health outcomes. Overall, the current literature suggests that religious/spiritual coping following a traumatic event can be helpful or harmful depending on what type of coping an individual engages in as well as other

factors such as social support and the presence of prior mental illness (Bryant-Davis & Wong, 2013). This is true for both clients and counselors in the helping profession.

### **Religious Coping and Intersecting Identities**

With the complexities of religious and spiritual coping in individuals, there is further nuance that needs to be acknowledged regarding differences in the nature and function of religious and spiritual coping among diverse gender, sexual, cultural, and racial identities. Indeed, research has shown that people of color may exercise and engage with religious coping more than Whites in the United States (Chapman & Steger, 2010; Kaslow et al., 2004). There have been many studies on religious coping with predominantly White Christian samples in the United States (Bade & Cook, 2008; Exline et al., 2017; Harris et al., 2008; Sandage & Crabtree, 2012). However, religious coping among other religions has also been examined in many other countries with Indian Hindus (Grover et al., 2016; Thombre et al., 2010), Pakistani Muslims (Fatima et al., 2021; Feder et al., 2013), Iranian Muslims (Rahnama et al., 2015), and Christian, Sikh, Hindu, Muslim, Buddhist, and Rastafarian individuals in the United Kingdom (Berzengi et al., 2017; Bhui et al., 2008; Brewer et al., 2015; Maltby & Day, 2003) being a few. These studies demonstrated that individual experiences with religious coping, while highly important for many, become more complex as different identities begin to intersect.

For instance, Bhui and Colleagues (2008) conducted a mixed-methods study where they studied 116 diverse ethnic and religious groups in the United Kingdom, which is majority Christian (50.3%; Office for National Statistics, 2011), about their religious coping styles and rituals. Religious coping was defined as engaging in religious practices such as prayer, listening to religious radio, using amulets, talking to God, having a relationship with God, and having trust in God. They found that religious coping was practiced most by Bangladeshi Muslims and

African Caribbean Christians and that cultural coping practices were nearly indistinguishable from religious coping among Muslims. They also found that there was a greater degree of personal responsibility for change among Christians who demonstrated a more conversational relationship with God. Despite specific religious affiliations, religious coping practices were frequently used by the participants and often led to emotional and psychological change following adversity. This study, among others, demonstrated that, while religious coping appears to be beneficial for many groups, the ways that they might present are different based on various religious and cultural affiliations.

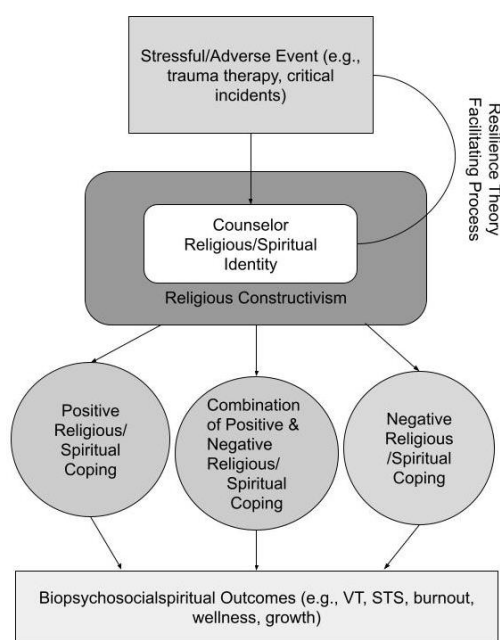
Additionally, previous research suggests that some individuals with stigmatized identities, such as gender and sexual minorities, may cope with adversity by drawing from their religious or spiritual identities (Lehavot & Simoni, 2011; Szymanski & Obiri, 2011). With that in mind, some research has also suggested that using negative religious coping strategies can pronounce or exacerbate minority stress for some sexual minorities (Murr, 2013; Severson et al., 2014). For gender, women are more likely to be religious and utilize religious coping than men (Hvidtjorn et al., 2014). However, little is known about religious and spiritual coping with populations that identify as transgender or gender expansive. When examining religious and spiritual coping, it is important to take the impact that various identities and cultures into consideration because not every individual experiences religion and spirituality the same way.

### **Summary**

In this section, I reviewed spiritual and religious coping. Each type of coping involves drawing from different sources to make meaning and cope with adversity, although significant differences between spiritual coping and religious coping are present. Although other types of

coping have been examined and have roles to play in the ways religious and spiritual individuals cope, religious and spiritual coping will be the nexus of this study.

Overall, this literature review has examined counselor wellness and burnout, PTS, VT, STS, stress and coping, religious and/or spiritual identities in counseling, and religious and spiritual coping. All of these constructs were examined utilizing the theoretical frameworks presented in this review. In the present study, these constructs are seen as interrelated and influencing one another. Figure 2 provides a visual representation.



*Figure 2:* Visual representation of the conceptual framework

Although several constructs in this study have been examined, the overall goal is to prevent counselor burnout and promote counselor wellness. To do this, it is necessary to examine the counselor's experiences.

### **Gaps in the Literature**

In counseling research, client experiences and outcomes are frequently studied, but the experiences of the counselors themselves are understudied. This study addressed several gaps in

our understanding of the counselor's experience. Although most of the domains examined in this review have been adequately researched in various helping professions, the experiences of religious and/or spiritual trauma counselors, and how they utilize their spiritual/religious beliefs and practices as resources to cope with the stress of trauma therapy, had not been examined prior to this study. Additionally, much of previous research on the topics of stress, VT, STS, and burnout has utilized quantitative methodologies. Thus, the current literature had not tended to provide contextually sensitive and detailed descriptions of the experiences of the counselors under study. Quantitative research is not typically designed to describe the experiences that are unique to an individual or group. In response to this problem, this study examined the experiences of these counselors in order to gain a deep and intimate understanding of the ways in which they draw from their spiritual and/or religious resources to cope with stress and/or trauma in its various forms. Phenomenological inquiry into this topic provided a more nuanced and subjective understanding of the less quantifiable phenomena that influences counselors.



### CHAPTER III. METHODOLOGY

Chapter II provided a review of burnout, wellness, stress, coping, religion and spirituality, and religious and spiritual coping literature that were pertinent to this study. While each of these areas have been empirically examined, no studies have examined the lived experiences of counselors who use their religious/spiritual identity to cope with the stress that comes from treating survivors of sexual violence. Additionally, the majority of the extant research on these topics was quantitative, which does not provide contextually sensitive and detailed descriptions of the experiences of the counselors under study. The purpose of this study was to understand the experiences of trauma counselors with diverse religious and/or spiritual identities and how they utilize their spiritual/religious beliefs and practices as resources to cope with the stress of trauma therapy. This study sought to answer the following research questions:

- 1) What are the lived experiences of counselors that use their religious/spiritual identities to cope with the stress of counseling survivors of sexual violence?
- 2) How do counselors perceive the intersection of their other identities such as race, ethnicity, or gender with their religious/spiritual identities in relation to their work?

To gain this understanding and answer these research questions, it was necessary to utilize qualitative research methodology, namely transcendental phenomenology. This chapter includes a description of the nature of qualitative research, the process of data collection, and transcendental phenomenological analysis.

#### **Qualitative Methodology**

The purpose of qualitative inquiry is to uncover the meaning of a phenomenon for a particular group of people and understand how people interpret their experiences (Merriam & Tisdell, 2016). While quantitative research uses numbers as data, qualitative research uses words

as data (Braun & Clarke, 2013) with the purpose of developing knowledge from context (Balkin & Kleist, 2017). Quantitative researchers are typically concerned with maximizing the generalizability of findings, while qualitative researchers are concerned with transferability, or the extent to which findings can be transferred to another setting (Merriam & Tisdell, 2016). In line with the constructivist paradigm detailed in the previous chapter, qualitative researchers are interested in understanding the meaning that individuals construct. Common qualitative research designs include basic qualitative, or basic interpretative research, ethnographies, grounded theory, narrative inquiry, case studies, and phenomenology. Each of these designs have their own goals, such as theory building or understanding culture on a deep level. For this study, transcendental phenomenology was utilized.

### **Transcendental Phenomenology**

Phenomenology is a qualitative research methodology, but it is also a school of philosophy associated with the German philosopher, Edmund Husserl (1970). Philosophically, phenomenology focuses on human experience and how it is transformed into consciousness (Merriam & Tisdell, 2016). That is, phenomenological researcher is concerned with “lived experience,” which requires researchers to go directly to people, the source of the phenomena under investigation (Van Manen, 2014, p. 26). This approach to qualitative research was relevant to this study because religious and spiritual coping are complicated phenomena and frequently present differently from individual to individual. Additionally, they are found to uniquely impact trauma and stress outcomes (Gerber et al., 2011). Because these experiences are often conceptualized as being unique to individuals, an in-depth, detailed examination of these individuals’ experiences was required. To understand the essence of these lived experiences, the phenomenological interview was the primary method of data collection.

While phenomenology was originally associated with Edmund Husserl, it was extended by the work of Moustakas (1994). According to Moustakas, transcendental phenomenological inquiry is broken down into four stages: 1) epoche, 2) phenomenological reduction, 3) imaginative variation, and 4) synthesis.

### **Researcher Identity and positionality**

My interest in the topics of this study stem from my own experience. As an individual that identifies as an Anglican and as an individual that was raised in a religious home, religion and spirituality are important to me. Additionally, I am a counselor that specializes in the treatment of traumatic stress, and I have worked with many survivors of sexual violence. I have also experienced burnout, post-traumatic stress, vicarious trauma, and secondary traumatic stress that resulted directly from my experience in this work and have engaged in my religious and spiritual beliefs to cope.

As I engaged in this research, there were some assumptions that I kept in mind and constantly re-evaluated. One such assumption is that counselors of religious identities different from mine will have had the same experiences as I have. Because there are many variations of religious and spiritual identities and the fact that religions are different, I continuously assessed my own thoughts and attitudes because not everyone would experience these issues the same way that I do. Another assumption was that just because a counselor is religious and/or spiritual does not necessarily mean that they will engage with their religion or spirituality to cope with work-related stress.

Although there was increased potential for bias because of my identities, I believe that it was more advantageous than disadvantageous for this study. My experiences helped me gain

credibility with my participants because there will be more of a shared understanding of both how taxing and how rewarding counseling with survivors of sexual violence can be.

## **Participants**

### **Sampling**

There are a number of differing opinions about how many participants are needed for qualitative research. Some researchers recommend a sample size of 6 is sufficient while others (Guest et al., 2006) while others recommend a sample of 6 to 12 to achieve data saturation (Fusch & Ness, 2015). Data saturation is conceptualized as the point in qualitative research where the researcher cannot develop any additional themes or codes (Guest et al., 2006). For this study, I recruited 11 religiously and spiritually diverse participants.

### **Participation Criteria**

In order for participants to be considered for inclusion for this study, they had to meet the following six criteria. Participants had to: 1) be at least 21 years of age; 2) speak English, 3) have access to the internet, camera, and a microphone; 4) have a minimum of a master's degree in counseling; 5) have been an actively practicing counselor who works with survivors of sexual violence for a significant portion of their practice for at least two years; and 6) have a religious and/or spiritual identity that is integral to their personhood. Because initially, I was unable to acquire an adequate sample of counselors, I expanded my search to include psychologists that also meet the rest of the inclusion criteria. Any participant that did not meet these criteria was excluded from this study. The recruitment emails that were sent out can be found in *Appendix B*. Table 1 provides the participants' demographic information and can be found in the next chapter.

## **Recruitment**

Upon obtaining approval by Virginia Commonwealth University Institutional Review Board (IRB #: HM20022592), recruitment emails were sent out through counseling listservs such as CESNET and ASERVIC Connect, directly to counseling program coordinators and university counseling centers to forward to program alumni and individual practitioners, and through online public counseling directories such as Psychology Today and South Asian Therapists. After an IRB amendment, approval was granted to recruit international participants for this study to gain a more diverse, representative sample. If potential participants expressed interest in participating in the study, they received a Google Forms link that was created by me. In this link, they could provide the basic demographic information of their name, gender, race, age, and religious and/or spiritual affiliation. The demographics form can be found in *Appendix A*. The participants chosen based on selection criteria were interviewed over Zoom video conferencing and were contacted again during the data analysis phase for member checking. The template used for member checking can be found in *Appendix E*.

### **Procedure**

After selecting participants for this study based on the inclusion criteria, I scheduled individual interviews with the selected participants. The interviews times ranged from 21 to 58 minutes. Participants did not need to prepare for anything prior to the interview as they were aware of the nature and purposes of this study ahead of time. I obtained verbal consent to record from them before beginning the semi-structured interview. The interview protocol can be found in *Appendix C*. After the interviews were concluded, I sent the recorded audio files to a professional transcription agency to be transcribed and then manually checked the transcripts for accuracy. The transcripts were then uploaded to ATLAS.ti for analysis and were kept on an encrypted server. I then proceeded to initial data analysis.

### **Pilot Test**

A pilot test was conducted to test the protocol questions with a counselor that met all of the inclusion criteria. The individual was aware of the purpose of the study, was asked all of the protocol questions, and responded to all of the protocol questions. The feedback from the individual was that the flow and structure of the questions helped elicit rich data. Additional feedback from the individual led to the alteration of one question that he found to be confusing when asked.

### **Data Analysis**

As outlined by Moustakas' method of phenomenological inquiry (1994), the data analysis followed these steps: 1) epoche; 2) phenomenological reduction; 3) imaginative variation; and 4) synthesis. The first stage, epoche, is derived from a Greek word that means "to refrain from judgement" (Moustakas, 1994, p. 33). In this stage, I set aside everyday understandings and judgements to explore a particular phenomenon. My assumptions and biases were bracketed, or temporarily set aside to examine the phenomenon (Merriam & Tisdell, 2015). While it is impossible to truly set aside all beliefs and convictions, bracketing was a method for reducing my biases that could potentially taint a study's findings.

The second stage, phenomenological reduction, is the process of "continually returning to the essence of the experience to derive the inner structure or meaning in and of itself" (Merriam & Tisdell, 2015, p. 27). That is, the phenomenon was isolated to gain a deep understanding of its essence. This was achieved through horizontalization (Moustakas, 1994). Horizontalization is the process of laying out all the data for examination and treating all of the data as having equal value. The horizon statements were then be pared down to non-repetitive, non-overlapping statements in a process known as invariant constituents. These invariant constituents were then

clustered into meaning units in the form of initial themes and codes. Individual textual descriptions were then formed that describe the invariant meaning units. Finally, composite textual descriptions were developed as all the individual textual descriptions were integrated.

The third stage, imaginative variation, involved listing possible meanings for textual themes that were created from the previous stages and viewed these meanings from a variety of perspectives. Two outside auditors reviewed the codebook and a transcript to assist in this process. The auditors coded their respective transcripts and provided feedback for updating the codebook. Once the feedback was implemented, a list of structural qualities was developed about how a phenomenon was experienced by the participants. These structural qualities were then clustered to form structural themes.

The final stage, synthesis, entailed combining textual and structural themes for all participants to obtain the essence of their experiences (Moustakas, 1994). At this point, all codes and themes were finalized, and the essences were thoughtfully combined and organized to create essential themes that concisely explain the data and are adequately reflective of the participants' experiences.

### **Rigor and Trustworthiness**

Although phenomenology has been described as a trustworthy analysis method due to examples and quotations that the researcher provides (Finlay, 1991), no qualitative research can ever be truly free from all bias. To minimize bias and maximize validity/trustworthiness, there were several steps I took in this study. According to Rolfe (2006), trustworthiness is comprised of (1) credibility, which relates to internal validity, (2) dependability, which refers to reliability, (3) transferability, or external validity and (3) confirmability.

The first step I took was to bracket my assumptions. As described in the epoche stage of phenomenological inquiry (Moustakas, 1994), I set aside my assumptions and judgements to gain a more accurate understanding of participants' experiences. Because I am human, and humans have past experiences and inherent biases, it was impossible to truly set aside all beliefs and convictions. However, bracketing was a method for reducing biases that could have potentially tainted this study's findings.

The second step I took to ensure trustworthiness was reflexive journaling. I wrote about what thoughts and feelings I experienced during data collection and was transparent with myself regarding potential bias that could taint the interpretation of the data and the results of the study. As I am a religious counselor that has worked with survivors of sexual violence, participants' responses evoked some feelings of sadness and grief because of some of our shared experiences. To accurately reflect and honor the participants' experiences, I documented any potential biases to manage countertransference. Bracketing allowed me to enter the participants' world while reducing the impact that any of my presumptions of their experiences may have (Crabtree & Miller, 1992).

The third step I took was to read and reread the transcripts along with the audio to correct any misinterpretations. This allowed me to get familiar with and gain a deeper understanding of the data. After reading the transcripts all the way through, I repeated this process to generate preliminary codes. Reflexive journaling occurred continuously at this stage as well.

The fourth step I took was member checking and coding calibration. Member checking is the process of systematically soliciting feedback about the data and the interpretations of the data from the research participants (Bryman, 1988; Lincoln & Guba, 1985). Member checking was important for ruling out the possibility of a misinterpretation of the data because it allowed the



participants to clarify or correct my interpretation (Maxwell, 2013). Four of the 11 participants responded to the member checking prompt and provided their feedback. Although there were not many, all changes requested by the participants were made to their respective transcript.

Additionally, I engaged in coding calibration with two outside coders to triangulate the data. I sent four transcripts and the initial codebook to two peer auditors and had them code them. This helped me gain alternative perspectives for how to interpret and code the data, which helped increase the credibility of the data. The feedback from the outside coders led to the revision of the codebook so that it was more reflective of participants' experiences. Rigor and high levels of trustworthiness is important in qualitative research. However, ensuring trustworthiness involves conducting the investigation in an ethical manner (Merriam & Tisdell, 2015). The next section highlights ethical considerations for this study.

### **Ethical Considerations**

There are a few ethical considerations pertaining to qualitative research and, thus, this study. These considerations pertained to the study design, risk, and privacy and confidentiality (Grossoehme, 2014). Firstly, there was issue of power and the possibility of subtle coercion in the interview. There was an inherent power differential between me and the research participants simply because the nature of qualitative inquiry. This might have been offset due to the fact that both the participants and I will have similar or equivalent credentials and engage in similar types of work.

Secondly, because the questions I asked were about deeply personal identities and experiences, the interview evoked some painful memories or emotional conflicts in participants. Furthermore, there is the possibility that participants could have experience some degree re-traumatization by the nature of the research and interview questions as they may have touched on

potentially unresolved conflicts or other emotional issues that they may not have been prepared to discuss. To mitigate this possibility, I was upfront with every participant that they were free to decline to answer any questions they do not feel comfortable answering and were free to discontinue the interview at any time. Resources were also made available to the participants if they wanted them. Additionally, there was time for debriefing at the end of the interview for participants to process anything they needed and to decompress.

Lastly, it was important to maintain the privacy and confidentiality of my data and to protect participants' identities when I wrote and presented the findings of the study. It was also important to make sure that participants could not be identified by their quotations. This was particularly important because, as Grosseohme (2014), noted, the smaller the sample size, the more diligently the researcher need to work on participant identity protection.

### **Limitations**

While this study has its methodological strengths, there are also some limitations to this study. Qualitative data is primarily analyzed through the perceptions of the researcher, as the researcher is the primary instrument of data collection and analysis (Hays & Singh, 2012; Merriam & Tisdale, 2016). Because of this, true objectivity is impossible. However, true objectivity is not the purpose of qualitative research. I, as the researcher, am counselor who identifies as religious that also provides counseling services to survivors of sexual violence. Because of these identities and experiences, I have my own opinions about the role that religion and spirituality plays in working with survivors. I did engage in coding calibration with two outside auditors and bracketed my experiences, but it is possible that some researcher bias influenced the data analysis. To further reduce bias, I engaged in horizontalization, reflexive journaling, and member checking (Merriam & Tisdale, 2016). Additionally, the generalizability

of findings is not possible. However, generalizability is not the goal of qualitative research but rather transferability (Merriam & Tisdell, 2016).

Because phenomenology is a subjective, perspective-based method of inquiry, the data cannot be quantified or measured and causality is not able to be determined (Schonfeld & Mazzola, 2013). Another limitation of the method used in this study is the fact that semi-structured interviews were used, so the study might be difficult to replicate (Queiros et al., 2017). A limitation that is more specific to transcendental phenomenology is that the findings and conclusions depended on the specific participants chosen and the data collected were dependent on the conditions of the participants' day.

Finally, the data analysis entailed arranging quotes and excerpts from each participant into broader themes. While the participants were provided with the opportunity to review their respective transcript for accuracy and make revisions, they were not involved in the construction of the final themes. It is possible that they might have arranged their thoughts and feelings into different categories or themes. While triangulation did occur thanks to the coding team, it is possible that we mistook some of the participants' meanings at times.

Although this study was structured in a way that maximized trustworthiness/validity, there are always aspects that could be improved to enhance the findings. Although every study has its own limitations, these stated limitations are important to keep in mind when reviewing the implications, as it is possible that they influenced the data analysis and, thus, the findings and implications.

## **Summary**

In this chapter, I detailed my method for recruitment, data collection, and data analysis. Through the qualitative method of transcendental phenomenology, I was able to gain a deep

understanding of the lived experiences of religiously and spiritually diverse counselors that work survivors of sexual violence and how they engage their religious and/or spiritual beliefs to cope with the stress that comes from delivering these services. Furthermore, I identified and described potential threats to trustworthiness and the steps I took to minimize bias. This was achieved by being transparent about my identity as an individual and as a researcher and identifying specific methods to reduce researcher bias in ways that are congruent with transcendental phenomenological analysis. In the next chapter, I will describe the findings from this study.

## CHAPTER IV: RESULTS

The purpose of this phenomenological study was to understand the lived experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence. Eleven participants were recruited and interviewed for this study. In this chapter, I provide a description of the participants, and the five themes and 11 subthemes that emerged through transcendental phenomenological analysis. The themes are *Adverse Psychological Consequences*, *Faith Changes*, *Religion as a Barrier*, *Intersecting Identities*, and *Growth and Resilience*.

### Description of Participants

Of the 11 participants, nine identified as female and three identified as male. These 11 participants were selected because they met the inclusion criteria. They 1) were at least 21 years of age, 2) spoke English, 3) had access to the internet, camera, and a microphone, 4) had a minimum of a master's degree in counseling, 5) had been an actively practicing counselor who works with survivors of sexual violence for a significant portion of their practice for at least two years, and 6) had a religious and/or spiritual identity that is integral to their personhood. Participants were representative of five different religious and/or spiritual affiliations, eight races/ethnicities (self-identified), and four different countries. Additionally, because I was initially unable to acquire an adequate sample of diverse counselors, the search was broadened to include psychologists as well. In this sample, there were six professional counselors and five psychologists. All the participants worked with survivors of sexual violence but also worked with other traumatized populations such as military, domestic violence, and acute trauma. The participants were also representative of diverse work settings including military bases, private practice, chemical dependency treatment facilities, community mental health clinics, religious

centers, universities, and schools. Although this sample is representative of two similar yet distinct disciplines, all participants met the inclusion criteria with the most important ones being criteria 5 and 6. The participants were assigned random pseudonyms for identity protection. The pseudonyms chosen were selected to accurately reflect the cultural and religious backgrounds of the participants. Individuals with the same religious, racial, and/or cultural identities of the participants were consulted for pseudonym selection to ensure accuracy. Participants self-identified for every demographic question. Participant demographics can be found in *Table 1* below.

*Table 1.* Participant demographics

<b>Pseudonym</b>	<b>Religious and/or Spiritual Identity</b>	<b>Race/Ethnicity</b>	<b>Gender</b>	<b>Discipline</b>	<b>Country</b>
<b>Jackie</b>	Christian	White	Female	Counseling	USA
<b>Kathy</b>	Non-Religious; Spiritual (Collective Consciousness)	White	Female	Counseling	USA
<b>Eveline</b>	Christian	White	Female	Counseling	USA
<b>Adam</b>	Christian	Indian	Male	Psychology	USA
<b>Aisha</b>	Islam/Muslim	Pakistani British	Female	Counseling	England
<b>Abdul</b>	Muslim	South Asian American	Male	Psychology	USA
<b>Myra</b>	Christian	Indian	Female	Psychology	India
<b>Isabel</b>	Christian, Wicca/Celtic Shamanism	Puerto Rican/American	Female	Psychology	USA
<b>Giti</b>	Hindu	South Asian	Female	Counseling	Canada
<b>Fatima</b>	Muslim	Middle Eastern American	Female	Psychology	USA
<b>Anima</b>	Muslim	South Asian American	Female	Counseling	USA

### **Analysis of Research Findings**

The results of the present study are comprised of the lived experiences of 11 religiously and/or spiritually diverse counselors and psychotherapists who work with survivors of sexual trauma. To begin the analysis process, after completing the interviews, each interview was transcribed verbatim and uploaded into ATLAS.ti for coding. To establish preliminary codes, I read and coded all 11 transcripts myself. After this first round of coding, a preliminary codebook complete with abbreviations and definitions was developed. After this, two outside coders were brought in to analyze two separate transcripts and provide their feedback. The updated codebook was then audited by a counselor educator with strong knowledge of the content and an educational psychologist with strong knowledge of phenomenological inquiry. These two then provided their feedback, and the codebook was revised again. I then did a final round of coding for all 11 transcripts using the final version of the codebook and developed the major themes and subthemes. The themes and subthemes were developed based on the number of participants who made statements consistent with a theme and when certain codes aligned together frequently. Overall, five major themes and 11 subthemes (See *Table 2*) were identified that were representative of the participants' lived experiences.

*Table 2.* Major Themes and Subthemes

<b>Themes</b>	<b>Subthemes</b>
Adverse Psychological Consequences	a) Vicarious Trauma b) Secondary Traumatic Stress
Faith Changes	a) Changes in Belief b) Changes in Practice
Religion as a Barrier	a) Resistance to Pressured Forgiveness b) Religious Institutions as a Barrier to Healing
Intersecting Identities	a) Religious and/or Spiritual Identities Intersecting with Clinical Work b) Intersecting Cultural and Gender Identities
Growth and Resilience	a) Vicarious Post-Traumatic Growth b) Meaning Making

### **Adverse Psychological Consequences**

The first major theme, Adverse Psychological Consequences, is the negative cognitive and emotional consequences that participants experienced as a result of continuous exposure to their clients' sexual trauma narratives. The majority of the participants experienced their own painful emotions and negative psychological consequences due to their work with survivors. Jackie stated that "being a counselor weighs on [her] heart. We're taught not to take it home with us, but it's hard to hear those things... things that little children should not be playing through." Eveline felt similarly as she shared her emotional response to working with some of her survivors: "I grieve because I wish it didn't have to be this way. I wish we didn't have to deal with these things in 2021." Fatima also described her work with survivors as "emotionally overwhelming" at times. Many of the participants experienced significant negative emotional fallout and their own trauma symptoms from their experiences with their survivor clients. These adverse emotional and psychological consequences are described in two subthemes: a) vicarious trauma and b) secondary traumatic stress.

#### ***Vicarious Trauma***

When asked to describe how their clinical work with survivors of sexual violence impacted or changed their worldview, participants expressed experiencing negative worldview changes including anger with their culture, disillusionment with humanity, and a formed belief that some people are inherently evil. These changes are symptomatic of vicarious trauma (i.e., interference with the counselor's feelings, cognitive schemas, worldview, memories, and/or sense of safety) and reflect the deep, negative changes in beliefs and the ways that many of the participants experience the world. The common theme that the participants experienced are that



these beliefs were formed as a result of indirect exposure of their work with survivors. Jackie stated the following regarding their perception of sexuality in Western culture:

It has changed my view of this puritanical taboo around sex that I believe creates a foundation that can then breed sexual violence as opposed to having the healthy, more open conversations... And I think with the *#MeToo* movement, sometimes I get a little dismayed or concerned that, “how is this going to get turned around? Will it get turned around?”

That is, Jackie felt that western culture, especially when conflated with strict religious or moral norms, can create the conditions that allows sexual violence to be perpetuated. Similarly, as she was reflecting on the nature of humanity and its hand in and sexual violence, Isabel stated:

One of the ways that it changed my world view was... I wanted to know more about how I could protect and educate people from creeps. What I found was some people are just creeps. That changed my world view. [Before] I probably would have thought, “maybe people can be rehabilitated or redeemed.” I don’t believe that. I think that some people are creeps from the jump and that's just how it is.

These participants were grappling with how prevalent sexual violence is and felt discouraged by the belief that it might never change

Anima shared her similar perceptions, “I kind of go by the philosophy that people suck for the most part. I try not to be surprised by the extent of humanity's faults but sometimes it's just, there's always something more shocking.” Anima had integrated a new way of perceiving the world in that people tend to be generally more malicious than good.

Much like the nature of Anima’s worldview change, Isabel also expressed a significant negative worldview change as highlighted by the following:

It's changed a lot of my worldview about what people are capable of... I already knew people were capable of violence. I already knew that people were capable of shooting each other or hacking each other to pieces. I don't know that I realized the extent to how much this happens to people, walk around thinking, "is it going to be the next person who does this?"

Isabel's quote highlighted the phenomenon that she, Anima, and Giti had been impacted by bearing secondary witness to much evil in the world. That is, Isabel, Anima, and Giti's continuous exposure to their clients' trauma stories had altered their worldview to the point where they were beginning to see humanity as more evil than they previously had.

Finally, Myra described her experience of being "protective around [her] nieces and nephews" and the mindset of "don't let your teen son be alone with this kid." She stated that she wouldn't describe her experience as being "paranoid" but as hypervigilant and "just being conscious because there are spaces where things can transpire that can be very damaging." Myra also experienced interference with her self-efficacy regarding her clinical skills because of her work with survivors. She reported that she feels "like such a fraud sometimes." She reported feeling that, when compared to her and her Indian peers, clinicians in the United States are "so much more privileged" and that she doesn't "know enough or get the kind of trainings or opportunities [US counselors] do." That is, Myra felt that her work with survivors had brought about an increased awareness of her perceived shortcomings as a counselor where she now feels less prepared than she used to.

Overall, many of the participants in this sample experienced a wide range of negative consequences due to their work with survivors such as negative worldview changes, a diminished sense of safety, and disillusionment with the cultures they live in. Additionally, many

of the participants also experienced other negative symptoms as a result of their work that was manifested in psychological and physiological symptoms, or Secondary Traumatic Stress.

### *Secondary Traumatic Stress*

When asked to describe how their clinical work with survivors had impacted them emotionally, the participants expressed experiencing some symptoms like those present in Post-Traumatic Stress Disorder (PTSD) but resulted from indirect exposure to clients' trauma. STS presented in the participants through symptoms such as hypervigilance, problems sleeping, racing thoughts, and feelings of helplessness. For instance, Myra described her experiences by sharing, "...I sleep poorly. I can't go to bed easily and my mind is constantly over on the overdrive for the next thing." Similarly, when reflecting on the emotional impact of their work with survivors, Abdul stated, "I didn't take time out for myself. I would say it was probably affecting me more, where I would listen to people and having gone through trauma myself, I think I would probably get triggered and whatnot." Abdul also felt that he experienced negative emotional effects as a result of his work with survivors. He also felt that these effects might have even been exacerbated because he did not have enough self-care practices in place to mitigate these consequences. Similarly, as Giti described a session she had had with a sexual abuse survivor that was particularly emotionally difficult, she shared:

For the first time in seven months, I had a really big cry. And as in, "why did this happen to me? How could this have happened?" I can honestly say I was right there. Just feeling that sense of helplessness and not being able to have those answers, because it's the biggest question. The questions that we don't have answers for, but just being able to provide that space for it to unfold.

Giti was experiencing feelings of hopelessness along with her client because she felt stuck as well. These feelings were accompanied by the admission of there being vast, existential questions that she did not have the answers for.

Fatima expressed experiencing symptoms of hyper vigilance in her setting because of her work with survivors. She stated:

I think I tried to have more of a healthy dose of not giving the benefit of the doubt in certain situations. Like if I see a... teacher who is talking to a middle schooler, a female, and then when he saw adults come, I'll be there, like, "what's going on over here?" You know? Just to be alert.

Fatima was experiencing significantly increased caution with those that she perceived to be vulnerable. Like Fatima, Myra also described herself as "hyper-vigilant." She described her experience, "I see a perpetrator everywhere... I'm so hyper-vigilant." She continued to describe a recent experience:

I went to a safeguarding policy meeting for the church where we are establishing a safeguarding system to protect children and vulnerable adults in the church. How do you screen people? What do you look out for? My mind is constantly looking through those filters. I wish sometimes to have that "innocent" or "naïve" or "unadulterated" ability to look at people without all that analysis going beforehand. Like childhood. I've lost that in a sense.

Because of her work with sexual violence survivors, Myra described feeling grief for the loss of her innocence. However, she also noted that her hyper-vigilance as a result of her work "works both ways" in that it can be "beneficial" at times because she is more "careful with the children." Although she felt that hyper-vigilance has some benefits, she also felt that it has its drawbacks at

times as well. Myra described having teenage daughters and that her work had “influenced [her] filters quite a bit, which leans on the side of vigilance and suspicion, unfortunately.”

It is common for counselors to experience adverse psychological reactions when providing trauma therapy continuously. These participants’ experiences all point to the negative consequences that many practitioners experience when doing this work. While there are also positive outcomes, it is important to note that engaging in this meaningful work frequently came at a cost regardless of religious and/or spiritual affiliations.

### **Faith Changes**

The second theme, Faith Changes, was a phenomenon deeply shared by the participants. For this study, faith changes were defined as “changes in religious and/or spiritual beliefs as a result of their work with survivors of sexual violence.” The participants indicated that they could not enter these therapeutic relationships with these survivors and come away unchanged.

As a result of their work and continuous exposure to clients’ trauma narratives, the faith changes experienced by the participants were arranged into two subthemes: a) changes in their beliefs and b) changes in their practices. Changes in faith beliefs, for the purpose of this study, are described as changes in views or conceptions of God or their Higher Power, whereas changes in faith practices indicate changes in specific rituals or modes of interacting with God or their Higher Power, such as praying, journaling, or meditating.

### ***Changes in Belief***

The participants experienced significant changes in their beliefs as a result of their work with survivors. As detailed in Chapter 2, worldview changes are very common for practitioners who engage in trauma work. The majority of the participants felt that their beliefs changed positively, such as experiencing a deeper reliance on God, increased intimacy with Him, or

discovering different aspects of God's character. When asked about changes in his faith, Abdul stated, "I think it has deepened my connection with God, spiritual connection, and appreciating different views and beliefs that exist in the religion." Jackie shared a similar experience as she stated:

I don't find myself being shaky [in my faith] because I have had the privilege of watching God do so many beautiful things in so many different people's lives; from the age of two all the way up, having experienced a vast array of really traumatic experiences, from having their loved ones killed in front of them at a mass shooting, at church of all places, to incest for the little kid, or being raped...all kinds of situations. So, my faith is not as egocentric as it once were. I'm able to see the greater work of God, and maybe be less selfish in my understanding and conceptualization of Him.

Abdul and Jackie felt that their work with survivors has increased their appreciation and understanding of God, despite the horrific stories they have heard.

The participants also felt that their work with survivors deepened their understanding or conceptualization of God and theology. Aisha stated, "Ya Shafi is a name of God that means 'The Healer.' I find myself, as I'm doing the work, I'm reciting the name Ya Shafi... I knew that there were 99 names for Allah. I knew they're important, but I didn't realize how important until these latter years of my life." Aisha felt that her work helped her relate to Allah more through the name "Ya Shafi" because she also identifies as a healer.

Adam stated that his spiritual beliefs had actually not changed as a result of his work, but if he was going to use the word "change," he felt that his spiritual life has strengthened, "My spiritual life has not changed. It has strengthened because I have seen a lot of people out in the world who are suffering, who need help... If you want to use the word, "changed" maybe so, but

my spiritual life... that didn't change.” Adam shared that, with all the other changes he has experienced in his work, he felt that his spiritual life was one of the few constants. In a similar fashion, Isabel explained that her religious identity and perception of religious possibilities changed substantially because of her interactions with her clients. She stated:

One of the ways that things have opened up for me is by meeting survivors who lost their original religious tradition. And they were exploring things like Reiki or Shamanism or Wicca or paganism. I learned about more diverse, spiritual paths from clients that were survivors because... the church had let them down by not listening to them... So, I learned about different religious paths outside of like the mainstream ones, really from my clients. And it opened up my eyes to a lot of different spiritual practices that really resonate with me as a person.

Indeed, Isabel’s religious identity changed as a result of her survivor clients’ religious journeys and harm experienced from the church. Integrating Wicca into her Christian identity was also a process that came became further solidified from her interactions with her survivor clients.

Although there were positive changes in faith beliefs as a result of their work with survivors, some participants also experienced negative changes in their beliefs. This is not an uncommon phenomenon given what is known about how consistent exposure to clients’ traumas may impact beliefs and worldviews negatively. However, these changes should also be examined with nuance because negative and positive changes in faith can co-exist. Giti demonstrated this idea when she stated:

I have to be quite honest with you. Sometimes I question God's existence because, how can something so traumatic happened to these innocent people? But I think what brings me back to not being in that angry state is that there's a trust. There's a trust that this

person is a survivor and is here for a reason and is here to realize their potential. I don't believe that anything happens just by coincidence. I think God has a plan and this is this person's journey to get to where they need to be.

Giti was dealing with the question of theodicy and the problem of evil. Because she had seen so much trauma and what one might consider “evil,” she began to question God’s existence in the first place. Even as she questioned God’s existence, Giti also expressed her firm belief that God has a plan for everyone. To further illustrate the complexities in faith changes, Anima similarly stated:

The pillars, the things that are said. You're supposed to believe in God, you're supposed to believe that Mohammed is the last prophet. That is not wavering. But the explanation that I've been given is that your reason for living is to worship, which yes, fine. But God doesn't need that so there has to be... something bigger that we just can't understand or has been missing from my culture's definition of Islam.

Anima felt that her work with survivors had exposed some of her unanswered questions or incomplete understandings of the purpose of existence and Islam. While most of the participants felt that their beliefs changed positively because of their work with survivors, some participants felt that their work had led to doubt and questioning. Whether the participants experienced more positive or negative changes in their beliefs, what remained consistent across the participants was the fact that they could not engage in this work with survivors and be exposed to such traumatic stories and not walk away unchanged.

### ***Changes in Practice***

Faith changes also occurred in the ways that that many participants practiced. Common religious/spiritual practices include prayer, meditation, journaling, attending religious services,



practicing gratitude, and spending time in nature. Eveline reflected on ways that her spiritual practices had changed because of her work with survivors and stated, “I have to take care of my prayer time. Prayer time is not just ‘pray and I’m done’ or ‘read the Bible and I’m done.’ It’s about dedicating my body to the Lord too.” Eveline’s experiences with sexual trauma survivors helped her grow in understanding about how sacred the body is and that it should be dedicated to God.

Fatima also felt that she changed the ways that she prays because of her work as illustrated by the following:

In the Islamic tradition, there's the obligation to the five ritual prayers. But then there's prayer of just talking to God. I feel like that part of talking to God and just...I feel like I've been more personalizing my prayers in that way and addressing certain nuances.

Fatima felt that her work with survivors has prompted deeper intimacy in the ways she prays and a more personable relationship with God. Anima had similar experiences in her engagement with Islamic prayer. She stated:

I find myself trying to connect more spiritually with my belief system. In Islam, you're supposed to pray five times a day and all that fun stuff but sometimes, it's hard to do that realistically. I think, because of that, my focus has shifted from the "rituals" that I'm supposed to do, but I make sure that I feel spiritually connected.

This quote is complex, however, because it is followed with Anima stating, “But then it also like makes it harder to put myself in in religious situations or environments that contribute to the quote-unquote “problem.” This nuance highlights the complexity of the participant’s experience because she finds it important to be “spiritually connected,” yet also understands how some

religious institutions can create the conditions for the perpetration of sexual violence. The participants' experiences with this phenomenon will be detailed in the next theme.

Aisha described feeling like she has more of an "attitude of gratitude" now. She finds herself more consistently praying and has "begun to become further in touch with the scriptures and history" and "doing further research because about women and their rights in Islam." Aisha summarized her experiences by stating, "Although I say the term practicing, I integrate the practice more than I perhaps did before."

Fatima, Anima, and Aisha, who all identified as Muslim, all experienced this change in the ways that they pray and experience Allah and Islam and felt that they can approach Him in a more personal way. These changes in spiritual practices have created a deeper sense of connection and unity with Allah.

Yet, other participants reported that they do not think that their spiritual or religious practices have changed since they started working with survivors. Isabel stated, "I can't say that it's really changed anything about my faith or the way that I choose to worship or the things I'm involved in." Likewise, Giti stated, "My practices have not changed. I pray every morning. Yoga and meditation are how I start my day. And then I think throughout the day, if I'm coming up with something difficult, I ask for guidance."

Overall, most of the participants experienced either changes in their faith in terms of their belief, practices, or both. In this sample, the chronic stress participants experience, as outlined in the first theme, necessitated a change in the nature of their engagement with God or their Higher Power(s) in response to the traumatic narratives they exposed to on a continuous basis. Some participants experienced positive changes in the ways they conceptualize God while others experienced heightened doubt and uncertainty. Additionally, some participants experienced

enriched prayer lives while others felt that their religious practices had not changed at all. These changes were highly unique to the individual participants as evidenced by the fact that not all of them experienced changes in the same ways. These experiences were further complicated by other factors such as intersecting cultural and gender identities and even perceiving religion to be a barrier at times.

### **Religion as a Barrier**

The third major theme, Religion as a Barrier, describes the ways that the participants perceived that institutionalized religion can function as a barrier for survivors' healing and recovery at times or even perpetuate sexual violence itself. Although many of the participants described drawing strength and hope from their religious affiliations, some of them also perceived that these institutions can be damaging to survivors at times as well. Two subthemes emerged within this category: a) religious institutions as a barrier to healing and b) resistance to pressured forgiveness.

#### ***Religious Institutions as a Barrier to Healing***

Some participants felt that some religious institutions can serve as a barrier for healing following sexual trauma. Kathy, a counselor that has had experiences with Catholic and Christian faiths and now identifies as spiritual but not religious, summarized this phenomenon well when she stated:

It's amazing how many times people from various religions show up, mostly Christian, which I think is really interesting, because I'm not. And I think that, having gone through my own experience with that and hearing very similar experiences, it just reaffirms for me that the dogma and doctrine of religion in the hands of humans... important point, *in the hands of humans*, becomes problematic for people who are experiencing this sort of

thing because it's not helpful. But if you can set aside the dogma and doctrine, and just the spirit of the religion, or spirituality in my case, that can be an incredible asset in the healing process. Unfortunately, humans tend to make mistakes.

Kathy perceived that religious doctrine can impede a survivor's journey to healing and recovery. She further explained how religious institutions can perpetuate shame for survivors using the word "sin." Kathy stated that "the word 'sin' becomes very toxic, and it fractures and splinters into so many different areas of a person's recovery process... It gets really murky."

Along the same lines, Isabel felt that some religious institutions send the message that "if you are a religious person, you cannot enjoy your sexual side." Isabel felt that some religious doctrines associate sex with shame, thus, religious survivors of sexual violence also experience this shame. She also shared a story about a survivor client who attended "a conservative mainstream kind of church," reported the instance to their pastor, and the "pastor brought the victimizer and the survivor together to have a conversation." This significantly emotionally impacted both Isabel and her client in negative ways. Isabel then told her client, "Look, I'm not in the business of telling anybody anything, but if I were you, I would not go back there." Isabel has witnessed her survivors being harmed by the church and some of them have either changed their religious affiliations or left the institution altogether.

Some participants even felt that religious institutions might contribute to the creation of the conditions for sexual violence to be perpetuated at times, even if the act is not condoned by religious communities or leaders. This was an uncomfortable topic for many of the participants because it forced them to try to reconcile the fact that what they frequently turn to to make meaning of their experiences may also be part of the problem. For example, Anima noted that there can sometimes be religious abuse and "using religion as a means of control which often

leads to sexual trauma” “makes [her] very angry.” Likewise, Aisha stated that they were, “Not just Muslim clients but... I have a client who comes from a Christian background, and she’d completely veered away from Christianity...” She went on to also share that, throughout the course of treatment, that client expressed that she “realized that ‘I can still have some of those elements Christianity did to me, but I don’t necessarily have to take on the abuse.’” Myra had a similar perspective and stated:

With [my] patients that are Christian and they bring in their faith.... most of them are pretty anti-institution, anti-church. They're so upset with the way the institution has handled [sexuality issues] and often, the perpetrators are within the system. The very people who are supposed to mentor you, shepherd you. Whether it was your Sunday school teacher, whether it was your pastor, whether it was whoever. And then they're like, "Well, if that's what they represent, we don't want to have anything to do with God.”

It's important to emphasize that Myra is a Christian residing and practicing in India, a predominantly Hindu country. While she self-identifies as Christian, she notices that many of her patients that are survivors feel angry with the church with regards to their approach to issues of sexual violence. Furthermore, her clients have been sexually assaulted by members and, at times, leaders in the church. Members of the institution that represents a salient identity for Myra have indeed contributed to the problem at times. This might have facilitated some intrapersonal discord within her as she stated:

I’ve had my own history with [trauma] and I have moved from a space of “why me?”... to a “I never leave you alone, forsake you” and all those. But where were you when this was happening?... And honestly, I don’t have an answer. I’m sure He was there, but for some reason, it was allowed.

Myra's experiences of existing in and drawing strength from the same religious affiliation that she has also seen harm her survivor clients indeed created tension within her that she had difficulty reconciling.

Fatima also shared that she sometimes felt that male religious leaders aren't sensitive to how large and serious of a problem sexual violence is. She stated:

A lot of people, women especially, feel like either Imams or scholars or men don't understand or aren't sensitive to it, simply because maybe they didn't have that space. Or, at a young age, they were shut down or made to feel ashamed. I think understanding that this is an integrated part or an intersecting part of their identity... Part of the trauma is not just the sexual trauma, but it's the trauma of feeling cut off from the community or the perception of feeling judged from the community or "I'm dirty" or "I'm bad spiritually."

That is, Fatima felt that certain individuals in the patriarchal culture that she existed in did not lend credence to the severity of sexual violence. Felt that they even shamed survivors at times, either directly by their words or indirectly by failing to address it.

Finally, Isabel, while not specifically related to sexual violence, perceived that some religious institutions stigmatize mental illness and create barriers for clients to move toward wellness. She stated, "There were people there that would say, if you are a Schizophrenic, you should not be taking medication. You should deepen your relationship with God. And I was like, 'You people are freaking crazy.'" While Isabel strongly believes in the power of God and her faith is dear to her, she did not believe that it should override best practices.

These participants perceived that some religious institution contribute to the problem. They felt that some of these institutions associate sex with shame, thus, constructing a narrative that prevent survivors' progress toward healing and recovery. This is an important finding

because these same participants also felt that religion and/or spirituality are necessary and extremely important aspects of their identities, so understanding the intrapersonal tension or conflict that occurs is essential.

### ***Resistance to Pressured Forgiveness***

A few of the participants also reported experiencing feelings of resistance to, or anger about, religious institutions and/or leaders that pressure or coerce survivors into forgiving their attackers prematurely. Jackie stated, “If I do have someone who comes in and they're sharing how they've gone to their church, or priest, or pastor, how this idea that they have to ask for forgiveness... the narrative is so wrong on that.” When describing her approach to sexual trauma therapy, Jackie expressed wishing the “tide would turn” on the notion that there is any sin on the side of the survivor and that the survivor must forgive his or her attacker.

Isabel experienced this same resistance because of the negative impact that this religious pressure has had on her survivor clients. She will even go as far as to tell her clients that they are not obligated to forgive, even if the client is religious themselves. She stated:

When it comes to people who have survived, whether it's being molested or incest or a sexual assault, the first thing that always comes to mind that I hear from other people is, “How do you discuss forgiveness with your clients?” And the reality is, I tell my clients, “You don't have to forgive.” Even if how you were raised and somebody comes in and they're Catholic and they're like, “you know, if I don't forgive this person...” and I'm like, “You don't have to forgive anybody.” Sometimes forgiveness is actually about the other person. And we're forgiving out of obligation because the Bible tells us.

Isabel elaborated on her beliefs and experiences with forgiveness by saying, “What's the other person going to say? I'm sorry that I did this to you? That doesn't mean dick.” She also

emphasized the fact that many survivors feel obligated to forgive and noted, “[they’re] not obligated for shit. This person came in and took something from you. That is a gift God gave you in my opinion.” Isabel felt strongly that the survivors were not at fault for any part of their traumatic experiences and, thus, had no need to ask anyone for forgiveness.

Related to forgiveness is also the concept of repentance. That is, forgiveness is something one gives to another that has wronged them and repentance is when one experiences the feeling of sincere regret or remorse about their wrongdoing and actively seeks absolution. The participants expressed resistance to survivors feeling pressured to engage in either one of these because they felt that survivors do not need to forgive their attackers prematurely and that survivors have done nothing wrong that should warrant repentance. Fatima spoke into this as she shared about one instance in particular:

I was presenting a case around sexual trauma in a training. One of the Imams who was presenting with us, when I mentioned that this client started to engage in repentance... he immediately was like, “Make sure she's not repenting for the sexual abuse.” She was touched by that... I checked in with her and she was like, “I just find saying that word in Arabic,” but Allah, she found it comforting. But it was important to make sure that her sense of feeling dirty, that that is just his dirtiness, the abuser, being projected onto her.

In this quote, Fatima described a narrative contrary to the previous quotes, where, indeed, a religious leader was able to assist in the healing process by also rejecting the notion that a survivor should have to repent for experiencing sexual trauma. In this instance, a religious leader served as an instrument that promoted and assisted healing and recovery for a survivor rather than acting as a barrier to it.



However, a confirmatory example arose in Adam's explanation of his clinical and spiritual approach to working with survivors. He noted, "I try to tell them, 'I've made a lot of mistakes, but it's what I had learned from my mistakes,'" suggesting that sexual violence was a mistake on the survivor's end. Adam also shared the example of "The Woman at the Well," a Christian parable where he noted:

Jesus did not condemn her. Jesus knew exactly what she was going through. He asked a question, when she said, "I don't have any husband." Jesus said, "That is true what you're saying. What you have is not your husband." She knew what exactly. So... I try to cultivate the field, to make it is good for sowing the seed. So, that's one of the theories that I have learned, that in those circumstances, that's exactly the same way that Jesus had done. When the time was right, then he said that, "Go and sin no more."

While Adam did not explicitly state that survivors should ask for forgiveness, the notion that a victim of sexual violence has committed a sin, sins, in Christian faith, must be atoned for by asking for forgiveness and making reparations. These examples are connected to Kathy's previous quote where she expresses the idea that "religion in the hands of humans" can serve as both a resource and a barrier at times. What remained consistent across the majority of these participants was that institutionalized religion can sometimes function as a barrier for survivors of sexual violence because of the stigma and shame attached to sexuality in some religious doctrines.

### **Intersecting Identities**

Because human beings are complex, the participants' other identities also impacted their experiences. The fourth major theme, Intersecting Identities, describes the ways that participants' religious and/or spiritual, cultural, racial, and gender identities intersected with their described

experiences. Because the participants' religious and/or spiritual identities were salient for them, they naturally impacted their conceptualization and approaches to their clinical work.

Additionally, because the participants had diverse racial, cultural, and gender identities, there were considerable differences between many participants on these bases. Two subthemes emerged within this category: a) Religious and/or spiritual identities intersecting with clinical work and b) intersecting cultural and gender identities.

### ***Religious and/or Spiritual Identities Intersecting with Clinical Work***

Because of the salience of the participants' religious and/or spiritual identities, their affiliations naturally intersected with their conceptualization of, and interventions for, their clients. For instance, when reflecting on his approach to working with survivors, Adam explained, "we are all created in the image of God. We're all human beings. We are the same. God said that you are not good or anything like that. He accepts us as we are." Because of Adam's belief that God accepts everyone as they are, he believes that she should model the same. Like Adam's beliefs about his work, Aisha stated, "I've got to be true to my faith and I've got to be true to the client I'm working with. I'm grateful to God to have opened my heart and my eyes to the work he wants me to do." Aisha also stated:

I think the work that I do or generally in life, my own personal life, faith has been an important aspect. It has helped me to make the decisions that I have, and it's been very empowering and, therefore, within the work that I do as well. It's an element that I can't separate from myself or from the work that I do.

Aisha's quote is a summative example for many of the participants' experiences of the fact that their religious identities are inextricably entwined with the work they do with survivors.

However, unlike Adam and Aisha, Anima shared that she "grew up in a household that

was very clear and distinct about ‘this is religion, this is culture. Take from culture the good things, weed out the misogyny and all of that...’ That is, Anima’s experiences growing up were that culture and religion were intentionally separated. Because of this, she felt that she can more clearly distinguish between religion and culture.

Additionally, many of the participants felt that their beliefs play a significant role in how they interpret, understand, and conceptualize their clinical work and how that comes out in the ways they practice. For instance, Kathy stated, “I will often in some of my work... not initially, but as we get towards the latter of the mid-stage of therapy, start introducing how safety isn't really out there, but that it's within...” Kathy continued to say, “It's about being able to help people redirect and come back to the path that they were always meant to be on and to heal from it” and “take what they've learned and come back to the original path with a much richer way to engage with the world around them.” For Kathy, her spiritual identity intersects with her work with regards to how she conceptualizes healing, growth, and recovery as well as the interventions she employs to help her clients get there.

Eveline explained that her role as a counselor is to “bring a little bit of heaven to earth by just being me and letting Jesus inside of me out... That’s my religious and spiritual connection in a nutshell, seeing many miracles.” She elaborated noting, “One of the things that God showed me early in my journey was to be a city of refuge. I just try to emulate a lot of those principles of being a city of refuge.” That is, Eveline felt that the biblical example of being a place of refuge for the weary is her duty as a counselor when working with her survivors. Similarly, Adam shared his experiences in that, in addition to being a counselor, he is also a pastor and a missionary. With the intersections between his counselor identity and

Christian/Pastor/Missionary identity, Adam explained that he has “a passion for the souls and people who are hurting, people who are suffering. I have seen what they have gone through.”

Aisha described the ways that her identity as a Muslim is inextricably linked to how she presents in a clinical setting. She explained, “Whether somebody comes to me who's Muslim or non-Muslim, I may refer to a religious holiday that might be coming up. My identity is part of that process. We've had Ramadan or Eid. I need breaks. I'll bring that into the setting.” Aisha also described specifically how her religious beliefs intersected in his work specifically with a Muslim survivor:

Somebody from a Muslim background... but had lost her identity and questioned whether it was okay for her to leave [the abusive relationship]. She always felt guilty of having to run away from home. I said, "Well, actually, you were trying to survive and you did right by doing that... We actually have the right to remove ourselves from that situation." It doesn't matter whether it's your parents, your siblings, a partner. You, as a woman in Islam, have the right to do that." She sobbed more and she's like, "Thank you. Thank you for saying that because I've always felt very guilty in my life that I shouldn't have done that.”

In this sense, Aisha’s ability to more authentically show up in therapeutic relationships with survivors helps build trust and promote healing. It should be noted, however, that in this example, both the participant and client self-identify as Muslim. Aisha also shared her plans to organize “a spiritual retreat for women with a faith-based theme” with the aim to “support and empower them with faith at the core, reconnecting or connecting to Allah again and feeling empowered.”

Several participants also described their experiences with prayer in their practice. Myra, for instance, reported sometimes feeling stuck in sessions with survivors and would pray to give control over to God. She stated:

There's nothing that I can work with their stuff but it's really my faith and my belief and my hope. I pray for my patients. At the end, in that room for those 50 minutes, I may be speaking or doing whatever but I keep asking the Lord and the Holy Spirit too.

Sometimes all knowledge fails and there's really nothing to say and you just trust that He will do something.

When describing difficult sessions with survivors, Eveline stated, "I would spend many times just falling apart in my office and praying over lunchtime, or asking the Lord to move things in their life so they could see their value closer to what I saw..." Similar to Eveline and Myra's experiences for praying for their clients, Aisha stated:

As soon as I finish with every client, I always say a prayer for them, and I always remember them in my prayers when I am praying the five times a day. I'm always thinking about them without thinking about them. They're always in my prayers and thoughts.

Aisha spoke into an experience that might be common for trauma therapy practitioners in that the clients they serve are frequently on their minds and, thus, in their prayers.

Jackie also stated that prayer is highly important to her and practices it daily with her clients in mind. She stated, "Every day when providing services, I pray before the day starts that He uses me, speaks through me, that I would use the words, be there for that person, in the way in which He would if He were there." Jackie's religious identity intersects with the ways that she

conceptualizes the therapeutic process because of the belief that what God would say in a session with a survivor would be the ultimate and perfect response.

Although many of the participants felt that prayer played an active part in their experience in their work with survivors, not all did. Isabel stated, “I wouldn't say that I necessarily pray for my clients, particularly. I don't, I really don't.” As previously alluded to, Isabel has had a tumultuous relationship with idea of forgiveness when it comes to sexual trauma. Isabel went on to say:

The church had let them down by not listening to them or by like, “if you just pray about it, pray for forgiveness for the person who did this to you, you're going to feel better.”

And they were like, “I don't feel any better.” And I was like, “I hear you. I wasn't feeling better either.”

For Isabel, the concept of praying was perceived to be closely associated with the concepts of pressured forgiveness or shaming others into forgiving survivors' perpetrators at times, which she rejects.

In a similar fashion, Fatima felt that her religious identity is integrated in her clinical work with survivors but felt that it was less prevalent initially. She stated, “It's definitely integrated. But it's also not...sometimes it's in the background. It's on the backburner because... when I'm working with clients who are experiencing trauma, my initial focus is really restoring their emotional balance.” That is, towards the beginning of treatment, her primary focus is emotional regulation and stabilization, and the religious/spiritual integration comes later if it is salient for the client. Fatima went on to explain her model of psychotherapy, known as Traditional Islamically Integrated Psychotherapy (TIIP). Here, she described how her identity as

a Muslim significantly intersects with her clinical work in ways that she conceptualizes and intervenes with Muslim survivors:

What makes it an Islamic approach is two aspects. One is believing in the metaphysical reality of God, life after, but the other part is the entity being studied or worked with, the human. So, when I'm working with a client, we're looking at, "okay, this client, there's a spiritual heart and its purpose is to be closer to God." But as a person, there's these four aspects we're looking at. There is the mind or the cognitive functioning, the emotional aspect or feelings and emotions, the behavioral inclinations, and the spirit. So, the ultimate goal in therapy is to restore balance in those four areas... in order to allow the person to fully access and experience the benefits of the spiritual heart.

Fatima felt that, even though Islam might not explicitly be discussed with every client, her religious beliefs are inseparable from the ways that she conceptualized wellness, mental health, psychopathology, and human development.

What was consistent for all participants is that their religious and/or spiritual identities were integrally linked with the ways that they conceptualize trauma. This, in turn, affected some of their therapeutic interventions. Some participants perceived that their religious and/or spiritual identities were foundational to their approach to their work with survivors while others felt that it was less salient. These experiences were further nuanced for some participants based on whether they were seeing someone of the same faith or not.

### ***Intersecting Cultural and Gender Identities***

The experiences discussed so far, while religiously and spiritually diverse, are made more complex by diversity in the racial, cultural, and gender identities of the participants. The participants varied by ethnicity and descent (i.e., White European, South Asian, Puerto Rican),

country (i.e., United States, Canada, India, England), and gender identity. These differences should also be taken into consideration when exploring the essence of lived experiences with these participants. For the purposes of this study, I will begin with considerations for the participants' intersecting cultural and racial identities.

Culture and racial considerations were particularly salient for the participants that identified as Muslim and Hindu, frequently because Muslim and Hindu religious identities are highly racialized, especially in the West. Giti illustrated her perceptions:

As someone who is South Asian living in North America, I think there's a lot to be done. There's a lot to be done in terms of understanding trauma and the way that we process it. It's not like everybody else.

Giti described her experience of being a South Asian living in North America and the disconnect that she has experienced between the experiences of her racial minority survivors and the ways that trauma is conceptualized in the West. She stated, "Western, North American, Canadian, and European perspectives of trauma is that we always want to have a solution to deal with it. Whereas an Eastern perspective... it's leaning into that experience of just feeling what you need to feel." Giti expressed feeling that Western perspectives of trauma treatment are not always congruent with the values and modes of thinking of her clients of more Eastern cultures. Giti went on to say, "If I'm counseling somebody who's from a south Asian background, I'm getting more information about the environment they were raised in. So, incorporating culture in what happened." That is, Giti felt that her own cultural identity served as an advantage when working with other South Asian clients because she felt she could more comfortably integrate their culture into the therapeutic process.



Culture and religion, for Giti and others are inextricably entwined, particularly for those of racialized religious identities. Anima further illustrates this point when she stated, “If I’m looking at the South Asian area of my experience, a lot of that is Muslim, but there’s a lot of cultural influences in there. Sometimes, it becomes difficult to differentiate culture from religion.” Fatima also emphasized this point as she stated, “I was talking about cultural aspects. You can separate it but it’s really important to contextualize it, not only in their mental health, personal development, but also the cultural context they’re in.” What is clear is that, for the participants of color and racialized religious identities, culture and religion overlap and intertwine in nearly every aspect of their identities.

Some South Asian participants felt that their racial and religious identities were advantageous to them at times, especially when working with South Asian clients. For instance, Aisha stated:

If something is said by a client and they're using perhaps a Punjabi term, you may not have the English equivalent, but I understand what it is that they're trying to convey to me. That often breaks the ice... Just kind of giving that nod and describing what it is that they are referring to. It's like, "Yes, that's great that you understand that."

Aisha felt that her racial, ethnic, and religious identities help her clients of similar identities feel more comfortable and connected with her, which is extremely important when working with survivors of sexual trauma. Anima felt similarly as she shared, “For the people who are Muslims, it’s like ‘Oh, my God. This is my kin. These are my people... They’re open and able to share because they’re like, “you understand the religion.” That is, Aisha and Anima felt that their cultural and religious identities serve as a boon at times to help them connect more deeply with survivors with South Asian backgrounds.

Abdul described his experiences working at a Muslim-oriented treatment facility. He stated, “Part of the reason we opened up our center was because we wanted to make therapy more accessible to Muslims. This is very common with a lot of minorities. They're not very open to seeking services from the dominant white clinicians.” He described his center saying that, “About five or six years ago, we did about 50 sessions a month, and now 1,500 or 1,600 sessions a month through our center...” Abdul felt that he is better able to serve Muslims and racial and ethnic minorities because of his own identities.

Although some participants have been able to serve more survivor clients that are racial and religious minorities because of their identities, there have been some downsides, particularly for those situated in a predominantly western, White society. Anima described her experience:

That's one part, that's the South Asian part and that's like me being angry externally outside of the counseling room.... I do feel like sometimes there's a hesitation to go there for clients who aren't Muslim and... South Asian just because of the hijab. It's very clear what religious background I come from. Sometimes I have to make an extra effort and be direct and be like, "Hey, don't hold back. It's fine. Let's just chat.”

Anima saw those physical signifiers, such as wearing a hijab might make some clients that are not of her same faith or culture hesitant to open up with her in sessions, which was a barrier.

Fatima, however, shared a contrary experience. She shared about a time when she was working in an “inpatient psychiatric unit when [she] worked with an adolescent group.” She stated, “I was one of the first people who wore the hijab in that space and... they were so fascinated by why I dress quote unquote ‘modestly?’... they were just fascinated by it.” That is, for some of her younger survivor clients that had radically different backgrounds and upbringings actually found her presentation to be interesting or even refreshing.

Fatima also shared her perception that sexual violence is highly stigmatized in her culture, more so than in Western cultures. For instance, Fatima shared the following about one client she was working with:

She wasn't engaging in worship or anything ritual because she was suffering and could not reconnect or re-bridge her relationship with God because she couldn't deal with her trauma. But during that process, she was dealing with people around her judging her like, "Oh, you don't do this... may God guide you, may God forgive you." One of the journeys that I was working with her was to help her own her spiritual journey where she is at, not where she feels she should be based on other people's narratives. And she started to feel good and own it and feel confident and not feel triggered by when her parents tell her, "Oh, you're really misguided."

Fatima perceived that there can be victim blaming in her culture that works to shame a survivor and keep them spiritually and relationally disconnected. Adam expressed his thoughts regarding culture and trauma as well. He shared, "If I look at American culture, people are more open, but in other cultures that I counsel, they're not open. They try to hold everything inside." He went on to speculate that a reason for this might be because "society looks down on them, so they don't want to talk about it."

The participants that self-identified as White and Christian did not express many perceptions of how their racial or cultural identities intersected with their experiences. Myra, however had different experiences. Myra is a unique individual because she is a female Christian living in India, which is predominantly Hindu. She felt that race played a relatively small role in her experiences, but socioeconomic status impacted her and other Indians more. She stated:

Race has not been such a big thing here, not like in the States where race... has become really big again post-COVID. There is race discrimination but it's not something I've experienced because, amongst Indians, I am light skinned. There is much darker skin... I don't get discriminated for that. I'm also not lower caste, backward caste, scheduled caste. So, that doesn't come either for me.

Myra felt that, because India is racially homogenous, it is not a significant of a factor as other things such as where she is in the caste system. However, Myra has had different experiences based on her gender identity as a woman. She shared, "More than discrimination I would say this, the whole idea of, because you're a girl, you can do certain things and you can't do some things because we are in a very patriarchal society." She went on to note that, "because of the patriarchy, women are seen as weaker and, therefore, in need of protection... I was not even taught to think or make decisions for myself." Myra felt that the way she was raised and existing in the patriarchal society she lives and works in, her experiences have been significantly impacted, and not always for the best.

Other participants also felt that their identity as a female played a role in their experiences with working with survivors. Most of the female-identified participants that felt that their gender identity intersected with their work felt that their identity made them more accessible to female-identified survivors. Jackie stated, "I think my identity as a woman comes into play, too, being naturally nurturing." Jackie elaborated on her experience and her perception of male counselors' experience as she said:

I think...my gender identity in that way has had an intersection in that way too. I know fantastic male counselors who haven't seen half as many survivors of sexual violence as I have solely because my identity as a woman... And then with children especially, the

non-offending caregivers are often very protective, and immediately feel more comfortable with me. I know this because they've told me... because I'm a woman, and sometimes even being a younger woman helps, especially with the children. They see me as safer and relatable, so I think that's an aspect of the identity that comes into play.

Myra had some similar experiences. She noticed that “most of [her] sexual abuse patients are women” and she “doesn’t see a lot of men come in” to work on their trauma even if that is a part of their story. She attributed this phenomenon to, “...because I am a woman.” Aisha also stated that, due to the nature of Mizan therapy, she only works with clients that have a “womb space” and have female “biological organs” because it involves a “hands-on massage.” She did, however, also attribute this to her “own religious beliefs and own personal experiences” and reported that she “feels safe with women.”

Jackie also felt that her identity as a female contributed to her experiences as well. She stated, “Certainly, as a female, I think that I probably see more females than men.” She went on to describe some of her perceptions of the intersections between identity as a female and identity as a survivor. She shared:

Females can be more... apologetic or more easily moved in a direction of feeling “less than,” rather than being emboldened and empowered. And especially as these experiences happen, even more of a vulnerability to go in that direction. And then, if a woman becomes very empowered, then that gets labeled something that is pejorative as well. So, when you're trying to empower, especially a female, to overcome these things, there's a risk on the other side...

Jackie both felt that she sees more female survivors but also shared that she perceives that there is a risk in empowering survivors because an empowered woman can be looked upon with

disapproval by society. The female-identified participants felt that their identities certainly played into their experiences of working with survivors. The male-identified participants did not perceive that their gender identity intersected with their experiences to the extent of the female-identified participants. However, Abdul did note:

For gender, I would say that I'm beginning to realize two things as a man. One is that men sometimes can cause more trauma than women, and men can also sometimes be more traumatized... but not talk about it and not express it. Or them causing of trauma or being perpetrators could be manifestations of their own trauma... With this realization, I think, I'm more sensitive to my role as a man and not misuse or abuse it, because that could be traumatic.

Abdul also noted that, at his Muslim-serving counseling center, they tend to “pair female therapists with female clients and male therapists with male clients.” Because of this he stated that, “[He] hasn’t seen a lot of women with sexual trauma, but mostly men.” Abdul has also become more aware of his identity as a male in a “patriarchal household” and this increased self-awareness has impacted his experience of working with sexual trauma survivors.

Lastly, the participants that identify as a survivor themselves felt that this identity significantly contributed to their experiences and understanding of their clients’ experiences. For instance, Jackie shared, “I think my identity as a survivor myself plays into it, naturally. It intersects in that, obviously the empathy is there and it intersects with the hope and being able to be there for others...” That is, Jackie felt that there is an increased level of understanding that she has with her survivor clients, and thus, therapeutic empathy, because of her own experiences.

Aisha shared similar experiences stating,

From my own personal experiences, I would say I'm a victim and survivor of sexual violence myself. Therefore, it's not the only reason that I came into this field. So, having that sort of understanding and having that experience, I suppose, equips me to better understand the survivors that come to me. I suppose there's some common denominators, but each individual has their own story to tell.

Like Jackie, Aisha felt that her experiences and identity of a survivor serve as a boon to working with survivors, but also acknowledges the individual nature of traumatic experiences and allows for there to be space for differences between her and her clients. Finally, Abdul shared that his identity as a survivor has also given him more of an ability to "appreciate life." He continued by saying:

Even myself, for example, I'm a survivor, and I've come this far there are people who are struggling, and they couldn't go far because of their trauma. So, if you start seeing some of these clinical things, like I work with couples, and whenever I see them talk about their problems, I'm thanking God that I don't have that many issues with my wife... So, that perspective really helps... with dealing with my own emotions. I have still a long way to go, but I think I am in a much better place since I started.

Jackie, Aisha, and Abdul all tapped into the growth and meaning making that religious and/or spiritual counselors can experience following their own experiences of traumatic stress.

Kathy also described how her identity as a sexual assault survivor intersected with her spiritual identity. Unlike the previous participants, however, she felt that her experiences with religion following the assault were more harmful. To illustrate this, she shared, "And it was after that point, I ended up going into more of the Christian direction versus Catholicism, and I also had a number of experiences that I would classify them as counter therapeutic." Kathy's personal

experience with sexual violence and the church was one of the reasons that she left the church and pursued her spiritual but not religious identity. What is clear is that many of the participants' experiences varied widely by the influences of their other identities such as cultural/racial identities, gender identities, and identity as a survivor themselves. Even with these similarities and differences in experiences, the participants also experienced significant growth and resilience as a result of their work and engagement with their survivor clients.

### **Growth and Resilience**

Although the participants have all experienced their own degrees of traumatic stress, negative experiences with religion, and their own ways that their other identities intersect with their experiences, the one phenomenon that the participants unanimously had in common was experiencing growth and resilience as a result of their work with survivors of sexual trauma. Three subthemes emerged within this category: a) vicarious post-traumatic growth, b) meaning making, and c) self-care.

#### ***Vicarious Post Traumatic Growth***

Many participants experienced vicarious post traumatic growth, or spiritual, emotional, and psychological growth that results from their indirect exposure to their clients' sexual trauma narratives. Additionally, many participants reported that their religious and/or spiritual beliefs were instrumental in facilitating this growth despite the traumatic stories they regularly listen to.

When sharing her perceptions of how she engages her religious beliefs and practices to cope with negative psychological symptoms, Jackie noted:

[My faith] just helps me take good care of myself. It helps me stay rooted in something bigger than myself and to stay connected with God, to pray, to reflect, or remind myself that the world isn't all negative and evil, so it helped me stay in a good enough place



where I could take care of myself so I could continue to be of service to these individuals who had experienced such pain and trauma.

Jackie also shared that her faith helps her “create a lot of spiritual, emotional well-being... despite in the midst of these terrible traumatic situations... Hope comes to mind, and triumph.” Additionally, Jackie stated that her faith helped her grow and “make it through anything,” which was important for her especially for her work with “the young kids” because they “always really get to [her].” Her faith has helped her “transition from a space where there’s so much pain, heartache, and trauma in the world, to a clear place where there’s also a lot of beauty and growth.” Finally, Jackie stated,

If I didn't have my faith and my relationship with God, I'm quite certain I wouldn't still be doing this work. I would have been incredibly burnt out, I would have had a thought of, “why does it matter? If the world is so evil and if people go through so much pain and there's nothing bigger or higher.” Well, [without] that faith, that hope, and knowing He's still with us despite it all... I wouldn't still be doing it.

Jackie felt that her faith and relationship with God served a critical role in protecting herself from burnout, depression, and feeling like what she does in her trauma work with survivors and others does not matter.

Similarly, Eveline shared that her work has “increased [her] gratitude” and felt that she is “more aware and a heart turned more tender.” She also stated:

I'm much more able to see who's speaking out of a seat of genuine understanding and who's just speaking out of the seat of trying to think that they understand of a more intellectualized space, and it's enhanced. And that also informs my prayer time.

Eveline felt that her work with survivors had not only increased her gratitude in her own life but also her empathy for others. Eveline was not alone in feeling that she has more empathy for her clients either. Abdul also felt that he also had “more empathy, even for perpetrators” because of his work with survivors. Drawing from his own clinical experience and identity as a survivor himself, he stated, “But now, as someone who's worked with even perpetrators, I would say, there's a lot more empathy, because they're suffering, and oftentimes, they're also just passing their trauma on to the next person.” That is, Abdul has learned that many perpetrators were also victims themselves, so he has been able to grow in empathy. Additionally, Abdul shared that his work has also, “deepened [his] connection with God, spiritual connection, and appreciating different views and beliefs that do exist in the religion.” He perceived that his spiritual life had deepened and his perspective of other Muslims that believe differently from him improved because of his work.

In a similar vein, Giti reported experiencing increased resilience herself because of her work with survivors. She stated:

I think it's just a sense of admiration, more than anything else, and like pure resilience and action that they themselves may not be aware of. So, it's interesting to see how that plays out in their individual lives, how they move through the world based on what they've been through and how they cope. I think it's beautiful.

Giti felt that she drew strength from witnessing her survivor clients grow, heal, and demonstrate strength themselves. That is, she experienced her own growth by witnessing her clients' growth.

Similarly, Myra shared her experiences of post-traumatic growth that she attributes to witnessing the strength of her clients. She stated:

What has emerged for me is just a peace with not knowing. It really boils down to a trust that overrides logic, reason. The second thing is to see what in our field we would call “post-traumatic growth.” But really, I’ve experienced is restoration. Not necessarily recovery because this is not one of those things you recover from. There’s no going back. But there is a recreation perhaps or the new creation of the realities, the future, the person. In that sense, that has been my experience and that’s the hope I bring in to my work that I know it’s possible even if we don’t have all the answers.

Myra’s felt that she had a spiritual experience with peace and a trust that transcends what might be considered “rational” or “logical” because of the strength she has witnessed in her survivor clients.

All the participants felt that they experienced emotional and/or spiritual growth in some way that they attributed to their work with survivors of sexual trauma. This growth they experienced, the participants felt, frequently acted as a barrier to experiencing negative phenomena such as burnout. Jackie summarized their collective experiences when she shared that her religious identity was “significant in its intersection. One of the big things that comes to mind is it helps mitigate compassion fatigue, vicarious trauma, and burnout for me. Especially with the littles.”

### ***Meaning Making***

The second subtheme, Meaning Making, includes the ways that the participants engaged their religious and/or spiritual beliefs to make meaning of the suffering that they’ve born witness to in their clinical experiences working with survivors. As described in Theme 2, Abdul also reported that he practices TIIP. He expanded on his conceptualization of the ways that trauma

treatment intersects with his religious identity by sharing the relationship that suffering has with God. He stated:

Muslims were the first to treat psychiatric illnesses. They've been talking about these issues for a long time, but how do you deal with trauma? There's been conversations about, how does a religious individual deal with trauma in terms of accepting their role in this world? Who they are, who is God? Then eventually... understanding that there's suffering in this world, and that suffering equates to a better afterlife. I think that definitely plays a huge role... There's another religious saying of the Prophet that said, "The cry of few people are accepted directly by God. One of them is the one who's oppressed." So, when somebody goes through trauma, they have a direct connection with God... It's something easier said than done, but... at the end of the day, it gives a bit of that positivity and hope in terms of how we view life, which isn't just from birth to death. There's an afterlife as well.

Abdul's beliefs about suffering and the afterlife significantly intersect with his approach to working with traumatized populations, especially Muslim clients. Similarly, Eveline shared that a way she makes meaning out of her experiences is through the belief that "we are in a temporary location." She shared, "God is really clear. He says that this is not our forever home, and this is not how we originally started. We started in Eden, which is a beautiful place, and this is the meadow." That is, Eveline recognized that this world, and thus suffering, is temporary because there is something beautiful and perfect that comes after this life. What is clear is that, although the participants experience negative symptoms such as those described in the first theme, they also experience positive emotional and psychological outcomes as a result of their work.

Similar to Abdul, Fatima had similar beliefs regarding Islam, suffering, and trauma. She described a training she attended that was based on a book titled *The Benefits of Trials and Tribulations*. She shared:

There are many benefits to trials and tribulations spiritually. And very clearly, we don't put any blame on victims. So, even when we say that trials and tribulations can be cleansing, it doesn't mean that you did something bad and this happened to you to punish you... But just even understanding the reality that trials and tribulations.. are part of life, everybody experiences them... But, just the idea of finding meaning in your pain. It doesn't mean that you don't experience pain, but you're not stuck in a state of suffering. So, finding that meaning.

These participants' understanding of how one can find meaning in suffering largely stemmed from their religious and spiritual beliefs.

Jackie shared how she makes meaning out of suffering by engaging in her beliefs of Collective Consciousness. She described that, "on a subatomic level, everything is connected." She went on to describe her beliefs in more detail:

Instead of being in the egoic mind, which is our conscious, limited mind, we can step behind and outside of that and recognize that everything has so much influence from that space, that what has been conditioned, based on environment, culture, etc., that lens, that there is a limitation to that. And within that, there's a lot of distress and a lot of suffering. If we can step outside of that and understand the separation, it's a beautiful way to be at the 5,000-foot view, instead of in the weeds.

Another common meaning making experience that many participants had was the experience of moral demands. That is, many participants feel a divine calling to do the work

they're doing or feel that, because God has equipped them with the tools and skills to do sexual trauma therapy, they are morally obligated to do so. This sense of spiritual duty or obligation helped many of the participants make meaning out of their experiences.

Adam felt that, because God has blessed him, he must give back in return. He stated, "God has been good to me, so I try to share my blessings that I have back to the community, provide back to them." Similarly, Abdul shared, "It's a blessing, and it's something that you notice that makes your life better, and your view of life even more improved, just by helping others."

Isabel felt that one of her greatest roles in life is to work with survivors. She stated, "I figured this is what I'm here for. This is why He put me here and put my feet in this direction. And I'm thankful for that." She went on to say, "this is what God sent me to do" and expressed feeling that "this is a place where God has put my feet to do this work." Similarly, when describing her perception of God's purpose for her life, Eveline imagined God saying to her, "This is why you're good. This is why I created you, so that you can look evil in the face." Aisha also described a similar experience of feeling that she was doing this work for a reason. She stated:

I feel very grateful for being in a position to be able to work with the clients that I do but at the same time, it is quite burdening. But again because of [my] faith, I have my trust in God. I think from the adversities that I've been through and the experiences, I've been through I've come out on the other end. It doesn't mean to say that I don't still encounter issues or triggers, but my faith has just gotten so much stronger... I have found my purpose in life and that is about empowering, helping and supporting others and empowering others, perhaps being an example.

Aisha felt that, although she has experienced trauma herself and had heard countless tales of trauma from her clients, she felt that she has been able to overcome much adversity because of her faith and belief in God. Additionally, she felt that working with survivors and engaging in Mizan therapy is one of her greatest purposes in life. Additionally, Aisha described the term “Alhamdulillah.” As she described what the term means to her, she stated, “It's me being grateful to God for everything I have and everything I don't have and everything that has been taken away from me. I'm more grateful for that and that's due to what the clients are bringing to me.”

Much like the previous participants, Abdul reported that he felt a strong sense of obligation to help the hurting because of his Muslim Identity. Abdul shared:

In Islam, if I know somebody needs help, and I know I can help them, it becomes an obligation upon me to help them. Whether it's trauma or not, anyone who has any kind of psychological illnesses or issues, if they need help, I have to help them... I feel like it's a good thing, a duty that I'm doing, helping people and trying to make their lives better.

With regards to trauma, it's another layer of obligation... There's a famous saying of the Prophet that said, "Help your brother, whether he's the oppressed or the oppressor." So, whether you're working with the perpetrators or the victims of trauma, there's a sense of religious responsibility and obligation. Then being able to bring awareness into people regarding what's happening to them due to their trauma... has been very fulfilling.

Although Abdul reported experiencing a strong religious obligation to help those that are hurting, contrary to modern conceptualizations of what an “obligation” is, he felt that it was fulfilling, rather than emotionally taxing.

Jackie reported feeling that her religious beliefs help “take the pressure off” because she can sometimes fall into a “savior complex and we feel like we have to say the right things, do the

right things.” Jackie went on to describe her experiences with knowing why God has her there to do this work:

I prayed and I knew that He was going to use me and work through me in the ways in which that person needed and I was able to bear witness to that time and time again where I was able to let go, connected, and not be in my head, let Him do the work through me... Knowing indeed, that He handpicked me to be there for this person, to be there for this child and that He was going to use me as a conduit. That I was going to be able to do God's work rather than having to have all the answers...

Jackie also added that she felt that it is “a privilege to do the work that I’ve been able to do. Being able to be there for people shortly thereafter the event happens, I think is really profound.” Likewise, Jackie shared, “One after another, I know that every single time I meet a new person, ... I know that there's hope for them. They don't know it, but I know it. It's very tireless work, and I just love doing it.”

Other participants, such as Giti and Fatima, described their work with survivors as “an honor” and “very rewarding.” Similarly, Myra stated, “love what I do. I can't imagine not doing this. I'm so grateful that I can be one of those who says I love what I do and I get to do what I love and I get paid for it. It's a cool thing.” Myra also described her experience of feeling that she is “co-laboring or co-working” with God in her work.

### ***Self-Care***

The third subtheme, Self-Care, involves the practices the participants engaged in and the circumstances that they felt served as protection against burnout. While some practices might be related to their religious and/or spiritual identities, not all of them did. For instance, Myra shared that she needs the “first two or three hours of [her] morning to be quiet.” She uses this time for



“reading the Bible... sitting with coffee and it’s just unconscious... reflection, talking, and thinking.” Similarly, Isabel stated, “I would say every morning, I have 15 minutes of positive affirmations. Then I usually say the Lord's prayer. And then I'm like, ‘Let me just get on with his day.’” The morning is a sacred time for Myra and Isabel and seemed to serve as a daily ritual that helps them mentally and spiritually prepare for the day ahead. Jackie felt that reading, journaling, exercising, spending time with friends, and praying are important self-care activities for her. When reflecting on how her religious identity intersects with her clinical work with survivors, she stated:

I've looked into reading some of it myself and noticed that there was a big gap in the literature... It's something that I thought about before. I've journaled about it, in fact, on hard days that I could not continue in the long term if not for my faith, if not for praying and being connected to God.

Additionally, Jackie described going on “drives afterwards where [she] was able to just connect with God, give it to him, and process it... and praying and reflecting after work on those drives.” She also stated that, while there are other self-care strategies she engages in, “the one thing that keeps [her] going on the hard days is [her] faith.”

Although Abdul engages in spiritually centered self-care activities such as prayer and meditation, he felt that she had not recognized just how important it was until much later in his career but does now. He stated:

I would say, probably, seven, eight years into my clinical work, I recognized the importance of self-care. Now, I give myself time to process if I have any kind of emotional reaction to any of my clients. I've cried with my clients if that was necessary.

I've cried after the session, and sometimes I've forced myself to cry, just so that I could get that cathartic experience.

Indeed, Abdul felt that he has found ways to care for himself because he has been in the field longer. He went on to say, "I think in the beginning, when I didn't really focus too much on self-care, I didn't take the time out for myself and I would say [the work] was probably affecting me more." Isabel agreed that time and experience has served as a protective factor for her as well. She shared:

I don't carry the weight of clients. Over the years I've learned that, at 4:30, when I turn off the light in my office and turn off the noise machine, I'm out the door and like, "okay, I'm done with that." I don't carry clients around, and it's not for lack of compassion or empathy or caring. I've just been in this long enough that I can't carry everybody with me. Isabel and Abdul shared the fact that they have been working in the field for many years and have found that their time, experience, and skill in implementing strong boundaries have helped them mitigate negative psychological symptoms that are common for practitioners that consistently work with traumatized populations.

Other self-care practices that participants engaged in were yoga, meditation, and journaling. For some of the participants, there were spiritual elements to these practices. For instance, Giti shared that she has been a "yoga and meditation practitioner for the last 20 years." For her, yoga and meditation has helped her sort through her emotions. She stated, "Really just being with the feeling is how I get through it. If I want to be sad, I'll be sad. I won't look for something to distract. And I use yoga to move through that as well." Isabel also reported regularly engaging in spiritual meditation. She shared that she's "always been involved in meditative practice, probably since [she] was a kid." Myra turns to meditations and prayers

religious affiliations other than hers to care for her soul. She shared, “I turn to meditative prayers like Thomas Merton and Kempis. I’ve been reading Father Brennan Manning. I look at a lot of Catholic works and monks and those prayers, Jewish prayers. Those kinds of practices help me.” Self-care was highly important for these participants. Some of these practices for some participants involved religious spiritual elements, but not all of them did. However, the majority of these practices did involve spiritual components (i.e., meditation, yoga, reflection, religious readings), further emphasizing just how integral spirituality is to the participants’ identities.

### **Conclusion**

This chapter presented the results of the data analysis of this phenomenological study on the experiences of counselors with diverse religious and/or spiritual identities that work with survivors of sexual violence. The findings were presented in five major themes and subsequent subthemes: 1) adverse psychological consequences (vicarious trauma and secondary traumatic stress), 2) faith changes (changes in belief and changes in practice), 3) religion as a barrier (resistance to pressured forgiveness and religious institutions as a barrier to healing), 4) intersecting identities (religious and/or spiritual identities intersecting with clinical work and intersecting cultural and gender identities), and 5) growth and resilience (vicarious post-traumatic growth, meaning making, and self-care). Participants’ responses yielded insight into the essence of their lived experiences regarding the intersections between their religious and/or spiritual identities and how they cope with the stress of consistently working with survivors of sexual trauma. Overall, the participants felt that their religious and/or spiritual beliefs and practices were essential to cope with and make meaning of their experiences working with survivors, although there have been instances where institutionalized religion has been a barrier for wellness and healing. A discussion of the themes and subthemes along with implications for

counselors, counselor educators, and recommendations for future research is presented in Chapter V.

## CHAPTER V: DISCUSSION

The purpose of this phenomenological study was to understand the lived experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence. This chapter provides a discussion of the themes presented previously: *Post Traumatic Stress*, *Faith Changes*, *Religion as a Barrier*, *Intersecting Identities*, and *Growth and Resilience*. Implications of the findings and recommendations for future research will also be provided.

### Overview of the Study

Counselors working with traumatized populations are experiencing heightened levels of burnout (Devilley et al., 2009; Morse, 2012) and their own trauma symptomology (Benuto, 2018; Bride et al., 2004; Hernandez-Wolfe et al., 2015). While it is known that these negative symptoms can be increased or decreased by the ways that counselors cope with stress (Hasan et al., 2018; January et al., 2015; Pargament et al., 2011; Rohe et al., 2015), very little was previously known about the experiences of religiously and/or spiritually diverse counselors that draw from their religious and/or spiritual identities to cope with the stress that comes from working with survivors of sexual violence.

Furthermore, much of the research regarding religious and spiritual coping with stress and trauma have been examined quantitatively in counseling and psychology literature (Ahrens et al., 2010; Bryant-Davis et al., 2011; Carroll et al., 2020; Gerber et al., 2011; Khan & Watson, 2006; Pargament et al., 2011; Pargament et al., 1998), which excluded critical, contextually sensitive information. Contextually sensitive information is important when examining religious and spiritual coping because not everyone will engage in their religious/spiritual identities and practices or interpret stressors in the same way. Thus, the framing of this study was necessary to gain an understanding of the participants' experiences.

The purpose of this study was to gain a deep understanding the lived experiences of counselors of diverse religious and/or spiritual identities that work with survivors of sexual trauma. This was achieved by utilizing a transcendental phenomenological approach, which is a type of qualitative research that focuses on discovering the essence of lived experiences of individuals and groups (Merriam & Tisdale, 2016; Moustakas, 1994; Van Manen, 2014). I selected participants through purposeful and snowball sampling and collected data by interviewing the 11 participants selected. All of the participants met the study criteria of being a counselor or psychologist who has worked with survivors of sexual violence for at least two years and has a religious and/or spiritual identity that was salient to their identity. Through the data analysis, it became clear that religion and/or spirituality can be perceived as both an asset and a barrier for wellness and post-traumatic growth, both for the participants and their clients.

Five major themes emerged from the interviews and analysis, including: 1) *adverse psychological consequences* (subthemes: vicarious trauma and secondary traumatic stress), 2) *faith changes* (subthemes: changes in belief and changes in practice), 3) *religion as a barrier* (subthemes: religious institutions as a barrier to healing and resistance to pressured forgiveness), 4) *intersecting identities* (subthemes: religious and/or spiritual identities intersecting with clinical work and intersecting cultural and gender identities), and 5) *growth and resilience* (subthemes: vicarious post-traumatic growth, meaning making, and self-care).

### **Discussion of the Themes**

The purpose of this study, then, was to gain a deep understanding of the lived experiences of counselors with diverse religious and/or spiritual identities and how they engage with these identities to cope with the stress that comes from working with survivors of sexual violence. There were two primary research questions:

- 1) What are the lived experiences of counselors that use their religious/spiritual identities to cope with the stress of counseling survivors of sexual violence?
- 2) How do counselors perceive the intersection of their other identities such as race, ethnicity, or gender with their religious/spiritual identities in relation to their work?

This section includes a discussion of the five major themes and subthemes that emerged during the data analysis. The findings of this study are synthesized and integrated with prior research to illustrate the ways that religious and/or spiritual identities can be an asset for meaning making as well as a potential source of discomfort for some. Furthermore, the complexities and nuances of experiences based on gender and cultural factors will be described in detail.

### **Adverse Psychological Consequences**

The first theme that emerged was adverse psychological consequences. Most of the participants in this study experienced negative emotional and cognitive consequences due to their work with survivors. The findings in this theme confirm previous research that counselors can experience adverse psychological consequences because of indirect exposure to their clients' traumatic stories (Bride et al., 2004; Finklestein et al., 2015; Hernandez-Wolfe et al., 2015; Jenkins et al., 2011). These consequences involved significant negative changes in the participants' cognitive schemas, worldviews, self-efficacy, feelings, (Hernandez-Wolfe et al., 2015) and the development of negative psychophysiological symptoms (Benuto et al., 2018; Bride et al., 2004; Lanier & Carney, 2019). This theme emerged with two subthemes 1) vicarious trauma and 2) secondary traumatic stress.

#### ***Vicarious Trauma***

According to Hernandez-Wolfe and colleagues (2015), vicarious trauma (VT) is “the cumulative effect of working with traumatized clients, involving interference with the

counselor's feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety (p. 157).” VT usually develops over a longer period after counselors have had the chance to work with trauma survivors in an extended capacity (Benuto, 2018). Part of the inclusion criteria for participation in this study was working with survivors of sexual violence for at least two years, so all participants had continuous exposure for a long period of time. However, the participants in this sample seemed to have differing experiences with VT based on years of experience. This confirms previous research that newer counselors (i.e., counselors who have had two or fewer years of counseling experience; Morris & Minton, 2012) tended to experience greater degrees of VT than more seasoned counselors (Lanier & Carney, 2019; Michalopoulos & Aparicio, 2012; Parker & Henfield, 2012). Newer counselors tend to have less experience with trauma and may have less training relevant to working with trauma (Newell & MacNeil, 2010; Parker & Henfield, 2012). Furthermore, newer counselors might have difficulty establishing and maintaining boundaries during the early stages of their career, which can contribute to an increase in vulnerability for developing VT (Howlett & Collins, 2014). This phenomenon was confirmed by two of the older participants in this sample that noted that they used to experience more trauma symptoms earlier in their career but have since learned more self-care skills, such as boundary setting, to reduce the risk.

For the participants in this study, continuous engagement in their work with survivors took a toll on their emotional and psychological wellbeing as evidenced by significant negative changes in worldview and diminished self-efficacy in counseling ability. These findings are consistent with previous research that has demonstrated that continuous work with survivors of trauma can result in negative alterations in cognitive schema or worldview (Baird & Kracen,



2006; Ford & Courtois, 2020; Saakvitne & Pearlman, 1996) and self-efficacy in counseling skills (Hernandez-Wolfe et al., 2015; Stamm, 1999).

Furthermore, several of the participants' described experiences which confirmed Saakvitne and Pearlman's (1996) findings that these significant negative changes tend to take place in the core aspects of the counselor's self because of their empathetic engagement with traumatic narratives over time. For example, two of the participants reported that they now believe that some people are born evil, a belief that did not occur until after the participants had worked with survivors for an extended period.

Additionally, one participant experienced decreased self-efficacy in her counseling skills because of her work with survivors. She reported that she feels inadequate to address the sexual trauma that many of her clients have experienced although she has worked with them for years and has personally witnessed positive outcomes. This example denotes the phenomenon that, despite apparent positive outcomes, counselors who work with survivors for an extended period of time can experience diminished self-efficacy in their helping skills (Hernandez-Wolfe et al., 2015).

Lastly, several of the participants experienced disillusionment with their respective cultures. One of the South Asian participants expressed anger that she felt her culture stigmatizes sexual violence. Additionally, two other participants perceived that religion, mainly Christianity, has become intermingled with power in the West. This has caused many problems in their opinion, including the maintenance of a culture of patriarchy and misogyny that breeds sexual violence. It is important to note that the perception that religion, when conflated with power, perpetuates sexual violence was held by participants of both eastern and western cultures. These participants reported feelings of discouragement, anger, and frustration with many of the

systemic factors that contribute to the maintenance of a culture where sexual violence is perpetuated. At times, some of these systemic factors involved religious elements, such as traditional religious beliefs that are rooted in patriarchy. These systemic factors in religious institutions have created the conditions for sexual abuse to occur to both males and females alike (Bohm et al., 2014; Rashid & Barron, 2019; Terry, 2015).

Many of the participants in this study experienced VT symptoms including negative impact on their emotions, cognitive schemas and worldview, self-efficacy in counseling skills, and/or sense of safety (Hernandez-Wolfe et al., 2015). While it did not appear that each participant experienced every symptom of VT, every symptom of VT was represented by the participants. There were some differences in symptoms between the participants that had been in the field longer when compared to newer counselors. That is, longevity in the field appears to be a protective factor for counselors that work with survivors because they are likely to have had more experience with implementing self-care practices, such as leaving work at work and maintaining healthy boundaries. Although the more seasoned counselors reported less current VT symptoms, they did note that they had experienced it to greater degrees earlier in their career.

### ***Secondary Traumatic Stress***

According to Bride and colleagues (2004), secondary traumatic stress (STS) is when an individual experiences reactions and symptoms resembling posttraumatic stress, such as intrusive thoughts and memories, avoidance of trauma triggers, hypervigilance, increased arousal, and feelings of hopelessness, all resulting from indirect trauma exposure. Several of the participants also experienced these reactions. STS is distinguished from VT in that STS usually describe psychophysiological symptoms more than negative worldview and cognitive schema changes.

Four participants reported STS symptoms such as sleeping poorly, hypervigilance, and feelings of hopelessness and intense emotional pain, due to their indirect exposure to their clients' trauma. Thus, confirming previous literature that an individual can develop post-traumatic stress symptoms without direct exposure to the traumatic event (Beck, 2011; Jenkins et al., 2002; Kellogg et al., 2018; Sprang et al., 2019).

Most of the participants in this study reported experiencing a variety of negative psychological consequences due to their work with survivors. These consequences involved significant negative changes on two levels: changes in cognitive schemas, worldviews, self-efficacy, and feelings as well as negative psychophysiological symptoms (Benuto et al., 2018; Bride et al., 2004; Lanier & Carney, 2019). In addition to psychological and psychophysiological changes, many of the participants also experienced changes in their faith.

### **Faith Changes**

Most of the participants spoke about the ways that their faith had changed both in belief and in practice because of their work with survivors. The changes experienced by participants were not limited to a single type of change and were highly unique to the individual, there were some commonalities of experience. Some participants experienced highly positive changes, others experienced more doubt and confusion, and others felt that their changes were neutral but were changes nonetheless. Consistent with previous research (Charzynska, 2015; Pargament et al., 2011), the types of religious or spiritual coping (i.e., positive or negative) appear to have played a role in determining some of these outcomes. This theme emerged with two subthemes: 1) changes in belief and 2) changes in practice.

#### ***Changes in Belief***

It is not uncommon for individuals that have experienced trauma to also experience changes in their religious or spiritual beliefs (Fontana & Rosenheck, 2004; Krause & Hayward, 2012; Leo et al., 2021; Robinson, 2014). However, very little is known about changes in religious beliefs related to secondary traumatic stress or vicarious trauma, especially in counselors that work with survivors of sexual trauma. Many of the participants in this sample experienced significant changes in their faith beliefs, thus providing a novel contribution to the literature.

Five of the participants felt that their religious and/or spiritual beliefs changed for the better, as evidenced by experiencing deeper intimacy with God, discovering different aspects of His character, or experiencing increased reliance on Him. That is, these participants experienced positive changes in their religious and/or spiritual beliefs that they felt was directly attributed to their work with survivors. These findings reinforce previous research that showed that many individuals that identify as religious and/or spiritual look to God or their Higher Power in times of stress and adversity and can often find comfort, meaning, relational intimacy (Pargament et al., 2011), and greater degrees of post-traumatic growth (Gall et al., 2007; Gerber et al., 2011; Park, 2005; Schaefer et al., 2018). This mostly held true for this sample. However, there were two participants that also experienced negative changes in their beliefs because of their work such as questioning and doubt. Lastly, one participant reported not experiencing any spiritual changes and another felt that her perception of religious possibilities expanded significantly because of her interactions with clients.

All these experiences, regardless of direction and specific religious affiliation, demonstrated the profound impact that working with survivors has on an individuals' religious and/or spiritual identity. Religion and spirituality are important mechanisms that many

individuals throughout the world engage with to make meaning and sense of their experiences (Bryant-Davis et al., 2011; Dale & Daniel, 2011; Gall et al., 2007), so it rightly follows that continuous engagement with dark, traumatic material will necessarily impact their meaning-making and coping processes. This also necessitated a parallel change in the participants religious or spiritual practices.

### *Changes in Practice*

Much like changes in beliefs, the participants also experienced changes in the ways that they practice their faith or spirituality. Many participants noted an increase in practices and activities such as prayer, meditation, journaling, and reading sacred texts because of their experiences with survivors. The findings in this subtheme appeared to be closely related to, or a product of, changes in the previous subtheme. For instance, because one participant had experienced increased intimacy with God because of her work, she also felt that her prayers increased both in frequency and closeness. Likewise, two other experienced positive changes in the ways that they engaged with and experienced Allah. That is, they began to engage with Him in a much more personable way that felt more meaningful to them.

For the majority of this sample, it seemed that the participants could not provide counseling services with survivors of sexual violence over an extended period of time and it not affect their religious and/or spiritual beliefs or practices. This is consistent with previous literature that trauma, and even secondary exposure to trauma, can affect meaning making systems, such as one's spirituality (McMartin & Hall, 2021; Muehlhausen, 2021; Park, 2005; van Uden et al., 2016). Although many of the participants felt that their religious and/or spiritual identity served as a strong protective factor that helped mitigate trauma symptoms, there were

also some that perceived that religion could function as a barrier to wellness and trauma recovery at times.

### **Religion as a Barrier**

Six participants perceived that religious institutions can be a barrier to healing for survivors at times. However, it is important to note that these participants also identified as religious themselves. Because of this, the participants experienced intrapersonal tension as they struggled to reconcile the salience of their religious beliefs and the fact that they perceive that it can impede survivors' recovery process at times. This theme emerged with two subthemes: 1) religious institutions as a barrier to healing and 2) resistance to pressured forgiveness.

#### ***Religious Institutions as a Barrier to Healing***

There were six participants that perceived that some religious institutions can be a barrier for a survivor's healing or can even contribute to maintaining the conditions where sexual violence may be perpetuated. A negative perception of organized religion is not necessarily an uncommon one in society (Pew Research Center, 2019). However, some of the participants that identified as religious themselves held this view.

Two of the participants held the view that religious institutions can frequently associate sex with shame (i.e., "dirty" or "bad spiritually"), thus, causing their survivor clients who were also religious to associate their sexual trauma with shame. Likewise, one participant felt that religion's fixation on "sin" also perpetuates a constant state of shame for her religious survivor clients. One participant's story of a religious leader stating that individuals with a diagnosis of schizophrenia need more prayer in their lives and not psychiatric medication, highlighted the fact that religion and the mental health field can be misaligned at times, particularly when pertaining to severe mental illness such as schizophrenia (Borras et al., 2007; Gearing et al., 2011; Grover

et al., 2014). For instance, a study by Borrás and colleagues (2007) found that, in a sample of patients diagnosed with schizophrenia ( $n = 103$ ), 32% of patients were completely nonadherent to antipsychotic medication and 31% of these patients were nonadherent because of the incompatibility or contradiction between their religion and taking medication. This phenomenon can further create tension in religious mental health service providers because their two most salient identities may conflict at times. Another participant felt that religion could be used as a means to achieve power and control, which can create the conditions necessary for sexual violence to occur.

These perceptions should be examined with complexity because they create an incongruence between the participants religious identity and their values. For instance, it is known that the church has had a role in the perpetuation of sexual abuse throughout history (Denney et al., 2018; Frawley-O'Dea, 2007; Keenan, 2013; Plante & McChesney, 2011; Terry, 2015). Additionally, with the advent of the *#metoo* movement, the church's complacency in the maintenance of power dynamics such as purity and silence culture that perpetuates sexual violence has sparked the need for a cultural reckoning (Colwell & Johnson, 2020; Everhart, 2020). Because of this, the participants that affiliate with an organized religion experience this conflict of values. These participants draw strength from their religious beliefs but also must contend with the fact that the institutions and members of their religion have perpetuated sexual violence, a crime that they have spent much of their professional career helping survivors recover from.

These participants that work with survivors on a continuous basis must grapple with the fact that religion can be both a source of strength and love as well as an institution that, when

conflated with power, perpetuates sexual violence. These conflicting perceptions and experiences can create intrapersonal turmoil and should be addressed with complexity and compassion.

### ***Resistance to Pressured Forgiveness***

One major way that some of the participants felt that religion could be a barrier was when religious leaders or institutions pressure survivors into premature forgiveness. Both religious and spiritual but not religious participants expressed this resistance. The participants shared stories of times when religious leaders had pressured or coerced survivors into forgiving their attackers before the survivor felt they were ready. They felt that forgiveness was framed as the start of the healing process and true healing cannot take place until the survivor had fulfilled their religious obligation to forgive their attacker(s) or perpetrator(s). The participants perceived that this pressured forgiveness led to even more psychological damage and shame for the survivors. These participants expressed anger and frustration with this phenomenon and made a point to make sure that they let their survivor clients know that they may forgive on their own time, but they are not obligated to forgive if they do not wish to or are not ready. This corresponds with current best practices regarding forgiveness work in therapy (Davis et al., 2013; Worthington, 2022; Worthington, 2006; Worthington & Sandage, 2016).

Related to the concept of forgiveness was the concept of repentance. Forgiveness and repentance are closely related because forgiveness is given by one who has been wronged and repentance is sought by and earned by an individual that has done wrong to another. One participant expressed resistance to pressured repentance when she shared a story about a time she consulted with an Imam and the Imam was adamant that the survivor does not repent for the sexual abuse they experienced. This story was a powerful example of a religious counselor expressing resistance to a survivor repenting for the abuse they experienced. This was counter to



the narrative from the previous stories because this individual was a religious leader. These stories demonstrate the fact that black and white thinking (Beck, 2011) about religious leaders and institutions' approach to sexual violence is oversimplifying a complex phenomenon with many layers and conflicting accounts. These experiences and perceptions were made further complex by examining the other intersecting identities of the participants.

### **Intersecting Identities**

Human beings do not exist in a vacuum. The experiences of these participants must be examined through a lens of their other intersecting identities. The participants, although all religious and/or spiritual, represented different religious affiliations, countries, races, ethnicities, ages, and genders. Also, because the participants' religious and/or spiritual identities were salient for them, there were ways that these identities naturally intersected with their clinical work with their survivors. While there are many commonalities among the participants' experiences, such as the fact that religion seems to function in much the same ways for participants regardless of specific affiliations, it is important to also acknowledge and explore their differences. The participants did have significant variation in their experiences based on their intersecting identities, which is consistent with previous research (Chapman & Steger, 2010; Crenshaw, 2013; Hvidtjorn et al., 2014; Lehavot & Simoni, 2011). This theme emerged with two subthemes: 1) religious and/or spiritual identities intersecting with clinical work and 2) intersecting cultural and gender identities.

#### ***Religious and/or Spiritual Identities Intersecting with Clinical Work***

Because the participants' religious and/or spiritual identities were integral to their personhood, it only followed that these identities showed up in their conceptualizations and approaches to trauma therapy. These intersections occurred in many ways for the participants,

but what was consistent across all the participants is the fact that their religious or spiritual beliefs highly influenced the ways they conceptualized suffering. Additionally, if their survivor clients were religious as well, the ways that they intervened were informed by their religious beliefs.

Many of the participants felt that their religious identity was inextricably linked to their identity as a practicing counselor as it shaped their understanding of human suffering, wellness, psychopathology, and relationships. For instance, two Muslim participants described utilizing Traditional Islamically Integrated Psychotherapy (TIIP; Al-Karam, 2018; Haque et al., 2016; Keshavarzi & Ali, 2020), which is a model that seeks to promote wellness in four different domains: cognitive, emotional, behavioral, and the spiritual, and all from an Islamic perspective.

Other non-Muslim participants felt that, because their religious identity was central to their personhood, they necessarily brought aspects of their identities into the counseling relationship, even if religious themes were not explicitly stated. For instance, one participant's belief that God accepts everyone as they are, in turn, caused him to model this empathetic stance with his clients. Similarly, another participant's belief that emotional safety is found within is integrated when working with her trauma clients who long for safety. In this way, her beliefs positively impact her clients' road to trauma recovery and improve treatment outcomes. These positive therapeutic outcomes, because of the religious and/or spiritual affiliations of the counselor, are supported in the empirical literature, both with clients who are also religious (Greenidge & Baker, 2012; Stanford & McAlister, 2008; Vandenberghe et al., 2012) and those who are not (Matalova & Řiháček, 2016; Shafranske & Malony, 1990).

Several other participants reported that they pray for their clients before or after their sessions. This again highlighted the fact that many of the participants' religious identities

intersect with their clinical work, even if overtly religious conversations are not had with their clients. Although these participants' identities necessarily converged with their work at different points and in different ways, what was consistent is that their beliefs strongly influenced the ways that they conceptualized trauma and suffering which, in turn, also impacted the ways that they intervened.

What is clear from the participants' experiences is that, because their religious and/or spiritual identities are so salient to their personhood, they will intersect with how they conceptualize trauma and recovery and their interventions. Although the participants' religious and/or spiritual identities impacted their work, they were not the only aspects of identity to influence their experiences. The participants' cultural and gender identities also significantly impacted their experiences.

### ***Intersecting Cultural and Gender Identities***

The participants were highly diverse and representative of five religious and spiritual identities, eight races/ethnicities, four countries, and two genders. While there were many commonalities in experiences between the participants regardless of these identities, there were also many differences based on these identities.

The participants that self-identified as Muslim had the most differences in their experiences and perceptions, largely because they live with highly racialized religious identities in predominantly White, western, Christian areas. For instance, one Muslim participant felt that some of her clients are hesitant to open up to her at times because of physical signifiers of her religious (i.e., wearing a hijab) and racial (i.e., brown skin) identities. Similarly, another participant felt that Western conceptualizations of trauma and ways to heal from it are not always

congruent with the Eastern perspectives of her and her clients and, thus, sometimes had difficulty helping survivors heal from a Western framework.

Two other Muslim participants felt that their racial identities were advantageous to them as counselors. They felt that they were able to connect more to South Asian clients because of their shared identities and physical characteristics. One Muslim participant felt that her hijab was advantageous for her in her work with adolescent girls who were sexual violence survivors because it represented modesty that they were fascinated by. It is important to note that, for these participants, it was also difficult to fully separate religion, culture, and race because they were so intertwined.

These participants' experiences were significantly impacted by their racial identities, but they were not always negative. In fact, several of the participants were grateful that their racial/cultural identities helped them serve their clients better. They viewed their minoritized racial identities as advantageous at times, especially when working with survivors of sexual trauma that are also racial minorities in the West. Two participants perceived that sexual violence is stigmatized more in eastern cultures than it is in the West, so working with survivors of eastern cultures and being able to provide a positive corrective experience was very healing for many of them.

One participant's experience, however, was different because she identified as a Christian but lived and worked in India, a predominantly Hindu country. Therefore, she was a religious minority but not a racial minority. She perceived that race was not a substantial factor there but that the experiences of individuals in India varied more by their caste system. She grew up in a middle caste household, so did not feel that she was discriminated against because of this. In these ways, her experiences differed from experiences common to people of color in the West in

that she was neither advantaged nor disadvantaged due to her race. However, there are still difficulties that come along with being a religious minority, much like the Muslim participants discussed previously.

The participants that identified as White did not perceive that their racial/cultural identities impacted their experiences in any significant way. This could be because all the White participants lived in regions where their identities were in the majority. While these participants' racial/cultural identities likely did impact the dynamics of their work with survivors, it might have been outside of their awareness. However, they did perceive that their experiences were impacted because of their gender identity.

Nine of the 11 participants identified as female and many of them felt that, because they are female, many of their survivor clients felt more comfortable with them than with male counselors. This was because many of the survivors were female and many of them were abused by males. Given the extant research regarding gender and sexual violence, it is true that those that identify as female experience greater rates of sexual violence than men (Smith et al., 2018; Kearl, 2018; World Health Organization, 2017). In a review of intimate partner violence among young women in nine different countries, sexual violence impacts as many as half of women 15-24 years old (Stockl et al., 2014). With the high prevalence of sexual violence among those that identify as female and the fact that most perpetrators are male (National Center for Injury Prevention and Control, 2010), it only follows that many survivors would feel more comfortable seeing a female counselor. Although females are more frequently sexually victimized than men, there is a growing recognition that sexual victimization of boys and men is a serious, yet largely unnoticed and underreported phenomenon (Fisher & Pina, 2009; Ricardo et al., 2011; Turchick et al., 2016). There is some literature regarding female survivors' gender preferences of a

counselor (Fowler & Wagner, 1993), but there is very little literature on male survivors' gender preferences.

One male participant reported that his identity as a male has changed because of his work with survivors in that he is more aware of his identity as a male and the power that comes along with that. This self-awareness is particularly important for males when it comes to working with survivors because the power differentials between client and counselor can be perceived as being greater when the survivor has a male counselor when compared to a female counselor (Koehn, 2007). Because of this, male counselors should be keenly aware of their position of power, actively work to even out the power imbalance, and discuss the effects of gender on the client's experience. This is true for both male and female survivors (Brown, 2018).

Lastly, three of the participants reported that they were survivors of sexual violence themselves and they felt that their identity as a survivor helped them grow in empathy and understanding for working with survivors. This confirms previous research that a counselor may experience positive emotional and psychological outcomes by their work with survivors because of their own trauma history (Jenkins et al., 2015). This may counter the narrative that counselors with their own trauma history should not work with survivors because they could be re-traumatized (Williams et al., 2012). Counselors with their own trauma history can, indeed, be effective clinicians in their work with survivors, but should take the necessary steps to resolve what they can in their history. (Jenkins et al., 2015; Padmanabhanunni, 2020)

The experiences of many of the participants in this study were significantly impacted by their intersecting identities. All of these experiences should be viewed through the lens of intersectionality (Crenshaw, 2017). Now that the foundation for examining the participants' experiences with complexity based on different identities has been laid, it is important to discuss

the phenomenon that all 11 participants had in common: experiencing growth and resilience because of their work with survivors.

### **Growth and Resilience**

Although the stress and changes in faith the participants experienced varied in terms of severity and presentation, one phenomenon that all 11 participants experienced was their own growth and increased resilience because of their work with survivors. The growth that the participants experienced regularly involved religious, spiritual, relational, psychological, and emotional elements. The fact that all the participants experienced this aligns with previous research on positive outcomes for counselors who work with survivors of trauma (Arnold et al., 2005; Herman, 2015; Linley et al., 2005). This theme emerged with three subthemes: 1) vicarious post-traumatic growth, 2) meaning making, and 3) self-care.

#### ***Vicarious Post-Traumatic Growth***

Vicarious post-traumatic growth (VPTG) occurs when an individual experiences positive emotional, relational, psychological, or spiritual changes because of indirect exposure to traumatic material and witnessing their clients' growth and resilience (Arnold et al., 2005). The participants in this study experienced positive changes in all of these domains as a result of their work with survivors. Although the counselors had continuous indirect exposure to their clients' trauma narratives and experienced their own secondary or vicarious trauma because of it, they also experienced deep, positive changes.

Many of the participants felt that their religious or spiritual beliefs were instrumental in facilitating VPTG. Drawing from one of this study's main theoretical frameworks, resilience theory (Van Breda, 2018), the participants' religious and/or spiritual identities appear to be a strong mediating process for the participant's resilience. The participants felt that they were able

to draw strength from their clients as they witnessed them grow, heal, and demonstrate their own resilience. Not only did the participants feel that their religious and/or spiritual identities facilitated VPTG, but they also felt that it was also a protective factor against burnout and other negative psychological states. As organizations, mental health clinics, and counselor education programs are considering what characteristics, factors, or identities they could emphasize to help foster VPTG and prevent burnout, including religion and spirituality could significantly help. This confirms previous research that religion and/or spirituality are important factors that contribute to the facilitation of resilience and positive mental health outcomes following adversity or chronic stress exposure (Carroll, 2020; Tedeschi & Calhoun, 2004; Thune-Boyle et al., 2006; Van Breda, 2001; Walker et al., 2021). Another way that the participants were able to grow from their experiences with survivor clients was to find ways to make meaning of them.

### ***Meaning Making***

The ways that the participants made meaning out of the suffering they had continuously been exposed to largely stemmed from their religious and/or spiritual beliefs and practices. This was true for all the participants, regardless of specific religious or spiritual affiliations. This supports previous research that religion and spirituality are very important for many individuals to make meaning out of suffering (Carroll, 2020; Nouman et al., 2019; Pargament, 2010; Pargament et al., 2011).

A prime example of this is when one participant shared that, in his beliefs, suffering brings individual closer to God and even equates to having a better afterlife. That is, the participants can engage their religious and/or spiritual beliefs as they grapple with theodicy and, indeed, experience joy even in the midst of suffering. Some faiths also maintain the belief that



individuals that experience suffering or adversity are being tested by God or their Higher Power and, thus, can find meaning in having God's attention.

Another way that some participants made meaning from their experiences involved perceived moral demands. These participants felt that there was a divine calling to do the work they were doing and were able to cope and make meaning of their experiences because they felt that God had placed them there specifically for a reason. The language that the participants used (i.e., "made for this," "what I'm here for," "found my purpose in life") denotes a sense of divine purpose. A sense of divine purpose and calling as a reason for helping professionals entering and continuing the profession has been investigated in previous research (Duffy et al., 2012; Freeman, 2007; Hall et al., 2013; Hirsbrunner et al., 2012). For the participants in this sample, this sense of purpose seemed to significantly mitigate negative psychological states and promote resilience for some of the participants. The role of a divine sense of purpose in facilitating resilience following adversity also been confirmed across cultures in previous literature (Hamby et al., 2020; Ungar, 2008). This phenomenon is likely to be instrumental for counselors that work with trauma survivors and could be drawn from as a resource during times of adversity.

### *Self-Care*

Most of the participants also engaged in many self-care practices to mitigate the negative emotional or psychological effects of continuous exposure to their clients' sexual trauma narratives. Some of the self-care activities were related to their religious or spiritual beliefs (i.e., prayer, journaling, meditation, reflection, reading sacred or religious texts, yoga) but there were others that did not (i.e., exercising, time with friends, sleep, going on drives).

There is no paucity in counseling or psychology literature that demonstrates the importance of self-care (Mayorga et al., 2015; Myers & Sweeney, 2008; Myers et al., 2012;

Nelson et al., 2018; Norcross, 2018; Skovholt et al., 2001). The findings of this study support the conclusion that self-care is important in reducing burnout and secondary/vicarious trauma (Coaston, 2017; Salloum et al., 2015). However, it is also important to understand the intersections between some self-care activities and the participants' religious and/or spiritual identities. Although there are some exceptions, much of the current self-care literature excludes the religious or spiritual practices that the participants in this study all felt helped them cope and make meaning of their experiences. Moving forward, including religious or spiritual practices in self-care literature will serve to enhance self-care practices in general and help reduce burnout in the profession. This inclusion of religion and spirituality in self-care is supported by Myers and Sweeny's (2000) Wheel of Wellness model, who intentionally included spirituality at the center of the wheel. Because promoting wellness is a counselor's primary goal, both for the counselor and their clients, (Kaplan et al., 2014; Kaplan & Gladding, 2011), including religion and spirituality in wellness and self-care literature and programming would bolster wellness and self-care practices.

### **Implications**

The findings of this study have several implications for counselors and counselor educators whether they identify as religious and/or spiritual or not. Specifically, the implications relate to considerations for counselors that work with survivors of trauma as well as counselor educators and supervisors that prepare students to work with survivors. Implications regarding religion and spirituality in counseling and the impact of intersecting identities are also provided. Although this compilation of implications is not exhaustive, they were identified as the core ideas of the findings of this study.

### **Unique Stress of Sexual Trauma Counselors**

The first major implication for counselors, counselor educators, and supervisors is to understand the unique stress that counselors that work with survivors of sexual trauma experience. The results of this study confirm previous research that counselors who work with traumatized populations over time may develop trauma symptoms themselves (Finklestein et al., 2015; Hernandez-Wolfe et al., 2015; Jenkins et al., 2011; Pearlman & Saakvitne, 1995). Due to the highly personal nature of sexual violence, these counselors are continuously exposed to narratives that contradict the belief that the world is generally a safe place. This was evidenced by the vicarious traumatization and secondary traumatic stress that many of the counselors in this study experienced. Although the participants did not experience direct exposure to the traumatic events, the impact of listening to their clients' trauma stories over time was severe and negatively altered their perceptions of the world.

Because it is evident that these counselors experience heightened and unique stress, special considerations should be taken by counselors and counselor educators. Counselors that are going to be working with traumatized populations, especially those that have experienced sexual violence, should take extra measures to ensure that they have adequate supports. These supports include social support, adequate self-care practices, and, if the counselor is religious and/or spiritual, engagement with that identity to cope and find meaning in the suffering they are bound to bear witness to.

As separate constructs, vicarious trauma and secondary traumatic stress are well researched and have demonstrated strong construct validity (Benuto, 2018; Bride et al., 2004; Hernandez-Wolfe et al., 2015; Pearlman, 2003; Ting et al., 2005; Vrkleviski & Franklin, 2008). Counselor education programs would benefit by including content about vicarious trauma and secondary traumatic stress in their curriculum. There is little research that currently exists

regarding how counselor training programs include this type of content in their curriculum if they include it at all. While there have been many studies on VT and STS in practicing counselors, some authors so (e.g., Adams & Riggs, 2008; Lanier & Carney, 2019) have suggested that counselor educators should integrate VTS and STS content into the counseling curriculum, but few provided recommendations for concrete application. However, there are a couple of models for integrating content about VT and STS into the curriculum (Lu et al., 2017; Sommer, 2008) and supervision (Etherington, 2000; Pearlman & Saakvitne, 1995).

Lu and Colleagues (2017) suggested that counselor educators could include content in counseling courses to draw more attention to trauma work. They recommended that counselor educators include the following components: (a) theoretical frameworks in relation to trauma and vicarious trauma, (b) consideration of what students should expect to encounter when working with traumatized populations, (c) specialized clinical skills for trauma counseling, and (d) the implementation of self-care and coping strategies. Sommer (2008) also recommended that counselor educators assign reflective reading regarding trauma counseling.

Pearlman and Saakvitne (1995) also provided guidelines for counselors and counselor educators who are supervising counselors in training who work with survivors of trauma. They suggested that a strong theoretical grounding in trauma therapy, attention to the conscious and unconscious aspects of treatment, a mutually respectful interpersonal relationship, and educational components that specifically address vicarious trauma should be integrated into the clinical supervision relationship. Etherington (2000) added that supervisors should remain attuned to changes in their supervisees' behavior with and reactions to clients, intrusions of client trauma narratives in their lives, signs of burnout, signs of withdrawal from either the counseling or supervisory relationship, an inability to remain engaged in self-care practices. The supervisor

should then implement trauma-sensitive supervisory interventions (Sommer, 2008), such as creating a culture of emotional safety, trust, and empowerment (Knight, 2018).

The findings of this study reinforce the need for counselor educators to implement models such as these into their own curriculum and practice of supervision, especially if their students are going to be working with traumatized populations. Additionally, counselors in training have reported decreased burnout symptoms when there is increased education about how to work with traumatized clients and they feel adequately prepared (Baird & Jenkins, 2003).

Furthermore, counseling centers, mental health agencies, and university student affairs offices would benefit from additional programming or training with these constructs and provide additional supports for their employees that are working with traumatized populations. Employers could provide their employees with opportunities for peer debriefing after trauma sessions or provide more time between sessions for processing and decompressing. These initiatives may help decrease burnout, traumatic stress, and staff turnover.

### **Religious and Spiritual Theme Integration**

Based on the findings of this study, counselor educators could help increase the wellbeing of their trainees by including religion and spirituality content more fully into their curriculum because of its meaning making importance for many trainees. As discussed in chapter two, many counselor education programs inconsistently address religion and spirituality (Cashwell & Young, 2002; Dobmeier & Reiner, 2012; Hage et al., 2006; Post & Wade, 2009; Walker et al., 2004; Young et al., 2007). Programs that fail to address and honor topics of religion and spirituality are neglecting a highly important identity and meaning making mechanism for many of their students. The students, in turn, might feel unprepared to address topics of religion and spirituality with their clients (Dobmeier & Reiner, 2012; Hofmann & Walach, 2011; Robertson,

2010). Counselors in training could benefit from exploring how their religious and/or spiritual beliefs can facilitate resilience and vicarious post-traumatic growth as they work with traumatized populations.

Counseling centers and mental health agencies would also benefit from including content regarding religion and spirituality in their burnout prevention initiatives and trainings. Many of these trainings include content regarding self-care (Butler et al., 2017; Coaston, 2017) and the importance of social support (Babin et al., 2012; Galek et al., 2011), which are very important but not comprehensive for all. The findings of this study demonstrate that the participants' self-care strategies were often intermingled with religious coping strategies (i.e., prayer, reading sacred texts, meditating). For religious and spiritual counselors who work with survivors, their religious practices might be a source of strength and resilience. Therefore, counseling agencies that not only include religion and spirituality in these trainings and initiatives but actively normalize and validate religious and spiritual identities may create a healthier and more inclusive work climate with happier employees. Additionally, clinical supervisors who supervise counselors who work with survivors should integrate the religious and/or spiritual identities of their supervisees to bolster the supervisees' self-care and help mitigate negative psychological consequences such as VT or STS. Utilizing supervisees' spiritual beliefs is a piece of practicing trauma-sensitive supervision (Knight, 2018)

Overall, counselor educators and supervisors that work with or train counselors should integrate content regarding religion and spirituality into their education and supervision. As the participants in this study demonstrated, engaging one's religious and/or spiritual identity in times of hardship might help facilitate VPTG, which is an ideal outcome.

### **Normalizing Faith Changes**

While it is common for religious and/or spiritual individuals that are directly exposed to trauma to experience changes in their faith (Bryant-Davis & Wong, 2013; Daniel, 2012; De Castella & Simmonds, 2013; Falsetti et al., 2003; ter Kuile & Ehring, 2014; Leo et al., 2021), much less is known about how indirect exposure to trauma changes one's religious or spiritual beliefs. This study demonstrated that there are, indeed, changes that occur and that direct trauma exposure is not always a necessary process to facilitate religious or spiritual belief changes. Additionally, previous research has investigated religious belief changes following a single traumatic event, but less is known about these changes with complex (i.e., continuous exposure over time) trauma. The participants in this study experienced complex indirect trauma, a concept that is nonexistent in the current literature.

Sometimes the religious changes the participants in this study experienced were positive, sometimes they were negative, and sometimes they were both. The participants in this study had to reconcile their religious beliefs with the darkness of the trauma stories they heard daily. For many of the participants, this indirect trauma exposure necessitated a change in the ways that they conceptualized and practiced their faith. Because of this, it is important for counselors and counselor educators to normalize this change and frame it as a necessary process.

According to Barnes & Moodley (2020), trauma often serves as trigger for exploration and religious questioning. This means that some individuals can become more grounded in their faith. In fact, struggling with theodicy (e.g., How did God let this happen? Why do bad things happen to good people?) following adversity can be therapeutic for some because it forces an individual to reconcile their lived experiences with the omnipotence (all powerful), omnibenevolence (all good), and omniscience (all knowing) of God (Griffioen, 2018). Others

may decide that they no longer subscribe to the religious beliefs they had once had, or at least not in the same way.

Consistent with previous research (Ardelt et al., 2008; Barnes & Moodley, 2020; Tausch et al., 2011), some participants in this study emerged from adversity with an altered religious worldview that allowed them to make sense of the event(s). Spiritual struggles and changes are a normal response to adversity (Barnes & Moodley, 2020; Bryant-Davis & Wong, 2013; Fowler & Dell, 2006). Indeed, Fowler & Dell's (2006) theory of faith development noted that, as an individual ages and matures, they may experience spiritual dissonance and questioning that necessitates the need for the reexamination of deeply held beliefs. This need for reexamination may also be prompted by the counselor's indirect exposure to trauma. Therefore, counselor educators and supervisors who normalize these changes in faith, be they positive, negative, or just different will help the counselors, and their clients in turn, learn to engage with their religious and/or spiritual identities in a healthier way that meets the needs of their emotional and psychological climate. Therefore, counselor educators and supervisors can aid counselors' development by normalizing faith changes. Drawing from Fowler & Dell (2006) in supervision and integrating it into counselor education curriculum could support this process.

### **Understanding Intersecting Identities**

None of the experiences discussed in this chapter are complete without considering the impact of the participants' intersecting identities. The significant impact of intersecting identities on religious experience is well documented (Brenner et al., 2018; Read & Eagle, 2011; Rosenkrantz et al., 2016) and the findings of this study have confirmed how different identities such as race, culture, geographical location, and gender identity can significantly impact differences in participants' experiences. This was an important finding because it highlights how



religious counselors' identities will necessarily interact with their work and the ways that they conceptualize trauma. The participants' conceptualization of suffering significantly impacted how they approached their work with clients. This was particularly true for the participants that identified as Christian or Muslim. Counselors that work with religious and/or spiritual clients that have experienced trauma should take into consideration their meaning-making systems when making decisions about treatment. Additionally, supervisors that supervise religious and/or spiritual counselors that work with survivors of sexual trauma can utilize these identities as a resource to help mitigate vicarious trauma symptoms (Muehlhausen, 2021; Smith et al., 2013).

Some of the female-identified participants felt that, because they were women, survivors of sexual violence were more likely to come to them for counseling services than men. Counselors that identify as female should be aware that they might receive more referrals for this issue and that there can be both positive and negative emotional and psychological effects. In the same vein, male-identified counselors should be aware of the effects of their gender identity on power differentials and perceived safety within the counseling session. Because the majority of sexual violence perpetrators are men (Greathouse et al., 2015), male identified counselors should be aware of, and actively strive to equalize, power differentials in the therapeutic relationship when working with survivors.

While some of the female-identified participants perceived that they see more female survivors because of their gender identity, it is important to also consider implications for counseling male survivors. Firstly, counselors and counselor educators should be aware of the prevalence of sexual violence among males. RAINN (2015) reported that 1 out of 33 males in the United States have survived sexual violence. Black et al. (2011) also estimated that 1 out of 5 all males have or will experience sexual assault at some point in their lifetime. While these

numbers are fewer than the statistics for women, it is still pervasive and significantly underreported (RAINN, 2015). In a qualitative study by Walker and Colleagues (2005), the authors found that 90% of the male survivors in their sample exhibited symptoms such as depression, anxiety, and trauma-related flashbacks because of the sexual violence. Some participants also experienced feelings of guilt, anger, low self-esteem, drug and alcohol abuse, suicidal ideation, and some suicide attempts.

Secondly, counselors who work with male survivors should understand some of the myths associated with sexual violence among males. Bateman & Wathen (2015), urged counselors to acknowledge the myths that 1) men cannot be raped, 2) all victims of male sexual violence identify as LGBTQ, 3) and male survivors of sexual violence do not need treatment. These myths are not only inherently harmful to survivors but are also a major barrier in survivors getting help.

Male survivors also live with a unique set of circumstances. They have been socialized into an ideology of masculinity where one is not supposed to ask for help, they should be strong enough to withstand any attack, and they have had a traumatic experience that calls the validity of their masculine identity into question (Mejia, 2005). Counselors that work with male survivors should be attuned to these circumstances and the shame that may come with being a survivor. Per best practice in counseling assessment, counselors should assess for a client's sexual abuse/assault history (Hays & Hood, 2013) and collaboratively set goals for treatment. All throughout the counseling process, counselors should be aware of the unique ways that sexual violence might impact male survivors and remain attuned and empathetic to them. Additionally, clinical supervisors should provide education and consultation to supervisees who work with

men and male survivors as male sexual violence is frequently overlooked (Fisher & Pina, 2009; Ricardo et al., 2011; Turchick et al., 2016).

Additionally, the impacts of various sexual orientations did not emerge in this study. However, it is worth noting that individuals of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community are at an increased risk of experiencing sexual violence victimization when compared to their heterosexual, cisgender counterparts (Coulter et al., 2017; Katz-Wise & Hyde, 2012; Messinger & Koon-Magnin, 2019; Walters et al., 2013). LGBTQ survivors also often face many of risks when seeking help from mental health providers including providers turning them away, having their experiences and identities minimized, or being outed (Girshick, 2002; Messinger, 2017). LGBTQ survivors also experience significantly more negative psychological outcomes such as PTSD, depression, and lower self-esteem related to their sexual identities when compared to their heterosexual, cisgender counterparts (Smith et al., 2016). This is particularly true for survivors that identify as South Asian given some of the participants' perception that sexual violence is more stigmatized in South Asian cultures than European/western cultures.

Additional considerations should be given to counselors who work with transgender individuals. The 2016 *US Transgender Survey* revealed that 47% of respondents reported that they had experienced a sexual assault or rape during their lifetime (James et al., 2016). Counselors who work with LGBTQ survivor populations should seek out additional opportunities to learn about the ways that sexual violence impacts them given the pervasiveness and significant negative mental health outcomes.

It is recommended that counselor educators and supervisors provide additional education and supervision to counselors in training and new counselors regarding working with

male and LGBTQ survivors. Societal norms and expectations have created significant barriers for these populations to receive quality mental health care services and the services they do receive may be retraumatizing based on the biases and myths detailed earlier. Counselor educators and supervisors are on the forefront of educating and training newer generations of counselors and could be instrumental in creating a destigmatized culture for all survivors.

It is imperative that counselor educators and supervisors consider the role of intersecting identities with their students and supervisees. Although all of the participants in this study identified as religious and/or spiritual, differences in racial, cultural, gender, and sexual identities will necessarily impact the experiences and perceptions of counselors who work with survivors of sexual trauma. Understanding these differences is an important starting place for counselor educators and supervisors, but it is equally important to incorporate content and dialogue about these differences into counselor education and supervision. Counselor educators and supervisors could include content and dialogue regarding the *Multicultural and Social Justice Counseling Competencies* (MSJCC; Ratts et al., 2016) and *ALGBTIC Competencies for Counseling LGBTQIA Individuals* (Harper et al., 2012) into their educational and supervisory practice. By doing this, counselor educators and supervisors can help counselors understand the complexities of intersecting identities and how they impact their clients' welfare.

### **Understanding the Complexities of Religion and its Role in Facilitating Healing**

The participants that shared stories of negative experiences they or their clients had had with religious institutions or individuals should be honored and validated because, indeed, many religious institutions have caused harm to individuals throughout history. This should be engaged

with complexity, however, because religious institutions could serve both as a source of strength as well as a barrier for healing.

Some of the participants' negative feelings regarding rushed or pressured forgiveness came with several implications. It is important for counselors to examine their own perceptions and opinions regarding forgiveness for human perpetrated trauma such as sexual violence. Once the counselor has identified how they feel, it is important to not project those beliefs onto the client but to collaborate with them to make a decision in a way that is congruent with their values and goals (Francis & Dugger, 2014; Guindon, 2011). While there is evidence that forgiveness can bring about positive psychological changes and growth (Davis et al., 2013; Worthington & Sandage, 2016), the counselor should make clinical decisions based on their client's values and goals. However, if a survivor client is self-shaming because they feel that they should forgive because of their religious convictions but are not ready to do that yet, the counselor should normalize these feelings and be competent enough to engage in dialogue with the client about these religious themes (Association for Spiritual, Ethical, and Religious Values in Counseling, 2009).

Although there are times when the institution of religion has harmed, the participants also showed how religion has helped both them and their survivor clients. Counselors should acknowledge the complexities and nuances that comes with organized religion's role in both healing and harming. Counselors should also be culturally competent enough to be able to engage in conversations about religion and spirituality, even if they don't identify as religious or spiritual themselves or if their client(s) identify with a religious affiliation that is different from their own.

Counselor educators and supervisors should also be aware of and incorporate content and dialogue regarding the *Competencies for Addressing Spiritual and Religious Issues in Counseling* (ASERVIC, 2009) into their educational and supervisory practice. Creating counselors that can competently engage with the wide range of religious and spiritual beliefs of their clients will facilitate more positive clinical outcomes (Richards et al., 2009).

### **Interfaith Harmony**

Interfaith harmony is a popular area of professional interest in professions such as religious studies (Grit, 2019; Nazi & Ali, 2018), history (Ali & David, 2021; Pye et al., 2004), and anthropology (D'Ambra, 2012; Michaelides, 2009), but it has received significantly less attention in counseling literature. Interfaith harmony is the practice of mutual understanding, peace, religious dialogue, and empathy between the peoples of different religious and spiritual affiliations.

The participants in this sample were of highly diverse religious and/or spiritual backgrounds and affiliations. One significant finding of this study was that religion and spirituality appeared to function in much the same way for the participants regardless of specific affiliation. One of the foundational theories that guided this study, religious constructivism (Guba & Lincoln, 1989; Pargament, 1997), supported the experiences of the participants because specific beliefs seemed to matter less than the meaning making function that religion and spirituality served for the participants.

Religious diversity is a multicultural issue (Crook-Lyon et al., 2012; Hage et al., 2006; Mintert et al., 2020) that many counseling students feel unprepared for and uncomfortable addressing in the counseling setting (Abell et al., 2015; Dobmeier & Reiner, 2012; Robertson, 2010; Walker et al., 2004). Counselor educators that seek to produce multiculturally competent

counselors should integrate this concept into their curriculum so that they will be able to more effectively engage their clients' meaning making systems in practice. The emphasis here should be less about the "rightness" or "wrongness" of specific religious beliefs, but more about how these beliefs function in the individual's life. By doing this, professional counselors will be better equipped to meet the mental health needs of diverse clients.

### **Recommendations for Future Research**

In this study, I sought to understand the lived experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence. A transcendental phenomenological approach was taken (Merriam & Tisdale, 2016; Moustakas, 1994; Van Manen, 2014). While this research made a novel contribution to the literature, there are recommendations for scholars that seek to conduct further research on this topic. The first recommendation for future research would be to include a more diverse sample. Including participants of other races (i.e., Black, Hispanic), religious or spiritual identities (i.e., Buddhist, Jewish, Sikh, Catholic), genders (i.e., more male-identified participants, non-binary), helping professions (i.e., clinical social work, psychiatric nursing), and countries could enhance the findings as they would become more applicable to different settings and identities.

Future research could also include different research methodologies. Quantitative research could be utilized to examine religious and spiritual coping between groups such as religious identities, race, ethnicity, and country. A mixed methods approach might also be taken to continue to provide the contextually sensitive information needed to examine these phenomena in a non-reductionistic fashion. This would allow for a larger sample size as well. Data on this topic could also be collected by conducting a focus group. This might be challenging, however, if the researchers also seek to gain an international sample.

The use of other qualitative methodologies is also recommended. Researchers could conduct a grounded theory study that builds and tests theory regarding religious/spiritual coping, meaning making, and secondary/vicarious trauma. Researchers could also conduct a multiple case study that examines fewer participants much more in depth (Merriam & Tisdell, 2016; Yin, 2014).

Researchers that study religion and spirituality should examine them in a non-reductionistic fashion. Research on religion and spirituality in counseling and psychology literature is noted for its reductionism and hyper focus on observable outcomes, leaving significant degrees of complexity and nuance uncovered (Sami et al., 2021). The experiences of these participants denoted the fact that religion and spirituality can both help or hinder resilience and psychological growth and that counselors may hold contradictory views about their own faith. Further research utilizing qualitative methods is recommended so that the complexity and nuances of experiences can be adequately examined and not reduced only to a coping mechanism to decrease negative psychological symptoms.

Another area worthy of qualitative investigation is the phenomenon of religious and/or spiritual counselors' perceptions of forgiveness and repentance following sexual assault. This subtheme presented in this study is significantly underrepresented in helping professions literature. Gaining additional knowledge about how counselors perceive forgiveness and repentance could inform trauma treatment theory and education.

Finally, this area of study offers many opportunities for cooperation between practitioners and educators in multiple helping professions and interdisciplinary collaboration. These collaborations are beneficial to educators because they may remain connected to the experiences of practicing counselors and beneficial to practitioners because it may help them form a deeper



understanding of their experiences and the experiences of their clients. This would be particularly true for counselors that work with trauma survivors and/or have a salient religious and/or spiritual identity.

### **Conclusion**

In this study, I sought to understand the lived experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence. A transcendental phenomenological approach was conducted (Merriam & Tisdale, 2016; Moustakas, 1994; Van Manen, 2014). I collected data through 11 individual interviews. The participants were selected through purposeful and snowball sampling. All participants interviewed were actively practicing counselors or psychologists with salient religious and/or spiritual identities that have worked with survivors of sexual violence for at least two years. The phenomenological data analysis demonstrated the tremendous amount of stress that trauma practitioners experience as well as how they engage their religious and/or spiritual identities to cope with and make meaning of these experiences.

The results of this study revealed five themes and 11 subthemes: 1) *adverse psychological consequences* (subthemes: vicarious trauma and secondary traumatic stress), 2) *faith changes* (subthemes: in belief and in practice), 3) *religion as a barrier* (subthemes: religious institutions as a barrier to healing and resistance to pressured forgiveness), 4) *intersecting identities* (subthemes: religious and/or spiritual identities intersecting with clinical work and intersecting cultural and gender identities), and 5) *growth and resilience* (subthemes: vicarious post-traumatic growth, meaning making, and self-care). These themes and subthemes were discussed in detail in relation to extant literature. Additionally, implications and recommendations for future research were also discussed.

This study provided new insight into the experiences of religiously and/or spiritually diverse counselors who work with survivors of sexual violence. Utilizing transcendental phenomenology was a novel approach because much of the literature regarding religious and spiritual coping has been examined quantitatively (Ahrens et al., 2010; Bryant-Davis et al., 2011; Carroll et al., 2020; Gerber et al., 2011; Khan & Watson, 2006; Pargament et al., 2011; Pargament et al., 1998), which excludes contextually sensitive information. The findings of this study provided this contextually sensitive information in a non-reductionistic, which honors the voices and experiences of the participants. The results from this study provide a unique contribution to the counseling literature and a strong foundation for future research on religious and spiritual coping.

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## APPENDIX A

### Demographics Survey

You are being invited to participate in a research study about the lived experiences of counselors with diverse religious and/or spiritual identities and how they engage with these identities to cope with the stress that comes from working with survivors of sexual violence.

This dissertation is being conducted by Mitchell Waters under the supervision of Dr. Abigail Conley from the Counseling Department at Virginia Commonwealth University.

1. Are you at least 21 years of age?
  - a. Yes
  - b. No
2. Do you speak English?
  - a. Yes
  - b. No
3. Do you have access to the internet, a camera, and a microphone?
  - a. Yes
  - b. No
4. Do you have a minimum of a Master's degree in counseling?
  - a. Yes
  - b. No
5. Are you an actively practicing counselor who works with survivors of sexual violence for a significant portion of their practice for at least two years?
  - a. Yes
  - b. No
6. Would you describe your religious and/or spiritual identity as integral to your personhood?
  - a. Yes
  - b. No
7. Interviews will be conducted by Mitchell Waters. Would you be willing to partake in a 1.5-hour interview via Zoom?
  - a. Yes
  - b. No
8. Name: \_\_\_\_\_
9. Email: \_\_\_\_\_
10. What is your religious and/or spiritual identity? \_\_\_\_\_
11. What is your race/ethnicity? \_\_\_\_\_
12. What is your gender identity? \_\_\_\_\_

## APPENDIX B

### Interview Protocol

Thank you for taking the time to meet with me today. My name is Mitchell Waters. I am a licensed professional counselor and a counselor education and supervision doctoral student at Virginia Commonwealth University. I am also a counselor with a religious identity that works with survivors of sexual violence. As a part of my dissertation, I am investigating the lived experiences of diverse counselors with a religious/spiritual identity who engage their religious and spiritual beliefs to cope with the stress that comes from working with survivors of sexual assault. To better understand these experiences, I am conducting interviews with these counselors to gain a deeper understanding of their experiences in their practice.

This interview is intended as an opportunity for you to provide your honest opinions and comments about your experience in a setting where confidentiality is protected. It is important that you know that you are not being evaluated in any way. Only I will know the identity of my interviewees and your name will not be included in any reports. While I may use quotes from our conversation today in written reports, your name will not be included in any of the reports I share. Due to the personal nature of these questions, you are always free to decline to answer any of these questions. I hope you will feel comfortable speaking honestly. We have approximately an hour and a half for our interview today, and I will record our conversation so that I can get it transcribed. Is it okay with you if I record? Do you have any questions?

1. What discipline are you a part of in the helping profession? Counselor? Social Worker? Psychologist?
2. What kind of setting are you currently working in?

3. What kind of clinical work are you engaged in?
4. How would you describe your religious or spiritual identity?
5. How would you describe your work with sexual violence survivors?
6. How do you see your identity as \_\_\_\_\_ intersecting with your work with survivors of sexual violence?
7. How would you say that this work has impacted you emotionally?
8. How has your work with survivors of sexual assault impacted or changed your worldview?
  - a. You mentioned that you've experienced \_\_\_\_\_. Can you tell me more about any experiences you may have had in your work that you might consider to be secondary traumatic stress?
9. How do you see your religious or spiritual beliefs impacting the way you cope with what you have seen or heard in this work?
10. How do you see that your religious or spiritual beliefs or practices have changed as a result of this work?
11. How do you see any of your other identities, such as your race, sexual orientation, or gender factoring into these experiences you've described today?
12. Is there anything else that you'd like to share?
13. Debrief: How are you feeling? Do you need a minute?
14. I am going to be having these transcripts professionally transcribed. When they have been transcribed, I will send you a copy of our interview today. You are welcome to go through it, check it for accuracy, or add anything you would like and then return it to me if you want. Of course, this is completely voluntary.

## APPENDIX C

### Recruitment Email

Greetings,

My name is Mitchell Waters. I'm a licensed professional counselor and a doctoral candidate at Virginia Commonwealth University in Richmond, VA, United States. As a part of my dissertation, I'm exploring the lived experiences of religiously diverse counselors that work with survivors of sexual violence. I would like to ask you if you'd be interested/willing to participate in this study because of your religious identity and your work with survivors of sexual violence. The purpose of this research study is to gain and understanding of the lived experience of religiously and spiritually diverse counselors that engage their religious and/or spiritual identities to cope with the stress that comes from providing counseling services to survivors of sexual violence.

The information we learn from this study may help me better understand the experiences of these counselors and may help inform education and clinical practice. Participation in this study is voluntary. In order to participate, you need to be (1) at least 21 years of age, (2) speak English, 3) have access to the internet, camera, and a microphone, (4) have a minimum of a master's degree in counseling, clinical social work, or psychology, (5) have been an actively practicing counselor who works with survivors of sexual violence for a significant portion of their practice for at least two years, and (6) have a religious and/or spiritual identity that is integral and salient to your personhood.

Participation includes participating in an individual interview that will be conducted by me. You have the option to discontinue your participation in the study at any time. In this study, you will be asked questions about personal topics, so there is the possibility of experiencing mild emotional discomfort. You do not have to answer any questions you do not feel comfortable answering.

To express your interest in participating in this study, please click on the link below.  
(LINK HERE)

This link will guide you to an initial recruitment survey where you will provide basic demographic information including your name, gender, race, age, and religious and/or spiritual affiliation

This research has been approved by the Virginia Commonwealth University Institutional Review Board (IRB # HM20022592)

If you have any questions or concerns, Mitchell Waters (watersj3@vcu.edu). I'd like to offer you my sincere thanks for considering this request.

Sincerely,

Mitchell Waters, MA, LPC

## APPENDIX D

VCU IRB PROTOCOL NUMBER: [#HM20022592]

### RESEARCH PARTICIPANT INFORMATION FORM

**STUDY TITLE:** Counselors' Experiences of Using Religion and Spirituality to Cope with Stress from Working with Survivors of Sexual Violence

**VIRGINIA COMMONWEALTH UNIVERSITY INVESTIGATORS:** J. Mitchell Waters, MA, LPC under the supervision of Abigail Conley, Ph.D., Associate Professor

You are being invited to participate in a research study. Your participation is voluntary. You may decide not to participate in this study. If you do participate, you may withdraw from the study at any time. Your decision not to take part or to withdraw will involve no penalty or loss of benefits to which you are otherwise entitled.

### WHY IS THIS STUDY BEING DONE?

The purpose of this research study is to find out about the experiences of religiously/spiritually diverse counselors that use their religious/spiritual identities to cope with the stress from working with survivors of sexual violence

### WHAT WILL HAPPEN IF I PARTICIPATE IN THE STUDY?

If you agree to participate in this study, you will be interviewed about your experiences using religion and/or spirituality to cope with the stress of providing counseling to survivors of sexual violence and how your perceptions of your identities, such as race, ethnicity, or gender intersect with your religious/spiritual identities in your work. The interview will be conducted via zoom. Approximately an hour and a half will be allocated for the interview. The interview will be recorded for data collection purposes. The interviews will be both audio and video recorded. The interview recordings will be transcribed and then destroyed.

After the interviews are complete, you will be contacted again for member checking purposes. This is a voluntary process that will help ensure the accuracy of the transcripts. Participants may withdraw their interviews through the time of member-checking. After member-checking data analysis will begin, and therefore withdrawal will no longer be an option. Member-checking will serve as the final marker in the ongoing consent process.

### WHAT RISKS AND DISCOMFORTS COULD I EXPERIENCE FROM BEING IN THE STUDY?



We do not foresee any significant risks or discomfort to you as a result of participating in this study. If you choose to participate in this study, please keep in mind that you may stop at any time if you do become uncomfortable

### **WHOM SHOULD I CONTACT IF I HAVE QUESTIONS ABOUT THE STUDY?**

If you have general questions about your rights as a participant in this or any other research, or if you wish to discuss problems, concerns or questions, to obtain information, or to offer input about research, you may contact:

Mitchell Waters, MA, LPC  
watersj3@vcu.edu  
Department of Counseling and Special Education  
Virginia Commonwealth University  
1015 W. Main Street  
Richmond, VA 23284

Or

Abigail Conley, Ph.D  
ahconley@vcu.edu  
Department of Counseling and Special Education  
Virginia Commonwealth University  
1015 W. Main Street  
Richmond, VA 23284

**If you have any questions, please contact the study team before taking the survey.**

**APPENDIX E****Member Checking Email Template**

Greetings (participant's name here),

Thank you again for taking the time to have an interview with me. Your stories and experiences were highly valuable. As another way to honor your voice and story, I wanted to send you the official transcript of our interview. You may find it attached to this email. You are welcome to take the next two weeks and double check it for accuracy. You are also welcome to make any comments you desire and return it to me. This is a voluntary step. Thank you again for your time!

Mitchell Waters, MA, LPC  
Doctoral Candidate - Counselor Education and Supervision  
Graduate Research Assistant - Department of Counseling & Special Education  
Virginia Commonwealth University  
Graduate Student Representative - Association for Assessment and Research in  
Counseling (AARC)  
Secretary - Chi Sigma Iota, Omega Lambda Iota  
[watersj3@vcu.edu](mailto:watersj3@vcu.edu)

## VITA

### J. Mitchell Waters

#### EDUCATION

##### **Graduate School**

Ph.D in Counselor Education and Supervision, *Virginia Commonwealth University*  
CACREP Accredited Doctoral Program  
Graduation Date: May 2021

Master of Arts in Clinical Mental Health Counseling, *Richmont Graduate University*  
CACREP Accredited Master's Program  
Graduation Date: May 2016

##### **Undergraduate**

Bachelor of Arts in Psychology Degree and a Minor in Philosophy, *University of Tennessee at Chattanooga*  
Graduation Date: May 2014

#### PEER-REVIEWED PUBLICATIONS

Sami, W., **Waters, J. M.**, Liadis, A., Lambert, A., & Conley, A. H. (2021). Disenchantment, buffering, and spiritual reductionism: A pedagogy for counseling and psychotherapy. *Religions*, 12(8), 612. <https://doi.org/10.3390/rel12080612>

**Waters, J. M.**, Gantt, A., Worth, A., Duyile, B., & Johnson, K. (2021). Motivating factors in teaching counseling students about social determinants of health. *Journal of Counselor Preparation and Supervision*, 4(2)

#### SELECT PRESENTATIONS

**Waters, J. M.**, Sami, W., Liadis, M., Lambert, A., & Conley, A. (October, 2021). *Do we practice what we preach? Exploring counselor education doctoral students experiences from diverse religious/spiritual backgrounds*. Educational presentation at the Association for Counselor Education and Supervision (ACES) in Atlanta, GA

**Waters, J. M.** (October, 2021). *SACES graduate student lounge research presentation*. Educational presentation at the Association for Counselor Education and Supervision (ACES) in Atlanta, GA

**Waters, J. M.** & Conley, A. (September, 2021). *Religious and spiritual identity as a moderator for post-traumatic growth following sexual assault: A quantitative examination in*

*a college sample.* Poster presentation at the Association for Assessment and Research in Counseling (AARC) in Cincinnati, OH

**Waters, J. M.** & Gnilka, P. B. (September, 2021). *School counselor burnout, perfectionism, perceived stress, and religious coping: A longitudinal study.* Poster presentation at the Association for Assessment and Research in Counseling (AARC) in Cincinnati, OH

**Waters, J. M.** & Duyile, B. (July, 2021). *We don't know everything: Motivation, challenges, and experiences teaching about social determinants of health.* Poster presentation at the Association for Adult Development and Aging (AADA) in Charlotte, NC.

**Waters, J. M.**, Robinson, K., Cabell, A. L., Crane, E., & Gnilka, P. B. (September, 2020). *Multidimensional perfectionism, depression, and anxiety: Test of a social support mediation model among an LGBTQ+ population.* Poster presentation at the Association for Assessment and Research in Counseling (AARC) in Cincinnati, OH

Robinson, K., Gnilka, P. B., **Waters, J. M.**, Craddock, I., Crane, E. Livingston, A. (September, 2020). *Social support as a mediator of multidimensional perfectionism, depression, and anxiety among a sample of LGBTQ+ undergraduate students.* Poster presentation at the Association for Assessment and Research in Counseling (AARC) in Cincinnati, OH

### **SELECT CLINICAL EXPERIENCE**

**Mental Health Counselor**, The Transformation Center, Chattanooga, TN, *July 2017 - July 2019*

**Mental Health Counselor**, Summit Counseling Center, Chattanooga, TN, *October 2016 - July 2017*

**Behavioral Health Therapist**, Lookout Mountain Community Services, Fort Oglethorpe, GA, *June 2016 - June 2017*

### **SELECT TEACHING EXPERIENCE**

Instructor of Record - **Professional Orientation & Ethical Practice in Counseling.** (Fall 2021)

Guest lecturer – **Diagnosis and Treatment Planning** (Summer 2021)

Co - Instructor – **Professional Orientation & Ethical Practice in Counseling** (Fall 2020)