

Special Issue Reprint

Spirituality, Resilience and Posttraumatic Growth

Edited by
Heather Boynton and Jo-Ann Vis

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Spirituality, Resilience and Posttraumatic Growth

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About the Editors

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Preface

As scholars, we have been collaboratively discussing, writing, and researching spirituality about trauma, grief, and loss for over two decades. We recognized the gap in the literature pertaining to resilience, spirituality, and post-traumatic growth as an area of critical need. Therefore, our focus has been on highlighting the importance of spirituality and its interconnectedness with trauma, resilience, and posttraumatic growth for social workers and other helping professionals. Spirituality is important in the lives of many people around the world, and they rely on it during adverse experiences. Spirituality influences values, beliefs, one's worldview, and sense of self, offering hope and serving as a protective factor. Spirituality can also be a source of distress, and individuals may engage in transformational processes surrounding their spirituality in the face of trauma. We strongly believe that anyone working with children, adolescents, adults, families, and communities requires a foundational knowledge of spirituality and should continue to advance their spiritual intelligence to effectively facilitate growth, resilience, and overall well-being, particularly for those who experience trauma, grief, and loss. With this purpose in mind, we envisioned this special edition as an initiative to bridge the gap in the literature and advance the understanding of spirituality and its role in posttraumatic growth from various perspectives.

Heather Boynton and Jo-Ann Vis

Guest Editors

Editorial

Introduction to the Special Issue ‘Spirituality, Resilience, and Posttraumatic Growth’

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Spirituality is increasingly recognized as a vital aspect of human experience across the lifespan, contributing to positive development, well-being, resilience, and strength, and uniquely facilitating posttraumatic growth (PTG). Cook (2004) defined spirituality as

“a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective experience of individuals and within communities, social groups and traditions. It may be experienced as a relationship with that which is intimately ‘inner’, immanent and personal within the self and others, and/or as a relationship with that which is wholly ‘other’, transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with meaning and purpose in life, truth and values”. (pp. 548–49)

Spiritual growth and development are closely tied to the reconstruction of meanings, values, beliefs, self-conception, identity, roles, relationships, life philosophy, and worldview.

Trauma can profoundly disrupt a person’s personal meanings, values, and beliefs, as well as their sense of self. Traumatic events can shatter previously held assumptions about safety and connection and lead to questions and struggles around a sense of purpose. Research continues to emerge that supports the interconnectedness between trauma, spirituality, resilience, and posttraumatic growth (PTG) (Boynton and Vis 2022; De Vynck et al. 2023; Manning et al. 2019).

Resilience enables individuals to endure trauma and turmoil, allowing them to lead meaningful lives (Linklater and Mehl-Madrona 2014). Resilience and spirituality are deeply interconnected, increasing one’s capacity to adapt and thrive through adversity and recover with more profound meaning and purpose. Individuals who have a stronger sense of spirituality have fewer mental health struggles, lower substance use, and lower suicidality. Güleç (2025) found that higher rates of intrinsic spirituality were correlated with higher rates of resilience and lower rates of PTSD after trauma. They further illuminated that spirituality plays “an elaborate role in emotion regulation processes by closely aligning emotional goals with religious values, influencing internal processes such as self-regulatory abilities, and influencing external processes that facilitate emotion regulation” (p. 6). Elam and Taku (2022) distinguished the differences between resilience and PTG, stating that “resilience focuses on adapting and adjusting to adversity with or without struggling, whereas PTG focuses on transformative changes resulting from psychological struggle caused by shattered beliefs or worldview” (p. 2).

Posttraumatic growth often unfolds as a genuinely spiritual process of finding meaning, connection, developing an expanded sense of self, and transcendence beyond trauma.

The five domains of PTG were recently revised by Tedeschi et al. (2017) to include existential aspects and broaden the category of spiritual change. The five domains of PTG are as follows: appreciation of life, new possibilities, personal strength, relating to others, and spiritual/existential change. However, we contend that spirituality is not merely a separate domain, but is intricately woven across the five domains of PTG.

For example, we conceive how spirituality can deepen one's *appreciation of life* by cultivating a sense of awe, gratitude, and sacredness in everyday experiences. It encourages mindfulness of the present moment and awareness of one's interconnectedness with others and the natural world. Through a spiritual lens, even ordinary moments become imbued with meaning, fostering a profound respect and reverence for life's mystery, beauty, impermanence, and continual unfurling. Moreover, spirituality can help individuals recognize life as a sacred gift or journey, where challenges and struggles—as well as joy and triumphs—contribute to personal and collective growth. Spirituality invites reflection on purpose, compassion, and wonder, nurturing a sustained sense of gratitude that enriches daily life.

Spirituality can inspire *new possibilities* by renewing a sense of purpose and calling, propelling individuals to reimagine their lives in the wake of adversity or transformation. It invites reflection on what is most important, guiding people toward the actions and goals that align with their deepest values and sense of meaning. Through spiritual insight or awakening, individuals may discover previously unseen pathways for creativity, service, or connection, often feeling called to contribute to something larger than themselves. This renewed purpose can foster hope, motivation, and vitality, empowering individuals to move forward with intention, authenticity, and a sense of sacred direction in their personal and communal lives.

Spirituality and one's spiritual resources often contribute to an individual's *personal strength*. Spirituality can strengthen one's personal resilience after trauma by fostering inner resilience and developing and activating resources such as courage, patience, flexibility, and adaptability. Individuals often rely on spiritual relationships with a higher power, angels, or other spiritual beings to keep them strong, persevere, and seek support and guidance that foster personal strength. These relationships along with spiritual activities rituals, and practices can deepen one's faith in a higher purpose and power, and stimulate self-reflection, the creation of a new and authentic worldview, and the development of a guiding set of values. They can create a sense of grounding, calm, peace, and presence in the here and now, and provide a strong spiritual foundation for personal strength which can support a person through emotional strife and offer a sense of hope, meaning, and perseverance. Furthermore, spirituality can support one in navigating difficult circumstances and uncertainty with confidence in the future. Additionally, a spiritual community can foster an individual's personal strength.

Regarding *relating to others*, spirituality can strengthen relationships with others through compassion and empathy, and it can cultivate a deep awareness of our shared humanity and interdependence. Relationships can be approached with openness and understanding of another's suffering, without judgment, and with kindness and care. Through spiritual practices such as forgiveness, gratitude, and loving-kindness, people may develop greater emotional and spiritual attunement (Boynton and Margolin 2025) and the capacity to hold space for others' experiences. This spiritual orientation can transform relationships into spaces of mutual growth, healing, and authenticity, where love and respect transcend differences and foster a sense of belonging and community. Individuals also depend on relationships with animals and nature, and Indigenous cultures speak of the interconnectedness with all one's relations, including the natural and spiritual worlds.

Lastly, *spiritual and existential change* occur through existential questioning, reflection, examination of previously held assumptions and beliefs, and deliberate transcendent meaning-making (Vis and Boynton 2008). These processes facilitate the reshaping of values and purpose, and push the boundaries of conceptions, bringing new understandings and an expansive worldview. They also lead to a more integrated and resilient sense of self and identity. These spiritual and existential changes enable a richer, more meaningful engagement with life and a profound alignment between inner convictions and outward actions.

Ultimately, the interwoven fabric of spirituality is both the context and catalyst for posttraumatic growth. Spirituality weaves through every facet of posttraumatic growth as a vital force that infuses meaning and coherence and transmutes suffering into wisdom, separation into connection, and adversity into awakening, expansion, and transformation. Through a spiritual lens, adversity can become a sacred teacher, allowing one to live in relation to their deepest values and authentic way of being. It offers a unifying conduit through which individuals come to see their trauma not as an end in itself, but as a pathway to greater wholeness, authenticity, and transcendence.

Scholars agree that spirituality is significant in psychological trauma growth work and can be a catalyst for transcendent meaning-making, transformation, healing, and new ways of being, making it essential to adopt holistic approaches when working with individuals, families, and communities (Boynton 2016; Carrington 2017; Gardner 2017; Vis and Boynton 2008). Dyrud Furman and Canda (2010) argued that spiritually sensitive practice is a strength-oriented approach. Practitioners who are more attuned to the explicit and implicit spiritually themed content are better positioned to offer approaches that foster resilience and PTG (Boynton and Mellan 2021; Boynton and Margolin 2025). Practitioners supporting those exposed to traumatic events can cultivate spiritual post-trauma growth through knowledge-sharing, psycho-education, skill development, attending and attuning to implicit or explicit spiritual narratives, and embracing inclusive attitudes. Supporting individuals through these complex and interrelated aspects of trauma, spirituality, and PTG can be significant for holistic treatment and interventions.

This Special Issue aims to enhance the discourse on the interconnectedness of spirituality, resilience, and posttraumatic growth and foster future development. This Special Issue brings together scholars presenting research, theory, education, practice, and lived experiences. The publications in this Special Issue offer research and theoretical and practice perspectives from social work, psychology, theology, and marriage and family therapy. This Special Issue presents academic work that converges on five interconnected themes, promoting spirituality as a critical yet often neglected dimension of resilience in trauma recovery. Specifically, the themes noted across the publications demonstrate how narrative, reflection, and meaning-making practices foster resilience and PTG, how trauma can be both a site of wounding and a pathway for spiritual renewal, and the need for spiritually competent professionals in spiritual trauma care to navigate these processes.

Spirituality as a Pathway to Meaning-Making and Healing: This first theme features publications that explore the importance of introducing spirituality for individuals working through trauma experience. The included articles support the clinical benefit of using a spirituality framework to enhance meaning-making exploration and resilience and highlight barriers that can arise when clinicians neglect spiritual exploration.

Gardner (2022) focuses on critical reflection rooted in spirituality, proposing that reflection helps individuals reframe traumatic experiences, uncover limiting assumptions, and develop new, freeing perspectives. Wilmshurst, Hovey, and Brownlee (2022) propose that clinical social work sometimes neglects spiritual struggles in trauma recovery, arguing that addressing identity, meaning, and faith crises could strengthen the healing process. While

the article primarily focuses on social work, its thesis and content can provide valuable insights for consideration across various helping professions. Lala (2023) argues that trauma is not inherently transformative, but reveals latent spiritual potential; scriptural examples (Moses, Jonah) show growth through self-preservation and the preservation of others. Vis and Boynton (2024) present content that suggests that spiritually informed approaches help survivors (and professionals) co-create meaning, foster hope, and encourage growth beyond trauma narratives. Finally, Rogers (2024) offers an autoethnographic study of childhood sexual abuse that highlights the role of compassion, spirituality, and soul work in long-term recovery, as well as the guideposts that are important for counsellors working with others suffering from soul injuries resulting from trauma.

Narrative and Expressive Approaches to Trauma and Resilience: This theme focuses on the importance of one's narrative after a traumatic event and how spiritual reflection can promote the reclaiming of an alternate narrative for posttraumatic resilience. Béres and Perera (2024) present an interesting concept for a narrative writing group ("Journey through Words"). The authors argue that narrative-writing can foster resilience by emphasizing personal values and hopes, thereby unintentionally evoking spiritual reflection. Perry (2024) also ties into the narrative theme as a tool for building resilience. The author outlines how survivors of religious/spiritual abuse find healing through narrative sharing, reclaiming agency, and redefining spirituality in more flexible ways. Through narrative meaning-making, rigid frameworks are shifted to encompass flexible, nuanced conceptions of the Divine and the self. Like Rogers (2024), as mentioned above, the spiritual journey through abuse and narrative storytelling is followed by a profound reconstruction of one's personal spirituality.

Collective Trauma, Resilience, and Spiritual Resources: This theme examines various aspects of religious spirituality, providing religious examples that illustrate the impact of assessing individuals' religious meaning-making before and after a traumatic event. These articles offer a diverse religious perspective with clinical implications that can be transferable and challenge clinicians' consideration during times of collective trauma. Jankowski, Sandage, and Wang (2023) examine religion as an aspect of spirituality during a time of collective psychological stress. In their article, they describe how clergy and emerging leaders during COVID-19 demonstrated resilience through transformative experiences that clarified emotional struggles and fostered meaning. Yong (2024) adds to the theme of spiritual resources through Christian spirituality. Specifically, Yong suggests how Christian spirituality, when rooted in social action and the Holy Spirit, offers resources for addressing trauma and despair in the Anthropocene and pandemic contexts. Finally, Gokani, Wiebe, Sherzad, and Akesson (2023) draw on the resources of Islamic faith, focusing on Afghan refugees in Canada who turned to Islamic faith and rituals as coping mechanisms amidst displacement trauma. Regardless of one's religious beliefs or attitudes, practitioners will gain important insights from these articles. These diverse religious perspectives offer vital examples and education on the value of religion as a spiritual resource, instilling an appreciation for the need for spiritual discussion and assessment in trauma work.

Professional Competence and Spiritually Sensitive Care: As alluded to in the publications, this theme is significant for the practice realm. These publications challenge practitioners involved in working with those experiencing psychological trauma to engage in self-reflection on spiritual competence, offering suggestions for clinical enhancement and competency. Wilmshurst et al. (2022) highlight a gap in trauma care in which clinicians overlook spiritual crises, reinforcing the need for spiritual competency. Supporting this perspective and building on spiritual intelligence theory, Vis and Boynton (2024) propose a developmental framework (exposure → immersion → mastery) for professional

helpers to build spiritual competence and aptitude and support PTG in trauma counselling and practice.

Trauma, Abuse, and Spiritual Transformation: This final theme closely aligns with the aim of this Special Issue—the idea that one can not only heal, but also grow and transform by applying a spiritually informed approach to trauma healing. Perry (2024) highlights, in her article, that, through narrative work, survivors of spiritual/religious abuse experience growth by confronting abuse, telling their story, and redefining faith. Rogers (2024), from a personal perspective, reinforces that recovery from childhood sexual abuse can be accomplished when strengths and resilience are framed through spiritual resources. Finally, Vis and Boynton (2024) propose that, when practitioners are spiritually competent to assess, treat, and evaluate clients using a spiritual lens, it helps both the clients and helpers transcend trauma, highlighting the potential for mutual growth.

As part of best practice, we believe that addressing psychological trauma and facilitating PTG requires a spiritually attuned, responsive, and competent approach. These articles examine spiritually integrated approaches that promote competence, ways to redefine and broaden one's understanding of spirituality and its role in PTG, and the use and development of spiritual resources and strategies for resilience and transcendence. They also reaffirm the importance of meaning-making in connection to spirituality, trauma, and growth. The authors emphasize the significance of transitioning from trauma to growth by exploring the spiritual potential that facilitates this transformation. We anticipate that this Special Issue will be a vital contribution and resource for practitioners, researchers, and educators.

Conflicts of Interest: The authors have no conflicts of interest to declare.

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Article

A Spiritually Integrated Approach to Trauma, Grief, and Loss: Applying a Competence Framework for Helping Professionals

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Abstract: Exposure to trauma, grief, and loss (TGL) can elicit spiritual pondering and meaning making, which can manifest as unsettled spiritual rumination or evolve into spiritual growth and transcendence. Incorporating a spiritually informed approach with TGL survivors invites spiritual interaction between the individual and professional helper to move beyond the trauma story and influences toward hope and possibility. This approach benefits survivors and offers the professional helper the potential for personal growth and transcendence. Integrating a spiritually informed approach encourages professionals and clients to engage as co-collaborators, co-creators, and co-authors in the change process. It is proposed that appreciation for spiritual attributes is essential for creating a spiritually interactive and dynamic dialogue. This spiritually informed approach can assist the professional helper in guiding individuals through spiritual processes that evoke hope, elicit meaning, and promote growth, offering spiritual transformation following a traumatic event. While the literature offers valuable information concerning the importance of spiritual intelligence and competence, little has been written about the significance of these spiritual attributes for professional helpers as they pertain to the competencies and development of knowledge, skills, and attitudes required for promoting resilience and posttraumatic growth for clients. This reflective article invites readers to consider the value of professional helpers accessing their spiritual aptitude and competence, emphasizing their integral role in facilitating and nurturing resilience and growth for those exposed to trauma. It offers a conceptual framework, which is structured around three developmental levels: exposure, immersion, and mastery. At each level, the framework incorporates specific knowledge, skills, and attitudes that are essential for the professional helper's spiritual competency development. This framework integrates literature emphasizing spiritual aptitude and post-trauma growth as critical components of spiritual competency development, further highlighting the importance of the role of spirituality in the helping process.

Keywords: spirituality; trauma; grief; loss; competence; spiritual intelligence; helping professions

1. Introduction

Frontline professional helpers (FPHs) are often called through their spiritual beliefs, values, and desires to serve people, bringing meaning and purpose to their chosen vocation (Abrami 2011; Freeman 2007). When questioned directly, many employees offer reflections about their work in spiritual terms (Rosso et al. 2010). In secular and religious contexts, descriptives such as feeling called to a particular profession, feeling that one should share a possessed talent or ability, a desire for meaningful work, or that one's spiritual belief influenced work choices and behavior are typical examples (Wrzesniewski et al. 2003). Due to their professional location, FPHs are routinely exposed to traumatic and critical incidents involving human suffering due to their employment (Behnke et al. 2019; Conrad and Kellar-Guenther 2006; Huggard et al. 2017; Regehr et al. 2004). The constant effects of bearing of witness to adverse outcomes for those who have been exposed to and are struggling with trauma, grief, and loss (TGL) can come at a professional and personal

spiritual cost. Returning to one's spirituality, meaning, and purpose may offer professional helpers the needed resources, support, and practices to persevere and provide hope and guidance to others.

FPHs who offer support to those who have been exposed to a psychologically traumatic event and loss include first responders, military, mental health workers, psychotherapists, social workers, and varied medical personnel (Huggard et al. 2017; Regehr et al. 2004; Vis 2022). While not an exhaustive list, typically, FPHs spend a large portion of their career working with people who have faced violence, mental health, homelessness, abuse, disasters, accidents, addiction, oppression and discrimination, trauma, grief, and loss. These professionals are often asked to respond to crises, guide, answer complex questions, provide physical, emotional, spiritual, and material interventions, and counsel, mediate, and offer solace and hope for the future.

Moreover, spirituality has been discussed as an essential factor in professional resiliency for frontline workers who support others who have experienced a traumatic event (Vis 2022). Frontline workers "are increasingly examining how their spiritual values affect the practice of the profession, as well as how clients' spirituality impacts world view, coping skills, and ability to manage adversity" (Weinstein-Moser 2008, p. 32). Concrete examples of this type of reflection occur when frontline workers engage in spiritual practices and re-evaluate their spiritual worldview and what is most important in their lives and work. As a result, some frontline workers will re-experience a sense of calling; others may develop a conviction that they have made a meaningful difference in the world, while others may experience a sense of personal fulfillment (Martela and Pessi 2018; Rosso et al. 2010; Vis 2022). This connectedness is what Canda et al. (2020) deemed to be the heart of helping and is spiritual in nature. However, others may find themselves pessimistically ruminating over their experiences, attempting to make sense of what they witnessed, potentially leading to unhealthy coping and decisions to leave the profession.

Additionally, FPHs are often challenged to address their critical incident stress and TGL while attending to others. Subsequently, these frontline workers usually experience competing emotional, personal, and professional (Avraham et al. 2014; Behnke et al. 2019; Conrad and Kellar-Guenther 2006; Geisler et al. 2019; Lowery and Stokes 2005) and spiritual demands (Boynton and Vis 2022; De Vynck et al. 2023). Regardless of whether professionals integrate spiritual practice to address the demands of TGL exposure because of one's employment or not, spiritual challenges will surface. Regardless of one's intrapersonal awareness concerning spirituality, as an FPH, the likelihood of exposure to TGL will generate spiritual rumination. Knowledge of spiritual coping can lead to enhanced skill development that can be used personally and professionally, enhancing an appreciative attitude about the importance of spirituality as a vital tool to promote posttraumatic growth (PTG).

This reflective article accomplishes three objectives: (1) It invites readers to reflect on the value of professional helpers accessing their spiritual aptitude and competence and focusing on their evolving spiritual development and intelligence; (2) it emphasizes FPHs' integral role in facilitating resilience and growth for trauma survivors; (3) it also offers a conceptual model that includes elements of spiritual awareness, humility, safety, attunement, and appropriateness as critical components of spiritual competency development.

2. Conceptual Aspects

Psychological trauma is defined in many ways, but common themes suggest that a critical traumatic incident is often sudden and unexpected or cumulative over time, and challenges one to question whether one can control its outcome and ability to cope with the aftermath, and leaves individuals struggling with emotional, psychological, behavioral, physical, and spiritual symptoms (Boynton and Vis 2022; Pandya 2018; Stoddard 2012). According to McCann and Pearlman (1990), trauma may be physically or psychologically threatening and affect one's sense of safety, security, survival, or sense of self. Psychological

trauma involves intense feelings that challenge one's cognitive structures and perceptions regarding worldview, meaning, and life purpose (Pandya 2018; Vis and Boynton 2008).

While ample research has focused on psychological trauma, it is essential to recognize that trauma is interconnected with grief, loss, spirituality, and PTG and should be incorporated as part of the trauma–healing experience across the lifespan (Boynton 2016; Boynton and Vis 2022). Within recent years, spirituality has surfaced in the literature, describing its potential for reflection, intervention, and evaluation in trauma therapy. Following a traumatic event, individuals are at higher risk of experiencing a spiritual emergency, crisis, or distress and engage in existential rumination and questioning (Vis and Boynton 2008).

Over the past decades, the definition of spirituality has expanded beyond its religious roots to become more inclusive of culture, personal practices, diverse beliefs, and subjective understanding. Spirituality is more broadly defined as an essential and universal human capacity that involves a search for connectedness to oneself, others, nature or a higher power of one's belief, meaning and purpose, and may or may not be linked with any form of religion (Canda et al. 2020). Also, spirituality has been linked to culture, particularly as it relates to customs, rituals, and beliefs (Ortiz et al. 2000), and with creativity, compassion, empathy, and joy (Canda et al. 2020). Furthermore, spirituality has been noted as a strength-based internal and external resource (Canda et al. 2020; Pandya 2018). These inclusive definitions of spirituality launch new opportunities for FPHs to engage in spiritually sensitive assessments and interventions and to draw upon the innate spiritual potential of clients to meet spiritual goals of peace, well-being, and wellness (Hodge et al., forthcoming). Offering spiritually competent service as an FPH worker requires initiating spiritually sensitive assessments and interventions to promote client change, including meaningful connections between oneself, the universe, and others (Gray and Coates 2013; Pandya 2018). "Spiritually sensitive practice is a way of being and relating throughout the helping process" (Canda and Furman 2010, p. 214). As noted earlier, when exposed to a TGL, one often experiences a disconnect between these relational experiences.

Occupational Psychological Injuries

For FPHs, traumatic events can lead to occupational psychological injuries (OPIs) that can include a range of aspects such as traumatic stress, moral injury (MI) (Jinkerson 2016), emotional labor (Perry and Ricciardelli 2021), compassion fatigue (Figley 2002), burnout (Papovic 2009), and disenfranchised grief (Doka 1999), with personal and organizational effects. Jinkerson (2016) proposed that MI, specifically, is a trauma-related outcome that includes feelings of intense guilt, shame, lack of trust, and spiritual crisis, adding to the psychological complications associated with trauma healing. MI, when intertwined with the post-trauma experience, contributes to additional challenges connected to traumatic grief, which can create intrusive, disturbing thoughts and images (Hooyman and Kramer 2006) and spiritual distress (Kubitza et al. 2023). This type of TGL has historically been disenfranchised and not socially supported, which is also a political and ethical failure to respect suffering and can interfere with resiliency and transcendent processes (Attig 2004).

Traumatic distress and MI can challenge one's spirituality, resulting in spiritual challenges and distress, creating a need for spiritual meaning reflection and processing (Carey et al. 2016; Kubitza et al. 2023; Smiechowski et al. 2021). Spiritual distress is a complex phenomenon, and emerging literature contends that treating MI, trauma, and spiritual distress requires spiritually integrated approaches to reduce mental health psychopathology and even suicide (Carey et al. 2016; De Vynck et al. 2023; Harris et al. 2018). Researchers and theologians have noted the significance of exploring spirituality after a traumatic event to promote spiritual growth (Morrison et al. 2009). Research over the past decade has demonstrated that when therapy includes dimensions of spiritual and religious content, individuals experience positive mental health outcomes (Dailey et al. 2015; Koenig 2012; Oxhandler and Ellor 2017; Oxhandler and Pargament 2014; Pomeroy et al. 2021). Attending to spiritual distress and challenges, revising one's spiritual worldview, and focusing on

spiritual strengths and resources can support the healing processes and journey through trauma and MI, resulting in better recovery outcomes.

Likewise, research continues to support the importance of spirituality in treatment as it is essential for clients and is being dealt with by clinicians in various frontline contexts, recognizing the need for professional helpers to develop spiritual competency (Canda et al. 2020; Hodge 2015; Husain and Sherr 2015; Kvarfordt and Herba 2018; Oxhandler et al. 2015; Pomeroy et al. 2021). Exploration has shown that many North Americans believe in God, a higher power, a universal spirit or consciousness, or have some connection to religion (Statistics Canada 2022; Newport 2012). Morrison et al. (2009) noted that many clients' spiritual growth is linked to success when managing life challenges. According to Dailey et al. (2015), clients expect that "counsellors will understand their spiritual concerns and use holistic interventions" (p. 16). Yet training for FPHs in spirituality and spiritual interventions continues to be an unaddressed area (Boynton 2016; De Vynck et al. 2022; Kvarfordt and Herba 2018; Pinto and Pinto 2020; Zollfrank et al. 2014) requiring attention in curricula and professional practice.

This increased exposure to the clinical significance of including religion and spirituality (R/S) for physical and mental health outcomes has prompted a resurgence of interest in how to include R/S as part of the therapeutic process (Boynton and Mellan 2021; Boynton and Vis 2022). Over the past two decades, discussions have continued advocating for the importance of education and training to enhance spiritual competence among FPHs, and it is emerging in accreditation standards (Boynton, forthcoming; Graham et al. 2006; Pomeroy et al. 2021). Incorporating a spiritually informed approach with trauma survivors by those who are trained to help them invites the opportunity for spiritual interaction among the client and professional helper to move beyond the trauma story to that of hope and possibility. However, little has been researched or written about how spiritual aptitude interrelates with spiritual competence and skill development. More discussion is needed to determine how the spiritual capacity of FPHs can be accessed as a strength-based resource to promote resilience and growth for those exposed to trauma. Facilitating spiritual competencies and enhancing the spiritual intelligence of future workers could translate to best practices and improved outcomes for trauma survivors. Emmons (2000) conveyed that spiritual intelligence involves the knowledge, skills, and abilities for adaptively using spirituality and argued that spiritual virtues, maturity, and skills could be acquired and cultivated.

3. Guiding Assumptions

Hermeneutic phenomenology offers a guiding research context for this reflection. The philosophic perspective of hermeneutic-phenomenological research involves the writer disclosing and embracing one's prejudgment very personally (Vis 2008; Patton 2015). As authors, we have reflected on what experience or interest led us to ask about the significance of FPHs' awareness of spiritual intelligence. We surmised that spiritual intelligence influences spiritual competence and skill development and reasoned what is required for education and training. We pondered how a conceptual model might assist in promoting spiritual intelligence for FPHs to incite resilience and growth for themselves, as well as offering support for those who have experienced trauma that focuses on spirituality.

This inquisitive process has evolved over the past few decades with the authors engaged in direct clinical interaction with clients, providing supervision, consultation, and mentorship to FPHs, offering support to frontline workers exposed to trauma material, and engaging in scholarly endeavors such as research, writing, and academic presentations. Through this experience, eight guiding assumptions are highlighted in this reflection:

1. Everyone is spiritual at some level.
2. Spiritual development is part of human development.
3. Trauma events can create a spiritual crisis or distress that can be an opportunity for PTG.
4. There is a relationship between spirituality, trauma, resilience, recovery, and PTG.
5. Spiritual intelligence and competencies can be learned and increased.

6. Spirituality is a strength-based asset that can be used to make meaning of self, purpose and being, foster connectedness, and can lead to PTG.
7. Discussions of spirituality are welcomed when safer spaces are created.
8. Suffering and trauma can play a significant role in transformation and transcendence, spiritual development, and a deepening of spiritual understandings. Trauma can be the beginning of a new story.

4. The Value of Spiritual Aptitude

Research in psychological TGL has demonstrated the significance of spirituality as a core area of intervention (Harris et al. 2018; Post et al. 2022). FPHs who incorporate spirituality into their practice also know the positive influence spiritual questioning and resourcing can offer individuals as a strength-based resource (Pandya 2018). While spiritual competency tools exist to measure a frontline worker's competency in delivering spiritual conversations and interventions, little is written concerning teaching and promoting this competency in FPHs (Robertson 2010; Dailey et al. 2015). The lack of education and training concerning spiritual intelligence, competence, and skill development leaves FPHs feeling ill-equipped to address spiritual issues, even when directly presented by the clients (Boynton 2016; Dailey et al. 2015; De Vynck et al. 2022). For example, healthcare providers' lack of education on R/S is a significant barrier to integrating R/S care into healthcare services (Pomeroy et al. 2021; Richardson 2012; Zollfrank et al. 2014). Equally, social work professionals recommend a holistic approach to social work practice, including spiritual health and the ecobiopsychosocialspiritual issues that affect well-being (Boynton and Margolin 2024; Richardson 2012). Dailey et al. (2015) also noted that counsellors who self-reported some level of spirituality or religion scored higher in spiritual competence and tended to seek ongoing spiritual training than those who disclosed that they were neither spiritual nor religious.

While this research is limited to specific frontline work, we support the perspective that basic spiritual knowledge would benefit a much broader professional scope. The growing acknowledgement of the value of spiritual assessment and interventions, particularly for individuals exposed to TGL, highlights the benefits of spiritual competence for various frontline professionals to assess and support TGL for individuals to whom they provide service (Dailey et al. 2015; Robertson 2010). Spiritual struggles can occur for many different reasons such as identity concerns, interfaith marriages, political conflicts, various relationship concerns, and even through the academic learning process.

At its most fundamental level, spiritual aptitude is an adaptive use of information that can be used to assist with problem solving and goal attainment (Emmons 2000). When people face significant life pressures such as TGL, their spiritual capacity can help them find meaning in stressful situations, connect with spiritual resources, and engage in spiritual activities and practices. Through that, they can more easily cope with the circumstances. Developing spiritual aptitude gives people a new insight into themselves and their place in the world and improves their self-confidence and sense of mastery. It also helps people achieve self-consistency, reduce their worries and anxiety, and create strong relationships (King and DeCicco 2009).

5. The Value of Spiritual Competence and Skill Development

Much research has been carried out to clarify what FPHs can do to foster the delivery of spiritual practice. Canda and Furman (2010) developed five core principles of spiritually sensitive practice. Dailey et al. (2015) noted that the work of the Association for Spiritual, Ethical, and Religious Values in Counseling shaped the development of the Spiritual Competency Scale (SCS), as well as the six distinct factors for spiritual competence. Its final revisions comprise the Competencies for Addressing Spiritual and Religious Issues in Counseling (see related citations for further information). Nevertheless, despite these endeavors aimed at promoting the inclusion of spiritual practice with clients, the lack of training and education within various frontline line professions presents a challenge. It

continues to be difficult to know how best to translate these principles and competencies from FPHs to client experience (Dailey et al. 2015). When the concept of R/S is ignored in the training of FPHs, it becomes counterintuitive to understanding and treating the whole person, leading to missed opportunities for healing. As a result, FPHs may question their ability to make meaning, assess, intervene, and evaluate R/S aspects related to the TGL experience (Cashwell and Young 2004).

FPHs who come to their education and training with an appreciation of the role of R/S in one's life may be more sensitive to their spirituality and strengths and their client's needs for R/S exploration. However, more is needed to encourage the spiritual capacity of FPHs and practice with those exposed to TGL. Based on our guiding assumptions, supported in the literature, we propose that spiritual competency emerges as one is exposed to self-reflection, life experience, spiritual awareness, action, and evaluation (Heredia et al. 2020). A conceptual framework aimed at awakening the FPH's spiritual appreciation can be the route to formulating consistent R/S practices enhancing professional and personal capacities for effective practice in the field.

6. The Value of a Conceptual Framework

The focus on spirituality reflects shifts in the scientific and academic communities and global demographic and socio-cultural transitions that stress the importance of exploring spirituality in people's lives (Ai 2002). Exposure to life-threatening traumatic events involves reactions of fear and anxiety and creates a sense of inability to control or manage the outcome, amplifying the need for spiritual exploration (Boynton and Vis 2022). When one is exposed to a traumatic event, spirituality can be an integral aspect of how one engages in the process of making meaning. When we ignore the spiritual dimension of people's lives, we may miss an opportunity to help people construct holistic narratives that accurately fit their experiences (Canda et al. 2020). This can also be known as engaging in spiritual attunement whereby an FPH builds capacity that includes spiritual awareness and responsiveness (listening, attending, and responding) to spiritual content and creating a safe space for spiritual dialogue and expression (Boynton 2016; Boynton and Mellan 2021). FPHs, regardless of their job role, will likely find themselves in situations with those who have experienced a TGL event and organically engage in dialogue of a spiritual nature. Regardless of where they might meet individuals throughout their trauma-processing journey, spiritual attunement and competency can promote opportunities for understanding, healing, and growth.

While some educators remain cautious due to the relatively underdeveloped research on spiritual competency, others recognize the importance of integrating spirituality into teaching practices. Nurses, physicians, social workers, psychologists, first responders, and mental health practitioners are just some of the professions currently proposing the benefits of including education about spirituality in one's professional practice (Ai 2002; Burke et al. 1999; Kubitz et al. 2023; Pinto and Pinto 2020; Zollfrank et al. 2014).

The significance of spiritual intelligence and posttraumatic growth are essential concepts to incorporate when conceptualizing a framework for developing spiritual competency for FPHs. The conceptual framework presented here aims to increase the discourse concerning how to enhance FPHs' spiritual competency. It is primarily informed by the combined scholarly work and research of Emmons (2000), Tedeschi and Calhoun (1995), and Wigglesworth (2012). These authors offer differing yet interconnected concepts important to consider when attempting to create a framework to promote spiritual competence when addressing TGL.

Emmons (2000) defined spiritual intelligence as "the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment" (p. 59). Emmons also proposes that spirituality is a set of tools that allow individuals to explore meaning and offer knowledge to address problems in living, leading to a quality of life. Specifically, Emmons offers a list of core components of spiritual intelligence: (a) the capacity for transcendence, (b) the ability to enter heightened spiritual states of consciousness, (c) the ability

to invest everyday activities, events, and relationships with a sense of the sacred or divine, and (d) the ability to utilize spiritual resources to solve problems in living (p. 64). FPHs are challenged in their professional practice to problem-solve, set, and achieve goals. These skills are not only required for oneself but to offer pathways for one's clients. When clients are exposed to traumatic incidents, they often struggle with meaning, problem solving, and goal-setting, which reflects their experience. When FPHs have spiritual tools at their disposal, they can confidently transfer them to those they provide service to.

Calhoun and Tedeschi (1999) stated that for PTG to be more likely, "the clinician must be knowledgeable about, comfortable with, alert to, and active in working with the client's spiritual issues" and that the therapist "develop some degree of comfort in the roles of philosopher and spiritual guide" and that this is carried out "in the service of the client's wellbeing and growth" (p. 120). FPHs, in their various roles, often find themselves in situations where spiritual questioning or processing might occur. Questions related to meaning making, self-blame, and wonderment about the afterlife are just some of the spiritual issues that can arise throughout a person's timeline following exposure to a traumatic event. Processing traumatic memories and cognitive restructuring play a crucial role in the processes of healing, recovery, positive growth, and personal change (Tedeschi and Calhoun 1995) as well as existential and spiritual change (Tedeschi et al. 2017) and can occur at any time during a person's change trajectory. Nevertheless, spiritual and transcendent meaning making is pivotal in processing and cognitive restructuring. The five domains of PTG outlined by Calhoun and Tedeschi (2006) include (1) new possibilities, (2) relating to others, (3) personal strength, (4) appreciation of life, and (5) spiritual change. Not all FPHs are in a therapist role, and many will encounter individuals processing traumatic events while in crisis, in emergencies, or amid other grief and loss experiences. Regardless, FPHs can be invited into conversations and in processing with individuals during or after encountering a TGL event. In all these situations, spiritual awareness, attunement, and spiritual tools can be used in attending to the individual at any point in the trauma trajectory and to promote PTG.

Bratianu (2013) described a triple helix of knowledge involving "cognitive, emotional and spiritual knowledge that are dynamically interconnected" (p. 210). Spiritual knowledge involves values, beliefs, morals, life aspirations and motivations, deep life matters, and the ability to draw on the strengths and resources of the human spirit stems from one's spiritual capital (Zohar and Marshall 2004). Spiritual competency requires some level of spiritual knowledge and spiritual intelligence (SQ), which Wigglesworth (2012) defined as "the ability to behave with wisdom and compassion while maintaining inner and outer peace regardless of the situation" (p. 8). SQ involves awareness, openness, and intuitiveness in spiritual realms. Wigglesworth (2012) created the SQ model with four quadrants consisting of self/self-awareness, which includes profoundly knowing oneself; universal awareness, which entails knowing the world; self/self-mastery, which is a deep understanding of who you are; and social mastery/spiritual presence, which includes being a wise and effective teacher/mentor, leader/change agent, making compassionate and wise decisions, and being a healing presence. The SQ model encompasses 21 skills that build upon one another and can be learned, developed, and evaluated. SQ skills can be taught to FPHs to embrace spirituality for personal and professional development and self-transcendence.

7. Conceptual Framework for FPHs Part 1

Our conceptual framework assumes that FPHs can grow in their SQ and competence as they gain professional and personal experience engaging in job duties and through training and development. Adapted from Boynton's (forthcoming) research on spiritual competencies for social work professionals, this conceptual framework addresses professional workers on the frontlines. It involves three interlinked levels: exposure and awareness, immersion and experience, and integration and sense of mastery.

7.1. *Exposure and Awareness*

In this first introductory level, awareness and critical reflection are used to build the foundational conceptualizations of spirituality and TGL and their intersections. The individual becomes aware of the formation of their spiritual worldview, values and beliefs, and their ethnocentricity. Through a pluralist and expansive lens, the diversity of spirituality, faith, religions, and traditions and respectful attitudes emerge. While this is a transformative learning process, it may involve discomfort. It is proposed that sense-making and self-awareness are essential characteristics for individuals to feel empowered in their abilities through their process from being to becoming when exposed to crisis and difficulty (Maitlis and Sonenshein 2010; Mayer and Salovey 1993). Specifically, Mayer and Salovey (1993), in their seminal research, discuss emotional intelligence or competence as an ability to “monitor one’s own and others’ emotions, to discriminate among them, and to use the information to guide one’s thinking and actions” (p. 433). These authors access the scholarly work of Gardner’s (1983) “[intra]personal intelligence” (Mayer and Salovey 1993, p. 433) to highlight the significance of feeling life and that processing emotions can lead to meaning and understanding and how this might guide one’s behavior. Building on these concepts, spiritual exposure, awareness, and meaning making are explored within a professional context where emotional and spiritual self-awareness are seen as critical ingredients to offering FPHs the ability to reflect on their job experience, emotions, and how sense-making shapes change related to their spiritual competence. Self-directed learning and discussion with peers is encouraged and fostered. Awareness of the importance of spiritual self-care activities and contemplative and reflective practices is expanded.

7.2. *Immersion and Experiencing*

At the immersion and experience level, FPHs are in the process of understanding the benefits of spiritual intelligence and competence personally and professionally. They engage with a professional curiosity that involves seeking, reflecting, and integrating knowledge, skills, and attitudes through experience (Kolb 1984). Utilizing foundational knowledge from the exposure and awareness level, FPHs are challenged to explore and engage their sense of spirituality and how this might lead to PTG for themselves and those to whom they provide service. Knowledge and skills continue to develop as they actively participate in experiential learning, including case studies, role plays, review and discussion on research and best practices, and further engagement in spiritual self-care activities and contemplative and reflective practices. Through practicing attunement, they develop attitudes, skills, and spiritual competence directly through their professional practice of supporting the people they assist.

7.3. *Integration and Sense of Mastery*

At the integration and sense of mastery level, FPHs combine personal and professional experience with a desire to engage in lifelong learning and knowledge expansion, hone their skills, and refine their attitudes. They more fully understand their scope of practice and utilize critical thinking. They are more adept at problem solving and decision making and continue to utilize and expand their tools and resources for practice and personal use. As a result, they not only integrate experiences that have reaffirmed the benefits of spiritual attunement to promote PTG, but they have also received positive evaluative feedback from peers and clients and have experienced positive outcomes. Peer mentoring becomes important and offers opportunities for mentees to observe and learn from those with experience and practice knowledge. In addition, mentors also experience personal rewards through positive role modeling, leadership, and growth in their knowledge, skills, and attitudes through assisting others (Ross et al. 2015). FPHs become comfortable practicing spirituality in their lives and job roles, value ongoing education in this area, and continue to transcend in spiritual intelligence and competence.

8. Conceptual Framework Part 2

The second part of the conceptual framework includes the three categories of knowledge, skills, and attitudes interconnected within the competency levels and has a broad list of evidence. Each category offers a point of reference to evaluate where one might be, depending on the evidence provided in each category. The framework (see below Conceptual Framework Part 3) outlines the levels and categories, offering more specific information.

- Knowledge: Includes conceptual understandings, self-awareness, worldviews, self-regulation, self-acceptance, scope of practice, and research knowledge;
- Skills: Includes interpersonal effectiveness and humility, self-confidence and sense of mastery, spiritual assessment, treatment, and evaluation competencies;
- Attitudes: Includes self-identity and practice identity, anti-oppressive practice, authentic use of self, a sense of meaning and purpose, and spiritually sensitive practice.

9. Conceptual Framework Part 3

As noted above, the following list of spiritually informed practice competencies has been adapted from Boynton (forthcoming). Table 1 below combines competencies that pertain to the diversity of FPHs and addresses the components of intrapersonal awareness and competence, interpersonal attunement and humility, and professional practice. Intrapersonal awareness and competence, along with interpersonal attunement, focus primarily on the personal experiences and strengths one brings to one’s professional role, with a recognition that these attributes will grow over time. Professional practice focuses on how FPHs can intentionally increase their spiritual attunement, assessment, intervention, evaluation, and development practices, recognizing how spiritual attributes can enhance positive change and growth for those experiencing TGL.

Table 1. Spirituality and trauma, grief, and loss competency framework.

Intrapersonal Awareness and Competence			
Level	Knowledge	Skills	Attitudes
Exposure and Awareness	Understands the importance of self-awareness of one’s spirituality, values, and beliefs. Exposure to TGL can reaffirm one’s knowledge and reconfigure one’s sense of identity. Competence and awareness are reawakened—or new appreciation for the need for competence and understanding.	Can articulate how one’s spiritual beliefs and biases might arise in practice. Awareness of tools needed to address TGL exposure, self-regulation, and embodiment. Able to assess own level of spiritual development and identify spiritual activities for self-care.	Adopts a pluralist lens and respects different orientations of spirituality and various world religions, traditions, and faiths. Comes to view TGL as an injury, and spiritual healing processes can facilitate PTG. Values spirituality as a resource, strength, and resiliency factor.
Immersion and Experiencing	Can identify personal experiences with TGL, one’s spiritual worldview, practices, inner resources, and the influences across one’s life.	Uses self-reflection for self-assessment. Able to identify possible biases, assumptions, judgements, and how they might miss spiritual content of importance. Engages in embodied awareness and self-regulation. Engages in own spiritual practice and contemplation.	Openness and understanding to different orientations of spirituality and various world religions, traditions, and faiths. Values spirituality and the strengths and resources for TGL and PTG.
Integration and Sense of Mastery	Knowledge of levels of faith and spiritual development and intelligence (Wigglesworth 2012; Zohar and Marshall 2004). Knowledge of own spiritual strengths and areas of development. Understand one’s TGL effects and processes for healing and PTG.	Able to assess own level of spiritual development. Identifies own TGL and spiritual needs and accesses support as required. Utilizes tools for self-regulation—effective use of self, including spiritual strengths. Integrates and relies on one’s spiritual activities and practices as a strength and coping tool.	Appreciates the value of one’s spirituality and its influence on identity—acceptance of human suffering and the need for self-care and compassion.

Table 1. *Cont.*

Interpersonal Attunement and Humility			
Level	Knowledge	Skills	Attitudes
Exposure and Awareness	Demonstrates knowledge and understanding of various religions, faith traditions and spiritual practices, activities, and rituals. Recognizes how spirituality can affect decision making and problem solving in self and others, particularly about TGL—awareness of transference and countertransference.	Can respectfully initiate discussion of spirituality with another. Uses communication and interpersonal skills for effectively attuning to spirituality and TGL.	Has an appreciation and respect for unique and diverse expressions of spirituality—openness to the benefits of spiritual tools and coping strategies others used to promote healing and PTG.
Immersion and Experiencing	Demonstrates knowledge of the interconnectedness of TGL and spirituality. Understands how religion can be a source of struggle and comfort.	Practices humility, openness, respect, and reflection of affect. Asks questions regarding spiritual strengths, challenges, supports, and resources. Can suggest spiritual tools and coping strategies for healing in TGL and promote PTG, even if different from one’s orientation.	An open and respectful attitude toward the other individual and their spiritual uniqueness. Authentic attention to TGL and spirituality.
Integration and Sense of Mastery	Can articulate an understanding of spiritual components, strengths, and spiritual needs in TGL and PTG.	Demonstrates openness, respect, the reflection of affect, and capacity for co-regulation. Demonstrates effective use of self. Articulates, understands, and is sensitive to the spiritual strengths and challenges of the individual and their worldview. Exhibits the ability to pick up on spiritually themed dialogue, ask questions, and explore spiritual aspects. Open to spiritual questioning or rumination from clients without triggering unresolved or personal TGL and spiritual challenges. Can manage differences in spiritual worldviews in families or among community members. Recognizes and responds to transference and countertransference.	Embraces an attitude of acceptance, validation, empathy, and compassion, as well as appropriate questioning and reflection of struggles and challenges for the other. Supportive of and respects the decision making of others about their spiritual worldview. Demonstrates respect for differences and spiritual self-determination for individuals, families, and communities.
Professional Practice—Assessment and Planning			
Level	Knowledge	Skills	Attitudes
Exposure and awareness	Aware of various types of trauma exposure and their impact on spirituality. Introductory knowledge of therapeutic rapport building, spirituality, and TGL assessment processes. Knowledge of informed consent and limits of confidentiality.	Can conduct a spiritual assessment by asking implicit and explicit questions about one’s spirituality. Asks about the trauma event and its effects without going into specific details. Can identify spiritual strengths, resources, and supports, as well as needs and challenges.	Demonstrates consideration of varying spiritual developmental levels and practices beyond one’s scope of practice. Displays respect and joins with individuals to co-create space for dialogue and planning.

Table 1. Cont.

Professional Practice—Assessment and Planning			
Level	Knowledge	Skills	Attitudes
Immersion and experiencing	Has a sense of one’s spiritual strengths and the benefits of spiritual strengths in others. Understands spiritual distress, struggles, and crises and interconnection with TGL. Has experienced or witnessed spiritual post-trauma growth following a distressful or crisis event.	Can engage in conversations about spirituality and its link to PTG, allowing for client reflection on how spirituality might be pertinent to the trauma effects. Able to conduct a more thorough spiritual assessment to collaboratively identify strengths, challenges, and needs, reflecting client readiness resources. Able to collaboratively set spiritual goals and those for healing. Awareness of when to refer to spiritual care, elder, or religious leader.	Demonstrates openness and allows for self-determination of the individual. Engages with compassion, empathy, safety, and care. Attends to the best interests of others.
Integration and sense of mastery	Understands the need to assess spiritual emergencies following a TGL event. This includes negative beliefs, mental health issues, psychosis, and psychopathology. Awareness of issues that can arise in relationships with a higher power or meaning making following a TGL event.	Able to assess helpful and positive as well as unhelpful or harmful spiritual coping activities and practices pre- and post-exposure to TGL. Collaboratively sets goals with the individual, family, or community, incorporating spiritual and TGL healing strategies.	Adopts openness and respectfully engages others without imposing one’s sense of spirituality on another. Is respectful and welcomes the diversity of spiritual differences. Appreciates spiritual experiences and the effects of TGL events.
Professional Practice—Interventions and Appropriateness			
Exposure and awareness	Knowledge of determining if spiritually focused intervention strategies are appropriate for the client. Knowledge of alternative and holistic trauma therapies, including grounding techniques, sensorimotor and embodiment practices, expressive arts and play therapies, bibliotherapy, and spiritual interventions.	Demonstrates an awareness of spiritual resources to support or deliver interventions within the community. Can assess the appropriateness of spiritual referral and follow through. Able to implement spiritual activities in treatment.	Openness to the positive impact of spiritual strengths and needs and the client’s challenges for intervention planning. Understands the importance of informed consent when referring to alternate providers. Sensitive to client readiness and need for safety and stabilization.
Immersion and experiencing	Considers theoretical underpinnings of trauma-informed care and articulates this to the client when appropriate. Has explored a range of tools and strategies for spiritual and TGL treatment.	Responds to spiritual needs and challenges utilizing agreed-upon strategies with the individual. Links clients to support and resources where appropriate. Treatment approaches fit the client’s spiritual and TGL needs.	Demonstrates a spiritually integrated trauma-informed approach to intervention and treatment. Appreciates the importance of discussing informed consent and engaging the individual in the change process.
Integration and sense of mastery	Demonstrates intentionality of integrating spiritual interventions within a trauma-informed lens while also matching the client’s needs and worldview.	Demonstrates a comfortability and willingness to engage in collaborative conversations about spiritual struggles related to trauma exposure. Can respond and engage in conversations with individuals struggling with meaning formation and purpose of the event. Integrates client’s beliefs and practices into trauma treatment approach. Can pivot and respond to struggles arising in treatment.	Holds regard for and addresses client’s questions, concerns, desires, wonderings, values, and beliefs and how they might have changed because of TGL.

Table 1. Cont.

Professional Practice—Evaluation and Professional Development			
Exposure and awareness	Accesses and evaluates relevant research in trauma and spirituality in one's own and across disciplines. Able to recognize influences of one's own spiritual beliefs in treatment. Understands the need for personal self-care assessment and that of another.	Identifies areas of spiritual strength and resources support and how they have been used to manage client challenges, distress, and struggles as part of the evaluation process. Able to assess the effectiveness of spiritual exploration and interventions.	Appreciates the importance of evaluation and skill development for collaboration, client-directed assessment, goal setting, and treatment. Values and seeks out professional development in spirituality and TGL and how they might be applied within one's work role.
Immersion and experiencing	Begins to critically examine and evaluate research in TGL, spirituality, and PTG. Understands evidence-based practice approaches and practice-based evidence.	Demonstrates ability to seek out and engage in consultation to enhance assessment and intervention skills in spirituality, TGL, and PTG. Works collaboratively with clients to evaluate spiritual strengths and barriers and their relation to PTG. Ability to self-reflect about one's capacity to offer spiritual support and when to refer to spiritual care, leader, or elder.	Appreciates the significance of spiritual assessment and interventions to support effective trauma processing and PTG and can evaluate effectiveness. Respects the scope of practice and is aware of one's level of competency. Values personal self-evaluation and engages in continued professional development.
Integration and sense of mastery	Develops and shares knowledge among professional peers about research in spirituality, TGL, and PTG. Recognizes the need for ongoing training and education concerning spiritually informed trauma care and PTG.	Can assess and evaluate spiritual post-trauma growth and development of another. Supports continued spiritual engagement as part of the ongoing care plan upon service closure. Able to offer ongoing resources where appropriate. Advocates for spiritually integrated and sensitive practice. Regularly engages in own spiritual self-care.	Values critical thinking as it pertains to spirituality and growth in the assessment and treatment process. High regard for the need for ongoing professional growth and competency in spiritually trauma-informed practice. Values ongoing personal spiritual self-care and development of spiritual intelligence and competence.

10. Implementation of the Learning Process

As noted in the literature, it is unlikely that FPHs will have opportunities to explore the transformative potential of spiritual attunement in their formal education (Ai 2002; Pinto and Pinto 2020; Zollfrank et al. 2014). Equally, it is unlikely that a student pursuing one's education within the scope of an FPH's profession will fully appreciate the transformative power of spiritual attunement until they experience TGL within their work role or life. It is supposed that FPHs may rely on their spiritual understanding to field questions, concerns, or directions brought forward by their client or disengage from such interactions. It is possible to consider that without formal education to prompt FPHs' awareness and exposure to spiritual competencies, professionals will resort to their own beliefs and practices. While the literature shows that those who are R/S are more likely to engage in R/S with clients when it is reasonable to do so, they might also use their R/S coping tools to personally manage the impact of exposure to TGL in their work (Pandya 2018). Thus, all FPHs could benefit from training around spirituality.

Implementing a learning process that prioritizes spiritual competency for FPHs exposed to TGL offers opportunities for PTG in both the professional helper and those to whom they provide service. The conceptual framework presented in this manuscript provides a tool within which FPHs can self-assess and determine the areas for growth. The following learning process suggests various opportunities to apply the conceptual framework, whether one engages in self-directed learning, peer mentoring, organizational, professional development, or, where possible, within formal education programs for FPHs.

11. Self-Directed Learning

The conceptual framework provides ample opportunities for FPHs interested in personal and professional growth. Self-directed learning can take the form of personal growth activities rooted in spiritual practices, counselling, reading resources, web-based learning, certificate or course study, or participating (virtually or in person) in seminars, workshops, and training initiatives related to R/S, TGL, and PTG.

12. Peer Mentoring

Healthy peer relationships create a significant learning environment for the mentor and mentee. FPHs exposed to TGL often encounter personal and professional teaching moments through direct observation, shadowing, and confiding. When a mentee is experiencing awareness and exposure to TGL, observation of a mentor accessing one's spiritual competency at the integration and sense of mastery level provides learning and support that can be invaluable.

13. Organizational Development

Organizations that provide services to marginalized populations, those in crisis and emergencies, or those involved in TGL are accountable to their employees to ensure best practices based on service and employee health. Recruitment and retention are often related to morale, healthy employee–management relations, and the purpose of one's work. Professional development incorporating spiritual attunement to complement other mental health and wellness training would provide an expanse of tools and resources to support employees.

14. Integration into FPH Education

Ultimately, formal education in any FPH program could provide the foundation for awareness and exposure concerning R/S in situations of TGL. Within a formal education setting, students can begin to appreciate the importance of spiritual attunement for themselves and others exposed to TGL as a pathway to PTG.

In any of the above learning process opportunities, the FPH can use the conceptual framework as a guide to self-assess, placing oneself according to each level and category and determining the next steps for growth.

15. Conclusions

This reflective article opens a discourse to highlight the importance of spiritual attunement and competence for FPHs and tools to promote PTG following TGL. It offers a conceptual framework incorporating knowledge, skills, and attitudes within growth levels of exposure and awareness, immersion and experiencing, and integration and a sense of mastery. This emerging framework integrates literature and research emphasizing the significance of spiritual attunement for FPHs and PTG as critical components of spiritual competency development, further highlighting the importance of spirituality in the helping and TGL healing process.

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Article

Missed Opportunities for Growth in the Posttraumatic Helping Environment: The Role of Spirituality

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Abstract: This paper focuses on social work's understanding of how posttraumatic counselling may help or hinder recovery from trauma. A qualitative case study was conducted using an autobiographical memoir that provides an in-depth personal narrative of one woman's experience of trauma, posttraumatic stress disorder, the posttraumatic helping environment, and healing journey. Inductive thematic analysis uncovered themes that align with the existing literature. Novel or understudied aspects for consideration also emerged, including the importance of psychoeducation, behavioural activation, and secondary factors related to the posttraumatic environment that impede healing. The analysis highlighted missed opportunities to clinically address issues of identity and meaning in a spiritually sensitive manner. Although the narrator made it clear to helping professionals that she was struggling with religious beliefs and was in spiritual crisis, helping professionals seemed to eschew exploration of these concerns. Implications for clinical social work practice and future research are discussed.

Keywords: posttraumatic stress disorder; posttraumatic counselling; spirituality; case study; qualitative research; autobiographical memoir; social work

1. Introduction

Research regarding life-threatening accidents, natural disaster, sexual assault, and other major traumatic life events has led to a common understanding of trauma and posttraumatic stress disorder (PTSD), as outlined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association 2013). This awareness and understanding of trauma has coincided with the study of trauma-specific modalities for use in treatment interventions. Helping professionals are often trained in specific evidence-based modalities to address the trauma within their discipline's scope of practice; however, this training may limit the professional's flexibility to respond to wider individual needs. Although there are many commonalities in symptoms and treatment of trauma, the way in which individuals process their trauma experience and journey through their healing is unique. Some literature has begun to explore these unique ways of processing and responding to trauma along with the associated helping needs that are not typically addressed within the frameworks of many evidence-based modalities (Maercker and Horn 2013).

Given social work's perspective of person-in-environment (Barnes and Hugman 2002), social work is well-positioned to expand PTSD interventions to include consideration of contextual factors beyond the individual and their immediate trauma experience. Following recognition that the posttraumatic healing experience takes place in a context, comes the understanding that approaches to posttraumatic intervention must be holistic in nature. The deep impacts of trauma invite understandings that capture the complexity of the human experience, including less tangible aspects such as meaning, spirituality, mortality, and identity. As Briere and Scott (2015) observed, "[t]rauma can alter the very meaning we give to our lives and can produce feelings and experiences that are not easily categorized in

diagnostic manuals” (p. 31). Nowakowski-Sims and Kumar (2020) describe holistic social work practice that focuses on the spiritual component or wounds of the soul as “soul work” (p. 189). The person is understood from the perspective of a mind–body–spirit connection and the importance of self-compassion in promoting healing is emphasized. Holistic care must address the whole person, encompassing professional, cognitive, emotional, physical, relational and spiritual elements of experience (Butler et al. 2019). Thus, healing is facilitated by interventions that integrate body, mind, and spirit.

Spiritual and existential aspects of the traumatic experience and posttraumatic healing have received increasing levels of attention in recent years (Day 2009; Du Toit 2017; Floyd et al. 2005; Hoffman et al. 2013; Thompson and Walsh 2010; Vachon et al. 2016; Weems et al. 2016). Existentialism, in particular, has been linked to understanding the personal trauma experience. Originating in ancient philosophy, existential thought questions human existence. Applied as a therapy, existentialism explores the nature and meaning of life and death, and frames suffering as an opportunity for healing and growth (Vachon et al. 2016). Thompson and Walsh (2010) conceptualized the resulting loss of a sense of self and shattered framework of meaning as an existential injury. Some empirical literature has demonstrated support for existential treatment interventions. For example, the existential process of making meaning for survivors of childhood sexual abuse was found to be important to their recovery (Das et al. 2016). Similarly, the use of logotherapy to address Yalom’s (1980) four existential givens or anxieties about death, isolation, freedom, and meaninglessness has been supported in case studies of counselling with veterans (Southwick et al. 2006).

Spirituality is a highly individualized concept for both clients and practitioners. This paper applies Benson et al.’s (2016) broad definition of spirituality that includes existential concepts of “a search for a sense of meaning, purpose, moral frameworks, and connection with what they believe is most profound or sacred” that may or may not be expressed through organized religion (p. 1373). Studies illustrating the variability and contextual aspects of spiritual experiences of trauma and posttraumatic healing are valuable contributions to the literature and can provide important lessons for social workers and other healing professionals. An in-depth study of an individual’s trauma and healing experiences can offer important learning and insights to helping professionals working with trauma survivors within their unique personal and broader contexts. Accordingly, this paper presents a qualitative study of one woman’s experience of trauma and the posttraumatic environment. The study encompassed analysis of multiple aspects of her experiences. For the purpose of this paper, a subset of the findings is presented, specifically focusing on the existential/spiritual aspects of her experiences.

2. Materials and Methods

An individual case study approach was used for this research. Case studies are useful in the analysis of detailed descriptions of situations that have many variables (Hartman 2017). Social workers work fundamentally on a case-by-case basis. They must be willing to receive, interpret, and utilize the data presented by each individual case, and adjust their intervention accordingly. The research case study is illustrative of this process, while also accessing complex and detailed knowledge that is lost in studies with larger sample sizes. In keeping with Rowley’s (2002) recommendation, this research is considered exploratory, as it attempts to elicit new knowledge and questions about an area of practice, rather than describing phenomena, or explaining or refuting established theory.

This study consists of a single case in the form of a published autobiographical memoir *Impact* (McLachlan 2018) of the author’s experience of a traumatic event and the subsequent experience of the helping environment. The single case contains *embedded units*, described by Rowley (2002) as “sub-units” such as meetings, roles, or locations that when taken together, form an overall picture (p. 19). The embedded units in this case include experiences of the author, Jane Ann:

- While alone or in a reflective state, including journaling;
- With helping professionals;
- In friend, family, work, and other non-professional social interactions.

These experiences are described across a period of approximately eight years, beginning the day of the traumatic event.

Autobiography was selected as the source of data for the case study for several reasons. Primarily, autobiography was a reasonable data source given the time and budget of the enquiry. However, more importantly, autobiography provides rich description of an experience, allowing the author to focus on aspects that are important to them, rather than what seems important to the researcher (Power et al. 2012). This particular autobiography was selected as a recent Canadian example of a memoir of PTSD that was available at the time of study. It contains detailed descriptions of the author's internal and external experiences, and the meaning which she ascribed to those experiences. The narrative also contains detailed accounts of Jane Ann's experiences with multiple helping professionals from several fields. The writing of the autobiography was supported by historic journals completed by the author, lending credibility to the recall of experiences.

Thematic analysis, per Braun and Clarke (2006), was used to code and analyze the data in NVivo 12.3.0 for Mac, with some modifications to suit the needs of the project. Three levels of concurrent initial coding were used to denote:

- The individual doing, saying, or thinking;
- The embedded case situation (as discussed above);
- The initial coding of theme elements.

Initial coding was completed inductively, without reference to existing theory. The one exception to this was items that specifically described symptoms of PTSD as documented in the DSM-5 (American Psychiatric Association 2013), such as a nightmare or a flashback. Initial codes were assigned from a realist perspective, using the ascribed meaning and interpretation of the author where available, and straightforward interpretations of language. The initial codes denoted significant emotions, meanings, events, interactions, and features of all people and situations present in the narrative that were relevant to Jane Ann's posttraumatic experiences.

Following the initial coding, the elements were sorted into a structure of themes and overarching categories. The manuscript was again reviewed and coded to ensure saturation of the themes. The findings were examined against the entirety of the document to ensure that the selected data were representative of the intention of the narrative. The content of each theme was cross-referenced against the four embedded units within the case to develop comparisons across embedded units. Findings were then triangulated against existing theory and literature to confirm the findings or highlight discrepancies.

Case Description

Jane Ann McLachlan is a writer and educator who lives with her husband and three daughters in Canada. On May 1, 2003, while driving her daughter to an appointment, a jeep hurtled across the road, hitting their vehicle. Jane Ann suffered a broken arm, multiple contusions, and a concussion; and daughter, a wrenched back. Although her physical injuries were medically addressed immediately upon entering the hospital, Jane Ann's emerging emotional and psychological symptoms were not. As her symptoms worsened, Jane Ann sought counselling from various professionals who employed a variety of approaches and modalities to address her psychological and emotional symptoms. Jane Ann was also subject to ongoing assessment from insurance representatives, and assessment and treatment by medical doctors and other physical health professionals. All of these professionals had varying levels and qualities of impact on Jane Ann's healing process; some helpful, some indifferent, and some harmful.

In her memoir *Impact* (McLachlan 2018), Jane Ann describes her experiences of the accident and her subsequent healing journey articulately and in detail. Supported by reflections from her personal journal, she is able to recall her thoughts, emotions, and

behaviours for several years following the trauma, including details of her interactions with several counselling, pastoral, medical, insurance, and legal professionals, as well as with her own family and friends. Jane Ann’s experience of PTSD was also complicated by historic health issues; she had suffered for several years with colitis, and the stress of the accident had exacerbated her symptoms. Jane Ann is able to draw clear links between her experiences of physical and mental health throughout the narrative. Other factors that influenced her experiences of healing include her family and her religious faith. Jane Ann provides a rich description of her healing experience within the context of her own history, personality, and beliefs, as well as the context of the helping environment following the trauma.

3. Results

After completing the initial coding of theme elements (Braun and Clarke 2006), the elements were categorized and collapsed into ten themes, which fell into three broad categories: descriptions of trauma impacts; factors and processes within the helping environment; and client posttraumatic healing experiences. The themes in each category are shown in Table 1, in descending order of coding frequency.

Table 1. Themes and categories.

Category	Trauma Impacts	Helping Environment Factors	Posttraumatic Healing Experiences
Themes	Psychological symptoms of PTSD	Process and focus of intervention	Evolving coping strategies
	Emotional experiences	Relational factors	Construction of meaning
	Physical injury and illness	Level of alignment between client and professional	Reconciling changed identity
	-	-	Relational sensitivities and growth

This paper focuses solely on two themes from the Posttraumatic Healing Experiences category, *Construction of Meaning* and *Reconciling Changed Identity*, since they pertain to the importance of spiritual factors in posttraumatic healing. The remaining categories, although relevant to the study, do not involve any spiritual factors relevant to the focus of this paper.

3.1. Construction of Meaning

An important spiritual theme in Jane Ann’s healing journey was the construction of meaning. Jane Ann struggled to understand the reason for the accident; this struggle had deep impacts on her strong religious faith. She also negotiated the meaning of help and hope in the context of what seemed meaningless.

3.1.1. With Helping Professionals

Jane Ann’s exploration of meaning with helping professionals was limited, and professionals with whom she addressed issues of meaning tended to avoid the subject. She expressed her struggles with meaning in limited ways, such as telling her first counsellor, “God threw a jeep at me” (McLachlan 2018, p. 72), and by identifying that her soul had been hurt along with her mind and body. Following this disclosure, the counsellor suggested she speak to a pastor. When Jane Ann did speak with a pastor or engage with her church community, she struggled with social expectations (“... those are not publicly acceptable emotions; we all did what was expected of us, and kept silent”, p. 25) and trust (“... God has made no concessions for me, either. It’s guilt by association for poor Pastor Robert”, p. 63). Her cognitive therapist, when Jane Ann identified that she was angry at God, stated that he wished he “had enough faith to be angry at God” (p. 127), which ended the exchange. More restrictive modalities such as EMDR, or medical treatment with a medical doctor did not invite the exploration of meaning; Jane Ann brought it up with “Click-Clack” (as she referred to her EMDR therapist), again stating that her soul was hurt more than

her body, however Click-Clack simply nodded. She did not bring it up with her general practitioner. Jane Ann's final counsellor did use life meaning as a way to connect with Jane Ann, such as the "cycle of life" associated with looking forward to grandchildren, however, they did not address the meaning or meaninglessness of the accident. Issues of meaning were not addressed with insurance-hired professionals (i.e., psychologist and occupational therapist) who assessed her mental and physical health needs for the purpose of insurance coverage.

3.1.2. Internal Processing

At the time of the accident, waiting in the car, Jane Ann calls out to God for help, and comforts herself by thinking "help is coming" (p. 11). However, her initial experience of help in the hospital was largely negative, associated with pain, and neglect of her emerging emotional and psychological distress. This began a period in which Jane Ann reflected on meaning, about the role of God, and the nature of help.

Initially, following the accident, Jane Ann was angry at God, seeing God as callous and uncaring. She journaled,

Maybe the world is shit—it's fertilizer—and we're the plants it's growing. Jesus said some of the seeds would fall on dry ground, and some would grow and be blighted, and only a few would bear fruit. Callous bastard. We're in agony here and God's conducting an agricultural experiment? Is that it? (Speaking as one of the blighted seeds.) (p. 68)

She saw hope as "a thing with claws" (p. 63) and was convinced that "no help is coming" (p. 42). This period of reflection on meaning was characterized by attempts to find inherent, rather than constructed, meaning in the world and in her situation.

Although Jane Ann's first counsellor did not explicitly address the meaning of the accident with Jane Ann, his stance that the accident was not Jane Ann's fault prompted new reflections on meaning that she processed internally. Jane Ann began to wonder whether she was searching for meaning or fault in a situation that was inherently meaningless. She reflected on the "precise, sadistic timing" (p. 69) required to put her in the path of the accident, implying some kind of fate. From here, she moved towards believing in an "impersonal God" (p. 45) who did not care about her as an individual, but realized that this did not excuse her from being a good person, and being an active agent in her life. This point marked a transition wherein Jane Ann began to accept the impacts of the accident and construct meaning and purpose in her life, rather than searching for inherent meaning. In one impactful moment of acceptance, Jane Ann allowed herself to figuratively die, and to adjust her view of the world based on having been dead. In this reflection, she used and modified the concept of *trusting peripheral vision* that was encouraged by her cognitive therapist:

The future is something that lies straight ahead, but my life has ended—there's no longer a straight vision forward. Anything that happens now is on the sidelines of my life. I begin to look at everything with a kind of peripheral vision: a vision devoid of expectations, which are, by definition, linear . . . Anything I do can only be compared to nothing, to having died. It's a crazy idea, but it works. When I step out of the shower, my depression has been washed away. By letting myself die, I think I may have found a way to live. (p. 138)

She began to see the commandment "to love God" (p. 68) as an action, rather than a passive emotion; in her most difficult moments she whispered to God "I love you" (p. 73), fiercely and defiantly. Finally, she felt the presence of God in her life again, reflecting, "I see God in a mountain and in a soaring work of architecture; I hear God in the wind and in a pure chord of music. The Divine exists, within and without. I will not reduce God to what he can do for me" (p. 278).

Similarly, Jane Ann's reflections on *help* moved from a passive stance; "no help is coming" (p. 54) to a more active, engaged stance "I am help" (p. 285). Jane Ann re-created

meaning around help in her life, by donating medicines and supplies to medical clinics in Cuba, leading to deep internal peace. Overall, Jane Ann appears to navigate a shift in her understanding of the nature of meaning, the role of God, and help from a more passive approach and expectation of inherent meaning, to an active, constructivist approach.

3.1.3. With Family, Friends and Co-Workers

Jane Ann did not directly address issues of meaning with others in her life and interactions with co-workers were not generally associated with construction of or reflection on meaning. However, strangers occasionally prompted reflections on meaning, which she processed while alone. For example, after meeting with a friend with a disability at church, Jane Ann reflected, "I envy her faith. I'm barely hanging on, myself. And I'm ashamed, because it seems she's been through so much worse than me, and it's only made her faith stronger. Why did she turn toward God when so much was taken from her? Why did I turn away?" (p. 244). Interactions with family also provided comfort based on reflections of meaning in life. After singing hymns with family, Jane Ann thinks, "we only have to shed a little light in our small corner of life. I don't have to be perfect. I don't even have to be whole. It's enough if I bring a bit of light to the small, dark corner I inhabit" (p. 259).

In summary, Jane Ann's healing was significantly impacted by her ability to transition from a search for inherent meaning to acceptance of the impacts of the accident, and active creation of meaning. This process largely took place alone, although her reflections were often prompted by her experiences of helping professionals, or family and friends.

3.2. *Reconciling Changed Identity*

One of the most difficult issues Jane Ann dealt with during her recovery was the issue of her changed identity. She struggled to reconcile the tough, stoic and capable woman she had been before the accident and the emotional, dependent, physically weakened person she had become following the accident. One of the ways she described this change in identity was to both personify and internalize the concept of fear, saying "I have swallowed fear, taken it deep into myself. I can feel it spreading through me, malignant and relentless, changing me, devouring me, becoming me" (p. 43). She began to see herself as "a Fraid" (p. 78), as if fear were the defining characteristic of who she had become.

3.2.1. With Helping Professionals

Similar to the issue of meaning, even though identity was an important theme for Jane Ann personally, it was rarely addressed directly in helping relationships. Several times with helping relationships, Jane Ann thought of her changed identity, for example calling herself a "humiliating spineless creature" (p. 61), but did not express this thought aloud. While Jane Ann identified decreased physical and mental abilities, she tended to discuss them as symptoms rather than as identity-forming traits. This was in contrast to her reflections on identity while alone, or when writing in her journal (see below). Only with her last counsellor did she address her disappointment in no longer feeling "independent" in her marriage. When the counsellor reflected back this sense of helplessness, Jane Ann "shut down" (p. 252). Thus, although Jane Ann discussed aspects of her experience that related to identity, her experience of identity change was not clearly labeled and processed by helping professionals.

Jane Ann's interactions with insurance professionals exacerbated her experience of changed identity. She frequently described the negative impact of having to write "lists of inadequacies" (p. 44) on her sense of independence, and often had the sense of being incapable of dealing with the stress of the insurance system and its requirements. The overall sense of suspicion from the insurance industry also impacted her sense of self and led her to question her own motivations: "The constant suspicion of dishonesty that hangs over me is demoralizing in itself. I'm beginning to feel insecure, constantly on the defensive, like no one trusts or believes me anymore. Maybe their suspicions are correct?"

(p. 110). Jane Ann sometimes changed the way she would normally have behaved to placate insurance representatives, leading her to question who she really was:

This isn't me. I'm not someone who'd whisper "What would you prefer?" to a person who's just suggested something I know damn well is inappropriate. I'm not someone who sits in a hotel room crying in front of a stranger. This isn't me. But I don't say it out loud, because evidently this is me. (p. 173)

Although some insurance assessors identified Jane Ann's positive attributes, such as being self-directed, persistent, and stoic (p. 147), Jane Ann did not report that these experiences significantly impacted her sense of identity in a positive way. Thus, the net results of Jane Ann's interactions with the insurance industry appeared to be destabilization of identity and assimilation of a negative self-image.

3.2.2. Internal Processing

When reflecting or writing in her journal, Jane Ann frequently compared her current and past selves. For example, upon returning to work and preparing for her classes, she reflected, "just looking at it, thinking about it, is tiring. What to teach when, what tests to give, and when. I close my eyes. How am I ever going to get through this? I used to enjoy planning a course" (p. 115). Eventually she began to accept her changed identity, and her attempts to move forward: "I am still lost and frightened, unable to feel at home with the person I've become, unable to find my way back to who I was. And yet, despite my fear, I am still somehow driving forward, trying to find my way" (p. 122).

Jane Ann also related her struggle with identity to her struggle to find or create meaning, stating, "I realize the battle was not only about faith, but about my self, about who I am at my very core. I could not let the accident take this, also, from me" (p. 153). She found stability in the idea that she could lose so much of herself, but still choose this aspect of her identity.

It was while alone, reflecting on a comment made by her husband, that Jane Ann made perhaps the most powerful realization related to her sense of lost identity:

Fear and constant pain lowered my sense of control and the critical comments several people made decreased my confidence—blow after blow. And then I set myself up for failure by going back too soon, going back full-time, and placing so much emphasis on it. 'I'm a teacher, I'm in control, capable, smart'—when I wasn't any of those things any more. I was so busy holding myself together, I couldn't see what was happening. (p. 168)

It was at this point that Jane Ann realized that her sense of self had been slowly degraded, and that her resultant frantic attempts to re-establish her pre-accident identity, rather than integrating her experiences into a new sense of identity, were detrimental. This realization was supplemented by a book about PTSD that her last counsellor provided to her. The book provided psychoeducation about the role of the victim in trauma, and the secondary wounding that takes place in the posttraumatic environment. Jane Ann used this information to analyze her own negative posttraumatic helping experiences. At the end of the narrative, Jane Ann released the need to recover a pre-accident identity, and accepted the integration of the trauma experience into a new sense of identity, which was no longer defined solely by fear:

I will never be the person I was before the accident. I've lived for awhile in darkness, and sometimes it will come back. But I have not had a recurrence of nightmares or panic attacks because of this surgery. The puzzle held . . . I'm not a Fraud anymore. (p. 299)

3.2.3. With Family, Friends, and CO-Workers

Interactions with family and friends, although often supportive, generally reinforced Jane Ann's perception the differences between her past and current selves. She referenced her brother being "shocked" (p. 37) when he saw her, and a friend who admitted that

she could see Jane Ann's new issues with cognition during conversation. One friend commented after visiting, "I came over here in a good mood and now you've just depressed me" (p. 135), leading Jane Ann to believe that when friends called, "the person they're calling is no longer here" (p. 135). Even supportive family members were experienced by Jane Ann as unable to understand how much she had "lost" (p. 82) herself. When Jane Ann interacted with her church community, she was immediately connected by her pastor to other church members who had experienced accidents. This experience led to negative comparisons of herself with the other survivors, and Jane Ann no longer felt a sense of belonging with the church, stating:

I don't return to church. I can't face them. Pastor Robert has a gift for encouraging participation in the life of the church, offering people just the right opportunities to use their gifts and strengths. But I have no strengths to share now, and I'm ashamed of my weakness. (p. 25)

Jane Ann's return to work began hopefully, with the expectation that she would *be* a teacher again and leave the accident behind. However, the mental and physical drain and distress caused by full-time work, combined with the high expectations of her managers, supported Jane Ann's beliefs that she had been dramatically altered. One manager attacked Jane Ann's identity and integrity, sarcastically remarking, "what I wonder about . . . is, you're going to be teaching ethics?" (p. 154) after Jane Ann excused herself from teaching a course due to illness. This echoed the message from the insurance industry that undermined Jane Ann's sense of self.

In summary, although the integration of a healthy post-accident identity was a major theme in Jane Ann's healing journey, it was not explicitly addressed by helping professionals. The insurance industry generally undermined Jane Ann's sense of self and caused her to reflect more on her inabilities than her abilities. Similarly, the workplace had a negative impact on Jane Ann's perception of herself. Family and friends, even when well-meaning, often served as reminders of how much of her previous self that Jane Ann had lost.

Jane Ann, largely independently, went through a process of comparing current and past selves, defining herself through fear as a result of the trauma, and then deciding she needed to move forward rather than cling to her pre-accident identity. This was accomplished through the process of creating meaning related to the core of her identity (i.e., choosing to love God), identifying the impacts of the accident and the secondary wounding in the helping environment, and integrating the "puzzle pieces" (p. 139) of her pre- and post-accident experiences. Similar to Jane Ann's trajectory through her understanding of meaning, Jane Ann's understanding of her identity is characterized by a shift from a rigid, static understanding of identity to a more flexible and constructivist understanding of identity that accommodated her experience of trauma.

4. Discussion

Construction of meaning and reconciling her changed identity encompassed the findings of two key areas of missed or negated opportunities for helping professionals to support Jane Ann in her healing journey. Although Jane Ann broached issues of spiritual and existential importance, such as her shifting relationship with God, the nature of hope, and her sense of identity, with several helping professionals, these helping professionals eschewed deeper reflection upon these issues.

Failure of helping professionals to address the issue of meaning or meaninglessness represents one of the most significant missed opportunities within the narrative, particularly because Jane Ann's preoccupation with meaning was such a substantial theme in her personal reflections. Meaning (including spiritual meaning) has been identified as an important factor in posttraumatic healing (Grad and Zeligman 2017; Jirek 2017; Van Hook 2016). Yalom (1980) suggests that by developing meaning in life, we may achieve satisfaction and alleviate death anxiety. Empirical evidence supports the idea that meaning making is important to posttraumatic recovery and growth (Das et al. 2016; Schuman 2016;

Southwick et al. 2006). Helping professionals neglected to initiate discussions of meaning, and, when Jane Ann raised the issue, they tended to avoid it or address it superficially.

Reconciling her changed identity was another aspect of healing that Jane Ann undertook largely independently. With therapists, Jane Ann did not raise the issue of identity directly, and therapists did not inquire, although some of the psychoeducational material that one therapist provided was useful in prompting reflections on identity. The role of identity and sense of self is well documented in existential and cognitive perspectives of trauma, and erosion of self-concept is common following trauma (Ebert and Dyck 2004; Ehlers and Clark 2000; Keshet et al. 2019).

The common characteristic of each of these *missed opportunity* factors is that they are not clearly related to the typical symptoms (i.e., re-experiencing, avoidance, and hyperarousal) of a non-interpersonal trauma (Hyland et al. 2017). These characteristics are more often associated with the construct of complex PTSD following prolonged interpersonal trauma, as elucidated by Herman (1992). This may in part explain why they were overlooked by helping professionals. However, examination of interpersonal and non-interpersonal trauma suggests that both trauma types may be associated with negative views about the self and the world (Cromer and Smyth 2010), confirming the finding that helping professionals should attend to identity, worldview, and meaning with clients with all types of trauma.

The findings of this case study support the importance of meaning-making and spirituality in the process of trauma therapy and suggest that some practitioners may neglect or even actively avoid this issue. This is supported by a study of behavioural and cognitive therapists that found 36% reported discomfort in addressing spiritual and religious issues with clients, and 71% had no training in this domain (Rosmarin et al. 2013). A qualitative study of clinical social workers' integration of religion and spirituality into their practice suggested that the personal religiosity of the therapist, as well as appropriate training, supported the integration of these elements into their practice (Oxhandler and Giardina 2017). Although many respondents did not endorse barriers to spiritual integration, those who did cited lack of training, discouragement from clients, or the perception of religion and spirituality as *taboo*. Some also reported that professional and agency-related factors (such as time constraints) contributed to hesitancy. It is possible that the fact that Jane Ann's search for meaning was expressed through a religious interpretation contributed to the neglect of meaning issues in therapy. However, when Jane Ann interacted with the church, she engaged in negative comparisons of herself with others, a sense of not belonging due to changed identity, and internal conflict related to a sense of meaning and the role of God, which she was not willing or able to express to her pastor. This highlights a competency gap in the network of helping professionals, where counsellors and social workers may feel unable to address spiritual concerns, while spiritual helpers may lack the understanding of trauma that is required to fully support survivors.

Spiritually responsive practice presents one approach to addressing the existential or spiritual wounding associated with a traumatic event. Recent advances in psychology and related fields have highlighted the centrality of spirituality in the human experience, including the experience of life challenges and traumatic events. It has been argued that spirituality should be included as a central human intelligence (Emmons 2000; Skrzypińska 2021), that it should be included in metrics of posttraumatic growth (Tedeschi et al. 2017), and that "soul work" is a critical component of social work (Nowakowski-Sims and Kumar 2020, p. 189).

The definition of spirituality is elusive; it may mean different things to different people. Spiritually responsive practice could include awareness of spiritual and existential concerns in relation to trauma, spiritual self reflection and reflexivity on the part of the helping professional, and active eliciting and engagement with spiritual and existential dialogue as part of holistic therapy. This may include general practice elements such as having a person-centred approach, recognizing religious/spiritual coping strategies, including these topics in the assessment process, developing experience with religious and

spiritual issues, and responding to client-initiated discussions of religion and spirituality (Oxhandler and Giardina 2017). In discussion with helping professionals, Jane Ann used key terms, such as *God* and *soul*. To facilitate spiritually responsive practice, therapists should attend to spiritually oriented language and then engage in a richer dialogue to understand the meaning she attributed to spiritual concepts and concerns. This may require some deviation from the more typically structured modalities (e.g., exposure therapy) to accommodate the unique nature of traumatic impacts.

Vis and Boynton (2008) reviewed literature that related concepts of spirituality specifically to trauma healing, they found that spirituality has been conceptually linked to trauma as an extension of worldview, coping, meaning making, and posttraumatic growth. They suggest that social work clinical interventions for trauma should include “spiritual therapeutic discourse” (p. 78). This requires social workers to examine their own belief systems and spiritual backgrounds, assess client spiritual views, experiences and resources, and engage in spiritually oriented interventions. Examples of integration of spirituality into clinical practice included positive spiritual rumination, spiritual narrative construction, and engagement in spiritual self-care. Jane Ann practiced journaling as a way of processing, not only her trauma, but her spiritual concerns and growth. Therapists who are aware that their clients use journaling as a processing tool could leverage this tool to support the construction of a spiritual narrative. The use of spiritual bibliotherapy (aligned with client’s belief systems) may also support this process of narrative construction; similar to Jane Ann’s use of PTSD self-help material.

The use of a case study methodology has inherent limitations. Questions arise as to the transferability of case data, whether any conclusion may be drawn, and whether the knowledge derived from a case may be illustrative or explanatory (Longhofer et al. 2017). Although alignment with existing literature provides some evidence of reliability, evidence from this study should be interpreted as exploratory, and used by clinicians in conjunction with evidence-based approaches and sound clinical judgment. Issues of transferability are also related to the nature of the subject of the case. This is a case of a middle-class, educated, white, Christian, Canadian female in a traditional heterosexual marriage. Variations on this social location would likely generate different findings.

5. Conclusions

This case study of Jane Ann’s memoir offers important insights and opportunities for learning about posttraumatic healing and growth to social workers and other helping professionals. It also invites consideration of the internal healing processes that can occur in parallel with formal therapeutic interventions. The therapist is privy to only a small portion of the client’s thoughts and emotions, and therefore, should nurture and encourage this resiliency with this awareness. Spiritual aspects of therapy are too often avoided or considered out of scope for many helping professionals. Yet, practicing in a spiritually responsive manner with clients who are struggling with spiritual aspects of healing, such as life’s meaning or reconciling changed identity, could offer more effective support. Helping professionals do not need to be experts in religion or spiritual matters to provide spiritually responsive support. Spiritual responsiveness has the potential to elevate trauma specific practice to address more than the symptoms of trauma; it has the potential to support survivors in developing resilience, engaging in posttraumatic growth, and reaching a new understanding of their identity, place in the world, and life’s meaning.

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Article

Therapeutic but Not Therapy: Using Critical Spirituality to Engage with Traumatic Experiences

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Abstract: Participants in critical reflection workshops and peer supervision often comment that the process feels therapeutic, enabling them to engage with challenging experiences, even although it is clearly not therapy. This reflective article explores these comments, particularly how the processes of critical reflection embedded in critical spirituality can foster a deep exploration of traumatic experiences that undermine the sense of self and the ability to act with agency. While spirituality is broadly defined as that which gives life meaning including a sense of the transcendent, the 'critical' aspect includes the influence of the person's own and the broader social context. Using two participant examples for illustration, key aspects of the process are identified: unearthing and naming deeply held, limiting and often longstanding assumptions influencing the person's sense of who they are and how they operate. Next, understanding the prevailing social context can generate liberating new perspectives. Asking what is meaningful and why given the person's spirituality can foster new, freeing and enabling assumptions, values and beliefs and experimenting with new ways of being and acting. What often emerges is that participants come to recognise the depth of meaning that transforms their perception of their experience and sense of themselves.

Keywords: critical reflection; critical spirituality; meaning; therapeutic

1. Introduction

Over many years of facilitating critical reflection and critical spirituality workshops and peer supervision groups, I have been intrigued by occasional comments from participants about what they name as the therapeutic nature of the process. Typical comments include: *I know this isn't therapy, but it feels therapeutic; or is this meant to feel therapeutic?* Sometimes, if timing is right, we have explored this as a group, teasing out why. This article is my reflective exploration of what these comments might add to understanding the interconnections in critically reflective processes embedded in critical spirituality. Critical spirituality is essentially about understanding how the social context influences experiences of the spiritual and religious. Related critically reflective processes identify the underlying meaning of particular experiences partly by enabling the surfacing of unconscious or taken for granted assumptions, values or beliefs. Critical reflection is often experienced as transformative when reflecting on events that are not identified as traumatic, but perhaps irritating, puzzling or frustrating. It seems that for some participants some of the time, reflection on an event they name as traumatic means the process is also transformative in a way that feels therapeutic. The aim of this article then is to identify what it is about this approach that enables changed perception of a traumatic experience to liberate a more enabling way of being connected to fundamental meaning. Depending on the person and their experience this may relate to their understanding and perception of their spirituality and/or religious beliefs: assumptions about values and/or beliefs that really matter to them.

2. Theoretical Background

There continues to be debate in the literature about how to define spirituality and the place of religion (Crisp 2020), so much so that Swinton (2014, p. 164) suggests it is more

helpful to think in terms of spiritualities: ways of ‘orienting one’s self to the world’. While in practice, these categories overlap, you could compare those who identify with a religious tradition, those who would see themselves as ‘spiritual but not religious’ searching ‘for the sacred in a fluid, eclectic manner’ (Fuller and Parsons 2018, p. 26) that may or may not include religious teachings and those who might see themselves as agnostic or secular, but identify key values and possibly a sense of transcendence or wonder as what makes life meaningful (Schneider et al. 2014). A helpful broad definition of spirituality is “the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred” (Puchalski et al. 2014, p. 463). Religious traditions usually have more formal organizational structures, a mutually supportive community with shared beliefs and ways of expressing what spiritually means for them. However, for Canda et al. (2020, p. 236), spiritual and religious perspectives “have a remarkable similarity in the core of their values with regard for service. The commonalities imply possibilities for finding common ground. The differences provide many insights for various helping strategies in social work”. Additionally, “the experiential nature of the spiritual can provide a useful bridge in understanding what is shared across the spiritual and religious” (Gardner 2022, p. 14). This could be a sense of transcendence, something greater than the self, perhaps expressed in a feeling of deep interconnectedness, of awe or wonder or of deeply shared values or emotions.

This complexity of understanding underpins critical spirituality which can relate across these religious and spiritual perspectives. More specifically, the critical in critical spirituality and critical reflection is a reminder of the influence of the structural, of history and social context, both at a personal or family level and a broader societal level. This is not a value-free approach: focusing on the critical in this way means “analyzing commonly held ideas and practices to the extent that they perpetuate economic inequity, deny compassion, foster a culture of silence and prevent people from realizing a sense of common connectedness” (Brookfield 2016, p. 19). Critical spirituality is also underpinned by an integrated framework where common themes from First Nations worldviews, green and relational social work are complemented by critical and postmodern thinking. These together emphasize, from some spiritual perspectives and some religious traditions such as liberation theology or dark green religion (Taylor 2010), the interconnectedness of all beings, the importance of relatedness and community and seeing the self in the context of history and social structures (Gardner 2022). The implications are to “work with what is meaningful in the context of enabling a socially just, actively inclusive society. It also implies working in a spirit of openness and the ability to manage uncertainty and work with contradictions” (Gardner 2011, p. 77).

Critical reflection is integral to critical spirituality providing processes to articulate underlying meaning while taking into account the influence of context for yourself and the other. The use of reflective practice and reflexivity are also important here, the capacity to reflect on your reactions and identify assumptions as well as to see how the whole of the self is relevant to how you practice. Hunt (2021, p. 57) affirms that “the *practice* of reflective practice offers keys to personal and social transformation in ways that encompass both the pragmatic and the transcendental.

3. Process of Critical Reflection

The critical reflection model I use is based on that developed by Fook and Gardner (2007); Gardner (2014) used in critical reflection workshops or supervision groups. Each participant brings a specific example from their practice that has felt significant to them in some way, a troubling, uncomfortable, undermining or at least puzzling experience, something the person seeks to understand more deeply. In workshops participants are asked not to choose one that is significantly challenging given that they are using it primarily to learn the process. The aim is to help participants tease out their reactions—their feelings, thoughts related to the experience, their underlying assumptions, values or

beliefs and how these are influenced by their family history and community as well as the broader social context.

The process is often particularly powerful in unearthing assumptions: what the participant is taking for granted about how things are or should be. While some assumptions need to be more fully and consciously affirmed, others are often unhelpful in some way, i.e., detrimental to the person's well-being and ability to act with agency. In these settings, the focus is on meaning for participants as workers given this is part of a supervision process—or part of learning how to use critical reflection. However, there is a degree of unpredictability in the process; a relatively straightforward example can unearth unexpected reactions. Participants come to see that their assumptions influence how they live, not only how they work. Some perceive how assumptions have been developed and consolidated by what feel like traumatic experiences in early family, work and/or community life, so that they are truly taken for granted and deeply, but unconsciously influential. For some participants this can feel like a helpful, but challenging invitation to move beyond an unhelpful binary of the personal and professional. Others would suggest that supervision of this nature can provide “a foothold towards the elusive concept of self-actualization, or perhaps more specifically, to understand and reach our personal potential in professional development. In essence, we are referring to the therapeutic nature of clinical supervision and reflective practice, something . . . debated in much health care literature” (Freshwater 2011, p. 107).

It is vital that the culture of critical reflection groups is established explicitly before sharing of experiences begins. As well as validating a confidential and mutually respectful space, this culture must clearly include both nonjudgmental acceptance and willingness to explore to the degree to which each participant feels able. Perhaps the most essential part of this is being able to hold together what might seem paradoxical: that how the person reacted was completely reasonable in their context at that time as well as that there are always other possible perspectives and reactions.

In critical reflection, the first stage of the process focuses on deconstructing the experience, teasing out thoroughly how the participant sharing felt, related thoughts and assumptions. After the participant has explored their own reactions, if it seems helpful, the perspective of another person involved in the experience is also explored. While this is speculative—the participant and group cannot be sure about this—the process of exploring what *might be* often frees up the participant to perceive the other person and their reaction differently. The second stage focuses on reconstruction and change: given what I understand now, what assumptions or values do I want to affirm, which do I want to change? What are the implications of this for how I might perceive and/or act differently? In this process, participants may come to explore the fundamental meaning of life for them which they may or may not identify as spiritual. In coming to know the self and the influence of past experience, Ginwright (2018, p. 6) sees critical reflection as a “lens by which to filter, examine, and consider analytical and spiritual responses to trauma . . . These are not cognitive processes, but rather ethical, moral and emotional aspects of healing centered engagement”.

4. What I Mean by Trauma, Therapy and Therapeutic

Before I give two examples to illustrate this, I need to clarify how I am using the terms trauma, therapy and therapeutic. Generally, trauma refers to a physical and/or emotional reaction to a particular event or series of events over time, which can cause a long term harmful effect. Essentially, “traumatic events are recognised as such because they have disrupted, overwhelmed and destroyed a person's or community's sense of well-being and safety and capacity to cope as before” (Harms 2015, p. 7). What is significant is the person's subjective perception of the experience as one that has elements of this: something perceived as traumatic by one person might be dismissed by another. For some, a traumatic experience is all pervasive, affecting how they interact with others and their orientation to life. It may have the potential to generate an existential crisis about the

meaning of life generally, force questioning about the nature of suffering, or of good and evil, of assumptions about their view of the world (Farley 2007). This will be influenced by the person's underlying theoretical preferences: "right-based approaches" emphasise that traumatic events violate a fundamental sense of social justice, control and agency" (Harms 2015, p. 7) whereas psychodynamic approaches focus on the "emotions of trauma—shame, guilt and anger, for example—and both the unconscious and conscious expressions of anxiety" (Harms 2015, p. 17). However, social workers in the West at least, rarely discuss spirituality as part of trauma interventions (Boynton and Vis 2017). Ho et al. (2016, p. 782) contrast this with what they see as a more Eastern approach which assumes that having a spiritual attitude to trauma includes being able to accept suffering as an inevitable aspect of life and to use it "to construct and reconstruct meaning" and redirect energy to transformation and personal growth.

This fits well with what I am suggesting is 'therapeutic' about critical reflection and with what participants are expressing. Ideally, the therapeutic is healing, restorative and transformational, enabling new ways of seeing and being—which reflects what the critical reflection process can be. What is therapeutic is also subjectively experienced: what one person finds therapeutic, another may not. Schneider et al. (2014, p. 72) assert that the therapeutic process "can be a springboard to a larger view, an inexhaustible, continually replenishing view of wonder, discovery, and awe. And it can provide some of the core religious sensibilities—humility, uplift, connection". They reinforce that there are many routes to the spiritually enriched life and the centrality of personal experience is part of that. First Nations communities are explicit about how their own knowledge, in which the spiritual is embedded, is therapeutic seeing the "self as a dynamic flow of connections" and affirming that it is through "the telling of the story that therapeutic benefits can be achieved" (Dudgeon 2017, p. 252) taking into account the particular culture and context (Bhagwan 2017, p. 69). Some writers would emphasize the collaborative nature of what is experienced as therapeutic, that it is also often a "collaborative exploration . . . a continuous reflection between me and my clients" (Hall 2012, p. 56) where "the client's expertise was sought and equally valued (Dean 2012, p. 84). In peer group critical reflection and workshops, there is a similar experience of working together, mutually supporting each other's learning and unearthing of meaning.

5. Scenarios

These two scenarios have been selected from my experience in working with peer supervision groups but adapted and amalgamated to ensure anonymity.

5.1. Scenario One: George's Experience

George's experience presented to his well-established supervision group in a faith-based agency was of not being heard by a manager when he suggested a possible change for his team. He felt his furious internal response to this was out of proportion and feared how he might react externally if it happened again. Gradually, as he explored his feelings and related thoughts, he realised his underlying assumption was: *your opinion is not valued* and further *you are not important*. George was surprised at the strength of his emotional reaction and of these assumptions. He saw himself as having a strong Christian faith, an affirming sense of Christ's presence, well supported by his faith community. When asked about where he thought these undermining assumptions came from, he slowly acknowledged his experience as a child of feeling unrecognised and unwanted after his parents separated and he tried unsuccessfully to express how he felt. Although he wanted to live with his father, the court ruled he live with his mother. In that relationship, the assumption was: *you will be affirmed only if you act according to my preferences or experience emotional abuse and neglect*. He then denied his own emotions and desires so strongly, it became challenging to articulate them. This was something he continually wrestled with personally and professionally. Part of the frustration of the work experience was having finally expressed his views about a strong preference, he again felt dismissed and unrecognised.

George's experience could well be seen as traumatic in that he had a long lasting, detrimental emotional reaction to a particular life experience. The critical reflection process enabled George to name the feelings, thoughts and perhaps most powerfully the assumptions from the experience that continued to influence him negatively. He also used the process to explore his mother's reaction and where she might have been coming from given the social context. Because this was initially difficult for George, the group, with his permission, brainstormed where his mother might have been coming from, her assumptions about herself, George and the world. From this, George could see from an adult perspective, that the divorce affected his mother's already fragile mental health. Her way of managing was to become increasingly rigid in her expectations about being socially and culturally successful. She also assumed that 'fitting in' would be better for George.

Moving to stage two for George partly meant integrating his religious experience: his assumption of Christ's unconditional love for him and so his fundamental sense of worth and wellbeing. It also meant actively noticing where he felt valued now, internalising feeling valued in his relationships with his partner and children, with friends and in his church life. He also acknowledged the unhelpful influence of the broader social context in general and his church community in reinforcing traditional assumptions of how to be male: the expectation of not expressing emotions. He came up with some new assumptions he felt he would have to grow into: *I am fundamentally worthwhile; my opinions and what I want are equally valid, I can express my feelings constructively and be heard*. At this point that George asked is this process supposed to be therapeutic? While he had previously had counselling somehow the articulating of fundamental assumptions felt more internally powerful in shifting his perceptions of himself and others. When asked how his behaviour might change George said practising being more aware of his feelings and thoughts, asking trusted family and friends to help him name these initially, then asserting and expressing these with others. To remember this, he chose: *I want my voice to be heard*. He also decided to return to his manager and to express his frustration at not being heard and ask that his suggested plan be taken seriously.

5.2. Scenario Two: Clara's Experience

Clara brought to her supervision group an experience where a social worker (Jo) she supervised expressed her frustration with Clara's 'micro management' saying she felt powerless and not trusted to do anything. Clara used a specific example where Jo had agreed to a supervised child protection access with a parent which Clara vetoed. When asked about her feelings, what was most significant, Clara felt particularly upset by Jo's use of the word trust, not feeling trusted. Although she did not see herself as spiritual, Clara identified how important trust was for her as a value and that it was essential for her well-being to live according to her values. The assumptions she teased out initially were: *how I approach my work is based on building trust, trust is fundamental to all that I do, I am a trustworthy person*. The word 'trustworthy' had a strong emotional resonance for Clara. The group worked with her to draw out what that meant which led to:

- *Trust means protecting people from harm*
- *Being trustworthy is about being predictable and ensuring a predictable environment*
- *Risk is opposed to trust, risk is to be avoided especially for those who are vulnerable.*

The focus then moved to exploring where Jo might be coming from which elicited:

- *I have enough experience to be trusted*
- *I am not feeling trusted to make decisions*
- *I am not feeling valued- Clara thinks I'm hopeless*
- *Being too risk averse means nothing changes, it's disempowering.*

For Clara, these were quite confronting assumptions—both her own and Jo's. When asked what really matters to you, what is fundamentally important, she answered, trust is really important to me and feeling valued, I thought I made people feel I trusted and valued them. I do not want to convey a power over message. Next, she was asked, so

how does this relate to family, to your own history and social context? Clara had an ‘aha’ moment remembering an incident when she was a social work student; she had agreed to visit a parolee at home, and he told her she was naïve and overly trusting. Her supervisor reinforced the potential harm of this, and Clara felt very foolish and shamed. She then became more cautious in trusting others, focusing on risk rather than being open to change. This had permeated other parts of her life; she had taken to heart the comment about being naïve and defended herself from being accused of this again.

This was helpful in moving to stage two: Clara identified that she did not want to be the cautious and risk-fearing person, the disempowering micro-manager that Jo identified. She wanted to let go of her student experience that she had not realised was still influencing her so strongly and pervasively. She could also see how the current neoliberal context influenced her as a manager and her organisation to be risk-averse and the perhaps Western value of having to be ‘right’, strong in her family of origin where making mistakes was seen as shameful. Her fundamental desire was to live from more life affirming choices—even if she was sometimes wrong, to live from the possibility of joy. Her new assumptions were, *I can fundamentally trust and have conversations as needed about risk; it is ok for me and members of my team to make mistakes so long as I/we learn from them. Essentially, I can live expecting joy.* Part of marking this change meant talking with Jo about her new understanding and the implications. It also meant exploring in other contexts what difference this might make in other aspects of her life.

6. Further Reflections and Analysis

So, what do these examples share about the potential of working with critical spirituality/critical reflection to identify what is meaningful and how this can lead to change related to trauma? George and Clara both identified an event they had experienced as traumatic in retrospect: something undermining and deeply held that influenced fundamentally and negatively how they saw the world over an extended time. Both were able to reach a significantly different way of orientating themselves internally, and so to seek related external change. Each of them did experience as Schneider, Miller and Sperry name it a transformation of how to live, a ‘larger view’ which came with a sense of positive astonishment. The process was therapeutic in that it was healing and restorative: it led to a more holistic sense of self, grounded in what each identified as fundamental meaning. While George was embedded in a religious tradition and Clara would describe herself as not spiritual, both encapsulated Ho et al.’s (2016, p. 782) ‘spiritual attitude to trauma’ reconstructing meaning and seeking transformation and growth.

One of the key aspects of the process was eliciting the feelings and thoughts related to the experience and how these linked to underlying assumptions and values. The process clarifies how an experience can leave an unconscious, but deeply held residue of emotion connected to expectations or assumptions about how the person sees themselves or about how others will see or treat them. Alternatively, assumptions are made that this is how things are, this is how the world operates, often, as Fook (2017, p. 28) says about ‘the big, ultimate questions’ that relate to integrity and a sense of self. Often, these are expressed as very simple, basic beliefs that are spiritual in the sense of underlying or fundamental meaning. The critical reflection process unearths these so they can be more consciously considered, assessed and generally for those connected to a traumatic experience seen as undermining and in need of rejection or at least modification. Sometimes, a constructive assumption is unearthed that has been forgotten or underused which can then be affirmed. For both George and Clara, the emotional strength of the connections to past events was surprising as well as the assumptions that related to them. The challenge of naming these assumptions was a key aspect of recognising how much they had been affected by past experience, an aha moment that was liberating.

Secondly, in unearthing these assumptions of meaning and making a connection to the critical or contextual, both Clara and George came to see how they had been influenced by a significant experience in a relationship which then influenced them with family, friends,

those at work and, for George, in the church community. Wrestling with where the ‘other’ person in this experience might be was also liberating for both Clara and George. This way of engaging reflexively encouraged them “to identify and challenge [their] own underlying assumptions with the theoretical, cultural and psychological positions of others in mind” Bager-Charleson (2010, p. 2). Participants are sometimes reluctant to explore where the other might be coming from, given that the person is not there to speak for themselves. However, provided this is done in a respectful spirit of exploration and curiosity, creatively imagining where someone might be coming from can free up a participant’s assumptions about the motivations or actions of the other. It can also facilitate seeing what really matters to them, the essence or spirit of who they are. The emergence of different ways of seeing the same scenario at least reminds the participant that there are other perspectives. From George’s perspective it was enlightening to see that perhaps his mother was simply doing all that seemed possible at the time given the social context. For Carla, it was confronting to have Jo express the fundamental values she shared but was not living from.

The process made explicit that these relationships and how they operated were in turn influenced by the broader social context: the assumptions and values in the broader community again a link to the critical and the need for social change (Brookfield 2016). Articulating these connections was also important in moving to new assumptions. At a conscious level, George and Clara rejected many of the influences they named: the need for men not to show emotion or the neoliberal, risk averse culture, but recognising how they had internalised these was helpful in letting them go. For George, there was an increased awareness of how his church community reinforced some of those norms in ways that did not fit with his spiritually based social justice values; for Clara, a sense that the broader culture discouraged identifying key values linked to acting with integrity. Similarly, Beres (2014, p. 9) points out the danger of a ‘neutral stance’ in a therapeutic setting which “will reinforce mainstream cultural and professional discourses” and the need to “assist people in reflecting on taken-for-granted discourses and cultural expectations that may have limited their options, and support them in reconnecting to their own personal preferences and values for life”. Critical reflection by its nature affirms the value of moving to a more informed and socially just position, seeing the influence of the social context on the experience of trauma, not only the individual’s response.

What also helped was bringing an explicitly spiritual perspective to this: asking what really matters, what is fundamentally meaningful, what values George and Carla wanted to live by. The pressures to be active and achieve goals in organisational contexts and in Western culture means these questions are not generally asked. As Boynton and Vis (2017, p. 196) point out the “process of transcendent meaning making involves delving into deeper intuitive understandings researching the event” so that it becomes “both a restorative and creative response to traumatic, life altering experiences”. The critical reflection process can provide a space that encourages this greater exploration of depth and meaning, using the specific experience as a way in to underlying revitalising and more liberating influential beliefs. For George, this included more actively integrating religious beliefs that had nurtured him: the desire to act from a loving spirit as well as taking seriously that this also meant loving himself. For Clara this was more a spiritual position that what mattered was to live in the expectation of joy, rather than of fear. This had a sense of transcendence for her, a feeling of connection to something greater, which Ginwright (2018) would see as a spiritual response to trauma, engaging with the moral and ethical in a way that is transforming. For each of them, naming the desire to live from this place of their new explicit meaning was freeing and enabling.

The second stage of the critical reflection process, as well as moving to new assumptions carries the expectation of change in assumptions, perceptions and/or actions. Both Clara and George wanted to explore what difference this new orientation would make and how they could do something to embed this learning. Clara’s initial decision was to talk to Jo, as well as to find ways to explore her inner shift more broadly to change her family and friends’ perception of her. In the workplace, she sought to balance the need to be protective,

but now also to more actively exploring what might be possible: to name the values she thought were important and challenge the risk averse culture of the organisation and its funders. George's plan was to talk to family and friends, including those in his church community and to ask their support in this inner change, to consolidate it and to be more explicit about changing traditional expectations of men and emotions. He also explored how he might raise his original suggestion more assertively with his manager.

The collaborative nature of this process is also important and perhaps part of how it is therapeutic. I am working from examples chosen from peer supervision groups and workshops and critical reflection can also be used in mutual peer supervision in pairs as well as in individual supervision and in work with individuals and families. The mutuality of each person being prepared to contribute their experience in peer supervision can encourage deeper sharing. As a workshop facilitator, I begin with the group helping me work through an example of mine to help shift the power dynamic and reinforce that we are all participants in this process. The mutuality of the process also validates that each of us has experiences we struggle with, that it is 'normal' to have, as Ho et al. (2016) describe, 'suffering or misfortune' to which we could add to make mistakes or be less than perfect. Having other people contribute to exploring other perceptions opens up possibilities for new ways of being. Saleebey (2009, p. 1) sees the collaborative process as honouring "the innate wisdom of the human spirit, the inherent capacity for transformation of even the most humbled and abused" through focusing on "interests, capacities, motivations, resources and emotions in the work of reaching their hopes and dreams". Arousing hope in seeing that other ways are possible is an integral part of this. Using a white board to write key notes and brainstorming ideas reinforces working together and the value of shared knowledge and experience.

Exploring how to embed change for the self and in the environment is also a key part of the process. Having ongoing supervision groups or mutual supervision pairs can be a way of managing this, providing opportunities to check how the meaning in new experiences reinforces, complements or challenges what has emerged. Clara and George were both aware their environments would expect their 'old' versions. Each was explicit about talking to those in important relationships about what had changed and what that would mean. For both, it was vital to remember the underlying assumptions, to take a phrase that would remind them of what was fundamental. It was also important to recognize that change in the environment was also needed. A resilient spirituality would emphasize the inclusion of social justice, so that as well as working with individuals to overcome adversity, the aim would be to transform aspects of that diversity, i.e., the "social conditions that impede human flourishing" (De Breda 2019, p. 274). Critical spirituality and reflection can encourage a sense of agency, the ability to bring about change both personally and contextually.

7. Conclusions

What helps people who have experienced trauma? My experience in working with people like George and Clara affirms the value of actively including the spiritual in the sense of what gives life meaning. Critical spirituality and the processes of critical reflection provide a framework that can enable those with traumatic experiences to delve deeply into the meaning that has become associated with those experiences and the related feelings, thoughts and actions. The critical aspect of this enables participants to see how their spirituality, their values and beliefs, are influenced by their social context. For some people this includes a religious tradition, for others, the spiritual which may be expressed in the values that provide meaning in their lives. Seeing the influence of the social context on both the person themselves and others involved fosters seeing the experience from a different perspective. It then becomes more possible to ask: is this the meaning I want to live from or are there other beliefs and values, other aspects of what matters to me that are now more restoring and revitalising? For some people at least, this enables them to lessen or

relinquish the power of that experience and to find a liberating sense of what will engender greater spiritual flourishing.

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Article

(Re)Framing Resilience: A Trajectory-Based Study Involving Emerging Religious/Spiritual Leaders

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Abstract: The COVID-19 pandemic has provided a unique circumstance for the study of resilience, and clergy resilience has garnered increased research attention due to greater recognition that religious/spiritual leaders are at risk for elevated levels of anxiety and burnout. We examined longitudinal patterns of change during the pandemic in a sample of emerging leaders ($N = 751$; $M_{age} = 32.82$; $SD = 11.37$; 49.9% female; 59.8% White). In doing so, we offered a conceptual and methodological approach based on historical and critical evaluations of the study of resilience. Results revealed a subgroup that exhibited resilience over three waves of data. The labeling of this trajectory was based on established criteria for determining resilience: (a) *significant adversity* in the form of COVID-19 stress at time 1, which included the highest levels of the subjective appraisal of stress; (b) *risk* in the form of low religiousness/spirituality and greater likelihood of reporting marginalized identifications, relative to those who were *flourishing*; (c) a *protective* influence for transformative experiences to promote positive adaptation; and (d) *interruption* to the trajectory in the form of improvement in levels of symptoms and well-being. Practical implications center on the potential for transformative experiences to clarify emotional experience and construct new meaning.

Keywords: resilience; COVID-19; well-being; symptoms; latent trajectory analysis; religious/spiritual leaders; flourishing

1. Introduction

Clergy resilience is garnering increased research attention (e.g., Clarke 2022; Clarke et al. 2022), in large part due to greater recognition that religious/spiritual (R/S) leaders are an understudied, high-risk population (e.g., Terry and Cunningham 2020). As helping professionals, R/S leaders are susceptible to elevated levels of burnout (Clarke et al. 2022) and mental-health symptoms (Proeschold-Bell et al. 2015), including clinical levels of post-traumatic stress (Ruffing et al. 2021). R/S leaders face a variety of stressors, such as direct and indirect exposure to trauma (Wang et al. 2014), navigating multiple and potentially competing role demands, unrealistic expectations from some congregants, isolation, and limited remuneration. Studies on *resilience* are emerging within the larger literature on clergy well-being, and we agree that the study of resilience “may provide valuable intelligence to mitigate” the potential for burnout and mental-health symptoms (Clarke 2022, p. 2). A subset of clergy well-being research has focused on seminary students, during a time when the development of mitigation strategies is particularly pertinent (e.g., Lowe et al. 2022). However, conceptual and methodological problems with the study of resilience may limit the utility of findings to inform mitigation efforts.

1.1. Conceptual and Methodological Concerns

Raetze et al. (2022) suggested that the literature on resilience has a construct validity problem in the form of Kelley's (1927) *jingle fallacy*, "where different meanings are attributed to a single construct label" (p. 868), while Williams and Kemp (2019) noted at least eight distinct definitions for resilience. Furthermore, the jingle fallacy calls attention to the misconception that all operationalizations of a similarly named construct are assessing the same construct (Hodson 2021; Lilienfeld and Strother 2020). Raetze et al. (2022) also suggested that the proliferation of research across disciplines has resulted in a conceptual "scattering in the wind" (p. 874). Possible conceptual drift can be seen in the move away from the origins of resilience as a developmental construct (Masten 2021; O'Connor et al. 2015; Zimmerman and Arunkumar 1994) to framing resilience as a self-perceived personality trait, defined as a capacity for or likelihood of "showing positive adaptation in the face of significant adversity" (Bonanno 2012; Britt et al. 2016, p. 380).

Infurna and Luthar (2018) challenged the conceptualization of resilience as a stable high-functioning trajectory (e.g., Bonanno 2012) and suggested that evidence for the prevalence of this trajectory was a methodological artifact. Historically, resilience was defined as "functional development against the odds" (Raetze et al. 2022, p. 884) and "doing better than expected, given the adversity" (Infurna and Luthar 2018, p. 51). Resilience seemed to be the exception rather than the norm. However, Masten (2001) also noted resilience to be "a common phenomenon" (p. 227). Yet, her use of *common* seemed less about prevalence and more about "ordinary human adaptive processes" (p. 234) and "ordinary, normative human resources" (p. 235), and particularly so relative to the view that resilience consisted of the "rare and special qualities" of individuals (p. 235). Masten contrasted a narrow trait perspective of resilience with that of a process view that highlighted greater potential for positive adaptation. In fact, Masten (2021) described multiple longitudinal pathways that depict resilience. Infurna and Luthar (2018) similarly broadened the definition of resilience to include other longitudinal patterns of change. Conceptualizations of resilience contextualize the term *common*, and perhaps over decades of research, there have been varying moves away from a view that resilience involves normative developmental and systemic factors that contribute to *multiple* positive adaptive *processes* to that of resilience as a single stable trajectory of healthy functioning.

From a construct validation perspective, evolution differs from drift. Research findings can contribute to the evolution of a theoretical construct (Hoyt et al. 2006), an aspect of which is clarification of its nomological network (Lilienfeld and Strother 2020). The construct of resilience has evolved such that systemic and process elements have become more pronounced (Masten 2021; Williams and Kemp 2019). Additionally, evolution is distinct from the aforementioned problem of meaning proliferation (i.e., jingle fallacy) and the problem of construct proliferation. Hodson (2021) applied Kelley's (1927) *jangle fallacy*, defined as assuming "differently-named constructs are distinct from each other" (Hodson 2021, p. 577), to caution against redundant constructs. Brown et al. (2020) suggested that the constructs of resilience and growth may represent a *jangle fallacy*, and coping, flourishing, well-being, and thriving can be added to this list of conflated constructs (Ettinger et al. 2022; Gupta and McCarthy 2022). The conceptual overlap among these well-being-related constructs becomes even more challenging when R/S constructs are included in analyses, given noted concerns about the redundancy between various operationalizations of religiousness/spirituality and well-being (Jankowski et al. 2022c). Hodson (2021) called for "researchers to prioritize construct validity in their work" (p. 577), which at a minimum would seem to involve clarification of conceptual distinctions among constructs and an assessment of the discriminant validity evidence supporting those distinctions.

1.2. (Re)Framing Resilience

The "target stressor event" (Bonanno 2012, p. 755) is a key to punctuating resilience and has historically constituted "significant adversity," typically delineated by events that can be considered traumatic or chronic (Britt et al. 2016, p. 381), whereas contemporary

resilience scholarship also includes “acute life events” (Bonanno 2012, p. 754). Raetze et al. (2022) called for preciseness when defining significant adversity, and Britt et al. (2016) acknowledged that defining significant adversity involves the individual’s subjective appraisal of the exposure. Although an exposure or target stressor event can constitute significant adversity and therefore place individuals at risk for positive adaptation, it can be useful to consider adverse events as distinct from risk factors (e.g., Raetze et al. 2022). Risk factors include stressful life events (i.e., stressors) and other individual (e.g., experiential avoidance) and contextual (e.g., social inequality) variables that tend to have a negative influence on positive adaptation (Masten 2021).

Zimmerman and Arunkumar (1994) defined resilience as the “factors and processes that interrupt” a maladaptive trajectory to “adaptive outcomes even in the presence of adversity” (p. 4). They called for corresponding longitudinal data analytic strategies, and Bonanno (2012) emphasized the need for “repeated longitudinal [designs] . . . , with outcome measurements beginning as close as possible to the target stressor event” (p. 755). Nevertheless, Zimmerman and Arunkumar (1994) acknowledged a place for cross-sectional designs to provide “a snapshot” of resilience processes (p. 10), and yet, “the construct of interest is longitudinal,” despite the prevalence of cross-sectional designs (Raetze et al. 2022, p. 885). As such, designs are needed to map risk factors, protective factors, and outcomes over time (Zimmerman and Arunkumar 1994), each of which highlights additional methodological considerations. At least one clearly identifiable target stressor event is needed since resilience is a *response*, in the context of other individual and/or system-level risks or exposures that would typically predict maladaptation. Second, at least one *protective* factor is needed that serves to *interrupt* the predicted maladaptive trajectory (Zimmerman and Arunkumar 1994). Third, an outcome for conceptualizing positive adaptation is needed. O’Connor et al. (2015) defined resilience as “good outcomes in spite of serious threats to adaptation” (p. 602), and Masten (2021) suggested “observable ‘good adaptation’ in the context of adversity” (p. 117). The term *observable* connotes that resilience is *inferred* from “observed pathways of *manifested resilience*” (p. 117), and ideally with multiple indicators for determining good or positive adaptation.

In the current study, we examined self-reported COVID-19 stress as a risk factor, with the pandemic as a contextual factor serving as the target stressor event. Time 1 data were collected from seminary students during the 2021 spring semester, one year post-pandemic declaration, following a post-holiday surge in infections, the 2020 death toll in the United States (US) reaching 346,000 and 1,824,590 globally, public debates about vaccinations and stay-at-home orders, and political upheaval following the 2020 US election of Joe Biden as president (American Journal of Managed Care 2021). A January 2021 report by the American Psychological Association (2021) indicated that US adults reported their highest levels of stress since the pandemic began. Thus, the pandemic during the early months of 2021 connotes significant adversity. We also examined demographic risk factors for elevated mental-health symptoms during the pandemic (i.e., young adult, female gender, liberal ideological commitment, sexual minority, racial/ethnic minority; e.g., Filindassi et al. 2022; Fish et al. 2021; Na et al. 2022; Robillard et al. 2020; Thomeer et al. 2022).

We examined potential protective R/S factors, informed by the relational spirituality model (RSM; Sandage et al. 2020). The RSM focuses on ways individuals *relate* to whatever they consider sacred or ultimate, and the model has been widely utilized in research examining the well-being of seminary students and R/S leaders (e.g., Jankowski et al. 2019; Jankowski et al. 2022b, 2022d; Sandage et al. 2010, 2011). We used secure attachment to God as a protective R/S factor since it demonstrated a particular protective effect against elevated symptom levels in response to the pandemic in a diverse national US sample, which included various religious affiliations (Zhu and Upenieks 2022). Based on attachment theory, secure attachment to God typically facilitates emotion regulation in connection to a benevolent attachment figure (safe-haven function) *and* exploration of new R/S meaning (secure-base function; Sandage et al. 2020). As a developmental model, the RSM focuses on factors associated with change, and so we assessed transformative

experiences as a protective factor (e.g., Manning et al. 2019). There is a long history of research on transformative experiences within the psychology of religion, and two prior studies with seminary students used the measure employed in this study (Sandage et al. 2010, 2011).

1.3. Transformative Experiences

Chirico et al. (2022) offered an integrative, interdisciplinary definition for transformative experiences as “brief experiences, perceived as extraordinary and unique, . . . involving epistemic expansion . . . heightened emotional complexity” (p. 14). Chirico et al. highlighted Miller and C’de Baca’s (2001) contribution of *quantum change*, defined as sudden rather than gradual change, although these experiences can be embedded in “a continuing growth process” (C’de Baca and Wilbourne 2004, p. 531). The construct of post-traumatic growth was also highlighted by Chirico et al. (2022), with emphasis on “stressful and traumatic events as key elicitors” of transformative experiences (p. 3). Post-traumatic growth (PTG) tends to emphasize change as “an ongoing process” (Tedeschi and Calhoun 2004, p. 1) and “not simply a return to baseline—it is an experience of improvement” (p. 4). Although quantum change and PTG connote positive growth, they can involve negative outcomes. C’de Baca and Wilbourne (2004), for example, observed that most descriptions of quantum change consisted of improvements in functioning, yet negative outcomes were also reported. Similarly, stressful events can result in negative outcomes (Tedeschi and Calhoun 2004), labeled “*posttraumatic depreciation*” (Tedeschi et al. 2017, p. 11).

Prior research by Sandage et al. (2010, 2011) found that a self-reported transformative experience, framed as quantum change, moderated curvilinear associations between R/S seeking (i.e., self-identity and meaning exploration) and R/S dwelling (i.e., felt security, perceived closeness), and R/S seeking and generativity, promoting greater seeking *and* dwelling, and protecting against a negative influence for seeking on generativity. From an RSM perspective, their results supported a dialectical–developmental association between secure R/S connections and the exploration of new R/S meaning, which might become integrated or reconciled for some individuals during transformative experiences (Sandage et al. 2020). Their results also highlight how transformative experiences often involve R/S themes (Miller and C’de Baca 2001; Skalski and Hardy 2013).

The construct of PTG provides a bridge between the resilience and the transformative experiences literatures. Specifically, *growth* is distinguished from *return to baseline* (Tedeschi and Calhoun 2004), and *return to baseline* is often used to further distinguish *recovery* from *resilience* (Infurna and Jayawickreme 2019). Recovery, resilience, and growth each focus on individuals’ responses to *significant adversity*; with longitudinal plots of outcomes for *recovery* showing the return-to-baseline trajectory, *resilience* depicted by a stable, plateau trajectory of positive adaptation, and a *growth* trajectory characterized by gradual improvement beyond baseline (Bonanno 2012; Infurna and Jayawickreme 2019; Masten 2021). However, *interrupting the risk trajectory* (Zimmerman and Arunkumar 1994) is central to historical and developmental definitions of resilience. Masten (2021) also depicted resilience as a plateau trajectory, with the qualifier that the trajectory differed from an anticipated pattern of maladaptation given the risk factor(s). As such, recovery *and* growth trajectories, which depict a change in the pattern of responses, may better represent resilience than a stable plateau of high functioning (Infurna and Luthar 2018).

Tedeschi and Calhoun (2004) also differentiated growth from *effective coping*, stating that growth “cannot easily be reduced to simply a coping mechanism” (p. 15). Elsewhere, Tedeschi and Kilmer (2005) suggested that *resilience* was defined by effective coping, implying that effective coping maintains stability rather than promotes growth. However, Infurna and Jayawickreme (2019) suggested that reporting self-perceived growth may itself be a coping strategy, rather than an indicator of improvement. In fact, self-perceived growth may be an indicator of positive appraisal style, which Schäfer et al. (2022) described as a convergence of protective factors that shape individuals’ perception of adversity. Self-perceived growth would therefore be akin to optimism, hope, and finding meaning

as indicators of positive appraisal. We view effective coping strategies (e.g., positive appraisal; Schäfer et al. 2022) as potential protective factors contributing to positive adaptive responses to adversity and ineffective coping strategies (e.g., avoidance) as potential risk factors (Masten 2021). As such, coping strategies could be associated with any number of adversity-response trajectories.

1.4. The Current Study

In the current study, we used the RSM to conceptualize and model the R/S factors of secure God attachment and transformative experiences as protective, distinct from the outcomes of anxiety and burnout, using a sample of North American seminary students representing a diverse range of Christian traditions. We expected to identify distinct subgroups that differed by change processes on the outcomes of anxiety and work-related burnout over three time points, at least one of which would constitute a resilience trajectory. As such, our study is consistent with trajectory-based studies of resilience that examine post-adversity responses (Galatzer-Levy et al. 2018), and especially those studies that have examined responses to the pandemic (Schäfer et al. 2022). Furthermore, we expected that a resilience trajectory would differ from other trajectories on levels of risk (i.e., COVID-19 stress, demographic variables), protective factors (i.e., religiousness/spirituality), and subjective (i.e., positive emotion) and eudaimonic (i.e., life purpose) well-being. Last, we expected that a resilience trajectory could be further differentiated by transformative experiences, with these experiences promoting an adaptive response to adversity.

2. Method

2.1. Participants

Data were collected from graduate students at 18 North American seminaries. We used a sample of participants for whom we had three time points of data ($N = 751$; $M_{age} = 32.82$; $SD = 11.37$; range = 21–72). Among those providing demographic data, 47.4% identified as male (49.9% female) and a majority identified as heterosexual (89.1%). Participants identified as 9.5% Black, 14.5% Asian, 59.8% White, 4.7% Hispanic, 2.7% other, and 5.3% multiracial. A majority indicated their religious affiliation as evangelical Protestant (46.9%), whereas others identified as 20.1% mainline Protestant, 15.6% Catholic, and 3.2% historically Black Protestant, and 2.9% identified as unaffiliated/none and 10.4% as “other” religion/affiliation. A majority (at wave 3; 75.3%) indicated vocational goals involving professional leadership in a church/parish, parachurch organization, and/or missions.

2.2. Procedure

As part of a larger study (e.g., Jankowski et al. 2022b, 2022c), seminary students consented and completed a self-report online survey during the spring of 2021. The survey included items on religious/spiritual beliefs, practices and experiences, symptoms, and well-being. The survey was constructed using select items from a variety of existing instruments to address the need for efficient measurement strategies within these educational contexts. In exchange for participating, students received a USD 25 gift card. This process was repeated at prior and subsequent time points. Data from waves 4–6 were used in the current study because data for burnout and COVID-19 stress were collected beginning at wave 4. Time 2 (wave 5) was approximately 6 months after time 1 ($M = 6.78$, $SD = 0.79$), during fall 2021, and time 3 (wave 6) was approximately 6 months later ($M = 5.52$, $SD = 0.72$), during spring 2022.

2.3. Measures

Anxiety. We used the 7-item General Anxiety Disorder-7 scale ($\omega = 0.91$ at wave 4; e.g., “Worrying too much about different things;” Spitzer et al. 2006), with higher scores indicating greater levels of anxiety symptoms.

Burnout. We used the 7-item work-related burnout subscale from the Copenhagen Burnout Inventory ($\omega = 0.90$ at wave 4; e.g., “Do you feel worn out at the end of the

working day?" Kristensen et al. 2005), with higher scores indicating greater psychological and physical exhaustion related to work.

COVID-19 stress. We used the 6-item traumatic stress subscale from the COVID Stress Scales ($\omega = 0.92$ at wave 4; e.g., "I had trouble sleeping because I worried about the virus;" Taylor et al. 2020), with higher scores indicating greater levels of perceived stress related to COVID-19.

Ideological commitment. We used a single item (Perry 2015) that assessed ideological commitment on religious/spiritual matters ranging from 1 (*very conservative*) to 7 (*very liberal*).

Attachment to God. We used the anxiety ($\omega = 0.89$ at wave 4; five items, e.g., "I worry a lot about my relationship with God") and avoidance subscales ($\omega = 0.80$ at wave 4; five items, e.g., "I just don't feel a deep need to be close to God;" Beck and McDonald 2004), with higher scores on each representing greater perceived insecurity in relating to God.

Gratitude. We used six items ($\omega = 0.76$ at wave 4; e.g., "I have so much in life to be thankful for;" McCullough et al. 2002), with higher scores indicating greater levels of positive emotion, consistent with the conceptualization of gratitude as a positive emotion (e.g., Watkins et al. 2018). Prior factor analytic work found joy and gratitude to load on the same factor, consistent with prior findings of a strong correlation between joy and gratitude (Jankowski et al. 2022c). Joy and gratitude did show differential associations with external correlates suggesting that joy and gratitude are somewhat distinct positive emotions (Jankowski et al. 2022c).

Life purpose. We used the 4-item subscale from the Claremont Purpose Scale ($\omega = 0.92$ at wave 4; e.g., "How clearly do you understand what it is that makes your life feel worthwhile?" Bronk et al. 2018), with higher scores indicating greater presence of life purpose.

Transformative experience. We used a single item to assess transformative experience, based on Miller and C'de Baca's (2001) work. The item read: "Some people experience a highly memorable period of minutes or hours, through which they find themselves immediately, dramatically, and permanently changed (for better or for worse). These experiences usually take them by surprise, rather than being something the person chose or decided. Often this involves sudden significant shifts in spirituality, personality, self-identity, perceptions of reality, and emotional life. Over the past 6 months, have you ever had such an experience yourself?" Participants rated the item using "no/unsure/yes," and then responded to an open-ended item asking them to briefly describe their experience.

Participants' open-ended responses were coded using thematic analysis (Braun and Clarke 2006), with the aim of generating a multicategorical variable for the quantitative analysis. Transforming qualitative data for quantitative analysis can be consistent with thematic analysis (e.g., Robinson 2022), and it is also consistent with mixed-method research, and specifically, a concurrent nested design in which the integration of qualitative and quantitative data occurs during data analysis (Hanson et al. 2005). Thematic analysis moved from inductive initial coding based on the semantic content of responses (i.e., summary descriptions using participants' words), to grouping initial codes into broader themes, and then to deductive, theory-informed coding to refine and name themes (e.g., insightful versus mystical transformative experiences; Miller and C'de Baca 2001; Skalski and Hardy 2013). This process resulted in four themes: (1) stressful life events ($n = 68$; or positive/negative life events; Skalski and Hardy 2013), including the subtheme of COVID-19 as a stressor (e.g., "I got married and moved into the married students apartments with my spouse;" "Realizing the toll the pandemic and isolation is taking on my family—my marriage, my child's development, and myself was depressing and heart wrenching"); (2) self-identity development ($n = 101$; Skalski and Hardy 2013), including work-/vocation-/call-related subthemes (e.g., "I've learned a lot about myself during seminary, and have had several moments where I became aware of how I was impacting others (positively or negatively), and how this did or didn't align with scripture. Seminary is helping me become more self-aware!" "Deep insights regarding my calling into Spiritual Direction, such that I

heard several deep validations I was hearing a valid call"); (3) social justice/compassion ($n = 19$; C'de Baca and Wilbourne 2004; e.g., "Realization of how Christianity has been used as a weapon of oppression over and over. Also, the deep and lasting impact of colonialism, coming from a country that was colonized. How deeply entrenched is the white supremacist culture;" "Awakening to need to be a voice calling for justice within the church"); and (4) spiritual/mystical experiences ($n = 62$; Miller and C'de Baca 2001; Skalski and Hardy 2013; e.g., "While practicing corporate centering prayer, I had a powerful experience of God's presence;" "During a time of private worship, I experienced a lift of heaviness that had settled into my 'gut.' It didn't come back. I feel like in that time of worship I was set free of something dark, and assignment from the enemy").

2.4. Data Analytic Plan

Data were analyzed using mixture modeling procedures in Mplus (version 8.4; Muthén and Muthén and Muthén 1998–2019; i.e., type = mixture; estimation = maximum-likelihood estimation with robust standard errors; missing data were handled using full-information maximum-likelihood estimation (FIML). FIML estimation was appropriate given a non-significant Little's MCAR test ($\chi^2(38) = 40.82, p = 0.35$). Data exhibited multivariate non-normality (Mardia's kurtosis statistic = 67.29, $p < 0.001$). We used a parallel growth mixture model to examine simultaneous changes in anxiety and burnout, with each process sharing a single latent categorical variable (StatModel n.d.).

We used a two-step method to fix parameters of the latent growth mixture model before introducing external variables (Bakk and Kuha 2018; see also Asparouhov and Muthén 2021). We then examined the influence of covariates on subgroup membership using multinomial logistic regression for continuous variables and modeling categorical covariates as class indicators (Asparouhov and Muthén 2021; Muthén and Muthén and Muthén 1998–2019). We used the Wald test of parameter constraints and the model constraint command to examine subgroup differences on the categorical covariates (Muthén and Muthén and Muthén 1998–2019). For the multicategorical covariates we followed up a significant Wald test with tests of the difference between probability parameters (Muthén 2014). We then examined subgroup differences on the levels of continuous distal outcomes by modeling the variables as class indicators (Muthén 2013; Muthén and Muthén and Muthén 1998–2019) and tested the difference within and between parameters at different time points (Muthén 2013). The complete data, which included covariates and distal outcomes, were missing completely at random based on a nonsignificant Little's MCAR test ($\chi^2(209) = 242.85, p = 0.054$) and exhibited multivariate non-normality (Mardia's kurtosis statistic = 664.19, $p < 0.001$).

Class enumeration was based on Bayesian and Akaike information criteria (BIC, AIC), with smaller values indicating better fit (Berlin et al. 2014). We also considered entropy, a measure of subgroup separation and classification accuracy, with values > 0.60 acceptable and > 0.80 good (Berlin et al. 2014), along with the average posterior class probability (AvePP), with values greater than 0.70 indicating that "the classes [are] well separated and the latent class assignment accuracy adequate" (Masyn 2013, p. 570). Last, we considered subgroup size, parsimony, and interpretability (Masyn 2013).

3. Results

We set the nonsignificant variance of the slope for anxiety to zero to aid convergence, thereby approximating latent trajectory analysis rather than remaining a growth mixture model (Jung and Wickrama 2008). A plot of information criterion values showed a "point of 'diminishing returns' in model fit," (Nylund-Gibson and Choi 2018, p. 443; see Figure 1) at the three-class model. As such, we opted for interpreting the three-class model. Entropy for the three-class model was 0.85, suggesting good subgroup separation and classification accuracy, and the average posterior class probability (AvePP) values were adequate (≥ 0.69). Class 1 reported the highest levels of anxiety and work-related burnout symptoms and showed improvement over time (see Figure 2). Class 2 reported moderate levels of symp-

toms and showed deterioration over time. Class 3 reported the lowest levels of symptoms, a small decline in anxiety, and no change in burnout.

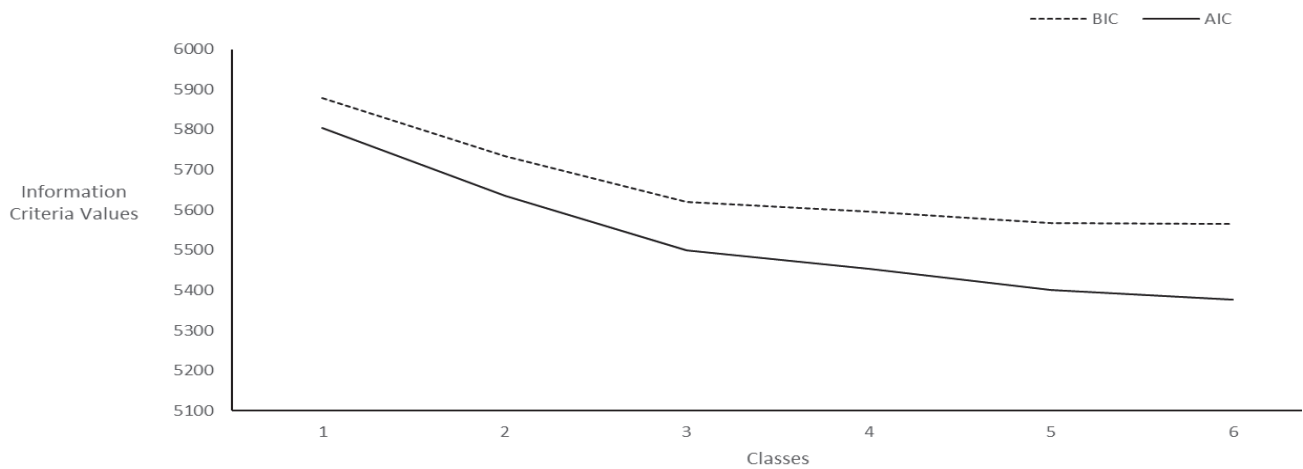


Figure 1. Plot of information criteria values to determine number of profiles. Note: BIC = Bayesian Information Criterion. AIC = Akaike Information Criterion.

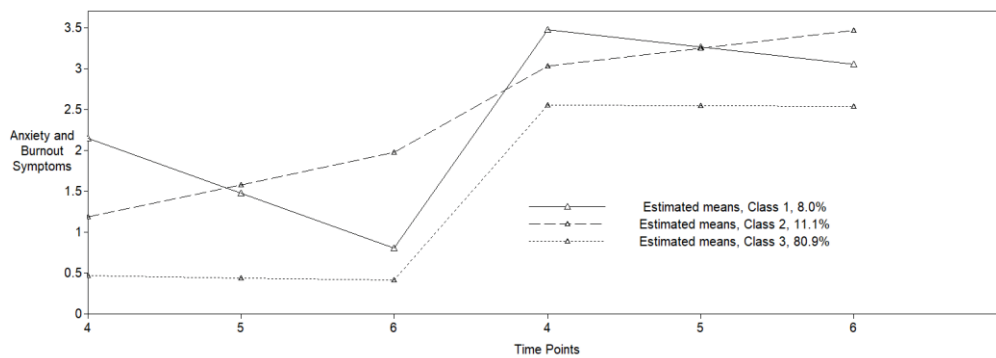


Figure 2. Plot of the estimated means for the parallel growth mixture model. Note: $N = 747$. First line segment = plot of anxiety scores, second line segment = plot of work-related burnout. Scale range for anxiety 0–3, and for burnout 1–5. Slope 1 variance set to zero to aid convergence. Below are the intercept and slope means for each trajectory, SE = standard error: Class 1: anxiety intercept = 2.14, $SE = 0.14$, $p < 0.001$; slope = -0.67 , $SE = 0.09$, $p < 0.001$; burnout intercept = 3.47, $SE = 0.12$, $p < 0.001$; slope = -0.21 , $SE = 0.09$, $p = 0.02$. Class 2: anxiety intercept = 1.18, $SE = 0.12$, $p < 0.001$; slope = 0.39, $SE = 0.05$, $p < 0.001$; burnout intercept = 3.02, $SE = 0.09$, $p < .001$; slope = 0.22, $SE = 0.06$, $p < 0.001$. Class 3: anxiety intercept = 0.47, $SE = 0.02$, $p < 0.001$; slope = -0.03 , $SE = 0.01$, $p = 0.03$; burnout intercept = 2.55, $SE = 0.03$, $p < 0.001$; slope = -0.01 , $SE = 0.02$, $p = 0.73$.

Class membership was associated with demographic variables. As age increased participants were less likely to belong to class 1 relative to class 3 ($B = -0.07$, $SE = 0.02$, $p < 0.001$), and identifying as more ideologically liberal was associated with a greater likelihood of belonging to class 1 ($B = 0.48$, $SE = 0.10$, $p < 0.001$). Similarly, as age increased participants were less likely to belong to class 2 relative to class 3 ($B = -0.03$, $SE = 0.01$, $p = 0.002$), and when participants identified as more ideologically liberal they were more likely to belong to class 2 relative to class 3 ($B = 0.33$, $SE = 0.07$, $p < 0.001$). In addition, participants who identified as heterosexual were less likely to belong to class 1 relative to class 3 ($\chi^2 = 4.52(1)$, $p = 0.03$) and class 2 relative to class 3 ($\chi^2 = 3.87(1)$, $p = 0.049$). Furthermore, participants who identified as female were more likely to belong to class 2 relative to class 3 ($\chi^2 = 6.36(1)$, $p = 0.01$). Participants who identified their religious affiliation as evangelical were more likely to belong to class 3 relative to classes 1 ($\chi^2 = 6.26(1)$, $p = 0.01$) and 2 ($\chi^2 = 5.22(1)$, $p = 0.02$).

There was also a significant difference between subgroups on the multicategorical covariate (i.e., “no,” “unsure,” “yes”) about a recent transformative experience ($\chi^2 = 11.77(4)$, $p = 0.02$). Comparisons of the multicategorical variable by class indicated that classes 2 and 3 differed ($\chi^2 = 7.42(2)$, $p = 0.02$). Pairwise comparisons by response revealed that class 3 was more likely to respond “no” relative to class 1 ($\Delta P = -0.16$, $SE = 0.09$, percentile bootstrap (PC) 95% confidence interval (CI) $[-0.36, -0.02]$; 500 bootstrap samples) and class 2 ($\Delta P = -0.15$, $SE = 0.06$, PC95%CI $[-0.25, -0.03]$). Alternatively, results based on dummy coding for the multicategorical variable revealed that class 3 was more likely to respond “no” relative to “yes” ($\chi^2 = 11.04(2)$, $p = 0.004$) relative to class 1 ($\Delta P = 0.16$, $SE = 0.09$, PC95%CI $[0.01, 0.36]$) and class 2 ($\Delta P = 0.16$, $SE = 0.06$, PC95%CI $[0.03, 0.27]$).

There was also a significant difference between subgroups on the multicategorical covariate (i.e., “stressful life events,” “self-identity development,” “social justice/compassion,” “spiritual/mystical experience”) involving participants’ descriptions of their transformative experience ($\chi^2 = 80.02(6)$, $p < 0.001$). Comparisons by class indicated that class 1 differed from classes 2 ($\chi^2 = 14.26(3)$, $p = 0.003$) and 3 ($\chi^2 = 59.10(3)$, $p < 0.001$). Pairwise comparisons by response revealed that class 1 was less likely to report a theme of “social justice/compassion” relative to class 2 ($\Delta P = -0.17$, $SE = 0.06$, PC95%CI $[-0.31, -0.06]$) and class 3 ($\Delta P = -0.06$, $SE = 0.09$, PC95%CI $[-0.10, -0.03]$), and class 1 was less likely to describe a theme of “spiritual/mystical experience” relative to class 3 ($\Delta P = -0.23$, $SE = 0.07$, PC95%CI $[-0.33, -0.08]$). Alternatively, for the comparison based on dummy coding for the multicategorical variable, class 1 was more likely to report a theme of “stressful life events” relative to “social justice/compassion” than class 2 ($\chi^2 = 7.72(1)$, $p = 0.005$) and class 3 ($\chi^2 = 9.48(1)$, $p = 0.002$). Furthermore, there was a difference for reporting a theme of “stressful life events” relative to “spiritual/mystical experience” for class 1 relative to class 2 ($\chi^2 = 5.71(1)$, $p = 0.02$) and class 3 ($\chi^2 = 64.34(1)$, $p < 0.001$), with class 1 more likely to report a theme of “stressful life events.”

Class 1 reported the highest levels of COVID-19 stress at time 4 ($M = 2.01$, $SE = 0.14$), relative to both class 2 ($M = 0.44$, $SE = 0.11$; $\Delta M = 1.57$, $SE = 0.17$, $p < 0.001$) and class 3 ($M = 0.18$, $SE = 0.03$; $\Delta M = 1.82$, $SE = 0.15$, $p < 0.001$), with class 2 reporting higher levels of COVID-19 stress than class 3 ($\Delta M = 0.25$, $SE = 0.11$, $p = 0.02$). Class 3 reported the highest levels of life purpose ($M = 3.99$, $SE = 0.04$) relative to class 1 ($\Delta M = -0.46$, $SE = 0.15$, $p = 0.003$) and class 2 ($\Delta M = -0.86$, $SE = 0.11$, $p < 0.001$), the highest levels of gratitude ($M = 6.33$, $SE = 0.03$) relative to class 1 ($\Delta M = -0.76$, $SE = 0.16$, $p < 0.001$) and class 2 ($\Delta M = -0.61$, $SE = 0.12$, $p < 0.001$), the lowest levels of anxious God attachment ($M = 2.96$, $SE = 0.14$) relative to class 1 ($\Delta M = 0.79$, $SE = 0.26$, $p = 0.002$) and class 2 ($\Delta M = 1.31$, $SE = 0.19$, $p < 0.001$), and the lowest levels of avoidant God attachment ($M = 1.06$, $SE = 0.08$) relative to class 1 ($\Delta M = 0.97$, $SE = 0.23$, $p < 0.001$) and class 2 ($\Delta M = 0.96$, $SE = 0.18$, $p < 0.001$). Classes 1 and 2 did not differ in levels of gratitude, anxious God attachment, or avoidant God attachment, but did differ in life purpose ($\Delta M = 0.40$, $SE = 0.19$, $p = 0.03$) with class 2 reporting the lowest levels of life purpose ($M = 3.13$, $SE = 0.10$).

The lower symptom levels and greater levels of subjective (e.g., positive emotion) and eudaimonic (e.g., life purpose) well-being that characterized class 3 are consistent with conceptualizations of *flourishing* (e.g., Jankowski et al. 2020; Keyes 2002). In contrast, the moderate symptom levels and low levels of life purpose and gratitude that characterized class 2, along with moderate levels of the stressor and higher insecure God attachment and the deterioration over time, are consistent with formulations of *languishing*. Conceptualizations of *languishing* often emphasize cross-sectional assessments of low well-being, although the term *languishing* has been applied to declines in well-being over time (e.g., O’Donnell et al. 2022). We extended the latter notion to include the deterioration of symptoms over time. Last, the high symptom levels and low levels of life purpose and gratitude for class 1, along with highest levels of the stressor despite evidence of improvement on symptom levels, are consistent with multidimensional, developmental-process depictions of *resilience* (e.g., Masten 2021; Zimmerman and Arunkumar 1994).

In addition, the *resilient* class (i.e., growth trajectory) reported a significant decline in COVID-19 stress from time 4 to time 5 ($\Delta M = 0.76$, $SE = 0.37$, $p = 0.04$; $d = 1.77$), whereas the *flourishing* (i.e., stable-plateau trajectory) and *languishing* (i.e., deterioration trajectory) classes reported no change in the level of COVID-19 stress from time 4 to time 5. Of note, the growth displayed by the *resilient* seemed tied to the decrease in levels of COVID-19 stress over time. In fact, among the *resilient*, reporting a transformative experience theme of “stressful life events” was associated with a greater rate of improvement in COVID-19 stress ($B = -0.50$, $SE = 0.20$, $p = 0.01$), as the dummy-coded multicategorical variable predicted the latent-change score for COVID-19 stress, which was modeled to be class specific in a follow-up analysis. The *flourishing* reported an increase in life purpose from times 4 to 6 ($d = -0.17$, $SE = 0.05$, $p = 0.001$), and the *resilient* reported an increase in gratitude from time 4 to time 6 ($d = -0.42$, $SE = 0.20$, $p = 0.04$). There were no changes in anxious and avoidant God-attachment dimensions over time. Last, wave 1 (fall 2019) anxiety did not differ from wave 4 anxiety levels among the *resilient* ($\Delta M = -0.64$, $SE = 0.43$, $p = 0.14$), although the trend was toward increased anxiety. The *flourishing* subgroup reported an increase in anxiety symptoms from wave 1 to wave 4 ($\Delta M = -0.07$, $SE = 0.03$, $p = 0.02$). Nevertheless, their levels of anxiety remained lower than the *resilient* and the *languishing*. The *resilient* ($\Delta M = 1.14$, $SE = 0.44$, $p = 0.01$) and the *languishing* ($\Delta M = 1.00$, $SE = 0.32$, $p = 0.002$) reported higher levels of anxiety than the *flourishing* at wave 1, whereas the *resilient* and the *languishing* did not differ.

Taken together, the mapping of “social justice/compassion” themes for the *languishing* seems consistent with their more marginalized demographic profile relative to the *flourishing*, with those in the *languishing* class more likely to identify as younger, more liberal, non-heterosexual, female, and non-evangelical. The mapping of “stressful life events” themes for the *resilient* seems consistent with their highest levels of anxiety, burnout, and COVID-19 stress, and their reported improvement may be indicative of the alleviation of stressors, including COVID-19-related stress and their transformative experience. For the *flourishing*, the mapping of “spiritual/mystical experiences” seems consistent with their predominantly evangelical identification and their highest levels of felt security and perceived closeness in their attachment relating to God.

Sensitivity Analyses

We conducted sensitivity analyses by “running alternative, justifiable analyses to see whether a reported result would still hold up” (Nuijten 2022, p. 392). For the first check, we examined a piecewise mixture model that included data for anxiety from waves 1–4 as a first slope segment and then the data for waves 4–6 as a second slope segment (Muthén and Muthén and Muthén 1998–2019). We set the second slope segment for anxiety to zero to aid convergence. The results are depicted in Figure 3 and support our earlier contention and subsequent finding that a *resilience* trajectory need not be limited to a high-functioning plateau. Wave 1 was collected pre-pandemic declaration during fall 2019, with the declaration about a public-health emergency occurring on 31 January 2020 (U.S. Department of Health & Human Services 2020), just as the measurement window for wave 2 data collection was opening. As Figure 3 shows, the *resilient* and the *languishing* had comparable levels of anxiety at wave 1 ($\Delta i = -0.26$, $SE = 0.40$, $p = 0.53$), and although the *languishing* initially showed a plateau over times 1–4, their anxiety significantly increased over waves 4–6. In contrast, after showing an increase in anxiety over waves 1–4, the *resilient* reported a decline in anxiety during waves 4–6. The trajectory matches depictions of *recovery* (Infurna and Jayawickreme 2019), except that wave 6 anxiety was significantly lower than wave 1 anxiety ($d = 0.48$, $SE = 0.10$, $p < 0.001$), and therefore the trajectory is more consistent with *growth*, although this depends on conceptualizations of “gradual improvements to near-previous levels over time” (p. 156). However, as we describe below, descriptions of change over time are but one aspect to discerning *resilience*, and as we noted previously, *resilient* patterns of change can encompass *growth* and/or *recovery*.

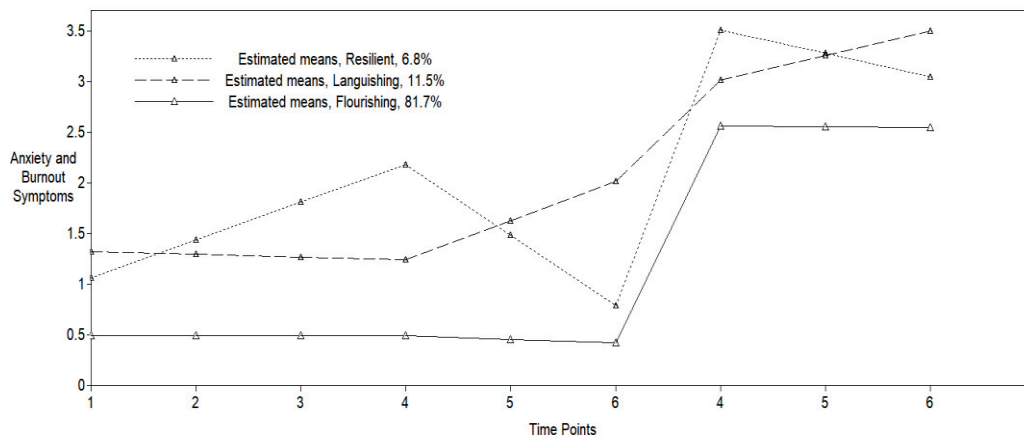


Figure 3. Plot of the estimated means for the sensitivity analysis for the piecewise parallel growth mixture model. Note: $N = 751$. First line segment = plot of anxiety scores for times 1–4, second line segment = plot of anxiety scores for times 4–6, third line segment = plot of work-related burnout for times 4–6. Scale range for anxiety 0–3, and for burnout 1–5. Slope 2 variance set to zero to aid convergence. Below are the intercept and slope means for each trajectory, $SE =$ standard error. *Resilient*: anxiety intercept = 1.06, $SE = 0.27$, $p < 0.001$; slope1 = 0.37, $SE = 0.09$, $p < 0.001$; slope2 = -0.70 , $SE = 0.08$, $p < 0.001$; burnout intercept = 3.51, $SE = 0.12$, $p < 0.001$; slope = -0.23 , $SE = 0.12$, $p = 0.049$. *Languishing*: anxiety intercept = 1.32, $SE = 0.24$, $p < 0.001$; slope1 = -0.03 , $SE = 0.10$, $p = 0.78$; slope2 = 0.39, $SE = 0.07$, $p < 0.001$; burnout intercept = 3.01, $SE = 0.09$, $p < 0.001$; slope = 0.24, $SE = 0.07$, $p < 0.001$. *Flourishing*: anxiety intercept = 0.49, $SE = 0.04$, $p < 0.001$; slope1 = < 0.001 , $SE = 0.01$, $p = 0.99$; slope2 = -0.04 , $SE = 0.01$, $p = 0.005$; burnout intercept = 2.56, $SE = 0.03$, $p < 0.001$; slope = -0.01 , $SE = 0.02$, $p = 0.69$.

Second, in another sensitivity analysis, we used gratitude and life purpose as additional indicators in the mixture model, along with anxiety and work-related burnout. Each process shared a single latent categorical variable. We set the nonsignificant variances of the slopes for anxiety and life purpose to zero to aid convergence. A plot of BIC values indicated three- and four-class solutions as viable. We opted for the three-class solution because two classes in the four-class solution seemed redundant. Three of the four intercepts exhibited a low degree of class separation (i.e., ≤ 1 standard deviation (SD) difference between classes, as indicated by standardized mean difference effect size; Grimm et al. 2021; for anxiety: $\Delta i = -0.28$, $SE = 0.16$, $p = 0.07$; $d = 0.86$; for burnout: $\Delta i = -0.25$, $SE = 0.22$, $p = 0.25$; $d = 0.48$; for life purpose: $\Delta i = 0.67$, $SE = 0.31$, $p = 0.03$; $d = 0.99$), whereas gratitude exhibited a high degree of separation (≥ 3 SD difference between classes; Grimm et al. 2021; $\Delta i = 2.08$, $SE = 0.20$, $p < 0.001$; $d = 4.33$). The slopes were in the same direction, except for gratitude, with one trajectory showing significant growth and the other a nonsignificant slope or plateau. Like Figure 2, Figure 4 shows the *resilient* trajectory with the highest levels of symptoms, and this time, also with the lowest levels of subjective and eudaimonic well-being, each of which showed improvement.

Next, we used the automated three-step procedures in Mplus to model auxiliary variables (Asparouhov and Muthén 2021). First, we compared subgroups on the dummy-coded multicategorical transformative-experiences variables using DCAT. Second, we examined demographic, COVID-19 stress, and attachment to God as risk and protective covariates predicting class membership using R3STEP. The *flourishing* subgroup was more likely than the *languishing* to respond “no” to a recent transformative experience relative to responding “yes” ($\chi^2 = 4.36(1)$, $p = 0.037$). The *resilient* subgroup was more likely to report a theme about “stressful life events” relative to the *flourishing* ($\chi^2 = 4.70(1)$, $p = 0.03$) and less likely to report a theme about “spiritual/mystical experience” than the *flourishing* ($\chi^2 = 121.47(1)$, $p < 0.001$) and the *languishing* ($\chi^2 = 9.55(1)$, $p = 0.002$). Relative to the *flourishing*, participants who identified as heterosexual were less likely to belong to the *resilient* subgroup ($B = -1.13$, $SE = 0.57$, $p = 0.048$). Relative to the *flourishing*, the *languishing* subgroup were more likely to identify as non-White ($B = -0.87$, $SE = 0.42$, $p = 0.04$), female

($B = 0.89$, $SE = 0.40$, $p = 0.02$), and younger ($B = -0.05$, $SE = 0.02$, $p = 0.01$), and less likely to identify as evangelical ($B = -1.04$, $SE = 0.45$, $p = 0.02$). The *resilient* were more likely to report higher levels of COVID-19 stress. Specifically, relative to the *resilient*, as levels of COVID-19 stress increased participants were less likely to belong to the *flourishing* ($B = -1.55$, $SE = 0.27$, $p < 0.001$) and the *languishing* ($B = -1.11$, $SE = 0.62$, $p = 0.004$). Last, as God-attachment anxiety increased participants were more likely to belong to the *resilient* ($B = 0.57$, $SE = 0.18$, $p = 0.002$), relative to the *flourishing*, and similarly, as God-attachment avoidance increased participants were more likely to belong to the *resilient* ($B = 0.49$, $SE = 0.17$, $p = 0.004$) relative to the *flourishing*.

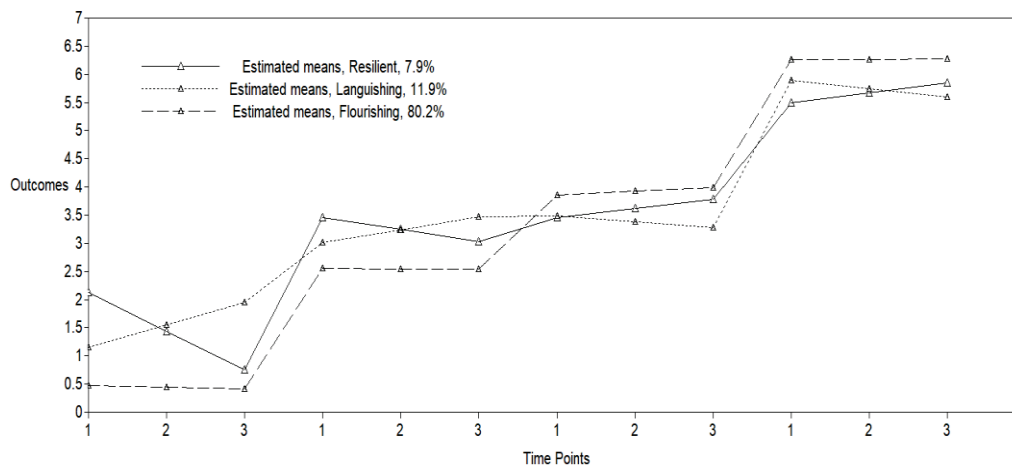


Figure 4. Plot of the estimated means from the sensitivity analysis for the parallel growth mixture model. Note: $N = 751$. First line segment = plot of anxiety scores, second line segment = plot of work-related burnout, third line segment = plot of life purpose, fourth line segment = plot of gratitude. *Resilient* class: anxiety intercept = 2.12, $SE = 0.14$, $p < 0.001$; slope = -0.69 , $SE = 0.08$, $p < 0.001$; burnout intercept = 3.46, $SE = 0.11$, $p < 0.001$; slope = -0.22 , $SE = 0.08$, $p = 0.01$; life purpose intercept = 3.45, $SE = 0.13$, $p < 0.001$; slope = 0.17, $SE = 0.06$, $p = 0.005$; gratitude intercept = 5.50, $SE = 0.20$, $p < 0.001$; slope = 0.18, $SE = 0.09$, $p = 0.04$.

Results supported the main analyses. The *resilient* reported transformative experience themes of “stressful life events” and the highest levels of anxiety, burnout, and COVID-19 stress, and their trajectory showed significant improvement over time on anxiety, burnout, life purpose, and gratitude.

4. Discussion

We found evidence of a subgroup of participants who exhibited resilience over three waves of data collection, approximately 12 months in elapsed time. In fact, we found evidence for each of the established criteria for determining resilience. First, we identified *significant adversity* in the form of self-reported levels of COVID-19 stress at time 1 (i.e., wave 4), one year post-pandemic declaration and during a time of rising infection rates and societal upheaval in North America, and in the US in particular. Second, we found additional evidence of *risk*, as the *resilient* reported lower religiousness/spirituality in terms of both secure attachment to God and spiritual/mystical transformative experiences. However, lower religiousness/spirituality need not necessarily be a risk factor, as this depends on socio-cultural context, the operationalization of religiousness/spirituality, and the outcome used to assess positive adaptation (Jankowski et al. 2022b). Nevertheless, low religiousness/spirituality can be a source of dissonance and stress for students in the context of seminary training. Members of the *resilient* subgroup were also more likely to identify as a sexual minority and younger relative to the *flourishing*. Members in the *languishing* subgroup also reported marginalized identities, with even more demographic identifications relative to the *flourishing* than the *resilient*, and yet there were no differences

for covariate influence on membership between the *resilient* and the *languishing*, except that the *resilient* reported the highest levels of COVID-19 stress. Third, we found evidence of *growth* in the trajectory for the *resilient* in levels of symptoms and well-being, and fourth, we found evidence for transformative experiences to exert a *protective* influence and promote positive adaptation. Thus, not only did we find evidence of “positive outcomes in otherwise risky situations” (Zimmerman and Arunkumar 1994, p. 13), but we also found evidence for “stressful and traumatic events as key elicitors” of growth (Chirico et al. 2022, p. 3). As such, we subsumed growth under the broader construct of resilience given the interruption to a maladaptive trajectory (Zimmerman and Arunkumar 1994). Additionally, resilience seemed to correspond to a decline in COVID-19 stress among the *resilient*, and their transformative experiences related to “stressful life events” were elicitors of growth.

We did not conceptualize resilience as a healthy plateau (e.g., Bonanno 2012). In fact, we see a fuller depiction of the plateau trajectory we found as consistent with a conceptualization of *flourishing*, and specifically, low levels of reported COVID-19 stress, high levels of religiousness/spirituality, low symptom levels, and high well-being. Rather than resilience, Norris et al. (2009) suggested the term *resistance* to describe a stable low-symptom trajectory. They argued that *resistance* involves stability, whereas *resilience* involves adaptability. Masten (2021) also used the term *resistance* for a stable plateau trajectory; however, her depiction featured (a) midrange functioning, and (b) *resistance* as one type of resilience. Masten’s labeling thus differs from depictions of a single stable trajectory of high functioning as *resistance* (Norris et al. 2009) or *resilience* (Bonanno 2012). Norris et al. (2009) also suggested that *resistance* connotes the availability of resources to mitigate the effects of the stressor. As Willen (2022) suggested, “structural factors, ideological contexts, and relations of power . . . predispose some people to languish, and others to flourish” (p. 1). In our study, the *flourishing* were least likely to identify as marginalized on each of the demographic indicators, suggesting the availability of resources.

Furthermore, as Schäfer et al. (2022) stated, “the concept of resilience as a positive outcome despite stressor exposure (i.e., adversity) implies that it can only be assessed if individuals are exposed to stressors” (p. 1181). Schäfer et al. reviewed trajectory-based studies of resilience based on “the pandemic as a societal stressor” and noted that at the individual level, exposure “might have varied substantially” (p. 1184). Hence, there is a need to assess individual-level experience of the stressor, distinct from the outcome. Schäfer et al. also indicated that resilience as a high-functioning plateau trajectory may simply “reflect low levels of stress rather than better psychological adaptation” (p. 1184). The plateau trajectory we observed was associated with low levels of felt COVID-19 stress, lower likelihood of reporting a transformative experience, and lower likelihood of reporting themes related to “stressful life events,” suggesting that this was a low-exposure group. In fact, Lai et al. (2015) differentiated a *low-symptom* trajectory from a *resilient* trajectory on the basis that the *low-symptom* trajectory reported “the lowest exposure to disaster related stressors” (p. 519). Similarly, our *flourishing* subgroup represented low exposure to the COVID-19 stressor, consistent with Tedeschi and Calhoun’s (2004) description of flourishing as involving low perceived threat and/or distress related to adversity.

In a prior cross-sectional study involving a smaller subsample from the current study sample, Jankowski et al. (2022b) found that a *flourishing* subgroup was more likely to have an overly positive, exaggerated view of their level of religiousness/spirituality relative to other classes. An overly positive view may be an indicator of the general coping process of positive appraisal (Schäfer et al. 2022) or R/S coping in which greater perceived closeness with God shelters against felt adversity by regulating negative emotions, including perhaps through experiential avoidant processes that minimize threat and/or distress (Jankowski et al. 2022a). *Flourishing as coping* seems consistent with both Tedeschi and Kilmer’s (2005) suggestion that effective coping maintains stability, and Keyes’ (2002) notion that *flourishing* can function “as a stress buffer” (p. 219). Taken together, *flourishing as a stress buffering coping process* seems most consistent with Norris et al.’s (2009) depiction of *resistance* in which “coping resources have effectively blocked the stressor” (p. 2191). The *flourishing*

subgroup in our study could therefore depict a low-exposure subgroup simply because the impact of the pandemic was minimal, or because coping resources effectively defended against negative impact from the pandemic.

The *interruption* of a maladaptive trajectory seems to be an oft-neglected yet essential aspect of the definition of resilience. Historically, resilience as a developmental construct had the connotation of an unexpected or contradictory outcome to that which would be predicted by the risk factor(s), including the target stressor event. As Masten (2001) stated, “risks are actuarially based predictors of undesirable outcomes drawn from evidence that this status or condition is statistically associated with higher probability of a ‘bad’ outcome” (p. 228). Our inclusion of waves 1–3 in the first sensitivity analysis permitted us to discern an interruption to the trajectory of the *resilient* that included pre-exposure (wave 1), one year post-declaration of the pandemic (waves 2 and 3) and heightened societal stress (wave 4), and finally one year post-peak societal stress levels (waves 5 and 6). In contrast, we did not see evidence that the *flourishing* experienced significant adversity, nor was there an interruption to their trajectory over time. Rather, the *flourishing* reported greater R/S protective factors in terms of secure God attachment and transformative-experience themes of “spiritual/mystical experiences,” and identity indicators of resource privilege that may have mitigated felt threat and/or distress related to the pandemic.

Last, the *languishing* trajectory we observed was consistent with a commonly reported trajectory in longitudinal studies of responses to adversity, that of *delayed onset* (Galatzer-Levy et al. 2018; Schäfer et al. 2022). As Schäfer et al. (2022) noted, “individuals with moderate-stable trajectories might be at particular risk for delayed responses to the pandemic” (p. 1181). Consistent with Schäfer et al.’s assertion, our sensitivity analysis involving waves 1–6 showed a stable plateau of moderate symptom levels over waves 1–4 and then an increase in symptoms over waves 4–6 for the *languishing*. Schäfer et al. further distinguished the *delayed onset* trajectory from a *moderate-stable* trajectory of mid-level functioning and a *chronic* trajectory with stable low levels of positive adaptation. Rather than *delayed onset*, we opted for the term *languishing* based on the results from the main analysis, which depicted deterioration over three time points, and because the term *languishing* has been used to describe a deterioration trajectory (O’Donnell et al. 2022), albeit the fullest descriptor is probably *delayed-onset languishing*. Finally, Keyes’ (2002) dual-continuum classification referred to *types of languishers*, which included a non-symptomatic and low-well-being group (i.e., *pure languishers*), however, those classifications were based on the operationalization of well-being and symptoms as categorical, using arbitrary cut points (Zhao and Tay 2022). Zhao and Tay (2022) pointed out that empirically, “an absolute zero point is often scarce” (p. 8), and as such, the notion that no symptoms should distinguish types of *languishing* seems questionable. In fact, Zhao and Tay, using continuous indicators to empirically generate latent classes, did not even find a *languishing* subgroup characterized by low symptoms and low well-being in one of their samples.

When symptoms and well-being are measured on a continuous scale, it seems better to conceptualize *languishing* as higher symptoms and lower well-being relative to the other classes. Furthermore, empirically generated latent classes should be interpreted within the research context, including data limitations (e.g., time-unstructured data, number of time points), indicator selection, psychometric evidence, analytic specifications of a particular model, and class separation (Masyn 2013; van der Nest et al. 2020). As such, it is important that latent classes not be reified (Masyn 2013). As Ram and Grimm (2009) cautioned, mixture modeling is an “exploratory . . . post-hoc analysis technique that seeks out the story the data are trying to tell—a story that is limited by the specific bounds imposed during model specification” (p. 572). Practically then, the meaning of any particular class is always relative to the others within a particular research context. It would seem, however, that the labels for dual-continuum classifications and post-adversity responses have become somewhat reified over time. Blaug (2015) defined reification as a cognitive bias that involves “the human tendency to invent knowledge, to forget that authorship and come to believe it real; to confront the socially constructed as natural; to make a ‘thing’ of

an idea" (p. 3). Willen (2022) drew attention to the potential for research on flourishing and languishing to risk "reification of analytic categories" (p. 3), and Williams and Kemp (2019) noted the potential for descriptions of resilience to be reified. It seems perhaps that notions about *languishing* as an absence of symptoms despite low well-being and *resilience* as a single stable trajectory of healthy functioning have come to be seen as essential fixed properties of "literal entities" and the trajectories "literal depictions of reality" (Nagin and Tremblay 2005, p. 882). Rather, latent classes are but "useful statistical fiction" and "an approximation of a more complex . . . population distribution" (Nagin and Tremblay 2005, pp. 873, 888). *Languishing* and *resilience* are therefore descriptors, which appear to have use as signifiers for a variety of longitudinal processes. However, as important as it is to guard against reification, researchers must also be mindful to avoid jingle-jangle fallacies, or meaning and construct proliferation. Descriptors must be consistent with the existing nomological network for a phenomenon, with empirical evidence for convergent and discriminant conceptualizations. We chose our labels for the trajectories based on historical and critical evaluations of the research on patterns of change in response to adversity, and the empirical evidence supporting their use as distinct descriptors.

5. Conclusions

We suggest that promoting resilience among seminary students centers on the two core aspects of transformative experience: clarifying emotional experience and generating new meaning (Chirico et al. 2022). The notion that attending to novel and/or moving emotional experience can propel growth has a long history in dialectical constructivist theories of change (e.g., Greenberg and Pascual-Leone 2001; Mahoney 2002). Emotions indicate and facilitate the "disordering processes . . . of a complex system's attempts to reorganize its life. New life patterns emerge out of the chaos and dysfunction that ensue when old patterns are no longer viable" (Mahoney 2002, p. 748). Mahoney (2002) highlighted the *contrasts* between self and other, and self and larger system, that can generate disruption, whereas Greenberg and Pascual-Leone (2001) highlighted the internal processes whereby an individual resolves the *contrasts* between bodily-felt experience and the narrative construction of meaning. They stated that the "emergence of new meaning is facilitated by vivid evocation . . . of emotionally laden experience, which brings emotions into contact with reflective processes" (p. 179). These dialectics of transformative experience fit the RSM framework in which stressful experiences can potentially challenge prior R/S understandings and necessitate emotional processing and new R/S meaning (Sandage et al. 2020).

Those who are training helping professionals within the seminary context could consider ways to provide opportunities for students to gain awareness of and reflection on felt, lived experience within safe, secure, and supportive relationships. As Mahoney (2002) stated, "the experience of who one is, what one is capable of, and personal worth—develop within human relationships. Changes . . . also develop within such relationships" (p. 748). In addition, one of the themes that emerged in Skalski and Hardy's (2013) qualitative study of transformative experiences was the positive influence of a trusted, supportive other, which for some included "an intimate personal experience of God, however conceptualized" (p. 174). Transformative experiences typically emerge out of normative developmental processes as the evolving individual adapts to changes within the environment, in response to often unexpected stressful life events. However, there is also a sense in which transformative experiences can be intentionally elicited, for example, through R/S practices such as meditation, prayer, ritual, as well as aesthetic experiences and "social events hinging on connection with others" (Chirico et al. 2022, p. 9). In our experience, seminaries often offer resources for (a) cognitive theological reflection and (b) R/S practices, whereas it is more uncommon for students to find resources to help process and regulate complex emotions with the discovery of new meaning. Yet, the RSM suggests that positive development necessitates the integration of healthy relational

holding environments, emotion regulation, and holistic reflection on meaning (Sandage et al. 2020).

Last, seminary leadership may want to consider ways to identify students who are languishing. The presence of a *languishing* subgroup in our findings draws attention to the influence of risk factors, including larger contextual factors. Willen's (2022) critique about the scholarship on responses to adversity highlighted

troubling blind spots—including, above all, a worrying inattention to the ways in which structure, power, and inequity affect who gets to flourish, who is likely to languish, and who our social structures and institutions, as currently designed, are—and are not—designed to help recover from hardship. (p. 6)

Willen's critique is another reminder that *resilience*, *languishing*, and *flourishing* processes are embedded within a larger social context, the latter of which may not be conducive to positive adaptation for all. Willen's critique also invites questions about ways seminaries can offer hospitable and supportive environments for the formation needs of diverse students, including those with marginalized identifications. Considering structure, power, and inequity led McCormick (2009) to recast *resilience* based on an Aboriginal "view of community and the philosophy of 'all my relations'" (p. 4). Instead of *resilience*, McCormick offered the construct of *response-able*, that is, "the ability to respond to challenges" (p. 5). *Response-ability* is a relational construct, "combining spirituality, family strength, elders, ceremonial ritual, oral traditions, identity and support" (p. 4). Skalski and Hardy (2013) also referenced *response-ability*, and did so in the context of the potential for processing emotional experience within a safe, secure relationship to promote positive transformative experiences. Masten (2021) suggested that the social context may be such that "functioning deteriorates or remains poor until more favorable conditions occur, either naturally or through intervention" (p. 121). Thus, conditions may inhibit individuals from being able to respond in ways that promote positive adaptation. More specifically, in the context of our study, seminaries may not be meeting the unique developmental needs of those belonging to the *languishing* subgroup.

We examined longitudinal patterns of change in a sample of seminary students to offer a conceptual and methodological approach for studying resilience, based on historical and critical evaluations about the study of resilience. We found one trajectory that met select criteria for determining resilience. Nevertheless, we acknowledge limitations to our study. First, we began using the COVID-19 stress and burnout measures at wave 4 because the pandemic had not yet been declared at wave 1, the COVID-19 stress measure was developed after the start of the study, and burnout seemed of greater importance over the course of the pandemic (e.g., Filindassi et al. 2022; Lowe et al. 2022). Pre- and post-adversity data permit a fuller evaluation of *interruption* and change in the trajectories over time (Schäfer et al. 2022), although post-adversity data are frequently used to study adversity-response trajectories (Galatzer-Levy et al. 2018). We did conduct a sensitivity analysis to model pre- and post-adversity change for anxiety. Nevertheless, it would have been ideal to also have pre-adversity data for burnout. Relatedly, the pandemic is ongoing, as formal declaration about the end of the public-health emergency in the US has not yet been declared. Other change patterns may be identified were additional waves of data collection to occur. In addition, more frequent assessments closer together in time may capture greater heterogeneity in responses to adversity (Infurna and Luthar 2018). As Schäfer et al. (2022) commented, "the lessons learned from the pandemic indicate the need to frequently measure both multidimensional functioning and stressor exposure" (p. 1185). In addition, our sample consisted of students at Christian-affiliated seminaries, which may limit the generalizability of our findings. However, prior research using a subset of the current study sample at wave 1 found that the demographic profile by R/S classifications were comparable to those from a nationally representative US sample of religious- and non-religious-identifying persons (Jankowski et al. 2022b). Nevertheless, research is needed with students training for leadership in other religious traditions and cultural contexts, and with diverse R/S identifications. We also recognize that this research may not generalize to

more experienced R/S leaders. The literature on burnout and well-being among practicing R/S leaders is weighted toward cross-sectional findings, and more research is needed using longitudinal designs. Last, future research should examine mechanisms of resilience (Infurna and Luthar 2018), and specifically, emotion-regulatory flexibility and positive appraisal, which seem to be emerging as particularly relevant (Schäfer et al. 2022).

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Article

Collective Despair and a Time for Emergence: Proposing a Contemplacostal Spirituality[†]

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[†] I am grateful for the first chance I had to present this paper at the International Society of Christian Spirituality in Adelaide, Australia and the warm and generative feedback I received there. I also extend thanks the generous peer reviewers in this process who helped me to clarify the importance of focusing this paper on the extraordinary gifts which Pentecostal-Charismatic spirituality can offer if wedded together with the contemplative Christian tradition and trauma studies.

Abstract: In many ways, the cascading effects of the age of the Anthropocene have accelerated life as we know it towards a certain kind of reckoning, which has only been exacerbated amidst the global inequities present within the COVID-19 pandemic. Trauma studies, as an interdisciplinary field, has recently been linked to the experience of despair at both personal and collective levels. Yet, trauma scholars are increasingly amenable to diverse forms of spirituality and its perspectives as core to the work of addressing suffering in the world, especially for marginalized communities as ways to access the wisdom of bodies, thoughts, emotions, and cultural/spiritual longings. Moving further in this direction, a practical theology which bridges trauma studies with Christian spirituality (and the emphases on spiritually rooted social action and the centrality of the Holy Spirit as the *Paraclete*: helper, counsellor, advocate, and comforter) is timely. This paper imagines how contemporary trauma care approaches might be supported by emergent forms of Christian spirituality enabling greater posttraumatic growth and resiliency and subsequently how this can renew the practice and study of Christian spirituality.

Keywords: spiritual practice; trauma; contemplative; Pentecostal

1. Trauma and Despair

Trauma studies, as an interdisciplinary field, has helped to articulate in concrete ways how bodies, psyches, and social communities are suffering and struggling in the face of multiple crises (Silver et al. 2020), and specifically the ways in which a sense of rhythm, space, and time is distorted, leading people within society to experience unprecedented despair. While trauma has long been understood as the absence of trust and safety when it comes to being with one's own body as well as one's intimate relations (Herman 1997), it has only recently been explored as being related to the experience of despair. Panos Vostanis recently wrote that trauma and despair are inseparable, writing that "there can be no trauma without despair (Vostanis 2021)". From Vostanis' perspective, despair is the experience of a person who feels impotent amidst the weight of affliction, unable to resolve the situation on one's own, and feels there is no able assistance to be found. In other words, a person who is in despair is one in bondage to a myopic vision, unable to perceive anything other than calamity. While the description above has been mostly studied intrapersonally, it seems that the experience of despair may also be something felt and passed down at the collective level, as growing numbers of scholars and community care practitioners (New Pluralists 2021) have observed widening polarization, increasing incidences of mass shootings and gun violence, fractures within intergroup cohesion, institutional disaffiliation, and spiritual homelessness attributed to the sense of helplessness many feel. The fissures in our relations can be felt across many social settings, including small groups such as families, organizations such as the workplace, and/or within repeated abusive scandals of

those entrusted to lead larger global institutions. Due to the increasingly commonplace nature of traumatic events in society, the levels of experienced despair across multiple and diverse social groups are becoming intensified (Javanbakht 2022).

One microcosm of this can be found in the context of North American universities, in the aftermath of COVID-19 (Holman et al. 2023); where social justice educators have discussed the status of students in their classrooms as living through “an age of despair” and have linked it to the systemic rise of mental health challenges, racially charged violence, and ecological degradation (Grain 2017). If despair can be experienced at the collective level, contemporary trauma studies tells us that the problem only worsens when it is ignored and the trapped energy remains stuck in our collective body politic unless it is somatically engaged and released (Levine 1997). If collective despair can be understood as the diverse ways in which our society at large tends to lose trust within ourselves, others, and the institutions that support us at large, reintroducing new ways to experience life-affirming relations in any capacity may be instrumental in the long road to recovery from trauma. Furthermore, it is not sufficient to tend to the collective sentiment of despair by taking individual (or one paradigm) approaches; instead, this must be achieved communally and inter-collaboratively, engaging multiple fields and perspectives and disciplines (Hübl and Shridhare 2022). I agree with numerous trauma practitioners who suggest that a multitude of spiritual approaches may be beneficial to incorporate in trauma and despair care practices.

Thomas Hübl is one such scholar who advocates for collective practices of healing to be grounded in the wisdom of spirituality; what he calls the superpowers of “relationality and presencing” (Hübl 2020). In his work, he often quotes Daoist, Confucian, and Kabbalistic teachings and sees them (among others) as providing crucial insights as to how we may go about cultivating capacities of social transformation, resilience, and agency amidst the ongoing nature of human suffering, including despair. Additionally, Gabor Mate, who is known for his work in attachment theory and addiction connected to severe and complex trauma, purports that trauma care must overcome Western scientism (without being anti-science) and learn to tend holistically to a person by relating to suffering through the spiritual force of compassion (which he teaches can be cultivated through recovering cultural and spiritual wisdom traditions) that can fully accept the situation without becoming mired in it (Maté and Maté 2022). In light of their work, it seems critical that if trauma care approaches are to be effective when it comes to collective despair, they must take seriously both the need to engage collectively as well as finding avenues which are spiritually resourced and integrative.

While the study of spirituality at large can be understood broadly as the investigation of practices that a person or community engages in to experience connectedness to life-affirming relations (which I define broadly for purposes of this paper as relations with the divine, nature, loving ancestors, or chosen spiritual guides, teachers, or gracious mentors) (Menakem 2021), this paper considers how an emergent fusion of contemplative and Pentecostal–Charismatic streams of Christian spiritualities can be of particular support to those suffering from collective despair, on the edges of their spiritual tradition, and looking for ways to transform trauma.

Interestingly, many spiritual masters throughout the Christian tradition have also attested to the need to address despair and have even offered reflections as to how spirituality is a primary path in overcoming it. While this proposal should not be assumed appropriate for all persons, or even as the preeminent path towards posttraumatic growth, this proposal tells the story of one new emergent Christian spirituality which bridges the Christian contemplative and Pentecostal traditions in order to better support a person or community in identifying sources of care and aid. And, because it remains a stark collective need to find as many restorative approaches to trauma and despair as possible, this article presents another potential way drawing from the rich diversity of Christian spirituality bringing them together to enrich the whole. Additionally, investigating spiritualities that invite us to experience directly the presence of life-affirming relations within is even more

pertinent to collective healing processes after trauma (such as rewiring our neural pathways and increasing the ability to self-regulate (Siegel 2010) and can generate previously unforeseen opportunities to be nourished by the goodness of life which are all too often inhibited due to the confines of trauma. As a practicing and ordained Pentecostal Christian minister myself, I have found this to be true while also recognizing the need to balance the Pentecostal approach with an embodied presence in the now, which seems to emerge best from contemplative streams of Christian spirituality.

2. Contemplative Christian Wisdom

There have been numerous Christian contemplative witnesses throughout history who have spoken about the experience of despair as a crucible for spiritual transformation and growth. A few notable names are St. Francis of Assisi and the Peace Prayer and Julian of Norwich (Franciscan and Other Prayers 2014), who reflected that God's wish was to "cure" the sicknesses of impatience and despair in her *Showings* (Norwich et al. 1978). Yet there are two contemporary Christian contemplatives who also spoke at length about the experience of despair on the personal and collective levels arising from late modernity, Raimon Panikkar and Thomas Merton. While there may be other modern Christian contemplatives to draw from, I have chosen to highlight these two prominently due to their explicit acknowledgement of despair and their demand that contemplative Christian spirituality be a path of direct experience which can assist in coping with it.

Raimon Panikkar was a prolific and well-known interreligious theologian, philosopher, and wisdom teacher who was famous for his work in comparative theology and grounded all his theological assertions in his own contemplative and spiritual practice, known famously as "the intrareligious dialogue". Panikkar was extraordinarily committed to addressing the problems of the world through interculturality or a process of a mutual fecundation where all parties are enriched. Panikkar was heavily resistant to theologies of exclusivism or inclusivism, and instead was a proponent for advaitic or nondual spiritual pluralism. While some criticized Panikkar for being too idealistic and removed from the struggles of the poor (Raj 2015), he was adamant that contemplative spirituality must account for (and perhaps even arise from) the experience of despair. In fact, Panikkar went so far as to even speculate how despair is intrinsic to modern life and a natural result of conscientization in the technocratic age. Although Panikkar acknowledged the heavy toll of despair, he was adamant that it does not have to lead to destruction and can open the door for an experience of renewed hope.

Panikkar wrote the following:

"Within the framework of dialectical materialism the so-called conscientization leads to despair. With merely historical conscientization the oppressed become conscious that for many of them there will be no liberation at all. In spite of all our most strenuous efforts to opt for the liberation of the oppressed, thousands of children are going to starve today, and millions of refugees and victims of wars are not going to be liberated in their lifetime. We may console ourselves with the view of a brighter future, but what is our answer for those people?"

We may wonder, in this context, what is the meaning of life for that immense majority—the aboriginals, the slaves, the outcasts, the starving, the sick, the hungry, the oppressed, the women—who have not "made" it? Even in the hardest times and in face of greatest struggles, people could face life with joy and dignity precisely because they have been sustained by some kind of hope. This hope, however, is not merely of the future, but hope in the invisible dimension of life and reality.

Here is where traditional cultures speaking of heaven, karma, nirvana, God and brahman have something essential to contribute. To realize that our life has a meaning (sense) which is life, even if we have been invited to the banquet of Life just for a few moments, is the only saving hope for many and another exemplification of what I mean by cosmic confidence". (Prabhu 1996, pp. 283–84)

In this text, Panikkar claimed a possibility of liberation from despair by experiencing for oneself “cosmic confidence” which is not confidence *in* the cosmos but the confidence *of* the cosmos. For Panikkar, cosmic confidence is the experience of primordial trust at the basis of reality itself and bears the fruit of joy, love, and peace. In his thought, it is a radical emphasis on the present rather than awaiting a future heaven for deliverance from suffering. In his thought, cosmic confidence is not the interpretation of one’s spiritual experience but rather the very factor that makes any experience possible at all. The question remains as to how one might experience this salvation. Panikkar proposed that a “contemplative spirit” would be required and that cultivating it was not based in willpower or a set of particular practices (he conceded that many different practices from across traditions are helpful in different and unique ways), but rather a humble orientation that “accepts life as it is—in love, so as to transform it and all of Reality (Panikkar and Pavan 2018, p. 31)”. Panikkar was convinced that one should not prescribe any singular way to arrive at this liberation (in fact he believed one way or binary thinking needed to be overcome) but choose to describe how the contemplative spirit delivers a certain “transhistorical” (Panikkar 1993, p. 133) experience; or, as I understand it, a way of being grounded in the world that is rooted in one’s ultimate meaning and connectedness to the Whole. A person living in a transhistorical consciousness would model behavior that engages life for the sake of living itself, not for a predetermined outcome. Panikkar claimed that this change in consciousness is a *metanoia* necessary for the *kairos* of our time (greatly characterized by the collective presence of despair and fragmentation). Panikkar advocated that our transformation is not something to be manufactured or produced in a factory but is an extension of what is taking place within the depths of Reality itself, as people move away from “historical consciousness” which has dominated humanity for the last four thousand years. In his own words, he interprets his own ‘transhistorical’ experience as Cosmotheandric Vision (which describes all Reality consisting of the interrelated but distinct tripart dimensions of the divine, cosmic, and human) and that this vision invites us all to uniquely co-participate with Life for the sake of flourishing for all. Panikkar espoused that only the contemplative person would be capable of fulfilling this work, believing that each person’s unique and inner transformation would have macro implications for the whole of Reality.

Thomas Merton was another famous Christian contemplative who was world renowned for his authenticity, courage, and prophetic witness which sprung from his Christian spirituality. Merton was a well-known anti-Vietnam war advocate along with the Rev. Dr. Martin Luther King Jr and claimed that King’s civil rights efforts were something “truly Christian for our time” (Levandoski and Finley 2018). Yet in all of Merton’s acclaim, arguably one of the most prominent themes from his writings was the theme of despair. He seemed to be a person heavily acquainted with despair and would speak frequently as to how it seemed exponentially present in North American society (perhaps even as an unavoidable dynamic on the contemporary spiritual path) as a result of self-interest and greed. For Merton, the presence of despair could lead to unparalleled sorrow but also had the potential to lead a person the other direction and toward a greater spiritual knowing (or what he referred to as “le point vierge”, borrowing from French philosopher Louis Massignon).

Merton wrote:

We... have to reach that same “point vierge” in a kind of despair at the hypocrisy of our own world. It is dawning more and more on me that I have been caught in civilization as in a kind of spider’s web, and I am beginning to say “No” louder and louder, though surrounded by the solicitude of those who ask me why I do so. There is no way of explaining it, and perhaps not even time to do so. (Merton 1994, p. 278)

For Merton’s personal spiritual life, the experience of despair created a yearning to live in resistance to the status quo of society and led him to realize *le point vierge*. In Merton’s contemplative writings, *le point vierge* is the depth dimension from which life’s spontaneity unfolds, inviting greater freedom, love, and justice in solidarity with all others. Merton sees this as a distinctly alternative way of living in relation to dominant society, and ultimately not a path removed from life and/or its struggles but draws a person deeper into embodied

social witness. James Finley, who is a famous Christian contemplative in his own right, was a spiritual director of Thomas Merton and recalls the following words from Merton, “We did not come to the monastery to breathe rarified air beyond the suffering of this world. We came here to experience the suffering of the whole world in our hearts. That’s why we are here” (Finley 2018). Through this quote, we can see the infusion of contemplation and action at the core of Christian contemplative wisdom and calls for all those who aim to practice a contemplative lifestyle to be in touch with (but not overcome by) the ills of society, and especially for those living in the despair that accompanies systems and structures borne from late-stage capitalism, in order to co-participate in its transformation.

While each of these two wisdom teachers spoke profoundly about the ways in which contemplative experience offers a revolutionary path for those feeling the weight of despair, they also both emphasize how important it is for a person to directly experience life-affirming relations on the road to liberation. Yet, without the field of trauma studies in their time, neither explicitly considered what a practical experience of this might entail. Here is where Pentecostal–Charismatic spirituality is important to bring into the conversation, as it is a practice and tradition which centers upon cultivating a person’s direct connection with the Holy Spirit (the divine advocate, teacher, and counselor). Herein lies an opportunity for contemplative Christian spirituality to find a fruitful dialogue partner with both trauma studies and Pentecostal–Charismatic spirituality with its emphasis on the distinct role of the Holy Spirit as *Paraclete* and introduces practices wherein each person can experience the Spirit as a way to deepen and expand relations of love with all life.

3. Pentecostal–Charismatic Spirituality

While the contemplative teachings referenced above implicitly rely on a Trinitarian and relational understanding of the divine (and in so doing, embrace the Holy Spirit prominently), they do not focus in on the presence of the Holy Spirit, instead distinctly choosing to secularize their language (such as in cosmic confidence or *le point vierge*). Yet when bringing contemplative Christian spirituality into dialogue with modern Pentecostal–Charismatic spirituality, both spiritualities are mutually enriched. On the one hand, contemplative Christian spirituality can rediscover the personal source of divine wisdom available (as well as the centrality of personal empowerment), while Pentecostal–Charismatic spirituality leans away from certain teachings that promote an “escapist” spirituality (Yong 2014, p. 50) rather than living fully engaged in the here and now while confronting exclusivist, supremacist, and/or nationalistic tendencies which have accompanied it due to histories and legacies of white supremacy and colonialism (Yong and Yong 2020, pp. 214–27). Both of these enrichments significantly benefit historically marginalized persons who have continued to claim and find empowerment in their own Christian spiritual heritage while dismantling religiously defended structural injustice (Alexander and Yong 2009, p. 3).

Hence, in this section I would like to place intentional focus on the ways in which Pentecostal–Charismatic spiritual practices of prayer, or what is known as “praying in the Spirit” (which seeks and calls upon the Holy Spirit explicitly in order to tend suffering) (Johns and Stephenson 2021, p. 18), accomplishes three important tasks related to trauma and despair: (1) each person is invited to experience sacred care directly; (2) the person finds newfound abilities to co-create spaces of nurturance, wisdom, and comfort through relationality, openness, and discernment; and (3) the Spirit begins to move in a person’s life as a creative force which accentuates fluidity, movement, and non-linearity, inviting us toward a continuous practice of revolutionary life that transforms the systems and structures which produce harm in the world.

First, when looking at the Johannine representation of the Holy Spirit (John 14–16) as *Paraclete* (translated to helper, advocate, counsellor, and comforter), it has long been assumed with mainstream Pentecostal–Charismatic spirituality that the Spirit invites a person to directly encounter God in a radical or supernatural way. However, there is a subtly nuanced way to view this; as the very divine power to tend suffering in non-reactive, wholesome, and integrative ways. Mark Cartledge has discussed the powerful implications

of how Pentecostal spiritual praxis can transform practical theology at large and advocates for Pentecostal–Charismatic spiritualities to be freshly articulated so that they are in greater solidarity with the ills of those marginalized in society, speaking truth to power, and avoiding any hegemonic tendencies (Cartledge 2020, pp. 163–72). But what keeps a person on the path of bold and empowered social change? Anthea Butler (2007, p. 3) demonstrates how it is the direct encounter with the Holy Spirit which enables “moral, spiritual, and physical fuel to negotiate and obtain power...” for those most marginalized in society, such as African American women. In this direction, Pentecostal–Charismatic spiritualities should be represented in ways that are suffering-sensitive and trauma-integrating through the experience of the Spirit, who offers assurance, comfort, and consolation. More precisely, against the backdrop of trauma and despair, it becomes evident that the prominent role of the Paraclete is to empower ways of being that are supportive, compassionate, just, and patient (Yong 2012). Relying upon the Spirit’s leading would require one to remain open to experiences of connection, expansiveness, and generativity (even in the places and amongst the people least expected, such as those marginalized by the dominant in society), which are all crucial for those recovering from trauma and despair. The practice of pursuing the Holy Spirit through prayer (and subsequently the call to live in a Spirit-filled way) is one where a person partners with the divine to experience connection and finds ways to co-create emergent paths of healing and transformation. It is also important to emphasize here that while the Spirit guides each person toward embodied transformational actions that are localized, personal, and unique, all of these dynamics unfold in the context of wider relationships, community, and larger society, not only for the benefit of an individual (Land 1993).

Secondly, the practice of praying to and in the Holy Spirit fosters a posture of “radical openness”, as Jamie Smith calls it, to the divine which lovingly engages the complications and complexities of life so that it is addressed winsomely and toward wholeness (Smith 2009). Radical openness is not the same as radical relativity, but rather a way of living that requires discernment and constantly asks the following question: where might the divine be revealed afresh? It is in an orientation of radical openness that potential disruptions and interruptions along the way are seen not as obstacles but part and parcel of the spiritual path. In this sense, within Pentecostal–Charismatic spirituality lies a possibility of not dismissing suffering but cultivating the ability to be with it in a more nurturing, caring, and creative way. Because the way of the Spirit is uncontrollable and unforeseeable, the necessary stance to being Spirit-led implies humility, listening, attentiveness, and a practice of conscious waiting. We might redefine healing then as not a preferred destination to arrive at which can be manufactured, imposed, or forced upon externally, but as a gift continuously granted through an experience of restorative connection in one’s relations. Further, healing can only be experienced through consent. Simply put, Pentecostal–Charismatic spiritual practice can open the door for a more compassionate and trauma-informed engagement in the world through respecting the agency and participation of each person. A Pentecostal–Charismatic spirituality insists that there is hope for new and creative ways to move towards healing collectively, but the primary requirement is to be honest, respectful of where each person is at, and engaged through open heart–mind–body-ness and sensitivity to one’s limits.

Finally, the practice of praying in the Spirit gifts practitioners with ways of empowered living and can be understood as an invitation to live in the world with a commitment to reduce harm and rejoice in life’s flourishing. Examples of this can be found through the liberationist work of Samuel Solivan (1998) or the mystical approach found in Daniel Castelo’s analysis to embed Pentecostal spirituality in the larger ancient Christian spiritual tradition so as to non-violently affirm growth, ignorance, and struggle in the human experience (Castelo 2017, 2020). For each of these thinkers, the characteristics of a Spirit-filled life involves failure, forgiveness, solidarity with suffering, and being loved through and through, despite our imperfections (Sutton and Mittelstadt 2010). It is clear from their work that a Pentecostal–Charismatic spirituality contributes to fresh ways of witnessing

and/or being with the suffering of the world (beginning with and including oneself) that do not seek to hide pain but are endowed with empathy, understanding, and mercy. Ultimately, the Pentecostal–Charismatic spiritual practice of prayer offers ways of finding grounding, support, and resources to tend to the world in its suffering through the comfort, guidance, and leadership of the Holy Spirit. This practice ushers in new possibilities of what it practically can look like to regain trust in life, in the divine, within the depths of one’s own experience, and within the wider community.

4. Proposing a “Contemplacostal” Spiritual Praxis

As we consider the presence and projected increase in collective despair where trust is repeatedly lost across multiple levels, we know that the opportunities for posttraumatic growth abound and will therefore require creative and emergent spiritual resources to aid us in becoming more grounded, integrated, and compassionate. My hope is not only to provide further spiritual resources that can assist personal and collective efforts seeking to transform lingering effects of trauma but also to provide new insights as to how Christian Spirituality might be reimagined during our growing and multiple crises. What is even more intriguing is the ways in which aspects integral to posttraumatic growth such as direct experience of the sacred, relationality, confidence amid unpredictability, and creativity will emerge at the core of the Christian spiritual life.

Here, I propose a new “contemplacostal” vision that may begin to inculcate post-traumatic growth work and the Christian spiritual imaginary. For me, it is important to retrieve the contemplative tradition’s emphasis on the present and bring that into conversation with the Pentecostal–Charismatic spiritual practice of praying in the Spirit¹. The result is a “contemplacostal vision” of Christian spirituality which remains committed to engaging the moment with courage while also resourcing oneself in the presence of the Holy Spirit. A contemplacostal spirituality then would not be limited to one practice or another, but would rather contain (at least) the following five themes, which all have direct relevance for engaging suffering and despair in the world and are relevant when it comes to posttraumatic growth: (1) an ability to compassionately engage suffering without being mired in it; (2) the acknowledgement of our relational identity; (3) a recentering of the direct experience and empowerment of the Holy Spirit (not as possessed by Christians but which they may have a unique perspective on) whose fruit is comfort, freedom, and loving guidance; (4) an equal emphasis on process as outcome; and (5) an unabashed sense that significant transformation occurs when there is spaciousness to entertain creative and spontaneous action at the localized and personal levels.

First, a contemplacostal approach asks that we become radically honest with our lived experiences and paradoxically insists that our love shines through moments of imperfections. While experiences of trauma, despair, and desolation are not often the moments we think of as a place for love to shine through, they hold the potential to be moments where we begin to realize a different way, a way of tenderness, nonviolence, and companionship with life. Thus, a contemplacostal vision demands that authentic spirituality be prudently in touch with our tears, frailty, anxieties, and doubts as the very ground from which personal transformation unfolds. A contemplacostal vision understands each of these “negative” aspects to be various facets of the human experience and asks that we transform them to lead us toward greater solidarity and compassion for the world. For those who are undergoing or seeking to recover from trauma and despair, an ability to face the harm which was suffered and relate to it in a new way is paramount, and a contemplacostal spirituality is in resonance.

Secondly, a contemplacostal approach is deeply relational and highlights the limitations of the individual. Within a contemplacostal vision, there is an intuition that nothing exists in isolation, and hence we are called to give and receive loving support to one another. Relational support should not only be considered from human to human but also resourced by the divine, the spiritual saints and guides who have come before us, as well as the more than human life which we can learn from and with. A contemplacostal approach affirms

the wisdom of the community and the fact that we are called to rely upon one another in times of trouble and not approach the healing path through any one paradigm alone. In posttraumatic growth work, this vision entails a network or plurality of communities, practices, and teachings that can nurture life and encourages that healing companions be agents to assist those suffering in identifying new spaces or communities to grow in and with.

Thirdly, a contemplacostal approach consciously seeks to taste and touch the core of our own lives through firsthand spiritual experience with the sacred (the person of the Holy Spirit), and out of that, to incorporate the various dimensions of our lives in tandem with our deepest spiritual desires (such as harmony, connection, joy, etc.). A contemplacostal approach centralizes both the encounter of the Spirit and the ongoing role that the Spirit plays as the advocate, helper and guide, but recognizes that this experience can come outside of religious institutions and is not an experience limited to only those who identify as Christian (Yong 2008). A contemplacostal approach contends that the Spirit cannot be possessed or manipulated by one experience or one group, but instead that the Spirit continually meets us in new ways and is ever present in all our diverse relations. A contemplacostal approach involves tending to our shadows, admitting our failures, and being radically honest with our own tradition, its shortcomings, and the need to rediscover the Spirit beyond our predetermined confines. This vision would support those seeking to transform trauma and despair by encouraging practices that get people in touch with the sacred in whatever ways that makes sense to them, whether it be in nature, prayer, community, or justice seeking. It also encourages those who are on the road of healing to look towards previously unconsidered spiritual practices as potential ways to meet the Spirit anew.

Fourthly, a contemplacostal approach assumes that the process is just as important as any outcome. Rather than justifying the means by the end, a contemplacostal approach embraces fluidity, non-linear dynamics, changes in pace and rhythm, and a willingness to alter course when necessary. A contemplacostal approach presumes a certain openness to mystery that is to be discovered in community, ongoing discernment, and faith. In posttraumatic work, it is easy to fixate on the end goals or our desire for predetermined results, but life in the Spirit reminds us that there is more at work than we can often see at first glance and to remember that each micro movement of compassion towards ourselves is exactly the work we are called to do letting go of transformations according to our own timelines.

Lastly, a contemplacostal approach places focus on the embodied, small, and micro as the creative locus of macro transformation. A contemplacostal approach seeks to engage and transform everything through the inner spirituality of one's person and integrating that with outward embodied social actions. In one sense, this could be summarized as the person who practices spaciousness and connection within as connected to a practice of spacious, spontaneous, and creative without. Christian spirituality has long embraced the notion that human beings are microcosms of the macrocosm and that each change which takes place within each being, regardless of how subtle, has ripple effects on all reality. In this vein, there is great hope in each and every little step made in tending to trauma, and the ways that open up pathways of restoration for all life. In posttraumatic growth work, this perspective invites persons and communities to entertain a willingness to live in bold, different, and radically new ways (or perhaps to even create emergent spiritual practices such as this vision exemplifies). A contemplacostal vision empowers people to transform and incarnate their lives with fresh meaning and insight, in each unique moment, embracing the reality that life will likely look very different from before. A contemplacostal approach also knows that revolutionary living is not always easily discernible upon first glance, but trusts the process as one of a lifelong invitation to learn, grow, and transform.

5. Conclusions

Against the backdrop of widespread trauma and despair, it seems that the moment is ripe² for a new and necessary fertilization and convergence to occur between the Christian contemplative tradition and modern Pentecostal–Charismatic spirituality, which are characterized by an embodied presence amidst difficulty in the here and now, a resourcing vis a vis a direct experience of the sacred, relationality, and spiritual empowerment to live creatively. On the one hand, contemplative Christian spirituality is deepened by adopting Pentecostal–Charismatic spiritual practices of calling unto the person of the Spirit, and through this finds greater encouragement to live fully in (and for) the present moment, not denying or minimizing anything but co-participating in its transformation. On the other hand, Pentecostal–Charismatic spirituality is granted an emphasis on the present rather than looking to a future elsewhere of salvation. Bringing the two together builds a bridge within the larger Christian spiritual tradition to find creative genius to embody sacred witness that is sensitive to both trauma and despair, as well as the long road to posttraumatic growth in a world where trauma will inevitably reoccur. It is also important to note that this convergence can largely benefit communities who have been marginalized by oppression in the world, whether due to race, gender, class, disability, or other factors, because the vision is one of personal agency, relational power building, and a heightened capacity to tell and speak truth, regardless of how it may upset the status quo.

A contemplacostal vision relies upon the experience and power of the Holy Spirit (which Christians do not own or possess) as the gift poured out to all of life and works in and through and beyond us toward unexpected places, peoples, and actions ultimately to promote freedom, flourishing, and joy. A new contemplacostal emergence calls forth a new imagination in the spiritual and intercultural dimensions of tending to suffering and resources the work with presence, power, and possibility. I have outlined above a few of the themes and potentials that may open up if entertained. While it would be prudent to avoid specifying a contemplacostal approach as the only way of resourcing trauma work or renewing Christian spirituality, this vision is an offering that seeks to elucidate how Christian spirituality can be transformed as we seek to become people who engage deep suffering with deeper love.

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Notes

- ¹ I am aware that some other strands of Pentecostal-Charismatics may have reservation about the way I understand and describe what ‘praying in the Spirit’ involves (including that there may be more nuances important to identify), and while I am sympathetic to this, my goal remains to tease out the empowered aspect of Pentecostal-Charismatic spirituality which comes through conscious attention to the divine’s presence within, among, and all around.
- ² Raimon Panikkar discusses the emergence of a new kairological moment within Christianity which centralizes on the experience of the Spirit as primary. See (Panikkar [1987] 2005) . “The Jordan, the Tiber, and the Ganges: Three Kairological Moments of Christic Self-Consciousness”, in *The Myth of Christian Uniqueness: Toward a Pluralistic Theology of Religions*.

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Article

“We’re Looking for Support from Allah”: A Qualitative Study on the Experiences of Trauma and Religious Coping among Afghan Refugees in Canada Following the August 2021 Withdrawal

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Abstract: In August 2021, the United States withdrew from Afghanistan after 20 years. The fall of the Afghan government to the Taliban resulted in the displacement of some Afghans. Canada committed to welcoming thousands of refugees. Research suggests that refugees tend to have higher rates of post-traumatic stress, and Afghan refugees, in particular, have among the highest rates. Another body of literature suggests that religious coping has positive effects. This paper presents qualitative data from interviews with 11 Afghan refugees who arrived in Ontario after August 2021 with the intent to combine these two findings. In so doing, we sought to understand how Afghan refugees described their experiences of displacement and the extent to which those experiences were traumatic, but also how they relied on Islam to cope with the traumatic effects of displacement. The interviews we conducted suggested that our participants experienced exposure to death, exposure to threat of death and/or injury, and described some of symptoms of the criteria for PTSD. The interviews also suggested that the participants coped using Islamic concepts, beliefs, and rituals. The qualitative data we present provide rich descriptions of the experiences of trauma in the face of displacement and religious coping.

Keywords: Islam; Afghan refugees; trauma; religious coping

The humanitarian crisis in Afghanistan in 2021 following the withdrawal of the American military and the subsequent rise to power of the Taliban triggered a new wave of Afghani refugees to Canada. Many of these new refugees to Canada were forced to flee their home country with fear for their lives due to their past work or associations with the coalition forces or the newly fallen Afghan government (Vaze 2022). Canada committed to welcoming at least 40,000 Afghans as refugees and vulnerable immigrants in response to the crisis, and as of 28 June 2022, reported to having received 16,370 Afghan people as vulnerable immigrants or refugees since the start of the crisis in August 2021 (Immigration and Citizenship Canada 2022). According to the International Organization for Migration (2022) report, Afghanistan was already among the top 10 countries of origin for migration in 2020. In this same report, Canada was listed among the top 10 destination countries for migration.

1. Afghan Refugees Post-August 2021

In response to 9/11, the United States of America led an invasion into Taliban-controlled Afghanistan. During that time, the US remained at war with the Taliban and other forces, including Al-Qaeda, while training and establishing an Afghani government. While this 20-year period includes various conflicts with the Taliban, in September of 2020, the US-backed Afghani government released approximately 5000 prisoners of war as part

of a deal with the Taliban. In May 2021, eight months later, the Taliban began an insurgency which ultimately led to the fall of Kabul, Afghanistan's capital, and the withdrawal of the US from Afghanistan.

2. Mental Health among Refugees

Mental health concerns are high among refugee populations, with particularly high rates of depression and post-traumatic stress disorder, both of which can be conceptualized as the result of adversity, stress, and trauma experienced in the country of origin as well as the process of immigration itself (Ahmad et al. 2020; Henkelmann et al. 2020; Kartal et al. 2019; Li et al. 2016). In a large meta-analysis of mental health among refugees re-settling in high-income countries, refugees were found to have significantly higher prevalence rates of self-reported anxiety symptoms (42%; 13% diagnosed), depressive symptoms (40%; 30% diagnosed), and post-traumatic stress symptoms (37%; 29% diagnosed) (Henkelmann et al. 2020). These rates were not significantly related to age, gender, country of origin, country of resettlement, or even length of residence in the country of resettlement, suggesting that these symptoms did not tend to abate with the passage of time. Research has shown, however, that post-migration factors such as language acquisition, family unification, and community support do tend to predict fewer symptoms, whereas unemployment, discrimination, and long-lasting resettlement procedures tend to predict worse mental health outcomes (Kartal et al. 2019; Li et al. 2016). This generally points to the importance of post-migration care with attention to the specific practical and social/emotional needs of the refugees. It is relevant to the specific needs of Afghan refugees as well, especially with the prevalence rates of anxiety, depression and post-traumatic symptomatology being very high, even relative to the typical rates among refugee populations.

The rates of PTSD among Afghan refugees tend to be very high across Europe (34–35%; Bronstein et al. 2012), Australia (46%; Yaser et al. 2016), and North America (50%; Malekzai et al. 1996) in the past decades. In a Canadian population of Afghan refugees, 53% showed symptoms of PTSD (Ahmad et al. 2020).

Studies examining the risk factors for PTSD among refugees have found that these generally include the number of traumatic events experienced, older age, being separated from family, being female, having lower levels of education and lower levels of language skill in the new country, unemployment, and a lower sense of coherence/meaning (Braun-Lewensohn and Al-Sayed 2018; Bronstein et al. 2012; Hecker et al. 2018; Malekzai et al. 1996; Matheson et al. 2008; McGregor et al. 2015). PTSD symptoms were found to be higher among refugees who were unemployed, reported less social support, and tended to report lower physical health in a Canadian sample of Afghan refugees (Ahmad et al. 2020).

In a systematic review of the studies on the mental health of war refugees from various countries, Bogic et al. (2015) found a high degree of variance in the rates of PTSD (4.4–86%), depression (2.3–80%), and anxiety disorders (20.3–88%). Much of the variation between the studies appeared to be related to the rates of pre-migration traumatic exposure in the country of origin and post-migration stress. This seems to suggest that both trauma exposure in the country of origin and post-migration coping are significant factors related to refugee mental health.

Depressive symptoms, which are common among refugee populations, can be conceptualized relative to stress and trauma during pre- and post-migration. In a qualitative study based on interviews with Afghan refugees, depressive symptoms were commonly reported among the participants interviewed and these symptoms were understood by the participants as being related to the pre-immigration trauma they experienced, separation from family in the course of migration, and post-migration stressors in the socio-economic and cultural domains (Alemi et al. 2016). Socio-economic status post-migration appears to be the most significant in predicting the symptoms of depression among war refugees (Bogic et al. 2015). A recent study of Afghan refugees ($N = 66$) in Australia found that almost half of the participants met the criteria for PTSD (Hamrah et al. 2021). The likelihood of meeting the criteria for a PTSD diagnosis was significantly higher among those who

indicated language difficulties and separation from family. Most indicated an awareness of their symptoms, but fewer than half indicated that they had sought mental health services, which may be related to the various barriers, such as availability, accessibility, appropriateness of services, or culturally based conceptualizations of mental health and coping that may not be addressed by mainstream mental health services (Hamrah et al. 2021).

3. Religion, and Mental Health among Afghan Refugees

Religious-based coping is common among people when facing a range of stressful life experiences (Ano and Vasconcelles 2005). Religion is a source of complex meaning structures that impact coping in complex ways, often conceptualized by researchers as a ‘double edged sword’ in that it can be a source of resilience while also informing or being informed by negative beliefs about the self, others, and the community that play a role in PTSD symptomatology (Pargament 2002). This complexity was reflected among Afghan trauma survivors, the majority of whom described themselves as Muslim (Ghorbani et al. 2021).

In general, religious coping tends to be associated with a lower risk of depression and includes seeking spiritual support, connectedness, receiving support from the religious community, reframing stressful events in positive ways, and the experience of a collaborative relationship with a higher power (Harrison et al. 2001). On the other hand, the harmful aspects of religious coping that appear to make depressive symptoms more likely include the negative reframing of stressful events and interpersonal conflict within the religious community (Harrison et al. 2001). Although religiosity itself can play a positive role in coping, in certain contexts, it appears to be more likely to have the opposite effect, though the contextual contributors are unclear (Harrison et al. 2001). That is, the effects of religion and religious coping on mental health appear to be highly contextualized and nuanced. There appear to be significant differences between religious coping in Christian samples versus Islamic samples. For example, in the Islamic samples, positive and negative religious coping strategies seemed more likely to co-occur than in Christian samples, with positive coping strategies being more common than among Christians (Abu-Raiya and Pargament 2015). In general, people are more likely to use religious coping if they have higher religiosity, are of a lower socio-economic status, older in age, female, and following a stressful life event characterized by loss or trauma (Abu-Raiya and Pargament 2015). Among Islamic refugee populations, religion, spirituality, and faith are often found to play an integral role in coping with adversity, stress, and trauma (Hasan et al. 2018). In the current context, Muslim Afghan refugees are in the unique position of facing adversity and trauma that has been justified by an Islamic extremist group while also holding their own experience of their Islamic faith. The unique experiences of this new wave of Afghan refugees would be important to understand so that their unique mental health needs and resiliency factors may be responded to appropriately. One such unique aspect of Afghan refugee experiences is the role of religion, spirituality, and faith in how they experience and cope with their recent experiences. The current study aims to explore the role of religion, spirituality, and faith in coping with recent stressful and traumatic experiences due to the recent Afghan crisis among Afghan refugees in Canada in a qualitative study. This is the first study, to the authors’ knowledge, that explores the role of religion in coping among refugees from Afghanistan following the rise of the Taliban in 2021.

4. The Present Study

We hope to add to the broader literature by exploring the questions about how Islam figured in the experiences of war and displacement among Afghan refugees 20 years after the post-9/11 US-led invasion in 2001. To our knowledge, this is the first study that looks at refugees following the US withdrawal in August 2021 and we hope to provide insight into a new generation of Afghan refugees fleeing war and displacement from their native country.

5. Methodology

Accordingly, we had the following research objective: to understand the role Islam plays in dealing with the trauma of war and displacement among recently arrived Afghan refugees in Canada. In order to meet this objective, we had two broad research questions. The first was to understand these experiences with a particular focus on the elements of the experience that were traumatic. The second research question was to understand if and how these participants relied on Islam to cope with the potentially traumatic experiences of displacement.

There is one theoretical consideration to mention here that the reader might have discerned already from the literature review: should we use the term trauma—an English word with a connection to Western clinical psychology—when discussing the experience of war and displacement with largely Pashto-speaking Afghan refugees, few of whom were fluent in English? We were aware of this problem and sought to address it in two ways. First, we asked the participants to describe their experiences in open terms with the first interview question. Therefore, we didn't lead with a concept such as "trauma" and we didn't use any of the clinical language in the interview. Second, the third author co-facilitated the interviews, many of which were conducted in both English and Pashto. Though this question and its larger implications is one that certainly interests us, these two measures meant we could approach the study with some degree of confidence that we weren't asking questions that might be conceptually oblique or peripheral to the worldviews of our participants. In fact, that those reading this are doing so in English represents the same challenge, though inverted.

6. Data Collection

The sole method of the data collection was the use of a semi-structured interview, which consisted of three main questions:

1. Can you briefly describe your experience of war and displacement?
2. During this experience, did you rely on your religious faith and practice to cope? If so, in what ways?
3. Do you use your faith to cope with your trauma? If so, in what ways?

Each interview also consisted of two concluding questions:

4. Is there anything you would like to share that we haven't talked about yet?
5. Do you have any questions for me?

The interviews were conducted online or in person, as determined by the participant. All the interviews were conducted by the first author and third author and were conducted primarily in English but supplemented with Pashto upon the participant's request. The third author speaks Pashto. These interviews lasted from approximately 60 to 120 min and were conducted in July 2022, less than a year after the fall of Kabul.

7. Recruitment and Sample

With the recruitment materials, including an email and telephone script, the participants were recruited through the Thunder Bay Masjid. The potential contacts were then forwarded to the first author and an interview was scheduled. After the information letter and the consent form were signed, the interview progressed. In total, we interviewed 11 people. A twelfth person declined the interview after reading the information out of fear of consequence due to the high political position this person had—despite the fact the confidentiality was guaranteed. Out of the 11 interviewees, 10 consented to an audio recording and one did not. For this one participant, notes were taken by the first and third authors and combined for the data analysis. All 11 interviewees were male. We attempted to recruit men and women, but unfortunately, we failed. We did not collect any demographic information to protect the identities of the interviews and such information was not theoretically or empirically pertinent to the data analysis.

8. Data Analysis

To analyze the data, we used NVivo as the qualitative data analysis software and Thematic Analysis as the method for analyzing the interviews. Braun and Clarke (2006) listed six steps that we used a coding framework for the first research question. Braun and Clarke (2006) also listed six steps for the data analysis: (1) familiarization with the data; (2) generating the initial codes; (3) searching for the themes; (4) reviewing the themes; (5) defining and naming the themes; and (6) producing the report. For the most part, all six of these steps were followed with one variation between the first and second research questions, a variation consistent with Braun and Clarke's (2006) distinction between inductive analysis and deductive analysis related to a theoretical lens. Since the first question pertained to trauma, we developed an initial coding framework from the DSM in order to obtain clinical parameters for coding the manuscripts. This was significant and useful for one major reason: it permitted us to keep the coding focused, as closely as possible, on the clinical definition of trauma. An inductive approach to coding the manuscripts for the first research question, rich in stressful and difficult experiences, threatened our desired commitment to focus on a clinical definition of trauma. Having said that, we want to be clear that this paper was not intended to be clinical; it was an exploratory qualitative study that simply used clinical parameters and the expert knowledge of the second author to ground the study's focus on trauma. We explore the potential clinical implications in the discussion below.

The second research question was analyzed, again using Braun and Clarke's (2006) six steps, relying on an inductive approach. We did not develop a coding framework in advance. The relative breadth of religious practice in Islam meant that we had considerable latitude to approach this question. In fact, approaching this question inductively was the best choice given the breadth.

Thus, from start to finish, each transcript was generated from an audio recording. Then the transcripts were uploaded to NVivo. The first author conducted the primary analysis by following the first five steps of Braun and Clarke's (2006) approach. For the first research question, the DSM-derived coding framework was used to generate the codes and themes, while the codes and themes for the second were generated inductively. The codes and themes were reviewed (step 4) and defined and named (step 5) by the whole research team, including the two domain experts in clinical psychology and Islamic studies. Once the themes were agreed upon, we approached step 6—writing the results.

9. Results

Below we present two subsections, each of which responds to one of the two research questions. Under each section, the reader will find the themes, their explanation or definition, and excerpts from the interviews that demonstrate or support that theme. Each presentation of a theme concludes with a brief comment on what we believe the theme suggests about the research question.

10. Research Question 1: Traumatic Responses to Displacement

With the first research question, we sought to understand people's experiences of displacement in order to understand if and which traumatic elements existed regarding displacement. As we noted in the methodology, we used a coding framework for this research question, and therefore, our themes below roughly mirrored the language in the DSM-V. In fact, we provided references to the DSM-V to o context for the themes.

In total, we provided four themes: (1) the reported exposure to threatened injury or death; (2) the reported exposure to actual death; (3) the negative alterations in cognition and mood; and (4) the alterations in arousal and reactivity. Our original coding framework included avoidance symptoms and intrusive symptoms, neither of which yielded significant results from our coding, but we did include some information on them toward the end of this section.

Theme 1: Reported Exposure to Threatened Death or Injury. All the participants reported an exposure to threatened death or injury. This theme was inspired by category A of the DSM-V criteria, which contains four criteria, three of which we adapted to be relevant here. Those were (a) a direct exposure to a threat to oneself, (b) witnessing a threat to others, and (c) learning of a threat to a close family member or friend. The excerpts below all fell into category A and referred to one of the three criteria. Participant 2 conveyed how he travelled at night from one city to another and had to cross multiple Taliban checkpoints.

“There [were] checkpoints of the Taliban somewhere and they stopped us and asked, ‘Who are you?’ We told them that we were going . . . for some [medical] treatments, for some rehab. [They let us go, but] there were many checkpoints . . . when we travelled at night from [city 1] to [city 2]. I cannot say that the Taliban told me that ‘we will kill you’ [but] I thought like this because I [was] afraid.”

As is the case with almost all our participants, the fear was, in part, due to the fact that this participant’s occupation meant that he was more likely to be perceived as aiding the US and its allies. This person also further elaborated on this idea that, as a result of his work, he might die.

“In [city 1] and [city 2], I just heard by [the] news. I heard [from] my friends, the news [about] my relations. [I heard that] they killed this person, they killed [that] person. [That] was, how should I tell you, [that] was a terrible situation and I [hadn’t] heard [anything like that] before”.

When we probed and asked how he felt or what he thought when he heard about other government employees being killed by the Taliban, he said “I thought that maybe one day is my round. I thought maybe the Taliban will come to me . . . [and say that I am] their enemy”.

Here is another instance of an interpreter, who had previously been injured during an encounter with the Taliban. This man described the implied threat to this life after he had an encounter with the Taliban. It’s a long quote, but it is illustrative and rich with detail, painting a picture of a threat to his life that is more subtle than the ones presented above.

“I mean they were everywhere, and I was really scared . . . I was pretending to my wife and child that I [wasn’t] scare[d]. I mean, [I was] struggling. [At one point,] I was crossing a Taliban checkpoint, just walking and one of them . . . called me, ‘Hey come here!’ I just covered my face and head with a scarf. I didn’t [pay] any attention to his voice or whatever [and] I just kept going. He said, ‘Hey you with the white scarf’ and [so] I turned [around] . . . He said ‘Come here.’ I went there. He said, ‘Who are you?’ [which] meant are you working with the former government. I said ‘No, I’m just a shopkeeper.’ ‘Where’s your shop,’ [he asked]. I said, ‘In [an]other corner of the city’ [and] I told him an area . . . He was speaking in Pashto and I talked [sic] in Pashto. He said ‘You’re speaking really good Pashto.’ I said, I’m from [city 1]. He said ‘Where?’ I [named] a district. He said, ‘Which village?’ I think he was from the same area. ‘Trust me,’ I said ‘I’m from that village’. He said ‘Who’s your father?’. I made [up] a name for him [and] he said ‘I don’t know that person.’ I told him we [moved] out [from] there years ago. We came to [city 2]. He said, ‘Oh okay. Good job, buddy. You can go.’ I was really scared. Trust me, that was the first time [in my life] I was shaking.”

Theme 2: Reported Exposure to Actual Death or Injury. Theme 2 still pertained to section A referred to above. Here we include the experiences that pertained to exposure to *actual* death or injury as opposed to the threat of it. Again, the same three points under section A were relevant, which, when adapted to this paper, referred to (a) directly experiencing an injury, (b) witnessing, in person, a death or injury to others, and (c) learning that a close family member or friend was killed or injured. Unlike the first theme of threatened death or injury, not all of our participants experienced an injury or witness a death or injury in person of someone else, including family or friends. However, some did. Participant 3 described both the threats and exposure to death and injury.

“Things started much, much earlier in terms of our experiences to threats on our life, threats to our reputation, threats to our family. I was in the center of the city and I could see the chaotic situation. One part of this was . . . seeing the war, people who are killed, injured [Another is the] different narratives on both sides of the war, justifying the war from a religious, political, [or] ethic lens, and you live with all of this”.

Another one of our participants described witnessing his father being injured during an encounter with the Taliban.

“The Taliban came to the [road] . . . my father was [on]. They [shot] . . . a big gun . . . an RPG . . . they [shot] . . . [and] they look[ed] when they [shot] at my father, [who] didn’t get [hit but] he got [into an] accident [as a result]. [The RPG] was too powerful so . . . the cars around [my father went up in the air]. He’s going really fast [at this point when] there’s an explosion, [and] the car [he was in] overturned. He [got] injured and [came] close to dying”.

Here is an example of someone who experienced a threat to himself and his family as a result of his father’s work with the government. His father was killed by the Taliban and he alludes to learning about it and the aftermath.

“So we moved from [city 1] to [city 2] . . . and . . . the Taliban . . . wrote [on] a paper that ‘we will kill your family members.’ They said we will kill your family members. One by one . . . after my father [was] killed . . . the goal of the Taliban was that, when they . . . see us, they will kill us. That was the goal [sic]. We [knew] that . . . because I was the son of [some]one [in] the government. My father was in the army . . . the Afghan army in the Afghan government . . . [and] yes, they followed [my father] everyday [sic] so they [could] find a space for killing him. Like [when] no one was in the way or anything”.

Theme 3: Traumatic Symptoms to the Exposure to Death and Injury. Theme 3, though relatively broad, encompasses the variety of symptoms reported by our participants as a result of the exposure to the threat of death or injury or to actual death or injury. Therefore, for this theme, we included the symptoms from three of the four remaining sets of the criteria for PTSD in the DSM-V. The first of these was subset B, which referred to the presence of intrusive symptoms. The second was subset D, which referred to negative alterations in thoughts and emotions. The third was subset E, which referred to the reactivity associated with the exposure to threatened or actual death or injury. Since there were fewer references from the interviews in each of these sets of criteria—two, six, and six, respectively, we thought it more appropriate to include a broader theme that encompassed the symptoms generally. Having said that, the participants described the instances of each type of symptom without prompts and we coded them rather conservatively. We present an example of each below to support the overall theme.

Only two participants spoke directly about symptoms that were intrusive, though some certainly did allude to them—for instance, when referring to the process of displacement or family and friends who had passed. Here is the better of two examples, which came from Participant 6. He described thinking about the contrast between his life here in Canada and the people he knew in Afghanistan—e.g., access to food, healthcare, and exposure to violence and war. He then stated the following, pointing out that when he eats, drinks, or dresses in comfortable clothing, he thinks about the contrast.

“That’s when sometimes it can be stressful. But I control myself. I can control myself. Well, not even that things coming to my mind. Most bits coming. Coming. Keep coming to my mind, but I can keep myself working.”

A total of six of our participants made reference to some sort of alteration in cognition or mood—thought or emotion. Most of these seemed to be in mood and thoughts, but also gaps in memory, which we judged, not without some hesitation, to be a function of the event and not an incidental gap in the recall. There were more poignant examples, such as Participant 4 saying, “I mean to tell you that I’m broken. I can’t do anything.

It's . . . very painful for me." We wanted to share a richer example that encompassed the complicated nature of displacement, the background against which any alteration of mood might take place. Here is an example of a change in mood, described by Participant 7 in which they felt guilty for leaving, a sentiment expressed or alluded to by others, but never in an uncomplicated way.

"It's a very similar kind of scene like the Hotel Rwanda. We were . . . entering into the hotel . . . and they were taking people into the hotel and then they were evacuating people from the hotel. Before getting in . . . two Taliban ask[ed] me, they start[ed] speaking Pashto . . . They said, 'Why are you leaving?' I said, 'I don't know why I'm leaving. Everyone else is leaving and I'm leaving.' He was a very intelligent person. He said that if [I] was leaving because of [the Taliban], [that] 'we are not very bad. We won't harm you.' At [that] same time, I was thinking that I was feeling very guilty at the time that I'm leaving. I was feeling guilty because of I'm leaving this, this whole mess behind me. I could have done something. Why we are leaving like this. The president left like this and everyone else left like this. We are leaving a country of some 30 to 40 million people in this kind of a mess. I mean it's kind of . . . all indicators say that Afghanistan is a humanitarian crisis. We are leaving a country in crisis behind us for these people to run it. I was feeling kind of guilty. I didn't . . . I had a bad feeling when he said, "we're not that bad." I knew that, I mean, the things they were doing was not that nice as well . . . and during the insurgency I had that kind of feeling and because my idea was that if Afghanistan is suffering, everyone is a victim of the situation, including the Taliban. They are a victim of the situation. Probably a lot of those guys, they joined the insurgency because they didn't have anything else to do . . . The humanitarian crisis will continue. People will suffer . . . [and] 90+% of people are below the poverty [line]. Every day I'm thinking to go back."

A total of six of our participants made reference to some sort of alteration in arousal and reactivity. The following is a good illustration. This is a man who is now settled in Canada, and during Canada Day, the fireworks triggered a reaction he had to the sound of gunfire:

"When I hear [a] gun . . . shot . . . I'm going to lay down for 15–20 min. So you know, like the Canada [Day], we had that Canada Day and they used [fireworks]. On that night, I was close to cry[ing] because I remember[ed] that night [in Afghanistan] and that day [when my family member died]."

11. Research Question 2: Religious Coping and Displacement

When we analyzed the responses to the questions about the use of Islam in coping with the traumatic elements of displacement as we noted above, there were three themes that seemed to answer this second research question. The first two themes pertained directly to religious coping and they were that (1) the participants religiously coped with Islamic concepts and beliefs and (2) the participants religiously coped with Islamic rituals and practice. The third theme indirectly answered the question of religious coping by providing a more theoretical and less practice-oriented perspective on how the participants coped using their faith in Islam. We called this theme (3) the variations in the place.

Theme 1. Religious Coping Using Islamic Concepts and Beliefs. This first theme captures six concepts or beliefs that the participants reported using, of varying frequency, to cope with their experience of displacement. These six concepts are found in Table 1 along with a brief description of what they mean and some textual support.¹ It's important to note that not all the participants referred to using an Islamic concept or belief for coping and each the six concepts or beliefs were reported by one participant—a difference from the second theme below. Moreover, this theme was conceptually related to the third theme, which will become apparent when we discuss that theme. We discuss four of these concepts in the text to support the theme.

Table 1. The six Islamic concepts and beliefs used by the participants in our sample along with a brief definition and textual support.

Concept or Belief	Definition	Textual Support
Haqq	The literal meaning of Haqq is truth. There is a special reward for someone who speaks truth to power and it is considered a righteous struggle.	Sunan Abi Dawud: Book 39, Hadith 54
Hijrat	The meaning of Hijra is to emigrate. There is a reward in Islam for those who emigrate when facing oppression.	Quran (16:41)
Hope and Fear of God	There is a theme in the tradition of Islam where a person's relation with Allah should be a balance between hope and fear. This is drawn from the versus multiple verses of the Quran and hadith that speak to both hope and fear.	Quran (82:13–14) Sahih Muslim (n.d.): Book 50, Hadith 27
Killing other Muslims	Killing anyone unjustly is a major sin in Islam. However, the Quran message to those who kill Muslims has an added emphasis as it is the most extreme violation of the concept of brother and sisterhood that many texts emphasize.	(4:93) Sahih Muslim (n.d.): Book 1, Hadith 41
Taqdeer	Taqdeer is the concept of the absolute divine decree in Islam.	Quran (57:22–23) https://sunnah.com/muslim:2653b (accessed on 18 November 2022)
Protecting one's life	Despite the absolute divine decree, Muslims are asked to do what is in their means. Protecting one's life takes precedence over the other laws of Islam. For example, a Muslim could consume pork if it's necessary to stay alive.	(2:173)

To begin with the first Islamic concept, *haqq* means truth in Arabic, but in this context the word referred to the moral righteousness of truth-telling from the vantage of Islam; in particular, truth-telling as a matter of principle and without contingency. Participant 3 elaborated on this concept when describing the “difficulty days” during which “one of the worst case situation[s] is that somebody would come and shoot you dead, or they will come and hurt you.” In fact, “they probably would come after your family members.” Yet, when I asked if this was what the participant thought about, he said, “of course, yes.” The justification for “speaking the truth” despite the fear of death or serious injury to himself and/or his family members, he explains, was that “if you speak the truth” in a situation and “expect the risks and the threats” that come along with truth-telling, it's nonetheless a “good cause to receive threats for.” He goes to explain that his “belief was that speaking the truth” in this way was an expression of *haqq*—the divinely sanctioned duty to speak truth as an exercise of faith. In the case of this paper, it suggests that one way of reconciling the duty or inclination to say something in the face of a dangerous and traumatic experience was to rely on the notion that doing so was divinely sanctioned—that Allah was on his side.

The second concept reported by our participants was discussed by Participant 10 and was *hijrat*, which refers to the idea of emigrating in the face of oppression. Many of our participants discussed a sense of internal conflict about leaving Afghanistan, and, in my cases, their family. In some cases, as we discussed above, the conflict persisted as people worried about their country and members of their family who were still in Afghanistan. Yet in the case of Participant 10, the difficulties associated with leaving were attenuated by the use of this concept. It's important to note that this participant planned to leave

Afghanistan for other reasons unrelated to displacement and that the fall of Kabul to the Taliban circumvented those plans. Experiencing some negative reaction to his new set of circumstances, he reasons that “when I was in that airplane leaving my country” he thought that a “piece of the puzzle” created by his circumstances “was solved” because “in our religion, whoever does *hijrat* will be in a good place. He will go forward, not backward”.

This concept is conceptually close to that of *taqdeer*, which refers to the divine decree or ordinance. The concept of *taqdeer* serves a similar function in the narrative of Participant 11, who stated that he believed “that Allah wrote my *taqdeer* to come to Canada.” Again, many of our participants discussed the conflicts of leaving, and in this case, the participant stated that he accepted it. “I said [to Allah], I accept. This is the answer Allah gave me this opportunity [and] I respect it”.

Participant 9 discussed the theme in Islam that one’s faith must strike a balance between fear and hope. In this participant’s case, he described a situation when he was trapped in his basement when members of the were Taliban outside. The presence of the Taliban and others situations that might be difficult, such as an earthquake, was read by this participant, at least tentatively, as divinely ordained—hence, in this case, the fear of Allah and the possibility that the experience of having armed members of the Taliban outside might be a sign of divine anger. “If Allah is angry,” the participant said, “then one can expect something like an earthquake to occur.” Yet, fearing for his safety, he felt comfortable asking Allah for help—hence, the hope. “We have Allah to help us [with] anything.” It seems that this experience, characterized by fear of the Taliban and hope that he might escape danger, was easier to cope with because of the tradition in Islam of conceiving of one’s faith in Allah as a point between fear and hope. A similar dialectic is present in some interpretations of Christianity—fear and providence.

Theme 2. Religious Coping Using Islamic Rituals and Practice. This second theme captured eight rituals or practices that the participants reported using, again of varying frequency, to cope with their experience of displacement. Among these eight, three were reported by more than one person. The other three were reported by only one participant. These eight are shown in Table 2 along with a brief description and textual support. We present and elaborate on four of the rituals and practices to support this theme.

Unsurprisingly perhaps, the most common ritual was *salah*, which refers to a prayer ritual within Islam. A total of six participants referred to using *salah*. Here is a quote by a man who was forced to remain inside an airport as the Taliban advanced within the city. Inside the airport, while working, the man discussed finding time to pray along with his colleagues.

“Yeah, I have time to pray because we [were] around like 15 people working. So one by one, we [took a] break. We [were] doing our prayers. [The] only thing is the shock, headache, confusion. We are lucky.”. (P6)

Here is another quote by a man who discussed the calming effect of *salah* and its centrality in Islamic practice: “So, I told you before that in every difficulty we pray [to] Allah and we pray for our family and our country and, therefore, it gives us hope . . . and [makes us] calm [and] relax[ed].” (P4).

Three participants referred to going to a *masjid* to cope with displacement. There were obviously restrictions—self-imposed and external—on their mobility which reasonably limited this particular practice. Here is one participant who referred to going to *masjid* despite the potential danger: “Yeah. I went to the Masjid for pray[er]. The *masjid* was near . . . [but] it doesn’t matter if the *masjid* [is] near or far. Now [in Canada] the *masjid* is far.” (P9). Another participant also discussed going to the *masjid*, but discussed the manner in which going to the *masjid* was, in part, intended to convey piety to the Taliban.

It’s important to note that this participant later discussed going to the *masjid* for the sole sake of practice—indicating to us that there might have been two functions for attending the *masjid*.

Table 2. The six Islamic rituals and practices used by the participants in our sample along with a brief definition and textual support.

Ritual or Practice	Definition	Textual Support
Dua	Dua is a supplication to God. As it is not a formal ritual, Dua can be performed at any time. While performing Dua, Muslims ask for their needs to be met.	Quran (2:186) Sunan Abi Dawud: Book 8, Hadith 64
Salah	Salah is a formal ritual prayer that is often used to reference the five daily prayers enjoined upon adult Muslims. However, Muslims can choose to pray outside of those five times. The Salah has physical movements and in every posture there are particular recital words.	Quran (17:78) Sahih Muslim (n.d.): Book 5, Hadith 355
Zikr	The term Zikr is a reference to the remembrance of God. It can be an umbrella term that could include the recitation of the Quran, prayer, and Dua. It could also refer more specifically to reciting any phrase that praises God and at any place or time. Remembering God is said in the Quran to be a source of finding peace.	Quran (3:191) Quran (13:28)
Reading the Quran	The Quran is the sacred scripture of Islam. Muslims believe it contains the infallible word of God as revealed to Muhammad. There is great reward in reading the Quran.	Jami' at-Tirmidhi: Book 45, Hadith 36
Attending Masjid	Five daily prayers are performed in congregation at the Masjid. There is a special reward for praying the five daily prayers at the Masjid or in congregation as opposed to praying it alone.	Sahih Muslim (n.d.): Book 5, Hadith 310
Funeral Rites	To take care of the funeral rites and rituals of a Muslim is a right they have toward the Muslim community they live in.	Sahih Muslim (n.d.): Book 39, Hadith 6
Khayraat	A Pastho word that translates into charity. In the context of this research, charity is given in the name of a loved one who has passed away in hopes they receive the rewards.	Sunan Abi Dawud: Book 9, Hadith 126
Khatm	There is also textual evidence of a prayer after the completion of a Quran recital being accepted. Reading the entire Quran in a group setting and hoping the rewards are passed to the deceased is very common. This takes place in the Afghan tradition after someone has passed away.	Imam al-Darimi narrates that, "Anas ibn Malik, when he would complete a reading of the Qu'ran, would gather his family and his children and supplicate for them." [al-Darimi, al-Sunan] (Misra 2011) https://seekersguidance.org/answers/hanafi-fiqh/are-supplications-made-after-the-entire-quran-has-been-recited-considered-accepted-by-allah/ (accessed on 18 November 2022)

Three participants discussed using *Dua*, which refers to a form of supplication before *Allah* wherein the faithful request help. Here is a quote from Participant 5, who discusses *Dua* when thinking of a memory:

“I still remember that night . . . I did my ablution. I did my ablution and after that I went for prayer and I did two *raka'a* of *nafl* and I pray[ed] for my brother and [for all] Muslims [that] they [might] find a good way to find *Jannah*. After [doing that], I [felt] well.”

Theme 3. Mystical Expressions of Religious Coping. Of the 11 participants, nine spoke about religious coping in a way that might be considered “popular”—i.e., the concepts, beliefs, rituals, and practices they relied on were common to many or even all Muslims. There were two participants who discussed religious coping in ways that could be considered “mystical. By definition, this was unpopular or not common. These two participants gave some very interesting responses to our questions. Here is a description by Participant 10 of the way that he used a more mystical interpretation of Islam (influenced by *sufism*) to understand what happened to him leading up to and following his displacement. The quote is rather long but necessary to convey the depth of this person’s insights.

“When you want something [and] reach for that [thing], [sometimes] in order to have that [thing] you [have to lose] it psychologically. You *should* [lose] that [thing] psychologically. So for example . . . you want this bottle of water. You could reach [for] this bottle of water. You have [a] desire and you have that longing in your heart. ‘Oh I’m so thirsty. I want this water.’ The moment you lose that belonging, that attachment to this bottle of water, that is the moment you get that water. When I was [in the process of displacement], it came [on] suddenly . . . [I] psychologically lost that desire for being that person in that moment . . . So, when I was in my hometown, when I lost everything. It was like from a spiritual point of view, I lost the desire for my dreams psychologically. I didn’t want to have to wish anymore, to have any dream anymore to pursue . . . in order that my shoulder could be lighter and I could [feel a sense of] relief. [I] intentionally let go of those dreams, as much as [I] can be intentional in a moment like [that]. I intentionally set apart all of those dreams and wishes. In that exact moment I got everything.”

This participant’s dreams and wishes pertained to studying abroad and working abroad. When the Taliban took control of his city and ultimately the country, those dreams became improbable. This improbability caused him distress (though perhaps not exactly traumatic) and to lighten the load on his shoulders, as he said, he let go of the ideas he had in his head and which he pursued for most of his life. Yet the moment he let them go, he found himself in Canada, and with the possibility of pursuing an education and work there. While there are no direct textual references from the *Quran* or *hadith* that connect with what this participant is saying, there are connections to *sufi* writing and other mystical traditions.

Here is one final quote from the second participant in this theme—Participant 7—when asked about the language he used in response to our questions about Islam.

“I will answer [with] a memory of my childhood. Maybe you will get the answer [that way]. I was in fourth grade. [There was] this kind woman, who was our neighbor. She taught us . . . the subject of ethics. She said one sentence and that one sentence like change[d] my life until I graduated from high school. She said that in order to know God you should know yourself first. She demanded that you should first discover yourself and then go and pursue God. I noticed that my other classmates were . . . caught in procedures . . . rituals . . . they were so busy with practicing the procedures of rituals rather than the understanding what is the core of it [all]. What’s deep under these practices. This sentence helped me throughout my life. I start[ed] this journey to understand myself [and] who I am [thereafter]. That’s why I use [different languages].”

The reader might easily see that the religious form on which this participant relied in life stands in contrast with the popular form of *Islam* practiced by most of our sample.

12. Discussion and Implications

This paper attempted to discuss the experiences of displacement among Afghans following the withdrawal of the US in August 2021 by using the qualitative data from interviews with 11 male Afghans who recently sought refuge in Canada. More specifically, we sought to understand how trauma manifested in the narratives of the 11 men we spoke to as they came to terms with the major shift in political power in their native Afghanistan. The interviews suggested that the men had traumatic memories of death of others and traumatic memories of threat of injury and death of themselves as the two major forms of traumatic experience. In addition, several men noted symptoms associated with post-traumatic stress. We also sought to understand how these 11 men leaned on their Islamic faith to cope with their traumatic experience of displacement. Here we found that there were two main types of coping: religious coping using Islamic beliefs and concepts and religious coping using Islamic rituals and practice. A third theme we discussed was the way in which two participants leaned on a mystical interpretation of Islam.

Our study's findings seemed to support what others found regarding trauma among the refugee population—for instance, that refugee populations tend to have high rates of post-traumatic stress (Ahmad et al. 2020; Henkelmann et al. 2020) and that Afghan refugees, in particular, have shown high rates of PTSD symptoms (e.g., Ahmad et al. 2020; Bronstein et al. 2012; Malekzai et al. 1996; Yaser et al. 2016). We also found support for some of the broad strokes in the religious coping literature, namely that religious coping can have a positive effect on traumatic symptoms and experiences (Abu-Raiya and Pargament 2015), but also that Muslim refugees rely on religious coping (Hasan et al. 2018).

We hope to complement these studies with a qualitative dimension that provides texture to the traumatic experiences of displacement and the resulting symptoms as well as the nature of religious coping among Afghans who sought refuge in Canada. Although this is an exploratory study, we comment generally on a few potential implications.

13. Implications for Policy and Practice

The participants expressed diverse forms of religious coping in the face of extreme adversity, from their time living in Afghanistan, during the August 2021 Taliban takeover of the government, and upon resettlement in Canada. Understanding their diverse forms of religious coping in a wide range of circumstances can tell us a lot about the nature of humans to persevere in difficult (and in this context, terrible) situations. More practically, these expressions of religious coping—engaging in *salah*, attending *masjid*, using *dua*, etc.—could make a small contribution to the development of practices and policy guidelines that reflect and respond to the realities of the refugees' situations and have the potential to positively impact their everyday lives. For example, the practitioners working with refugee populations should consider these diverse forms of religious coping and religion-sensitive approaches when engaging in refugee support.

The data also underscore how religious coping can be used as a protective factor and a means to address traumatic stress. There are minimal data on the relationship between religious coping and refugee wellbeing. The present study adds to the growing body of literature showing the importance of religion and spirituality as a coping mechanism and a resource for refugees. As the participants in this study suggested, refugee populations might turn to religion to deal with hardships, losses, and changing life circumstances. Nevertheless, the relationship between religion coping and extreme life challenges, such as trauma, is complex and intersects with a range of different social, structural, and individual variables. Therefore, practitioners and policymakers should stay attuned to the singularly unique experiences of refugees when assessing and designing interventions to support these populations.

Finally, the data point to the importance of listening to the participants' stories and experiences of flight and resettlement. Through the telling of these challenging stories—evoking memories laced with sadness, loss, stress, violence, and trauma—the participants were empowered by a personal decision to participate, speak out, and share their experiences.

14. Implications for Future Research

It is notable that, although we did not recruit the participants based on their reported exposure to trauma or the presence of post-traumatic symptoms per se, the entire sample reported a traumatic experience—that is, exposure to actual or threatened death or injury. Furthermore, more than half (six out of 11 participants) endorsed post-traumatic symptomatology in some form, especially physiological arousal and reactivity, without any prompting. The extent to which post-traumatic symptomatology would have been demonstrated in our sample had we investigated this in psychodiagnostics interviews is unclear. A future study might consider addressing this point.

However, the results provide a qualitative snap-shot of the presence of post-traumatic symptoms in this population. It is not clear whether the predominance of physiological arousal and reactivity in response to trauma—as opposed to the other categories of symptoms such as intrusive or avoidance symptoms—was an artefact of the interview situation or a true finding. However, this may be worth further investigation in clinical studies. Future research may also want to consider a longitudinal research design to better identify the changes over time in religious coping and perhaps other protective factors in a population of refugees.

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Notes

¹ Providing all textual support seemed neither necessary nor possible given the space and focus of the journal.

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Article

Trauma and the Emergence of Spiritual Potentiality in Ibn 'Arabī's Metaphysics

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Abstract: Spirituality has been proven in recent studies to be a key contributor in posttraumatic growth. One of the most well-known mystical thinkers in Islam, Muḥyī al-Dīn ibn 'Arabī (d. 634/1240), nevertheless, believes that trauma does not facilitate spiritual growth, but rather has the capacity to reveal the spiritual potentiality that was latent within a person. This paper begins by exploring the concept of trauma in the Qur'an and how it may actualise the potentiality of humans. It then scrutinises Ibn 'Arabī's understanding of human potentiality or 'preparedness' (*isti'dād*) and how its actualisation leads to the rank of the Perfect Man (*al-Insān al-kāmil*). Finally, it adduces two examples (Mūsā and Yūnus) in whom traumatic experiences result in posttraumatic growth and the actualisation of their spiritual potentialities. In the case of the former, it is posttraumatic growth through preservation of the self; for the latter, it is posttraumatic growth through preservation of others.

Keywords: spirituality; trauma; Islam; Ibn 'Arabī; prophets; potentiality; Mūsā; Yūnus

1. Introduction

This paper explores the role of spirituality in posttraumatic growth in Islamic mysticism. 'Spirituality', nevertheless, is not a term that is easily defined. Indeed, Elkins et al. (2016) aver that there is no agreed-upon definition of spirituality. Lawrence Lapierre (1994) constructed a six-part model for describing spirituality in an attempt to delineate the main facets of it. For the purposes of this paper, spirituality is identified with mysticism within the Islamic context, and refers to a general outlook in which the inner aspect of religion is emphasised, as opposed to merely its outer manifestation (Lala 2019 book). The caveat of 'within the Islamic tradition' is a key one because, as Gershom Scholem notes, the spirituality of each religious tradition is unique to that tradition and is an expression of all the theological minutiae that constitute it (Scholem 1995, p. 26). This study aims to investigate the concept of posttraumatic growth in the mystical tradition of Islam through the works of arguably the most important mystical theorist in the Muslim tradition, Muḥyī al-Dīn ibn 'Arabī (d. 634/1240) (Addas 1993; Hirtenstein 1999; Knysh 1999; Lipton 2018). In so doing, it will add to the existing literature on posttraumatic growth by interrogating it through the lens of Islamic mysticism.

2. Methodology

In order to achieve the aforementioned objective, an overview of the current literature on posttraumatic growth is first presented; this includes the definition of the term as well as its major domains. After this, the concepts of trauma and posttraumatic growth in the Islamic tradition are introduced through references to them in the Qur'an and the mystical exegetic tradition. Subsequent to this introduction, more detailed analysis of posttraumatic growth in the works of Ibn 'Arabī is conducted through his conception of human 'preparedness' (*isti'dād*) and how the actualisation of this preparedness allows for the elevation of humans to the rank of the Perfect Man (*al-Insān al-kāmil*). Finally, two

examples of prophets (Mūsā and Yūnus) in whom traumatic experiences, according to Ibn 'Arabī, result in posttraumatic growth and the actualisation of their spiritual potentialities are adduced. In the case of the former, it is posttraumatic growth through preservation of the self; for the latter, it is posttraumatic growth through preservation of others. Through close textual analysis, first of the Qur'an and the mystical exegetic tradition, then of the works of Ibn 'Arabī, the concept of posttraumatic growth as it appears in these texts is allowed to emerge organically. Additionally, it is seen how Ibn 'Arabī's specialised understanding of posttraumatic growth as the actualisation of human spiritual potentiality correlates with the mystical exegetic tradition. This methodology enables the contemporary concept of posttraumatic growth to be connected to traditional texts in Islamic mysticism and allows these texts, and the ideas they contain, to become relevant for Muslims in the modern age: How can the traumas experienced by Mūsā and Yūnus resonate with Muslims who have experienced traumas in our time, and what can we learn from the reactions of these prophets to trauma? The exploration of these questions within the framework of Ibn 'Arabī's mysticism allows this study to make a unique contribution to the literature on this topic.

3. Overview of Literature on Posttraumatic Growth

'The frightening and confusing aftermath of trauma', write Tedeschi and Calhoun (2004, p. 1), 'where fundamental assumptions are severely challenged, can be fertile ground for unexpected outcomes that can be observed in survivors: posttraumatic growth'. Post-traumatic growth, then, is the positive change that a person experiences after a major negative life-event (Tedeschi 1999). Numerous studies report posttraumatic growth in individuals who have survived different types of trauma, from health-related trauma (Taylor 1983; Affleck et al. 1987; Collins et al. 1990; Schwartzberg 1994; Stanton and Low 2004) to sexual trauma (Silver et al. 1983; Veronen and Kilpatrick 1983; Burt and Katz 1987; O'Leary and Gould 2010), and from natural disasters (Thompson 1985; Kilmer and Gil-Rivas 2010) to human-inflicted suffering (Sledge et al. 1980; Kahana 1992; Ai et al. 2005; Shasha-Rubinstein et al. 2015; Mark et al. 2018), in addition to the loss of loved ones (Tedeschi and Calhoun 1989–1990; Schwartzberg and Janoff-Bulman 1991; Bray 2013; López et al. 2015).

Tedeschi and Calhoun write that these groups reported 'perceived changes' in themselves, such as emotional growth, increased resilience, and increased self-reliance (Tedeschi and Calhoun 1996, p. 456). The relationships of survivors with others also improved as these people were more cognisant of just how important family members and friends were, and understanding of self-worth and sensitivity to others increased (Tedeschi and Calhoun 1996, pp. 456–57). Finally, there was a general change in the 'philosophy of life' for these individuals, who no longer took life for granted, and rearranged their priorities in order to live their lives to the fullest (Tedeschi and Calhoun 1996, pp. 457–58). A concomitant surge in spirituality was also detected with this new appreciation of life (McCullough et al. 2000; Pargament 2001; Mattis 2002; Cadell et al. 2003; Hill and Pargament 2003; Peterson and Seligman 2004; Ai and Park 2005), because 'spirituality is an extension of worldview, coping, and meaning making, and is an essential component in healthy posttraumatic processing' (Vis and Boynton 2008, p. 70). This is why religious coping, specifically (Proffitt et al. 2007), has been shown to lead to 'anxiety reduction, self-development, and personal control' (Pargament 2002, p. 49), and because 'higher levels of religious involvement are associated with greater well-being and mental health' (Peres et al. 2007, p. 347).¹

Calhoun and Tedeschi refined these overall aspects of posttraumatic growth into a pent-partite system that has exerted an abiding influence on the field (Aldwin and Levenson 2004; Stanton and Low 2004). These domains of posttraumatic growth are:

1. 'A greater appreciation of life and changed sense of priorities';
2. 'Warmer, more intimate relationships with others';
3. 'A greater sense of personal strength';
4. 'Recognition of new possibilities or paths for one's life';
5. 'Spiritual development' (Tedeschi and Calhoun 2004, p. 6).

Although others have argued that this list is not exhaustive, they nevertheless concede that it encapsulates the major domains of posttraumatic growth (Aldwin and Levenson 2004; McMillen 2004, p. 51). This is because seismic traumatic events disrupt human worldviews (Janoff-Bulman and Frantz 1997; Tedeschi et al. 1998; Janoff-Bulman 2002; Park and Ai 2006), thereby rendering the ‘pre-existing worldview . . . no longer viable posttrauma’ (Vis and Boynton 2008, p. 72).

The present article shows how Ibn ‘Arabī believes the trials and tribulations faced by prophets mentioned in the Qur’an unleash the latent spiritual potentiality in them because they rely on the support systems that are provided by God. The prophets undergo the same evolution that Calhoun and Tedeschi delineate, but this is nothing more than a realisation of their innate, theretofore unfulfilled, spiritual potentiality. The Qur’an, intimates Ibn ‘Arabī, articulates these vignettes of prophetic tribulations in order for believers to comprehend that their own latent potentiality may, likewise, be realised though growth after traumatic events.

4. Trauma in the Qur’an

Ibn ‘Arabī’s assertion that trauma has the capacity to actualise the latent spiritual potentiality of humankind² has a Qur’anic foundation, as does much of his metaphysical *weltanschauung*. Indeed, Ronald Nettle argues that, for Ibn ‘Arabī, ‘the metaphysics clearly is the meaning of the Qur’an’ (Nettler 2012, p. 14). Ibn ‘Arabī believes that his claim lays bare the inner meaning of the Qur’an because in it God declares that ‘*God does not task a soul beyond its capacity*’ (Qur’an 2:286).³ For the renowned Mu’tazilite linguist and exegete, Abu’l-Qāsim al-Zamakhsharī (d. 538/1144) (Ibrahim and Ibrahim 1980), this refers to the religious obligations God places upon humans:

[A person] is not tasked with anything except that they have sufficient ability (*tawq*) to carry it out, and it is easily done (*yatasayyar*) by them, without going to the limit (*madā*) of their capability and exertion. So this is informing [the believer] of His justice (*‘adl*) and His mercy (*rahma*), like His saying, ‘*God desires for you ease*’, because it is possible for humans to be able to pray more than five [times a day], and to fast for more than a month, and to perform more than one pilgrimage. (Al-Zamakhsharī 1987, vol. 1, p. 332)

Al-Zamakhsharī is of the opinion that this verse refers only to the religious obligations that are imposed upon believers. Not only does God not impose obligations that humans are incapable of bearing, says al-Zamakhsharī, but, due to His mercy, He does not even impose obligations that would be difficult for humans to carry out. This is because humans are fully capable of performing more than five prayers a day, or of fasting for more than a month, or of performing more than one pilgrimage in their lifetime. Al-Zamakhsharī does not extend his commentary to the traumas humans encounter in their lives. However, the eighteenth-century Moroccan exegete Aḥmad ibn Muḥammad ibn al-Mahdī ibn ‘Ajība (d. 1224/1809), who is known to have been influenced by Ibn ‘Arabī, (Michon 2010), includes traumatic events experienced by people in his exegesis of this verse:

It is understood from the secret of this verse that, if someone finds any matter oppressive (*shaqq ‘alayh*), or a need compels them, or a hardship (*shidda*) or a tribulation (*baliyya*) afflicts them, then let them turn to God and let them fling themselves before their Lord, and let them believe that all matters are in His hands. For surely God, the Exalted, will not leave them without His help (*ma’ūna*) and His support (*rafḍ*) so that that which has befallen them will be lightened for them, and that burden will be removed from them. And everyone who refers all matters to God, all their needs (*ḥawā’ij*) will be fulfilled by God; ‘Of the signs (*‘alāmāt*) of success (*najh*) at the end, is referring [the matter] to God in the beginning’. (Ibn ‘Ajība 1998, vol. 1, p. 319)

Ibn ‘Ajība explains that the secret meaning of this verse is that whenever one goes through a traumatic experience and turns to God, that tribulation and hardship is lightened

for them. In other words, the traumatic event can create the correct conditions for them to turn to God, and when they do, the external hardship is removed. This turning to God can take many forms: it may be the individual turning to God and becoming more cognisant of the providential care of the divine through remembrance of God (*dhikr*), or it may be that this turning to God is through becoming aware that the providential care of the divine is expressed through the support networks that are set up in order for the individual to grow following their trauma, whether this be through the support of family and friends, or the intimacy of the master–disciple (*shaykh-murīd*) relationship, or by turning to the ‘Friends of God’ (*awliyā’ Allāh*). By turning to these support structures that are providentially provided, Ibn ‘Ajība intimates that posttraumatic actualisation of spiritual power can occur, such that ‘all their needs are fulfilled’ so that the hardship no longer oppresses them because they have truly realised that ‘all matters are in His hands’. In this case, the tribulation itself may not be removed, but due to the actualisation of their spiritual power, it no longer oppresses them in the way it did before. He concludes with an aphorism of the Medieval Maliki Mystic, Tāj al-Dīn ibn ‘Aṭā’ Allāh (d. 709/1310), that it is discernible whether the trauma will be beneficial or not by the immediate reaction of the person when they are subjected to it (Ibn ‘Aṭā’ Allāh 2019).

One of the most influential sober mystics in the Islamic tradition, ‘Abd al-Karīm al-Qushayrī (d. 465/1072?) (Mojaddedi 2000; Knysh 2000; Knysh 2007; Nguyen 2012; Nguyen and Ingalls 2013), whose mystical commentary left an indelible effect on the exegetical tradition (Ahmad 1969; Keeler 2006; Sands 2006, 2013; Godlas 2013; Nguyen 2013), writes that because God tells the Prophet Muḥammad ‘So surely with hardship (*al-‘usr*) comes an ease (*yusr*). Surely with hardship (*al-‘usr*) comes a[nother] ease (*yusr*)’ (Qur’an, 94:5–6), Muḥammad said, ‘One form of hardship does not overpower two forms of ease (*yusrayn*)’ (Al-Qushayrī n.d., vol. 3, p. 744). Al-Qushayrī explains that this means,

[The term] ‘hardship’ (*al-‘usr*), with the article, in both places is one because of the covenant (*‘ahd*) [of prophethood], and [the term] ‘ease’ is indefinite (*munakkar*) in both places, so there are two sources [of it]. The one form of hardship is that which is in the world. As for the two forms of ease, one of them is in the world in terms of abundance (*khiṣb*) and the alleviation of trials, and the other is in the hereafter in terms of reward. Therefore, the source of hardship for all believers is one, and that is what afflicts them from the hardships of the world, and the sources of ease for them are two: today in terms of unveiling (*kashf*) and turning away (*ṣarf*), and tomorrow in terms of reward. (Al-Qushayrī n.d., vol. 3, p. 744)

Even though the verses refer specifically to the Prophet Muḥammad when he began his mission and was mercilessly persecuted by the tribes of Mecca (Al-Ṭabarī 2000, vol. 24, p. 495), the principle that one form of hardship is accompanied by two forms of ease is applicable to all believers. He explains that the source of hardship is one because it is mentioned with the definite article, whereas the source of ease is multiple because it is indefinite. The one source of hardship is what people encounter in the world in the form of traumatic events. The two sources of ease are (1) alleviation of that hardship in the world, and (2) reward for that hardship in the hereafter. Whilst the second form of ease is straightforward, al-Qushayrī’s definition of the first form of ease requires some elaboration. Al-Qushayrī intimates that the alleviation of hardship from this world could be external, in the sense that the hardship is removed, or it could mean that posttraumatic actualisation of the person occurs through the support networks provided by God. This is betrayed by his definition of the source of ease in the world being ‘unveiling (*kashf*) and turning away (*ṣarf*)’ from the hardship. As mentioned, this ‘turning away’ from the hardship could entail a ‘turning to’ the support networks providentially put in place, such as personal remembrance of God, turning to family and friends, turning to one’s spiritual master, or turning to the Friends of God (*awliyā’ Allāh*).

Al-Qushayrī’s choice of ‘unveiling’ (*kashf*) for the reaction of a person to trauma is particularly telling, since this is the term used for the spiritual insight of gnostics when ‘the veil (*ḥijāb*) is lifted and they have cognisance (*iṭṭilā*) of everything behind it in terms

of the meanings and secrets [of things]' (Al-Ḥakīm 1981, p. 664). In the same way, then, as Ibn 'Ajība suggests, the potential 'benefit' of the trauma in this world is achieved not only through posttraumatic actualisation that profits a person in the hereafter, because they may have realised their spiritual potentiality by turning to the support networks God has provided; the hardship is also alleviated or lightened in this world because their posttraumatic actualisation allows them to seek the providentially set up support structures. Thus, even though the hardship may not be removed, it no longer afflicts them in the same way it did before.

In his commentary on Q2:286, Abu'l-Thanā' al-Ālūsī (d. 1270/1854), arguably the foremost Ottoman exegete (Nafi 2002), and also an adherent of Ibn 'Arabī's teachings (Gökkır and Gökkır 2017), adopts an even more wide-ranging interpretation than Ibn 'Ajība when he says that a soul is not tasked with anything 'except that it is able to do it, and it is not onerous for it or for its preparedness (*isti'dād*) from the divine manifestations (*tajalliyāt*) that it has' (Al-Ālūsī 1994, vol. 2, p. 69). Al-Ālūsī elucidates that, because humankind has a preparedness, which is its capacity to manifest all the divine Names, nothing it is stricken with is onerous for it, nor is it unable to do any task. By drawing on the concept of preparedness, al-Ālūsī is alluding to one of the most fundamental terms in Ibn 'Arabī's mystical lexicon.

5. Ibn 'Arabī and Preparedness (*isti'dād*)

The concept of preparedness in Ibn 'Arabī's sufi lexicon is closely related to the potentiality of humankind in the sense that it determines the ultimate rank that humans attain (Lala 2019). Ibn 'Arabī writes that humans have the potentiality to manifest all the divine Names (see below). However, only those who have the preparedness to manifest all the Names actually manage to do so. This is because, as the important expositor of Ibn 'Arabī's mystical outlook, Nūr al-Dīn al-Jāmī (d. 898/1492) (Rizvi 2006), writes, 'manifestation of the [divine] essence is only in the form of . . . the servant, and according to his preparedness' (Al-Jāmī 2005, p. 85). The reason for this is that the preparedness is the receptacle that accepts the outpouring of God that imbues everything with existence, and the divine outpouring is thus determined by the receptacle. Al-Jāmī elaborates that the divine outpouring is

coloured (*tanbasigh*) . . . according to the preparednesses (*isti'dādāt*), spiritual and natural ranks (*marātib rūḥāniyya wa ṭabī'iyya*), places and times, and dependencies (*tawābi'*) . . . of the receptacles. (Al-Jāmī 2005, p. 85)

Al-Jāmī recalls the language of the orthodox Sufi stalwart, Abū'l-Qāsim al-Junayd (d. 298/910) (Abun-Nasr 2007, p. 37), who remarked that 'the water takes on the color of the cup' (Chittick 1994, p. 162). Thus, the unrestricted divine outpouring of God that imparts existence is 'constrained' by the preparedness, which gives rise to the different 'states' (*aḥwāl*) of humankind.

Ibn 'Arabī writes that there are two classes of people: 'the class who know, from what they get [from God], what their preparedness is, and the class who know from their preparedness what they will get [from God]' (Ibn 'Arabī 2002, p. 59). The distinction between these two groups is clarified by the early modern poet and specialist in Ibn 'Arabī's mystical worldview, 'Abd al-Ghanī al-Nābulusī (d. 1143/1731) (Lane 2001; Sukkar 2014, pp. 136–70), who explains that, for the first group,

their knowledge of their preparedness is extracted from what they get [from God] because the branch (*far'*) of preparedness—and the existence of this branch—is proof of the existence of the root (*aṣl*). And the other class know from their preparedness, which they find within themselves, and which their luminous spiritual insights (*baṣā'ir al-munawwara*) unveil for them, what they accept from what God, the Exalted, gives them, so their knowledge of what they accept is extracted from their preparedness, inferring from the root, what the branch will be. (Al-Nābulusī 2008, vol. 1, p. 126)

The first group, therefore, figure out what their preparedness is from what happens to them in the world. The traumatic events that they are subjected to, and the support networks providentially provided that allow them to grow following these events, enable them to infer that they have an exalted preparedness and potentiality. The other group already know what their preparedness is; they have already established the support networks in the form of the remembrance of God, and deep connections to the Friends of God etc., that enable them to deal with traumatic events, knowing that, by turning to these networks, their preparedness can be actualised. Naturally, says Ibn 'Arabī, this second class has 'more perfect (*atamm*) . . . gnosis of preparedness' (*ma'rifat al-isti'dād*) (Ibn 'Arabī 2002, p. 59) because it is already cognisant of its preparedness and does not have to figure it out from the trauma.

The notion that traumatic events have the capacity to actualise human potentiality may also be gleaned from Q2:30–34, in which God declares that He will appoint a vicegerent on earth. Upon hearing this, the angels ask why God would appoint a vicegerent who would 'cause sedition therein and spill blood?' Their question was, in essence, out of a willingness to learn why those who would cause suffering, and suffer themselves, deserved the honour of being the vicegerent. To this, God responds that He knows that which the angels do not and He teaches Ādam the divine Names (see below). Fakhr al-Dīn al-Rāzī (d. 312/925?), who wrote one of the most important Ash'arite commentaries (Saeed 2018, p. xi), explains that it is precisely *because* humans cause suffering and suffer themselves that they are worthy of the title of 'vicegerent' (*khalīfa*) and they are able to learn the divine Names. The angels, who do not have the inclination to cause sedition and spill blood, therefore do not suffer and are precluded from learning the divine Names (Al-Rāzī 2004, vol. 2, p. 213). Trauma, then, has the potential to actualise the preparedness of a person, if they turn to the providentially provided support networks.⁴

6. Providentially Provided Support Networks

Repeated reference has been made to the providentially provided support networks that allow a person to actualise their preparedness following trauma. There are a number of support systems that God provides following trauma, which, if a person depends on, enables them to actualise their preparedness. This is not to say that trauma is a precondition for preparedness actualisation; Ibn 'Arabī makes it clear that the preparedness of humans is actualised in numerous ways commensurate with the numerous divine Names for which humans can be a locus of manifestation (see below). Nevertheless, if a person turns to the support networks furnished by God following trauma, it can be one of the ways in which actualisation of one's preparedness can occur. There are many support systems God provides, some of which (and this list is by no means exhaustive) include the remembrance of God (*dhikr*), turning to family and friends, turning to the master (*shakīh*) if one is a disciple (*murīd*), and seeking help from the Friends of God (*awliyā' Allāh*).

6.1. The Remembrance of God (*dhikr*)

Ibn 'Arabī explains in the *Fuṣūṣ* that, if someone remembers God, God is with them such that the person witnesses the divine presence (Ibn 'Arabī 2002, pp. 168–69). Commentating this passage, al-Nābulusī adduces the tradition in which God declares, 'I "sit with" (*jalīs*) whoever remembers Me' (Ibn Abī Shayba 1989, vol. 1, p. 108; Al-Bayhaqī 2003, vol. 2, p. 171). Abū Bakr Muḥammad ibn Ibrāhīm al-Kalābādhī (d. 380/990?), who is well known for his seminal apologetic work on Sufism, *Kitāb al-ta'arruf li-madhab ahl al-taṣawwuf*, clarifies that this does not mean God is literally with the person, but 'the veil is lifted between him and Him so it is as if he sees Him' (Al-Kalābādhī 1999, p. 251). Such is the closeness to the divine that is experienced by someone who remembers God, says al-Kalābādhī, that they are able to 'see' God because there are no barriers between them. This means that remembrance of God is one of the support networks set up by God following trauma, and it can be a means of actualising one's spiritual potentiality, as al-Nābulusī makes clear

(Al-Nābulusī 2008, vol. 2, pp. 220–21). This issue is explained in more detail in the stories of Mūsā and Yūnus below.

6.2. Family and Friends

The help of the people closest to a person is one of the main support systems God puts in place to enable actualisation following trauma. God emphasises in the Qur'an that even prophets, who are divinely inspired and enjoy such proximity to the divine that this primary source of support for them is far greater than for layfolk, still require the help of people around them. In the Qur'an, God tells the prophet Muḥammad, '*Had you spent all that is on earth, you would not have been able to unite their hearts. But Allah united them*' (Qur'an, 8:63). Widely acknowledged as one of the most important classical exegetes, Abū Ja'far Muḥammad ibn Jarīr al-Ṭabarī (d. 310/923) (Berg 2000; Hidayatullah 2014, pp. 25–26; Saleh 2016), in his commentary on this verse, writes that the hearts of his companions being united behind him was a source of 'strengthening' (*taqwiya*) and a 'support' (*ta'yīd*) for the prophet Muḥammad (Al-Ṭabarī 2000, vol. 14, p. 45). This was one of the support systems that God set up for him so that he would be able to deal with the trauma to which he was subjected by his enemies. Al-Qushayrī is even more unequivocal when he says that God tells His messenger that 'He is the One who supported you with those who believed in you from the believers' (Al-Qushayrī n.d., vol. 1, p. 636). Ibn 'Arabī writes that God did not say that He united their hearts; rather, He says that He united 'them' (*hum*), which, according to him, means that God united them with Himself because He allowed them to realise their potentiality to manifest the divine Names and, in this way, they were 'united' with Him and able to be a perfect support system for the Prophet (Ibn 'Arabī n.d., vol. 2, p. 123). This concept is clarified further below (see the section on the Perfect Man). What all these commentators agree on, then, is that God arranges support for His prophets through those around them so that they are able to face trauma. If that is the case for prophets, then the support of family and friends is *a fortiori* required for ordinary people in order to actualise their potentiality following trauma.

6.3. The Master–Disciple (*shaykh–murīd*) Relationship

The master–disciple relationship is another potential source of support that can aid the disciple in actualising their spiritual preparedness following trauma. This relationship is 'characterized by an intensely personal bond between the two', as Tanvir Anjum notes (Anjum 2006, p. 250). Abū'l-Najīb Suhrawardī (d. 563/1168) elucidates that the relationship of the disciple with the master should be so close that the disciple should revere the master and be ready to serve the master in any way they can (Suhrawardī 1977, p. 35). This relationship is privileged over seclusion (Anjum 2006, p. 249), and can help a person following trauma. Indeed, Abū 'Abd al-Raḥmān al-Sulamī (d. 412/1021), author of a highly influential mystical commentary on the Qur'an (Godlas 2006, p. 352), begins his work on this topic by adducing the well-known prophetic tradition that likens all Muslims to one body (Al-Sulamī 1990, p. 1). Al-Sulamī, thus, underscores the importance of the 'companionship' (*ṣuḥba*) of the master in order to actualise one's spiritual preparedness.

6.4. Friends of God (*awliyā' Allāh*)

Ibn 'Arabī frequently mentions that the Friends of God can be called upon when facing trauma in order to help a person. He gives numerous examples of this from his own life when he met with the Friends of God, or when they came to him as he was experiencing trauma in order to alleviate it, and how this allowed him to achieve his lofty spiritual potential (Addas 1993). He explains that this form of support is closely connected to the remembrance of God because the only reason the Friends of God (*awliyā' Allāh*, from the verb *walī*, which denotes being close to) are called thus is because, when people look at them, they remember God and so they are not only close to God themselves, but they are a means of bringing others closer to God and allowing them to realise their spiritual potential (Ibn 'Arabī n.d., vol. 1, p. 347).

Claude Addas mentions how Ibn 'Arabī used to regularly meet the mystic *par excellence* al-Khidr (Addas 1993, pp. 62–63), whose interaction with Mūsā is detailed in chapter 18:60–82 of the Qur'an. The otherworldly knowledge al-Khidr emblematised made him a mystic who was 'characterised not just as an active but as a transcendent model of the archetype' (Netton 2000, p. 76). Ibn 'Arabī's close association with him and the mystic, Abū Madyan (d. 594/1198), who is widely regarded as being his most important influence, although he never met him whilst Abū Madyan was alive, shows that the support of the Friends of God is not restricted to the living (Addas 1993, pp. 60–61; Cornell 1996). This, then, is another support mechanism providentially provided that has the capacity to draw people close to God and actualise their potential following trauma. Having already actualised their spiritual preparedness, the Friends of God are able to guide others so that they can do the same and fulfil their potentiality, which is to attain the rank of the Perfect Man (*al-Insān al-kāmil*).

7. Ibn 'Arabī and the Potentiality of Humans as the Perfect Man

Ibn 'Arabī believes that all things in existence, both in the phenomenal and pre-phenomenal realms (Chittick 1982), are manifestations of the kataphatic aspect of God ('Afifi 1939; Chodkiewicz 1993a, 1993b; Sells 1994; Landau 2008; Mayer 2008). This kataphatic aspect is not God as He truly is in His apophatic essence, but it is the way in which humans can forge a relationship with God, inasmuch as He can be known by the creation (Izutsu 1983). This knowable aspect of God is described by the ninety-nine 'most beautiful Names' (*al-Asmā' al-ḥusnā*) in the Qur'an (Al-Ghazālī 1999). All things are a locus of manifestation of one of these divine Names; it is only humankind, however, that has the preparedness and potentiality to be a locus of manifestation of all ninety-nine Names and, as such, humankind is the very pinnacle of God's creation. When this potentiality is realised, a person reaches the rank of the Perfect Man (*al-Insān al-kāmil*) (Takeshita 1987; Al-Jīlī 1997; Morrissey 2020). Ibn 'Arabī writes,

The universe remains protected as long as the Perfect Man remains in it. Do you not see that when he departs, and is detached from the treasure (*khizāna*) of the world, there will not be in the world that [being] through which God protected the universe? Thus, all that was in it [the universe] will dissipate . . . and the whole thing will be transferred to the hereafter (*al-ākhirā*), so he [the Perfect Man] will be a seal for the hereafter, an everlasting seal (*khatm abadiyy*). (Ibn 'Arabī 2002, p. 50)

In this passage, Ibn 'Arabī likens the Perfect Man, who has realised his preparedness and potentiality to manifest all the divine Names, to the seal of a king through which the king protects his treasure. Once the seal is broken, the treasure is no longer protected. The Perfect Man is the seal because it is only he who fulfils the objective of God in creating the universe, which was so that He could see Himself in the Other (Ibn 'Arabī 2002, pp. 48–49). God describes Himself as 'a hidden treasure' (*kanz makḥfiyy*) that wanted to be known, and that is the reason He created the universe (Ibn 'Arabī n.d., vol. 2, p. 399). Ibn 'Arabī underscores the centrality of the Perfect Man to the subsistence of the universe due to his capacity to be a complete locus of divine manifestation when he remarks that

all that which was in the divine forms (*al-ṣuwar al-ilāhiyya*) of the Names is present within the composition of humankind, so it possesses 'the rank of encompassment and comprehensiveness' (*rutbat al-iḥāṭa wa'l-jam'*) with its existence. (Ibn 'Arabī 2002, p. 50)

The rank of encompassment and comprehensiveness is the preparedness and potentiality of humankind. Now it may be that, if someone is subjected to trauma and they turn to the various support systems that are providentially provided, it may allow them to attain this rank and for their lofty potentiality to be fulfilled. As mentioned previously, Ibn 'Arabī does not suggest that going through trauma is the only way to achieve this rank, but it can be one, if the sources of support furnished by God are turned to. He gives numerous examples in the *Fuṣūṣ* of how this can come about from the lives of prophets mentioned in

the Qur'an. We shall consider two examples, the first of which emblematises posttraumatic actualisation through preservation of the self, and the second, posttraumatic actualisation through preservation of the Other.

8. Traumas of Prophets in the Qur'an

8.1. Mūsā's Posttraumatic Actualisation through Preservation of the Self

Ibn 'Arabī recounts many traumas that prophets faced in the Qur'an in order to detail the posttraumatic actualisation that occurs within them, and which could also occur in believers if they follow the example of the prophets. A perspicuous illustration of this is the story of Mūsā. The Qur'an mentions that, before his birth, Pharaoh killed many baby boys of the Israelites: *'And when We saved you from the people of Pharaoh, who inflicted terrible punishment on you, they massacred your boys'* (Qur'an, 2:49). One of the most important proponents of the classical commentary tradition, Abū Ishāq al-Tha'labī (d. 427/1035?) (Saleh 2004), writes,

Pharaoh saw in his dream that it was as if a fire advanced from Jerusalem until it enveloped the houses of Egypt and burned them, and it burned the Copts, but it left the Children of Israel, so that terrified (*hāl*) him. He called for the sorcerers (*saḥara*) and the soothsayers (*kahana*) and asked them about his vision, to which they replied, 'A boy will be born to the Children of Israel, at his hands will you perish, your sovereignty come to an end, and your religion be changed'. So Pharaoh commanded the murder of every boy born to the Children of Israel. He then gathered all the tribes under his command and said to them, 'Kill every boy born to the Children of Israel under your authority, and leave the girls', and he appointed among them those who would carry out [the task]. He thus hastened death among the males of the Children of Israel to the point that the chiefs of the Copts went to Pharaoh and said to him, 'Death has become prevalent among the Children of Israel; you are slaughtering their young and their old are dying off, so the work all but falls on our shoulders'. Therefore, Pharaoh commanded them to slaughter [the baby boys] one year, and leave them the next. Hārūn (Aaron) was born in the year that they weren't slaughtering the boys so he was left alone, and Mūsā was born in the year they were. (Al-Tha'labī 2015, vol. 1, pp. 191–92)

And so, when Mūsā was born, his mother placed him in a basket and he was found by Pharaoh and his wife who adopted him. (Qur'an, 28:7–8). Consequently, he grew up in the palace of Pharaoh (Qur'an, 28:14). One day, however, an incident occurred that would change everything:

And he entered the city when its people were unaware, so he found in it two men quarrelling: one was from his faction (shī'a), and the other was from his enemies. The one from his faction pleaded to him for help against the one who was from his enemies. So Mūsā dealt him a blow with his fist (wakaza) and did away with him (qaḍā 'alayh). He [Mūsā] then said [full of regret], 'This is from the acts of Satan; surely he is a blatant foe, leading others astray!' After this, he beseeched, 'My Lord! I have wronged myself, so forgive me!' Thus, He [God] forgave him; surely, He is ever-forgiving, compassionate. Thereafter, he [Mūsā] vowed, 'My Lord! Because you have conferred favour on me, I will never be a supporter (zahīr) of evildoers (mujrimīn)'.

Then, the next morning, he [Mūsā] was in the city, afraid and waiting for [the consequences of what had happened], when the man who had appealed for his help the day before cried out for help again. Mūsā said to him, 'Surely, you are a blatant troublemaker!' So when he [Mūsā] was about to bear down on the man who was an enemy of both of them, he [the man from yesterday, mistakenly thinking Mūsā was going to attack him] said, 'Do you want to kill me like you killed a man yesterday? You just want to be a tyrant (jabbār) of the country, and you don't want to be among those who mend fences'. And a man came running from the outskirts of the city, crying, 'O Mūsā! The chiefs have had a consultation about you and decided to kill you, so escape! Surely, I am one

of those who gives you good advice'. He thus left [the city], afraid and waiting for what would come next, saying, 'My Lord! Please save me from these unjust people (zālimīn)!'. (Qur'an, 28:15–21)

Ibn 'Arabī believes there is a connection between these two events. In other words, the murder of all the infant boys before his birth, and Mūsā's fleeing for his life following the incident in the city. He describes the latter event as 'the first thing with which God tested him' (Ibn 'Arabī 2002, p. 202), and adduces an original interpretation of the incident:

He [Mūsā] himself did not have any interest (*iktirāth*) in killing him [the Coptic]. In spite of this, when the command of His Lord came to do it, he did not hesitate. That is due to the fact that the prophet is inwardly innocent (*ma'sūm al-bāṭin*) because he does not realise [what will happen] until God apprises him of it. (Ibn 'Arabī 2002, p. 202)

The killing of the Coptic was 'so that patience in the face of what God tried him with would be actualised in him', says Ibn 'Arabī (Ibn 'Arabī 2002, p. 202). The error that Mūsā attributes to Satan in the Qur'an (Qur'an, 28:15), Ibn 'Arabī views as an act of 'obedience', in the sense that it allows the posttraumatic actualisation to occur within him, thereby enabling him to attain the lofty rank reserved for him. The increased 'patience' in the face of adversity is what Tedeschi and Calhoun observed in people who had suffered trauma as an increase in personal strength to overcome difficulties they never knew they could confront. There was a general sense of being able to 'handle things better' after the trauma they had suffered (Tedeschi and Calhoun 2004, p. 6). However, the Qur'anic narrative makes it clear that this posttraumatic actualisation only occurs because Mūsā employs the support structures that God had furnished for him. When faced with the trauma, he immediately turns to God; this is the first and most important source of support for him. His dialogue with God expresses how the trauma has affected him and how he desperately relies on divine support. Tedeschi and Calhoun make the same point that 'traumatic events are not to be viewed simply as precursors to growth' (Tedeschi and Calhoun 2004, p. 2) and that 'the widespread assumptions that traumas often result in disorder should not be replaced with the expectations that growth is an inevitable result' (Tedeschi and Calhoun 2004, p. 2). It is only *because* Mūsā turned to God after this trauma that his posttraumatic actualisation occurred. Additionally, it is important to remember that, as Tedeschi and Calhoun note, 'posttraumatic growth is most likely a consequence of attempts at psychological survival, and it can coexist with the residual distress of trauma' (Tedeschi and Calhoun 2004, p. 5). This means that posttraumatic actualisation and residual distress from trauma are not mutually exclusive. They are even more unequivocal when they state that 'the presence of growth does not necessarily signal an end to pain or distress, and usually it is not accompanied by a perspective that views the crisis, loss, or trauma itself as desirable' (Tedeschi and Calhoun 2004, pp. 6–7). We observe in the Qur'anic narrative of Mūsā's trauma that the morning after the event, even though he turned to God and actualised his lofty potential, he was still '*afraid and waiting for [the consequences of what had happened]*'. At this point, he makes use of another providentially provided support, in the form of the man who comes to warn him that Pharaoh's men are after him. It is the support of family and friends, then, whom we turn to after experiencing trauma, and who are given to us by God, that enables potential posttraumatic actualisation to occur.⁵

Nevertheless, the increased personal strength and spirituality that Mūsā exhibits following his trauma still stand in stark contrast to his entirely mundane (if completely understandable) reaction to this act, which was to flee. Now Ibn 'Arabī is ready to make the association between Mūsā's extraordinary birth and his seemingly ordinary act of fleeing: 'His escape when he feared [being killed] was only so that the lives of those who were killed [that he should live] would endure, so it was as if he fled for the sake of others' (Al-Jāmī 2005, p. 172). Ibn 'Arabī explains that Mūsā fled, not out of self-preservation, but in order to 'save' all the infant males who were murdered in order for him to survive. The spirits of all these infants were combined in Mūsā, as al-Jāmī clarifies:

The wise men (*al-ḥukamā'*) of the era informed Pharaoh that his ruin (*halāk*) and the end of his sovereignty would be at the hands of an infant who would be born in that era. So Pharaoh commanded every son born to the Children of Israel to be killed as a precaution (*ḥidhran*) to ward off what God had decreed and preordained. But he did not know that there is no resisting (*lā maradd*) the decree of God, nor is there any amending His judgement. Therefore, that [i.e., their murder] became a cause (*sabab*) for the combining of these souls (*arwāḥ*) . . . and their union (*inḍimām*) with the soul of Mūsā He thus became strong (*taqawwa*) through them, and their essences (*khawāṣṣ*) were gathered together in him, and he was supported by them. (Al-Jāmī 2005, pp. 171–72)

The souls of all the infants who were massacred by Pharaoh, therefore, combined with the soul of Mūsā giving him extraordinary spiritual power. Each one of these souls themselves possessed incredible spiritual strength, Ibn 'Arabī explains, because 'the young have recently (*ḥadīth al-'ahd*) been with their Lord since they are recently created' (Ibn 'Arabī 2002, p. 197). All babies individually have enormous spiritual power due to their temporal proximity to God, says Ibn 'Arabī, and because all these babies were killed on account of Mūsā, all of their spiritual strength was transferred to him, so that, when he was fleeing, he was not fleeing to protect himself, he was fleeing to protect them.

The application of Mūsā's extraordinary situation, Ibn 'Arabī seems to be asserting, to the ordinary lives of believers is in human acts of self-preservation. The acts of self-preservation and survival following ordeals are often accompanied by posttraumatic guilt and shame; 'posttraumatic guilt can be defined as the fact of experiencing acute or prolonged states of guilt in the context of a traumatic situation. . . . In contrast, posttraumatic shame can be construed as acute or prolonged feelings of distress associated with self-attributions of having committed dishonorable acts in the context of a traumatic situation' (Wilson et al. 2006, p. 123). Self-preservation, since it often involves an ostensibly egocentric act, can be accompanied by feelings of shame and guilt, due to both negative self-evaluation and the negative evaluation of others (Clark and Wells 1995). Especially in cases where others have died, survivors often feel 'survivor guilt' (Cantrell 2017; Murray 2018; Murray et al. 2021).

Ibn 'Arabī explains that the instinct to survive and flee from dangerous situations is not egocentric at all. Connecting the survival of Mūsā, and the ordeal of all the infants murdered so he could live, with his act of fleeing when he was in danger, Ibn 'Arabī elucidates that the act of fleeing and doing anything to survive, while it may seem egocentric, is actually a selfless act. Mūsā fled not to save his own life, but to 'save' all those who had sacrificed themselves so he could live. In the same way, not only should survivors not feel guilty, intimates Ibn 'Arabī, because their survival is a validation of the sacrifice made by those who perished, but on a more quotidian level, the instinct to survive should be viewed as a selfless act because it is an acknowledgement of all the lives that intersect with our own. The instinct to survive, and the actions that make it possible, Mūsā's act shows us, is a way to preserve not only our own life but the lives of all those who touch our lives and who would be affected by the loss of our life.

The posttraumatic actualisation that occurs in Mūsā because of all the trials he is subjected to and because he turns to the support mechanisms God had furnished for him, so that the rank ordained for him is achieved, according to Ibn 'Arabī (Ibn 'Arabī 2002, p. 202), is expressed in all five domains of posttraumatic growth that Tedeschi and Calhoun delineate (Tedeschi and Calhoun 2004). In addition to his increase in personal strength through the ordeals, his flight from danger allows him to have a greater appreciation for his life and gives it new purpose, exposing its possibilities, as exhibited by his declaration *My Lord! Because you have conferred favour on me, I will never be a supporter (ṣahīr) of evildoers (muḥrimīn)*'. The cognisance of the importance of his own life might even be said to be a manifestation of his more intimate relationship with those who sacrificed themselves so he could live. All of this, for Ibn 'Arabī, is subsumed under the increased spirituality of Mūsā, or his posttraumatic actualisation. Perhaps the best instance of a more intimate relationship

with others after a traumatic event, however, is that of the prophet Yūnus (Jonah), whose ordeal provokes a comprehensive re-evaluation of his relationship to his people.

8.2. Yūnus' Posttraumatic Actualisation through Preservation of the Other

Yūnus is portrayed in the Qur'an as a prophet who becomes exasperated with the intransigence of his people and their unwillingness to heed his call to believe in one God. He therefore warns them of impending divine punishment and abandons them without waiting for the command of God to do so. In the Qur'an, God asks,

So why is it that there was never a town that believed, and its belief would have benefitted it, except the people of Yūnus? When they believed, We did away with the punishment that would have humiliated them ('adhāb al-khizy) in the life of the world, and allowed them to enjoy [the life of the world] for a time. (Qur'an, 10:98)

Al-Ṭabarī explains that

God made an exception of the people of Yūnus from among the people of other towns whose faith did not benefit them after the punishment descended in their backyards, and He did not include them [the people of Yūnus] with them [the peoples that were destroyed], and He informed His creation that only their faith benefitted them from among all the peoples besides them. (Al-Ṭabarī 2000, vol. 15, p. 206)

So his people believed after Yūnus left them, warning them that the punishment of God was going to befall them, but because he was hasty, he was subjected to the trial of the whale so that his potentiality could be attained (Qur'an, 37:139–48). Exegetes write that, after leaving, Yūnus boarded a ship, but it was soon enveloped in a mighty storm. The seafarers immediately apprehended that the storm was divine punishment against one of the people on the ship, so they drew lots to see who they would throw overboard that the rest of them could live. When they did this, it was Yūnus who drew the shortest lot, so they cast him into the sea where the whale swallowed him (Al-Maḥallī and al-Dīn al-Suyūṭī n.d., p. 595).

Ibn 'Arabī speaks of the posttraumatic actualisation of both Yūnus, through being subjected to the trial of the whale, and his people, through being abandoned by their prophet and seeing the divine punishment approach (Ibn 'Arabī 2002, pp. 167–70). He begins the chapter with the declaration:

Know that this human creation (*al-nash'a al-insāniyya*)—with the perfection of its soul (*rūḥ*), body (*jism*) and spirit (*nafs*)—was created by God in His form. No one, therefore, must take it upon themselves to destroy its arrangement (*niẓām*) except He Who created it. (Ibn 'Arabī 2002, p. 167)

In the prophetic tradition it states, 'Surely God created Ādam in His form' (Muslim ibn al-Ḥajjāj n.d., vol. 4, p. 2017; 'Abd al-Razzāq 1983, vol. 9, p. 444; Ibn Ḥibbān 1988, vol. 12, p. 420; Abū Bakr al-Bazzār 1988–2009, vol. 15, p. 161; Ibn Ḥanbal 2001, vol. 12, p. 275), which is what Ibn 'Arabī alludes to, according to al-Nābulusī (Al-Nābulusī 2008, vol. 2, p. 212). 'Abd al-Razzāq al-Qāshānī (d. 736/1335?) (Lala 2019), the teacher of one of the principal promulgators of Ibn 'Arabī's thought in the Ottoman period, Dawūd al-Qayṣarī (d. 751/1350) (Rustom 2005), and himself a significant formaliser of Ibn 'Arabī's thought, clarifies that, by the creation of Ādam

with its perfection (*kamāl*) and its comprehensiveness, both outwardly (*zāhiran*) and inwardly (*bāṭinan*), ... [it] means the species of humankind because He created it with His hands and with His form. (Al-Qāshānī 1892, p. 209)

In addition to the outer form of humankind being in the form of God, its inward form is in His form because only it has the preparedness and potentiality to manifest all of the divine Names, says al-Qāshānī. With this soaring potentiality comes the fabulously high value of human life, says Ibn 'Arabī:

The objective (*gharad*) . . . is showing deference (*murā'ā*) for this human creation, and [showing] that raising it up is better than tearing it down. Do you not see that God has imposed a tax (*jizya*) and peace on an enemy of the religion ('*aduw al-dīn*) [living in Muslim lands] in order to preserve their life? And He said, 'If they incline towards peace, then so must you, and trust in God' (Qur'an, 8:61). Do you not see that the family member of the person murdered is encouraged to accept blood money or to forgive [the murder], and only if they disagree, then retaliation (*qisās*) is exacted? Do you not see that, if there is a group of family members [of a murdered person], and one of them accepts the blood money or forgives [the murder], and the rest want to have the murderer killed [in retaliation], then the opinion of the one who forgives is given precedence and [the murderer] is not killed in retaliation? Do you not see that he [the Prophet Muḥammad], peace be upon him, said, . . . 'If he kills him, he is like him'. And do you not see that He [God] said, 'The recompense (*jazā'*) of evil (*sayyi'a*) is evil that is just like it' (Qur'an, 42:40), so He made retaliation evil, in the sense that it grieves and saddens (*yasū'*), even though it is Islamically allowed. 'So whoever forgives and makes peace, then God will reward him' (Qur'an, 42:40). Thus, whoever forgives them and does not kill them, then they will be rewarded by Him in whose form they are as He has more right (*aḥaqq*) to them because He created them for that purpose. (Ibn 'Arabī 2002, pp. 167–68)

Ibn 'Arabī gives numerous examples to prove that God puts an incredibly high premium on human life because humankind has the preparedness and potentiality to be a locus of manifestation of all the divine Names. He begins with the tax that is imposed on non-Muslims living in lands conquered by Muslims (*jizya*) (Ahmed and Ahmad 1975). He explains that God did not command non-Muslims to be killed, even though they rejected belief in Him, because they still have the potentiality to manifest the Names, even if they have not yet actualised that potentiality. He then mentions that, even though like-for-like retaliation (*qisās*) is permissible in Islam for murder, in accordance with Q2:179 and Q5:45 (Mohamed 1982), the better way is to forgive or accept blood money in order to preserve the potentiality of the murderer to manifest the divine Names. He gives his legal opinion that, if there are numerous people that constitute the injured party and just one of them forgives or accepts the blood money whilst the others want like-for-like retribution, the wish of the former is accepted, as it is concordant with the spirit of the religion to save life. Al-Qāshānī sums up Ibn 'Arabī's position in the following way:

It is more important to protect the lives of those who deserve execution according to Islamic law—like the unbelievers, polytheists and others—because they have been created by God, rather than kill them out of fervour to protect God's rights and His religion. (Al-Qāshānī 1892, p. 209)

Ibn 'Arabī finds support for his opinion in the traditions of the Prophet Muḥammad. The tradition he refers to is recorded with variations in many compilations. The version in *Sunan Abū Dāwūd* runs:

A man came to the Prophet, peace be upon him, with an Ethiopian slave (*ḥabshiyy*) and remarked, 'This man has killed my nephew'. The Prophet asked [the Ethiopian slave], 'How did you kill him?' He replied, 'I struck his head with an axe, but I did not mean to kill him'. The Prophet enquired, 'Do you have means to pay his blood money (*diyya*)?' He answered in the negative. The Prophet then asked, 'If I send you to people to ask for the money, will you be able to gather his blood money?' He again replied in the negative. The Prophet finally asked, 'Will your masters give you his blood money?' He said, 'No'. So the Prophet told the man [who had brought him], 'Take him'. The man thus came out to kill him, when the Messenger of God, peace be upon him, said, 'If he kills him, is he not like him?'. (Abū Dāwūd 2009, vol. 6, p. 551)

Ibn 'Arabī claims that the person who does not seek retribution is rewarded by God because that person has preserved a locus of manifestation of the divine Names (Al-Qayṣarī 1955, p. 977; Al-Jāmī 2009, p. 397). And, in protecting a locus of manifestation of the divine Names, He has 'preserved' God since 'God is not apparent through His Name "The Manifest" (*Al-Zāhir*) except through his [the person who would be killed's] existence, so whoever preserves him (*rā'āhū*), preserves God' (Ibn 'Arabī 2002, p. 168).

It is clear that Ibn 'Arabī places an enormous premium on human life because preserving it is preserving the only being in sensible reality that has the potentiality to manifest all of His Names, and therefore the only thing that fully exhibits His divine Name, 'The Manifest'. Al-Qayṣarī writes that since 'God is not apparent through His Name "The Manifest" except by the existence of the slave [to be killed], if someone forgives him and does well by him, God is obligated to reward him' (Al-Qayṣarī 1955, p. 977). It is for this reason that one of the principal early commentators of the *Fuṣūṣ*, whose commentary was used by subsequent commentators as a blueprint (Todd 2014, p. 23), Mu'ayyid al-Dīn al-Jandī (d. 700/1300?), maintains that the wisdom of this chapter is not only that of the divine 'breath' (*nafas*), but also of each 'spirit' or 'soul' (*naḥs*) that should be preserved because it is a locus of divine manifestation (Al-Jandī 2007, pp. 473–74).

Ibn 'Arabī explains that there is a symbiotic relationship between the person who preserves the life of another human being and the one who they save. Not only does the person who is saved have their preparedness and potentiality to manifest the divine Names preserved since they remain alive, but the person who saves them, through saving them, also actualises their own potentiality to manifest the divine Names of mercy and compassion. He writes,

When you have comprehended that God preserves and maintains this creation [of humans], then it is even more appropriate (*awlā*) for you to preserve it since your eternal happiness (*sa'āda*) comes from it. For, as long as a person lives, it is hoped that the quality of perfection (*kamāl*) for which they have been created will be attained by them. And whoever strives to destroy (*hadam*) them, is striving to prevent them from attaining the purpose for which they were created. (Ibn 'Arabī 2002, p. 168)

Even though God allows retaliation, says Ibn 'Arabī, so that legal order can be maintained in society (Ibn 'Arabī 2002, pp. 167–68), by resorting to retaliation and cutting off the possibility of a person to actualise their potentiality, there is a reciprocal curtailment of one's own posttraumatic actualisation.

If the chapter of Mūsā shows us that posttraumatic actualisation of the self can occur through preservation of the self so that all the relationships connected to it are likewise preserved, this chapter shows us that posttraumatic actualisation of the self can occur through preservation of others so that the potentiality that is ordained for the Other is maintained, and through this, the potentiality that is ordained for the self is attained. In this way, all five domains that Tedeschi and Calhoun (2004) delineate are achieved, but through the Other. Thus, a greater appreciation for life is gained through preservation of someone else's life because the person realises just how valuable a human, who has the potentiality to be a locus of manifestation for all the divine Names, is. This means there is a change in priorities from retribution, which would curtail that potentiality, to forgiveness, which would allow it to flourish.

Greater personal strength is gained, not through a trial that imperils one's own life as it did in the case of Mūsā, but through a trial in which someone else's life is in danger. The spiritual strength in this case emanates from the power to forgive and have compassion, because the posttraumatic actualisation of the person allows them to see all other humans as loci of the divine Name, 'The Manifest', Who is revealed through their existence. There is also a recognition of new possibilities due to posttraumatic actualisation. Forgiveness and compassion become possibilities because maintaining potentialities is more important than destroying them. A new course of action and a new path that does not involve limiting one's own preparedness and potentiality by curtailing someone else's become an option. As in the

case of Mūsā, all of this is within the framework of spiritual development. It is the spiritual development of an individual that takes the form of posttraumatic actualisation, which allows for attainment in all the other domains because a person turns to the providentially provided support systems. All of these things were latent within Mūsā and Yūnūs, but the trauma they experienced actualised their latent potentiality, as Ibn 'Arabī affirms (Ibn 'Arabī 2002, p. 202). For Yūnūs, this actualisation came through 'more intimate relationships with others' (Tedeschi and Calhoun 2004, p. 6).

In contradistinction to Mūsā, for whom preserving his own life was the trauma that yielded his actualisation, or the latent rank that God had ordained for him because he turned to the systems God put in place for his support, Yūnus' trauma occurred because he abandoned his people before God had commanded him to do so. Yūnus, in the same way as Mūsā, however, is able to achieve the rank ordained for him because he turns to the primary support system that is available to him: God. His prayer in the belly of the whale allows his posttraumatic actualisation to occur. The trial of the whale that he was subjected to also allowed him to realise the value of all human life, and not to be too quick to give up on its potentiality. Ibn 'Arabī's long disquisition on the importance of human life reveals that maintenance of human potentiality is tantamount to maintenance of the divine Names, since it is only in it that they are manifested. Even though his people deserved to be abandoned on account of their recalcitrance, it did not behoove Yūnus to be so eager to do so. The rank that was ordained for him was the rank of forgiveness and mercy, which he was able to attain only after the trauma of the trial of the whale.

Abū 'Abd Allāh al-Qurṭubī (d. 671/1272), one of the principal polyvalent commentators of the Qur'an (Calder 1993), explains that the whale acted as a 'sanctuary' (*ḥirz*) for Yūnus so that he could reach his preparedness and potentiality. This is elaborated on by the Sufi polymath, Muḥammad Thanā' Allāh Pānīpatī (d. 1225/1810) (Qadri 1988), who writes that the verses, 'Had he not been of those who glorify God. He would have remained in its belly till the day when the dead will be raised', signify Yūnus was 'remembering' God in the belly of the whale (Pānīpatī 2007, vol. 8, p. 144). Ibn 'Arabī attaches mystical significance to this act of remembrance and seems to employ it as a conduit for attaining the potentiality that is ordained for a person:

How wonderful was what the Messenger of God, peace be upon him, said, 'Shall I not tell you that which is better for you and superior than your confronting your enemy so that you strike their necks (*taḍribū riqābahum*) and they strike yours? It is the remembrance of God (*dhikr Allāh*)' (Ibn Ḥanbal 2001, vol. 45, p. 515). And that is because no one knows the value of the human creation except those who remember God, remembering being their only objective. (Ibn 'Arabī 2002, p. 168)

Ibn 'Arabī sets up an opposition between the taking of human life and the remembrance of God, and deems the latter to be superior to the former, even if the former was to defend the religion. He then expatiates on this issue by detailing precisely why remembrance of God is better:

It is because God, the Exalted, is with those who remember Him, and so the one who remembers Him witnesses Whom they remember. For if the one who remembers does not witness God, Who is with them, then they are not remembering Him [in earnest]. (Ibn 'Arabī 2002, pp. 168–69)

The remembrance of God is better than fighting to defend God's religion because if someone truly remembers God then God is with them, as mentioned previously. Al-Qayṣarī explains that someone who fights in the cause of God is rewarded with paradise, whilst someone who remembers God in earnest gets to be with God, which is the highest reward one can have (Al-Qayṣarī 1955, p. 979). Al-Qāshānī elaborates that this type of remembrance is such that it permeates every part of the person.

The type of remembrance that is incumbent upon a person is that they remember God with their tongue whilst their thoughts (*kharwāṭir*) and internal monologues (*ḥadīth al-naḥs*) [about everything else] are cast aside. So God is perceived with

the heart and that heart is with the One remembered, the intellect is attached to the meaning of the remembrance, and the essence of the person is annihilated in the One remembered through remembrance. Their soul witnesses God for He is with them; [He is] the One witnessed by the one who remembers [Him]. (Al-Qāshānī 1892, p. 211)

When the remembrance of God is of this type, such that it permeates the heart, mind, and soul, then it is superior to all other things, but how is it that this sort of remembrance of God allows a person to comprehend the true value of human life as Ibn 'Arabī contends? The answer to this is intimated by Ibn 'Arabī when he mentions that 'humankind is multiple, and not of one essence; while God is of one essence, but with multiple divine Names' (Ibn 'Arabī 2002, p. 169). The reason only someone who truly remembers God can know the value of human life is that the multiplicity of God's single essence is manifested in the phenomenal realm by the multiplicity of humankind's essence, because only it manifests all the divine Names. This means that a person who truly remembers God, such that they cast aside all distractions, as al-Qāshānī says, sees past ostensible reality to the potentiality of the person, and thus tries to preserve it. It is only through preserving their potentiality and preparedness that they actualise their own potentiality. The trauma Yūnus faced in the whale allowed him to actualise his own preparedness because it enabled him to truly remember God. Once he did this, he became cognisant of the soaring potentiality of all humankind, and repented for being so hasty in giving up on it. His realisation of the potentiality of the Other was the conduit for his own posttraumatic actualisation.

9. Conclusions

Major positive changes have been observed in numerous studies in people who have been through traumatic events. The growth that resulted from such experiences enabled the survivors to have a greater appreciation for life, deeper relationships with others, a greater sense of personal strength, better recognition of new possibilities for their lives, and a deeper sense of spirituality (Tedeschi and Calhoun 2004, p. 6). Ibn 'Arabī argues that traumatic events do not facilitate posttraumatic growth; rather, they can allow the potentiality of a person that was ordained for them by God, or their preparedness, to be actualised. This posttraumatic actualisation occurs when a person turns to the support systems providentially provided. Further, it can occur through preservation of the self, or it may occur through preservation of others. Ibn 'Arabī shows through the story of Mūsā that his act of self-preservation when confronted with a traumatic event was actually an act of preserving all the others who had sacrificed their lives for him. The moral for people is that self-preservation in the face of trauma can lead to posttraumatic actualisation of our own spiritual potentiality, because it is simultaneously protecting all the lives that have touched our own. If self-preservation, in this sense, is preservation of the Other, then in the story of Yūnus, the preservation of the Other overtly leads to actualisation of one's own preparedness and potentiality. Ibn 'Arabī explains that there is a direct proportionality between preservation of the potentiality of others and actualisation of the spiritual potentiality of the self. Through protecting others and thus preserving their spiritual potentiality, a person can actualise their own potentiality. This is why, even when subjected to trauma by others where there can be righteous retribution, Ibn 'Arabī recommends mercy and forgiveness. It is this forgiveness that allows the preparedness and potentiality of the guilty party to flourish, and by enabling that to occur, even though they have a right to revenge, the injured party comprehends the value of the loci of divine manifestation and, by extension, God Himself. This is their posttraumatic actualisation.

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Notes

- 1 This does not mean that increased religiosity is always positive; Pargament also notes cases in which it leads to destructive behaviours (Pargament 2002, p. 49).
- 2 Even though spiritual experiences tend to be distinguishable from religious experiences because they are private, as opposed to experiences informed by and occurring within a religious tradition that are articulated in the lexicon of that tradition (Hood 2009, p. 189), Ibn 'Arabī makes the spiritual religious by articulating his private experience in the vocabulary of Islamic metaphysical language, and he makes the religious spiritual by vaunting the private experience of the mystic and allowing it to commentate scripture (Lala 2022).
- 3 All translations are my own unless indicated otherwise.
- 4 I am indebted to an anonymous reviewer for this astute observation.
- 5 I am grateful to an anonymous reviewer who made many of the salient points mentioned here, thereby making the section far more nuanced.

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Article

Spiritual Dimensions of Trauma and Posttraumatic Growth: An Ethnographic Exploration

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Abstract: *Cradled in the Arms of Compassion* is an autoethnography chronicling the spiritual dimensions of recovering from childhood sexual abuse. This article summarizes the results of that autobiographical research with particular attention to the spiritual dimensions and soul injuries of childhood sexual abuse experienced by the author and the spiritual resources that were discovered in the recovery from such abuse. It concludes with ten distilled coordinates that guide and support sexual abuse recovery as a resource for therapeutic and spiritual caregivers working with sexual abuse survivors.

Keywords: trauma; recovery; spiritual practice; compassion; contemplative practice; autoethnography; soul injury; self-compassion

1. Introduction

Since Judith Herman's landmark work, *Trauma and Recovery*, in 1992 (Herman 1992), and the inclusion of Post-Traumatic Stress Disorder in the International Classification of Diseases in 1992, the last decades have seen an explosion of attention given to the effects and healing of trauma. This has perhaps culminated in Bessel van der Kolk's book, *The Body Keeps the Score*, (van der Kolk 2014), spending over two years atop the New York Times bestsellers list. Trauma is being discussed, researched, and treated in ways both unprecedented and truly liberative. It is fair to say that trauma and its recovery have become woven into our cultural and professional awareness.

And yet, until recently, the spiritual dimensions of trauma's impact and the potential role of spirituality in trauma's recovery have been neglected. An enormous amount of research has illuminated the impact of trauma physically, somatically, emotionally, neurologically, behaviorally, relationally, and even ethically as the moral injury dimensions of trauma are now being recognized. Trauma, however, is also a spiritual injury. As Garbarino and Bedard have observed (Garbarino and Bedard 1996), undergoing traumatic events can be a "reverse religious experience". (Though most scholars would offer distinctions between spirituality and religion, Garbarino and Bedard used the phrases "spiritual experience" and "religious experience" interchangeably). To the extent that a religious or spiritual experience is an experience of or an encounter with a numinous reality that heals, restores, and empowers, a reverse religious experience is an encounter with an overwhelming force that debilitates one's sense of self and strips one of one's core sense of value, stability, and meaning. Trauma has spiritual dimensions, and trauma's recovery can be enhanced when accessing spiritual dimensions of healing.

Cradled in the Arms of Compassion: A Spiritual Journey from Trauma to Recovery is the author's autobiographical account as a survivor of childhood sexual abuse that chronicles both the spiritual devastation such trauma can cause and the role of spiritual resources in recovering from such trauma. *Cradled in the Arms of Compassion* is essentially a work of autoethnography. As C. N. Poulos (2021) observes, an autoethnography is "an autobiographical genre of academic writing that draws on and analyzes or interprets the lived experience of the author and connects researcher insights to self-identity, cultural rules and resources, communication practices, traditions, premises, symbols, rules, shared meanings,

emotions, values, and larger social, cultural, and political issues.” Adams, Jones, and Ellis elaborate as follows:

“autoethnography is a qualitative research method that: (1) uses a researcher’s personal experience to describe and critique cultural beliefs, practices, and experiences; (2) acknowledges and values a researcher’s relationships with others; (3) uses deep and careful self-reflection—typically referred to as “reflexivity”—to name and interrogate the intersections between self and society, the particular and the general, the personal and the political; (4) shows people in the process of figuring out what to do, how to live, and the meaning of their struggles; (5) balances intellectual and methodological rigor, emotion, and creativity; and (6) strives for social justice and to make life better”. (Adams et al. 2015, pp. 1–2)

Cradled in the Arms of Compassion (Rogers 2023) was written in my capacity as the Muriel Bernice Roberts Professor of Spiritual Formation and Narrative Pedagogy at the inter-religious Claremont School of Theology. My autobiographical study not only offers a ‘thick description’ of the maternal sexual abuse of a boy, but it also details the psycho-spiritual journey that led to genuine healing and recovering. Along the way, I critique the spiritual practices and theological teachings that exacerbated the impact of sexual trauma and I describe the spiritual practices, psychic resources, and theological meaning-making that contributed to posttraumatic growth. This article summarizes the spiritual dimensions of childhood sexual trauma as chronicled in this work of ethnography, the spiritual resources that contributed to healing and recovery, and coordinates in the recovery journey as a resource for therapeutic caregivers, chaplains, and spiritual directors who work with survivors of childhood sexual abuse.

2. Autoethnographic Context

At the age of 30, I was seemingly launched into an adulthood both stable and promising. I was married and the father of a young boy; a tenured-track professor at a prestigious school of theology; a popular teacher; an active parishioner; and involved in my community as a volunteer for the local interfaith council. I was also tortured. With the birth of my boy, flashbacks of childhood trauma ravaged my waking hours while nightmares pierced my sleep. Passions erupted within me that whipped in their ferocity—rage, despair, a self-loathing that was lethal. I began to cut myself. I stormed through the foothills screaming obscenities and pounding tree-trunks with a baseball bat. I became suicidal, until one attempt was aborted and I ended up committed within a mental facility.

As a professor of spiritual formation, I read widely and gave myself to contemplative practices and therapeutic processes that promised emotional regulation, psychological well-being, and spiritual vitality. As a person of faith, a life-long Roman Catholic, I sought theological frameworks that made sense of my experience, rebelled against those that did not, and pined for connection with a sacred source that promised succor, freedom, and abundant life. My quest spanned three decades, deconstructing harmful church teachings, wrestling with spiritual practices that only intensified my emotional distress, and searching for the resilience to confront the traumas that plagued me in ways that metabolized the pain and gave rise to psychic and spiritual well-being. Through a generative web of resources, including trauma-informed therapy, contemplative practices inspired by Carl Jung and Ignatius of Loyola, narrative arts modalities, and recovery protocols from researchers of childhood sexual abuse, I followed a path that not only restored my psychological well-being and spiritual generativity, but it also transformed my battle for survival into a survivor’s mission of companioning others on the journey toward posttraumatic growth.

3. Spiritual Dimensions of Abuse

A. Trauma is a Soul Injury

While trauma in general, and child sexual abuse in particular, wounds the body, the brain, and one’s capacity for emotional regulation, it also injures the soul. The nonprofit veterans’ organization, We Honor Veterans, coined the term ‘soul injury’ which they

describe as “an overlooked, unassessed emotional, spiritual, or psycho-social wound that traumatically or insidiously separates one from their sense of self” (We Honor Veterans 2024). The trauma recovery center, Opus Peace, elaborates that a soul injury causes one to feel less than whole; it is an aching wound characterized by unmourned loss, unforgiven guilt and shame, and a diminished self-compassion that is often manifested as a sense of emptiness, loss of meaning, or a sense that a part of oneself is missing (Opus Peace 2024). Such a violation to one’s core sense of self is corroborated by the Jungian depth psychologist David Kalsched in his work, *Trauma and the Soul* (Kalsched 2013).

In traumatic abuse, the vital essence of who one is and the foundations of one’s source of meaning and vitality are violated. Whatever is assumed as ultimate—that which grounds a confidence in the goodness and stability of the world, be it God, Life, the Universe, or even one’s authority figures—are experienced as untrustworthy, leaving one vulnerable to the caprices of the world. Such violation cuts to the core of one’s sense of self, leaving one bereft in a chaotic and uncaring universe. For Opus Peace, the symptoms of such a soul injury include the following:

1. Shame: A haunting sense that one’s deepest self is defective or damaged.
2. Self-Denigration: An inability to sense one’s inner goodness and beauty.
3. Unmetabolized Wounds: Loss and suffering that have not been mourned and therefore haunt from their buried shadows.
4. A Fundamental Sense of Betrayal: An acute sense of the lack of support and protection from trusted figures in one’s life—God, an organization, or oneself—at the time of the original injury.
5. Meaninglessness: A disconnection from one’s life purpose or source of connection that erodes hope and resilience.
6. Spiritual Wounds: Anger at God; rage at life; existential despair that one is alone in a capricious universe; metaphysical anxiety that renders one’s place insecure in the cosmos where, at worst, one fears that life is out to get one and, at best, one simply does not belong in the world; and guilt that one has offended that which brings order to life.
7. Terror of Death: A primal dread that that which lies on the other side of life is dangerous and condemning.

Such soul injuries require soul healing. This includes accessing one’s deepest sense of self and experiencing it as beloved and worthy; connecting to a life-giving source of worth, empowerment, and hope; grieving the unmourned loss and violation that haunts one’s deepest being; re-parenting the wounded ones within us that still carry the pain of abuse; a self-compassion that holds the protective parts of ourselves with understanding, care, and, when necessary, forgiveness.

B. Trauma Often Evokes a Faith Crisis

Children, like myself, often grow up with a sense of the divine as an all-powerful and protective guardian. I was taught that God had the power to intervene in history and protect God’s loved ones; indeed, if one was good and faithful, God would watch out for us and keep us safe from the bad things happening to us. Catholic schoolboy that I was, I had a picture of Jesus on the wall of my bedroom kneeling in prayer before this all-powerful, all-loving God. My mother taught me to pray to that God every night, and that God would be faithful. That was the same bedroom in which I was raped by my mother’s predator stepfather and was molested by my mother. I prayed for God to stop it, but it happened anyway.

For me, such abuse spawned a faith crisis that lasted for decades. Where was God when it happened? Why did God allow it to happen when God could have prevented it? What was wrong with me that God did not care enough to intervene when I was most in need? Survivors like me often internalize damaging beliefs about our relationship to the divine. We feel that God must not love us; that we must not be important to God; that we must be a disappointment to God with something fundamentally wrong with us; that

God must be cold, capricious, aloof, and unfair; that one could never trust in a supreme being again. Damage to one's faith in or relationship with God for sexual abuse survivors has also been recognized in researchers who interview such survivors. Susan Shooter's ethnographic study of nine Christian women revealed a fundamental sense of betrayal by what she considers a patriarchal understanding of God (Shooter 2016); Pereda and Segura discovered an acute loss of faith in God and the church amongst 38 adult survivors of sexual abuse in the Roman Catholic Church in Spain (Pereda and Segura 2021); while Stephen Rossetti discovered, in a study of 1800 adult Catholics in the U.S and Canada, a measurable lack of trust in both God and the church among sexual abuse survivors as opposed to those who report no history of sexual abuse (Rossetti 1995).

The theological communities in which I was navigating my faith crisis offered explanations that only exacerbated my alienation from my sense of God. They taught such explanations as God protects the free will of the perpetrator (which apparently was more important than protecting me from violation); that God allows evil in the world to test our faith and purify it; that God brings suffering into our lives to help us grow spiritually and strengthen our character; that suffering in the world is a result of human wickedness—the consequence of sinfulness in which we are all complicit; that God's ways are a mystery and not to be questioned; that suffering is redemptive—in submitting to it, we participate in the mystery of Christ's Passion.

To an abuse survivor, this feels like being admonished to be quiet and accept one's abuse; to tolerate our violation with patience; to not question what happened to us as it will work out for some good of which we may never be aware; to submit to our violation with longsuffering and use it for our edification; even to count it all joy when we suffer because it produces perseverance and aligns us with the suffering that Christ endured for us.

This is a theology that serves the interests of the perpetrator, not those of a survivor. It promotes the survivor's silence; places blame on the victim; deepens the alienation between the survivor and the sacred source that the survivor beseeches; and piles on the self-recrimination for the seeming impossibility of being thankful for one's violation and submitting to it willingly. Such meaning-making systems that ground a survivor's fundamental faith need to be deconstructed and replaced with more liberative ones on the path to a holistic recovery.

C. Spiritual Practices often Exacerbate Soul Injury

As a person of faith and a professional researcher of spiritual practice, I have encountered spiritual teachings that have only intensified my psycho-spiritual distress. It is beyond the scope of this summative article to catalog the various ways that religious and spiritual traditions impede recovery from such trauma as childhood sexual abuse. For excellent resources on this issue, see Janyne McConaughy's *Trauma in the Pews: The Impact on Faith and Spiritual Practices* (McConaughy 2022), and Charles Kiser and Elaine Heath's *Trauma-Informed Evangelism* (Kiser and Heath 2023). Teachings of the need for survivors to forgive our perpetrators and reconcile with those who have harmed us minimize the long process of healing necessary before forgiveness is a live option and often encourage a cheap reconciliation where there is neither accountability nor a commitment to curtail further abuse. As I was to discover, confirmed by the Linns' work *Don't Forgive Too Soon* (Linn et al. 1997), genuine forgiveness is the endpoint of a long season of recovery, and authentic reconciliation with a perpetrator demands the perpetrator's remorse, rehabilitation, restitution, and repair before such a reconciliation could be possible. Susan Shooter, in her interviews with the abused women, recognized the dangers of church-imposed demands for forgiveness on a survivor's healing, as well as the debilitating effects of substitutionary understandings of the atonement, what Joanne Carlson Brown and Rebecca Parker consider divine child abuse (Brown and Parker 1989).

In my journey of recovery from childhood sexual abuse, I found particularly problematic teachings that disparage the body and our emotions. Many spiritual traditions suggest that the body is 'of the flesh' and is, at best, not to be trusted and, at worst, filthy and defiled. As somatic practitioners confirm, many of my symptoms of sexual abuse

were embedded in my body—intuitive sensations of my privates being violated, burning sensations in the region where I was raped, a stiffness when I would be embraced, a flinch when I was touched from behind. While trauma experts record how the ‘body keeps the score’, spiritual teachings that disparage the body feed self-doubt in the survivor. This was intensified for me with the ubiquitous teachings of original sin and total depravity—that we are flawed in our being from birth. Like most sexual abuse survivors, I carried an innate sense that I was damaged goods in my being, that my very cells were soiled by the violation that I endured. I was convinced that the extreme emotions that ravaged me were the consequence of my inherent fallenness, that psychotherapeutic healing could only go so far—only a spiritual cleansing of my depravity would lead to a sustaining sense of self.

This was exacerbated by spiritual practices that consider difficult emotions like anger, despair, and shame as sinful and either in need of repenting or to be resisted and released by contemplatively or mindfully letting them go. For me, these extreme emotions came with the force of a demonic possession. Like a buoy being pushed underwater, they defied suppression, and my few moments of contemplative reprieve when I practiced Centering Prayer or mindful breathing were short-lived as the passions erupted all over again when I found myself in triggering contexts. Being told that these passions were sinful only deepened my sense of self-denigration, while my inability to master them in contemplative practice only intensified my certainty that I was spiritually deficient. For me, the path to recovery involved making peace with the passions and bodily sensations that waged war within me, as well as discovering spiritual practices that not only cultivated emotional regulation but engaged these interior energies as spiritual allies.

4. Spiritual Resources in Recovery from Abuse

A. Source of Sacred Compassion

As the all-powerful and all-knowing God of my childhood died for me during my years of theological deconstruction, a reconstructed sense of sacred presence proved to be profoundly restorative on my journey toward recovery. In her book, *The Female Face of God in Auschwitz*, the Jewish feminist scholar Melissa Raphael (2003) suggests that God was with God’s people during the Shoah in God’s feminine form, as Shekinah. Like the portable tabernacle that followed the Jews through all manner of exile and suffering, Shekinah was present in loving solidarity, sustaining the spirit of God’s people in pain. Her presence grieved with those in mourning, sat with those in despair, and walked with those holding onto their humanity in the midst of evil’s dehumanization. Even in the belly of the abyss of Auschwitz, women resisted the spirit-killing horrors and extended care to each other. They shared scraps of food with one another, wrapped blankets around the dying, wiped tears from crying children, massaged each other’s hands, lanced each other’s boils, and in ritual acts of daily hygiene, they simply washed their own faces, claiming the purity of their divinely imaged radiance in a camp that sought to defile and disfigure them. This is divine power in its truest form—to extend kindness in a world of coldness, to coax beauty out of the decay of the ugly, to claim dignity in the face of degradation. It is the power of sacred compassion.

Melissa Raphael offered me a credible theological understanding of sacred presence and power that made meaning of my experience and inspired a reconstructed faith system through which to navigate life. She also informed a restorative spiritual practice. In prayerful meditation, and sometimes when in the throes of my traumatized anguish, I sought the compassionate comfort of Shekinah. In the manner of the ancient practice of the healing of memories, where a comforting divine figure is invited to be with one in the scene of a disturbing episode from the past, I invited, imaginatively, this feminine presence to cradle and care for the wounded ones within me. This proved to be profoundly consoling. Similarly, Susan Shooter observed that a spiritual experience with a tender and compassionate sacred reality, present with them in the midst of their trauma, was restorative for the women survivors of sexual abuse. Shooter described this sacred presence as God’s timeless presence and God’s holding company even within the horrors of abuse

(Shooter 2016). Jill Louise Wylie also found that spiritual experiences with a loving sacred presence was instrumental in the healing journey of twenty women survivors of sexual abuse—offering them a deepened sense of connection with their higher self, a heightened sense of self-determination, a restorative sense of connection with others, and a greater capacity to make meaning of their abuse (Wylie 2010).

I did something similar with a different divine figure when I participated in the nineteenth annotation of Ignatius of Loyola's *Spiritual Exercises* during a particularly transformative season of my recovery. In meditating on the various scenes of the New Testament gospels, I came to see that Jesus was an abuse survivor. Living within a pitiless occupation, born illegitimate in a doggedly patriarchal society, surviving the infanticide of Herod, and being brutally tortured and horrifically executed, Jesus knew the suffering of trauma. Others have recognized Jesus as a trauma survivor (see, for example, Kiser and Heath 2023) However, Jayme Reaves, David Tombs, and Rocio Figuero additionally recognize that Jesus was a victim of sexual abuse as well. Their edited volume *When Did You See Me Naked: Jesus as a Victim of Sexual Abuse* details how Jesus' torture and crucifixion—with its forced stripping, naked exposure, and sexual humiliation—was an intentional form of sexual abuse and violation, and they describe the destigmatization, solidarity, and sense of divine accompaniment this realization offers survivors in their healing journey (Reaves et al. 2021). I experienced this divine solidarity myself. As a symbolic embodiment of divine being, I invited Jesus into the scenes of my abuse and experienced the keen sense that sacred presence knows my suffering and takes it into God's very being where it is not only held with care, but the pain is metabolized and spiritual vitality is restored. The enduring essence of this sacred reality is infinite compassion. As I discovered throughout my recovery's journey, often mediated through acts of kindness extended to me by others, compassion resuscitates. It does not take the pain away, but it keeps the spirit alive while going through it.

B. Self-Compassion as a Spiritual Source of Healing and Restoration

While true to some extent in all of us, abuse survivors in particular are often consumed by possessive interior movements. This was certainly true of me. Emotions such as rage, shame, and despair would overwhelm me; internal voices of self-laceration would hound and criticize me; the drive to cut myself or numb myself in distracting behaviors would compel me; images, daydreams, and nightmares would flash me back into traumatic scenes; and bodily sensations would plague me like stinging in places where I was violated, shivering in the coldness of my desolation, and an uncontrollable flicking of my fingers in an attempt to dispel from my being the sordidness that inhabited me.

Formed in a religious tradition that considered such interior movements as symptoms of sin or signs of an immature faith, and as a student of the spiritual practices that sought to rid such psychic energies out of our systems, I cast judgment on these passions and impulses, and I fought them with all my strength. The fight proved to be futile. These interior movements defied any attempt to be suppressed, subdued, managed, or merely willed away. In fact, such attempts only escalated my distress and intensified their possessiveness.

A decisive turning point in my recovery occurred when I stumbled upon the discovery that every one of the interior movements that rifle within us are there for a reason. They are cries of the soul, each one rooted in unmet needs, unfulfilled longings, and unhealed pain aching to be heard, healed, and restored. It is a counter-intuitive truth. The emotions and impulses that so often plague us, they all mean well. They are all rooted in some form of suffering, and they all can be tended to with grounded compassion. Paradoxically, when we turn toward them with curiosity and extend to them care, they release their grip on us and contribute to our well-being.

This discovery, that I experimented with time and again throughout my recovery, distilled into a contemplative practice that became a fundamental linchpin in my healing and ongoing regulation. Coined as 'The Compassion Practice', it is a process of self-restoration rooted in extending grounded care to the activated states within us. (The Compassion Practice is described in depth in Rogers 2015, 2016) Along the way, I was

introduced to Internal Family Systems (IFS), a radically non-pathologizing and compassion-based therapeutic process rooted in the same insights and protocols (Schwartz 2021). As both an evidence-based trauma therapy and a liberative contemplative practice, self-compassion proves to both heal and sustain. For me, it was also spiritually realigning. The compassion accessed to hold the suffering within me was fused with the sacred source of compassion that holds all suffering with tender care. Cradled in those arms, life itself is resuscitated.

5. Distilled Coordinates in Recovering from Childhood Sexual Abuse

It is a sober truth—healing from sexual abuse is an odyssey, a long and wandering journey with many upheavals along the way. Each person’s voyage to a Promised Land of emotional stability, sustained freedom from the triggers of trauma, and a life lived with contentment, connection, and purpose is utterly distinctive. The winds that whip and then dissipate into a dead sea calm; the storms that strand us in desolate shores; the routes that we navigate; and the ports of call that replenish us, are as unique for each survivor as the circumstances surrounding the horrors from which we are recovering.

For all the idiosyncrasies, however, several things seem true for each voyage, that the journey is lengthy—spanning across years if not a decade or two; the journey circles and spirals, stalls and speeds up, gains ground and regresses, ever defying any linear progression; and the journey is hard—it demands resilience, determination, confidence, and courage. It is truly a hero’s and shero’s epic quest.

To adequately delineate all that I had learned about recovering from sexual abuse, I needed to tell the entire story. *Cradled in the Arms of Compassion* is that story—with all its sordidness, and all of its dead-ends and misdirection, in the midst of all of its discoveries. On this side of the telling, however, I can distill a few of the components that helped me to heal and recover over time.

Judith Herman, in her landmark book, *Trauma and Recovery* (Herman 1992), suggests that recovery from trauma happens in three stages—three legs in the epic journey to the homeland of healing. The first stage is “Safety and Stabilization”. Trauma dysregulates us. Furies, flashbacks, nightmares, and instinctive reactivities typically overwhelm the survivor and perpetuate a chronic sense that the world is unsafe. In this first stage of recovery, support needs to be put into place to sustain a season of healing, and skills need to be developed to navigate difficult emotions and regulate the body’s fight, flight, and freeze impulses.

The second stage is “Remembrance and Mourning”. This is the season of deep and therapeutic healing. Traumatic memories need to be processed and metabolized. The losses that one has experienced—of innocence, connection, trust, and self-worth—need to be acknowledged and grieved, and the resilient spirit of a survivor—as opposed to a passive victim—needs to be discovered and internalized.

The third stage is “Reconnection and Integration”. On the far end of recovery, trauma no longer defines who one is. The horrors that one has lived through are integrated as but a single chapter in one’s overall ongoing story. A life of agency and vitality can now be claimed—meaningful relationships with others can be cultivated; work that is intrinsically fulfilling can be pursued; and a heightened meaning can be given to the trauma—perhaps by companioning other survivors, sharing one’s story and wisdom, writing about it, speaking publicly, volunteering for support organizations, or even engaging in political advocacy work. That which could have defeated one now inspires a life well-lived.

As I look back on my journey, I recognize this three-fold arc. I loosely followed its trajectory, although, for me, each stage circled back multiple times and interlaced with the others. Throughout this meandering journey, I found the following coordinates most helpful in continually pointing me back in the right direction and keeping me on the course toward healing:

1. *Circles of Support*: It was indispensable for me to find people in whom I could confide about my abuse and its tortured aftermath. Be it friends, confidants, support groups,

or professionals, I needed people like my therapists and spiritual directors who would say repeatedly and unequivocally, “I believe you; something happened to you that was horrific and wrong. You are not crazy; you feel what you feel for a reason. You are not alone; others have been through this too. And yes, the way is hard; but you can get through it.”

2. *Setting Boundaries*: I needed to suspend contact with the still living person that abused me as their presence only triggered me into a state of chronic agitation. A prolonged period of separation not only removed me from physical proximity with the external source of my activation, but it also reassured my inner world—the wounded ones within me and the defensive impulses that protected them—that I would keep them all safe from any further violation.
3. *A Season of Recovery*: Mike Lew (1988) suggests that survivors leave a shingle for a spell on the door front of their lives, ‘Shop Closed for Repairs.’ I needed to give myself a season dedicated to my recovery, both minimizing the demands on my life as much as possible and mobilizing myself with the determination that it takes for the hard work of recovery.
4. *Learning about Sexual Abuse*: I went through a spell of devouring works depicting sexual abuse—everything from self-help books to novels, films, and documentaries. For me, this was not a masochistic wallowing. It was profoundly consoling. I was able to recognize myself in the portrayals thus validating my experience. I learned how trauma impacts the body and soul which normalized my own crazy-making symptoms. And with the vast number of accounts available, I felt like I was not alone—others knew the horrors of assault as well and had discovered resources for overcoming it.
5. *Trauma Therapy*: Finding skilled counseling with people trained in working with trauma was essential for me. Trauma work is more than talk therapy. Memories need to be surfaced and shared; neural circuits of reactivity need to be rewired; physiological symptomology needs to be released and restored. The trauma does not need to be re-experienced—which only re-traumatizes and further entrenches protective systems—but it does need to be reimagined and metabolized. I found such therapeutic modalities as the Internal Family Systems (IFS), Eye Movement Desensitization and Reprocessing (EMDR), Bio-Spiritual Focusing, and Jungian Active Imagination particularly suited to healing the trauma that I had endured. In explaining why such therapies are necessary for trauma recovery, and summarizing the most promising among them, I have found Bessel van der Kolk’s book, *The Body Keeps the Score*, both brilliant and definitive (van der Kolk 2014).
6. *Trusting My Body*: Foundational for cultivating the stability necessary to plunge into the deep work of therapy, I needed to stop fighting my body and to learn to trust it. It was a hard-won recognition—the body does not lie. The rages, reactivities, and revulsions to touch; the instinctive stone walls of unyielding invulnerability; the sordid images that invade one’s mind both night and day—it all comes from some place. We were not born that way. Something gave rise to it. Instead of minimizing my body’s maladies, battling to subdue them, or lacerating myself in self-condemnation, it helped when I learned to listen to what my body was telling me and to trust it to lead me to the truth of my anguish.
7. *Giving Expression to my Emotions*: The passions and impulses that warred within me needed an outlet. Simply smoldering in their possessive energy did not help. Nor did trying to suppress them, judge them, or find a way to manage them. I needed to honor and validate them by giving them a safe space to express themselves. For me, this came through incessant journaling, drawing them with colored pencils, working them out with clay, emoting them on a stage, howling in the woods, and venting them to my therapists. The energy was seared into my cells. Giving my chaotic emotions expression discharged their intensity and dissipated the power with which they were wreaking havoc within me.

8. *Befriending and Restoring My Psychic States*: Perhaps the single most restorative game-changer for me on my journey of recovery was the discovery that every one of our interior movements—the emotions, impulses, fantasies, and self-talk that whip through our psyches—they all serve some life-promoting purpose. To be sure, in their cry to get our attention, they usually overwhelm us with their force, prompting us to try to suppress, numb, or manage these interior psychic states. My recovery took a radically restorative turn when I learned the process that came to be known as the Compassion Practice, cultivating a grounded, mindful awareness of the presence of these interior states within me; listening to the deep cry or need hidden within them; extending a loving care to the wounded parts of me buried underneath my reactivities; and accessing a sacred source of compassion—sometimes personified in divine figures or ancestors, sometimes experienced as a spiritual energy of care and vitality—that restored me to my best self. (The Compassion Practice is described in depth in Rogers 2015, 2016). I engaged this process most consistently through meditation that evoked my imagination. I also discovered that this process could be engaged in other ways, such as writing it out in both fictive and non-fictive narratives; acting it out on stage; working it out with externalized figures drawn on a page or symbolized with objects; and talking it through with spiritual directors and confidantes. The mode may be multiple, but the liberation is revolutionary.
9. *Physical Activity*: Frequently, my body merely needed to discharge energy. I had to move, and to move vigorously. When I was physiologically flooded and emotionally overwhelmed, I tended to power-walk through the hills or run for miles, though cycling, swimming, dancing, and yoga would all have been equally effective. Sometimes, it was necessary just to exert myself mindlessly to get away from the barrage of my inner torment. Other times, I ruminated over memories while pushing myself physically, which helped metabolize the pain without being consumed by it. And sometimes, I simply needed to tire myself out to at least approach a good night's sleep.
10. *Transforming Trauma into Art*: Art takes human experience and crafts it into objects of beauty. The art can be in many forms, such as composing music, painting, poetry, and pottery. For me, it was crafting stories—giving shape to my experience through playwriting, writing a novel, and molding accounts of abuse, my own and others, into short stories that I could share at speaking events. Whatever the form, art is more than simply sharing one's experience. Art takes the raw material of experience, reflects upon it, and fashions it with meaning and purpose—to provoke the mind and pierce the heart. In doing so, creating art resists the passivity of despair and births life out of the death-dealing tomb of trauma. In the midst of the horror, the human spirit endures. A creative life-spark is uncovered. Power and agency are reclaimed. And the ugly is transformed into something sublime. The music may be blues; the poetry may be bleak; and the sculpture may be replete with jagged edges and barbed hooks. But the truth is told with emboldened vitality. In the end, I wrote a spiritually themed autoethnography, *Cradled in the Arms of Compassion* dedicated to my sister, who suffered similar trauma but did not live to recover from it. I told my truth unveiled from fiction. And with it, I share the hope of all art that is born from the crucible of trauma. If that story inspires a single other survivor to claim the truth of their experience; to know that they are not alone; and to launch, even with trepidation, a journey toward healing, then my odyssey would be complete.

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Article

Religious/Spiritual Abuse, Meaning-Making, and Posttraumatic Growth

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Abstract: While religion and spirituality (R/S) have been broadly studied for their positive mental health impacts, instances of abuse within religious or spiritual contexts remain under-researched. This scoping review aims to elucidate how individuals experiencing such abuse navigate their trauma, find meaning, and foster posttraumatic growth (PTG). The research was conducted using a scoping review methodology as a guide, and 10 articles were selected based on predefined inclusion and exclusion criteria. Synthesizing these articles revealed the following three central themes: recognizing abuse, relaying one's story, and redefining spirituality. Survivors often face disbelief and stigma, hindering their ability to process their experiences. However, narrative sharing enables many to reclaim agency and healing through validation and the integration of the narrative into one's life story. Additionally, survivors often transform spirituality, shifting from rigid frameworks to more nuanced and flexible understandings of the Divine and self. These findings underscore the importance of trauma-informed, spiritually sensitive clinical approaches that validate survivors' experiences, facilitate narrative sharing, and support spiritual redefining. Future research must address knowledge gaps, including the development of improved assessment tools, exploration of effective treatment strategies, and the unifying of terms to better support survivors' healing journeys and promote meaning-making and PTG in the aftermath of R/S abuse.

Keywords: trauma; religious/spiritual abuse; meaning-making; spirituality; posttraumatic growth

1. Introduction

Religion and spirituality (R/S) have recently garnered significant attention in research, being recognized for their potential to facilitate healing, posttraumatic growth (PTG), decreased mental health symptomology, and the construction of meaning (Bryant-Davis and Wong 2013; Sen et al. 2022; Czyżowska et al. 2021; De Vynck et al. 2023). Within the mental health field, there is a growing acknowledgment of the pivotal role spiritual dimensions play in providing holistic care to individuals (NASW 2021; Parada 2022; Gilligan and Furness 2006; Gilligan 2012; Jerome et al. 2023). The Association for Spiritual, Ethical and Religious Values in Counseling (2024) underscores the importance of therapists recognizing the centrality of their clients' R/S beliefs, or absence of R/S beliefs, to their worldview, which can profoundly influence psychosocial functioning.

While the previous literature has predominantly explored the beneficial aspects of religion and spirituality (Jerome et al. 2023; Sen et al. 2022; Czyżowska et al. 2021; Rowe and Allen 2004; Bryant-Davis and Wong 2013; Gur and Reich 2023; Whitehead and Bergeman 2020), recent scholarship, non-academic sources, and grey literature have begun to shed some light on the various forms and expressions of abuse in the R/S sphere (Zaeske et al. 2024; Parada 2022; Religious Trauma Institute 2022; Truong and Ghafournia 2024; Wilson and Lopez 2021; Johnson and VanVonderen 2005; Oakley and Humphreys 2019; Anderson 2023; Baker 2019). However, there remains a significant gap in the understanding of how individuals navigate these experiences, derive meaning, and experience PTG from them. This review aims to bridge this gap by synthesizing current research on R/S abuse and delving into its impact on individuals' meaning-making processes and PTG experiences.

In their recent scoping review, Zaeske et al. (2024) pointed out a lack of consensus regarding terms and definitions, which has created a universal challenge within the literature. These terms include spiritual abuse, religious abuse, spiritual wounding, spiritual harm, adverse religious experiences, and religious trauma. They are often used interchangeably and rarely with clear delineation. Additionally, R/S abuse is sometimes conflated with other forms of abuse, further complicating its conceptualization and understanding (Zaeske et al. 2024). Recognizing such complexity, this review adopts a broad understanding of R/S abuse, which encompasses any instances where religious or spiritual authority is misused or exploited, resulting in significant psychological and/or spiritual harm to individuals (Ellis et al. 2022). This includes forms of abuse such as manipulation, coercion, exploitation, or betrayal of trust within religious or spiritual contexts, as well as specific instances like clergy perpetrated sexual abuse.

The aftermath of R/S abuse can have profound and far-reaching effects, permeating various aspects of an individual's well-being, including psychological, emotional, and spiritual dimensions (Ellis et al. 2022; Ellis et al. 2023; Marotta-Walters 2015; Pargament et al. 2008; Doyle 2009; Flynn 2008; De Vynck et al. 2023). Individuals often grapple with symptoms akin to post-traumatic stress disorder (PTSD), navigating experiences of depression, anxiety, self-harm tendencies and more (Flynn 2008; De Vynck et al. 2023; Ellis et al. 2023). Moreover, the trauma inflicted can engender profound spiritual insecurity, leading to a deep sense of grief, shame, and existential disorientation (De Vynck et al. 2023; Doyle 2009; Marotta-Walters 2015). In some cases, individuals may resort to maladaptive coping mechanisms, such as eating disorders or engaging in dysfunctional relationships (Flynn 2008). Further, R/S abuse can rupture the sacred bond between an individual and their faith, sparking feelings of anger towards a higher power and fostering a gradual erosion of faith (Marotta-Walters 2015; Doyle 2009). This myriad of impacts underscore the intricate and extensive consequences of R/S abuse.

Vis and Boynton (2008) introduced the concept of “transcendent meaning-making” as a central spiritual task in the trauma process, which moves beyond the cognitive to incorporate “a deeper intuitive understanding of one’s relationship with themselves and their existence in the world” (p. 74). This involves an intentional meaning-making process of restructuring one’s worldview into one capable of embracing the entirety of one’s experiences (Vis and Boynton 2008). Understanding how individuals navigate and derive meaning from these adverse experiences is crucial. Therefore, this review will explore the factors that enable individuals who have experienced R/S abuse to engage in transcendent meaning-making, shedding light on their journey toward healing and growth. Beginning with an overview of the methodology, this review will then delve into the three prominent themes identified within the literature. It will then discuss some of the clinical implications derived from the findings. Finally, this review will conclude with an outline of the limitations inherent in the studies, followed by various recommended avenues for future research.

2. Methodology

This study employed a scoping review methodology to map the existing literature on the under-researched topic of R/S abuse and its relationship with PTG. Scoping reviews are particularly well-suited for exploring an emerging research area like R/S abuse where the limited number and diverse nature of available studies make a comprehensive synthesis premature (O’Brien et al. 2016). Given the nascent nature of research on R/S abuse and the varied ways in which individuals find meaning and heal from the trauma, a scoping review approach was deemed optimal to identify key concepts, themes, and gaps in the literature (O’Brien et al. 2016). This methodology allowed for a broad exploration of the research landscape to provide an overview of how survivors navigate trauma, find meaning, and foster PTG in the aftermath of R/S abuse.

A comprehensive search was conducted on the ProQuest database on 28 March 2024 using combinations of the following search terms: religion, spirituality, Christianity, the-

ology, Catholic churches, religious beliefs, Christians, religious organizations, pastoral counselling, religious orthodoxy, spiritual resilience, resilience, meaning-making, coping behaviour, coping, adaptation psychological, emotional adjustment, stress reactions, avoidance, emotional responses, functioning, trauma, abuse, priest, minister, clergy, rabbi, nun, and pastor.

The inclusion criteria involved selecting only scholarly journals, and the articles were required to directly explore the intersection of religious or spiritual abuse with positive psychological outcomes such as resilience, posttraumatic growth, coping, or meaning-making. Additionally, articles had to be available in English. The exclusion criteria encompassed articles solely focused on non-religious related abuse or trauma. Articles primarily centered on Indigenous, 2SLGBTQ+, or domestic/family violence subjects were also excluded as these subjects, while significant, are beyond the scope of this paper.

The initial ProQuest search yielded a pool of 37 articles. A subsequent review of the titles and abstracts identified five articles meeting the predefined inclusion criteria. An additional search of the references cited in these chosen articles, known as an ancestral search, yielded five more relevant articles. Thus, this review comprises 10 articles published between 2008 and 2024, selected to provide insights into the intersection of R/S abuse with meaning-making and PTG.

A theoretical framework of storytelling/narrative sharing was utilized to identify and understand the abuse experiences documented in the reviewed articles. This approach was chosen due to the inherent challenges in quantifying the subjective, personal, and diverse nature of religious experiences. Among the 10 selected articles, the majority utilized some form of storytelling and narrative recall, which were captured in qualitative descriptive paragraphs. According to Lee et al. (2016), "storytelling expands our understanding of social determinants of health by illustrating culturally grounded messages and experiences of the target audience in their local settings" (p. 59). Thus, a narrative framework was deemed most suitable for effectively illustrating and expanding the understanding of the complex experiences of individuals who have faced R/S abuse.

An examination of the literature unveiled three central themes as follows: individuals who have experienced R/S abuse can create meaning and facilitate PTG when their experiences are recognized as abuse; when they have the opportunity to articulate their narratives; and when they engage in the process of redefining their spirituality to resonate with their evolving worldview.

3. Literature Review

Storytelling and narrative sharing are powerful tools for helping people understand and make sense of their experiences (Lee et al. 2016). Qualitative methods, particularly those centered on storytelling/narrative sharing, are well-suited to capture the nuances and emotional impact of R/S abuse experiences, which often defy quantification through traditional research approaches. Given this, this review utilized a narrative framework to identify, understand, and explore the diverse ways survivors navigate trauma, find meaning, and foster PTG.

3.1. Recognition: Naming the Abuse

Research has demonstrated how trauma impacts individuals across spiritual, psychological, social, and physical dimensions (Pargament et al. 2008). However, when the trauma originates from religious or spiritual sources, survivors often encounter secondary challenges, including disbelief, stigmatization, isolation, shaming, and even overt hostility from their spiritual community as well as the broader public (Pargament et al. 2008; Heyder 2022; Flynn 2008; Doyle 2009; Ellis et al. 2023). As often happens in both personal and professional environments, a lack of awareness and validation of R/S abuse compounds the difficulties faced by survivors, which can lead to self-blame, mental health struggles, confusion, and more (Ellis et al. 2023; Flynn 2008; Heyder 2022; Pargament et al. 2008).

Without recognition that abuse was experienced, integrating any traumatic experiences into one's life narrative becomes challenging.

Flynn's (2008) study, focusing on twenty-five participants predominantly comprising white women who were victims of clergy sexual abuse, delineated several factors unique to this form of abuse. One notable factor was the misidentification of the experiences by many of the perpetrators, church leaders, and, at times, the whole congregation, framing the abuse as a mutual relationship between consenting adults and thus leading to immense feelings of guilt, shame, and personal responsibility (Flynn 2008). Further, attempts to disclose the abuse were frequently met with victim-blaming, denial, disbelief, and even open hostility, leading to revictimization and abandonment by the religious community (Flynn 2008). Heyder (2022) echoed similar findings in her analysis, which was based on the narratives of twenty-three German Catholic women who had been spiritually and sexually abused. She stated that "the 'unbelievable' remains misunderstood and unbelievable because a social and intellectual resonance space is missing" (Heyder 2022, p. 3). Similarly, Flynn (2008) conveyed, "The creation of a context for their experiences is pivotal" (p. 235). These quotes underscore the importance of validation for survivors and the need for others to recognize that abuse, harm, and trauma have occurred. The lack of validation that abuse has occurred can exacerbate difficulties and impede healing, potentially becoming a source of trauma itself (Doyle 2009).

Recognition of R/S abuse as abuse is imperative for survivors' healing and recovery (Flynn 2008; De Vynck et al. 2023; Ellis et al. 2023; Marotta-Walters 2015). This acknowledgment offers psychological confirmation and aids in symptom reduction, facilitating psychological healing and meaning-making (Marotta-Walters 2015). In researching four predominantly white and white-passing women's experiences of spiritual distress, De Vynck et al. (2023) noted that "The language of trauma and describing it appeared to allow the participants to make meaning of these disorienting, overwhelming, and distressing emotional and embodied experiences. . ." (p. 7). In other words, using the language of abuse and trauma provides a context for what affected individuals have experienced, allowing them to assign meaning to their experiences and begin to understand them. In addition to recognizing one's own experience as abuse, realizing that others share similar experiences and symptoms can be important to the meaning-making process, as well as aid in helping survivors contextualize their experiences and recognize that they are not uniquely damaged (Marotta-Walters 2015). Recognizing and validating experiences of R/S abuse as abusive and traumatizing is pivotal for survivors' healing and recovery. This naming of what occurred not only provides a context for their experiences but also aids in reducing trauma symptoms and facilitating psychological healing and meaning-making. In the words of a survivor, "It has so much healing power... just to be able to say, 'Yes, this is what it was.' That was so helpful" (Flynn 2003, p. 232). Common threads of feeling silenced and disbelieved permeate R/S abuse experiences, contrasting starkly with the healing, meaning-making, and integration often associated with being able to articulate one's story and receiving belief and validation from others (Pargament et al. 2008; Heyder 2022; Marotta-Walters 2015; Walker et al. 2010).

3.2. *Relaying: Exploring the Trauma Narrative*

Building upon the preceding theme of recognizing the abuse and trauma, the subsequent theme delves into the significance of survivors of R/S abuse being able to share their narratives. Walker et al. (2010) contended that the primary purpose of creating a trauma narrative is to aid the survivor in integrating the traumatic experience into their life. Narration is a versatile medium encompassing storytelling, writing, song, art, and other expressive forms (Walker et al. 2010). Walker et al. (2010) suggested exploring parallels between the individual's story and religious narratives dealing with suffering and meaning-making and subsequently fostering spiritual and emotional connections that allow for the creation of personal meanings from experiences.

Heyder (2022) highlighted the agency-restoring potential of storytelling, emphasizing how narrating painful events enables individuals to weave them into their life story, reclaiming control over their narrative. Survivors attest to the transformative power of storytelling, expressing how sharing their experiences aids in resolving confusion, rebuilding trust in their feelings, and stripping traumatic events of their hold over them (Heyder 2022). Similarly, Marotta-Walters (2015) noted the role of extroversion as a protective factor, as this personality trait may make it more likely for an individual to process trauma by discussing and sharing their stories, thereby integrating them into their worldview. Pargament et al. (2008) conceptualized storytelling as testimony, affording individuals catharsis and an opportunity to derive meaning from their experiences and assert dignity in their life narratives.

As survivors tell their stories, intense emotions may arise, such as anger, grief, bitterness, and fear (Heyder 2022; Flynn 2008; Doyle 2009). These emotions may be directed at God, at one's faith community, or at one's faith itself, and these emotions must be validated and normalized as appropriate responses to the experience of abuse (Heyder 2022; Flynn 2008; Doyle 2009). This validation helps facilitate the integration of their emotions into their life narratives (Heyder 2022). Additionally, exploring trauma narratives often aids in recognizing accountability, relieving survivors of self-blame and fostering self-empathy (Marotta-Walters 2015). Heyder (2022) notes an essential qualification by highlighting survivors' autonomy in choosing if/when, how, and with whom to share their stories, underscoring the emotional intensity and complexities inherent in the process.

In sum, the act of narrating one's story serves as a cornerstone in the journey of healing and meaning-making for many survivors of R/S abuse, offering a pathway to reclaiming agency by deriving meaning and integrating traumatic experiences into their evolving life narratives. In the words of a survivor, "To tell what I have experienced helps me to solve my confusion... I begin to trust my own feelings again... By telling my story, my experiences become a real and living part of my life" (Heyder 2022, p. 3).

The journey of acknowledging and recognizing one's experience of R/S abuse and sharing one's story often coincides with a profound reevaluation and redefinition of one's spirituality, which the following theme will discuss.

3.3. *Redefining: Transformation of Spirituality*

The literature revealed a final theme centered on the redefining and reimagining of individuals' concepts of and relationships with the Divine, self, clergy, and others (Doyle 2009; Pargament et al. 2008; De Vynck et al. 2023). Women who had experienced sexual abuse by clergy members described a transformation in their faith, shifting from structured religious practice and a rigid understanding and connection to God to a spirituality centered on interpersonal connections and relationships (Flynn 2008). Previously perceiving God as distant and powerful, many of the participants came to view God as personal, caring, and primarily relational post-abuse (Flynn 2008). Flynn (2008) revealed that some participants found that their spirituality became primarily relational and human-oriented. They articulated that "The central meaning and importance of achieving relational connection became an avenue of spiritual awareness" (p. 234). Doyle (2009) emphasized how spiritual abuse perpetrated by religious authorities significantly impacts one's relationship with God and faith and advocated for survivors to embrace a view of God that is non-judgmental, loving, and personal. However, while survivors may shift their view of God intellectually, integrating this new understanding emotionally can pose challenges for survivors (Doyle 2009).

De Vynck et al. (2023) introduced the concept of "cultivating spaciousness" to describe individuals' expansion of spirituality in response to spiritual distress. This process involved adopting curiosity, humility, and a commitment to inner growth and values alignment. Using the metaphor of being pulled away from the safety of the shoreline, De Vynck et al. (2023) described how this pull "appeared to be in service of a worthwhile existential task of claiming one's identity, values, and authenticity on one's own terms" (p. 7). This quote

illustrates the process of how the experience of spiritual distress and trauma brought about the opportunity for growth as the participants had to interrogate and reevaluate their beliefs and values. Participants in this study described a new, less confining relationship with God, letting go of rigid frameworks and intentionally building a spirituality that allowed for complexity, nuance, and questioning (De Vynck et al. 2023). This could be described as a process of deconstructing what one has previously believed and then continuing to reconstruct and redefine one's beliefs, relationships, and values to those ethically aligned with one's new worldview. This is consistent with the concept of transcendent meaning-making discussed earlier, wherein individuals deepen their understanding of themselves and their presence in the world (Vis and Boynton 2008).

Pargament et al. (2008) emphasized the importance of spiritual transformation in response to struggles, noting that "whether struggles lead to growth or to decline may depend, in part, on the individual's ability to transform his or her understanding of and approach to the sacred" (pp. 404–5). They go on to state that religious traditions, such as rites of passage, conversion to a different conception of the Divine, or changes in the pathway to the sacred, can provide individuals with diverse approaches to foster transformation in their connection with the Divine (Pargament et al. 2008). Once spirituality has been transformed, the individual will often continue to evolve and enhance their spirituality according to their new understanding over the course of their lifetime (Pargament et al. 2008). As individuals engage in this process of reevaluating their beliefs and relationships, many experience a deeper connection to themselves, their spirituality, and to others. While some may deidentify from their faith, reject ideas of God and religion, disengage from spirituality, and find R/S terms or rituals triggering, others may find comfort in R/S rituals or beliefs as they renegotiate their meanings (Pargament et al. 2008; De Vynck et al. 2023). Marotta-Walters (2015) discussed how some survivors expressed spiritual healing and found meaning in engaging in altruistic actions, such as advocating for victims' rights or lobbying for legislative reforms. To summarize this theme in the words of a survivor:

I think I have a high degree of spirituality. But as far as embracing my former beliefs—I don't. I have a tremendous respect for the interpersonal God and a great belief in the interpersonal God. As far as the external God, the one that sits up there and is all powerful and controls the world—don't think He ever existed—He! But the personal God, the interpersonal God that I understand—and I only understand pieces of it—I think She's wonderful! And so I spend my time connecting with an interpersonal God. (Flynn 2003, p. 180)

To conclude, recognizing that abuse has occurred, relaying one's story, and redefining one's spirituality enables the individual to validate their experiences, reclaim agency, integrate the experience into their life narrative, and revise their beliefs to resonate with their current self. This journey often prompts profound reflection, leading to spiritual transformations, PTG, and transcendent meaning-making.

4. Discussion: Clinical Implications

The preceding three themes offer valuable insights for helping professionals who seek to facilitate meaning-making and PTG in individuals who have experienced R/S abuse. Embracing a trauma-informed approach alongside spiritual sensitivity and creating a safe space for spiritual dialogue is foundational (De Vynck et al. 2023; Pargament et al. 2008). Studies indicate that many clients are eager to discuss spiritual matters if the helping professionals are receptive (Lindgren and Coursey 1995). Helping professionals can foster spiritual dialogue by attentively noting any spiritual themes in the clients' narratives and responding with relevant questions (Pargament et al. 2008). Demonstrating genuine empathy and curiosity is crucial (De Vynck et al. 2023) and asking open-ended questions as simple as 'Tell me more' can be particularly helpful (Pargament et al. 2008). Additionally, to maintain a spiritually safe space, it is essential for helping professionals to remain reflexive and aware of their biases to prevent inadvertently imposing personal beliefs onto their clients (Zaeske et al. 2024).

As the clients share their stories, helping professionals can support positive spiritual transformation by validating and normalizing the full spectrum of spiritual emotions that arise (Pargament et al. 2008). Psychoeducation, especially in the early stages of treatment, can help clients comprehend and contextualize their trauma symptoms (Marotta-Walters 2015; Walker et al. 2010). For instance, completing symptom checklists that assess R/S abuse and/or trauma may offer relief by validating the clients' experiences and reassuring them that they are not alone (Marotta-Walters 2015). Additionally, educating clients about power dynamics, authority, and oppression may empower them to navigate their experiences more effectively (Zaeske et al. 2024).

Facilitating and integrating reflection practices throughout therapy has the potential to enhance the clients' overall awareness and meaning-making, encompassing self-understanding of their values, self-expression, and R/S beliefs and identities (Zaeske et al. 2024). Zaeske et al. (2024) stated that helping professionals "need to be comfortable with ambiguity and empower and validate clients as they negotiate their R/S beliefs and identities" (p. 12), underscoring the importance of the helping professionals' support in this process. Approaches should be tailored to each client's unique spiritual journey, considering questions such as the client's current spiritual state, understanding, and the role of spirituality in their struggles or solutions (Zaeske et al. 2024). Given the profound isolation often experienced by survivors of R/S abuse, fostering meaningful relationships—both within therapy and beyond—is essential (De Vynck et al. 2023). De Vynck et al. (2023) encouraged helping professionals to reflect back "glimmers of resilience and PTG within the therapeutic relationship" (p. 10). Pointing out these areas of strength can provide hope and encouragement for clients who may not be able to see them on their own. Finally, helping professionals can help clients reflect on what concepts of spirituality and the Divine would be nurturing and healing for them and allow the client to lead as they journey through redefining what these concepts mean to them.

4.1. Limitations

When evaluating the existing body of research on R/S abuse, meaning-making, and posttraumatic growth, it is crucial to recognize several limitations that may impact the applicability and reliability of findings. Notably, the discussed studies suffer from small sample sizes. This limits the extent to which conclusions can be confidently drawn about the broader population affected by R/S abuse. Moreover, the lack of diversity within these samples raises concerns about the generalizability of findings to diverse populations, potentially overlooking crucial cultural intersections. This issue is also reflected in the Ellis et al. (2022) systematic review, which recognized that most study participants were white women and included studies conducted in Western contexts. Similarly, the Zaeske et al. (2024) scoping review noted that most of the included studies were conducted in North America, and most participants were white. Thus, a significant bias exists in the research, limiting the transferability of results to non-Western and non-white populations. This oversight neglects culturally specific factors influencing the experience of R/S abuse and the mechanisms underlying meaning-making and posttraumatic growth, hindering efforts to deliver culturally and spiritually competent and holistic care.

Furthermore, some measures utilized in the research were adapted from non-religious trauma and abuse measures to fit a Christian context without empirical testing, raising questions about their validity and reliability (Ellis et al. 2022). While many studies offer rich qualitative data through semi-structured interviews and the utilization of interpretive phenomenological analysis, the cross-sectional nature of these designs limits the ability of the studies to establish causal relationships (Ellis et al. 2022, 2023). Additionally, the reliance on self-report measures across much of the literature introduces the risk of response bias and data inaccuracies, complicating the interpretation of findings (Zaeske et al. 2024; Ellis et al. 2023).

These limitations underscore that it is imperative for future research to adopt more rigorous methodologies and designs. This includes employing larger and more diverse sam-

ples, conducting longitudinal, qualitative and quantitative studies to build the theoretical base, utilizing empirically tested measures, and incorporating cross-cultural perspectives. By addressing these limitations, future research can enhance the relevance and effectiveness of clinical interventions, as well as provide more data on the factors that encourage and facilitate meaning-making and PTG for all the individuals affected by R/S abuse.

4.2. Knowledge Gaps: Recommendations for Future Research

While some progress has been made in understanding R/S abuse, several notable knowledge gaps warrant further investigation. One area requiring attention is the development of improved measures for assessing R/S abuse. Existing measures lack empirical testing and may lack specificity or fail to capture the nuanced experiences of individuals affected by such experiences. This includes separating R/S abuse from other forms of abuse and trauma. Therefore, there is a need to refine and validate assessment tools that accurately capture the diverse manifestations of R/S abuse across different contexts.

Furthermore, there is a pressing need for more research focused on treatment strategies for R/S abuse. While some interventions exist, many of them have been adapted from research on other forms of abuse and trauma. Thus, their efficacy and applicability to this specific area remain understudied. Future research should explore and evaluate the effectiveness of therapeutic interventions for those who have experienced such trauma. Additionally, integrating concepts on how to have a spiritually sensitive practice, how to assess for R/S abuse and trauma, and appropriate interventions into existing social work education programs would be beneficial.

Moreover, future studies should adopt more complex research designs and incorporate positive psychological constructs such as resilience, hope, strengths, well-being and PTG into their investigations. By utilizing longitudinal and mixed-methods designs, researchers can better elucidate the complex interplays between R/S abuse and these positive psychological outcomes. Integrating these constructs into research frameworks can provide a more holistic understanding of individuals' experiences and facilitate the development of more comprehensive interventions.

Lastly, it is essential to stress the importance of synthesizing language in future research endeavors. Given the diverse terminology used to describe R/S abuse across disciplines and cultural contexts, there is a need for greater clarity and consistency. Synthesizing language can enhance communication among researchers, practitioners, academics, and policymakers, facilitating collaboration and advancing knowledge in the field. More concrete and universally agreed-upon definitions and language would also increase public awareness of these concepts and their theoretical foundation.

5. Conclusions

In conclusion, this review has illuminated the complex interplays among R/S abuse, meaning-making processes, and PTG for survivors. By synthesizing the current research, three central themes have emerged as follows: recognizing the abuse, relaying one's story, and renegotiating spirituality. Survivors of R/S abuse often face disbelief, stigmatization, and isolation, hindering their ability to recognize and name their experiences as abusive. However, through storytelling and narrative sharing, many find validation, healing, and agency in reclaiming their narratives. Furthermore, survivors often undergo a redefining of their spirituality, shifting from rigid R/S understandings to more relational, nuanced understandings of the Divine, self, and the world.

These findings hold significant implications for clinical practice, highlighting the importance of trauma-informed, spiritually sensitive approaches that create safe spaces for spiritual dialogue. Helping professionals must validate survivors' experiences, facilitate narrative sharing, and support redefining spirituality to align with survivors' evolving beliefs and needs. Moreover, future research must address existing knowledge gaps, including developing improved assessment tools, exploring effective treatment strategies, and integrating positive psychological constructs into research frameworks. By addressing

these limitations and advancing our understanding of R/S abuse, we can better support survivors' healing journeys and promote meaning-making and PTG in the face of such experiences.

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Article

Connecting to Resilience, Hope, and Spirituality through a Narrative Therapy and Narrative Medicine Creative Writing Group for People Affected by Cancer

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Abstract: In this article, the authors will describe a creative writing therapeutic group program they developed based on narrative therapy and narrative medicine principles. This was a Social Science and Humanities Research Council—Partnership Engagement Grant funded project, the aim of which was to develop a facilitator's manual for people interested in offering this group, titled "Journey through Words". The link to the agency partner's website, where the manual is available, is provided. The group program is structured over 6 weeks and includes a writing prompt each week, focusing on the storyline of resilience rather than the storyline of diagnosis or disease. Using a narrative inquiry approach, the facilitators kept brief field notes following group meetings. These field notes indicate that although spirituality was not planned as an identified focus of the program, due to the space narrative therapy provides for people to describe their values, preferences, and hopes during hardship, the experience of the group was that members shared reflections which were deeply spiritual in nature.

Keywords: spirituality; hope; resilience; narrative therapy; narrative medicine; creative writing; group therapy

1. Introduction

Illness and trauma are understandably considered problematic experiences we would wish to avoid if we had the power to do so. Unfortunately, most of us will not be able to escape being touched by pain of one sort or another at some point in our lives. Thankfully, a growing body of research and literature shows that people can develop resilience and experience growth following challenges such as illness, trauma and natural disasters and that spirituality can assist with the development of that resilience (Boynton and Vis 2022; Chan et al. 2006; Cherry et al. 2018; Chirico and Nucera 2020; Davis et al. 2019; Tedeschi and Calhoun 1996; Tedeschi et al. 2017). In this paper, we describe being inspired by the resilience, hope, and spirituality of members of a creative writing group we facilitated for people affected by cancer. We begin by describing the background of this project and how narrative therapy and narrative medicine informed the content and process of the therapeutic creative writing group we facilitated. The group format and content descriptions will make clear how space and time were created for group members to truly consider themselves as being much more than their diagnosis and as not being stuck within problem-saturated storylines, as we focused on what was sustaining their resilience and providing hope as they responded to the difficulties in life. Some members spoke of the importance of their religious affiliations, while others discussed the importance of experiences of spirituality as being more related to connecting to nature and a sense of meaning in life. This was consistent with how a variety of authors discuss spirituality (Cook et al. (2009) and Crisp (2010), for example), while we continue to find Canda's

definition of spirituality useful since it presents a broad understanding of this element of a person's life. He says spirituality is "the human quest for personal meaning and mutually fulfilling relationships among people, the non human environment, and, for some, God" (Canda 1988, p. 243).

2. Background

Due to my extensive experience in narrative therapy, I, Laura, was approached by staff at Wellspring London and Region a few years ago to assist with the development of a narratively informed writing group for people affected by cancer. Particularly, they requested support in responding to a suggestion they had received from four medical students that they offer a creative writing group informed by narrative medicine. This expression of interest resulted in us forming a research and practice team, offering first a pilot group and then receiving funding through the Social Sciences and Humanities Research Council's (SSHRC) Partnership Engagement Grant (PEG) program to co-create a non-proprietary open-access facilitators' group manual including improvements identified by further offerings of the group. Members of the pilot group provided feedback based on their experiences with the content and timing of the group sessions, resulting in some minor changes. Following receipt of the SSHRC-PEG funding and using a narrative inquiry methodology (Clandinin 2007; Clandinin and Connelly 2000), Leah (a Master of Social work [MSW] student) and I interviewed group participants after the first series of the group she co-facilitated with Amandi (a medical student, with a creative writing background). Following that group series and resulting participant interviews, Leah and I offered the group once more, maintaining reflective field notes following each meeting of the group. This resulted in further adjustments to the content of the group manual one last time. Having been informed by this narrative inquiry approach, we will describe our observations and reflections. This narrative and reflective approach to inquiry is congruent with the sensibilities of this narrative practice methodology and is offered here in place of a traditional research article.

3. Narrative Therapy: A Professional Therapeutic Practice

Narrative therapy was developed as a therapeutic practice by social workers White and Epston (1990). White explains having significantly drawn from the work of cognitive psychologist Jerome Bruner and his "explorations of the narrative metaphor, specifically from his analysis of literary texts. In this analysis it was [Bruner's and White's] goal to develop further understandings of meaning-making activities that people engage with in everyday life" (White 2007, p. 75). Drawing upon Foucault's historical analysis of the use of power to ascribe and assign identity, White argues for a therapeutic posture and approach that is not informed by normalizing judgments, which act as a "mechanism of social control" (White 2007, p. 25). Rather, he argues for engaging in externalizing and re-authoring conversations where those people consulting a narrative therapist can begin to separate their identity from their problem/diagnosis and move from singular and deficit-focused storylines of their lives and experiences to preferred storylines. It was the work of sociologist Erving Goffman and his focus on "unique outcomes" (White 2007, p. 232) that influenced the development of the re-authoring conversation. In this context, unique outcomes are events in a person's life that have previously been overlooked while the person has focused on the events that made up a dominant, usually problematic, storyline in their life. For example, people with a cancer diagnosis can tell the story of the events related to their cancer journey and are also able to tell the story of other events more related to preferred themes, such as resilience.

In addition to the importance of considering alternate and preferred storylines, sometimes referred to as subordinate storylines (White 2007), what I, Laura, have found to be both engaging for the person requesting counseling as well as for myself as the narrative therapist, is the space created in re-authoring conversations for exploration of the person's values, hopes, dreams, and spirituality. This space in therapeutic conversations for identifi-

cation and discussion of a person's spirituality, broadly described, is particularly evident in the landscape of identity aspect of re-authoring conversations. (See White (2007) and Béres (2014) for a full description of the re-authoring conversation map.) Nonetheless, the other therapeutic conversations (externalizing, absent but implicit, remembering, and outsider witnessing) also prompt reflection on the impact of personal values on the evaluation of effects of problems and new initiatives, on the values and preferences underlying complaints, on the values celebrated in connection with others and on the values that people are reminded of through listening to other's stories and what resonates in those stories (Béres 2014; White 2007).

Since narrative therapy was developed as a practice theory grounded in social constructionism and postmodernism, some practitioners and academics believe this practice leaves little space for discussions of spirituality, religion, or acknowledgment of a person's sense of their soul separate from the social construction of self/identity (Guilfoyle 2014). Nonetheless, in *The Language of the Soul in Narrative Therapy*, Béres (2023) provides an in-depth philosophical and practical exploration of how the social construction of the sense of self can exist alongside a person's sense of themselves also as an embodied soul. She presents a timeline for the language of the soul from Plato to the current day and then primarily relies on Teresa of Avila (2013), Edith Stein (2000) and Maurice Merleau-Ponty (1978) to explore how they have contributed to understanding how a person can experience the weaving together of both the spiritual and the physical. David Crawley also contributes to this book, exploring the work of Mikhail Bakhtin (Bakhtin et al. 1986). Together, Béres (2023) and Crawley reflect upon how spirituality and the language of the soul can be included within counseling and spiritual direction informed by narrative therapy's theory and practice.

4. Narrative Medicine: A Training Approach for Students

Although narrative therapy was developed as a therapeutic practice for use with service users, Charon (2006) developed narrative medicine as a non-therapeutic training practice for use with students. She argues "that what medicine lacks—[. . .] humility, accountability, empathy—can, in part, be provided through intensive narrative training" (p. vii). She says, in narrative training, "[w]e teach students fundamental skills of close reading and disciplined and considered reflective writing. [. . .] We introduce them to great literary texts and give them tools to make authentic contact with works of fiction [. . .] As a result, we deepen our students' capacity to hear what their patients tell them" (p. x). Nonetheless, narrative medicine, despite this initial focus on the training of practitioners to ensure their empathy for their patients as people with robust stories as well as symptoms and a diagnosis, has gone on to encourage patients to tell and write of their illness as a form of self-help practice (Bray 2006; Sandback Forsell et al. 2021) and also to provide feedback to healthcare providers (Grob et al. 2019) and inform health research priorities (Getchell et al. 2023). Frank (1995, 2004, 2010) has also focused on the telling of illness narratives within the academic discipline of sociology and has, thus, also influenced narrative practices (Frank 2018).

Despite these developments in the use of narratives, engaging people in telling their illness story must also be considered through a trauma-informed lens (Jirek 2017; Levenson 2017). When illness narratives are used as an attempt to provide feedback to healthcare providers or solely assist with the training of students, without narrative therapy's approach of also opening space for alternate and preferred storylines, there is the danger of the patient experiencing re-traumatization through the singular focus on the dominant storyline of the diagnosis/illness (Hawthornthwaite et al. 2018; Roebottom et al. 2018). Hence, the inclusion of narrative therapy principles and practices in the creative writing group we facilitated—to ensure a focus on preferred storylines, which might include resilience, as well as on the illness storyline. These principles and practices also ensure inclusion of the topics of values, hopes and dreams, which are related to spirituality, a person's sense of

meaning and purpose, and ultimately assist people in continuing to manage difficulties in their lives.

5. Research Methodology: Narrative Inquiry

To explore how narrative therapy's practices were experienced as they were adapted for use in a creative writing group informed by narrative medicine, we used a narrative inquiry research methodology (Clandinin 2007; Clandinin and Connelly 2000; McAlpine 2016; Kohler Riessman and Speedy 2007; Shaw 2017). As Hayden and Riet (2017) point out, "narrative inquiry is a qualitative methodology that takes into account the relationship between participant and researcher" (p. 86), emphasising the holistic and relational nature of being. Rather than dissecting stories into themes, events discussed in research interviews/conversations are pulled together into a narrative plot (Hayden and Riet 2017; Kohler Riessman and Speedy 2007). This allows, as Polkinghorne (1988) contends, the opportunity for people to express their narratives in research interviews and for researchers to listen to the fullness of their experience to then provide new knowledge to clinicians and academics. One reason we chose to use a narrative inquiry methodology is that it provided congruence with the group process, flowing seamlessly from the creative writing group for those participants interested in discussing their experiences within follow-up research interview conversations. Another aspect of Clandinin and Connelly's (2000) approach we appreciated is the use of field notes, and Leah and I, Laura, ensured we made time to journal and reflect upon the group content and process (rather than on the participants, themselves) immediately following each group session we facilitated. It is our review of these field notes that primarily informed the final version of the Journey through Words group manual which is now available online for others to use, and which has informed the reflections that we present in this paper.

6. Journey through Words Group Content and Process

The Journey through Words group manual can be found on the Wellspring London and Region website (<https://wellspring.ca/london-region/onlilne-resources/external-resources>, accessed on 1 March 2024). This link provides access to a range of resources, and the Journey through Words facilitators' guidebook/manual, along with PowerPoint slides, which can be used in support of the group process, can be found at the bottom of the page.

The Journey through Words group was first developed during the COVID-19 pandemic and so was initially offered in an online format, with participants joining each week via Zoom. The second and third iterations of the group were offered in a hybrid format, with most participants continuing to decide to attend via Zoom, while only one or two people chose to attend in person. We found that offering this flexibility made the group accessible to a wider range of people, but anyone deciding to offer this group in the future is encouraged to consider their circumstances when choosing to offer the group in person, online or in a hybrid format. The group manual provides an overview of what needs to be considered when offering the group via Zoom or in a hybrid format, but these issues are primarily in relation to the need for a stable internet connection and a private location when joining the group online.

At Wellspring London and Region, where this group was developed, the agency practice is not to interview potential participants interested in any of the groups they offer but rather to encourage members to just show up for the group in which they are interested. This was different from our past experiences of facilitating therapeutic groups and offered some challenges as participants were unaccustomed to the process of committing to attending all sessions, for example, and were more familiar with being able to drop in when available. This is probably less problematic when dropping in for an arts-based activity group but offers some challenges when a group like Journey through Words builds upon themes from week to week. Future facilitators of the group are encouraged, therefore, to have conversations with potential participants, if possible, about the benefits of committing to all six sessions and waiting until the group is offered again if this is not possible.

Content and Format of the Six Weeks

Each week's group session ran for one and one-half hours, beginning with a welcome, land acknowledgment, and brief check-in. The first session then started with participants introducing themselves to one another and us, as facilitators, offering an overview of the group focus for the next six weeks. In our first session, we also created a group charter to act as a mutually agreed-upon set of values the group wanted to live up to each week. Following that, in every subsequent session, we provided a description of the theme of the week, then an introduction to the writing prompt and writing tip for that week. The group members were then offered 20 minutes of silence in which to write, and we, as group facilitators, also engaged in the writing activity in order to also immerse ourselves in the experience. Group members were encouraged to ask questions during the writing period if they had any, but this never occurred as members seemed comfortable jumping into the writing activity and making any adjustments to the process as they preferred without asking for input about this. Following the 20 minutes of silent writing, group members were then invited back to a group discussion of their experience of engaging in the creative writing process. They were told they did not need to read aloud what they had written but were invited to do so if they chose, with the understanding that no one was to provide feedback on the writing quality since this was designed to be a therapeutic creative writing group rather than a skill-based or academic creative writing group. Members shared both their writing and where their writing had taken them in their thoughts and emotions, leading to rich discussions.

In the group manual, each of the six group sessions offers the following elements: the objective of the week; a narrative therapy tip for facilitators; the agenda for the week, including the writing prompt to be used for that week's theme, along with a suggested writing tip; and group discussion prompts for the discussion following the silent writing. The writing tips are offered in the spirit of providing a range of different ways to engage with creative writing and were all offered only as suggestions, encouraging people to write in any format they prefer.

The group facilitators' guidebook provides a full description of each of the six weeks' themes and writing prompts, while we will only describe week one here. Week one's theme is titled "What is sustaining you?" This theme is described as being offered while at the same time recognizing that everyone in the group has been affected by cancer in one way or another. It is explained that people can discuss their experiences with cancer, but this is not the main focus of the group. The main focus is on what sustains them during their cancer experiences. This is very much influenced by narrative therapy's understanding that people are more than any of their problems or diagnoses. Feedback received from group members was that it was useful to have this explained explicitly. In an earlier version of the group, facilitators focused on the theme of resilience and what was sustaining people without acknowledging the shared experiences of cancer, which resulted in some members reporting having felt confused about whether they were allowed to discuss their cancer or not. In being transparent about this shared experience of cancer and also pointing out they are all more than their cancer diagnosis, members commented that it was the fact that the group had been described as having a focus on resilience that made them interested in joining in the first place.

Week one's writing prompt is, "Imagine yourself as a plant that you connect with, real or imagined (e.g., flower, fruit, vegetable, tree). Imagine you are transplanted to a new area and hope to grow. What are the components that you would need to survive and thrive in this unknown environment? What would be present in a gardener's toolkit or environment that helps you in this transition, brings you comfort, protects you, and prepares you for the future? How does your image of this plant and the process of transition parallel your sense of self and what sustains you in your journey?"

Week one's creative writing tool is "prose", which is described as involving regular grammar and punctuation rules, sentences and paragraphs, and often does not contain

any rhyming scheme. Prose is also described as either simple and straightforward or more colorful and elaborate, and members could choose to write in the first or third person.

The group discussion prompts for week one are influenced by narrative therapy's inclusion of values and hopes, asking facilitators to be curious and ask participants about the personal values implied within their descriptions of what was sustaining the plant as it was transplanted. Possible questions include, "The fact that you/your plant seem so committed to trying your best to flourish after being transplanted, what does that imply you value and prefer in life? Does your story of how your plant managed suggest how you might also be attempting to manage and respond to the cancer? How do these qualities, strengths/values help you in standing up and resisting what cancer might otherwise be trying to convince you about yourself?"

While week two's theme is in relation to the "journey thus far", which tends to focus more on the immediate response to the cancer diagnosis and can, therefore, elicit more of the painful emotions about cancer and more of the difficult memories, facilitators are encouraged at the same time to link anything shared back to what was highlighted in the first week about what had been sustaining group members. Week three focuses on hopes, dreams and preferences, week four on reciprocal relationships, week five on extending connectedness and week six on celebrating connectedness and resilience. Each theme offers a different writing prompt and writing tip.

Although my (Laura's) hope had been that the Journey through Words group would offer people with an experience with cancer the opportunity to focus on preferred storylines rather than only the cancer storyline, the actual experience of co-facilitating the group was far richer than expected. While group members did focus on what had been sustaining them through their experiences of cancer and the importance of relationships and meaningful connections with people through this process, they also shared beautiful and more explicit descriptions of connecting to their spirituality through nature for some and through religious communities for others. We will, therefore, turn to our reflections of having been witnesses to the group members' experiences with the Journey through Words group.

7. Reflections on the Process from the Group Facilitators

Amandi

My involvement with the Journey through Words group was as a medical student with some background in writing and interest in narrative medicine, but new to the concept of narrative therapy. Being a part of the group as a co-facilitator was an amazing experience that allowed me to learn about narrative therapy, the facilitating process, the experiences of cancer patients, and how these spheres can overlap.

I was invited to create the weekly writing prompts for the group sessions, which I did by drawing inspiration from each of the topics used in the previous year's group and brainstorming different ways to represent these topics, whether through metaphor or different visuals. This ranged from being inspired by a plant reaching for sunlight in my room to imagining what method of creative writing might best help capture thoughts and feelings in relationships. I did not know what to expect regarding the participants' responses to these prompts, but it warmed my heart to see them translate vulnerability onto the page and into group discussions, and this showed their strength and courage just in these actions alone. While the prompts encouraged consideration of specific themes, such as imagining yourself as transplanted and connecting to themes of strength and support, participants were able to dive deeply into themselves and even resonate with each other's words. To me, that ability to connect and engage with themselves and others seemed spiritual in nature.

It was interesting to see how the different responses and even the way in which the responses were written often highlighted meaningful experiences and relationships in participants' lives. Then, the interaction within the group provided another space for spirituality. One participant noted that it was "powerful" listening to others' comments

during the discussion without judgment and being heard without judgment, which allowed them to build their empathy. Overall, the discussions revealed many themes, such as resilience, connection to community, relationship with others, and purpose. I saw some participants struggle to respond when probed about what their writing said about what they value, but perhaps this reveals that many of us do not reflect on our values in our day-to-day lives. Ultimately, it seemed like participants truly made some realizations from this process. The discussion of reciprocal relationships, for example, seemed to allow participants to consider not only how others add meaning to their lives but how the participants make meaningful contributions to others' lives as well. It appeared to deepen their understanding of their relationships and even encouraged one participant to act on this understanding by rekindling a friendship. It was a pleasant surprise to hear that some participants shared their group experiences with others in their lives and used them to strengthen relationships.

My medical school training has encouraged me to acknowledge patients' stories alongside their diseases. However, this narrative therapy experience taught me that, in the healing process, the alternative storylines deserve exploration. While time constraints and lack of training are often reported concerns for integrating new concepts, I can see the potential for the use of narrative therapy principles in clinical environments through the incorporation of key questions. These questions may include, "What have been your strengths during this illness journey," or "who in your life do you feel you can lean on for support?" Moreover, the use of narrative therapy to encourage reflection on spirituality and resilience can help address the aim of medicine to consider the "whole person" and not just the disease.

Leah

As a Master of Social Work student, I was thrilled to have the opportunity to participate as a facilitator and researcher with this unique therapeutic group. Previously, I had spent several years in the Canadian Patient-Oriented Research space, where those with lived experience of a particular health issue are being increasingly asked to "share their story" to influence research priorities, with the ultimate goal of creating better health outcomes for Canadians. While there have been benefits to this new collaboration in health research, I became worried that an increase in requests to share one's story, which I often witnessed as detailed descriptions of the challenging healthcare journeys, could potentially lead to more harm than good. As Laura mentioned above, a constant retelling of stressful health experiences poses a risk of retraumatizing the patient and reinforces a narrative of vulnerability rather than one of resilience and hope. It was not until engaging in narrative therapy training and my experience with the Journey through Words group that I truly came to appreciate narrative therapy's focus on helping people create a new and preferred storyline. Further, the addition of the creative writing prompts within the program led to some beautiful reflections and served as a guide for participants to explore the ways in which they kept on keeping on, despite living with a cancer diagnosis. Throughout the course of the two groups I co-facilitated, spirituality was often found in stories of hope. Some explicitly named their faith, while for others, it was implicit in their descriptions of finding comfort in nature and community.

In reviewing my field notes, I have seen that in much of the sharing over the weeks, I noted participants' somatic descriptions in their writing and subsequent discussions. For example, in week two, the writing prompt asked participants to imagine they had received some difficult news and "as you are leaving to go home on your way out, you walk through a long hallway with artwork hung up on the walls to your left and right". We asked them to think about what might be depicted in the artwork along the hallway. I noticed that a few women did not speak about the art at all but rather wrote about embodied experiences such as the "wind in the open hallway", "wetness of the rain", or the "warmth of the sun on my face". In week three, when the focus was on values, hopes and dreams, I noted the prominence again of nature and how the word "heartbeat" stood out, reflecting that this

was a reminder to me about our embodied experience and interconnectedness with the natural world.

What became clear over the course of my experience co-facilitating the Journey through Words group, first with Amandi and then Laura, was the effectiveness of creative writing as a tool to explore important narrative therapy themes. The weekly writing prompts allowed group members to tap into and explore their own spirituality in a way that may not have been so easily accessible if it were a more traditional discussion-based group. I discovered this myself, as I, too, participated in the weekly writing to enhance my ability to facilitate the group discussions. In the third week of the group, the writing prompt asks members to imagine they are in a dark room where they can hear a sound in the distance; “How does this source assist you and guide you to the door? What is on the other side of the door that this sound is guiding you towards?” While the participants wrote, I also took time to engage with this prompt and wrote of an underground cavern where I was met by my ancestors and found strength in my lineage. This faith drew me out of the darkness, and it was a wonderful reminder for me that I am a part of a long line of resilient women. It is this sort of personal revelation that was shared among members each week, and in this sharing, a further sense of hope was garnered from hearing one another’s stories of resilience, hope and connection to what I would name “Source” through the natural world.

Laura

As described above, I was brought into this project at its beginning due to my extensive experience with narrative therapy, but I was new to facilitating a group with the use of creative writing techniques, and I also had not previously had professional experience working with people affected by a cancer diagnosis. I knew that narrative therapy’s commitment to considering people as more than their problems/diagnoses, being interested in what was sustaining people and being curious about their values would not lead me astray. Nonetheless, I was humbled by the wisdom of the women who were involved in the Journey through Words group that I co-facilitated with Leah. Although the group was open to any gender of person affected by any form of cancer, the particular group I co-facilitated was only made up of cis-women. Although 13 women initially expressed interest in joining the group, only 6 women attended regularly, attending at least 5 of the 6 sessions.

Reflecting in my fieldnotes journal after the first session, I note that I commented that the writing was lovely, saying, “It seemed quite amazing to me the profound sharing through the metaphor of the plant being transplanted today—how they shared what has sustained them—relationships, nourishment, spirituality (in nature or in church), hope, water, clean air,—supports, stakes, walking sticks.”

Following week two, when the group members wrote about walking down a long hallway after receiving challenging news, which involved the greatest sharing about the sadness and stress of the cancer diagnosis of all the group session themes, I commented in my journal, “I really am in awe of these women! They all seemed comfortable talking about their cancer and also able to acknowledge the gifts that had come after it. I reiterated their sense of self/identity changes through difficult things like cancer.” I also made a note of one woman’s description of herself in her writing as if she felt like she had been “torn into scraps of paper after her medical treatment, which was a powerful image, while she also went on to comment on how this almost seemed to unsettle her in a way that then made her see more clearly and allowed her to see the beauty of the frost on the windows after she was home.” All of the women agreed they “appreciated life more now and had learned to look after themselves, by saying no, eating better, stopping smoking and resting when they need to. They said they don’t take things for granted anymore.” We made sure to ask the women how they were feeling at the end of the group session since it was the toughest of all the topics, and I note in my journal that “they all said they couldn’t believe how quickly they shared with one another. One said she believed that was the power of women.”

Following week three, with a focus on values, hopes, and dreams, which involved a writing prompt about being in a dark room/place and being drawn to a sound from outside, I wrote in my journal, “I could hear and acknowledge people’s pain, worry, depression

and anxiety but also I could hear them remarking upon their hopes and what keeps them going." For one woman, this seemed to be a connection to ancestors and her own children; for another, it was a connection to the forest and all the living beings. I also reflected that, at times, it seemed that the sharing of their writing was so powerful that it seemed to speak for itself, and I had to force myself to comment, reinforce and support their insights. Narrative therapy's approach argues about the power of language and the power of reinforcing the language that contains the preferred storyline and those elements of hope. This led us to ensure there are sufficient discussion prompts contained in the group facilitators' guidebook to assist facilitators in prompting helpful discussions and reflections during the period in which the writing is being shared.

Following week four, I reflected that the topic of reciprocal relationships went well despite the low energy from everyone this week. Some reflected on friends being like "everyday angels" while someone else commented on relying on "me, myself, and I"—saying that friends were there for her but she "needed to take care of herself too". They also said that connections were "awakening in the soul/mind/body, so they didn't hate cancer. Capable now of seeing things—gifts."

Week five focused on extending connections and invited members to write from another person's point of view about the ways in which they had contributed to their community. I commented in my journal that the conversation flowed naturally as they managed to see themselves through others' eyes. One said, "I'm adorable, and in a spiritual sense, God is like a gardener." Others spoke of resilience, hopes, gratitude, and hospitality as all being important. At one point, in relation to the majority of the members talking about getting people together and caring for them, the conversation shifted to how much fun some of them have had with tea parties in the past. This resulted in the decision that we would all have tea together—using china cups and saucers—in the final group session, whether in person or online.

In the final group session, with our tea and treats, the focus of the group was on celebrating connections and resilience, and the writing prompt suggested imagining meeting one's younger self while on a walk and providing that younger self with some advice and wisdom in the form of a letter, or any type of writing they preferred. Comments in my journal indicate that advice given to younger selves included the following: "Be prepared for challenges, but be honest and hopeful, living each day to the fullest. Express love and experience the life you have been given. God has not quite finished with you yet. Take one day at a time with your whole heart and soul. It is okay not to have all the answers. You are stronger than you think, and nature will sustain you. You are a child of the universe. You are never alone. Hold on to who you believe you are. The biggest transformation will come from finding your true self and learning to be a friend. There is no finish line. You can do a marathon one footstep at a time. You are beautiful. Spirituality is sustaining, so take a deep breath, and peace will come from realizing you are like a stone tumbled in the river, peaceful and beautiful now."

8. Conclusions

We have described the story behind the development of a Journey through Words group, grounded upon the principles and practices of narrative therapy, narrative medicine, and creative writing, for people affected by a cancer diagnosis. Following a description of the structure and content of the group, we have shared, in varying degrees, our reflections on facilitating this group, noting how group members quickly spoke of their resilience, hope and values after engaging with metaphor in the creative writing process. Although we did not raise the topic of spirituality directly with group members or in an explicit manner in the group themes, writing prompts or tips, the focus on what was sustaining them and building resilience appeared naturally to spark a focus on spirituality when spirituality is generally understood as "the human quest for personal meaning and mutually fulfilling relationships among people, the non human environment, and, for some, God" (Canda 1988, p. 243). This was consistent with our experiences of narrative therapy as a practice

that opens up space for people to consider what they believe to be most meaningful and sustaining in their lives even as they struggle with hardships. It also was consistent with our understanding of people as embodied souls, with participants naturally describing both the spiritual and the physical as being interwoven in their experiences living with cancer.

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