Disaster Relief Volunteer Chaplains Team

Volunteer Disaster Relief Chaplains are needed in times of crises. Disasters can be natural or man-caused. Natural disasters can include: fires, hurricanes, flooding, tornados, severe thunderstorms, and other acts of nature. Man-caused disasters can include: terroristic acts, such as New York City on 9/11, accidents, suicides, etc. Certainly, there is a great need for volunteer chaplains to respond in a time of crisis. However, our response must be planned and coordinated, and responders must be trained and qualified.

Authorities control access to disaster scenes for many good reasons. Southern Baptist Disaster Relief volunteers have gained the trust and respect of local, state, and national officials. We work alongside such groups as American Red Cross, The Salvation Army, and others. Without proper credentials, access may be denied, even with the best of intentions.

Southern Baptists have these major components of Disaster Relief Training for volunteer chaplains:

1. Completion of "Involving Southern Baptists in Disaster Relief"
This 2 hour course covers the basics of Disaster Relief and is required for ALL Disaster Relief volunteers. Check the "Training" page to see when it will next be offered. For more information, contact Dave or Jeanne Wedekind at: dwedekind@mwbc.org or jwedekind@mwbc.org .

2. Completion of "Disaster Relief Chaplain Basic Course"
This course is usually taught over two consecutive days. Check the "Training" page to see when it will next be offered. Additional opportunities can be scheduled.

3. Reading the Disaster Relief Chaplain Manual
It is not possible to completely cover the Chaplain Manual in the training. It is also required that you read the complete manual before receiving your credentials. This manual is 90+ pages. If you do not want to print it out, you can read it by pressing HERE.

4. Completion of OSFA (Operational Stress First Aid)
This 8 hour course is a great opportunity for anyone needing training for Disaster Relief Chaplaincy or needing an additional ministry tool.

ALL our volunteers must complete and return the volunteer packet of forms which includes the authorization for a background check. After an acceptable background check is received and all training is complete, the ID badge/credentials can be issued.

Southern Baptist Disaster Relief

Chaplain Training Manual

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	Topic	**Unit objective**
Unit 1	Uniqueness of Crisis Ministry in Disasters	Know the difference between being a church pastor and a community chaplain in disaster relief
Unit 2	Overview of the Crisis Response	Understand the basics of crisis response – what's crisis, who are the victims, who are the caregivers, when to respond, whose lead to follow
Unit 3	Human Needs and Development	Understand how to determine what the basic human need is during crisis intervention and how to respond with the correct intervention
Unit 4	Overview of the Trauma Response	Understand holistically what happens to a victim during a crisis
Unit 5	The Art of Story-Listening	Know the difference between listening and hearing Understanding confidentiality, presence, silence Understand the art of story-listening
Unit 6	Crisis Intervention Models	Be aware of different crisis intervention models CISM, NOVA
Unit 7	Compassion in Disaster Crisis	Understand the ministry of compassion Understand how to demonstrate compassion at the scene Recognize the symptoms of compassion fatigue and how to do self-care
Unit 8	Comforting Grief in Disasters	Understand the basics of grief and loss Understand the expressions of loss Know how to comfort grief
Unit 9	The Spiritual Dimensions of Trauma	Understand the role of religion and spirituality in crisis intervention Understand the basic spiritual issues of victims and survivors Know some basic crisis interventions
Unit 10	Ministering in the Midst of Diversity	Understand the basics of cultural and religious diversity Understanding the principles for ministering in diversity
Unit 11	What to Do Next	Pre-training requirements Training requirements Advanced training requirements Train-the-Trainer Requirements
Unit 12	Resources for Disaster Relief Chaplains	Know how to get basic resources for referrals Know who to contact for resourcing help Have a detailed bibliography for books, articles, and internet resources

UNIQUENESS OF CRISIS MINISTRY IN DISASTERS
UNIT 1

Introduction: History of Crisis Ministry[1]

Chaplains have provided compassionate care throughout history

The development of chaplain ministry has its roots in ancient history. Religious men and women often accompanied armies into battle as priests. From the settlement of Canaan through the period of the judges, spiritual leaders provided encouragement and compassionate care to people who were constantly in crisis. Chaplains sailed with Sir Francis Drake in the sixteenth century and fought with Washington during the Revolutionary War. They prayed through human suffering, encouraged in despair, and officiated over ceremonial events. They have counseled and consulted for kings, parliaments, and governments—for the incarcerated, the sick, and the disenfranchised.

Today, chaplains are found in many settings—military, healthcare, law enforcement, institutions, business and industry, resorts, racetracks, gambling casinos, job corps, shelters, rescue missions, professional sports teams, factories, and corporations. Placement is limited only by the lack of imagination.

Chaplains guard what is sacred in people's lives

The word "chaplain" originates in fourth-century France. A traditional story relates the compassion of St. Martin of Tours. One cold and wet night, he was so moved by compassion for a beggar, he shared his cloak. Upon his death, his cape (*capella* in Latin) was preserved as a holy relic and kept in a shrine that came to be known as *chapele* from which the English word *chapel* is derived. The guardian of the *chapele* became known as the *chapelain*. Today, the chaplain continues to guard the sacred and to share his cape out of compassion.

Disaster relief chaplaincy is a specialized form of chaplain ministry

One growing specialization in chaplain ministry is disaster relief chaplaincy. Military chaplains, hospital chaplains, law enforcement chaplains, and others have often ministered during difficult crises and emergencies, but the disaster relief specialization has emerged during the past 15 years, albeit informally. Most chaplains respond to the crises within their own organizations (*the* Army, *the* hospital, *the* police department), but many respond to the general community during community emergencies. Disaster relief chaplains often serve multiple agencies and usually respond to the general community of victims during the crisis. Victims may include innocent bystanders, direct victims, rescue and relief workers, and even the perpetrator of crimes (the arsonist who starts the forest fire, the drunk driver who causes the multi-car fatality, or the terrorist who plants the bomb).

In the past, professional chaplains from many arenas of service have responded to major disasters; however, many have not been trained for the unique needs and issues that surround emergency disaster care. With greater awareness for the value of spiritual care in conjunction with physical care during emergencies, the disaster relief chaplain specialization has evolved into a major chaplain category.

The Southern Baptist Disaster Relief organization, the most highly recognized denominational disaster relief assemblage of many autonomous state groups, has cooperated with the American Red Cross in developing effective disaster relief services, including chaplains who provide spiritual care. Mickey Caison, former national director for Southern Baptist Disaster Relief, reports that chaplains have provided ministry during many Southern Baptist Disaster Relief efforts following tornadoes (1996, 1997, 2007), hurricanes (1989, 1992, 2005), floods (1997, 2007), wildfires (2007), and terrorism (1995, 2001).

Southern Baptists are recognized disaster relief caregivers

In parallel development, the American Red Cross formally began deploying the Spiritual Care Aviation Incident Response Team (now called Spiritual Response Team – SRT) disaster relief chaplain teams to airline disasters on June 1, 1999, upon the crash of American Airlines Flight 1420 in Little Rock, Ark. Today the SRT deploys to many mass casualty incidents with Red Cross trained volunteers. Furthermore, since the advent of formalized chaplaincy organizations, including the International Conference of Police Chaplains in 1973 and the Federation of Fire Chaplains in 1978, emergency response agencies have used their departmental chaplains during disasters to minister to their own personnel.

The growing awareness of spiritual needs in crisis has begun to formalize the response of disaster relief chaplains. National and international disaster relief agencies are beginning to work together to coordinate spiritual care response in disasters of many kinds. With technological advances and the globalization of America, relief agencies have recognized the need to redefine the arena of disasters. It is no longer only the site/location directly impacted by the disaster, but now includes remote locations, institutions, and people groups who are in some way related or impacted by the disaster (e.g., the departure and arrival airports, the out-of-state corporate headquarters, the home church of the children in the bus, the manufacturer and factory of the faulty electrical switch). The need for spiritual and emotional support far exceeds the disaster location, hospital, or disaster shelter.

What Is So Unique About a Chaplain in Disasters?

The definition of spiritual *care* is derived from the biblical image of the shepherd who cares for a flock. In a very broad and inclusive way, spiritual care incorporates all ministries that are concerned with the care and nurturing of people and their relationships within a community. This could include the classic approaches—interpretation, prayer, meditation—or some of the more contemporary approaches that have been influenced by training bodies such as the American Association of Pastoral Counselors and the Association of Professional Chaplains—presence, listening, and reflection. In disasters, spiritual care is often pictured as providing a calm presence, nonjudgmental listening, caring interventions, and the hope one can have through faith in Jesus Christ.

Spiritual care is leading, guiding, nurturing, sustaining, healing, and restoring

Disaster relief chaplains come from a variety of professions and ministries. They may be pastors, chaplains, counselors, teachers, social workers, or

Chaplains include pastors and laity

psychologists. Disaster relief chaplains may also be laity—men and women who respond to God's call upon their lives to provide care and compassion to hurting people during the crisis of disasters.

Who are some chaplains you have known?

Victims seek spiritual care in disaster crises

Disasters are critical events and critical events often cause crisis for those who are involved. The American Red Cross reports that 59 percent of Americans would be likely to seek counsel from a spiritual care provider in such circumstances.[2] Chaplains need to utilize their particular role and skills in an intentional manner to enhance the coping capabilities and spiritual reactions to a disaster. Providing spiritual care in the wake of disasters often involves integrating spiritual responses with other kinds of help provided by emergency care responders, mental health providers, and social care agents. Such help is best managed through the framework of established crisis intervention principles. Spiritual care providers should understand how various representatives of the other caring components typically operate in consideration of these principles.

Two organizations that provide significant settings for understanding how to integrate spiritual care with other care efforts during a crisis are: 1) The International Critical Incident Stress Foundation (ICISF) and 2) the National Organization for Victim Assistance (NOVA). Both of these organizations have well-established methodologies for crisis intervention and can assist chaplains in becoming more informed about how to interact with other care providers. Examples of the ICISF and NOVA models are presented in Unit 6.

One unique aspect of many chaplains serving in disasters is that these providers are usually pastors or laity; therefore they do not work in a disaster environment on a routine basis and would not be considered professional disaster relief personnel. Instead, these chaplains are often volunteers from a variety of spiritual care settings who participate in training and gain significant disaster relief experience in order to be prepared for a response when spiritual needs emerge. These volunteers are usually trained and organized by organizations like The American Red Cross, The Salvation Army, Billy Graham Evangelistic Association, and other similar entities. Among Southern Baptists, state Baptist conventions recruit, train, and deploy chaplains, cooperating together with the networking leadership of Southern Baptist Disaster Relief when multistate involvement is needed. All of these entities respond to crisis out of a caring concern for those suffering injury, loss, or some other form of crisis.

Chaplains in disasters provide caring ministry on the field of disasters, during and after the disaster occurrence, to any victim of the disaster, for a few seconds or for a few hours. As these caregivers receive specialized training in crisis and spiritual interventions, much of the specialized training is built upon the previous education and experience of the chaplain.

In addition to the ministry of presence, ministry of compassion, and attentive listening, spiritual caregivers may choose from a number of intervention methods that are uniquely theirs as people of faith and spirituality (see pages 68, 69):

- Scriptural education, insight, reinterpretation
- Individual and conjoint prayer
- Belief in intercessory prayer
- Unifying and explanatory worldviews
- Ventilative confession
- Faith-based social support systems
- Rituals and sacraments
- Belief in divine intervention/forgiveness
- Belief in a life after death
- Unique ethos of the crisis interventionist
- Uniquely confidential/privileged communications

What do disaster chaplains do?
1.
2.
3.

How do disaster chaplains get their training/education?
1.
2.
3.

In a few sentences, write a paragraph about why you would like to be a disaster chaplain.

Why do you want to be a disaster relief chaplain?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Spiritual Rationale for Chaplains in Disasters[3]

Demonstrating Compassion Is Being Present in Suffering

Compassion is felt in one's "gut"

W. E. Vine defines being moved with compassion as being moved in one's inwards (bowels).[4] The *splanchma* are the entrails of the body. Modern vernacular might translate this as having deep feelings in one's "gut." This is the center of one's personal feelings and emotions—love and hate—the feelings that emanate from one's "heart." When the Gospels speak of Jesus' compassion, they speak of deep, powerful emotions that far exceed the superficial feelings of regret, distress, or remorse.

Compassion enters into the suffering and pain of the one who suffers

The English word *compassion* comes from two Latin words, *cum* and *pati*, which form the meaning, "suffer with." It is ". . . a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause."[5] "Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human."[6] Compassion enters into the suffering and pain of the one who suffers. It is more honorable than pity and more courageous than sympathy. Complete empathy for the desolation and grief of those who are suffering requires compassion.

Disaster chaplains must intentionally choose a disaster relief ministry

The disaster relief chaplain must know his or her own biases, needs, and limitations and still deeply desire to identify with the disenfranchised and the wounded, seeking to demonstrate the compassion of Christ as the priority of chaplain ministry. Merely attempting to prevent suffering or not be the cause of suffering will be inadequate. The disaster relief chaplain must approach ministry from a radically different paradigm—the chaplain must initiate and be an active participant in "being" compassion as a priority and "doing" compassion as a necessity.[7] Recognizing one's own natural instinct to excuse oneself from the crisis, the chaplain must still choose to become engaged in the suffering. The significance of being compassionate may lay in the fact that being compassionate is not an activity one naturally seeks, but an activity that one must intentionally choose, knowing that it "feels" contrary to natural instincts.

"You must be compassionate just as your Father is compassionate" (Luke 6:36, NLT)

The theological foundation for disaster relief chaplaincy is supported through the mandate to bear one another's burdens (see Gal. 6:2[8]); and therefore, "You must be compassionate just as your Father is compassionate" (Luke 6:36, NLT). The cup of cool water and the Good Samaritan also reinforce this imperative.

A vital aspect of disaster chaplaincy is the "ministry of presence"

A vital aspect of disaster chaplaincy is "the ministry of presence." "A major premise of care amid crisis is *presence*. The care of souls first requires being there. Simple, empathic, listening presence is a primary pastoral act, the presupposition of all other pastoral acts."[9] The power of this ministry is in its altruistic service. If chaplains provide compassion by bearing another's burdens, then chaplains choose to "suffer with" those who are suffering. Providing

compassion requires stepping out of one's comfort zone and intentionally entering a place of crisis—danger, pain, loss, or grief—during the spiritual and emotional crises of life.

God is present in the suffering

The strength of a caregiving relationship is in the fact that one is never alone. God is present with the chaplain. The presence of God within the ministry situation empowers the chaplain to provide effective, appropriate spiritual support within the context of disaster.

In 1893, Francis Thompson portrayed God's presence as the "Hound of Heaven." No matter where he fled, no matter where he hid, there was no escaping God's presence. God is "that tremendous lover, pursuing me with his love."[25]

Henri Nouwen calls the incarnation of God the "divine solidarity." It is the compassionate God who chooses to be God-with-us. The chaplain in disasters often represents the presence of God.

"The heroes of the faith had one thing in common: They were all ordinary people with no power of their own. The difference is the mighty presence of God. Times may change, but the effect of God's presence remains the same."[10] Chaplains who enter into the suffering and chaos of crisis are empowered by the same presence of God to give them victory over despair, loss, and insufficiency.

The chaplain in disasters shares God's presence with victims and offers the same words of assurance—"I am with you." The chaplain cannot deny the reality of the crisis, should not minimize the sense of loss it causes, and may not be able to diminish any of the pain. But, the chaplain offers the comfort of God's presence through words of comfort and assurance. *Presence* may invite a sense of community within the crisis, may lead to healing reconciliation, or may reconnect a disenfranchised person with God.

"I am with you"

What evidence do you have of God's presence in suffering?

What does your theology teach you?
1.
2.
3.

What have you witnessed?
1.
2.
3.

What have you experienced?
1.
2.
3.

How could a disaster victim benefit from your "ministry of presence?"

Practicing God's presence in suffering

The chaplain in disasters practices the presence of God through prayer, listening, the spoken word, the Holy Scriptures, and service

The chaplain in disasters demonstrates compassion by being present in suffering. Sometimes like a "wounded healer," he or she sits among the wounded to bind and unbind his or her own wounds slowly and carefully so that he will be able to immediately respond to bear the burden of another who is suffering.[11] The chaplain in disasters practices the presence of God through prayer, listening, the spoken word, the Holy Scriptures, and service. In the moment of crisis, many who are suffering desire an advocate who will plead their case before God, and in the prayer, they find comfort and assurance that God hears their plea.[12] During the crisis, victims need to tell their stories and need to have validation of their feelings and sense of loss. Here the chaplain in disasters practices the presence of God in active listening and the spoken word. Often the crisis requires acts of service. Practicing the presence of God is experienced in feeding the hungry, giving a drink to the thirsty, showing hospitality to strangers, clothing the naked, and visiting the sick (see Matt. 25:35-40). In the aftermath of crisis, worship or remembrance may bring healing and new understanding to the intense suffering and acute pain of loss.

Chaplains in disasters provide the "ministry of presence"

"Presence" is one of the most powerful acts of ministry a chaplain in disasters can provide. Demonstrating compassion by physical and spiritual presence is the beginning of the relationship that brings comfort and healing. In many cultures, establishing and reestablishing the relationship by physical presence is primary to even general conversation.[13] When words have no relevance and actions have no meaning, the Emmanuel—God with us—suffering with the victim may be the most potent act of the chaplain in disasters.

Demonstrating Compassion is Being Sensitive to Human Diversity

Cultural diversity has increased

There is tension in balancing cultural acceptance and uncompromising convictions. With the deteriorating influence of the church in culture[14] and the globalization of society, the tension rises for people of deep faith and convictions.[15] As globalization increases, cultural diversity increases.

Chaplains in disasters must demonstrate compassion for all people

We live in a multicultural society that is very diverse, but chaplains must not hesitate to demonstrate compassion by ministry action. They must actively search out those in crisis, making no distinction of race, gender, religion, or economic status. Their actions must speak of kindness and mercy borne out of compassion for all people.

Chaplains in disasters may even be called upon to minister to those whose political or religious prominence may be intimidating or abhorrent

Most of us sense the ability of people to respond to the needs of those less fortunate, but what of the more fortunate—those of higher position, status, or social class? Human diversity includes the rich and famous. Neither political alignment nor religious position must prevent the chaplains in disasters from providing compassionate ministry action. Chaplains in disasters may even be called upon to minister to those whose political or religious prominence may be intimidating or abhorrent.

Sensitivity to human diversity means doing ministry with the disenfranchised of society

Chaplains in disasters, too, may be called upon to offer caring ministry to the outcasts of society—the homeless, the addicted, the incarcerated, the

"leper."[16] Sensitivity to human diversity means doing ministry with the disenfranchised of society.

"Anyway" ministry

One of the challenges chaplains in disasters will certainly face is a ministry encounter with people who do not come directly under their usual sphere of responsibility—the victims may not be patients in their hospital or members of their church. Here the chaplain in disasters assumes the "anyway" attitude of providing care, crossing the barrier of assumed responsibility, and ministering to victims "anyway."

Demonstrating Compassion Is Providing the Ministry of Care in Crisis

Compassion is demonstrated in doing practical acts of ministry

Doing practical acts of ministry care is perhaps the most obvious demonstration of compassion. Most chaplains who enter the disaster relief ministry desire to "help" those in need. "Help" is the active verb which means to give assistance or support, to make more bearable, to give relief, to change for the better, or to serve with food or drink.[17] Often the "help" is presence and encouragement; but equally often it is the action of "helping" by the practical acts of giving something to eat or drink, providing shelter or clothing, looking after, and doing deeds of kindness (see Matt. 25:34-40).

By assuming the attitude of the servant

Have a servant heart

For the chaplain in disasters, providing the ministry of care in crisis must arise from the servant's heart. The chaplain may be a person of authority, a person of resources, or a person of prominence; but his or her response must grow out of the attitude of a servant. The chaplain must demonstrate compassion in servanthood in the same way Jesus fully identified Himself with humanity in His incarnation, giving up privileged position, heavenly wealth, and divine independence.

"Servanthood," not "servitude"

Robert Greenleaf says that the best test of this servant attitude is: "Do those served grow as people? Do they, *while being served*, become healthier [has their level of stress been mitigated?], wiser [have the circumstances been clarified?], freer, more autonomous [more able to cope with the crisis or disaster?], more likely themselves to become servants? *And*, what is the effect on the least privileged in society [the direct victims of disaster]; will they benefit [was there compassion demonstrated in ministry action?], or, at least, not be further deprived?"[18]

By providing encouragement

People in crisis need encouragement

In crisis and disasters, people often respond in fear, confusion, or anxiety over such issues as their vulnerability, their grief, and their loss of trust in the natural order of life. A significant demonstration of compassion in the ministry of care in crisis is providing encouragement through words and actions.

The chaplain in disasters must be able to convey encouragement to a soul that is despairing by saying, "Take courage! It is I. Don't be afraid" (Mark 6:51). In the midst of the storms of life—the disasters, the crisis, and the devastation—the chaplain must bring the assurance of hope. Victims may not understand and they may be "astonished," but they will experience the compassionate encouragement of the chaplain.

Chaplains bring the assurance of hope

Victims of disasters "tend to feel anxious and upset because of their apparent helplessness to deal with the situation. A crisis may erupt when a person is faced with a problem that calls on resources or problem-solving abilities that have not previously been needed. In other words, they lack experience in dealing with the situation."[19] In situations such as this, the chaplain in disasters provides encouragement by listening, dialoguing, comforting, and clarifying. In the crisis and confusion, the chaplain provides active listening to hear the fears, frustrations, and disappointment. He or she engages in dialogue as he or she asks probing questions for self-examination and reflection. He or she comforts in the silent spaces. He or she clarifies by examining circumstances and options; then, he or she releases the victims, empowered to move forward in spiritual and physical healing.

The chaplain in disasters releases the empowered victims to move forward in spiritual and physical healing

By meeting immediate needs

When chaplains step onto the disaster site, their reaction is often, "What can I do?" They want to meet the immediate needs of victims. While "being" present in the suffering of disaster victims and demonstrating sensitivity to human diversity are essential, chaplains also have a deep desire to meet immediate needs. Chaplains often join with disaster relief teams to provide food to the hungry, water to the thirsty, medical care to the injured, shelter for the homeless, and clothing to the exposed. They meet the immediate needs of assistance in searches, rescues, and victim assessments.

Disaster chaplains have a desire to meet immediate needs

By offering prayer

"There are no atheists in foxholes," reads the bumper sticker. In crisis, even the non-religious person often cries out in desperate prayer, "Oh, God!" In the crisis of disasters and devastation, victims often ask for the ministry of prayer. Christians believe that when "we do not know how to pray as we should,… the Spirit Himself intercedes for us with groanings too deep for words" (Rom. 8:26, NASB). The victim of disaster often sees the chaplain as God's representative and desires "a word of prayer." In anxious moments, there is peace in prayer, and chaplains offer the ministry of care through prayer. When chaplains pray for victims, they must remember three things: "First, whenever we long for and pray for the well-being of other people, we are only asking of God what God already longs for far more than we. Second, if we are to be friends of God, we must tell God what we want for others as surely as we must ask God for ourselves, without worrying about the appropriateness of our asking or the probability that what we ask for we will receive. . . . Third, where it is possible, if our prayers are to be true acts of friendship, we must not only pray for others, we must act in accordance with our own prayer."[20]

"There are no atheists in foxholes"

By leading others to Christ

When disaster relief chaplains are able to demonstrate compassion by providing the ministry of care in crisis, they also encounter many opportunities to share the "Good News." When victims perceive losses that overwhelm their coping abilities, they often ask, "How do you get through crisis, Chaplain?" Here is the opportunity to share an appropriate testimony of the power of Christ in us. Here is the opportunity to offer the hope of salvation. Here is the opportunity to offer hope that will be realized in spite of disaster circumstances.

Personalized prayers
a. short
b. specific
c. spontaneous

The chaplain in disasters provides caring ministry through prayerful intercession even when fear grips his or her own heart, attending to the victim's perceived need before his or her own. Prayers are often spontaneous and informal, but personalized prayers are highly effective and comforting.

Ministry Tasks of the Chaplain in Disasters[21]

A chaplain is a "minister" to victims

The task of the chaplain in disasters is to willingly enter the field of disaster and discomfort to stand with those who have been hurt and suffer losses. Assessing the needs of this "flock" of victims, the chaplain must lead them to resources that will nourish their spirits and calm their trembling hearts. This chaplain must walk alongside, listen to the story, promote a sense of safety and security, and allow the overflow of God's grace in his or her own life to spill into the emptiness of those in need.

As a minister, the chaplain in disasters may lead religious services or memorial services. These services may occur in makeshift facilities, in the middle of rubble, or standing outside the morgue. Frequently, the ministries are brief and simple—urgent, but meeting the immediate need. The chaplain will be God's voice, healing, reconciling, confronting, offering hope.

Chaplains offer prayers for victims

Through prayer for the hurt and needy, the chaplain in disasters assumes the role of minister for people of every faith and religious tradition. Invoking God's presence, wisdom, power, and grace, the chaplain intercedes for victims, rescue workers, and concerned people around the world. Individual prayers, formal prayers, corporate prayers—all are utilized and appreciated by most.

Chaplains share the burden of loss

The ministry of disaster relief chaplains is a response to the command: "Bear one another's burdens, and thereby fulfill the law of Christ" (Gal. 6:2, NASB). "The word for 'burden' (*baros)* means literally 'a heavy weight or stone' someone is required to carry for a long distance. Figuratively it came to mean any oppressive ordeal or hardship that was difficult to bear."[22] Everyone has burdens, but the burdens that result from emergencies and major disasters are often more than one is able to bear alone. Carrying the heavy weight of death, loss of home, or destruction of property is an oppressive ordeal that is difficult to bear alone. "God does not intend for us to carry them by ourselves in isolation from our brothers and sisters. . . . The myth of self-sufficiency is not a mark of bravery but rather a sign of pride."[23]

Sometimes, sharing the love of Christ is the most helpful way to carry another's burdens. When victims perceive they have no resources to bear their own burdens, they receive great comfort in knowing that chaplains share their burden out of the overflow of Christ's love in them. Sharing the "Good News" in appropriate and sensitive ways could demonstrate compassion to victims who carry the weight of great disaster losses.

Chaplains in disasters minister to any who are victimized

As the representative of God, the chaplain in disasters ministers to *all* who are wounded and hurting in crises and emergencies. Unlike the local minister who primarily ministers to his own flock, the disaster chaplain's flock is any who are victimized. As the disaster relief chaplain steps onto the field of disaster, he or she offers the arms of God, hears the cries of distress, and provides strength at the point of exhaustion to those who are weary. The chaplain in disasters demonstrates compassion, for it is a heart of compassion that bears another's burdens (see Col. 3:12-13).

Differences Between Chaplains in Disasters and Community Clergy[26]

There are several differences between ministering to a congregation and to the victims in a community

There are often inadequate numbers of trained professional disaster relief chaplains available to handle the crisis situations that arise in the event of major disasters and emergencies; often other chaplains, pastors, and clergy of local congregations respond with the intention of providing compassionate care to the victims of these disasters. There are several issues that become evident:

- Spiritual care in disasters is very different from that in the pastorate.
- Ministering within religious diversity is different than in the context of a church congregation.
- The trauma response in disasters requires specialized training and care.

Special skills are required for disaster ministry

When clergy are not skilled in addressing these issues (and many others that are equally important[27]), they fail to provide appropriate ministry to the victims and often leave the scene feeling inadequate, overwhelmed, or in personal crisis themselves. Likewise, the victims feel unheard, ignored, discounted, judged, or even threatened. There is little effective ministry that occurs.

The need for disaster ministry is likely

The events of September 11, 2001—the terrorist attacks on the World Trade Center and the Pentagon—made it exceedingly clear that major disasters can happen and that there are not enough trained disaster relief chaplains to meet the needs of disaster victims. The call to disaster ministry has become evident to more seminarians and people in ministry, but another significant problem is the prohibitive nature of extensive professional training for those who desire to be available in the event of disasters in addition to their normal responsibilities.

Chaplains in disasters are like "spiritual paramedics"[24]

The question arises: can a person become effective in disaster chaplaincy with 16 hours of crisis ministry intervention training? The response is yes, if the training is specific and concise, and if the ministry intervention is intended to be "spiritual first aid," not "long-term care." For example, emergency medical technicians (EMTs) receive specific and concise training to provide medical first

aid at the scene of the crisis incident. There is no expectation for providing long-term care, which is more appropriately left to physicians who receive many more years of education and training. Chaplains in disasters are trained to provide urgent care by diffusing distress through their early intervention and cathartic ventilation. They are "spiritual paramedics."

Involving Southern Baptists in Disaster Relief is the basic training for all Southern Baptist disaster relief volunteers

Southern Baptist disaster relief chaplains must also complete the seminar, *Involving Southern Baptists in Disaster Relief*, the basic training for all Southern Baptist disaster relief volunteers. Additional seminars may also be available to those who wish to further develop crisis intervention skills. These additional seminars are not required for basic Southern Baptist Disaster Relief chaplaincy.

Training for disaster relief chaplaincy is urgently needed

There is an urgent need to train volunteers to be disaster relief chaplains, providing appropriate spiritual care to the direct victims (the victims who live in the area of destruction), the indirect victims (the victims who live on the fringes of the disaster area—often inconvenienced but not radically affected by the disaster), and the hidden victims (the relief workers and professional caregivers).[28]

Differences between pastors and disaster relief chaplains

Summary: Contrasting the Differences

Pastors and other Congregational Pastoral Caregivers

- minister to one "set" group of people on a long-term basis
- know the people fairly well or very well
- minister in "ordinary" times
- minister to a group of people who have like or similar religious beliefs
- minister to a group of people who have chosen to be a part of this group
- minister in the context of common cultural identities
- are given authority by a congregation or ecclesiastical body

Disaster Relief Chaplains

- minister to people they have never met or do not know very well
- minister to victims who do not call them or choose them
- minister to people who are in crisis when they meet
- minister to a wide variety of cultural and ethnic groups of people
- minister to many different religious traditions
- minister to people who do not know "what" a disaster relief chaplain is
- are given authority by an institution or agency to seek an invitation by victims

The most significant difference I will face is . . .

What are some significant differences that you will face?

1.
2.
3.

I will overcome these differences by . . .

How will you prepare yourself to overcome these differences?

1.
2.
3.

A special issue that surfaces for pastors and other congregational leaders is *chain-of-command.* Disaster relief organizations often function as para-military organizations. To function effectively, the chain-of-command is very rigorously observed. During disaster relief operations, pastors and other congregational leaders who are accustomed to being *in command* will serve under the direction and leadership of others. Being able to redefine one's responsibilities and leadership role will be essential to the effective functioning of the overall response team.

"Chain-of-command" means following orders from above

OVERVIEW OF THE CRISIS RESPONSE[29]
UNIT 2

Understanding the Terminology and Concepts

The following terms are offered to the disaster relief chaplain to provide insight from experts who approach crisis with a psychological perspective rooted primarily in science. These insights may be enhanced with the addition of the perspectives of faith and spirituality that are the special focus of disaster relief chaplains.

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Chaplain: a clergyman in charge of a chapel; officially attached to a branch of the military, to an institution, or to a family or court; a person chosen to conduct religious exercises (Webster, 10th ed.)

Compassion: a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause

Crisis response: an **informed response** to the emotional disruption that occurs after a critical event; also known as a crisis intervention

Crisis: an acute **human response** to an event wherein psychological homeostasis (balance) has been disrupted; one's usual coping mechanisms have failed; and there are signs and/or symptoms of distress, dysfunction, or impairment (Caplan, 1961, 1964)

Critical incident: a stressor **event** (crisis event), which appears to cause, or be most associated with, a crisis response; an event which overwhelms a person's usual coping mechanisms (Everly & Mitchell, 1999); the most severe forms may be considered traumatic events

Crisis intervention: the **urgent and acute psychological support** sometimes thought of as "emotional first-aid"

Cross-cultural: effectively operating outside the boundaries of a particular cultural group

Cultural awareness: developing sensitivity and understanding of another ethnic group; usually involves internal changes in terms of attitudes and values; refers to the qualities of openness and flexibility that people develop in relation to others (Adams, 1995)

Cultural competence: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989); emphasizes the idea of effectively operating in different cultural contexts

Cultural knowledge: familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995)

Adams, Diane L., ed. Health Issues for Women of Color: A Cultural DiversityPerspective. Thousand Oaks: SAGE Publications, 1995.

Bazron, Cross T., K. Dennis and M. Isaacs. Towards a Culturally Competent System of Care, vol. I. Washington D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center, 1989.

Caplan, G. Principles of Preventive Psychiatry. New York: Basic Books, 1964.

Mitchell, Jeffrey T. and George S. Everly, Jr. Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Service, 3rd ed. Ellicott City, MD: Chevron Publishing Company, 1997.

Selye, Hans. Stress in Health and Disease. Boston: Butterworth, 1976.

Texas Department of Health, National Maternal and Child Health Resource Center on Cultural Competency. Journey Towards Cultural Competency: Lessons Learned. Vienna, VA: Maternal and Children's Health Bureau Clearinghouse, 1997.

Cultural sensitivity: knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997)

Disaster: a calamitous event, occurring suddenly and causing great damage or hardship (Webster); an unexpected event that causes human suffering or creates human needs that the victims cannot alleviate without assistance (ARC)

Disaster relief chaplain: a chaplain that responds to victims of disasters; trained in crisis intervention skills

Distress: prolonged or excessive **negative stress** reactions; they can cause harm

Emergency: a sudden, urgent, usually unforeseen occurrence or occasion, requiring immediate action

Eustress: a **positive stress** reaction that motivates one to make positive changes, grow, and achieve goals

Human diversity: the state of being diverse as mankind; unalike in many characteristics—physical, moral, spiritual, intellectual, historical, familial

Interdisciplinary team: a group of specialists that represent several different professions, disciplines, or agencies

Multidisciplinary team: a group of specialists that represent several different professions, disciplines, or agencies

Pluralism: a coalition of diverse ethnic, racial, religious, or social groups seeking to maintain autonomous participation in and development of their traditional culture or special interest within the confines of a common society; religious pluralism seeks an environment in which all faith expressions can dwell together

Presence: state or fact of being present, as with others or in a place; God's initiative in encountering people

Psychology: study of mental processes and behavior; emotions and behavioral characteristics

Psychotraumatology: study of psychological trauma in contrast to 'traumatology" which deals with the study of physical wounds in physical medicine (Schnitt, 1993)

Religious diversity: the state of representing several religious traditions

Sensitivity: the state or quality of being sensitive; readily or excessively affected by external agencies or influences; highly responsive

Story listening: listening to the narrative that tells the story of the event; interpreting and understanding the significance of a person's account of the crisis event

Stress: a **response** characterized by physical and psychological arousal arising as a direct result of an exposure to any demand or pressure on a living organism; the sum total of "wear and tear" that accelerates the aging process; the non-specific response of the body to any demand made upon it (Selye, 1956, 1974)

Suffering: to undergo or feel pain or distress; to sustain injury, disadvantage, or loss; to undergo, be subjected to, or endure pain, distress, injury, loss, or anything unpleasant

Trauma: an **event** outside the usual realm of human experience that would be markedly distressing to anyone who experiences it; the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994) defines trauma exclusively in terms of the exposure to human suffering, i.e., personal or vicarious exposure to severe injury, illness, or death. A trauma, therefore, may be seen as a more narrow form of critical incident (a crisis event that causes a crisis response)

Traumatic event: an event outside the range of usual human experience that would be markedly distressing to almost everyone (DSM-III-R [APA, 1987]); an exceptionally threatening or catastrophic event (WHO, 1992)

What Constitutes a Disaster?

Disasters vary greatly in extent of damage, victimization, and origin

The American Red Cross defines a disaster as a "situation that causes human suffering or creates human needs that the victims cannot alleviate without assistance." Disasters by this definition could vary greatly in extent of damage, victimization, and origin. Typically, disasters

- affect several people or entire communities
- are unexpected or sudden
- have an element of danger
- cause injury or loss of human life
- cause property damage or loss

Perception of the event will influence the reaction

Why is it that people experience the same disaster event and respond differently? Why do some people have such severe distress while others seem to have minimal negative reactions? Understanding, experience, age, history—these and many other factors may affect the response. For the chaplain, it is essential to remember that *perception* greatly affects the distress a victim may experience. A perceived loss, no matter how real or unreal it may be, is still a loss to the victim. Therefore, the disaster may be *perceived* either as a calamitous event or a non-disaster.

The perceived loss may be intrapsychic

If crisis is an acute response caused by a change in psychological homeostasis (balance), a *perceived* change or a perceived loss will produce signs or symptoms of distress, dysfunction, or impairment. For some victims, the property loss may be secondary to the perceived loss of position, status, relationships, independence, reputation, or integrity.

Types of Disasters

Natural Disasters

Natural disasters—"acts of God"

Natural disasters are often called "acts of God." Southern Baptist Disaster Relief and other disaster relief organizations often include earthquakes, floods, tornadoes, blizzards, hurricanes, tidal waves, wild fires, and volcanic eruptions in this category. Disaster services organizations also include some conditions that result from these events—mud slides, avalanches, and so on.

Man-made Disasters[30]

Man-made disasters—crimes, accidents, health-related, and so on

In recent years, man-made disasters have captured the attention of many Americans. Many of these man-made disasters have a criminal component. They are crimes against people and humanity. Rapes, battered people, abused children, the elderly, school violence, shootings and other assaults, suicides and suicide attempts, extraordinary financial or property losses through fraud or theft, arson, riots, and chronic community violence are now overshadowed by terrorism and bombings. Man-made disasters include accidents in airplanes, trains, ships, buses, and transportation vehicles of every kind. Drowning also accounts for many disasters. For many, disasters are health related in the form of epidemics and widely spread diseases—some through biological warfare and terrorism. Other man-made disasters include industrial accidents, fires, structural collapses, and hazardous material spills.

The most devastating catastrophe caused by humans is war. The emotional, physical, psychological, and spiritual losses sustained as a result of war are overwhelming. In addition to loss of life and limb, there are issues surrounding displacement as refugees, national identity, and property loss.

What Happens During a Community Disaster?

Most communities have experienced some form of disaster. Some have experienced natural disasters and others have experienced the results of war, crime, and accidents. In 2001, the United States experienced disaster as a nation. When destruction affects an entire community, there are some common characteristics.

The numbers of people involved are often great. There may be many dead and injured.
What would be the "community crisis need?"

There may be extensive physical destruction of homes, property, and possessions.
What would be the "community crisis need?"

There may be massive numbers of displaced people and animals.
What would be the "community crisis need?"

There may be interruption of transportation.
What would be the "community crisis need?"

There may be interruption of public utilities.
What would be the "community crisis need?"

Businesses, industry, employment, and so forth may suffer severe losses.
What would be the "community crisis need?"

Individual people may have huge financial losses.
What would be the "community crisis need?"

There may be political confusion.
What would be the "community crisis need?"

The immediate needs:

- Shelter
- Food/water
- Safety

The community in disaster may fragment or draw together. Either way, the problems and issues will remain. The chaplain in disasters may not be able to deal with all the issues of the community, but he or she will certainly be needed in dealing with the disaster issues that individuals face. The task will appear daunting—and it is. But caring interventions are necessary and effective, one person at a time.

Recovery needs:

- Repair homes/businesses
- Remove debris
- Provide food/water

Long-term needs:

- Rebuilding
- Financial support
- Jobs

Who, What, When, Where, Why, and How of Crisis Response

Chaplains in disasters must answer the 5 W +H questions

Every disaster and critical incident is unique. There are no two that result in exactly the same responses. The chaplain in disasters must quickly do some general assessments and have some understanding regarding the crisis response.

Think of a specific disaster and try to answer these questions:

- Who will respond?
- Who is the victim of the disaster?
  - First responders
  - Direct victims
  - Indirect victims
- Who is "in charge" during the disaster?
- What happens immediately following the crisis event?
- What is a chaplain allowed to do during a crisis event?
- When does the chaplain respond to a crisis event?
- When does the chaplain do "crisis intervention"?
- Where does crisis intervention happen?
- When does crisis intervention stop?
- How does the chaplain know what intervention to use?
- How is responding to an airplane accident different?
- How does the response in a natural disaster differ from a man-made incident?
- How is a terrorist attack different?
- How is a bank robbery different?
- How is a school shooting different?
- How is a death in the workplace different?
- How does the "command staff" know a chaplain is qualified to do crisis intervention?

Chaplains in disasters must be part of a recognized crisis intervention team

Every disaster situation has an agency that has been identified and charged with the responsibility. It is always important for chaplains to be a part of an established and recognized crisis intervention team when they respond to disasters. No chaplain should ever "show up" uninvited. This type of self-deployment often causes confusion and additional chaos for the command staff who are trying to organize the intervention efforts. When chaplains arrived on the scene in New York City after September 11, many had no lodging or provision for personal needs. While the intention "to help" was appreciated, the additional effort that was required to find housing and parking, to verify credentials, and to maintain organization was tremendous in the wake of already exhausted personnel.

Never "self deploy" to a disaster scene

Law enforcement has jurisdiction over crime scenes

In some instances, disasters are a result of criminal activity. In these cases, law enforcement has jurisdiction and there are many prohibitions surrounding who may participate, where they may locate, who may be approached, and what may be said. In the event of criminal activity, the crisis intervention team leader will take primary responsibility for interfacing with security.

Victim Classifications

Some crisis intervention organizations list as many as seven levels of victim classifications as a result of disasters, from the primary victim to the person who thinks that only by the luck-of-the-draw did he or she escape being a primary or secondary victim. The Southern Baptist Disaster Relief publication, *Involving Southern Baptists in Disaster Relief*, lists the following classification of victims of disasters:

Victims in disasters:
1. ***Direct victims***
2. ***Indirect victims***
3. ***Hidden victims***

1. Direct victims—those in the immediate area of the destruction who have suffered losses
2. Indirect victims—those who are not directly impacted by the disaster, but are somewhat affected by the resulting annoyances and inconveniences or have close relationships with direct victims
3. Hidden victims—those who respond to the disaster as first responders and relief workers, including law enforcement, emergency medical services, disaster relief chaplaincy, and disaster services

Emerging Issues for People and Groups Involved in Disasters

Emerging issues for people involved in disasters

People and groups of people who are involved in disasters face many issues during and after the critical incident. Recognition of some of these issues will be helpful for the chaplain who interacts with people in crisis. Direct victims may verbalize issues that appear to be in conflict with those of survivors, and first responders may view successful rescue much differently than others.
Here are a few emerging issues for people involved in disasters:

Direct Victims

Immediate danger and life threatening situations
Physical injury and/or pain
Dislocation and separation anxiety
Death of family and/or friends and survivor's guilt
Unknown future

Indirect Victims and Survivors

Relief and guilt
Preoccupation with the disaster circumstances
Imaginative reconstruction of victim's suffering
Inconvenience

Family and Loved Ones

"Next-of-kin" responsibilities
Relief and guilt
Preoccupation with the disaster circumstances
Imaginative reconstruction of victim's suffering

First Responders

Rescue and failed rescue
Search and unfruitful search
"Hero ethos"

Legal responsibilities and jurisdiction
Triage

Disaster Relief Workers

Unexpected responsibilities and tasks
Inadequate resources—supplies, language, time, network
Extended exposure to disaster and consequent bonding with community
Extended separation from family and personal support
"Unsung hero"

Chaplains

"Messiah" complex
Role confusion
Inadequate resources—language, time, network

HUMAN NEEDS AND DEVELOPMENT[31]
UNIT 3

Maslow's Hierarchy of Needs—Identifying the Crisis

Abraham Maslow's theory

Abraham Maslow was a psychologist. He believed that humans strive for upper levels of capabilities—fully functioning personhood, healthy personalities, or as Maslow calls this level, "self-actualization." Maslow set up an instinctoid hierarchic theory of needs based on five levels of basic needs. Within the levels of the five basic needs, a person does not feel the higher need until the demands of the lower needs have been satisfied.

"Prepotent needs" have the greatest influence over our actions

According to Maslow, there are general types of deficiency needs (physiological, safety, love, and esteem) that must be satisfied before a person can act unselfishly. These needs are prepotent, ones that have the greatest influence over our actions. Each person's prepotent needs vary. A teenager may have a need to feel that he or she is accepted by his or her peers. An alcoholic will need to have a drink to "start the day," or a homeless person may need food and water. When the prepotent needs are met, higher needs emerge and dominate a person's attention.

Movement along the hierarchy of human needs is dynamic and changes with environmental factors

Maslow's Hierarchy of Human Needs is often represented as a pyramid, with the larger, lower levels representing the lower, more basic needs, and the upper point representing the more spiritual need for self-actualization. Maslow believed that the reason people did not move well in the direction of self-actualization is because of hindrances (disasters?) placed in their way. The movement is not linear but dynamic, constantly changing with environmental factors which act as obstacles.

Maslow's Hierarchy of Human Needs

The five levels of needs identified by Maslow were physiological, safety/security, belonging/social affiliation, self-esteem, and self-actualization. Each level is characterized by specific needs within the human scope of requirements for life. They are represented as a pyramid in Figure 1.

Physiological Needs

Physiological needs

Physiological needs are the most basic needs such as air, water, food, a relatively constant body temperature (clothing, shelter), sleep, and so forth. When these needs are not satisfied, we feel motivated to alleviate them as soon as possible to establish homeostasis. The physiological needs are the strongest needs.

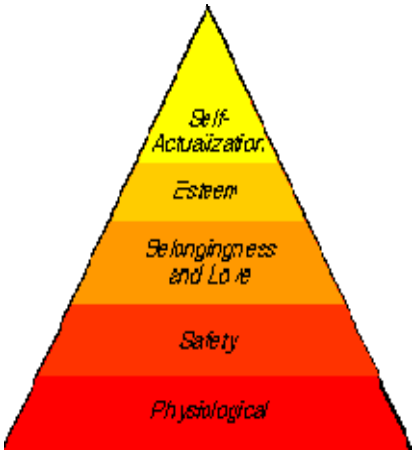
Safety and Security Needs

Safety and security needs

When all physiological needs are satisfied and no longer dominant, the needs for safety and security can become active. Times of emergency or chaos in the social structure (such as widespread rioting) make people aware of their safety and security needs. Safety needs are mostly psychological in nature. We

need the security of a home, family, law, and order—freedom from danger and threats.

Safety needs sometime motivate people to be religious. Religion comforts us with support and encouragement in the midst of death and the insecurity of this world.



Self-actualization
Our need to actualize or maximize our potential as humans; uniquely expressed for each individual in episodic fashion

Esteem
Our need for competency, adequacy, mastery, attention, recognition, status, appreciation

Belongingness and love
Our need to relate positively to other people—family, friends, associates, to give and receive affection

Safety
Our need for safety, security, stability, and freedom from fear and anxiety

Physiological
Our basic need for air, water, food, shelter, sleep

Figure 1. Maslow's Hierarchy of Human Needs. (From Maslow, A. *Motivation and Personality* (2nd ed.). New York: Harper & Row, 1970.

Belonging and Social Affiliation Needs

Belonging and social affiliation needs

When the needs for psychological and physiological well-being are satisfied, the next level of needs for love, affection, and belongingness can emerge. Maslow states that people seek to overcome feelings of isolation, aloneness, and alienation. This involves both giving and receiving love, affection and the sense of belonging. Humans have a desire to belong to groups: families, clubs, work groups, religious groups, gangs, and so on. We need to feel loved and accepted by others, giving and receiving friendship and associating with people (a social context in which to validate a person's perceived worth).

Esteem Needs

Esteem needs

When the first three classes of needs are satisfied, the needs for esteem can be addressed. These involve needs for both self-esteem (from competence or mastery of a task) and for the esteem a person gets from others (attention, appreciation, and recognition from others). People who have satisfied their esteem needs feel self-confident and valued. When these needs are not met, a person feels helpless and worthless.

Self-Actualization Needs

Self-actualization needs

When all of the physiological, psychological, emotional, and social needs are met, a person has the desire to maximize his full potential. Maslow describes self-actualization as a person's "desire to become more and more what one is, to become everything that one is capable of becoming." These people experience a restlessness that urges them to self-development, self-fulfillment, knowledge, and oneness with God and the universe.

Identifying the Crisis

What is the victim's crisis need?

The first task of the chaplain in disasters is to assess the immediate need—from both the victims' perspective and from that of the caregiver. Understanding and applying the principles from Maslow's Hierarchy of Needs will assist the chaplain in disasters to determine the crisis need of the victim. The primary response in disasters and other emergencies is **physical survival**. When rescue workers and caregivers arrive on the scene, medical injuries and issues are addressed first. Congruent with Maslow's theory, vicitms' basic needs are first met—air, water, food, clothing, and shelter. Because disasters are a significant disruption to homeostasis, there is a sense of urgency to assist the victim in reducing acute physical traumatic stressors. Victims need medical assistance and physical resources.

Physical survival is first

How could you provide for physiological needs—basic human needs?
1.
2.
3.

Victims need to perceive they are safe

When physical survival and basic needs are met, caregivers are able to address other presenting needs. Victims have a need to be assured of their safety and security. They want to know that their family and friends are safe. They want to know that their home and belongings are safe. They want assurance of safety from impending danger and the security of qualified assistance. They need the security of confidentiality and privacy. They need to **perceive** that they are safe from imminent danger.

How could you assure a victim of his or her safety and security?
1.
2.
3.

Three phases are prevalent in disaster relief responses and are often present in other kinds of crisis interventions: 1) rescue, 2) recovery, and 3) rebuild. During the rescue phase, people are seldom ready to move beyond Maslow's levels of basic needs and social affiliation needs (social affiliation is related to belonging and in this case implies that someone else has gained a strong understanding of what the victim is feeling and has experienced). Once their basic human needs are met, victims who feel relatively safe and secure become concerned about having a positive relationship with others. Communicating and uniting with family, friends, and/or others who have experienced the same disaster becomes important in feeling like one is part of a community with a shared identity. Such efforts also contribute to feeling connected and secure. Isolation and abandonment lead back to insecurity and a sense of danger.

During the initial phase of response, spiritual care should complement efforts to meet people's basic and social affiliation needs while helping them draw upon basic spiritual activities like prayer. As victims are receptive to stabilization via spiritual resources, chaplains should help individuals engage personal and other available assets in order to facilitate movement toward the recovery and rebuild phases. As chaplains heighten the awareness of spiritual

possibilities and progress with their presence by offering helpful suggestions, they facilitate crisis mitigation and contribute to creating an environment that may allow victims to experience the higher levels of Maslow's paradigm.

Support for spiritual reflection and transformation should be afforded and readily available to persons at any stage of a disaster so they can encounter such horizons, if and when they are ready to do so. The faithful presence and devoted service of a chaplain in the early phases of a crisis often contributes to credibility for chaplains and other spiritual care agents, which allows them to introduce new coping skills, positive reaction patterns, and wholesome ways to think about the experience. Those impacted by the crisis can then employ these new insights as they move toward the later phases of a crisis experience and/or consider how to handle future crises. As chaplains remain patient and respectful of a victim's personal boundaries in the process of identifying and helping meet their needs, the opportunity for positive change often introduced by a crisis situation becomes available. This kind of ministry involves a fine balance between a keen awareness of people's needs and a discerning sensitivity to the work of God in their lives.

Application for chaplains in disasters

How could you help a victim meet belonging and social affiliation needs?
1.
2.
3.

Remember, chaplains in disasters are administering **psychological and spiritual first aid**, not therapy. The basic goals are to mitigate acute distress, reduce symptoms, increase adaptive capabilities, and facilitate continued care—all under the umbrella of spiritual care through the ministry of presence, the ministry of compassion, and the ministry of care. Chaplains in disasters are a "value-added" component of crisis intervention and disaster response. They are able to provide essential crisis interventions **and** spiritual crisis interventions.

Spiritual needs are evident at all levels of Maslow's pyramid. If spirituality is the understanding, integration, and response to the transcendence of God (see Unit 9), then, victims are dealing with spiritual issues even as they deal with hunger, thirst, safety, or aloneness. Chaplains in disasters have opportunities to remind victims of God's providence and presence even as they struggle with meeting basic physiological, safety, or belonging needs.

Stages of Human Development—The Age-Specific Human Response to Crisis

Erik Erikson's Eight Stages of Human Development[33]

Erik Erickson developed a theory for human psychosocial development that is consistent among humans, regardless of ethnicity, gender, language, socio-economic status, or education and experience. Erikson identified eight basic stages of life through which the human personality is developed. Within each stage, there are characteristic perspectives that are consistent among all humans within similar age ranges, resonating with classic psychoanalysis.

As an individual grows and matures, each successive stage contributes to the overall health and wholeness of the individual. Human development is dynamic—ever changing and growing. Consequently, understanding the needs, feelings, and attitudes of each successive stage will be helpful in providing compassionate, effective ministry to all victims in distress.

Trust versus Mistrust (Birth—2 years old)

Infants develop hope

The first developmental component of a healthy personality is cultivated in infancy. The infant learns trustfulness of others and trustworthiness of self. Being totally dependent upon others for basic survival needs, the infant learns to trust others to provide those needs. Erikson states that the amount of trust that is developed has everything to do with the quality of the maternal relationship and little to do with the quantity of needs being met (i.e., food, attention).

Autonomy versus Doubt (2—3 years old)

Toddlers test their will

During this stage of development, the child begins to demonstrate his or her own will. He or she learns to hold on and to let go—*"Mine!"* or throw it on the floor. With muscular maturation, the child also experiments with retention and elimination. There is a struggle to be independent, but still feel "safe." The child is aware of his or her separateness but sudden or prolonged separation may generate anxiety through feelings of abandonment. There is doubt about the ability to be autonomous.

Initiative versus Guilt (3—6 years old)

Preschoolers have a purpose

With autonomy comes mobility, language, and imagination. The child has a desire to be, to do, to create, to achieve. He or she becomes aware of limits and expectations, feeling guilt when he or she fails to reach the limits or is unsuccessful in meeting the expectations of parents or caretakers. Children at this stage are most able to learn quickly and engage in cooperative activity—play and make things *with*. They are self-aware and purposeful.

Industry versus Inferiority (6—12 years old)

Elementary school age children become competent

During the elementary school ages, children apply their initiative and imagination in a more disciplined way—they learn through systematic education and example. They develop a sense of wanting to complete *work*, gaining favor by producing *things*. They cooperate in effort and share labor. When they do not accomplish things at the level they perceive they *should*, they develop feelings of inferiority and inadequacy.

Identity versus Identity Confusion (12—18 years old)

Teenagers expect fidelity

These are the years when a child wants "to be my own self" by conforming to the expectations of his or her peers—his or her significant relationships. Recognizing the images of adulthood, the teenager faces the challenge of discovering and becoming who he or she is and who he or she will be. With hope and will and purpose and competence, the teenager must be true to his or her own nature—"be his or her own self." He or she identifies with peers,

gangs, teams, and groups. When he or she is confused about his or her role, he or she faces his or her own crisis and runs away, withdraws, rebels, or defaults into a role that is thrust upon him or her (i.e., you're a delinquent, you're a failure, you're bad).

Intimacy versus Isolation (19—35 years old)

Young adults love someone

When the teenager is more confident about his or her identity, he or she is able to enter into intimate personal relationships with others. Discussing feelings, hopes, aspirations, dreams, plans, and other self-revealing topics, the young adult begins developing intimacy with people in general and with a mate. When intimacy is rejected, the youth seeks isolation and distance. This is a stage of commitment and love.

Generativity versus Stagnation (35—65 years old)

Mid-lifers care about guiding and establishing the next generation

The person who enters midlife is concerned about establishing and guiding the next generation—sometimes as a parent and sometimes as a caregiver or philanthropist. These are the years of careers that "make a difference," organizations that impact society, and causes that ordain the future. When people fail at accomplishing these goals, they perceive themselves as impoverished—"life has no meaning." The perception is that life is stagnant and nonproductive.

Integrity versus Despair (65+ years old)

Elderly have wisdom and self-acceptance

Adults who have reached this stage of development have experienced success and failure—and live with acceptance of it. They accept their life experience as their own responsibility and are comfortable in it, to the point of defending their personal lifestyle. They live with wisdom born of experience and maturity born of acceptance. External affirmation is less needed and there is greater awareness of participation in the community of humankind while maintaining his or her own *integrity*. The lack of this sense of *integrity* causes despair—the feeling that there is no time left to start over and gain *integrity*.

Conclusions and Applications

Conclusions and applications for chaplains in disasters

The human developmental stages can be generally divided into three chronological groups—children, adults, and the elderly. Within each of these age groups, there are developmental issues that are generally common to all in that age group. It becomes incumbent upon the disaster relief chaplain to be aware of these issues and their resulting needs in order to provide the appropriate care. An infant will need the comfort of being held more than the assurance of communion with his peers.

Assessment of needs will be enhanced as the disaster chaplain identifies issues surrounding physical necessities, cognitive inabilities, emotional dysfunction, social isolation, and spiritual despair that are typical of people in particular developmental stages.

Erikson defined the stages of development, their corresponding virtues, and radius of significant relationships. Figure 2 illustrates the crisis need and the corresponding reactions in each developmental stage. It also provides some resources for informed crisis response by the disaster relief chaplain.[32]

Crisis Responses for the Eight Stages of Life

STAGES	VIRTUE	RADIUS OF SIGNIFICANT RELATIONS	PSYCHOSOCIAL MODALITIES	VICTIM CRISIS REACTION	CRISIS NEED	CRISIS INTERVENTION
Trust/Mistrust Birth - 2	Hope	Maternal Persons	To get To give in return	Abandonment, disorientation, fear	Trust, physical contact	Physical contact (carrying, holding), restore primary caregiver
Autonomy/Doubt 2 - 3	Will	Paternal Person	To hold (on) To let (go)	Fear, doubt, separation anxiety, abandonment	Trust, care, direction, attachments	Physical contact (sitting beside, holding hands), restore caregivers
Initiative/Guilt 3 - 6	Purpose	Basic Family	To make (=going after) To "make like" (=playing)	Fear, doubt, guilt, abandonment	Trust, care, direction, attachments, stability, order	Physical contact (sitting beside), restore family, reassurance
Industry/Inferiority 6 - 12	Competence	"Neighborhood," School	To make things (=completing) To make things together	Fear, doubt, inadequacy	Trust, care, direction, friends, stability, order, assurance	Restore attachments, establish routines and order, reassurance
Identity/Identity Confusion 12 - 18	Fidelity	Peer Groups	To be oneself (or not to be) To share being oneself	Estrangement, denial, anger, fear	Trust, order, identity, peer relationships, confidence	Provide identity, restore peer attachments, privacy
Intimacy/Isolation 19 - 35	Love	Mate, Colleagues, Partners in Friendship	To lose and find oneself in another	Denial, anger, fear, isolation	Trust, order, control, normalcy, empowerment, confidentiality	Empower with choices, restore order, assure confidentiality, provide information
Generativity/Stagnation 35 - 65	Care	Shared Household, Divided Labor	To make be To take care of	Denial, anger, fear, isolation	Trust, order, control, normalcy, empowerment, privacy	Empower with choices, restore order, assure confidentiality, provide information
Integrity/Despair 65+	Wisdom	Humankind, "My Kind," Children	To be, through having been To face not being	Slight denial, fear, some anger, disorientation, isolation	Trust, order, control, confidence, routine	Listen to stories and concerns, restore order and attachments, empower with choices, establish normal routines, provide dignity

Fig. 2. Naomi Paget, "Crisis Responses for the Eight Stages of Life," adapted from *Identity and the Life Cycle,* Erik Erikson (New York: W.W. Norton & Company,1980).

OVERVIEW OF THE TRAUMA RESPONSE
UNIT 4

Distress as the Trauma Response

The Nature of Stress[34]

Stress: "the non-specific response of the body to any demand made upon it." (Selye)

Hans Selye, the "father" of stress research, defined stress as "the non-specific response of the body to any demand made upon it."[35] *Stress* is a response to circumstances, not necessarily a negative experience. In danger, stress causes certain physiological changes in one's body that prepares it for *fight or flight*. *Eustress* is "good stress." *Eustress* enables one to perform at peak ability or exceed normal capacities. *Distress* is the destructive side of stress, a stress reaction that is prolonged or excessive. *Distress* can cause harm.

Distress is the destructive side of stress

> Distress is nothing new—poverty, disease, and war have always led to fear, uncertainty, vigilance, and frustration. But today, even those of us who are neither poor, sick, nor in imminent danger of war are suffering stress from an unprecedented number of sources. Stress is a response to change, and we are experiencing change at faster and faster rates. Debt, hurry, and complexity cause stress. Rapidly changing job markets make us feel insecure even when we're employed. Mobility and divorce separate us from supportive relationships that would absorb distress. Study after study confirms that a healthy marriage, family, or community support structure yields better health and increased longevity. Yet the very stressors for which we need support often put intolerable pressure on those relationships.[36]

Eustress causes one to make positive changes in one's lifestyle while distress is destructive to one's health, emotions, and relationships. Jeffrey Mitchell says, "You will probably die from a stress-related disease if you are not involved in an accident. . . . Life without stress is impossible."[37]

Stress piles up and becomes distress

One or two stressors usually do not cause a major stress response; however, a "pileup effect" occurs when there is a lack of margin in one's life and multiple stressors are introduced. When a major distressing event occurs and there is no margin available, the event is called a critical incident—an event that overwhelms a person's usual coping mechanisms. Disaster relief is ministry to people experiencing critical incident stress (from major disasters).

The Internal Trauma Response

Most people live in a reasonably balanced state of equilibrium—physically, emotionally, mentally, and socially. When they are exposed to a critical event, these people must quickly adapt to new levels of equilibrium or their distress will remain greater than their eustress.

The physical response to trauma is a complicated physiological interaction between the body and the mind

The physical response to trauma[38] is a complicated physiological interaction between the body and the mind. Basically, when the brain receives the trauma information through one of the five senses, it quickly processes the information and interprets its significance based on historical evidence (memories of previous

events), logic, and predictions. If the information is processed as a threat, challenge, or significant change, a physiological stress reaction begins. This reaction prepares the entire body to deal with the threat (trauma, stress).[39]

> When faced with a sudden, uncontrollable, extremely negative event, a person is fearful and seeks to protect himself from danger. This "fight or flight" response observed in humans and animals facing danger (Lorenz, 1966) is characterized by high levels of physiological and behavioral arousal. In humans, high levels of cognitive and affective arousal have also been observed. High arousal when facing danger seems to be an unlearned, preparatory response of the body and the mind to danger. In other words, when you experience loss of control over your safety, your body and mind automatically go on "red alert" in an attempt to regain control. The "red alert" status might involve being hyperalert or hypervigilant to your surroundings and having an increase in physiological arousal to allow for flight or defense.[40]

Typically, adrenaline pumps through the body in a lifesaving response, preparing the body to fight the danger actively or run away from the threat. Breathing, heart rate, and blood pressure increase to provide more oxygen to the body; pupils dilate to take in more light and increase visual acuity; sensory perceptions increase; the body may relieve itself of excess materials through regurgitation, defecation, or urination to facilitate fight or flight; muscles tighten; and the liver produces ten times more blood glucose (the fuel for muscles). All of these responses are healthy, normal responses to preserve life.

Selye called the *fight or flight* response the general adaptation syndrome. The body does not distinguish between "good" stressors or "bad" stressors. An extremely happy event could cause the same response as a life-threatening event (e.g., seeing the birth of a child may cause a happy father to faint). However, recent research does indicate that different chemicals and enzymes are released into the bloodstream as a result of anger versus joy.

The initial cognitive response is shock, disbelief, and denial

The mental response to trauma parallels the physical response. The initial cognitive response is shock, disbelief, and denial. When cognitive function temporarily stops, the victim may experience regression to a childlike state or infancy (emotions become dominant). After the physical danger has ebbed, a logical order of emotional reactions is manifested—fear and terror; anger, fury, and outrage; confusion and frustration; guilt or self-blame; shame or humiliation; grief or sorrow.[41]

Trauma causes the cognitive functioning of the brain to become secondary, and there is a heightened state of emotional arousal

In a crisis event, trauma causes the cognitive functioning of the brain to become secondary, and there is a heightened state of emotional arousal. Victims are overwhelmed with the event and cannot make normal, logical, or rational decisions. They may seem "lost" or "in shock." Common distress signals or "symptoms of stress" may include the following: profuse sweating, nausea, shakes, difficulties making decisions, generalized mental confusion, disorientation (to person, place, time), seriously slowed thinking, denial, feeling hopeless, wishing to hide, withdrawal, excessive humor or silence, change in communications. Some symptoms require immediate medical attention (e.g., chest pain, excessive blood pressure, signs of severe shock, difficulty breathing).

However, most symptoms are typical and normal reactions to an extraordinary event.

Critical incidents cause symptoms of distress, dysfunction, or impairment

Most people live in world in which they balance their physical, emotional, cognitive, social, and spiritual lives. The balance is dynamic in nature. Influenced by circumstances and daily events, each aspect of their nature is called into priority. During a critical incident—a disaster or other traumatic event—a person's usual coping mechanism fails and signs or symptoms of distress, dysfunction, or impairment become evident.

Critical incidents are constantly occurring. However, unless they are perceived as threatening, the human response is not a trauma response—not a response that is markedly distressing. During disasters, however, most people interpret the event as a critical incident.

Biological Factors—Physical Response

Physically, the body wants to "fight or flight"

After a shock to the system, the body's response is biologically visible. Generally, there is physical shock, disorientation, and numbness. In the 1930's Walter Cannon described this response as the "fight or flight" response. When faced with overwhelming danger, the body instinctively prepares to *fight* against the danger or to *flee* from the threat. In order to *fight or flight*, adrenaline begins to course through the body, giving it energy and ability beyond its normal capabilities. The body relieves itself of excess fluids and material to facilitate increased action. The heart rate increases the flow of oxygen to the muscles and the body begins to cool itself down for work by sweating or hyperventilating. Self preservation dictates that sensory perception must increase and the senses become acute. This physiological response is an emergency lifesaving response.

Reactions versus responses

Symptomatic of this shock to the body and the need to *fight or flight* is the decrease of mental efficiency. Cognitive functioning decreases as the body prepares to "react emotionally" rather than "respond intellectually." The victim is less able to concentrate, experiences short-term memory deficiencies, becomes mentally inflexible, and confused.

Rest and recovery are essential

The alarm causes hyperarousal. People are known to physically accomplish feats which would not normally be possible—lift a car off a child, run miles without stopping. But hyperarousal cannot be sustained indefinitely. Hyperarousal causes deep exhaustion and exhaustion creates more distress which often manifests itself in other ways. Prolonged hyperarousal leads to hypersensitivity of the stress arousal centers of the brain and future stress responses become too easily activated (Every and Benson, 1989). Rest and recovery are essential to return to a precritical incident level of functioning.

Psychological Factors—Mental Response

Mentally, the mind wants to deny the event

The psychological response to critical incidents is very similar to that of the body—shock, disorientation, numbness. There is disbelief and denial over the event because the mind is overwhelmed with the implications of the traumatic

event—it is more than the mind can comprehend. Consequently, cognitive functioning becomes secondary to emotional functioning. During the "normal" circumstances of life, the mind and body work in a fairly balanced manner with little movement back and forth. When stimulated, the mind or body will become dominant somewhat like the teeter-totter effect in Fig. 3.

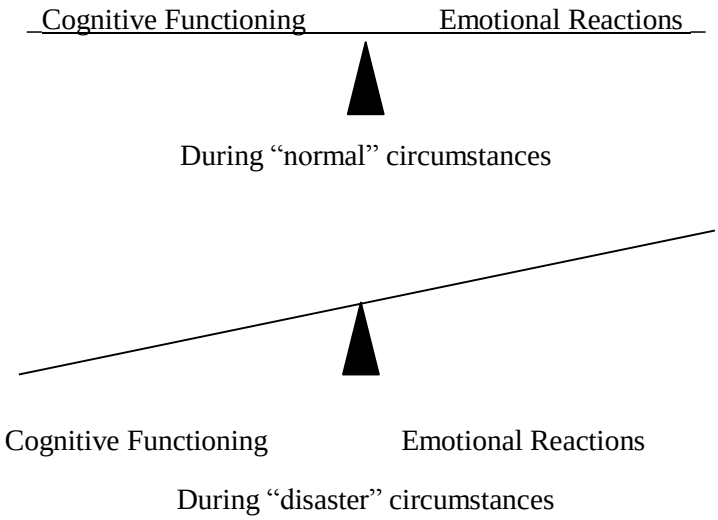


Fig. 3

Cognitive functioning is low and emotional functioning is high in disaster circumstances

How are you "balanced" right now? Draw it below:

Congruent with the *fight or flight* theory, during disasters, emotions are at a peak, confused, and disorganized. The victim may be terrified, angry, confused, or frustrated. The threat has caused the brain and cognitive abilities to diminish so the emotions, which have taken precedence, can cause the body to positively react out of fear, anger, or vulnerability (e.g., run away from danger). This is a lifesaving emergency action. According to Maslow's theory, survival is paramount. Therefore, the victim's mind will not be logically considering the event, but his or her emotions will be racing for self-survival. Other emotions may also come into play—guilt, shame, grief, helplessness, abandonment, and worry. Disaster scenes are chaos and so is the mind.

Victims may "perceive" danger differently than the chaplain

The chaplain in disasters must be very sensitive to the victim's *perceived* threat of danger. The victim's *perceptions* affect the reactions to the actual traumatic event regardless of the chaplain's perception or the "reality" of the event.

Social Factors—Relational Response

The effects of social and relational factors impact reactions in various ways

People are social and their social environment affects their reactions during and after disasters. The chaplain in disasters must consider many social factors as they provide spiritual interventions.

- Developmental stage (Erikson's stages)
- Family history or prior experience
- Personality type
- Cultural group
    - Ethnic
    - Gender
    - Age
    - Religion
    - Language
    - Position/authority
    - Profession
    - Socio-economic
    - Education

Everyone relates to a specific developmental stage. Everyone has some family history or prior experience that informs the crisis event. Everyone has a particular personality or disposition that will affect the crisis reaction. And, everyone has some cultural orientation that adds perspective to the traumatic event. But not everyone experiences the same cultural relevance. Some cultural aspects may be more dominant than others (e.g., a person's ethnic heritage may affect his or her reaction more than his or her age).

Behavioral Factors—Action Response

Crisis often causes extreme or excessive behavior

Following a critical incident, behavioral activity may also experience a dramatic change. There may be increases in activity or a noticeable decrease in activity. The victim may withdraw, retreat into silence, become suspicious, or increase use of profanity, alcohol, and tobacco. There may be visible changes in eating habits, communication, or sleep habits. Sometimes the behavior is excessive—humor, silence, crying, anger. The behavioral changes are directly related to the distress experienced in the critical event.

Chaplains in disasters provide interventions that help mitigate the excessive distress symptoms. It will be important to determine what the "typical" behavior was pre–disaster.

Spiritual Factors—Faith Response

Disasters are a violation of value systems

Disasters and other critical incidents cause a crisis of faith for many victims. Spiritual matters include all matters of belief and values—between people and between people and God. Spirituality includes the search for meaning and purpose, understanding the meaning of life and the cosmos, and exploring the

transcendent. Therefore, disasters challenge people's beliefs in God's sovereignty, moral and ethical absolutes, national principles and values, and concepts of good and evil.

Whether one is actively engaged in religion or whether one has little or nothing to do with religious matters, when disaster strikes, victims have questions about their faith and God. Victims often seek spiritual support, reassurance, guidance, and meaning.

Victims may react to the critical incident by seeking God's presence through the disaster chaplain. They may ask for prayer, intercession, or purification. Some may blame God or view the disaster as divine punishment. Others may blame the devil or other demons.

Initial questions such as "Why did God do this?" are usually not spiritual questions as much as they are shock reactions of disbelief. Spiritual questions usually surface after victims have been assured of physiological needs and safety and security needs—when some cognitive functioning returns.

Crisis Intervention as a Response to Trauma[42]

Crisis responders must be aware of distress signals

The state of dysfunction that is caused by trauma and its resulting stress symptoms is the primary issue with which crisis responders must deal. Some responders primarily deal with medical issues (e.g., doctors, paramedics), and some primarily deal with cognitive issues (e.g., mental health workers). But **all** responders must be aware of all possible distress signals—physical, cognitive, emotional, and behavioral.

Mitigating distress is essential in crisis intervention

Crisis interventionists are primarily concerned with the issue of stress, specifically distress. The Critical Incident Stress Management (CISM) model for trauma recovery outlines a sequence of steps for stress reduction intervention. Because mitigating distress is critical in crisis intervention, CISM has adopted a standard protocol that is a specific, systematic procedure for crisis intervention.

Crisis intervention is most effective immediately following the crisis

Crisis intervention is most effective when provided immediately following the crisis. If stress and distress are not reduced, or if the event is extremely catastrophic and extended over a long period of time (e.g., war, famine, nuclear fallout), long-term stress reactions may occur. These may include post-traumatic reactions (e.g., post-traumatic character changes, post-traumatic stress disorder, acute stress disorder, adjustment disorder, or diagnosis of extreme stress not otherwise specified [DESNOS]). Other long-term stress reactions may include depression, simple or specific phobias, panic attacks, anxiety syndromes, or dissociative disorders.[43] Both NOVA and CISM recognize the urgency of mitigating stress and distress after critical events.

A more detailed study of the spiritual dimensions of trauma is discussed in Unit 9. This study is particularly essential in preparing pastors and chaplains to respond to the spiritual factors that result from distress. Fig. 4 lists many stress symptoms that are associated with critical incidents. They are listed according to the general categories in which they are demonstrated.[44]

STRESS SYMPTOMS

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL	SPIRITUAL
Chest pain* Chills Diarrhea Difficulty breathing* Disorientation Dizziness Elevated blood pressure* Equilibrium problems Fainting* Fatigue Grinding of teeth Headaches Insomnia Lower back pains Muscle tremors Nausea Neck and shoulder pains Nightmares Profuse sweating Rapid heart rate* Shock symptoms* Stomach problems Thirst Twitches Uncoordinated feeling Visual difficulties Vomiting Weakness	Blaming someone Confusion Difficulty identifying familiar objects or people Disturbed thinking Flashbacks Heightened or lowered alertness Hypervigilance Impaired thinking Increased or decreased awareness of surroundings Intrusive images Loss of time, place, or person orientation Memory problems Nightmares Overly critical of others Overly sensitive Poor abstract thinking Poor attention Poor concentration Poor decisions Poor problem solving	Abandonment Agitation Anger Anxiety Apprehension Denial Depression Emotional shock Excessive worry Fear Feeling helpless about life Feeling hopeless Feeling overwhelmed Flat affect—numbness Grief Guilt Inappropriate emotional response or lack of it Intense anger Irritability Loss of emotional control Phobias Rage Resentment Sever panic* (rare) Uncertainty	Alcohol consumption Antisocial acts* Avoiding thoughts, feelings or situations related to the event Changes in activity Changes in sexual functioning Changes in speech patterns Changes in usual communications Emotional outbursts Erratic movements Hyper-alert to environment Inability to relax Inability to rest Loss or increase in appetite Nonspecific bodily complaints Pacing Silence Startle reflex intensified Suspiciousness Withdrawal	Acceptance or rejection of providence Alienation Anger directed to God Awareness of the holy Changes in religious observances Confusion regarding God Deepened spiritual awareness Emphasis on religious rites Hyper-repentance Imposed gratefulness Increased emphasis on religion Isolation Renewed search for meaning Sense of abandonment Sense of betrayal Sense of communion Sense of meaninglessness Sense of vocation in creation and providence

Fig.4. Naomi Paget, *Stress in the Workplace,* Marketplace Samaritans, Inc., 2000. *Requires immediate medical intervention

THE ART OF STORY-LISTENING[45]
UNIT 5

Differences Between Hearing and Listening

Hearing is a physical act

Listening is assimilating and integrating sounds and body language

Conversation is mutual listening

The differences between hearing and listening may be mere semantics, but for the purposes of this study, let us agree that *hearing* is the physical act of sound entering the ear and resonating on the ear drum. Let us further agree that *listening* is the assimilation of those physical sounds and their accompanying body language with one's own experience and integrating it into the present experience to give those sounds meaning and voice.

Conversation, then, is the act of two or more people engaged in mutual listening. During this process of *conversation*, each person is attempting to *communicate* information. This interaction of *communication* is a distinction of humankind and is essential in the effective interactions of chaplains in disasters.

Ethics of Listening

Provide a sense of privacy

The chaplain in disasters is in a unique position to provide caring spiritual intervention to people who are extremely vulnerable due to the trauma they have experienced. Consequently, great care must be taken to provide a sense of safety and security. Finding privacy in the midst of chaos may seem impossible, but providing a *sense* of privacy may be possible through some basic interventions. Asking permission to approach, to converse, or to provide help demonstrates respect for victims' personal space and privacy. Conversations are by invitation, not entitlement. One or two caregivers will be less threatening than a group who approaches a victim. Chaplains could advocate for victims by protecting them from intrusive questions and *media mania* which are discomforting and sometimes threatening.

Confidentiality is essential

Some professionals are legally required to maintain strict confidentiality. Others are not. All chaplains in disasters are ethically bound to maintain confidentiality. Vulnerable people say and do things that are distress reactions to unusual circumstances. Chaplains should assure victims that their conversations are private (if in fact they are) and confidential. If legal or policy issues limit confidentiality, the chaplain must inform the victim. In disasters, victims view caregivers as trustful and it is incumbent upon chaplains to honor that trust.

Ask questions on a "need to know" basis

Many disaster relief chaplains have experience in pastoral counseling or therapy. They have experience in asking the clarifying questions that provide the background for the issues with which they are dealing. However, intervention in disasters is *emergency spiritual first aid*, and some questions are better left unasked. Chaplains must approach listening with an attitude of what do I *need to know*. Asking for unnecessary details is intrusive and victims may have a sense of distrust in the chaplain.

There are some situations in which the chaplain must divulge information gained from a victim. Usually, these are related to whether non-disclosure would cause harm to the victim or someone else. Some caregivers are required to disclose information that threatens national security. Others are required to reveal information that involves illegal activity. Before responding to a disaster, each disaster chaplain must know which policies and statutes govern the reporting process. It would be unethical to tell a victim *after* the fact that you will be reporting some sensitive information to someone else.

Know the policies and statutes that govern your confidentiality

Ministry of Presence

A major premise of disaster relief chaplaincy is *presence*. "The ministry of presence" is immediate, humble, and intentional. Chaplains in disasters must immediately step out of their comfort zone and intentionally enter a place of crisis—danger, pain, loss, or grief—during and after the physical, emotional, and spiritual crises of life.

The power of the "ministry of presence" is in its immediacy, altruistic service, and intentionality

Chaplains in disasters provide a listening presence as a spiritual act. Presence is both physical and emotional. With very few exceptions, the chaplain must be physically with the victim. Through empathetic listening, the chaplain must be emotionally present with the victim. The listener must do more than *feel with* the victim. The ministry of presence demands that the listener will *feel into* the fear, the pain, the anguish, or the isolation of the victim. Empathetic listening assures the victim that words *and* feelings are being heard.

Chaplains must "feel into" the words and feelings of the victim

Many times, chaplains are so anxious to provide encouragement or to say "the right thing," that they are busy thinking about a response and not really *present* to the words and feelings being expressed by the victim. Good listening means the chaplain will be *present* to the victim by integrating the words, the feelings, and the facts to give meaning and understanding to the experience. Who is the speaker and who is the listener?

Present in body and spirit

Presence may simply mean *being there*. P*resence* is grace—the gift of *being there*. *Presence* is being available, even when other commitments and obligations are significant. It is being physically present when the circumstances are uncomfortable and even dangerous. *Presence* is being aware of emotional upheaval and spiritual doubt and being open to its possibility for healing and growth. *Presence* is being accepting of the disaster victim in whatever state one finds him or her.

Presence is grace, availability, physical presence, awareness, openness, and acceptance

Ministry of Silence

Good listening means sometimes being silent. It is the silence that gives strength and meaning to words. "Silence is an indispensable discipline in the spiritual life. . . . Silence is a very concrete, practical, and useful discipline in all our ministerial tasks."[46] Some ground is so holy that words are inadequate and only silence is worthy of the time and place. Our words must spring forth from the fullness and presence of the Divine—the presence of God within our own

Sometimes, silence is golden

souls and spirits. It is often in this silence that the deepest, most divine love penetrates the individual's crisis.

If in doubt, do not say it

Some words are better unspoken—they do not edify. If in doubt, do not say it. Most victims are in shock—they are confused and disoriented. Their cognitive functioning is diminished and they are very emotional. This is not the time to have complicated discussions or *preach.* A calm presence speaks volumes in silence.

Before speaking, the disaster chaplain could ask:

- Does it mitigate distress?
- Will it stabilize or reduce the symptoms of distress?
- Does it provide safety and security?
- Does it offer real hope?
- Will it be perceived as comforting?
- Will it help restore normalcy?
- Will it be a step toward God?

Improving Listening Skills

Chaplains must develop the art of story-listening

Most chaplains are skilled in the art of listening. During crisis situations and disasters, one must become skilled in the **art of story-listening**. Telling the story of what has happened is an important part of diffusing the distress of the situation and chaplains must help victims tell their stories. Most often, telling the story will take the form of conversation (some victims find expression in prayer, music, or other art forms).

Clarify

Use synonyms and questions to help clarify feelings

As victims begin "telling their stories," they begin to use words to describe their experience, express their feelings, and articulate their responses. The distress of the situation often makes it difficult for them to find accurate words to communicate their feelings. It is often helpful for the chaplain to help *clarify* these expressions by offering some synonyms for the words being used. When chaplains are not aware of their own history and frames of reference, they make assumptions about the meaning of words being used. It is best to *clarify* the intended meaning by using synonyms and asking open-ended questions within the immediate context of the conversation. Intrusive questioning is never appropriate.

Paraphrase

Restate the text but keep the meaning

A *paraphrase* is a restatement of the conversational text, using different words but maintaining the integrity of meaning. The chaplain provides new words with or beside (*para)* the original words that expressed the thought (*phrase)*. These *new words* are verbalized to the victim. The victim needs to know that the chaplain in disasters has heard and understood the meaning of his or her *story*.

Summarize

Summarize the conversation to briefly recall the basics

When cognitive functioning is diminished, victims of disasters have difficulty with concise expression of their thoughts and feelings. They repeat words, phrases, and entire stories—sometimes without a pause. The disaster relief chaplain may be overwhelmed with the amount of information that is being related. *Summarizing* the conversation helps both the victim and the chaplain briefly recall the basic elements of the conversation.

Echo

An echo gives exact meaning to words and phrases

Some words have so much power and meaning, there is no synonym, paraphrase, or summary that would do justice to them. The skilled chaplain will *echo* some of these key words or phrases to assure the victim that he or she has been accurately heard—the chaplain is paying attention to what is important. Excessive use of *echoing* will be annoying and may be perceived as mockery.

Reflect

Reflection is the most empathetic form of listening

Reflection returns an image to the disaster victim. The chaplain casts back (as a mirror does) an image of the victim's story and feelings. Usually, the same key words and phrases are used. *Reflection* is the most empathetic form of listening. The chaplain:

> . . . attempts to listen to *feelings* (as well as words) including feelings that are between the lines, too painful to trust to words. Now and again he or she responds to these feelings. . . . [disaster chaplains] listen *in depth*, to the multiple levels of communication, verbal and nonverbal, they reflect back to the person, in paraphrased form, what they hear, particularly the person's big (dominant) feelings. This kind of listening is "disciplined listening"—focusing on what seems to have the most feeling, meaning, energy, and pain. By periodically summarizing significant points and asking occasional questions for clarification, [disaster relief] counselors help persons begin to organize their confused inner world, . . . "[47]

Reflective empathetic listening gives strength to the listening process

The disaster chaplain who develops skills in reflective empathetic listening facilitates ventilation of distress in disaster victims. Reflective empathetic listening avoids false assumptions, misinterpretations, and misjudgment, identifying deeply with the words, feelings, and meaning of the victim's story.

Story-Listening—"listening" to the narrative parts of conversations by using appropriate listening skills and putting them together as a beginning, middle, and future by giving them significance and meaning in a life story

CRISIS INTERVENTION MODELS[48]
UNIT 6

Crisis Intervention

Disaster crisis intervention is a specialized form of ministry

In the past, caregivers from many arenas of service have responded to major disasters; however, many have not been trained for the unique needs and issues that surround emergency disaster care. Spiritual assessments are completed with little personal information and history. Spiritual care is provided with a sense of urgency and for the most immediate need. In most instances, no ongoing care will occur—the care is instantaneous, urgent, and finite. Victims are often people of other faith traditions and have no vocational, ethnic, or social alliance with the crisis responder; thus, the victims have no basis of trust, relationship, or identity from which they willingly accept care. With greater awareness for the value of spiritual care in conjunction with physical care during emergencies, the chaplain in disaster specialization has evolved into a major category.

The response of chaplains in disasters is becoming formalized

The growing awareness of spiritual needs in crisis has begun to formalize the response of chaplains in disasters. National and international disaster relief agencies are beginning to work together to coordinate spiritual care response in disasters of many kinds. With technological advances and the globalization of America, relief agencies have recognized the need to redefine the arena of disasters. It is no longer only the site/location directly impacted by the disaster, but now includes remote locations, institutions, and people groups who are in some way related or impacted by the disaster (e.g., the departure and arrival airports, the out-of-state corporate headquarters, the home church of the kids in the bus, the manufacturer and factory of the faulty electrical switch). The need for spiritual and emotional support far exceeds a disaster site/location or hospital. When chaplains are not skilled in addressing these issues (and many others that are equally important[49]), they fail to provide appropriate ministry to the victims and often leave the scene feeling inadequate, overwhelmed, or in personal crisis themselves. Likewise, the victims feel unheard, ignored, discounted, judged, or even threatened. There is little effective ministry that occurs.

Major disaster can happen and there are not enough trained chaplains

The events of September 11, 2001—the terrorist bombing of the World Trade Center buildings and the Pentagon—made it exceedingly clear that major disasters can happen and that there are not enough trained chaplains to meet the needs of disaster victims. The call to disaster ministry has become evident to more chaplains and to agencies that respond to crisis.

To minister effectively in disaster relief, chaplains and community clergy must be aware of the dynamics of the relationships between disaster relief agencies and must meet the qualifications and requirements of some of these agencies. There are two organizations that have become the benchmark for crisis intervention training—the National Organization for Victim Assistance (NOVA) and the International Critical Incident Stress Foundation (ICISF).

Any chaplain who will intentionally enter the arena of spiritual crisis intervention in disasters should complete the basic training provided by one of

these organizations. Today's training is not designed to supplant basic crisis intervention training, but to lay a foundation for care during and after a disaster. The following sections provide a brief introduction to the two models of crisis intervention which have been mentioned.

National Organization for Victim Assistance (NOVA)

NOVA – committed to the recognition and implementation of victim rights and services

"The National Organization for Victim Assistance is a private, nonprofit, 501(c)(3) organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors, and others committed to the recognition and implementation of victim rights and services."[50] NOVA lists four purposes: national advocacy, providing direct crisis services to victims, serving as an educational resource to victim assistance and allied professionals, and promoting better communication among its members.

Key purposes for providing crisis intervention

NOVA's Community Crisis Response Team Training Manual (3d ed.) states that the key purposes for providing crisis intervention for individuals are to:

- Help educate people about common crisis reactions
- Provide professional and peer validation
- Help defuse the emotional overload caused by crisis reactions
- Provide focus on how people can begin to cope positively with the chaos
- Help assess whether people need referrals
- Provide a method whereby people can begin to organize their thoughts
- Help individuals begin to address what they are experiencing now and might experience in the future
- Help victims and survivors begin to think about what provides meaning in their lives
- Provide affirmation that many confusing reactions are not uncommon or abnormal
- Reassure survivors that most people can cope well and encourage them to build on strengths and adaptive capacities for coping

Crisis intervention strategies

NOVA lists three basic crisis intervention strategies:

- Group Crisis Intervention (GCI)
- One-on-one intervention
- Education

Basic model for group crisis intervention

NOVA's basic model for group crisis intervention:

- Safety and security (past)
- Validation and ventilation (present)
- Prediction and preparation (future)

International Critical Incident Stress Foundation (ICISF)

ICISF is dedicated to the prevention and mitigation of disabling stress

"The International Critical Incident Stress Foundation, Inc. (ICISF) is a nonprofit, open membership foundation dedicated to the prevention and mitigation of disabling stress through the provision of: education, training and support services for all emergency services professions; continuing education and training in emergency mental health services for psychologists, psychiatrists, social workers and licensed professional counselors; and consultation in the establishment of crisis and disaster response programs for varied organizations and communities worldwide."[51]

Aspects of ICISF processes

ICISF's operational manual (3d ed.) states that some aspects of the ICISF processes include the following:

- Provides early intervention
- Provides opportunity for catharsis
- Provides opportunity to verbalize trauma
- Provides a finite behavioral structure
- Follows well-structured psychological progression
- Employs a group format to address distressing issues
- Provides peer support
- Provides interactive learning experience to reduce stress
- Allows for follow-up
- Provides action-oriented intervention

Crisis intervention strategies

ICISF lists several basic crisis intervention strategies:

- Crisis Management Briefing (CMB)
- Demobilization
- Defusing
- Debriefing (Critical Incident Stress Debriefing—CISD)
- One on One (1:1)
- Pastoral Crisis Intervention
- Family Critical Incident Stress Management (CISM)
- Organizational Consultation

Basic model for small group crisis intervention is CISD

The ICISF basic model for small group crisis intervention is CISD:

- Introduction (safety)
- Facts (cognitive)
- Thoughts (cognitive to emotion)
- Reactions (emotion)
- Symptoms (emotion to cognitive)
- Teaching (cognitive)
- Re-entry (direction)

Effective Disaster Relief Includes Trained Chaplains as Part of the Interdisciplinary Team in Disasters and Other Emergencies[52]

In an age of highly specialized learning and information seeking, it is not incongruous that organizations, agencies, and people are recognizing the value of

collaboration—"teamwork." One's area of focus has become so narrow that one becomes an "expert" in a particular field without undue concern that one is not an expert in many other fields. The most practical solution is to join forces with other experts to implement strategic plans when broader awareness is required. By effectively delegating responsibility to the most "expert" in the situation, the output is increased and resources are mobilized to achieve more results.

There is value in collaboration—"teamwork"

In a similar manner, disaster relief efforts become more effective when trained chaplains are a part of the interdisciplinary team. The myriad of possible needs and complications demands that a team of "experts" in many fields accomplishes crisis intervention. Mental health personnel may not be able to address the spiritual needs of victims, and social workers may not be able to respond to all the cultural needs of the sufferers.

Disaster relief efforts become more effective with trained chaplains on the team

Healthcare institutions have long recognized the value of interdisciplinary teams in affecting the well-being of their patients. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) announced that patients have a right to considerate care that considers cultural, psychosocial, and spiritual values in addition to appropriate medical care. Consequently, the ideal healthcare team includes professionals from a wide variety of disciplines, including mental health, social work, and chaplaincy. Patients want a holistic approach to their care. Holistic care requires the ministrations of an interdisciplinary team of experts.

Patients (victims) want a holistic approach to their care

The two industry standards for crisis intervention methodology—NOVA and ICISF—prioritize the use of interdisciplinary teams in their highly effective approach and protocols. Barbara Kendall, a senior training coordinator for NOVA, explained, "NOVA favors a multidisciplinary team—for credibility, acceptance, effectiveness, and sensitivity to a variety of issues." She indicated that multidisciplinary teams ["multidisciplinary" and "interdisciplinary" are used interchangeably] offer more accessibility to victims, disaster sites, and community resources. Nationally appointed team leaders have the responsibility of appointing crisis intervention teams that will be informed and sensitive to a wide variety of issues and concerns. In addition to including several professional affiliations on the team, "NOVA attempts to match the team's attributes to the demographics of the community requesting intervention."[53]

NOVA and ICISF include chaplains on their crisis intervention teams

"The Critical Incident Stress Debriefing team is made up of a *partnership of mental health professionals* (master's degree or higher in mental health) *and peer support personnel* who are drawn from the police, fire, emergency medical, nursing, dispatch, disaster management, and other emergency-oriented organizations. In addition, most CISD teams also invite selected members of the clergy [trained disaster relief and crisis intervention chaplains] to participate on the teams."[54] These teams provide stress mitigation, critical incident stress recovery, education, prevention programs, and a referral network.

There is strength in diversity when the goals are alike. Jesus must have realized that He and His team would be facing many disasters. His team was comprised of men from many cultural settings and professions. Jesus could have selected any team; yet He chose diversity—liars, cheats, blue-collar workers, professionals, the faithful, and the faithless.

Jesus had a diversified "team"

Summary

The NOVA protocols and the ICISF protocols have both been very successful in dealing with the distress experienced by rescue workers, law enforcement officers, firefighters, and others who are frequently exposed to critical incidents and traumatic events. Both protocols have also been very effective in providing meaningful interventions for victims, survivors, witnesses, and others who have been affected by critical incidents and traumatic events.

Both NOVA and ICISF have been very successful in crisis intervention

Both organizations advocate for the multidisciplinary team approach and employ strict criteria for team membership and participation. Southern Baptist Disaster Relief strongly recommends that any volunteer who intentionally participates in the disaster chaplaincy ministry also completes the basic crisis intervention training provided by either NOVA or ICISF.

COMPASSION IN CRISIS[55]
UNIT 7

Demonstrating Compassion Is Being Present in the Suffering

Compassion is being completely present in the suffering of another

"Compassion is the cardinal virtue of the pastoral tradition, the indispensable quality that motivates and deepens all charitable, healing, and caring acts into events of moral and spiritual significance. The compassionate pastor is therefore one who exemplifies a deeply felt sense of solidarity with suffering persons transcending class and culture, yet one who maintains the distance necessary for sustaining suffering persons in their search for an authentic understanding of the meaning of their afflictions."[56] The chaplain in disasters must know his or her own biases, needs, and limitations and still deeply desire to identify with the disenfranchised and the wounded, seeking to demonstrate compassion as the priority of disaster ministry.

One must intentionally choose to be compassionate

Merely attempting to prevent suffering or not be the cause of suffering will be inadequate. The chaplain in disasters must approach ministry from a radically different paradigm—the chaplain must initiate and be an active participant in "being" compassion as a priority and "doing" compassion as a necessity. Recognizing his own natural instinct to excuse himself from the crisis, the chaplain must still choose to become engaged in the suffering. The significance of being compassionate may lay in the fact that being compassionate is not an activity one naturally seeks, but an activity that one must intentionally choose, knowing that it "feels" contrary to natural instincts.

Caregiving during and after disasters will not be for everyone

There is a natural resistance humans have toward pain—one avoids it whenever possible. The emotionally healthy individual does not intentionally cause oneself unnecessary pain. One naturally seeks safety, shelter, and nourishment as self-preservation before seeking to meet the needs of others.[57] Therefore, one must be aware that choosing to serve as a chaplain in disasters will not be for everyone. Only a few will choose to enter this place of suffering with victims of disasters—often these victims will be strangers, and sometimes they will be the perpetrators of the disaster itself (e.g., the Colorado wildfire arsonist became trapped and became a psychologically traumatized victim). For chaplains serving in disasters, the response of "being present in suffering" is an intentional choice to be uncomfortable. Such intentionality is spawned by a sense of call to this kind of demanding ministry. The choice to accept the uncomfortable conditions related to this kind of caring also grows out of the center of the chaplain's personal feelings and emotions— from one's "guts."[58] A sense of duty or dedication to service often enhances these inner drives and forms a powerful motivation for the chaplain "to weep with those who are weeping" (Romans 12:14-21), even when it may feel very awkward to do so.

"Being present in suffering" is an intentional choice to be uncomfortable

Demonstrating compassion may be risky

Demonstrating compassion is an act of intention and an intention to act. It is intentionally entering a place of crisis and full immersion in the human condition. Demonstrating compassion may be risky.

What kinds of disasters will *be uncomfortable for you? Why?*

What kinds of disasters might *be uncomfortable for you? Why?*

What needs to happen for you to be able to give yourself permission to decline participation in the crisis intervention?

"The need" does not constitute "the call"

Demonstrating Compassion Is Being Sensitive to Human Diversity

Chaplains in disasters must expand their worldview

Chaplains in disasters will be called upon to demonstrate compassion by being sensitive to human diversity. While they are not called to compromise their own faith, traditions, and culture, they will be called upon to minister to victims from diverse people groups.[59] They must be aware of their own assumptions, faith, and practices, and be aware of the history and environment that have informed them. They will be called upon to expand their worldview to include the view from eyes of different colors, shapes, and heritages. They will be invited to contextualize the faith expressions of those they encounter, understanding that cultural settings affect the way people think, act, and feel. Chaplains in disasters must integrate ethnic variations in dying, death, and grief into their own personal traditions, adopting new paradigms for "normal" grief, woundedness, and loss.

Cultural diversity is more than differences in religion, skin color, or language

As cultural diversity awareness increases, caregivers will face the challenge of becoming more open to differences. Chaplains in disasters will face the challenges of providing caring interventions to people who are *different*—not just *different* in religion, skin color, or language, but to people whose political alignments are contrary to one's own, to people whose moral standards are personally questionable, to people who are the outcasts of society, to people who are criminals, to people who are arrogant, disgusting, unappreciative, or hostile. Chaplains in disasters will be called upon to demonstrate compassion by being sensitive to human diversity.

As a minister in an environment of differing cultures, interests, and religions, the chaplain must be informed about a multiplicity of faith groups and seek ways to allow all people to express their faith or lack of faith in meaningful ways, understanding without compromising his or her own faith. Without coercion or force, the Christian chaplain evangelizes the world through his or her own character, integrity, compassion, and witness. As chaplains minister to the spiritual needs of people, they engage in spiritual conversations that often lead to opportunities to share their personal faith and religious beliefs. When direct evangelistic conversations don't materialize, Christian chaplains do pre-evangelism—laying the foundation for future opportunities to share the gospel.

They demonstrate true compassion, genuine interest in the lives of their clients, and *agape* love for all people. In the words of St. Francis of Assisi, chaplains must "Preach the Gospel at all times and when necessary use words."[60]

How might your cultural background influence the way you provide care in disasters?

How does your culture strengthen your chaplaincy ministry?

What are some weaknesses you have noticed in the way you provide care based on your cultural influences?

Demonstrating Compassion Is Providing the Ministry of Care in Crisis

"Servanthood," not "servitude"

The chaplain in disasters who acts exclusively out of duty and fear is subject to an unhealthy attitude that results in resentment when people do not appreciate the "help" or burn-out when people expect more than is offered. This is called servitude—an attitude of the slave, forced into involuntary labor. Kenneth Haugk differentiates the attitude of *servitude* with the attitude of *servanthood.*

Love motivates servant ministry compassion

Chaplains in disasters are called to a ministry of servanthood, which includes empathy while maintaining personal identity; genuineness by acting congruently; meeting needs, not wants; and intentionality in entering caring relationships. The person with the attitude of servitude will over-identify with the problems of the victims, compensate for frustration and anger with superficial sweetness, allow himself or herself to be manipulated, and provide care begrudgingly while complaining. The chaplain in disasters who operates out of an attitude of servanthood does so out of commitment and love.[61]

The ministry of care provides encouragement

The attitude of servanthood demonstrates itself by providing encouragement to those who are fearful or sad. Victims feel helpless and the chaplain empowers victims through the encouragement of listening and comforting. Victims are empowered to move forward from crisis to healing.

The ministry of care meets immediate needs

The ministry of care means meeting immediate needs. Sometimes, compassionate care is providing food or water, medical care or shelter. The chaplain in disasters will be a part of a multidisciplinary team, meeting immediate needs and providing assistance in the chaos.

Personalized, spontaneous prayers are comforting

Articulating the love and concern of God may be the most powerful component of providing the ministry of care in crisis. When chaplains offer prayerful intercession, many victims feel comforted and encouraged.

Personalized, spontaneous prayers are a demonstration of compassion.

> ...the pastoral crisis interventionist [disaster relief chaplain] benefits from the ability to use, where appropriate, scriptural education, insight, and reinterpretation (Brende, 1991), individual and conjoint prayer, a belief in the power of intercessory prayer, a unifying and explanatory spiritual worldview that may serve to bring order to otherwise incomprehensible events, the utility of ventilative confession, a faith-based support system, …and in some religions, such as Christianity, the notion of divine forgiveness and even a life after death. All of these factors may make unique contributions to the reduction of manifest levels of distress (Everly & Latin, 2002).[62]

Compassion at the Scene

What to Be

Chaplains must "be"

Demonstrating compassion at the scene of a disaster has some very practical implications. To be compassionate towards the victims of disasters, the disaster chaplain must:

- Be there
- Be near
- Be attentive
- Be willing
- Be compassionate

What to Have

Chaplains must have proper equipment

Each disaster relief organization or agency has equipment requirements for caregivers. Some agencies, such as the Red Cross, provide "Go Boxes" which contain many helpful (and sometimes necessary) implements for care. All chaplains in disasters must have proper equipment. Some basics would include:

- Proper clothing—clerical garb if appropriate, long pants or skirts (no shorts or minis), layers for warmth, walking shoes or boots
- Identification—official disaster response team ID, driver's license or passport, disaster agency ID, credentials
- Telecommunication apparatus—cell phones, pagers, walkie talkies, PDAs
- Large fanny pack or small backpack
- Emergency equipment—flashlight, batteries
- Snacks
- Personal medications for the first 24 hours
- Small note pad and pen
- Religious articles consistent with our faith as Southern Baptists (i.e., Bible, prayer cards, tracks)
- OSFA flip guide

Be prepared

Chaplains in disasters are strongly cautioned by their own response teams regarding proper and improper equipment. Cameras are almost universally

considered inappropriate. Spouses and other family members should not be brought to the disaster scene. Anything that is bulky will be difficult to manage and should be avoided. Chaplains will be on the disaster scene and the site may be cold, wet, dirty, dangerous, crowded, or dark. It is best to be prepared.

What to Say

Listen more than you talk

Keep your answers simple

Tell the truth

Faced with disaster and the reactions of victims, some chaplains admit they "don't know what to say." This is true in many situations and is not unusual. Answer questions directly and truthfully. When in doubt, admit that you are not sure. Inform the victim that you will try to locate the answer as soon as possible and permissible. Chaplains often need to say very little, but what they choose to say needs to be relevant. Listen more than talk and try to empathize with what is said. Be sure to let your words reflect the compassion that compelled you to be present.

Provide clarification

Communicate with your eyes and heart

Victims may ask various kinds of questions in response to a disaster (see pages 62, 63, 66, 67**).** People are usually confused and disoriented in the aftermath of disaster and may ask questions such as "What happened?", "Am I safe?", "Where is . . .?", "Have you seen . . .?", "Where am I?" These are the opportunities for the chaplain to provide comfort and encouragement by clarifying the situation, finding interpreters, and saying with the eyes and heart what cannot be said in words.

In addition to answering basic factual questions, the chaplain is often called upon to console and provide support as individuals try to process deep concerns or questions about life and death that sometimes are raised by critical events. Short, clear answers are better. Remember, cognitive functioning is diminished and long explanations will probably not be understood or retained. In attempting to give brief answers, one can seemingly generate responses that are oversimplified. Oversimplified answers may be perceived as hollow or shallow to a person impacted by crisis. Be prepared to embrace their reactions and expand on certain ideas as there is a need and opportunity to do so.

In particular, trying to answer "Why" questions can be counter-productive since the victim is usually manifesting a symptom of shock with such inquiries, not necessarily seeking philosophical truths. The chaplain should not ignore or avoid these kinds of questions because the person may need validation that it is permissible to ask such questions. The chaplain is the key responder in a group of care providers who is expected to have thought significantly about such matters by the very nature of their role as a spiritual care agent (see pages 65, 66). Be careful not to impose your answers on the victims but seek to help them explore questions and discover answers that will satisfy the yearning in their soul. One important suggestion would be to indicate that the thoughts you share are helpful to you and are offered with hope that they will also be helpful to the one who has experienced the disaster. As you build trust with people in the process of listening and offering meaningful feedback, they will often become more interested in your insights and guidance.

Do not blurt out bad news

Occasionally, chaplains must answer questions from victims concerning their family members or friends involved in the disaster. This can be quite

overwhelming, even for the chaplain. This kind of information should never be shared without proper authorization from appropriate levels of leadership. Provide this kind of information in a protected setting where victims are shielded from public view. Have as much available support in proximity as possible. Give news in small doses, preparing the victim for the next bit of information. Such preparation for *bad news* helps the victim hear and accept what would otherwise be too shocking to receive.

What to Do

Chaplains may help victims by providing practical help

One of the greatest frustrations that disaster relief workers face is the seeming impossibility of *doing something*. While the task of the chaplain is not necessarily one of *doing* rescue, chaplains can be very helpful in providing assistance by meeting basic physical needs, helping with practical decisions, and allowing victims to spend time with their loved ones. Chaplains can help facilitate communications by assisting with phone calls or providing directions and clarification.

Victims may ask for specific religious interventions

When requested, chaplains can provide the unique elements of spiritual care—prayer and religious rites and rituals. Some requests will be for general spiritual care. Other requests may require specific religious observances. Chaplains may be able to provide these specific religious interventions or they may find others who will.

Compassion Fatigue

Chaplains may experience compassion fatigue through empathetic contact with victims

Compassion fatigue results when caregivers experience a trauma event through listening to the story of the event or experience the reactions to the trauma through empathetic contact with victims or survivors and are unable to distance themselves from the event. Compassion fatigue is trauma-specific and the symptoms are similar to post-traumatic stress disorder (PTSD).

Charles Figley identified compassion fatigue as a secondary form of post-traumatic stress in *Compassion Fatigue.* It is the costly result of providing care to those suffering from the consequences of traumatic events. Professionals especially vulnerable to compassion fatigue include chaplains and other helping professionals—emergency services personnel, mental health professionals and counselors, medical professionals, clergy, victim advocates and assistants, and human services personnel.

Reactions to Long-term Stress

"Burnout"

Burnout is emotional, mental, and physical exhaustion

Burnout is the most obvious reaction to long-term stress. Burnout is emotional, mental, and physical exhaustion that occurs when several events in succession or combination impose a high degree of stress on an individual. Burnout could happen to the healthiest of chaplains.

Contributing factors in disaster chaplaincy burnout include:

There are many contributing factors in burnout

- Professional isolation
- Emotional and physical drain of providing continuing empathy
- Ambiguous successes
- Erosion of idealism
- Lack of expected rewards[63]
- Feeling obligated instead of called
- Maintaining an unrealistic pace
- Poor physical condition
- Continuous rejection
- Human finitude

Symptoms of burnout include:

Symptoms of burnout vary

- Isolation
- Depression
- Apathy
- Pessimism
- Indifference
- Hopelessness
- Helplessness
- Physical exhaustion
- Irritability
- Cynicism
- Short temper
- Negative attitudes

Countertransference

The empathetic chaplain becomes a victim vicariously

Chaplains in disasters are emotionally involved with many hurting people. Emotional involvement comes from the very nature of being *present* to victims, relief workers, and survivors. Empathetic listening and compassion create the environment that causes chaplains to vicariously share the trauma of disaster victims. Suffering on behalf of another person causes the chaplain to return to a place of hurt and disappointment—perhaps even severe trauma—in his or her own life. When countertransference occurs, the chaplain becomes a victim, needing the same post critical incident interventions as the primary victims.

Countertransference may result from past experience, personal identification, or physical fatigue

Experiencing the same sights and sounds of a previous critical incident may cause countertransference. Some similarities that result in countertransference include:

- Past experience—The *traumatic* event causes the new crisis. Chaplains must be aware of their own history and experience. Those who have experienced similar critical events or trauma will be more likely to relive his or her previous experience through the current critical event.
- Personal identification—The *similarities between the victim and the chaplain* cause the new crisis. Personal identification may be a *plus* for the victim as he or she seeks safety and security (trust), but that same personal identification may be a *minus* for the chaplain who becomes

overly identified with the victim's crisis. Personal identification may result from a perceived relationship due to ethnic heritage, gender, profession, language, or nationality.

- Physical fatigue—When chaplains are physically exhausted or *out of shape,* they are unable to cognitively function at their highest levels. They tire easily, have a low resistance to excessive emotional involvement, and have difficulty separating the victim's experience from their own past and present experiences. Consequently, empathy grows and personal identification becomes more intensified, resulting in countertransference.

Changes in Values and Beliefs

Critical incidents may cause chaplains to experience changes in their values and beliefs

One of the chief characteristics of a critical incident—disaster—is the inevitable *change* it causes. The changes may be positive or negative. Victims may experience doubt and uncertainty regarding physical survival—this was an expectation pre-critical incident. They may become fearful about their safety and security—this was probably a non-issue prior to the trauma. They may become less trustful of people, institutions, and/or God. That which was held as *sacred* may have been desecrated. One's determinations about reality and how to best perceive it may have been altered or become distorted. Conversely, victims may also become more interested in spending time with family, considering matters of faith, or participating in religious activities. Some changes are very temporary and victims return to pre-incident levels of functioning within a relatively typical time frame.

Signs and symptoms of compassion fatigue are similar to those of PTSD

When chaplains are subjected to disaster response conditions such as mental and/or physical exhaustion, long-term stress, countertransference, and burnout, they may also experience changes in their values and beliefs. As with victims, such change may be positive or negative. Chaplains may be overwhelmed by the conditions of the crisis with its resulting stressors and begin to interpret all of life based on the reactions or implications of a single event and its related experiences. In this sense, one becomes myopic and can only view reality through one set of lenses—disaster lenses. This may also be referred to as a form of "tunnel vision." Ordinary activities pre-critical incident may lose their sense of meaning and purpose when compared to the circumstances surrounding the disaster victims.

In order to remain effective in the disaster setting(s) and upon returning to one's own personal surroundings, the chaplain must choose to reframe his or her understanding of the crisis event(s) by effectively incorporating such experiences into a broader perspective of life and a corresponding Christian worldview (consistent with meaningful ways to comprehend what is real, true, good, and what determines appropriate and inappropriate responses). This can lead the chaplain to appreciate and cherish (not take for granted) the simple aspects of daily living such as having a home, sharing a meal with family or friends, or taking time to play with a child. This refined understanding precipitated by the "reality check" often accompanying a disaster can help the chaplain (and those he or she is able to help) avoid the temptation of being seduced by the perspective and ongoing pressures of a life untouched by tragedy.

Signs and Symptoms of Compassion Fatigue

Compassion fatigue is preoccupation with the victim or cumulative trauma of victims, emotionally re-experiencing the traumatic event, and persistent arousal. Those suffering the effects of compassion fatigue absorb the trauma through the eyes and ears of the victims to whom they provide ministry.

Compassion fatigue has a high cost

Some indicators of compassion fatigue include:

- Nightmares, dreams, or disturbing memories of the critical incident
- Emotional numbing
- Feelings of despair and hopelessness
- Feelings of isolation, detachment, estrangement
- Disconnection from loved ones, social withdrawal
- Increased sensitivity to violence
- Avoidance of thoughts and activities associated with the incident
- Increased and persistent cognitive dysfunction—difficulty concentrating

In the final analysis, there is a cost associated with compassion fatigue—performance declines, mistakes increase, morale drops, health deteriorates, and personal relationships are at risk. The cost is more than physical, it is emotional, cognitive, social, and spiritual.

Basic Self-Care

Basic self-care begins with preventive maintenance

Effective spiritual care intervention during disasters begins with preventive maintenance. Chaplains must initiate good lifelong habits of self-care. This includes a well-balanced diet, regular physical exercise, significant relationships, and awareness of spirituality. Effective self-care means taking care of yourself before, during, and after the disaster intervention.

Preventive maintenance includes:

- Reduce refined sugars, caffeine, fats, alcohol, salt, cholesterol
- Increase cardiovascular exercise
- Eliminate smoking, chewing tobacco, and unprescribed drugs
- Use relaxation techniques (e.g., deep breathing, meditation, prayer)
- Maintain healthy relationships with loved ones and associates

Critical events (disasters) cause distress and crisis intervention is distressful. Disaster relief chaplains must take the initiative to mitigate their own stress during the trauma. Education and practice (training) will help facilitate self-care during the crisis.

Self-care must be maintained during the disaster

Self-care during disasters may include:

- Taking regular breaks
- Working in established shifts or rotations

- Working in teams (for support)
- Catharsis with other disaster relief chaplains

Self-care after the critical incident (disaster) might include a thorough debriefing with the response team. This might take the form of a formal CISM or NOVA group intervention or might take the form of an informal "lessons learned" discussion.

Self-care must be an ongoing process

Reconnecting with loved ones, engaging in hobbies and interests, learning new skills, personal reflection, laughter, and days off will help restore the typical ebb and flow of pre-disaster life. Prayer, reading Scripture, participating in corporate worship, sharing your experiences during formal or informal speaking opportunities, inspiring new volunteers, and other spiritual interventions help provide healing and respite for the weary chaplain.

What are some ways you are doing preventive self-care?

What self-care interventions seem most helpful to you when you are in a stressful situation?

COMFORTING GRIEF IN DISASTERS[64]
UNIT 8

Elements of Grief

Defining Grief

Grief is emotional distress that is caused by perceived loss. The loss may be physical, relational, spiritual, or intrapsychic. It is very much like a wound or illness that needs to be healed. Grief is very different than *mourning*, which follows the recognition of loss and is the beginning of the healing process. Mourning is often defined as the cultural or public display of grief but is, in fact, the work of healing.

Grief is emotional distress that is caused by perceived loss

A Picture of Grief

Although there is no *right* way to grieve, there are characteristics that seem very common to those who are grieving. William Worden suggested that there are four general manifestations of normal grief: feelings, physical sensations, cognitions, and behaviors.

Grief manifests itself in feelings, physical sensations, cognitions, and behaviors

A Snapshot of Feelings

Sadness, anger, guilt, shock, helplessness, self-reproach, confusion, relief, yearning, anxiety, fatigue, loneliness, numbness, alienation, despair, hopelessness, emancipation, fear, feeling out of control

A Snapshot of Physical Sensations

Tightness in the chest or throat, oversensitivity to noise or light, breathlessness, weakness in the muscles, hollowness in the stomach, lack of energy, sense of depersonalization, loss of sexual desire, gastrointestinal disturbances, heart palpitations, dry mouth

A Snapshot of Cognitions

Disbelief, confusion, preoccupation, sense of presence, hallucinations, slow thinking, loss of memory, poor concentration, sense of going crazy, space and time confusion, sense of "nothing seems real, including me"

A Snapshot of Behaviors

Sleep disturbances, appetite disturbances, absent-mindedness, social withdrawal, dreams of the deceased, sighing, crying, restlessness, avoiding places and people, treasuring objects that belonged to the deceased person, disorganization, escaping by over-commitment to work, searching and calling out, restless over-activity, visiting places or carrying objects that remind the survivor of the deceased

Think about the most painful loss you have experienced . . . what were your

Your own experiences

1. *Feelings?*

2. *Physical sensations?*

3. *Cognitions?*

4. *Behaviors?*

5. *Spiritual concerns?*

What manifestations of grief would be difficult for you to experience?

Losses that Lead to Grief

There are many losses that lead to grief: physical, relational, spiritual, and intrapsychic

Physical

"Things" (house, car, property, mementos, "valuables"), health, vision, hearing, mobility, limb, talent, reproductive organs, body parts, "beauty," physique, image, memory, cognition, speech, smell, taste, feeling sensation, 401k, trusts, bonds, stocks, money, pets, resources, financial support, "innocence" (sexual assault, incest), job, business, income

Relational

Spouse, children, siblings, parents, fiancé, step-children or step-parents, foster children or foster parents, in-laws, grandparents and grandchildren, extended family, friends, coworkers, peers, colleagues, teachers, clergy, employers, employees, teammates, institutions, professions, careers, licenses, jobs, clubs or associations, independence, influence, marriage, significant relationships, friendships, way of life, trust (infidelity), children leaving home, belongingness

Spiritual

Faith in God, faith in religion, trust in clergy, trust in church or religious organization, value system, credibility, integrity, traditions, sense of worthfulness, identity, meaning of life, time, history and connections to the future, hope, values, will to live, belovedness, love

Intrapsychic

Plans for the future, deferred dreams, missed opportunities, important image of oneself, self-esteem

Special Losses

Suicide, miscarriage, sudden infant death (SIDS), death of a child, still birth, abortion, AIDS, homicide, genocide, execution, mass murder, terrorism, war, MIA's, multiple deaths, Alzheimer's, mental retardation, victim-perpetrator

Special losses complicate the grief process

Grief Is a Process

Grief is a process in response to loss

There has been much written describing the grief response. One has described grief in *stages*, another as *tasks*, and another as *process*. Because grief is extremely personal, it is unique to each individual. Chaplain Tim Van Duivendyk, director of Pastoral Care and Clinical Pastoral Education at Memorial Herman Hospital, has described the grief response as *Wilderness Wandering*. The journey through grief frequently returns to familiar places of pain and healing. As such, perhaps *process* is the most accurate description of the grief response. No loss is experienced in a vacuum and likewise, no grief is expressed without the influence of environment and circumstances. The process of grief is dynamic—like the sea, it ebbs and flows, then moves on.

A comparison of several notable theories regarding the grief response might be helpful.

Kubler-Ross—Five Stages of Grief

- Elizabeth Kubler-Ross—Five Stages of Grief—in *On Death and Dying, 1969*[65]
  1. Denial and isolation
  2. Anger
  3. Bargaining
  4. Depression
  5. Acceptance

Worden—Four Tasks of Mourning

- J. William Worden—Four Tasks of Mourning—in *Grief Counseling and Grief Therapy*, 1991
  1. To accept the reality of the loss
  2. To work through the pain of grief
  3. To adjust to an environment in which the deceased is missing
  4. To emotionally relocate the deceased and move on with life

Oates—Three predecessors

- Wayne E. Oates—The Grief Process—in *Pastoral Care and Counseling in Grief and Separation*, 1976, states that Kubler-Ross's five stages are preceded by three other factors
  1. Shock
  2. Panic
  3. Numbness

- T.A. Rando—The Six R Processes of Mourning—in *Treatment of Complicated Mourning*, 1993
  1. Recognize the loss
  2. React to the missing
  3. Recollect the missing, the relationship, and the meaning of the relationship
  4. Relinquish attachments to the world before the loss including assumptions that no longer hold
  5. Readjust to a new world without forgetting the old
  6. Reinvest in the world around you

Rando—Six R Processes of Mourning

.

Grief—a journey from shock to acceptance

Drawing on these models, the grief response may be portrayed as a journey of three parts: 1) acknowledging the reality of loss (shock and denial), 2) expressing the pain of grief, and 3) moving toward acceptance. In the initial moments of the journey, the victim wanders through the shock and denial of trying to acknowledge the reality of the loss. As the reality of the loss is embraced, the victim then begins to express the pain associated with that grief and loss. There are physical, emotional, relational, and spiritual symptoms. After revisiting places of pain and healing, perhaps even still denying the reality of the loss at times, the victim struggles through a resistance toward acceptance, moving on, and hope.

No two journeys are the same and each journey takes a unique amount of time to travel. Perhaps one never *arrives*, but one draws closer to acceptance, always seeking to move forward in the ventures of processing grief. The journey is a spiral rather than a circle. Each round moves higher and higher. Sometimes, the round retreats and grief plunges one again into great depths of pain and sorrow. For most people, the acute pains of grief diminish and hope appears in the future.

1. Acknowledging the reality of loss
   - Shock, numbness, denial—Worden's Task #1
   - Shock, panic, numbness—Oates' three factors preceding Kubler-Ross's stages
   - Denial and isolation—Kubler-Ross's Stage #1
2. Expressing the pain of grief and loss
   - Physical symptoms
     - Crying, aches, pains, illness
     - Lack of energy or uncontainable energy
   - Emotional symptoms
     - Sad, mad, glad
     - Anger—Kubler-Ross's Stage #2
   - Relational symptoms
     - Bargaining, blaming, fighting, clinging, sudden appreciation
     - Bargaining—Kubler-Ross's Stage #3
   - Spiritual symptoms
     - Temptation, guilt, shame
     - Increased awareness of human/divine, faith, dependence on God

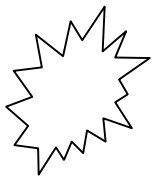
3. Moving toward acceptance
    - Desire to live more in the present and future than in the past
    - Willingness to explore new relationships and activities
    - Renewed energy that overcomes the gloom of doubt and despair
    - Resistance
        - Worden's Task #1—to accept the reality of the loss
    - Struggle
        - Worden's Task #2—to work through the pain of grief
        - Worden's Task #3—to adjust to an environment in which the deceased is missing
        - Depression—Kubler-Ross's Stage #4
    - Hope
        - Worden's Task #4—to emotionally relocate the deceased and move on with life
        - Acceptance—Kubler-Ross's Stage #5

In disasters, death causes "traumatic grief"

The grief process will also be affected by the circumstances of death. In disasters, death tends to cause "traumatic grief." Grief is a result of sudden, unexpected, or random death. Survivors must deal with the critical incident stress issues surrounding a traumatic event before they can begin processing the individual loss of life. There is no preparatory period during which survivors begin to plan for loss and grief. The unexpected nature of the loss tends to cause more anger.

My personal grief journey

Draw a diagram of your grief journey:



Critical Event

Comforting Grief

The ministry of presence is a comfort in grief

Grief takes many forms and requires informed compassionate care. Comforting the grieving victim of disasters requires great sensitivity. Understanding the emotional upheaval that is being experienced is critical to providing effective ministry. As the chaplain prepares for disaster response, it is helpful to remember that the chaplain in disaster must be *present* to the suffering of those who grieve.

First, they must be physically present. In response to disasters, chaplains must 1) be there, 2) be near, and 3) be attentive. To help victims feel safe and more secure, physical presence is essential.

Secondly, chaplains must be emotionally present. They must listen and empathize as spiritual acts. Empathetic listening assures the victim that grief words *and* grief feelings are being heard.

Thirdly, chaplains must share practical presence. Helping with practical decision making and daily duties is a demonstration of compassionate presence. Chaplains are present to meet immediate needs while providing encouragement.

And, chaplains provide the spiritual presence that is unique in the ethos of chaplaincy. Through prayer and prayerful attitudes, chaplains provide the presence of God in the midst of grief.

Being present and being compassionate will be more than adequate. Listening to the grief story and talking, specifically remembering the loss and calling it by name, and being open and accepting of all the emotions and tears of grieving will provide the comfort that begins to offer hope for another day.

Complicated Mourning

"Special losses" often complicate mourning

There are some situations in which the process of grief becomes very complicated. Usually, these circumstances are considered "special losses." Many of these situations do not result in the physical death of a person, and the circumstances surrounding the loss are significant, unique, or extremely traumatic.

Categories of special losses

These special losses may be categorized as follows:

- Disenfranchised loss
  Suicide (victim is the perpetrator), death of "significant other," AIDS, deceased is the cause of an accident resulting in death, deceased was involved in criminal activity, deceased was involved in immoral or unethical behavior at time of death, impotence, abortion, miscarriage, rape, incest

- Unexpected, sudden death
  Accidents, disasters
  Death perceived as preventable

- Homicides
  Murder, manslaughter
  Suicide (revenge, protest, terrorism, mercy)
  Mass murders
  Vehicular homicide
  Complicated homicides
    - Sexual assault
    - Torture
    - Dismemberment after death
    - Mutilation
    - Delayed execution
  Genocide (destroying an ethnic, national, or religious group)
  Terrorism
  Vanished (kidnapped, "missing," MIA's)

- Multiple deaths during short time frame

- Line of duty deaths

- History
  of anger with the deceased
  of major stress and crisis
  of emotional and mental problems

- Marked dependent relationship with the deceased
  (primary caregiver)

- Lack of social support

Grief reactions are intensified

When grief is a result of circumstances that are *extraordinary*, it is possible that complicated mourning will occur. This may intensify typical grief reactions as a result of the critical incident stress that occurs.

Lessons Learned

Lessons learned in the field are practical helps

During disaster response, there is little time to think about appropriate responses and words of comfort. From the *field*, there are some practical lessons in the form of "Do's" and "Don'ts."

DON'T…

DON'T…
Avoid the grieving person
Assign guilt or blame
Address "Why?" questions without necessary precautions (see page 50)
Minimize the loss
Change the subject away from the deceased

Try to talk too much
Say: "I know how you feel"
"It was God's will"
"(S)he's in a better place now"
"Time heals all wounds"
"Be brave"
"Don't cry"
"He's at rest"
"The Lord knows best"
"Be glad it's over"
"You need to be strong for…"
"Call me if you need anything"

DO… ***DO . . .***

Acknowledge the loss, specifically
Give permission to grieve
Listen non-judgmentally
Allow the grieving person to talk about the deceased
Ask open-ended questions about the event
Offer practical assistance
Empower with small choices and decisions
Share words of admiration for the deceased, if appropriate
Say: "I'm so sorry"
"I'm sorry for your loss"
"I cannot begin to understand your pain, but I'm here for you"
"Would you like to talk?"
"(Name of deceased) loved you so much"
"May your God bless you and give you strength"
"I am grieving with you about_____'s death"
"I know you are going to miss_____"

What are some lessons you have learned when responding to death and grief?

What was the most helpful thing someone did for you when you were grieving?

What was the least helpful thing someone did for you when you were grieving?

SPIRITUAL DIMENSIONS OF TRAUMA[66]
UNIT 9

Overview of Spirituality in Trauma

Traumatic events cause people to reexamine their beliefs and values

Traumatic events are an attack on meaningful systems. Spirituality helps to define people's value systems and understanding of being (existence), nothingness (non-existence), relationships, time and eternity, life, and death. Victims of traumatic events usually reexamine their beliefs and values in terms of the crisis event. Faith may be rejected, transformed, or unchanged (reaffirmed).[67] Stress and distress affect one's spirituality, and conversely, spirituality affects one's stress and distress.

In addition to the positive effects of crises on spiritual well-being like clarity of mind, value definition, and revitalization of faith, there can also be a negative impact. "Horrific traumata destroy spiritual well-being."[68] Deep spiritual losses of hope, future, innocence, and trust often result in post-traumatic shock disorder. Many individuals instinctively seek spiritual support in crisis. They have a hopeful expectancy that prayer, spiritual guidance, and sacraments will be helpful in alleviating their pain or sense of loss. Others may not be specifically desirous of spiritual care but are psychologically receptive to spiritual care.

Spiritual faith has a positive effect in responding to distress

There is much evidence of the effectiveness of religion or spiritual faith in coping with trauma. Medical professionals and scientists recognize the positive effects of faith in responding to physical and emotional distresses. Consequently, chaplains are quickly dispatched to disasters and other traumatic events. By incorporating spirituality in the crisis response, physical healing increases, mortality rates decrease, depression decreases, and there is a positive effect on diseases, ranging from cervical cancer to stroke.[69]

There are compelling reasons to use chaplains in crisis events

Trauma victims often benefit from spirituality and religion as they attempt to adapt to the crisis event. Marlene Young lists several compelling arguments for using chaplains to mitigate distress in the crisis event:

- Causal explanations of trauma are a function of religion and abnormal events trigger religious attributions
- Religion is used as emotional support and assists cognitive structuring
- Religion is used by victims to cope emotionally and solve problems
- The potential of religious assistance is a positive operative force in coping
- Measures of religiosity are strong predictors and positively relate to the quality of life
- Prayer, in the religious sense, may be a source of ventilation and validation for people of faith
- Prayer serves as a source of stress moderation
- Prayer is a form of spiritual processing [70]

Whether the crisis is loss of property or death, faith is reexamined in the light of one's spirituality. Personal values and beliefs may be shattered or transformed. Assumptions about life and death, people and God, good and evil—all may be challenged and redefined. Crisis shakes the very foundation of one's being, and spirituality redefines hope and the future.

Critical events redefine one's spirituality

From a Christian perspective, there are benefits of using chaplains in crisis events that go beyond the list Marlene Young has provided. Chaplains are a reminder that God is aware of and present to victims in their distress. The living person of Jesus shares the struggle each victim encounters during crisis and trauma. If faith is being reexamined, chaplains have opportunities to clarify false assumptions and demonstrate true hope for the future.

God is aware and present to the victim in traumatic events

Role of Religion and Spirituality

Spirituality is the essence of life—the beliefs and values that give meaning to existence and that which is held sacred. It is one's understanding of self, God, others, the universe, and the resulting relationships. Spirituality is the understanding, integration, and response to the transcendent.

How do you define "spirituality?" _____

How do you define "spirituality?"

_____

_____

Religion could be defined as the operational system of personal or institutional beliefs and practices that intersect with the transcendent within a cultural or social setting. Religion guides the understanding, integration, and response to the transcendent through participation in and with an organized faith community with shared beliefs, practices, and rituals.

How do you define "religion?" _____

How do you define "religion?"

_____

_____

During and after a critical event—disaster—victims often appropriate religious and spiritual mechanisms to mitigate the enormity of crisis they are experiencing. Many times, the victim is not aware of using the mechanisms.

The role of religion and spirituality in trauma

- Coping—In their fight for survival, victims use spirituality and religion to cope with the crisis situation until the crisis abates.
- Healing—There is clinical evidence that religion and spirituality have positive preventive and healing effects on diseases and emotional distress.

- Support—Victims use the mechanics or institutions of religion to provide emotional support in dealing with the emotional trauma of disasters and death. The availability of God or clergy or religious institutions provides spiritual and emotional support during crisis.
- Questions—In the chaos and confusion that results from disasters, victims have a need to make sense of the traumatic event. In doing so, spirituality and religion provide the tools for asking questions and problem solving.
- Seeking—As victims seek answers and understanding, religion and spirituality provide the mechanisms for searching and seeking.
- Stress mitigation—Prayer provides a "listening ear" during crisis. It allows the victim to *vent* his or her crisis as a hopeful response. Prayer provides an avenue for processing the chaos and reducing the stress through repetition, communion, and meditation.
- Connecting—Prayer and spiritual activities help victims connect with others and God (see pages 3, 4). Such activities bring people into a shared setting where they can receive encouragement and guidance for integrating "the present crisis" with both the past and the future. By joining memories of past accomplishments, fond experiences, and old traditions with the hope of progress, the promise of future memories, and new traditions, people realize they are not alone on the path of dealing with the given crisis.

Spiritual Issues and Questions from Victims and Survivors

Victims and survivors ask difficult questions . . .

After critical events—disasters—victims and survivors ask many spiritual questions (see page 50). After September 11, 2001, these questions became common topics at meals, gatherings, and seminars. The questions are difficult ones and chaplains rarely have adequate answers. It is both acceptable and necessary to ask these questions. It is equally important for the chaplain to hear and validate the questions without the necessity of an answer. In asking the questions, victims and survivors begin the journey of mourning that which was lost.

- Why did this happen to me?
- Why did_____have to die?
- Why didn't God take me instead?
- Did God do this to punish me?
- Does this mean I owe God my life now (now that I survived)?
- Why does God make so many good people suffer?
- Why does God let bad things happen?
- Why did God hurt little kids?
- I want to die . . . why can't I just die, too?
- Whose fault is this?
- Is_____(the perpetrator) going to be punished for this?
- Why doesn't God answer my prayers?
- How will I know if God is telling me something?
- Why does God allow evil in the world?

- Who keeps God in line?
- Is there life after death?
- Is there really a heaven?
- Will_____(the perpetrator) go to hell for this?
- What did I do to deserve this?
- Did God choose me to suffer for some special reason?
- What good can come out of this suffering?
- Is there anything I can do to make God stop doing this?
- What's there to live for?
- Why can't_____do something to stop this?
- Am I special because I survived and_____didn't?
- What's expected of me now (that I survived)?

What would you ask?

What questions would you ask if you were a victim or survivor?

Religious Coping Styles

Religion and spirituality help people cope

When people are in crisis, religion and spirituality are essential in helping them cope during intense arousal. Emotions have reached extraordinary levels and cognitive functioning is low. In these situations, victims rely on their faith to help them make sense and meaning in chaos.

Do not assume that "faith" is necessarily in God or religion

Disaster chaplains may be in danger of false assumptions if they assume the *faith* being expressed is in God or in religion. Some victims may be expressing their faith in family, in rescuers, in relationships, in institutions, in their own strength and stamina, or in natural law. Some will express faith in a combination of these. Clarification is always helpful for effective spiritual care.

Coping mechanisms used by people in trauma

Dr. Kenneth Pargament from Bowling Green University researched religious coping mechanisms used by people in trauma.[71] The following summary is based on his research. In times of distress, people may use their religion or spirituality in the following ways to answer the difficult questions surrounding critical events—disasters.

- Benevolent religious appraisal
- Seeks God's loving presence
- Spiritual leaders' or affiliated members' presence
- Pleas for direct intercession
- Acts of purification
- Religious helping
- Conversion
- Blaming God or spirits

- Demonic assignment
- Punishment from God
- Religious avoidance/distraction
- Problem solving/deferral
- Problem solving/self-direction
- Problem solving/collaborative

Chaplains in disasters can facilitate spiritual care by affirming the positive coping mechanisms being initiated by the victims. Multiple mechanisms may be engaged simultaneously or spontaneously rejected.

Chaplains are shepherds who help people cope during crisis

Chaplains affirm positive coping mechanisms and gently adjust when people suggest unhealthy means of coping with trauma and critical events. When people suggest suicide, homicide, illegal activities, or behaviors that obviously result in personal harm or a threat to others, the chaplain engages other caregivers who are appropriately trained to handle such behaviors. For example, a person who is suicidal needs immediate suicide intervention and professional counseling. One of the ministry tasks of chaplains is that of shepherding—to be a *spiritual* caregiver. Spiritual intervention and care means leading people beside *still* waters and *greener* pastures—to a spiritually healthier and safer place. Disaster chaplains recognize the wisdom of referrals to people who are more highly trained to deal with special needs.

Spiritual Interventions for Disasters

George Everly, co-founder of the International Critical Incident Stress Foundation, teaches that spiritual care interventions are additional interventions that are provided on the foundation of traditional crisis intervention mechanisms. The traditional mechanisms include:[72]

Traditional mechanisms of crisis intervention . . .

- Early intervention—Within hours of the traumatic event
- Cathartic ventilation—ventilation of emotions
- Social support—group model
- Problem-solving—alternative solutions and responses
- Cognitive reinterpretation—reinterpretation of event as non-threatening, less challenging

In addition to the ministry of presence, the ministry of compassion, and the ministry of caring through the art of story-listening, spiritual care agents in disasters may choose to provide support through other spiritual care crisis intervention methods that are uniquely theirs as people of faith and spirituality.[73] Such methods include:

Spiritual care crisis interventions . . .

- Scriptural education, insight, reinterpretation
- Individual and conjoint prayer
- Belief in intercessory prayer
- Unifying and explanatory worldviews
- Ventilative confession
- Faith-based social support systems

- Rituals and sacraments
- Belief in divine intervention/forgiveness
- Belief in a life after death
- Unique ethos of the crisis interventionist
- Uniquely confidential/privileged communications

Christian chaplains often have opportunities to share the Good News. When victims ask the chaplain for other possibilities or for their personal beliefs, it is entirely appropriate to share one's personal faith. Sensitivity and respect in asking permission to share—and not coercing victims—is a skill and approach Jesus frequently used.

"Red Flags" for Disaster Chaplain Interventions

Red Flags

There is a sense of urgency that one experiences in the field of disasters. Disaster chaplains desire peace and spiritual strength for victims they encounter. But the prudent caregiver is sensitive and aware of possible "red flags." When "red flags" are ignored, they become serious blunders that have long-lasting consequences for the victims. Here are some "red flags:"

- Trying to "wing it" with no specific intervention plans
- Trying to provide interventions without a crisis team
- Trying to debate theological issues with traumatized victims or survivors
- Answering "Why?" questions without necessary precautions (see Unit 4)
- Failure to honor the right to free exercise of religion
- Failure to recognize severe or urgent stress symptoms
- Failure to differentiate between ongoing clinical symptoms existing for a person prior to the disaster and trauma symptoms resulting from the disaster event

Ethics of Disaster Chaplaincy Interventions in Disasters

Victims and chaplains are vulnerable

Disaster chaplains have a great responsibility entrusted to them. Integrity of character is an expectation and betrayal is damaging to the entire profession. High moral and ethical standards are expected and the crisis situation makes both victim and caregiver vulnerable to ethical mistakes.

Guard what has been entrusted to you

There are three areas of particular importance. The first is *trust*. Victims have been reduced to the most basic levels of human development—that of trust. When trauma happens, victims and survivors are shaken. They are fearful and distrustful of the situation. Disaster chaplains are often perceived as God figures—parents, protectors, providers, healers. Chaplains tread on thin ice when they attempt to *play God.*

Maintain confidentiality

Chaplain conversations are uniquely confidential. If you must reveal any part of a conversation, you must have the permission of the confidant. If a person demonstrates clear and imminent danger to themselves (suicide threat) or others (homicidal threat or actual threat of other serious crimes), the chaplain is

required to act in the best interests of the individuals and/or the persons(s) who may be in danger. Saving a life has the highest priority.

Ego makes caregivers vulnerable

Maintain confidentiality, tell the truth, do not make value judgments, and do not take sides. Ego makes caregivers vulnerable.

Respect victim vulnerability

Victims may be quite vulnerable during traumatic events—especially to spiritual conversions or changes. Spiritual care agents should not use manipulative rhetorical devices or forceful tactics to entice victims into making choices they may later regret or ignore. Providing a good spiritual diagnosis of the situation will help the chaplain avoid coercing victims and lead him or her toward recommending meaningful spiritual responses in the disaster context. A good diagnosis of the spiritual situation will depend on how well the chaplain employs his or her listening skills with victims and to the Spirit of God.

Spiritual care in disasters involves meeting people in their desperate circumstances, understanding the level of their needs, and then helping them discover the best way to initially engage their own spiritual resources and other available resources in order to overcome the challenges related to a crisis event. Preaching and organized teaching are usually reserved for more formal settings in the aftermath of a disaster such as funerals, memorial settings, or worship services immediately following the event. Crisis Management Briefings (CMB's) are also excellent settings to provide significant information and organized teaching on key insights concerning disaster responses.

The spiritual caregiver's primary role is to assist victims in determining their physical condition and exploring their thoughts or feelings in a manner that helps them formulate spiritual insights and responses that will reflect the affected person's desired state of spiritual stability. Disaster relief chaplains should also be prepared to provide information about local churches or other available resources for assisting persons with concerns about their spiritual stability. Connecting survivors to local churches can provide them with follow up avenues that will be available long after the chaplain has left the affected area.

Guard personal standards

Chaplains are also expected to maintain their own standards of ethical responsibility. There are many religious rituals and practices that may be in conflict with your own beliefs and practices. Prior to providing crisis interventions, chaplains should inform their team members and colleagues about any possible interventions they may not be able to provide. When possible, they should find other appropriate spiritual caregivers.

What Victims Want to Say to Disaster Chaplains

After many hours on the field of disasters and after many conversations, disaster chaplains have learned many lessons from victims and survivors. Most of the time, victims will not say these things to the chaplain—they just close down, retreating into their pain and grief, swallowed by the confusion and shock. Rev. Dr. Richard P. Lord expressed many of these feelings in a paper entitled "Out of the Depths: Help for Clergy in Ministering to Crime Victims."

Victims want to say . . .

- Do not explain—even when I cry out "Why?" I am not looking for rational, logical answers, but I want God and you to be with me in my pain.
- Do not try to take away my pain—the pain shows me how much I have lost. It might be uncomfortable for you, but please respect my reality. I will not always be like this.
- Stay close to me—I need someone to lean on right now. I may withdraw for awhile, weep, grieve, mourn, or want to talk. Stay close so I can reach out to you.
- Remember me when everyone else has gone back to their normal routines—be the person who will listen to my story and pain again and again. Mention my loved one by name and remember with me.
- Listen to my doubts—I have doubts and I need you to listen to my doubts. Do not try to talk me out of it, but be with me as I move through it so a more meaningful faith can emerge.
- Do not be afraid of my anger—I need to be honest about the pain I feel. I will not hurt myself or others and God is not threatened by my anger. Anger is not nice to be around, but I need to work through this.
- Be patient with me—my progress may not be as fast as you think it should be. Let me reveal my weaknesses and regression to you sometimes. I will get better in time.
- Remind me that this is not all there is to life—I need to be reminded that there is more to life than the pain and anger and sadness I am feeling. Speak about God to me as an affirmation of life. I need Him to be a companion on this painful journey. Remind me that His eternal presence can penetrate my grief.

What would you have liked to have said to the person who ministered to you?

What would you have liked to have said to the person who ministered to you?

_____

_____

_____

_____

Conclusion

Providing spiritual care in disasters is a difficult task. There are few quantitative ways to measure its effectiveness and there are few, if any, visible results while on the field. Disaster chaplains seldom see the victims after the initial contact, and most of the time, words and actions are completely inadequate. We must remember that the ministry is in the willingness to enter the place of pain and hurt and offer our presence and compassion.

MINISTERING IN THE MIDST OF DIVERSITY[74]
UNIT 10

The experience of trauma is the disaster relief chaplain's primary context, but he or she will also encounter the added context of cultural diversity. If the chaplain is to offer the greatest amount of care and to be the most effective, he or she should also be sensitive to the diversity of backgrounds, world views, customs, religions, and so forth present in the affected community.

Contextualized Ministry Is Cross-Culturally Competent

Intentional Cultural Diversity Creates Multiple Needs

Culture is what identifies a group—physically, socially, relationally, intellectually, emotionally, behaviorally, and spiritually

Culture is "the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population."[75] Greater than national identity or ethnicity, it includes communities of vocation, education, location, or motivation; and it provides social support in safety and security, cushioning people from the impact of traumatic events.[76]

Multiple cultural identities help and hinder coping mechanisms in trauma

Globalization and the age of technology have created new cultural norms. Identification by dual identities is not uncommon—Japanese American, Spanish-speaking Native American, moderate Baptist, conservative Republican. These multiple cultural sources may decrease the ability to develop a sense of safety and security, but they may also provide alternative interpretations to cope with traumatic events. Cultural references and identity influence the identification and interpretation of traumatic threats and events, affecting the manifestation of traumatic response.[77]

Cultural diversity multiplies needs in crisis

"Corporate America's decision to emphasize diversity is a practical choice, based on rapidly evolving U.S. demographics. Recognizing economic opportunity, corporate leaders are spearheading machines for multicultural workforces and emerging-market strategies."[78] The intentional emphasis on creating cultural diversity inevitably multiplies needs in crisis. Crisis interventions must be concerned with issues related to birth, death, spirituality, possessions, power, children, elderly, income, education, nationality, sexual orientation, and profession, and with how they are influenced by various cultural identities. Intentionally recognizing cultural diversity creates multiple needs and new paradigms for "normal" or "expected" crisis needs.

Cultural Perspectives Affect Trauma and Recovery

Culture interprets events as threatening or traumatic

"Culture influences what type of event is perceived as threatening or as traumatic."[79] In third world countries, the death of a child may be perceived as a predictable event, while in the U.S., it may be defined as *traumatic*.[80] In a study conducted by Carlson and Rosser-Hagan (1994), Cambodian refugees who had been assaulted (50%) or experienced the killing of a family member (60%) rated food shortage more distressing than the death of a close relative.[81] Most Americans can not relate to feeling distressed over food shortage.

Culture influences how people interpret the meaning of their traumatic event (fate, punishment, reward). It also influences how people express their reactions to traumatic events (withdrawal, silence, hysteria, physical abuse, stoicism, embarrassment). And finally, "cultures can help to define healthy pathways to new lives after trauma. The routines and traditions of the culture may aid survivors of a tragedy in feeling reoriented. This is particularly true when . . . cultures have a means of integrating an individual's trauma story with the theology, spiritual orientation, or mythology of the culture."[82] An important aspect of crisis intervention is allowing victims to create a narrative of their crisis experience. By doing so, the event becomes a part of a life story rather than an event which culminates a life story.

Culture influences the effects of traumatic events

Demonstrating Respect for Cultural Differences

The modern world is characterized by a high level of cultural diversity. Ethnic heritage, language, political affiliation, and religion are often the product of intersecting cultures. Vocation, recreation, and social economic levels have become cultural categorizations. Music, sexual orientation, and sports have also become cultural identifications. Respect for cultural differences may be demonstrated in the following ways:

The world is characterized by a high level of cultural diversity

1. The chaplain demonstrates respect for cultural differences by acknowledging these differences without judgment.
2. Chaplains must also accommodate cultural differences.[83] Through education, chaplains gain an understanding of cultural perspectives. "Prior to cross-cultural work, education is needed on differences about a culture's background history, language, routines, traditions, and family structures. This knowledge should be used to inform the crisis responders in the use of more appropriate interventions."[84] Through networking and building relationships, chaplains also gain access to different cultures, enabling them to apply their understanding of cultural behaviors, metaphors, concepts, and ethics.
3. Demonstrating respect for cultural traditions and values during some of the greatest moments of suffering and loss is a clear demonstration of cultural sensitivity. In disaster relief ministry, knowledge of ethnic variations in death, dying, and grief is particularly important. Crisis and disasters often result in death.
4. Chaplains must demonstrate cultural competence.[85] They must be able to integrate their knowledge, sensitivity, and awareness of cultural differences into their crisis response, thereby mitigating stress, providing comfort, and promoting healing. Their behaviors, attitudes, and policies must be congruently directed towards effectively operating in a different cultural context. Chaplains demonstrate respect for cultural differences by demonstrating cultural competence—familiarization with significant cultural characteristics, acknowledging the differences, developing sensitivity and understanding of other ethnic groups, and integrating this information into their caring responses.

Chaplains demonstrate respect for cultural differences by demonstrating cultural competence

Maintaining Personal Faith

Ministry in diversity is not a call to abandon or violate one's personal faith

The nature of disaster relief ministry is significantly different than ministry in the local church. Participants of a local church choose to gather under the ministrations of a particular person because of ". . . agreement with or appreciation for the ecclesiastical, doctrinal, theological . . . issues of importance. In general, the members within a congregation share commonality in faith issues."[86] In a local church, members and other affiliates have a single faith-group focus. In disaster relief, victims do not choose their displacement, loss, or chaplain—their choices are limited. A chaplain in disasters has a multiple faith-group focus, ministering in a pluralistic environment, demonstrating respect and understanding of other spiritual experiences without compromising his or her faith. While attempting to acknowledge and accommodate differences, the chaplain may find that his or her personal faith conflicts with the victim's faith or values. Ministry in diversity may pose issues of concern, but it is not a call to abandon or violate one's personal faith and values. Referrals are not the only solution, and reconciliation is possible.

"Red Flags" for Chaplains in a Context of Diversity

Red flags I must be especially aware of . . .

Chaplains must recognize some "red flags" when serving as disaster relief interventionists in the context of cultural and religious diversity. Because victims are highly vulnerable, chaplains must be careful not to coerce victims in any way. Forcing victims to talk, to eat, or to make life changing decisions may be perceived as unethical. Victims are usually concerned about the most fundamental human needs—safety and security—and may have little or no ability to make rational or logical decisions about faith and religion. But chaplains have an opportunity to appropriately and gently lead victims toward healthier spiritual lives. Without coercion (trying to force people to become Baptists), chaplains could share the love of Christ and allow the Holy Spirit to do His work. Chaplains must also beware of projecting attitudes of superiority (i.e., "I've responded to many disasters and seen lots of victims, so I know exactly what you're going through, what you're feeling, and what you need."), uninvited familiarity (e.g., addressing victims as "honey," "dear," or "good buddy"), false imitation (e.g., attempting to more closely identify with African American victims by affecting speech patterns that are not "natural" to the non-African American chaplain), and false assumptions (e.g., life without one's home and possessions is better than not dying, a Muslim victim will reject ministry from a Baptist chaplain, or a request for a "miracle" arises from a Christian value system).

"Relief" for the Chaplain in the Context of Cultural and Religious Diversity

Give yourself some "grace" as you deal with sensitive personal issues

There is natural anxiety associated with providing spiritual care in the context of cultural and religious diversity. Chaplains may be concerned about whether or not they will be accepted or whether or not they will want to provide intervention in some situations. These are natural concerns and most care providers must address these issues before arriving on the field of service. Some issues to be considered are:

- Redefining one's ministry as a spiritual care provider in diversity
- Respecting cultural and religious differences without compromising one's personal beliefs
- Providing the freedom to the victim or client to choose or decline ministry
- Avoiding false assumptions regarding perceived needs
- Knowing and understanding the priorities of one's own faith when ministering to diversity of religious traditions
- Accepting "being" as appropriate ministry when "doing" *something* is impossible.[87]

Principles for Ministering in Diversity

Some general principles . . .

Culture is more than national identity or racial origin and is influenced by many elements: ethnicity, age, gender, family of origin, nuclear family, marital status, education, language, occupation, art, music, economic status, social status, physical characteristics, handicaps or special needs, religion and spiritual beliefs, geography, climate, environment, perceptions of time and space, dress, food, recreation, and play. While there are many influences that create identity, most victims will be rightfully or wrongfully "classified" by some uniquely identifying characteristics. These are usually based on observable ethnicity, language, gender, and age. However, for the chaplain in disasters, there are many other issues that could be considered. It is helpful to be aware of some general principles that apply in diversity.

- There is wide diversity within some ethnic and national entities (e.g., not all Anglos are Christian and not all South Americans speak Spanish).
- Generalizations for all who fall within popularly used categories cannot be made (e.g., not all Asians are short nor are all accountants "geeks").
- Most people are characterized by the intersection of multiple cultures (e.g., a woman could be a mother, a business executive, an athlete, an artist, a Jew, and a cancer survivor).
- The multiplicity of cultural sources may decrease the ability to develop a sense of safety and security (e.g., after 9/11, an Iranian Muslim airplane pilot endured many hostile looks from passengers when he stepped into the cockpit of an American plane).
- Exposure to numerous cultural influences and worldviews (during childhood, adolescence, and/or adulthood) may increase the capacity of individuals to respond to serious traumatic events by providing them with a broader, more multi-faceted understanding of an event(s), thus providing awareness of alternative coping strategies.
- Crisis interveners must quickly consider the sources of cultural identity for victims.
- The intensity of traumatic events vary according to the individual's ability to integrate such events into his or her experience (e.g., "I've been through many hurricanes so I know I can get through this one.").
- Culture influences the perception of threat or trauma (e.g., CNN reporters realize that being on the scene does not necessarily mean it's safe).

- Culture influences the expressions of traumatic reactions (e.g., some people "keep a stiff upper lip" and others weep and wail hysterically).
- Culture may condemn or exalt the response of victims (e.g., many Asian cultures expect people to be stoic in the midst of crisis).
- Culture can provide healing after trauma (e.g., appropriating Christian forgiveness allows the perpetrator of the accident to move on with life even when he or she caused the loss of a life).
- Multiple cultural identities complicate trauma.
- Cultural metaphors provide insights for interventions.
- Language interpreters must also be able to interpret cultural responses and interventions.
- Education is essential in effective ministry in cultural diversity.
- Culturally focused education must be accomplished for the specific cultural identities in the chaplain's circle of responsibility.

Chaplains Must Recognize the "UNKNOWN GOD" in Diversity[88]

Paul's ministry demonstrates that one can be true to the command of the Great Commission even while being sensitive to the pluralistic qualities of a listener's or groups' cultural setting. At Athens, as recorded in Acts 17:16-34, Paul used one approach with the Jews, often going to the synagogue, and a quite different approach with the Gentiles—approaching them in the market. The chaplain must be able to exercise such spiritual astuteness in diverse settings and be bold in approaching people wherever they are accessible. This boldness may involve providing ministry at a shelter, at a food distribution center, in the parking lot where people gather to receive information about their disaster dilemma, at a memorial service, or even before community leaders who may disagree with your theological precepts.

Paul depicts that a tremendous compassion, concern, and respect for those who hear the good news about the "UNKOWN GOD" is vital for sharing the Gospel with persons from another culture. He exemplifies that a chaplain can be culturally sensitive and still remain true to one's own beliefs. Be aware that in seeking this balance, Paul often found himself in life-threatening situations throughout his ministry.

Paul's ministry style also shows the importance of how timing and pace can impact ministry. In Acts 27, the record of his shipwreck on the way to Rome represents how initiative, godly counsel, and compassion can play a significant role in crisis response. Paul led his traveling companions to trust him and eventually follow spiritual guidance acquired from an "unknown God" in order to preserve their lives. Chaplains must also cultivate the capacity to take such initiative, develop trust, and yet maintain a humble spirit. In doing so, one must search for the right time to express spiritual insights and be willing to submit to proper authority, even when they respond in a manner that contradicts your understanding. Though the chaplain is a representative and ambassador for God, he or she is not and will never be God. As such, spiritual care agents cannot decide for anyone how to think, believe, or act—even Jesus did not force others to follow him.

Closely following the above mentioned qualities are the needs for a chaplain to have a good understanding of the identified audience, a significant understanding of one's own faith and beliefs, patience to wait for the right time to speak, and the ability to draw analogies from various cultures to illustrate one's religious convictions. These are just a few of the prominent qualities that need development in responding to crisis situations. Above all, the chaplain must demonstrate compassion for all persons and be prepared to engage first in tangible ministry action in order to sometimes gain a better hearing of the Gospel.

Clarifying Cultural Needs

Disaster chaplains could ask clarifying questions

Many reactions to crisis events and death are cross culturally similar. However, chaplains may experience some anxiety as they approach victims whose cultural identity is unfamiliar or different. With a desire to help, not harm, chaplains hesitantly enter the relationship. Clarification is an important aspect of diagnosis and preparation. Helping survivors and families deal with traumatic death is based on respect and care.

Clarification questions could be very helpful after initial contact is made. Some questions might include:

- Is there anything special you'd like me to know about how to help you through this crisis?
- What would be the most helpful thing I could do for you right now?
- Is there anything special I could do for_____(deceased)?
- Is there anything special I could tell someone about how you would like _____'s body handled?
- Do you have any special religious needs I could help you with?
- Do you have any questions about what will be happening now?
- Do you have any religious or cultural restrictions I should be aware of?

Summary

Chaplains in disasters must contextualize ministry

"Cultures vary in their attitude toward time, toward property, how they share resources, how family and community are defined, in division of labor between the sexes, in how they teach their children, how they play, and in many other ways."[89] To minister effectively to victims of disasters and emergencies, chaplains must contextualize ministry responses to respect cultural heritage, traditions, and values through an understanding of how culture affects trauma and recovery, by acknowledging and accommodating differences, and by maintaining their personal faith while ministering in the midst of cultural and religious diversity. Chaplains must facilitate the practice of personal faith expressions for victims of many cultural entities while guarding their own personal beliefs and values. The chaplain who values his or her own personal faith is the one who is able to appreciate the faith of others.

Common Religious and Cultural Customs Concerning Death[90]

African American	Mexican American	Native American	Asian American	Anglo American
• High involvement of funeral director • Friends and family gather at home • Wake • Worship service – "Home Going" • Shared meal after wake and funeral • Funeral service and burial • Cremation less accepted • Deep religious faith and integration of church observances • Memorial service • Commemorative gifts • Grief expression very emotional	• High involvement of the priest in funeral plans • Family and friends encouraged to be a part of the commemoration • Rosary said by survivors at the home • Some say rosary each night for 9 nights • Some say rosary every month for a year • Some say rosary on each anniversary • Catholic funerals include a Mass • Many commemorate the loss with promises or commitments – taken very seriously and failure to honor them is considered a sin • Money gifts to help pay for funeral and burial typical	• Medicine man, shaman, or spiritual leader moderates the funeral • Some burials are non traditional – some resistance to laws of burial or cremation • Call on ancestors to help deceased in transition • Embalming not common • Dismemberment and mutilation outside natural deterioration is taboo • Sentimental things and gifts are buried with the body • Burial must be in native homeland or reservation • Pipes are smoked at gravesite • Some significance with symbolic reference to circle • Some significance in non-burial for natural passage	• Family elders assume responsibility for funeral • Great respect for the body • Warm clothes for burial • Watertight caskets • Stoic attitudes • Grief internalized – often results in depression • Open casket • Poems in calligraphy left for deceased • Cooked chicken placed by casket and buried with body (Chinese) • Music used • Band accompanies casket to cemetery • Funeral route very important • Location of burial plot important • Monument important • Some groups, sacrifices at gravesite • Meal and gathering of family and friends after funeral • Picture or plaque displayed in home as shrine • Commemoration at 49 days • Ceremony twice a year at grave or home shrine • Blue is color of mourning	• Nuclear family plans funeral with minister • Family and friends gather at home • Wake or Viewing • Usually open casket • Funeral or memorial service to commemorate the life of the deceased • Services include music and eulogies or testimonials • Cremation is acceptable • Black is appropriate dress • Flowers and donations are acceptable to honor • Confession, communion, prayers prior (RC)* • Wake and Rosary (RC) • Mass (RC) • Anniversaries celebrated with Mass • Autopsies and embalming generally prohibited (J)** • No viewing of corpse (J) • No funeral on Sabbath or major religious holidays (J) • Music and flowers not encouraged (J) • Eulogies by rabbis, family, friends (J) • Family members put shovel of dirt on casket (J) • Mourning for one year (J) • Sitting shiva – 7 day mourning for family(J) • No visitors for 3 days (J) • Torn garment or ribbon for a week (J) • First anniversary marked by unveiling of tombstone at special ceremony (J)

Fig. 5. Naomi Paget, "Anglo American," Marketplace Samaritans, Inc., 2002.
*Roman Catholic **Jewish

WHAT TO DO NEXT
UNIT 11

Pre-training requirements for approval as a Southern Baptist Disaster Relief chaplain — Date Completed

1. Read the Disaster Relief Chaplain Training Manual _____
   - www.namb.net/drchaplaintrainingmanual
2. Complete the Disaster Relief Chaplain Online Training Module and print the certificate (under development). _____
3. Register for the Disaster Relief Chaplain Basic Course. _____

Training requirements for approval as a Southern Baptist Disaster Relief chaplain

1. Complete *Introducing Southern Baptists to Disaster Relief* (provided by your state disaster relief director). _____
2. Complete the Disaster Relief Chaplain Basic Course.
   For course offerings: _____
   a. Check with your state disaster relief director or state disaster relief chaplain.
   b. Check with the national coordinator for disaster relief chaplaincy.
3. Complete a Operation Stress First Aid (OSFA).
   For course offerings: _____
   a. Check the website of International Critical Incident Stress Foundation. www.icisf.org
   b. Check with your state disaster relief chaplain or the national coordinator for disaster relief chaplaincy.

Optional (highly recommended):

1. Complete the Emergency Management Institute's "Introduction to Incident Command System" (ICS) 100 Module (available online at www.fema.gov). _____

Advanced training requirements for approval as a Southern Baptist Disaster Relief chaplain site coordinator, quadrant coordinator, or regional coordinator

1. Complete all Disaster Relief Chaplain Basic Course requirements and accumulate significant experience. _____
2. Complete the Emergency Management Institute's two ICS courses and print the certificates:
   a. "Introduction to Incident Command System" (ICS) Level 100 Module (available online at www.fema.gov). _____
   b. "Incident Command System for Single Resources and Initial Action Incidents" (ICS) Level 200 Module (available online at www.fema.gov). _____
3. Acquire a formal recommendation from your state disaster relief director. _____
4. Register for the Disaster Relief Chaplain Advanced Course.
   a. Check with your state disaster relief chaplain or the national coordinator for disaster relief chaplaincy. _____
   b. Plans are to offer this course annually at the spring Disaster Relief Roundtable (held the last full week of April).
5. Complete the Disaster Relief Chaplain Advanced Course (6 hours). _____

Optional (highly recommended):

Complete the following Emergency Management Institute courses:

1. "National Incident Management System (NIMS), An Introduction" Level 700 Module (available online at www.fema.gov) _____
2. "National Response Plan (NRP), An Introduction"(changing to "Framework"/NRF) Level 800 Module (available online at www.fema.gov) _____

Train-the-Trainer requirements for approval as a Southern Baptist Disaster Relief chaplain trainer

1. Complete the Disaster Relief Chaplain Basic Course and Disaster Relief Chaplain Advanced Course requirements. _____
2. Complete the Emergency Management Institute's two national level courses and print certificates:
    a. "National Incident Management System (NIMS), An Introduction" Level 700 Module (available online at www.fema.gov) _____
    b. "National Response Plan (NRP), An Introduction" (changing to "Framework"/NRF) Level 800 Module (available online at www.fema.gov) _____
3. Demonstrate adequate training capabilities and experience. _____
4. Acquire a formal recommendation from your state disaster relief director and two other ministry-based references. _____
5. Register for the Disaster Relief Chaplain Train-the-Trainer Course.
    a. Check with your state disaster relief chaplain or the national coordinator for disaster relief chaplaincy. _____
    b. Plans are to offer this course annually at the spring Disaster Relief Roundtable (held the last week of April).
6. Complete the Disaster Relief Chaplain Train-the-Trainer Course (14 hours). _____

Optional(highly recommended):

1. Read NYDIS Manual for New York City Religious Leaders: Spiritual Care and Mental Health for Disaster Response and Recovery (see also "NYDIS Tip Sheets") (available online). _____
2. Read The Salvation Army (TSA) "Emotional and Spiritual Care in Disasters Training Guide. _____
3. Read National Voluntary Organizations Active in Disaster (NVOAD) "Light Our Way"(online at www.nvoad.org). _____
4. Read Billy Graham Evangelistic Association (BGEA) "His Presence in Crisis" Rapid Response training curriculum. _____

RESOURCES FOR DISASTER RELIEF CHAPLAINS
UNIT 12

Agencies

North American Mission Board
Adult Volunteer Mobilization/Disaster Relief
4200 North Point Pkwy.
Alpharetta, GA 30022
(770) 410-6000
www.namb.net

American Red Cross
American Red Cross National Headquarters
Disaster Services
2025 E St., NW
Washington, DC 20006
Phone: (202) 303-4498
FAX: (202) 303-0241
www.redcross.org

Salvation Army
Disaster Services
440 West Nyack Rd.
West Nyack, NY 10994-1739
Phone: (845) 620-7200
FAX: (845) 620-7766
www.salvationarmy-usaeast.org

International Critical Incident Stress Foundation
10176 Baltimore National Pike, Ste. 201
Ellicott City, MD 21042-3652
Phone: (410) 750-9600
FAX: (410) 750-9601
www.icisf.org

National Organization for Victim Assistance
1730 Park Rd., NW
Washington, DC 20010
Phone: (202) 232-6682
FAX: (202) 462-2255
www.trynova.org

Professional Organizations

Association of Professional Chaplains
1701 E. Woodfield Rd., Ste. 311
Schaumburg, IL 60173
Phone: (847) 240-1014
FAX: (847) 240-1015
www.professionalchaplains.org

National Association of Catholic Chaplains
P.O. Box 070473
Milwaukee, WI 53207-0473
Phone: (414) 483-4898
FAX: (414) 483-6712
www.nacc.org

National Association of Jewish Chaplains
901 Route 10
Whippany, NJ 07981-1156
Phone/FAX: (973) 736-9193
www.najc.org

Association for Clinical Pastoral Education, Inc.
1549 Clairmont Rd., Ste. 103
Decatur, GA 30033-4635
Phone: (404) 320-1472
FAX: (404) 320-0849
www.acpe.edu

American Association of Pastoral Counselors
9504-A Lee Hwy.
Fairfax, VA 22031-2303
Phone: (703) 385-6967
FAX: (703) 352-7725
www.aapc.org

American Association of Christian Counselors
P.O. Box 739
Forest, VA 24551
1 800 526-8673
www.AACC.net

Community

Churches

Associations

Hospitals

Counseling Centers

Shelters

Funeral Homes

Food Banks

Clothing Closets

Literature and Music

Prayers
Memorial Services
Funeral Services
Dedications
Other Rites and Rituals

Contacts

Community Churches
Community Faith Group Houses of Worship
Community Clergy
Community Clergy Associations
Law Enforcement
Victim Advocates or Victim Assistants
Community Support Groups
Community Emergency Preparedness Agencies
Department of Social Services
Local Red Cross

ENDNOTES

[1]Naomi Kohatsu Paget, "Disaster Relief Chaplaincy for Community Clergy" (D. Min. diss., Golden Gate Baptist Theological Seminary, 2003), 1-3.

[2]ARC, "Ripple Effect", 2001.

[3]Paget, "Disaster Relief Chaplaincy for Community Clergy," 12-21.

[4]W. E. Vine, "Compassion," in *Vine's Expository Dictionary of New Testament Words* (McLean: MacDonald Publishing Company, n.d.), 220.

[5] *Webster's Encyclopedic Unabridged Dictionary of the English Language*, 1st ed. (1989), s.v. "compassion."

[6]Henri J Nouwen, Donald P. McNeill, and Douglas A. Morrison. *Compassion* (New York: Doubleday, 1982), 4.

[7]The primary didactic and clinical training and preparation a chaplain has is through CPE. One of the primary objectives is to teach the chaplain the differences between chaplaincy, social work, parish pastorates, and mental health. The chaplain is taught the significance of "being" as an ontological expression in contrast to "doing" (Thomas V. Sullivan, in the general orientation of CPE students, [Worcester, MA: St. Vincent Hospital, 1994]).

[8]All Scripture quoted is from *The Holy Bible, New International Version* unless otherwise noted.

[9]Thomas C. Ogden, *Classical Pastoral Care*, vol. 4, *Crisis Ministries* (Grand Rapids: Baker Books, 1994), 3.

[10]Henry Blackaby, *Experiencing God Day-by-Day* (Nashville: Broadman & Holman Publishers, 1997), 213.

[11]Henri J. Nouwen, *The Wounded Healer* (New York: Doubleday, 1979), 81-82.

[12]Brother Lawrence wrote several letters that explained how he practiced the presence of God. Key to this was praying throughout each day to attain spiritual fulfillment (Brother Lawrence, *The Practice of the Presence of God* [New Kensington: Whitaker House, 1982], 8, 29).

[13]Becker writes that a Zulu visitor may sit at the gate for hours—just being *present*—before beginning the relationship rebuilding that precedes the point of the visit. (Arthur Becker, *The Compassionate Visitor* [Minneapolis: Augsburg Publishing House, 1985], 35).

[14]The tension between the relevance of Christ and the culture in which one lives is an "enduring problem." H. Richard Niebuhr, *Christ and Culture* (New York: Harper & Row, 1975), 42.

[15] "Nowhere has the effect of globalization been felt more radically than in the church. . ." Leith Anderson, *Dying for Change* (Minneapolis: Bethany House, 1990), 22-23).

[16]Today, the closest counterpart for lepers may be AIDS victims (Craig L. Blomberg, *Matthew*, The New American Commentary, vol. 22 (Nashville: Broadman Press, 1992) 138.

[17]*Webster's Encyclopedic Unabridged Dictionary of the English Language*, 1st ed. (1989), s.v. "help."

[18]Robert K. Greenleaf, *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness* (New York: Paulist Press, 1977), 13-14.

[19]Southern Baptist Convention, North American Mission Board, *Involving Southern Baptists in Disaster Relief* (Alpharetta, GA: NAMB, n.d.) 29.

[20]Roberta C. Bondi, *To Pray and to Love* (Minneapolis: Fortress Press, 1991), 132.

[21]Paget, "Disaster Relief Chaplaincy for Community Clergy," 3-5.

[22]Timothy George, *Galatians*, The New American Commentary, vol. 30 (Nashville: Broadman & Holman, 1994), 413.

[23]Ibid., 413-415.

[24]Naomi K. Paget, in *Disaster Relief Chaplaincy Training Part I*, Denver Baptist Association, June 5, 2003, Denver, CO.

[25]Francis Thompson, *Poetical Works of Francis Thompson* (New York: Oxford University Press, 1969), 89-94.

[26]Paget, "Disaster Relief Chaplaincy for Community Clergy," 8-10.

[27]Some other issues include how to bear witness to the Gospel without proselytizing, how to function under chain-of-command, and when to excuse oneself from service.

[28]North American Mission Board, *Involving Southern Baptists in Disaster Relief* (Alpharetta: NAMB, 2000), 27-28.

[29]Naomi K. Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy* (Newtown, CT: Marketplace Samaritans, Inc., 2003), 12-18.

[30]It should be noted that while these are traditionally called "man-made disasters," these disasters are caused by both men and women and are not necessarily gender specific.

[31]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy*, 19-25.

[32]Ibid., 26.

[33]Erik H. Erikson, *Identity and the Life Cycle* (New York: W.W. Norton & Company, 1980), 53-107.

[34]Paget, "Disaster Relief Chaplaincy for Community Clergy," 42-44.

[35]Hans Selye, *Stress Without Distress* (New York: New American Library, 1974), 14.

[36]Richard A. Swenson, *Restoring Margin to Overloaded Lives* (Colorado Springs: Navpress, 1999), 29.

[37] Jeffrey T. Mitchell and Grady P. Bray, *Emergency Services Stress (*Englewood Cliffs: Brady Prentice Hall Career & Technology, 1990), 3.

[38]Mitchell and Bray define trauma as an event outside the usual realm of human experience that would be markedly distressing to anyone who experienced it. Experiencing the event may be personal or vicarious, the exposure to human suffering.

[39]Mitchell and Bray, 7-10.

[40]Eve B. Carlson, *Trauma Assessments* (New York: The Guilford Press, 1998), 40.

[41]Marlene Young, "Coordinating a Crisis Response Team," *The Community Crisis Response Team Training*

Manual, 3d ed. (Washington, D.C.: National Organization for Victim Assistance, 2002), 2-6 – 2-13.

[42]Paget, "Disaster Relief Chaplaincy for Community Clergy," 44-45.

[43]Young, 7-2.

[44]Naomi K. Paget, "Spirituality in the Workplace" (Longmont, CO: Marketplace Samaritans, Inc., 2000).

[45]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy,* 34-38.

[46]Henri J.M. Nouwen, *The Way of the* Heart (San Francisco: Harper San Francisco, 1981), 44.

[47]Howard Clinebell, *Basic Types of Pastoral Care & Counseling* (Nashville: Abingdon Press, 1984), 75.

[48]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy,* 39-42.

[49]Some other issues include how to function under chain-of-command and when to excuse oneself from service.

[50]The mission statement and purposes of the National Organization for Victim Assistance may be found at their website, www.try-nova.org.

[51]The mission statement and purposes of the International Critical Incident Stress Foundation may be found at their website, www.icisf.org.

[52]Paget, "Disaster Relief Chaplaincy for Community Clergy," 32-35.

[53]Young, 10-7.

[54] Mitchell and Bray, 134.

[55]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy,* 43-51.

[56]J. Ezhanikatt et al., "Compassion," in *Dictionary of Pastoral Care and Counseling,* ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 207.

[57]Kenneth C. Haugk, *Christian Caregiving: A Way of Life* (Minneapolis: Augsburg Publishing House, 1984), 69.

[58]It should be noted that not all pastoral caregivers will or should respond to every disaster. Personal history and experience may render the pastoral caregiver ineffective in a particular situation—the pastoral caregiver's own grief, caused by a similar disaster, may evoke memories too powerful to enable him or her to enter into another's suffering in a meaningful way.

[59]Dave Mullis, Military Chaplaincy Associate of the North American Mission Board, defines pluralism as "a coalition of diverse ethnic, racial, religious, or social groups seeking to maintain autonomous participation in and development of their traditional culture or special interest within the confines of a common society. . . . Religious pluralism seeks an environment in which all faith expressions can dwell together. Religious pluralism is more than tolerance for other faith groups. Religious pluralism would seek to create an understanding of the spiritual experience reflected in other religious expression. The resulting understanding seeks peace and unity through reduced fear, resistance and resentment of one another. Pluralism is not universalism. Religious pluralism creates room for various faith practices without expecting compromise of a faith doctrine or tradition. This functional diversity should be regarded as a strength rather than a weakness in chaplaincy ministry. . . . Pluralism means that the chaplain exercises their [*sic*] own religious faith and ministers with understanding for the religious faith of

others" (Dave Mullis, "Business and Industrial Chaplaincy: the Chaplain's Ministry Plan" [D.Min. diss., Regent University, School of Divinity, 1999], 9-10).

[60] Naomi K. Paget and Janet R. McCormack. *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2006), 117.

[61]Haugk, 71-73.

[62] George S. Everly Jr., *Pastoral Crisis Intervention* (Ellicott City, MD: Chevron Press, 2007), 14.

[63]Young, 18-3 – 18-6.

[64]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy*, 52-59.

[65]Erich Lindemann affirmed Freud's concept of "working through life's problems" and affirmed grief as "work." He first suggested that there were discernable stages in the grief process that the grieving person must work through. Kubler-Ross popularized the concept of stages of grief as she studied dying patients at the University of Chicago Hospital (Lindemann had studied those who had lost someone close to them through death). Later, Granger Westberg popularized Lindemann's stages of grief as pastoral wisdom in his little book, *Good Grief*, published in 1962.

[66]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy*, 68-74.

[67]Michael T. Mannion, "Making Sense of Victimization Through a Spiritual Vision," in *2001: The Next Generation in Victim Assistance* (Dubuque, IA: Kendall/Hunt, 1994). Referenced in Young, 9-6 – 9-7.

[68]N. Duncan Sinclair, *Horrific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder* (New York: Haworth Pastoral Press, 1993), 65.

[69]"Faith in Psychiatry," *Psychology Today*, July/August 1995, citing to studies done by David Larson, psychiatrist and resident of the National Institute for Health Care Research.

[70]Young, 9-9 – 9-12.

[71]Young, 9-29 – 9-34.

[72]Jeffrey T. Mitchell and George S. Everly, Jr. *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services*, 3d ed. (Ellicott City: Chevron Publishing Corporation, 2001) 59-66.

[73]Ibid., 236.

[74]Paget, *Pastoral Care During and After A Disaster: Psychosocial Training for Clergy*, 60-65.

[75]*The American Heritage Dictionary of the English Language*, s.v. "culture."

[76]M.W. deVries, "Trauma in Cultural Perspective," in *Traumatic Stress*, ed. B.A. van der Kolk, A.C. McFarlane, and L. Weisaeth (New York: Guilford Press, 1996), 115.

[77]Young, 15-6—15-9.

[78]"The Business Case for Diversity, Part 1: Shifting Demographics," *DiversityInc.com*, www.diversityinc.com/public/1784.cfm; Internet; accessed 20 November 2001.

[79]Young, 15-47.

[80]The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994) defines trauma exclusively in terms of the exposure to human suffering, i.e., personal or vicarious exposure to severe injury, illness, or death. A trauma, therefore, may be seen as a more narrow form of critical incident (a crisis event that causes a crisis response).

[81]C.M. Chemtrob, "Posttraumatic Stress Disorder, Trauma, and Culture," *International Review of Psychiatry* 2, Chapter 11.

[82]Young, 15-56.

[83]Religious accommodation poses difficulties for many pastoral caregivers who struggle with the issue of how to maintain personal faith integrity. This issue is addressed in the following subsection.

[84]Young, 15-64.

[85]The idea of improving cross-cultural ability is reflected in several terms—cross-cultural knowledge, cross-cultural sensitivity, and cross-cultural awareness. These are defined in Unit 2.

[86]Solomon Kendagor, "Maintaining Personal Faith While Ministering in the Midst of Religious and Cultural Diversity," Association of Professional Chaplains conference, February 2002.

[87]Ibid.

[88] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2006), 10-11.

[89] "Working Through Cultural Differences," www.ethnicharvest.org/links/culture.htm; Internet; accessed 13 June 2002.

[90]Young, 15-134 – 15-140