

CHAPTER 1: NARRATIVES OF TRAUMA AND SPIRITUALITY

“It is good to have an end to journey towards: but it is the journey that matters in the end”

Ursula K. Le Guin (cited in Quoteland.com).

1.1 BACKGROUND

This research journey examines the difference spirituality can make in the context of trauma debriefing. By opening the door to spirituality and introducing narrative pastoral therapy practices to my therapeutic conversations as a trauma debriefer at LifeLine Western Cape, together with my research participants [co-travellers], we have discovered the healing possibilities of *co-creating hope* (Weingarten 2000: 402). This torch of hope has changed the lives of research participants and researcher alike (McTaggart 1997:40).

My fascination with the healing possibilities of spirituality predates this research journey by several years. As this growing fascination with spirituality provides the backdrop against which this research journey unfolds, this is where our journey together as researcher and reader will commence.

1.2 Kindling curiosity

My interest in the possibility of a relationship between trauma and spirituality has been influenced by both small, intimate yet highly significant narratives of trauma in individual lives, as well as by the experience of trauma as it is played out on the world stage. I would like to share part of Daniel's story as an introduction to my research, and I would like to refer to the events of September 11 in America, which has impacted millions of people. What these micro and macro experiences of trauma have in common is that they highlight the healing role of *spirituality* that is too often denied, overlooked or simply negated.

1.2.1 Daniel's Story

In 1986 whilst working in the corporate sector, I recall a conversation I had one morning with Katherine, one of the company's catering staff.. She told me in detail about a car accident her son, Daniel, had been involved in and about the injuries he had sustained. It had been a head-on collision. In a desperate suicide bid, a drunk driver deliberately swerved into on-coming traffic and collided with the bakkie in which Katherine's son, Daniel, and his best friend had been travelling. Daniel was driving. He suffered severe head injuries, whilst his best friend was killed on impact. Katherine told me that the entire side of her son's head had been 'dented in'. At the time of our conversation he had already undergone three operations to rebuild his shattered skull. His injuries, and perhaps the trauma of the incident, had left him irritable, unable to sleep, and unable to work. Katherine said it was as if his entire personality had changed.

For some reason, Katherine decided to follow up this conversation the next day by showing me photographs of Daniel *before* and *after* the accident. Whilst looking at the photographs I heard a small, insistent inner voice say to me, "Pray for her son." I tried to dismiss that *instruction* as just my imagination, but the harder I tried to ignore it, the more it persisted. I recalled reading somewhere how God may speak to us in a small, quiet inner voice. I began to realise that perhaps this was not just my imagination after all and tested the water by having tentative 'conversations' with God, in which I would make all sorts of excuses as to why I could not do as He asked. Over the course of the next week, however, every time I saw Katherine the voice would return, growing more insistent each time. It appeared as though my excuses were falling on deaf ears. Finally, I could not ignore it any more, and feeling foolish I approached Katherine and simply asked her if I could come and pray for her son. I had expected her to be taken-aback, to laugh, or simply to say that would not be necessary. Her response was, "That would be nice." It was almost as if she had been expecting me to ask.

I arranged to give her a lift home one evening a few days later and to pray for her son as promised. I spent a very brief time with Daniel, asking how he was doing and asking him if it would be alright if I laid hands on him and prayed. He was very open to the idea. I prayed, asking God to heal him. His head was tightly bandaged as he had just had the third operation the previous week. Immediately after praying for him, I beat a hasty retreat, again feeling somewhat embarrassed and *way out of my depth*. I can recall driving home and asking God, "What was that all about, Lord?" I would get an answer to that question just a few days later.

I was in the stationery room on another floor in our building when a young woman I had never met before appeared in the doorway. She asked if I was the man who had prayed for her brother the other day? I braced myself, fearing she was about to let me have it for giving her brother false hope or for upsetting him or any one of a number of similar possibilities. She quickly went on to explain that she was Daniel's sister and that he had asked her to come and find me to tell me what had happened to him later that night after I had prayed for him.

She said that Daniel had had a dream, only it was far more *real* than a dream. Daniel said he had suddenly found himself kneeling in front of Jesus who was seated on a beautiful golden throne. He said there was light shining out of Jesus and the light was all around him. Daniel said that Jesus had asked him, "What is it Daniel? Why are you here?" Daniel had responded to these questions by saying, "It is my head, Lord. I want to be healed." Continuing with the story, Daniel said Jesus then leant forward and reaching out a hand, had touched him on the head. Daniel said at that moment it was as if he awoke and found himself lying on his bed,

back in his room at home. He immediately noticed that his bandages were all off, and then that the pain had completely gone. His sister smiled at me through her tears, and added that Daniel said he had slept like a baby for the rest of the night. She then added one more thrilling detail to Daniel's account. She said that the fresh scar from the operation, which had been ugly and jagged, was now smooth and beautiful, like an old scar.

The healing possibilities of spirituality that I experienced in this intimate and personal encounter with Daniel's story can perhaps be seen on a grander scale in the events surrounding September 11 in America.

1.2.2. America's story

On Tuesday morning, September 11, 2001, terrorists attacked America in a series of despicable acts of war. They hijacked four passenger jets, crashed two of them into the World Trade Centre's twin towers and a third into the Headquarters of the U.S. Department of Defence at the pentagon, causing great loss of life and tremendous damage. The fourth plane crashed in the Pennsylvania countryside, killing all on board but falling well short of its intended target apparently because of the heroic efforts of passengers on board. This carnage, which caused the collapse of both Trade Centre towers and the destruction of part of the Pentagon, killed more than 250 aeroplane passengers and thousands more on the ground. <http://www.whitehouse.gov/news/releases/2001/09> (2001).

In response to this traumatic event, President Bush declared a national day of Prayer and Remembrance for the victims of this terrorist attack. In his official proclamation, he says:

Blessed are thou who mourn for they shall be comforted. I call on every American family and the family of America to observe a National Day of Prayer and Remembrance, honouring the memory of the thousands of victims of these brutal attacks and comforting those who lost loved ones. We will persevere through this national tragedy and personal loss. In time, we will find healing and recovery and, in the face of all this evil, we remain strong and united, 'one Nation under God'... I ask that the people of the United States and places of worship mark this Day with noontime memorial services, the ringing of bells that hour, and evening candlelight remembrance vigils. I encourage employers to permit their workers time off during the lunch hour to attend noontime services to pray for our land.

<http://www.whitehouse.gov/news/releases/2001/09> (2001)

This article seems to indicate that turning to expressions of *spirituality* is almost an automatic response to trauma. On 13 September Jane Clayson on CBS' Early Show interviewed Anne Graham Lotz (the second daughter of Billy Graham). Her response to the questions asked of

her support the idea that spirituality may well offer a way of coping, even of emerging somehow stronger from trauma.

Jane Clayson: The pain is incomprehensible for so many of these people. At a time like this it is so easy to lose faith. How do you keep faith, Mrs. Lotz at a time like this?"

Anne Graham Lotz: I think it is almost easier to have faith because we have nothing else in some ways. I've watched as this nation has turned to prayer. We've seen prayer vigils. And in our city, we have prayer vigils. And so I think it is a time to turn to God... Our nation has been hit and devastated by this day of terror and now I believe it is our choice as a nation as to whether we're going to implode and just disintegrate emotionally and spiritually or whether we'll make the choice to be stronger. I think right now, we have the opportunity to come through this spiritually stronger than we've been in the past because we turn to God.

<http://www.cbsnews.com/earlyshow> (2001)

Reporter, John Cloud (2002) in an interview with Genelle Guzman-McMillan, who was the last person found alive in the debris of Ground Zero, writes:

Gennelle is jostled like a pinball and struck by debris from everywhere. As the great noise begins to subside, she is lying on her right side, and her right leg is pinned hard. Her head is now caught between something – the floor maybe? – and some concrete. Finally, it's all quiet, and it's dark, but somehow she is here. She is alive. Soon she says the first of many prayers, asking God to continue to shepherd her to safety... Everybody else had disappeared and she was alone with God. Within hours of first seeing Roger (her partner) after she was rescued, Gennelle told him that her survival was because of her calling to God, and that if they were to be together, they were going to change their lives. They couldn't live in sin. They would be going to the Brooklyn Tabernacle every week.

(*Time*: September 1 2002)

1.3 WHERE IS THE SPIRITUALITY?

"The very essence of the therapeutic relationship and meaningful change are ultimately spiritual in nature, fostering personal transformation, wholeness, and relational connection with others" (Walsh 1999b:3).

Narratives of people, like Daniel and Genelle, whose lives have been touched by God in some profound way hold a special fascination for me. It is a fascination that predates my involvement in and practice of trauma debriefing. These narratives and the knowledge of entire nations being called to prayer vigils, continue to nurture what I see as a *candle of hope* in my work with people who have experienced trauma. To me these narratives are a humbling reminder of the handiwork of the ultimate *trauma debriefer*, the numinous.

M. Scott Peck (1997:198) elaborates on the importance of acknowledging this sense of *spirituality* in the counselling situation:

Indeed, the best psychotherapists eventually learn, if they hang in there long enough, to stop trying to heal their patients. What they can realistically set their sights on is building the best possible relationships – or community – with their patients, within that relationship, healing will naturally occur without their having to ‘do’ anything. I believe that the power to heal, a spiritual power, comes from God. It is a gift. And I believe it is the intent of the Giver that it should be used in such a manner as to ultimately give it away. In other words, the best reason to have any kind of power – spiritual or temporal – is to use it so as to empower others.

Daniel’s account of what happened that night is, to me, a narrative of miraculous intervention, healing, and above all, hope. It has deeply impacted my faith and my own sense of hope. Having played a small role in his story, and experienced a growing sense of *calling* to counselling as a career change, I was excited about the possibilities of inviting God into the therapeutic process. I embarked on a course of furthering my studies in psychology, full of optimism and wonder at the possibility of learning more about *spiritual power* as part of my training.

I was surprised, disappointed, frustrated and eventually angry at the complete lack of *spirituality*, and in fact deliberate avoidance/suppression of the topic, in the study material for an Honours degree in psychology. How could something that has such obvious (to me) therapeutic benefits, be so completely disregarded? In Daniel’s case, not only did such an encounter bring physical relief and healing, it also enabled him to return to work. It was a truly *life changing* event.

John White (1987:32) writes:

There has, of course, been a specific discrediting of religion and of religious beliefs in the West. Scientific humanism has not found God necessary as an assumption to explain the universe around us. That notion has crept insidiously into our educational systems. In universities some who teach science courses react against their own religious backgrounds and inflict science as an anti-religion on their students.

Commenting on his training as a psychiatrist, White (1987:32) adds:

I was taught as a resident in psychiatry that I must never allow a patient to talk to me about religion. The reason? Discussions of religion raised by patients usually represented a resistance to the psychotherapeutic process. Religious themes were anti-therapeutic. They were the client’s escape route from the medicine of the therapist. I came gradually to understand that though resistance to truth can take a religious form, it often is, in fact, psychiatrists and psychologists who are threatened by such topics. Many create barriers of resistance to them, anxious to avoid them for neurotic reasons of their own.

Rather than creating barriers of resistance to spirituality, I have grown increasingly convinced of the need to be open to the possibilities of spirituality in my therapeutic conversations. My viewpoint that spirituality should be an integral part of the therapeutic process and not something separate, is supported by the findings of Griffith and Griffith (1995:124):

Clients and persons who have participated in our research have told us that they want to reflect on their spiritual experiences in therapy, and that they feel fragmented by attempting to delegate psychological, relational issues to conversations with their therapists and spiritual issues to conversations with their priest, rabbi, or pastor.

My belief that spirituality should be allowed to be part of the therapeutic conversations I had with people was not an immediate realisation but rather part of my own evolving understanding of the importance of spirituality.

1.3.1 Stumbling into the light

“For most psychotherapists, opening conversation on spirituality has been even more taboo than broaching such topics as sex, money, or death ”(Walsh 1999:29).

While I was studying psychology, I felt as though my own spiritual journey had brought me to a darkened garden. Here I stood alone with my one small candle of spirituality flickering vulnerably, whilst looking towards a house ablaze with lights in every room, a house of psychology full of *expert* knowledge. Never the less I held grimly onto my personal candle of spirituality as I continued to study and gain practical counselling experience through voluntary work for LifeLine.

At LifeLine some form of *spirituality* is one of the preferred characteristics the selection panel looks for in individuals wanting to become counsellors for the organisation. Spirituality is not, however, overly emphasised in the training and counselling practices used.

In 1998 I underwent an additional year’s training in Trauma Counselling and Debriefing. This course was offered by UNISA in conjunction with the Centre for Community Training and Development. I became one of the first counsellors to work for LifeLine’s trauma debriefing service, which was set up at that time. This was my introduction to the area of trauma work, and it is in this setting that my own journey of discovering a place for and the importance of spirituality can be described as *stumbling into the light*.

It was only when I commenced this Masters degree in Practical Theology with specialisation in pastoral therapy where I was exposed for the first time to social constructionist theory and postmodernism, that I began to realise that I could question the dominant discourses that dictated this apparent dichotomy between spirituality and psychology. One of the immediate benefits I found of adopting a social constructionist view is that it cautions us to be ever suspicious of our assumptions about how the world appears to be (Burr 1995:4).

This insight was liberating in terms of being able to research deeper into what I was beginning to find spontaneously in my trauma conversations with people who came to LifeLine for trauma debriefings. Many of these people would introduce aspects of their spiritual lives into our conversations. How was I to respond to these conversations? The model of practice we had been taught to follow, based on Mitchell's C.I.S.D. approach (Critical Incident Stress Debriefing), does not have a *spiritual phase*; whilst in the back of my mind I could hear the stern admonishments of my psychology studies warning me that such topics should be referred to a minister of religion. I experienced incongruence between what this head knowledge was telling me, and what my actual experience of these conversations was like.

The turning point for me was in a conversation I had with Mr Solly. Mr Solly's employers had referred him to LifeLine for a trauma debriefing. They feared he was suicidal. Mr Solly had accidentally shot a close friend and spoke openly of the fact that he did not think he deserved to live because of this. He wept openly at the beginning of our conversation. He is Muslim and believed that not even Allah could forgive him for what he had done. Rather than closing down this avenue, I sensed it was important to explore his faith as a tool for meaning making. Together we *deconstructed* (Bruner 1986:121) or unpacked the fear surrounding the fact that he had not been able to seek forgiveness from Allah or from the family of the friend he had accidentally shot. At the conclusion of our conversation I felt led to ask him if I might pray for him. I told him that I was a Christian and that my prayer would be directed to God and asked if that would be alright with him? He said that this would be fine as he believed my God and his Allah were one and the same.

If I had turned to the conceptual frameworks of my Christian culture, I could have naively entered into a theological debate in which I could have argued that Allah and God were not one and the same. Not only would this have been disrespectful of him, it would have shut down the possibility of, and barred the presence of, the *numinous* in our conversation.

Most of the conversations I have with people in my trauma work at LifeLine are restricted to one session. Mr Solly, however, phoned me a couple of days later to tell me he was so much better. He had even been to see the family of the friend he had fatally shot, and rather than the hostility he had expected, he had found them to be most hospitable. They reassured him that they knew what had happened was an accident and forgave him. Perhaps their mercy in turn enabled him to accept the possibility of divine forgiveness. Their response to him had done much to push away the guilt that had plagued him since the accident.

The urgency of pastoral therapy and care becomes a ‘moment of insertion’. This means being inserted into or directly confronted with those moments that challenge pastoral therapists to begin in the context with a commitment (Cochrane, De Gruchy & Petersen 1991:18). Such moments of insertion introduce trauma as well as challenges for pastoral therapists. Ethically this moment means a commitment to transformation, positioning oneself on the side of those suffering and against all oppressive or exploitative discourses and practices (Cochrane, De Gruchy & Petersen 1991:18). My conversation with Mr Solly was such a moment.

I had witnessed the positive effects of inviting spirituality into my trauma conversations firsthand and now realise that part of my commitment to this research journey was sparked back then.

This spark of commitment to this research journey was fanned into flame as I began to discover the work of other researchers who have opened up research pathways into the topic of spirituality.

1.3.2 Striking the first match

“When I inquire about their religious community, beliefs, or personal God, it is with the hope of fostering that which connects the person to hope and justice, to loved ones and to neighbours yet unknown” (Griffith & Griffith 2002:12).

In a preliminary literature search I was surprised and heartened to come across the following results of empirical research conducted by Gallup in 1996 and 1998 (cited in Walsh 1999:17) in America that appeared to support my assumption that most people believe in *God* or at least acknowledge some form of *spirituality* in their lives. It was found that 96% of Americans believe in God or a universal spirit, although these conceptions vary widely. Only 3% are atheists (those who do not believe in the existence of God), and 1% are agnostic (those uncertain about whether God exists).

South Africa is a richly diverse country both in terms of culture and religion. While all the major religions are represented, Lund (2003:1) believes that Christianity has become the most dominant religion in South Africa. He points out that:

Christianity has however many different forms in South Africa, ranging from the conservative Calvinism of the white Afrikaners, to the liberation theology of black Christian leaders such as Nobel Peace Prize winner, Desmond Tutu, and also to unique indigenous reinterpretations of Christianity promoted by Independent African churches. In addition, there are Jews and various traditional practitioners of African tribal religion.

What underlies this rich religious diversity in South Africa, to me, is the implied importance of *spirituality* across our multi-cultural/ multi-religious society.

Many of these religious traditions, particularly Judeo/Christian, teach that we are in fact created for relationship with God. It is almost as if we are pre-wired for such an eventuality. I was in my thirties when I realised there was something missing from my life. I was happily married, had two fine sons, a good job, a new home, and yet, there was something lacking. Some inner gap that remained unfilled. It was only after I became a Christian that the words of French philosopher Blaise Pascal (1623-1662) began to resonate with fresh understanding. He said, “there is a God-shaped vacuum in the heart of every man” (cited in Lamont 1997:38-39).

For many this realisation dawns when they are much younger than I was. Gallup (1996) found that 95% of teenagers in America believe in God; 93% say God loves them; 91% believe in heaven; 76% believe in angels; 76% believe in hell. Three in four teens pray when they are alone. More than 60% say they have a great deal of interest in discussing the existence of God; over half express interest in discussing life’s meaning and how to make moral decisions (cited in Walsh 1999:11).

While some of the people interviewed said they think of God as a “force” that maintains a balance in nature, most people believed in a personal God who watches over and judges people. Of these, 8 in 10 feel that God has helped them to make decisions. Most believe that God performs miracles today. Many say they have felt the presence of God at various points in their lifetime and believe God has a plan for their lives. The closer people feel to God, the better they tend to feel about themselves and others (Walsh 1999:17).

Perhaps even more heartening are the findings of Erickson (1998) and Gallup (1993) that indicate that 66% of respondents stated that if they were considering therapy, they would prefer to have a therapist who represents spiritual values and beliefs. Moreover, 81% would

prefer a therapist who enabled them to integrate their values and belief system into the counselling process (cited in Carlson & Erickson 2000:65). It seems as if many people share my frustration that the majority of approaches to counselling turn a blind eye to spirituality, despite the findings that a significant number of people appear to want to discuss spiritual issues with their therapists.

Becoming increasingly aware of others who acknowledge the importance of spirituality was a strengthening and encouraging discovery for me on this research journey.

1.3.3 Patches of light

“Prayer can be a factor in healing, and its power is neither nullified nor limited by time or distance, unlike other known energies” (Dossey 1992: xviii).

As I stood in the darkness of the garden of my research topic, I became increasingly aware of patches of light falling onto the grass around me, patches of light shed from the house of psychology. I was discovering that within the house there were many significant candle bearers that were open to the possibilities of spirituality in therapy. Perhaps one of the most prominent of these was Carl Jung (1933, 1958), one of the few leading therapists and theorists who believed that healing the psyche necessitated a reconnection to spirit and a religious outlook. Simpkinson and Simpkinson (cited in Walsh 1999:31) have compiled a bibliography of leading voices in psychology who have maintained a strong spiritual perspective in their work. The list includes people such as William James, Karen Horney, Victor Frankl, and Jerome Frank.

Adding to these patches of light, I came across several research findings that point to the importance of prayer being an integral part of many people’s spirituality. As Moore (cited in Barrett 1999:199) puts it, “prayer is a vehicle to ‘think in other categories’ in order to unravel the mystery of life.”

Poloma (1993:46) reports that people who pray regularly and have positive experiences during prayer are more likely to be satisfied with life. This finding held even when such factors as age, income, gender, educational attainment, and race were controlled. He adds that, “it is clear that it is not the frequency per se or even the types of prayer that help to explain the differences in life satisfaction. The determining factor among those related to prayer was the extent and depth of intimacy with the divine”.

Perhaps one of the best known studies in this area is Randolph Byrd's 1988 study (cited in Wulff 1997:173) of nearly 400 Coronary Care Unit (CCU) patients. Patients who were receiving standard CCU care were randomly allocated either to receive prayer or not to receive prayer. Neither the patients nor the physicians knew which patients were being prayed for. In addition, the persons praying for them were not connected with the hospital, patients, or investigator. They did not know the patients personally, but did know their first names, their diagnoses, and their current medical conditions. Byrd found that patients who were prayed for had fewer serious side effects and spent fewer days in the hospital than did patients with similar degrees of illness who were not prayed for. Scientific scrutiny of Byrd's methods has not been able to find alternative explanation for his findings.

What these research findings highlight most clearly is perhaps the need to regard people in their *wholeness* and not in parts. Science may well excel at understanding how individual body parts work and what to do when these malfunction, but as Fosarelli (2002:213) points out, science will always be limited because there is more to the human condition than just body parts. In my therapeutic conversations I have seen that thoughts, feelings, hopes, and dreams play a crucial role in an individual's overall health and chances of healing in the wake of trauma. To Haggard (1983:235), "healing is the process of ... restoring to health the wholeness of the body, mind, and spirit".

1.3.4 What is spirituality?

"While there are many ways of understanding spirituality, there appears to be a growing consensus for it to be thought of as a connection or relationship to self, to others, the world or universe, and to God" (McBride & Armstrong 1995:6).

In terms of my proposed area of research, I feel that it is important to draw a distinction between *spirituality* and *religion*. Stressing the difference between the two, M. Scott Peck (1997:40) points out, "with religion in particular, there's a tendency for many to use labels and assumptions to validate their spirituality. Some think that the denomination to which they belong must be the one and only route to realising God. That is mistaken: God doesn't care as much about labels as she does about substance."

A definition of religion would be that which involves an organised body of beliefs with a specific creed and membership boundaries. Spirituality, on the other hand, is much broader. William James (cited in Peck 1997:247), in his classic work - *The Varieties of Religious Experience* - describes spirituality as "the attempt to be in harmony with an unseen order of

things”. Commenting on this definition, Peck (1997:247) adds, “for me, that covers everyone’s spirituality or lack thereof.”

According to Wulff (1997:5), many people presently decline to use the noun *religion* and even the adjective *religious*, not because they are aware of the historic process of reification, but because they find the terms *spirituality* and *spiritual* to be more apt.

On a personal note, I find myself at pains to explain that I see myself as a *spiritual* rather than a *religious* person when speaking to people about my research topic. Perhaps this comes from my need to distinguish my spiritual beliefs from the narrow and restrictive Christian fundamentalist views of theologians such as Thurneysen and Jay E. Adams. Similarly, I wish to point out that my views of spirituality also differ from what Wulff (1997:7) refers to as the “new spirituality” that is being touted today:

What is conspicuously new in today’s spirituality is the frequent absence of an explicit transcendent object outside of the self. Life is ordered not in relation to the demands of the Holy Spirit or some other divine force, but in reference to the possibilities of the human spirit.

Bibby (cited in Wulff 1997:5) clarifies what the popular understanding is today of the words *spirituality* and *spiritual* by referring to a 1995 national survey of 1713 adult Canadians, in which 52% of respondents acknowledged that they had “spiritual needs”. When asked to explain what they meant by spirituality, just over half of these respondents used conventional expressions, such as belief in God or Jesus, praying and going to church, and helping others. The rest were less conventional in their responses. They associated the word with the human spirit or soul, with such practices as meditation or reflection, with a sense of wholeness or oneness, and with inner or outer awareness.

Kotzé and Kotzé (2001:1) offer the following helpful distinction between *theology* and *spirituality*:

We prefer the term ‘spirituality’ rather than ‘theology’ for several reasons. The most important of these is that the term ‘theology’ literally means to study God, whilst the concept of ‘spirituality’ is more inclusive, focussing on any of our experiences including theological ideas and narratives about the Other whom some call Friend/God/Goddess/Divine and so forth.

Whilst I acknowledge that my own understanding of *spirituality* can best be described as fitting within the Judeo/Christian tradition, and the focus of my research topic will lie within these parameters, I acknowledge that *spirituality* is a term that embraces all religious traditions and belief systems. I acknowledge that a research topic of such limited scope cannot

possibly embrace all of these, but what I hope it will do is point out the importance of embracing spirituality as an integral part of the trauma survivor's resources.

1.4 RESEARCH CURIOSITY

In my therapeutic conversations with people who consulted with me as a trauma debriefer at LifeLine, I was curious about the beneficial possibilities of opening the door to spirituality. I wondered how an open invitation to discuss spiritual matters as part of the trauma debriefing process would be perceived by them? Previously I had noted that some of the people I consulted with would spontaneously mention some form of spiritual aspect to the traumatic incident they had experienced but as there was no 'spiritual' phase in Mitchell's Critical Incidence Stress Debriefing (CISD) model, I would not pursue this topic with them in any depth. As a result I felt torn between head knowledge – the Mitchell's model we had been taught to follow – and heart knowledge – an inner sense that talk of spiritual matters could be potentially healing for someone who had encountered trauma.

1.4.1 Research aims

I sensed that it could be potentially healing if I could somehow create space for talk of spirituality within my trauma debriefing conversations. Following my heart knowledge, my research aims were firstly, to invite spirituality to be an integral part of my therapeutic conversations with people who had encountered trauma.

Secondly, whilst choosing to retain the basic structure of Mitchell's CISD model, I would aim to introduce several narrative therapy practices to my therapeutic conversations. The resultant narrative pastoral approach would hopefully provide a more holistic approach to *trauma debriefing*. According to Carlson and Erickson (2000:67):

It has been our experience that social constructionist theories provide a natural framework for incorporating the religious and spiritual beliefs of clients' lives. We have found that the principles of narrative therapy offer a unique way of allowing therapists to enter into the spiritual stories of person's lives. This belief appears to be supported by Carlson's (1996) study, which shows that family therapists chose narrative therapy as the most helpful theory to be used when working with religious and spiritual clients.

A further important consideration would be to ensure that this narrative pastoral approach would provide inclusive and caring practices relevant and beneficial to the religiously and culturally diverse communities LifeLine serves.

The *aims* of this research journey followed social constructionist ideas (Burr 1995:162). Influenced by post-structuralism, we took a relativist position in which we were not searching for truth (i.e. objectivity) but rather being open to, and accepting of, the possible existence of many alternative constructions of how spirituality and trauma interrelate in people's experience of events. Our *goal* was a pragmatic and political one, a search not for truth but for any usefulness that our "reading" of the relationship between trauma and spirituality might have had in bringing about change for those who need it.

Part of our research aims would also entail choosing to look at trauma differently and to challenge some of the dominant and accepted discourses on trauma. Before discussing our research approach and procedures I feel it important to provide a detailed discussion of what 'trauma' is and to highlight some of the diverse and often conflicting views that we would seek to challenge in the unfolding of this research journey.

1.5 TRAUMA IN THE SPOTLIGHT

"The essence of psychological trauma is the loss of faith that there is order and continuity in life" (Van der Kolk cited in Grame, Tortorici, Healey, Dillingham & Winklebaur 1999:224).

There are perhaps as many definitions of the term *trauma* as there are approaches to dealing with the consequences of it. Trauma can be described as something extraordinary, unpredictable, unavoidable, not preventable and shocking. It is something that completely overwhelms the person (Van Niekerk 1998:4). Mitchell (cited in van Niekerk 1998:3) defines trauma as "a critical incident defined as any situation faced by persons/helpers that cause them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later". Barrett (1999:193) claims trauma interrupts emotional, spiritual, sexual, and/or intellectual development and chronically or acutely impinges on a person's ability to cope or function. Traumatic life events have a diverse and often dramatic impact on the psychological well-being of persons. Wilson and Moran (1998:168) add that trauma may also produce a state of dispiritedness and lead the survivor to question the meaning of life and existence and the motives of God.

Over 20 000 articles on stress and coping processes have been published in the past two decades (Aldwin & Yancura [2004]); about 1 000 articles of these specifically examine how individuals cope with trauma. Given the magnitude of this literature, I cannot attempt to provide a full review. What I can provide, however, is a general sense of two opposing views of trauma. On the one hand, there are the negative, pessimistic views that are highly pathologising of the "victim" while on the other, far more optimistic and hopeful views.

The neuropsychiatric perspective of Perry (1999:3) provides a good example of the negative/pessimistic view of trauma. He writes in his work on trauma and the brain that “all areas of the brain and body are recruited and orchestrated for optimal survival tasks during the threat. This total neurobiological participation in the threat responses is important in understanding how a traumatic experience can impact and alter functioning in such a pervasive fashion. Cognitive, emotional, social behaviour and physiological residue of a trauma may impact in an individual for years – even a lifetime.”

The diagnosis of Post Traumatic Stress Disorder (PTSD) fits well with this neuropsychiatric perspective on trauma. PTSD, thought to be one of the consequences of trauma, was first included in The Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980 (McBride & Armstrong, 1995:5). The DSM IV concept of PTSD defines trauma as occurring when “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others and the person’s response involved intense fear, helplessness, or horror” (American Psychiatric Association 1994:427-428).

Butler (1996:40) states: “People with PTSD complain almost unbearable states of physiological arousal: a hypersensitive emotional trip-wire, an exaggerated startle response and profound distortions of memory. In paradoxical, oscillating fashion, sleeplessness and hyper-vigilance alternate with numbness and withdrawal; amnesia coexists with flashbacks. These wildly swinging inner states make people feel helpless – they fear they’re going crazy and sense that they’re not the same person they used to be. This, in turn, can set off a cascade of negative effects, disrupting relationships.”

According to Herman (1992:14), traumatic events breach attachments, shatter the self, undermine belief systems, and violate faith in a natural or divine order, which can have an impact on one’s spiritual life. McBride (cited in Herman 1992:14) states: “It certainly appears to be characteristic of chronic PTSD patients that a wounded self or soul lies at the very core of their being. As a result, they often have a profound sense of spiritual alienation and emptiness.”

In sharp contrast to the neuropsychiatric perspective on trauma are the new and highly optimistic views of trauma workers such as Kleber and Brom (1992). They allude to a growing interest in the attractive phenomenon of Post Traumatic Growth (PTG) (cited in Kleber 2002:2). Capturing the *hopefulness* of this perspective on trauma, DeBrule & Range

(2002:1) write: “Those who experience the personal and spiritual trauma of crisis may find that they, like the Phoenix, rise from their struggles to become a stronger, more complete creature, able to aspire to psychological heights that were previously unreachable.”

The possibility of Post Traumatic Growth appeared to resonate with the narrative pastoral approach to trauma debriefing we co-authored on this research journey in that it invites hope.

1.5.1 Lighting the torch of hope

Wirtz (2003) uses the metaphor of a ‘cloth torn in shreds’ to denote the fragmentation that trauma brings about. Healing for her is about mending the cloth. It is about journeying with victims of violence and torture from fragmentation to linking, from disempowerment to empowerment. According to Wirtz (2003) trauma has severe impact on three areas in people’s lives, namely the *soma* or physiological, the psychosocial context, and the person’s psyche. She illustrates these three aspects as the three sides of a triangle within a circle. The circle encapsulating these aspects is the spiritual dimension, something she says most trauma models neglect.

In my own trauma conversations how can I, as a pastoral therapist, help mend the *cloth torn in shreds*? How do I help people to integrate the effects of trauma into their spirituality in order to help carry the torch of hope? Our research approach would prove to be of crucial importance in empowering researcher and research participants alike to begin mending the *torn cloth* of the participants’ lives.

1.6 RESEARCH APPROACH

1.6.1 Qualitative research

As my co-travellers [research participants] were individuals who had encountered trauma in different forms and circumstances, a qualitative approach to this research journey seemed the most appropriate. Qualitative research has the feel of a perspective which emancipates people from tight boxes of normative social science and mental health practice (Lather 1986: 257). According to Hayward (1984: 76) qualitative research attempts to understand individual human experience in great depth. Like quantitative research it also seeks commonalities across human experience just as anthropologist seeks to understand the worldview of a different culture. However, these commonalities do not translate into normative standards by which people are compared with one another.

While we may have witnessed commonalities in terms of the role spirituality played in the some of the responses of my research co-travellers to trauma, this journey was not about comparisons. The outcome of our journeying together was more about the effects of inviting spirituality to be an integral part of our therapeutic conversations.

The spirit of qualitative research is that the questions of interest should dictate the design rather than being limited to asking only those questions that fit accepted research protocols (Becvar & Becvar 1996:329). Of necessity, I was guided by my co-travellers rather than guiding them. This meant constantly checking with them what was helpful/unhelpful in our journeying together. Gergen and Gergen (1991:86) raise the important consideration of *power sharing* between the researcher and the participants in order to construct meaning. When *subjects* become *participants*, the number of interpretations or theoretical possibilities generated by the research is expanded rather than frozen (Gergen & Gergen 1991:86).

1.6.2 Participatory action research

McTaggart (1997:29) uses the term *participatory action research* to differentiate it from other kinds of research that typically involve researchers from the academy doing research *on* people, making the people objects of the research. Such a view is the antithesis of the commitment of participatory action research that seeks the development of theoretically informed practice for all parties involved. Participatory action research is concerned simultaneously with changing individuals, on the one hand, and, on the other, the culture of the groups, institutions, and societies to which they belong. But it is important to emphasise that these changes are not impositions by the researcher: individuals and groups agree to work together to change themselves, individually and collectively. Their interests are joined by an agreed 'thematic concern' (McTaggart 1997:29). The 'thematic concern' in this case being the introduction of spirituality to our therapeutic conversations.

1.6.3 Feminist perspective

From a feminist perspective, a qualitative approach is better designed to respect the integrity of personal narratives than analytical investigation (Gergen 2001:28). An important consideration when considering the intimate nature of the trauma narratives shared by my research co-travellers. Reinharz (1992:211) describes how there is a sense of *process* in feminist research which is like embarking on an important journey. Feminist research tends to be written in a way that reveals the process of discovering and journeying. As we were to

experience, our exact pathway may have been uncertain but the journey's end was still attained.

1.6.4 Case Study

Within the context of a qualitative approach, our research journey focussed on one main *case study*, my therapeutic conversations with Joan (see chapter 3). In order to provide a thicker description of this journey, I have also referred to relevant aspects of conversations held with other co-travellers, namely Rosie, Andrew and Todd (see chapter 4).

Maykut and Morehouse (1994:174) describe a case study as “exploring people and settings in depth, and describing it in the final report.” Welman and Kruger (1999:190) add, “in hypothesis-testing research, we deal with the general and the regular. In case studies, on the other hand, we are directed towards understanding the *uniqueness* and the *idiosyncrasy* of a *particular case* in all its complexity.” Joan’s story of trauma and spirituality is discussed in this kind of detail in chapter 3.

1.7 RESEARCH PROCEDURES

Joan, Rosie and Andrew were individuals who had approached me as a LifeLine trauma debriefer for trauma debriefing. I invited each of them to take part in this research journey with me by carefully explaining the aims and purposes of such a project. This explanation, of necessity, included a description of my proposed narrative pastoral approach to trauma debriefing, outlining the structure and format of our sessions together. I explained how and why I would like to introduce the topic of spirituality to our therapeutic conversations. I also pointed out that I would like to include the content and experiences of our therapeutic conversations in this written dissertation.

Only once I had been given their permission, did I include them as a co-travellers in this research journey.

After each of the therapeutic conversations I had with Joan, Rosie and Andrew, I wrote each of them a narrative letter (Epston 1998:95), re-capping the session. At the conclusion of our journey together, I consulted with each of them again to ask them for specific feedback on aspects of the narrative pastoral approach to therapeutic conversations we had co-authored together along the way. This kind of questions I asked each of them in turn were:

1. Was it helpful to follow a structured format? To go over your story from different perspectives such as facts; thoughts; feelings? If this was helpful to you, how was it helpful?
2. Was it helpful to receive the letter? If so, how was it helpful to you?
3. Was it helpful to talk about spiritual matters and if it was, how was this helpful?
4. What was unhelpful about our conversation? What could we have done differently?
5. Looking back now, do you think that the trauma you went through has changed you in any way? Have these changes given something to your life or taken something away?

Maintaining on-going consultation with each of my research co-travellers throughout the actual writing of this report was also an important consideration. As it was essential to emphasise that ownership of our co-authored narrative pastoral approach did not lie with me but with them, I ensured that they had the opportunity to review and comment on the validity of each of the chapters pertaining to them.

At all times I was mindful of the importance of maintaining an ethical position with my co-travellers.

1.8 ETHICAL CONSIDERATIONS

As all the research co-travellers who took part in this research journey had experienced trauma, I was mindful of Dixon's (1999:232) cautionary remarks: "we cannot carry out research on people's lives without caring about the difference we are going to make to those lives." Checking-in with them regularly on how they were experiencing the journey remained a priority throughout our time together, as well as following up with them beyond the limits of our research journey. As Kotzé and Kotzé (2001: 9) point out research too often becomes an intellectual activity with researchers obtaining degrees on or receiving acknowledgement based on the suffering of others, with the latter most likely not to benefit from the research. I was determined to make certain that this participatory action research would be primarily to the advantage of Joan, Rosie and Andrew.

1.8.1 Participatory consciousness

This research project was definitely one of participatory consciousness, which Heshusius (1994:16) describes as a deeper level of kinship between the knower and the known. It requires an attitude of profound openness and receptivity, an attitude that permeated the therapeutic conversations I had with Joan, Rosie and Andrew.

1.8.2 Feminist and contextual theological stances

The kind of narrative pastoral practice I envisioned for my therapeutic conversations, and this research journey, was shaped and informed by feminist and contextual theological stances. These theologies are concerned with liberating praxis, “giving voice to the voiceless, supporting the oppressed ... introducing new values” (Isherwood & McEwan 1993:87). Taking cognisance of the highly sensitive nature of trauma conversations, throughout this research journey I constantly asked myself: “Who benefits?”(Kotzé 2002:18). It was crucial that the research participants themselves should benefit from this research journey. As a secondary consideration, perhaps LifeLine and those who come to the organisation for trauma debriefing in future may also benefit. I was guided by the knowledge that a commitment to provide a narrative pastoral approach that embraces *participatory ethical care* challenges me not to care *for* but to care *with* people who are in need of care (Kotzé & Kotzé 2001:7).

Kotzé (2002:28) point out that doing research in a participatory way poses serious challenges to traditional scientific notions of research and knowledge. Perhaps most significantly it foregrounds ethicising knowledge rather than scientific knowledge. Kotzé (2002:28) describes this form of researching as a “participatory ethicising adventure” one in which ethics is not merely a contingency factor but the “very pulse of research.”

Searching with people invites them into the process of research, or, rather, begs them to invite us into their lives to participate with them in their quest for what they see as important. As guests in their lives, we do have ideas and concerns, but these can only be raised in our capacity as guests and not as powerful proprietors checking on our “property”.

(Kotzé 2002:28)

McTaggart (1997:27) describes action research as the way in which groups of people can organise the conditions under which they can learn from their own experience and make this experience accessible to others. Part of this journey of discovery now needs to be a consideration of how these learnings can be made accessible to others who experience trauma. It is our hope that this account of our research journey may provide what Lobovits and Seidel (1999:1) describe as ‘liberating knowledges’ that are made available to other persons oppressed by the effects of trauma.

For this to have been a meaningful and ethical research journey, my co-travellers must not only have been the main beneficiaries of this research, they must also consider themselves co-

creators of it. This has necessitated an acknowledgement that what unfolded as we journeyed and co-created together, did not necessarily follow a fixed course. I am deeply indebted to Joan, Rosie, Andrew, and Todd for journeying with me. I am also indebted to the stories of people's lives that have helped spark, inspire and guide this journey. I would like to acknowledge in particular Daniel, Gennelle, Mr Solly and Emily.

1.9 LEAVING A MAP OF THE JOURNEY TO OTHERS

It is our desire that this research journey provide a torch of hope that will illuminate a pathway for those still in the darkness of trauma.

I acknowledge that my own understanding of trauma and spirituality has been challenged, shaped and changed along the way. This supports McTaggart's (1997:40) claim that participatory action research changes 'both the researcher and the situations in which he or she acts'. The process of this research journey that I embarked on with my co-travellers and supervisors has proved to be a search for *new ways of being* (Reinharz 1992:211). In chapter 2 I will explore my own evolving epistemology which has been influenced and shaped by postmodern, social construction discourse, narrative pastoral practice and contextual practical theology. In terms of my spirituality, I will identify significant 'torch bearers' whose work has helped illuminate the pathway for this present research journey.