

# Integration of faith and spirituality in the counselling and care of Christian leaders who have been wounded by the ministry context.

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# Introductions

**[Q]: What kinds of emotional wounds have you observed or experienced over the course of your work and ministry?**

# Overview of Workshop

- Research on **different types of emotional wounds from ministry**
- **The crucial role of social support and emotional validation** in the perpetuation or recovery of emotional wounds
- **Symptoms of ministry wounds:** potential overlap with symptoms of PTSD & Complex Trauma
- Implications of our discussion on **spiritual formation/spiritual maturity**

# Research on Ministry Wounds

- Burnout causes 1/3 of all pastors/Christian leaders to ponder implications of leaving what they thought would be their life work (Daniel & Rogers, 1982).
- Ministers “wasting out” - leaving the ministry demoralized, depressed, and disillusioned with God.
- Five areas of ‘emotional hazard’ that all Christian leaders must uniquely face in their ministry: personal relationships, depression, stress and burnout, sexuality, and assertiveness.

(Hunt et al., 1990)

# Research on Ministry Wounds

Among four major denominational groups, 37.15% acknowledged engaging in “inappropriate sexual behavior for a minister.”

- 12% admitted to having sexual intercourse with a congregation member other than their spouse.
- There is an average number of seven women victims of clergy sexual misconduct per affected congregation. (Chaves & Garland, 2010)
- Only 23% of survivors reported the abuse to religious authorities and only 11% to civil authorities. (Stacey, Darnell, & Shupe, 2000)

(Hunt et al., 1990)

# Research on Ministry Wounds

*“I heard about an MK in a missionary boarding school who was sexually abused by a staff member (who was also a missionary) and her parents informed the school and mission agency but were met with indifference and inaction. The school and agency felt like it might cause problems for them if they exposed this staff member so they encouraged the family to work through this incident privately.”*

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**[Q]: Why are many churches/Christian organizations reluctant to address these sorts of serious problems and instead, try to cover up, ignore, and/or minimize these situations?**

# Research on Ministry Wounds

*“This event naturally caused this MK to wonder if God cared about her situation and went a long time believing that her problems (aka her trauma) were not important to God or the church. This type of spiritual trauma leads many MK’s (and adult missionaries as well) to leave the church once they are grown up.”*

# Research on Ministry Wounds

**Conflicts with Ministry Team Members is one of the greatest sources of ministry wounding, the #1 source of missionary attrition** (Taylor, 1997)

## Over and above:

- Challenges in work with the unreached
- Financial challenges
- Stresses of living and doing work cross-culturally
- Challenges related to ministry work itself

# Research on Ministry Wounds

**Ministry Team Conflict due to poor emotional and mental health of team members/leaders**

## Red Flags (Dave Wickstrom)

- Major Mental Illness - Psychosis
  - Depression, Anxiety, Bi-polar, somatization
- Chronic Fatigue Syndrome
- OCD
- History of recurrent minor illness/addiction/eating disorder/serious family issues/inappropriate sexual behavior/abuse

# Research on Ministry Wounds

**Ministry Team Conflict due to poor emotional and mental health of team members**

## Red Flags (Dave Wickstrom)

- Histrionic tendencies, Narcissistic Personality, especially Borderline Personality Disorder (or BPD traits).
  - Personality disorders usually cause the greatest problems
  - Need for psychological screening of personality disorders of Christian leaders

*“On rare occasions and to my chagrin for various reasons (e.g., counter-transference, exceptional faking abilities or defensiveness on the part of the candidate), I had downplayed the data evident on the testing and had mistakenly given the candidate a clean bill of health and a statement of their readiness to move overseas...There was a time when I had downplayed a classic borderline personality profile on the MMPI-2 because the candidate was so articulate. (I found out later that they had an IQ in the genius range) I was fooled. Needless to say, when that candidate became a missionary and almost destroyed the work and the people on the team, I was able to look back and have determined never to mistrust the data again.”*

- Dave Wickstrom

*“I heard a story from a counselor who worked in an overseas counseling center for expatriate workers who saw all members of a local missions team within a six month span. One by one, all of the team members were coming, stating that they were burnt out and planned to leave the field. Finally, the last member of the team, the team leader, entered into therapy with the counselor. The counselor soon realized that this team leader had an undiagnosed personality disorder that had been at the root cause of all of the team conflict that had caused the entire team to leave the field. Sadly, all of the team members were so disgruntled and burnt out that this ended their missionary service in a less than stellar way”*

# Research on Ministry Wounds

## Lack of Safe and Confidential Spaces

Many Christian leaders might feel like they have no one to talk to about feelings of being hurt by leaders, feeling burnt out, doubts about faith, or problems regarding marriage and family due to:

- Fears that they will be kicked out of their church/ organization and have to leave ministry
- Fears that they will be judged as lacking faith or being a unfaithful Christian
- Fears that they will lose financial support from the people and churches that support them
- Fears that those they are ministering to will not want to become Christians

# Research on Ministry Wounds

Many Christian leaders isolate, hold their pain, and keep going - despite the further hurt this may cause (to themselves and others), due to:

- Fears that they are a failure
- Belief that God cares more about their work than their well-being as people.
- Encouragement from fellow Christians to keep going despite trauma, family difficulties, and crises of faith.
- *Fears that Christian communities/organizations being dismissive or judgmental of their difficult experiences*

# Examples of unhelpful statements

- “I understand”
- “Don’t feel bad”
- “You’re strong” or “You’ll get through this”
- “Don’t cry”
- “It’s God’s will”
- “It could be worse”
- “At least you still have...”
- “Everything will be okay”
- “Just pray about it.”

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**[Q]: What are other examples of unhelpful advice or feedback that Christian communities and organizations have given to those who are emotionally wounded?**

# Social Support & Emotional Validation

## The Crucial role of Social Support in Recovery from Trauma

- Social support is one of the most powerful determinants of facilitating or impairing recovery from trauma (Feeny, Rytwinski, & Zoellner, 2014)
- Some traumatic events are more socially acceptable (or shameful) than others (e.g., trauma from ministry)
- Social support can come from family, friends, & others (e.g., local churches, ministry teams)

# Social Support & PTSD

- Lack of social support, and especially the presence of negative support (e.g., blame) one of the strongest predictors of PTSD and a strong impediment to recovery (Brewin, Andres, & Valendine, 2000)
- Lack of social support more strongly predicted PTSD than other factors such as prior trauma history, prior mental illness, and even severity of the traumatic event itself. (Zoellner, Foa, & Brigidi, 1999)

# Social Support & Emotional Validation

## Definition of Social Support:

- “...those social interactions or relationships that provide actual assistance or a feeling of attachment to a person or group that is perceived as caring or loving” (Hobfoll & Stephens, 1990, p.45)
  - Benefits of social support can lie in the belief that one has support available (regardless of whether it is actually given) or in the actual receipt of support.
  - Perception may actually be more important than actual support (Dolbier & Steinhardt, 2000)
  - Social support can be **positive** (makes us feel loved) or **negative** (makes us feel unloved or isolated)

# Social Support & PTSD

## Negative Social Support:

- Reactions that are intended or perceived as critical, blaming, or grossly insensitive.
  - Example: (following sexual assault) “At least he didn’t use a weapon—you’re lucky,” “It’s over, try to put it behind you.”
  - “God’s ways are higher than our ways,” “Whatever is true, whatever is pure...think of such things”
- Indifference (changing the topic, failing to acknowledge the impact of the trauma)
- Encouraging avoidance
  - “Just stop thinking about it.”

# Social Support & PTSD

## Negative Social Support:

- When both positive and negative social support are present, negative social reactions are stronger predictors of PTSD (Andrews et al., 2003)
- Common negative reactions
  - Blame—survivors are culpable or responsible for the event itself or for one’s reaction to it
    - Some forms of Nouthetic (a.k.a. Biblical) Counseling
  - Doubt—questioning the accuracy of a victim’s description of events or whether they were as ‘traumatic’ as described
  - Criticism— “stop talking about it—it’s over!”

# Social Support

## Negative Social Support:

- Invalidation/Indifference to the trauma may actually be more damaging than overtly negative social reactions because the latter are easier to dismiss as wrong or misguided (Pruitt & Zoellner, 2008)
  - Suppress natural coping responses (e.g., talking about what happened, trying to make sense of what happened, emotional processing, etc...).
  - Stops reaching out; “I should be able to move on”
  - Enhances negative self-appraisals (self-blame, negative self-esteem, precursors to depressed mood)

# Beliefs commonly endorsed by emotionally wounded

1. The victim is responsible for the abuse; it's my fault
2. It's wrong to show anger, frustration, defiance, or a critical attitude.
3. The past (how I was hurt) is present (is happening again)
4. I can't handle the memories
5. I must be punished
6. I can't trust myself or others

# Emotional Invalidation

One particularly destructive form of negative social support is **emotional invalidation**

- An emotionally invalidating environment is one in which communication of private experiences is met by erratic, inappropriate (indifference), and/or extreme responses.
  - Expression of private experiences is not validated; instead, it is often punished and/or trivialized.
    - Can be spiritualized in a Christian ministry setting (e.g., you just need to pray more, have more faith, be faithful)
  - Individual's interpretations of their behavior (including intents and motivations associated with behavior) are dismissed.
    - E.g., "you're just being sensitive," "you need to give others the benefit of the doubt"

# Emotional Invalidation

Emotional Invalidation has two primary characteristics

- Tells the individual that he/she is wrong in both their description and their analysis of their own experiences (an individual's private experiences and emotional expressions are not viewed as valid responses to events).
- It attributes their experiences to socially unacceptable characteristics or personality traits

**Emotionally-invalidating environments are common in Christian communities. Why is this be the case?**

# Biosocial Theory of BPD Development

## Invalidating Environments

- Generally intolerant of negative affect
  - Being told as a child, “if you cry after you got hurt playing, your mother will give you a ‘real’ reason to cry.” If the tears continued, her mother would hit her.
- Belief that any individual who tries hard enough can make it, “you can pull yourself up by the bootstraps.”
  - Being told by partners that they did not need therapy and that they could just straighten up on their own if they really wanted to.
- Mastery and achievement are highly valued (especially with respect to controlling emotional expression and limiting demands on the environment)
- Great value placed on being happy (or at least grinning in the face of adversity), to the power of maintaining a ‘positive mental attitude.’
- Failure to live up to these expectations lead to disapproval, criticism, and attempts to bring about or force a change in attitude.

# Emotional Invalidation

## Consequences of emotional invalidation

- Never learn when to trust their own emotional responses as reflections of valid interpretations of events.
  - They tend to invalidate their own emotional experiences, look to others for accurate reflections of external reality [which contributes to emotional instability & people-pleasing tendencies]
  - Tend to oversimplify the ease of solving life's problems
  - Leads to unrealistic goals, inability to use reward instead of punishment for small steps towards final goals
  - Self-hate following failure to achieve these goals
  - Shame reaction to uncontrollable and negative emotions—a natural result of a social environment that shames those who express emotional vulnerability.

# Emotional Invalidation

## Consequences of Invalidating Environments

- Lack opportunities to learn how to label/recognize their emotions or how to tolerate distress
- Lack opportunities to learn how to cope with their emotions/situations
  - Because problems are not recognized, little effort goes into attempts to solve the problems.
  - Child is told to control their emotions, rather than being taught exactly how to do that.
- Non-acceptance and oversimplification of the original problems does not teach the child to tolerate distress or to form realistic goals and expectations.

# Emotional Invalidation

**[Q]: Have you observed or encountered emotional invalidation within a family or Christian ministry context?**

**Any reflections, questions, or comments?**

# Social Support

## Positive Social Support:

- Removing negative social support alone is not adequate (the *lack* of social support is related to increased risk for PTSD).
  - Higher levels of social support associated with better health outcomes (Cohen & Wills, 1985), and less severe PTSD (Galea et al., 2008).
  - Reduces the impact of the stressor, facilitates an adaptive view of their trauma, related to post-traumatic growth (Prati & Pietrantonio, 2009)
  - “Wow, you were brave,” “I know it’s hard, but I am impressed by how you have dealt with the situation”

# Social Support

## Types of Positive Social Support:

- Emotional support—support aimed at meeting emotional needs.
  - Reassurance from friends, talking to someone trusted
- Instrumental support—support aimed at meeting practical needs.
  - Driving you to appointments, lending money
- While both are important, ***emotional*** support looks to be most helpful for recovery (Dikel, Engdahl, & Eberly, 2005)
  - Lack of emotional support → PTSD
  - Importance of *feeling* understood, valued, heard

# Social Support

## Types of Positive Social Support:

- Formal support—support offered through professional networks
  - Formal mental health networks, hospitals, police
- Informal support—support offered by existing informal relationships (spouses, family, friends)
- Generally, *informal* supports seem to be sought often and may be most helpful in the aftermath of trauma (Golding et al., 1999; Ullman & Filipas, 2001)
  - Support more easily obtained by people whom a trauma survivor has established relationships.
  - Mobilizing local churches for mental health needs of communities

# Social Support

## Summary of Implications of research

- We hope that the emotionally wounded have *meaningful* relationships
- Regardless of what help is offered, we hope that the emotionally wounded *perceive* that there is support for them in their social network (i.e., they are approachable and willing to help, that safe spaces exist for them to be vulnerable and honest)
- When support is offered, the focus should be on how the emotionally wounded are doing emotionally.
- The emotionally wounded's informal, already-established support network should be utilized and if need be, mobilized.
- Negative social support has the effect of invalidating one's emotions/experiences and suppresses healthy coping behavior

# Complex Trauma Symptoms

Formally identified 7 problem areas of Complex Trauma:

- Regulation of affective impulses (with marked difficulty modulating anger and self-destructiveness)
- Attention and consciousness (dissociative episodes/depersonalization)
- Self-perception (chronic guilt, shame, responsibility)
- Perception of the perpetrator (incorporation of his/her belief system)
- Alterations in relationship to others (issues relating to trust, intimacy)
- Somatization and/or medical problems (may involve all major body systems; not always confined to the physical damage caused by the abuse)
- Systems of meaning (hopelessness, despair, belief that no one can understand them and their suffering)

# Complex Trauma Symptoms

- Intrusive Memories, Hypervigilance, Avoidance
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**[Q]: Which symptoms have you personally observed among people emotionally wounded by ministry?**

# Questions for Reflection and Discussion

**Question we asked to our research project team:  
“How would you define spiritual maturity?”**

**What observable qualities or indicators point to the reality that formation has occurred in your students? (e.g., virtues, practices, behaviors)”**

# How do you define spiritual maturity? - Our initial set of responses

- **Calling/Vocation** (vocational clarity, vocational agility, vocational struggle/crisis, community affirmation of calling)
- **Character** (fruit of the spirit, humility - awareness of limitations, empathy, **honesty as meta-virtue - inclusive of honesty re: sinfulness, emotional honesty**, growth post-suffering)
- **Connection to World/Other** - social justice, redemptive action, intercultural competence, cultural humility
- **Knowledge** (of God, of self, of process of transformation), being formed by knowledge, integration of knowledge in one's narrative
- **Relationality** (with God, family, differentiation of self)
- **Holistic Health** (shalom, emotional health, sleep, eating, relational health)
- **Sacraments, Rule of life** (spiritual practices, practices of faith)
- **Community** (mentors, reflection-in-community, commitment to local congregation)
- **Conviction** (to doctrine, are they able to defend them in the face of challenge?, obedience, behavioral indicators, handling Scripture well)
- **Questing, seeking**
- **Quality of Experience of God** (consolation, desolation, daily spiritual experiences scale, spiritual struggles, grieving alongside God)

# How does one discern the spiritually mature from the spiritually immature?

## Spiritual Directors and Human Formation Advisors (Mount Angel Seminary and Abbey)

- **Freedom** - acting and choosing the course and direction of life in freedom (not reluctantly or out of pure duty/obligation)
- **People of communion**—with deep relational capacities not only with God but also with one’s neighbor
- **Affective maturity**--aware of internal emotional states and equipped to cope with these internal states
- **Interculturally competent**—particularly as it relates to one’s treatment of the poor
- **Well-integrated person**—regardless of context; vs. a compartmentalized spiritual life (“I know doctrinally that God loves me, but I don’t feel that way”)
- **Gift of compunction**—returning to the Lord faster after they have sinned, not sinking into despair or shame, not shocked or surprised at their capacity to think and act in ways they wish were not true; self-acceptance
- **Wielding power**—will to power, will to dominate and manipulate others; clericalism (wanting recognition, entitlement, privileges)
- **Dangers of wanting to choose one’s own cross**—Christians are not free to do that. Instead, we are to take up the cross that we have been given to bear in obedience.

# Some of the constructs we will be measuring in our research

Compassion	Religious Doubt/Quest	Fusion with Others	Spiritual Openness
Self Forgiveness	Scripture Engagement	Social Disconnect	Anxious Attachment to God
Other Forgiveness	Spiritual Community	Authoritarianism	Avoidant Attachment to God
Gratitude	Transcendence - God	Experiential Avoidance	Intrinsic Religious Motivation
Joy	Transcendence – Humanity	Ambiguity Tolerance	Closeness to God
Patience	Fidelity	Shame	Interpersonal Struggles
Kindness	Self Awareness	Avoidant Attachment	
Self-Control	Service to Others	Anxious Attachment	
Honesty	Emotional Regulation - Reappraisal	Spiritual Grandiosity	
Social Justice	Emotional Regulation - Suppression	Scrupulosity	
Intercultural Comp.	Monitoring by God	Divine Struggles	