

**THE
CHRISTIAN
AND
PERSECUTION**

Caring and Coping Through Stress

MODULE 9



Lesson Nine

Caring and Coping Through Stress

Learning Objectives

By the end of this lesson, students will recognise the complexity of the causes of stress and distress within their communities. They will be equipped to listen to and interact with individuals or wider groups who have suffered or are suffering significant stress, helping them to move forward through making positive choices. Students will understand that those engaged in compassionate ministries themselves naturally face significant stresses, and will be equipped with strategies to prepare for and deal with these stresses.

Preparatory Bible Reading: 1 Kings 19

Lesson Outline:

Introduction

1. A biblical basis for emotional care
2. Understanding Stress
 - a. The complexity of stressors
 - b. Resource limitations
3. Caring for the distressed
 - a. Active listening skills
 - b. Egan's Skilled Helper Model
 - Stage 1: What's going on?
 - Stage 2: What do I want instead?
 - Stage 3: How will I get there?
4. The importance of self-care
 - a. Impact on compassionate workers
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Lesson Nine

Caring and Coping Through Stress

It is vital that Church communities provide effective care and support to those who are suffering because of previous or ongoing stressful situations, with an emphasis on addressing collective and not just individual needs. Church and ministry leaders should be equipped with care-giving and lay-counselling skills, and should understand the importance of looking after their own well-being as well as the well-being of others.

Introduction

Church and ministry leaders in the Middle East and North Africa are inevitably engaged in compassionate ministry. They will frequently encounter, or will themselves experience, various aspects of suffering, conflict and need. This may be part of regular pastoral ministry. It may be in relation to some specific persecution that they or members of their church or community are experiencing. It may be specific to humanitarian relief work, for example amongst displaced or refugee communities.

Alongside the physical suffering and material deprivation there are inevitably significant emotional and psychological challenges, and these often have destructive and long-lasting effects. Some of these challenges will require professional intervention which most church and ministry leaders are not equipped to provide – they are typically not professional counsellors or mental healthcare specialists. Nevertheless, even a basic awareness of stress issues can greatly enhance the ability of the lay-person to take into account and care for the emotional needs of those whom they are serving.

The traditional image of compassionate workers is that they are selfless and tireless. They themselves tend to expect that because their work is for a noble cause, they will somehow be immune to pressure. However, compassionate workers are inevitably impacted by their work. They often end each day feeling that they have not done enough because the scope of the need is so overwhelming. They can be troubled by witnessing violence and poverty, and by hearing the stories of refugees and disaster survivors. They may also face danger during the course of their ministry work. Many struggle to find a healthy balance between the demands of the work and the need to pay attention to their own physical and emotional well-being. Those who neglect their own needs eventually find themselves paying a heavy price, affecting themselves, those around them and diminishing their ability to continue in effective service. It is therefore vital that compassionate workers develop self-help strategies.

In this module we will start by noting the biblical precedent for caring for emotional needs. We will then consider the nature of stress within our contexts and examine a model for lay-counselling of those who are struggling with stress. We will conclude by considering the importance for compassionate workers of paying attention to their own emotional needs.

1. A Biblical basis for emotional care¹

The bible encourages listening, expressing emotional stress, and caring for the traumatised

The bible contains many injunctions to God's people to care for and to love one another (e.g. Isaiah 61:1-2; John 13:35; John 21:16; 2 Corinthians 1:3-4; Galatians 6:2). There are many aspects to caring for one another, one of which is caring for emotional needs. By taking time to listen to and understand others we show that we care.

We do not tend to question whether there is a Biblical framework for practising medicine - we know that it relieves suffering, so we encourage it. Providing *emotional* help also brings people to greater health and healing. Research indicates that some people who do not receive an emotional support (for example, the opportunity to discuss stressful situations) feel devalued. Those who receive emotional support usually find it a positive experience and have fewer trauma-related symptoms.

Listening is central to providing emotional care. The Bible teaches us to listen (Proverbs 18:13; James 1:19). In modern society, it can be difficult to find someone willing to make time to really listen. And, in Middle Eastern society it can also be difficult to find someone who will respect confidentiality or the ability to keep communication safely within the bounds of the two person listening relationship. Those who have gone through painful experiences often feel isolated. Listening breaks down this isolation, and helps them move forward.

The Bible affirms that there is a place both for reviewing the past together (Isaiah 43:26), and for moving on to new things (Isaiah 43:19). Providing care and support for the traumatised enables both of these to occur. Within the Middle East the decision-making of the extended family is often highly valued, so this can define what “together” might mean. An individual can tell their story to a safe listener, but the context of the story will often include the wider family and future steps often include the opinions and direction of elders and peers in the family.

In providing care, we affirm and emphasise that emotions are normal and valid. The Bible also teaches this. The Bible contains plenty of anger, fear, and tears (e.g. in the Psalms). ‘Don’t be afraid’ may imply ‘there’s no need for you to be afraid’ rather than ‘it’s wrong to fear’. Jesus did not condemn a man who admitted unbelief, but rather allowed him to express this (Mark 9:24). The Bible reminds us that there is ‘a time to weep and a time to laugh, a time to mourn and a time to dance ... a time to be silent and a time to speak, a time to love and a time to hate’ (Ecclesiastes 3:4-8). Jesus taught by example that it was alright to cry (Luke 19:41; John 11:35; Hebrews 5:7). He expressed anguish in the Garden of Gethsemane, and said that his soul was ‘overwhelmed with sorrow’ (Matthew 26:38). In past times and different cultures, people have *known* that it is normal to feel certain emotions after trauma, and they did not need to be taught this. Today, some people need to be told this explicitly.

¹ Content adapted from: Debbie Lovell Hawker: *Re-entry and Debriefing* <http://www.globalconnections.org.uk/sites/newgc.localhost/files/papers/Reentry%20and%20Debriefing.pdf> and Christian Medical Fellowship: *Time Management – Jesus Style* <https://www.cmf.org.uk/publications/content.asp?context=article&id=2085>

In Middle Eastern culture there are some positive aspects to what is called the grief process, especially when it comes to church, family and community support during the three days of mourning, forty days and one year anniversary. However, those that have experienced trauma and loss also need to be supported at other times and should not be forced to move rapidly through the process. Everyone in a family will grieve differently and have different emotional, developmental and spiritual needs.

There are many biblical examples in which components of debriefing (or telling one's story) and other forms of trauma care can be seen:

- The crucifixion was certainly a traumatic event for those who loved Jesus. Afterwards, two of the disciples were walking down the Emmaus Road, talking about what had happened (Luke 24:13-24). Jesus joined them, and asked what had happened. That wasn't for His benefit – he knew! It gave them the opportunity to tell their story – the facts of what had happened, and their feelings of disappointment. He then helped them put things into context.
- Elijah experienced a death threat (1 Kings 19:2), and fled for his life. He was afraid, and prayed that he might die. An angel provided physical care for him (food, drink and sleep). Forty days later, after his physical needs had been met, God asked what was going on. Elijah told God his story – twice (v.10, v.14). Then God moved Elijah to think about the future, and told him that he would not be alone – there was support available in the form of 7,000 other believers (v.18). Moreover, God directed Elijah to Elisha (v.16ff), who would give him more support.
- A woman who had been bleeding for 12 years (possibly following trauma) touched Jesus (Luke 8: 43-48). He asked, 'who touched me?' Why did He ask? Not to embarrass her, but to allow her to tell her story, so that she would gain emotional healing as well as physical healing. (Otherwise no-one else would have known that she had been healed, and she would still have been thought of as an outcast).
- In Genesis 44-45, we see Joseph listening to his brothers' story, then telling them about his experiences, to produce a clearer picture and make the events more meaningful. Joseph recognised their feelings of distress and anger. They all expressed their feelings freely, weeping together and embracing one another, before making plans for the future.
- Nehemiah heard a traumatic report about his people being exiled, and living in 'great trouble and disgrace' in a ruined city (Nehemiah 1:3). Nehemiah didn't disguise his feelings. The king noticed that he looked sad. Nehemiah normalised this: 'why should my face not look sad when the city ... lies in ruins?' (2:3). The king listened as Nehemiah spoke about his plans, and he helped Nehemiah do what was necessary to move forward from this point of despair.
- Jesus invited people to tell him their stories (e.g. the sick; the disciples when they returned after being sent out two by two). He listened to them, and helped to bring closure to experiences, and helped people move on.

The Bible also contains examples of people of God who ensured that they took appropriate care of their own physical, emotional and spiritual needs, including during times of intense activity – a huge challenge in today's world, especially for those engaged in compassionate ministries. The supreme example, of course, is provided by Jesus.

Jesus regularly spent time in prayer and in studying the Scriptures, especially during periods of intense activity. After a long evening of healing that extended after sunset we read that, "Very early in the morning, while it was still dark, Jesus got up, left the house and went off to a solitary place, where he prayed." (Mark 1:35). He prayed regularly and especially before important decisions or events such as choosing the disciples, embarking on his public ministry, feeding the 5,000 and facing arrest in the garden of Gethsemane. He also withdrew to pray after periods of exhausting ministry. "Crowds of people came to hear him and to be healed of their sicknesses. But Jesus often withdrew to lonely places and prayed." (Luke 5:15-16).

Jesus realised that it was important to withdraw and rest, even in the face of pressing need. The more he worked, the more he prayed. He recognised that he needed to spend time communing with God to refresh himself. (Maybe the frustrating delays we face, forcing us to pause our busy lives – such as traffic jams, loss of telephone coverage or wifi signals, electricity cuts – can be used by God to provide us with opportunities to pray!) Similarly, Jesus was immersed in the Word of God – so much so that when the Devil challenged him in the wilderness, he could answer with three quotations from the book of Deuteronomy. (Matthew 4:1-11).

Review and discussion questions

- a. Think of a person known to you who has suffered great stress. Which biblical example illustrating trauma care would be meaningful and supportive for them, and why?
- b. How does that biblical example challenge you in your role as care-giver?
- c. What are some cultural guidelines or issues in listening or care-giving in your culture?
- d. What significance and implications can you draw for your own ministry from the fact that Jesus regularly withdrew from the crowds to spend time with his Father?

2. Understanding stress

Distress caused by critical incidents or complex stressors can be managed with proper care

- a. The complexity of stressors

Stress can be defined as any demand or change that the human system (mind, body, spirit) is required to meet and respond to. Stress is therefore a part of normal life. Without challenges and physical demands, life would be boring. Stress, however,

becomes distress (or traumatic stress) when it lasts too long, occurs too often, or is too severe.

It is important to note that what is distressful for one person may not necessarily be distressful for another. Your individual perception (how threatened you feel and how much control you have over the circumstances) can affect the degree of distress you personally feel. These stresses are experienced individually and as a community. Traumatic stress can therefore be defined as the reaction to any challenge, demand, threat or change that exceeds our coping resources and results in distress – either as an individual or as a community.

The factors and demands that cause distress can take many forms. On one level there are reactions that occur as the result of traumatic events during which an individual is seriously threatened by harm or death. These types of events are often referred to as 'critical incidents' and are unusual and intense. Examples of critical incidents include being assaulted, being in situations where many people are dying, being within range of gunfire, or experiencing car accidents, bombings or kidnappings.

In some countries of the MENA region, Christian believers can be affected by sectarian violence (which affects whole communities) or by specific threats or assaults that take place because of an individual's Christian faith. These can be very traumatic 'critical incidents.'

But not all stresses are the result of a single critical incident. Cumulative stress reactions are a less dramatic, more gradual form of stress reaction. They are usually related to low-intensity but more chronic stressors that pervade one's life and "pile up," one on top of the other. Individuals engaged in compassionate ministries face a wide range of stressors which can combine to present cumulative stress reactions. For example these stressors could include working in a reactive work environment, feeling overwhelmed by unmet needs, working to tight deadlines, having to complete tasks outside one's area of training and competence, facing moral and ethical dilemmas, sleep deprivation, the challenge of balancing family and ministry responsibilities – and much more.

Within the MENA region, although many 'critical incidents' arise, typical stress patterns involve multiple stressors. These stressors are often experienced not just at an individual level but also at a community level. For example, in some MENA countries Christian communities may experience long-term cumulative stresses as a result of having inferior legal status, limitations on permissible activities or a constant awareness of surveillance. Related to this community aspect, the complexity of stressors can include inter-generational issues – stresses that are passed on from one generation to the next, retained within a collective memory or absorbed into a community identity.

For Christian leaders ministering in this context, great sensitivity is needed to listen to and understand the needs of those who are struggling with stress – whether a critical incident or cumulative stress – and to gently provide support and encouragement.

In the final section of this module we will consider the importance of 'self-care,' especially for those engaged in compassionate ministries. That section will focus on a third type of stress, in addition to critical incident and cumulative stresses. This is the stress that is very often suffered by those who themselves are supporting traumatised people.

b. Resource Limitations

At present, resources for trauma-care in the MENA region are limited. Although there is much literature dealing with trauma-care and counselling techniques, this is predominantly from North America, Europe and other 'Western' contexts.

This literature has limitations within a MENA context for several reasons. Firstly, as already mentioned, the nature of stressors in the MENA region is often complex, involving cumulative, communal and even inter-generational stress, which can be very different from stress patterns in Western contexts (Western literature typically focuses on one-off critical-incident stress). Secondly, responses to stresses are also very different. While Western literature tends to focus on individual strategies to address or cope with individual stresses, what is usually needed in a MENA context is a more collective response – whether the stress is individual or collective. Thirdly, the availability of professional care is generally lower in the MENA region than in the West – so assumptions in much of the literature about the availability of a wide variety of professional assistance is problematic. Even where resources are available, attitudes towards accessing these resources can be very different in the MENA region than in the West. For example, in the West an individual might be very willing to obtain a psychiatric diagnosis, whereas in the MENA region there can be far greater levels of stigma attached to this.

For the purposes of this study module, there are additional limitations. There are important limits on what is appropriate for a self-access course in which students will not necessarily have available help to deal with issues that discussion of trauma might stir up.

It is widely accepted that detailed teaching on trauma care can prompt the student to recognise trauma in his or her own life, and trigger responses to that trauma. While it is important to confront such trauma, it is also important to have the resources available to provide support through that process. Because this course is designed for self-access, it is assumed that students will not have that support available – so care is taken to avoid causing harm by leaving students with difficult thoughts and feelings that they are unable to process.

In addition, this course is not designed for professional counsellors. Rather, it is designed for church and ministry leaders who have a vital role as care-givers and whose support for those facing stressful situations will be provided in a lay capacity, not as professional counsellors. If you are facing situations where you or others do need professional counselling, the course organisers can assist in connecting you with organisations who can advise about more advanced care provision.

Recognising these limitations, we will move on in the next section to consider approaches to care-giving that is applicable within a MENA context and which can be undertaken by those who are not qualified counsellors or mental-health professionals.

Review and discussion questions

a. Thinking about your own ministry context:

- (i) What are the typical issues that cause stress for those you minister amongst?***

- (ii) Which of these issues relate to single events ('critical incidents') and which are more regular pressures (perhaps contributing to cumulative stress)?
 - (iii) Which issues apply principally to individuals, and which are experienced by a wider community?
- b. What cultural norms affect how individuals and communities in your country typically respond to situations of stress?

3. Caring for the distressed

Active listening skills, and tools such as Egan's 'Skilled Helper,' can assist in redirecting the distressed towards productive thinking and action

Through a basic understanding of debriefing and care-giving processes, ministry leaders can develop non-threatening strategies to enable those who have endured stress and trauma to express and confront their feelings and thoughts in ways which foster recovery.

a. Active listening skills

A vital starting point if effective care is to be given is to develop effective active listening skills. Many people do not consider listening to be a skill – it is simply something that they do naturally, using their ears! But in practice, most people are not very gifted with the ability to listen well. Listening to another person, especially in a care-giving situation, should not simply involve passively listening to the words they speak. Rather, our listening should be an active process.

The active listening process involves several skills which care-givers can work on and practise in order to be effective in coming alongside those who have suffered traumatic experiences. Christian counsellor Gary Collins identifies the following skills as being vital to good listening:²

- Being able to set aside your own conflicts, biases, preoccupations, preconceptions, and judgments so you can concentrate on what those you are listening to are saying.
- Avoiding subtle verbal or non-verbal expressions of surprise, disapproval or judgment about what those speaking are saying – even if you have strong feelings yourself.
- Using your eyes as well as your ears – to detect messages that come from posture, gestures, facial expressions, other non-verbal communication, and also from tone of voice.
- Noticing carefully not just what is being said, but also what is not being said.
- Waiting patiently through periods of silence or tears, as those speaking try to articulate painful memories, collect their thoughts or struggle to maintain composure.
- Maintaining appropriate eye-contact with those who are speaking, to demonstrate concern and understanding.

² Collins, *Christian Counselling, a Comprehensive Guide*, 1988:42

- Maintaining an empathetic attitude – trying to understand the position of those speaking and to see things from their point of view, even if you do not necessarily share that point of view.

b. Egan's skilled helper model³

Dr. Gerard Egan, a Scottish psychologist specialising in counselling and communication, developed a tool for use by helpers in care-giving situations. The objective of this tool is to assist in achieving lasting change, to empower people to manage their own problems more effectively and to develop unused opportunities more fully. His 'Skilled Helper' tool can be used by anyone – not just trained counsellors or mental health professionals – and has been applied effectively in many parts of the world.

The model has an emphasis on empowerment. The agenda of the person being helped is central, and the model seeks to move the person towards action leading to outcomes which they choose and value. In a Middle Eastern context this can be used to help an individual, but can also be used within the extended family or community context. This model is a framework for conceptualising the helping process. It can be effective in helping survivors of trauma come to terms with what they have experienced and move on from that experience in a positive way.

As with any model, it should be used flexibly. The helper should approach the speaker with genuineness, respect, and empathy, and should observe principles of good active listening throughout.

The Egan model aims to help the speaker address 3 main questions:

1. *'What is going on?'*
2. *'What do I (or we) want instead?'*
3. *'How might I/we get to what I/we want?'*

Not everyone needs to address all three questions, and at times people may move back to re-consider previously answered questions. For simplicity, we'll look at the model sequentially. However, the skilled helper will work with the speaker in all or any of the stages, and move back and forward, as appropriate.

STAGE 1 - What's going on?

Stage 1 is about providing a safe place for the speaker to tell their story in their own way, and to be fully heard and acknowledged. It is about creating a space in which a person can hear and understand their own story. It is also about gently helping them lift their head to see the wider picture and other perspectives, and to find a point from which to go forward with hope.

³ Content adapted from: 'The Skilled Helper – A Problem Management Approach to Helping,' by Gerard Egan:
http://www.gp-training.net/training/communication_skills/mentoring/egan.htm

S1a: Expanding

The helper encourages the speaker to tell their story. By using the active listening skills discussed above, the helper enables them to explore and unfold the story, and to reflect. For some, this is enough, for others it is just the beginning.

- Skills for the helper: active listening, reflecting, paraphrasing (repeating information in a different way), checking understanding, using open questions which encourage the speaker to talk, summarising.
- Useful questions for you to ask:
 - How do/did you (or we, or the community) feel about that?
 - What are/were you (or we, or the community) thinking?
 - What is/was that like for you (or us, or the community)?
 - Keep questions open! e.g. What else can you say about that?

S1b: Challenging

Since they are in the situation, it can be difficult for the person speaking to see it clearly, or to consider their situation from different angles or perspectives. If they are emotionally able to consider different perspectives this will be very helpful in understanding and moving forward. However, not everyone is able to do this straightaway. If a person is in shock or in traumatic grief it is better to pray with the person, provide support and wait for a later time when they are ready to talk about what happened. This might take a long time for some people and should never be forced.

With the help of empathic reflections and challenges, the speaker uncovers blind spots or gaps in their perceptions and assessment of the situation, of others and of themselves - their patterns, the impact of their behaviour on the situation, their strengths.

- Skills for the helper: Challenging; encouraging recognition of different perspectives, patterns and connections; recognising and pointing out negative self-talk, blind spots (discrepancies, distortions, incomplete awareness, things implied, what's not said); focusing on ownership, specifics, strengths.
- Useful questions for you to ask:
 - How do others see it, or see you?
 - Is there anything you've overlooked?
 - What do you think/feel about this?
 - What would you say about all this?
 - In what ways does this pose a problem for you?
 - Is there any other way of looking at it?

S1c: Moving forward

People often feel stuck; that is why they want to talk. In this stage, the helper seeks to move the speaker from hopelessness to hope by helping them choose an area that they have the energy to move forward on, and that would make a difference and benefit them. Again, if someone feels uncomfortable moving forward or is not feeling like this is a good time then this stage should be suspended until a later time when the person feels ready.

- Skills for the helper: helping the person focus; prioritising an area to work on.
- Useful questions for you to ask:
 - What in all of this is the most important?
 - What would be best to work on now?
 - What would make the most difference?

- What is manageable?

STAGE 2 - What do I/we want instead?

People often try to move directly from a problem to action, or from a problem to a solution, without taking time to reflect on the range of possible actions or solutions, and on what the best action or solution would be for them and their family or wider community. Taking time to reflect can sometime help them recognise that their problems might also present opportunities. Stage 2 of Egan's Model is about this – about helping the speaker to open up a picture of what they really want, and how things could be better. This stage is very important in generating energy and hope.

S2a: Creative thinking

The helper helps the speaker to brainstorm their ideal scenario; 'if you could wake up tomorrow with everything just how you want it, like your ideal world, what would it be like?' The speaker is encouraged to broaden their horizon and be imaginative, rather than reflect on practicalities. For some people this is scary, for some it is liberating.

- Skills for the helper: Brainstorming, facilitating imaginative thinking
 - Quantity is better than quality – you want the speaker to come up with as many ideas as possible, even if they may be not be realistic. Anything goes - have fun
 - Write down the ideas as they provide them - don't analyse or judge at this stage
 - Keep prompting - 'what else?'
 - Don't hurry, allow lots of time
- Useful questions for you to ask:
 - What do you/we ideally want instead?
 - What would be happening?
 - What would you be doing/thinking/feeling?
 - What would you have that you don't have now?
 - What would it be like if it were better/a bit better?

S2b: Reality-testing

From the creative and visionary brainstorm, the speaker formulates goals which they think it may be possible for them to achieve, within the constraints of their circumstances.. Goals which are demanding yet achievable are motivating. In a Middle Eastern context, goals are often set within a group context. Achievement and success will be formulated and evaluated within this group context.

- Skills for the helper: facilitating selecting and reality checking with respect to internal and external factors
- Useful questions for you to ask:
 - What exactly would you like to see happen?
 - How would you know when you've got there?
 - What could you manage, or what are you likely to be able to achieve?
 - Which feels best for you?
 - Out of all that, what would be realistic?
 - When do you want to achieve it by?

S2c: Moving forward

This stage aims to test the realism of the goal before the person moves to action, and to help the speaker check their commitment to the goal by reviewing the costs and benefits to them of achieving it. Is it worth it? Those who have experienced direct trauma, including refugees, may need time to move forward or may need help with identifying smaller, realistic tasks.

- Skills for the helper: facilitation of exploring costs and benefits, and checking commitment to goal.
- Useful questions for you to ask:
 - What will be the benefits to you and your family when you achieve this?
 - How will it be different for you when you've done this?
 - What will be the costs of doing this? What are the disadvantages of doing this?

STAGE 3 - How will I get there?

This is the 'how' stage... how will the person move towards the goals they have identified in Stage 2? It is about possible strategies and specific actions, about doing something to get started, whilst considering what or who might help and hinder making the change.

S3a: More creative thinking

The person or group is helped to brainstorm strategies – as many ways as possible to achieve the goal - again with prompting and encouragement to think widely. What people, places, ideas, organisations could help? It can be very helpful for family or community members, or members of the church family, to participate in this creative thinking. The aim is to free up the person or group to generate new and different ideas for action, breaking out of old mind-sets.

- Skills for the helper: Facilitation of brainstorming
- Useful questions for you to ask:
 - How many different ways are there for you to do this?
 - Who/what might help?
 - What has worked before for you, or what has worked for others you know?
 - What about some unusual, creative ideas (even if they might not be realistic)?

S3b: Focussing on appropriate strategies

What ideas and thoughts that emerged during the brainstorming might be selected as strategies that are realistic for the speaker, in their circumstances, consistent with their values and the values of their community?

- Skills for the helper: Facilitation of selecting and reality-checking.
- Useful questions for you to ask:
 - Which of these ideas appeals most?
 - Which is most likely to work for you?
 - Which are realistic, within your resources and control?

S3c: Moving to action

The aim is to help the speaker plan the next steps. The strategy is broken into bite-size chunks of action. Here the speaker is doing almost all the work, producing their action

plan. The helper works with them to turn good intention into specific plans with time scales. Whilst being encouraging, it's also important not to push the speaker into saying they'll do things to please the helper.

- Skills for the helper: Facilitation of action planning.
- Useful questions for you to ask:
 - What will you do first? When?
 - What will you do next? When?

If the end point of producing an action plan has been reached, the experience of trying it out could be the starting point for a follow-up mentoring/co-mentoring session. The work would start in Stage I again, telling a new story. If an action plan had not been reached, that's fine too, and the model can be used over a series of sessions.

The key in using the model, as with any theory or model, is to keep the speaker's agenda central, the individual in the foreground and theory in the background, and to use the model for the person, rather than vice versa.

At the end of this module a case study is provided. This is about a Christian worker called Sami – it is fictional, but incorporates challenges familiar to some Christians in the Middle East. Sami's manager, Majed, uses many of the skills included in Egan's model as he helps Sami to think through and respond to the overwhelming stress he is facing.

Review and discussion questions

- a. List the skills that are vital for effective listening. Assess your own strength as a listener and reflect on whether there are skills you need to practise. What opportunities can you find to practise your listening?
- b. What are the aims of the skilled helper model? What skills does a helper need, and why are these important?
- c. Think of a challenging experience someone you know has experienced in the past. In what way did the setting of goals and targets help in the recovery process? How would you help and encourage someone going through a similar experience today?
- d. What are ways in which skilled helpers can minister to people in your area of the Middle East?

4. The importance of self-care

Compassionate workers should consider coping strategies and reflection in order to manage secondary stress

a. Impact on compassionate workers

It is widely accepted that those who interact with and seek to help other people who have endured very stressful situations are themselves placed at high risk of experiencing some form of secondary stress response. For example, those who are

engaged in humanitarian work amongst displaced or refugee communities, or those who assist people who have endured forms of individual persecution, regularly hear distressing stories involving injustice, violence, other inhumane treatment, poverty and disaster. This 'secondary trauma' is often inherent to humanitarian work and other compassionate ministries. It is quite natural and normal. In fact, the relevant issue becomes less about how to avoid this stress, and more about how to prepare for and deal with it.

Humanitarian and other compassionate ministry workers are exposed to elevated levels of occupation-related chronic stressors because they work in a context of crisis. How you manage to strike the right balance between the urgency of the work and other areas of life is the important issue. Compassionate workers who don't take chronic stress seriously and who do not proactively prepare to meet the challenges run a real risk of "burning out" – reaching a point where they can no longer function in that role because of exhaustion, stress and diminished interest. It would be normal for "burnout" to occur within 3 to 5 years of high impact work if no active measures are taken to cope with this kind of stress.

b. Strategies for coping

Coping with secondary trauma means learning to live with this process so that you can do your job. It means accepting some secondary trauma as part of the work and learning to manage it effectively on a day-to-day basis. On a practical level it means identifying strategies that can both help prevent secondary trauma from becoming severe and problematic, and help manage secondary trauma during times when it is more problematic.

Good coping strategies are things that help you take care of yourself – especially things that help you **escape**, **rest**, and **play**. Among other things, these might include:

- **Escape:** Getting away from it all, physically or mentally (books or films, taking a day or a week off, playing video games, talking to friends about things other than work – even, if possible, switching off phones and computers!
- **Rest:** Having no goal or time-line, or doing things you find relaxing. We can often feel guilty if we feel we are doing nothing, and yet it is vital make time periodically to be still, to catch up on sleep, to spend time 'being' rather than 'doing.' Although times of rest can lead to increased spiritual contemplation and connectedness, these times of rest should not always be based around spiritual activity – it is important to plan times of physical rest separately from times of spiritual retreat.
- **Play:** Engaging in activities that make you laugh or lighten your spirits (sharing jokes with a friend, playing with a child, being creative, being physically active).

It may seem difficult to give time to take care of yourself. Feelings of guilt are common, especially if there are overwhelming needs that you feel need your full attention. But you will actually increase your ability to effectively serve if you take adequate time to take care of yourself.

c. The spiritual challenge of stress

Compassionate workers may be confronted on a daily basis with some of the most troubling questions we as humans will ever encounter: Why is there so much suffering in this world? How could God allow such terrible things to happen? Why do people do such awful things to each other? Why them, and not me? These questions can challenge our concepts of suffering, evil, forgiveness, fairness, hope, justice, purpose, and divine order. Our assumptions about the world may be challenged – including assumptions we may not realise we held (for example, the view that “bad things don’t happen to good people,” or the view that traumatic incidents can always be blamed on divine or external causes). For some, this can lead to discouragement, loss of hope, and confusion about the deepest values that have previously brought meaning and purpose.

As deeply-held beliefs are challenged and changed as a result of troubling experiences, this can change you as a person. This isn’t always a comfortable process! Yes, you will be changed by seeing and hearing about terrible things, and by experiencing secondary trauma. But you aren’t a helpless victim in that process. You can transform your secondary trauma and help use these painful experiences for good.

Transforming secondary trauma means something deeper than just coping with it. At the deepest level, transforming secondary trauma means identifying ways to nurture a sense of meaning and hope. What gives life and work meaning, and what instils or renews hope? Knowing how you answer these questions is important. This gives you a framework to grapple with the tough questions that compassionate work raises – even when those questions don’t seem to have easy (or sometimes, any) answers.

Finding ways to stay connected to important sources of meaning and hope in your life, even when you are being deeply challenged, will help you transform your secondary trauma. It is likely that you already have a range of sources of meaning, purpose, hope and perspective in your life. Some ways to connect (or reconnect) with these may be:

- Reminding yourself of the importance and value of your compassionate work;
- Staying connected with family, friends, and colleagues;
- Learning to notice and appreciate the seemingly small or incidental positive experiences. This could be the innocent smile of a child, a simple act of hospitality, the trust of a companion, the coolness of the wind or the beauty of a flower... anything that brings positivity and hope to a situation;
- Marking transitions, celebrating joys, and mourning losses with people you care about through traditions, rituals, or ceremonies;
- Taking time to reflect (e.g., by reading, writing, prayer, meditation);
- Identifying and challenging any of your own beliefs that are cynical or unhealthy in other ways; and
- Undertaking growth-promoting activities (learning, writing in a journal, being creative and artistic).

Reflect (IMPORTANT): Reading through this section may have stirred up some uncomfortable memories and feelings in you. Take a moment to evaluate how you are

feeling, and decide whether you need to take a break from this study and do something else for a while, or whether it would be helpful to talk with someone about your feelings.

Review and discussion questions

- a. List the stresses that you face in your own life and ministry, and reflect on the impact that these stresses have on your ministry in the immediate term and in the long term.
- b. What are the sources of meaning, purpose, hope and perspective in your life? What habits can you develop to ensure that you regularly draw strength from these sources?

Conclusion

The turbulent nature of the Middle East and North Africa region, together with the particular pressures faced by some Christian communities, means that church and ministry leaders are inevitably engaged in compassionate ministries as they come alongside those who are hurting, including as a result of stressful or traumatic events. When serving in this way it is vital that proper attention is given to emotional and psychological challenges.

Signs of stress must be recognised, and should be acknowledged as normal reactions to situations of great distress. Although professional help may be needed in some cases, there are often ways in which non-professionals can and should be assisting and supporting survivors to deal with stress. Traumatic events and the impact of cumulative stress cannot be undone, but those enduring these stresses can be helped to move on to a position in which the stresses no longer dominate their lives and they are able to move on with renewed hope.

It is also vital for compassionate workers to ensure that they pay attention to their own emotional well-being. Those who serve the traumatised are inevitably affected in some way. For ourselves and within our own ministries, we have a responsibility to ensure that effective strategies are being used to deal with and limit the impact of secondary trauma, so that we will be able to remain effective in these vital ministries in the long-term.

Case Study/Learning Activity

Egan's Skilled Helper Model: A Case Study

Read the following case study. For each stage of Egan's Skilled Helper model, see if you can identify a point in the case study at which that stage was used by Majed. How was that stage helpful for Sami?

(This case study is fictional, but incorporates challenges familiar to some Christians in the Middle East).

Sami was a member of a ministry team serving in an Arab country. Originally from Syria, he and his family had moved to another country in 2009, prior to the outbreak of conflict in their country. He and his wife and two young children soon became integrated in a local fellowship. Their pastor also oversaw the work of the ministry Sami served with. Sami had a very outgoing personality and made friends quickly. As a mature believer he soon assumed responsibilities within the church as well as within the ministry he served with. Because he was a Syrian national he had to renew his residence permit each year, and because he was serving with a church ministry there was often considerable scrutiny and delay with this process – but this had always come through eventually.

Over a period of several weeks, Sami's manager, Majed, noticed that Sami had grown much quieter. He prayed less often and less fervently in their team prayer meetings. He also seemed slower in completing routine work tasks and seemed to become angry more quickly. This was beginning to affect other staff, and also the effectiveness of ministry programmes Sami was involved in. Majed mentioned his concern about Sami to Pastor George, the president of the ministry and also Sami's pastor. Pastor George was surprised at first, but when he reflected on Sami's involvement at the church he realised that the same patterns were present – both for Sami and his wife.

Majed and Pastor George prayerfully considered the best approach. They realised that there was likely to be a significant spiritual element to Sami's challenges but probably a range of other practical and emotional factors. Pastor George agreed to come alongside Sami to provide spiritual support. Meanwhile, Majed would invite Sami to meet in private in order to talk about Sami's changes in mood and attitude and how these were affecting the ministry. Majed's instinct was to confront and challenge Sami – requesting an explanation, pointing out the ways in which the wider ministry was suffering because of Sami's attitude, and demanding that he improve his performance. However, Pastor George suggested a gentler approach, which proved far more effective.

When Majed and Sami met, Majed briefly mentioned the reason for the meeting and expressed concern for Sami and his family. Sami initially asserted that there were no problems. He acknowledged that he had been very busy and was behind with his work, but was confident this would improve soon. Majed noticed that Sami was very defensive. He answered abruptly and with his arms tightly folded. He gave very brief answers, especially when Majed asked about his family, including his relatives in Syria – saying all was fine. Majed nearly ended the meeting, but knew that they hadn't actually made any progress in discussing the issues. When the one-word answers

came, Majed waited. He gently assured Sami that he was aware of the great strain the conflict in Syria must be placing on him. He reminded Sami that they could talk confidentially – that anything discussed would not be shared with the staff team.

Majed was surprised that Sami soon began to open up. Hesitantly at first but then more freely, he described how he and his wife were in anguish because of the situation in Syria and how they worried about their relatives. He also spoke about his worries that his residence papers would not be renewed and that he might be expelled from the country because of his Christian work. He was worried that he would then not be able to provide for his family. As the conversation progressed, he also described how his son was being taunted at school because he was a Christian. He and his wife had disagreed about how to respond to this situation. Sami wept briefly at one stage, when he described the impact on his son.

As Sami spoke, Majed provided simple encouragement – nodding, affirming what Sami was saying, and assuring him that these feelings were normal given all they were having to deal with. He asked Sami to clarify some points (for example, about the towns in which Sami's relatives lived in Syria) and prompted Sami to explain how these events had made him and his family feel. He also asked questions that helped Sami recognise the wider context. For example, pressures on children in school were experienced by many Syrian families, especially as social tensions increased as more Syrian refugees entered the country. And although some other Christian workers had been refused residency recently, these were of different nationalities and worked in different contexts.

Majed helped Sami to recognise that there were several very stressful situations that were all bringing pressure at the same time (including heavy regular work-load, concern about relatives and the wider situation in Syria, worry about the residency renewal, and the challenges faced by the son at school). They discussed the importance of recognising each specific area of stress, of considering ways in which each area of stress could be addressed or managed, and of recognising that these strategies would be different for each area of stress.

This discussion helped Sami to recognise that some steps could be taken to help in some of the areas of stress. The workload issue was the most manageable, given Majed's assurances that the ministry was committed to helping Sami and his family through this difficult time. They realised together that stress about the residency issue had a deep effect on him and his wife because this was central to the security and stability of their family life. Majed helped Sami to recognise that, because there was a particular process for residency renewals, strategies might be possible to minimise the risk of refusal. The challenges at school were more difficult, though there could be scope for interaction with the Principal and teachers which could help in their son's situation. The conflict in Syria was obviously fully outside Sami's own control – though he realised changes could be made in how he communicated with relatives or received news about the situation in their town.

Majed encouraged Sami to describe what his ideal solutions would be. Sami initially thought this was pointless as it was obvious what he wanted. But he then realised that there could be a range of solutions. Would he like to see the bullies expelled from the school? Or for the teachers to protect his son? Or for the bullies to stop their unkind

behaviour? Or for there to be opportunity to develop relationships with the families of the bullies, to transform the situation? Even for his relatives in Syria – of course he wanted peace to return, but in the meantime, did he want his relatives to move somewhere else within Syria? Or to leave Syria altogether (that would bring much new sadness)? Or would the stress he experienced be reduced if he was able to receive more regular news from his relatives?

This reality-checking was important. Yes, ideally he would like to be granted permanent residency or dual-citizenship so that he never needed to visit the Directorate of Civil Registry and Aliens Affairs again... but perhaps a more practical solution would be to change who sponsored his application to someone who would prompt fewer questions. At the school – while they would like to build relationships with the parents of other schoolchildren, including the bullies, it was maybe more realistic as an immediate step to discuss the issue again with the Principal or other teachers, to enlist their help to combat the bullying problem.

Sami was beginning to understand that there were possibilities to address his areas of stress – and so to see that the situations were not without hope. But it was still important for Majed and Sami to discuss and agree practical steps that could be taken. Even if these were small steps they would be important for Sami to regain a degree of control in these situations.

A key part of this discussion was about who else could help. Sami had been overwhelmed by the prospect of facing these challenges on his own, but was now realising that others could assist him. For example, there were other families in another church who came from the same town in Syria – they also faced the challenge of receiving news from relatives given the communication problems with Syria at that time. Sami realised that they and these other families could share information they received about the situation in their home town, and so help each other stay in touch with news. There was a teacher at the school who was also a believer – she was highly respected in the school and may be willing to go with Sami and his wife to the Principal to discuss their son's situation. The residency application had in the past always been signed by Pastor George, who was himself regularly under government scrutiny. Dr Marwan, the ministry's Treasurer, also had authority to sign residency applications – and because of his good reputation in another local business, his signature might make their application process more smooth.

Before they ended their discussion, Majed helped Sami make a plan about the next steps to take in these areas. Of course, further wisdom was needed – Sami and his wife would need to prayerfully consider these issues together, and Pastor George and Sami would meet the following day to pray and talk together. But already Sami and Majed agreed that Sami should speak with the other pastor to ask him to introduce him to the Syrian families in his fellowship, and that Sami and his wife should speak with the Christian teacher at their son's school this week. Majed agreed to talk with Dr Marwan and Pastor George, and also to review Sami's work responsibilities to ease the burden on him temporarily while he dealt with these other matters.

The overwhelming stress Sami had felt now seemed far more manageable. The problems had not been solved. But Majed had helped Sami to understand his different areas of stress, and to take far greater control than he had previously.

Extra Reading

Ajith Fernando: "Joy and Sacrifice in the Lord," in *Doing Member Care Well: Perspectives and Practices from Around the World*, Kelly O'Donnell (Ed), William Carey Library, Pasadena, 2002.

Lesson Nine Test

1. What are the benefits mentioned in this lesson of allowing the distressed to express their feelings? What are the risks involved?
2. The saying “men do not weep” is common in some societies. Do you agree with this stand? Explain and justify.
3. How would you explain to someone that crying and expressing one’s grief is a normal human experience even in public at times, and that it is valued in the Scriptures?
4. Briefly describe two events from the Bible that illustrate the benefits of sharing ones story. Focus in your account on the details that have contributed to the outcome.
5. What is the fundamental cause of stress? Explain the difference between stress and distress, illustrating with a couple of life examples.
6. List some of the stressors commonly experienced by those who minister in the MENA region. How can inter-generational stressors complicate the matter? Explain and illustrate with one example at least.
7. As you minister among some Iraqi refugees, you encounter a woman in acute need who survived but have witnessed the gruesome death of her brother in a terrorist machine gun and grenade attack during a church meeting. What steps would you take to help her deal effectively with the trauma she experienced? Explain.
8. Identify two of the seven skills mentioned by Gary Collins for good listening, where you find yourself most deficient. What steps would you take to improve your competence?
9. Describe in one sentence how Egan’s Skilled Helper Model can assist the distressed. Rephrase the three focal questions that guide its major steps.
10. What is secondary stress? Where would it lead compassionate workers if neglected?
11. Suggest three escape strategies that can help you deal with stress more regularly in your ministry, without causing you unnecessary guilt feelings.
12. Take half a day off to let your mind wander freely. Become aware of the various layers of secondary stress you have accumulated as they unfold during your reflection time. Explore how prayer can help you deal with them. Describe in two paragraphs some of the outcomes of this reflection experience.

Answer in one brief paragraph three questions of your choice, in relation to the extra reading by Ajith Fernando.

13. Recall some examples in which joy and suffering were inseparable for you. What did you learn from these experiences?
14. The author describes six types of reckoning. Which ones are part of your life, and which ones do you need to work on?

15. Are there some examples of unbiblical stress that are affecting you? If so, what can help you change these?
16. Spending good time with the Lord is seen by the author as non-negotiable. What does this mean practically for you in your life?
17. There is joy in the Lord, even when there is pain in and from community life. To what extent is this joy part of your life?

Bibliography

Headington Institute, *Understanding and coping with traumatic stress*, by Lisa McKay
http://www.headington-institute.org/files/understanding-and-coping-with-traumatic-stress_module-1-copy_82697.pdf

Headington Institute, *Trauma and Critical Incident Care for Humanitarian Workers*, by Donald Bosch and Lisa McKay:
http://www.headington-institute.org/files/trauma-and-critical-incident-care_dons-version_5_26109.pdf

Headington Institute, *Understanding and Addressing Vicarious Trauma*, by Laurie Anne Pearlman and Lisa McKay:
http://www.headington-institute.org/files/vtmoduletemplate2_ready_v2_85791.pdf

Debbie Lovell Hawker, *Re-entry and Debriefing*,
<http://www.globalconnections.org.uk/sites/newgc.localhost/files/papers/Reentry%20and%20Debriefing.pdf>

Gerard Egan, *'The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping'*, Cengage, Stamford, (10th Edition, 2013)

Gary Collins, *Christian Counselling, a Comprehensive Guide*, Thomas Nelson, Nashville (3rd Edition, 2007)

Kelly O'Donnell (Ed), *Doing Member Care Well: Perspectives and Practices from Around the World*, William Carey Library, Pasadena, 2002

