Faith Leaders as Strategic Partners
Elizabeth Power, M.Ed

National Symposium:
Connecting Leaders, Impacting Communities & Sustaining Programs:
Strengthening the National Torture Treatment Network
What’s Faith/Spirituality Got to Do With It?

- Think about the stories from your spiritual tradition
- If a spiritual tradition is outside of your experience, borrow from someone else’s
- Identify stories of people overwhelmed by terrible situations
- **What sustained them?**
- **How does what we believe about what we can’t see or touch impact us in a helpful way?**
It’s About Relationships.

Trauma / torture:

- Occurs in relationships
- Heals in relationships
- Faith communities/spiritual groups are about relationships
Paradigms.

Paradigm drives practice:
- Model of illness versus experience
- Trauma / event as deserved
- Shepherd tending sheep
- Those people

What else? How do these paradigms impact relationships meant to be healing?
From Them to We

- Whose worlds focus on making meaning?
- Meaning we assign impacts how we respond:
  - Treat
  - Fix
  - Respond
  - Care
  - Brush off
- Correlation with spectrum from coercion to collaboration
Avoid Shame-based Models

Shame Erases Hope
Models that help or hurt

Help:
- “What happened to them”
- Sit with discomfort
- Trauma-informed
- Manage vicarious trauma

Hurt:
- “What’s wrong with them”
- Shaming & blaming
- Diagnosing & labeling
- Double standards
- Faith leaders/clinicians as G-dlike
Continuum

Coercion ⟷ Collaboration

Cooperation requires respect.
Coercion demands terror.
## Language Matters.

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>Result of what happened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Person</td>
</tr>
<tr>
<td>Victim</td>
<td>Subjected to torture</td>
</tr>
<tr>
<td>Survivor</td>
<td>Child of Creator</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Adaptive behavior</td>
</tr>
<tr>
<td>Shameful</td>
<td>Difficult experience</td>
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<tr>
<td>Damaged</td>
<td>Injured</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Response to events</td>
</tr>
</tbody>
</table>
How do people show their paradigm?

- Language
- Behavior
- Labels
- Limits
- Engagement
- Self-care
- Culture
The Practicalities, 1

- **Attend to the power** you are assigned

- **Assess for congregational focus** on what happened (trauma) as cause instead of what’s wrong (disease model)

- **Check your language**: make it person-centric instead of “tribe of mental health” or “tribe of religious tradition”

- **Educate about meaning making** as function of healing shared between mental health and spirituality
The Practicalities, 2

- **Be wary** of communities that require people to stay “sick” or demand that they be “healthy”

- Recognize that a **present-focused, strength based** model liberates everyone (including you!)

- **Focus on helping communities strengthen**
  - connections (attachment),
  - regulating emotions, and
  - worthiness of life
The Practicalities, 3

- Work more with communities and people who offer survivors of traumatic experiences:
  - Unconditional respect without romanticizing their struggles
  - Understanding of extreme coping mechanisms as adaptive
- Partner with the American Association of Pastoral Counselors on training
- Seek resources aligned with health instead of illness
The Practicalities, 4

- Set respectful boundaries that honor the person you serve
- Build relationships with spiritual leaders that are sturdy
- Remember that everyone is doing the best they can (even when it’s difficult)
- Educate community members in person-first and person-centric ways
Resources

- **AAPC.org**, online, blended, and instructor led training, pastoral counselors
- **Sidran Institute**, online and instructor led learning based on Risking Connection in Faith Communities
- **Hearing-voices.org** for resources for people who have out of the ordinary responses
- Victor Frankl’s work on meaning-making
- Erving Goffman’s work on stigma/spoiled identities
- **Elizabeth Power, M. Ed. 615.714.6389** for training, conferences, and retreats
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