

Facing Trauma With Parishioners: Emotionally Intelligent Caring

By Denise Massey*

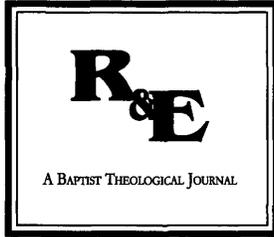
ABSTRACT

This article integrates insights from pastoral care with concepts from emotional intelligence to provide guidelines for ministry with persons facing trauma. The ABC method of pastoral crisis intervention, which includes achieving contact, boiling down the problem to its essentials, and coping, is used to guide ministers to care appropriately. Also addressed are implications for ministry from Daniel Goleman's five dimensions of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. Ministers are encouraged to integrate competencies of emotional intelligence, skills of crisis intervention, and spiritual resources to care effectively with persons facing trauma.

Facing trauma with individuals, families, and communities is one of the most important tasks of ministers and simultaneously one of the most difficult. Ultimate questions about faith and life are raised for both clergypersons and their parishioners. Experiences of trauma call for ministers to assist persons in a time of crisis and high anxiety. How can ministers best care when people are facing trauma?

The definitions of trauma offered by the *Dictionary of Pastoral Care and Counseling* illuminate the need for competent care. *Physical Trauma* is defined as "an injury or wound produced violently, and the resulting physical and

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psychological condition.”¹ *Psychic Trauma* is defined as “an emotionally shocking experience which has a lasting psychic effect, usually categorized as posttraumatic stress disorder.”² What do persons need from their ministers when they experience either sort of trauma?

There are three time periods that call for different types of care from clergy who assist persons facing trauma. First, if ministers are called upon for help in the immediate aftermath of the trauma, their ministry will necessarily include crisis intervention and appropriate referrals for specialized care. During this initial crisis ministry, clergypersons must also remain aware of their function as representative of God and provider of spiritual care for the person, family, or community facing the traumatic situation.³ Secondly, during the time the person is receiving help from appropriate professionals or agencies, ministers will want to continue to offer spiritual care in cooperation with those who are providing treatment or resources. This period may be relatively brief or quite extensive depending upon the nature of the trauma. Thirdly, trauma affects people’s lives and spirituality over the long term. Ministers who maintain ongoing relationships are in a unique position to provide long-term care with persons facing trauma.

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Competent and effective care in each of these time periods calls for ministers to draw from their emotional intelligence and from the skills and insights of pastoral care. The literature of emotional intelligence integrated with the literature of pastoral care can offer guidance for effective ministry with persons facing trauma. This article will offer a brief discussion of emotional intelligence, followed by guidelines for ministry during the three time periods of response to trauma.

Emotional Intelligence

Daniel Goleman’s 1995 bestseller, *Emotional Intelligence: Why it Matters More Than IQ*,⁴ brought the concept of emotional intelligence to popular awareness. Goleman continued to explore and expand upon this concept, publishing a framework of emotional competencies in his 1998 book,

*Working with Emotional Intelligence.*⁵ This framework includes three personal and two social dimensions of emotional intelligence, all of which are important for responding to trauma. The three personal dimensions of emotional intelligence are self-

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Specific competencies are contained in each dimension of emotional intelligence. Self-awareness competencies consist of emotional awareness, accurate self-assessment, and self-confidence. Self-regulation competencies include self-control, trustworthiness, conscientiousness, adaptability, and innovation. Motivation competencies consist of achievement drive, commitment, initiative, and optimism. Empathy competencies include understanding others, developing others, service orientation, leveraging diversity, and political awareness. Social skills competencies consist of influence, communication, conflict management, leadership, change catalyst, building bonds, collaboration and cooperation, and team capabilities.⁶

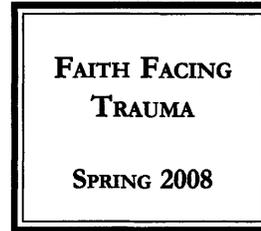
Caring with persons facing trauma calls for ministers to access their own emotional intelligence and to facilitate their parishioners' use of emotional intelligence. These skills will be discussed as they apply to all of the phases of caring with persons facing trauma.

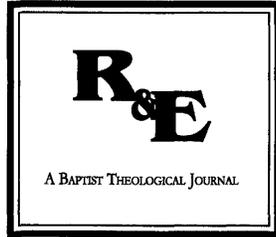
Crisis Intervention and Referral

Often ministers are among the first professionals called upon to provide help when persons experience trauma. In order to care effectively during the initial trauma, ministers must understand how to provide effective crisis intervention and how to make good referrals. The literature of pastoral care describes a process of crisis intervention for ministers called the ABC method.⁷

The ABC Method of Crisis Intervention

The ABC method of crisis intervention is a way for pastoral care givers to organize their ministry with persons facing trauma. It begins with





achieving contact. The next step is boiling down the problem to its essential aspects. Coping is the third aspect of the ABC method of crisis intervention.⁸

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Achieve contact

The first step is for ministers to achieve contact. They should develop or maintain a relationship of trust with the person(s) facing trauma.⁹ Doing so calls for clergy to use several types of emotional intelligence. Ministers might use self-awareness (“knowing one’s internal states, preferences, resources, and intuitions”¹⁰) to relate to persons facing trauma in a trustworthy way. An accurate self-assessment, for example, might help some ministers to recognize that they are able to be a calming presence.

Self-awareness might help other ministers to recognize that one of their limitations is to feel compelled to offer answers (defending God) in situations that are beyond human comprehension. These clergy can then use self-regulation to choose more helpful responses to the situation. Self-regulation also helps ministers maintain trustworthiness through being honest and relating with integrity. Expressions of empathy are also helpful as ministers achieve trustworthy contact. The social skill of communication (“listening openly and sending convincing messages”¹¹) also helps strengthen the relationship of trust.

If ministers are present during or just after the trauma, moving the injured one(s) to safety and/or medical or mental health treatment is the obvious priority. Calling an ambulance, taking injured persons to the appropriate hospital, or alerting the police may save lives and/or ensure safety. During an initial contact, ministers will need to assess whether the needs for safety and treatment

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have been met. If not, guiding persons toward the care they need is the first concern.

Usually, however, the first contact ministers make with persons who have experienced trauma occurs after the need for safety and immediate treatment has already been met. In these cases, ministers might be able to facilitate their parishioners' use of emotional intelligence during the initial pastoral contact. In some circumstances, ministers might make room for people to express whatever emotions they are feeling. Some people may express shock or numbness. Some may express outrage, grief, or sadness.

Trustworthy ministers will respond to the expression of feelings with empathy. According to Goleman, empathic responses might include the following: "sensing others' feelings and perspectives, and taking an active interest in their concerns," having a "service orientation" toward the parishioner(s), "anticipating, recognizing, and meeting . . . needs," and "reading a group's emotional currents."¹² These aspects of empathy are helpful as ministers respond to the needs of persons facing trauma.

Ministers who relate in a trustworthy way will follow the lead of their parishioners. Pushing persons who are numb to express feelings is as problematic as discouraging the appropriate expression of feelings. Trusting the unique pace of each person's healing is essential. David Augsburg's insight, that in pastoral care, parishioners are the hosts and ministers are the guests, informs ministry with persons facing trauma. Effective ministers will follow the lead of their parishioners, only entering areas into which they have been invited.¹³ Achieving trustworthy contact is the beginning of crisis intervention for ministers.

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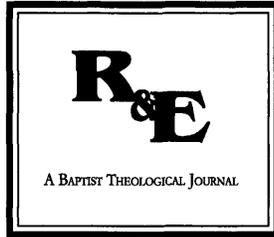
Effective ministers will follow the lead of their parishioners, only entering areas into which they have been invited.¹³ Achieving trustworthy contact is the beginning of crisis intervention for ministers.

Boil down the problem

The second step of the ABC method is to "boil down the problem to its essentials."¹⁴ Clergy will focus on the present situation, the source of the stress, and will attempt to identify the nature of the threat to the

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individual(s). This stage of crisis intervention calls for ministers to use several types of emotional intelligence. Knowing one's own strengths and limits (an aspect of self-awareness)¹⁵ will enable the minister to take this step more effectively. For example, I have strong empathy, which means that at times I get caught up in hearing people's feelings, and can delay my leadership in taking the next steps toward healing. Knowing this fact about myself helps me to move to the "boil down the problem" stage in a more timely way.

Boiling down the problem is made easier when both ministers and parishioners display emotional intelligence. Self-control, conscientiousness, commitment, optimism and being a change catalyst are emotional intelligence competencies that facilitate boiling down the problem. Both minister and parishioner may need to work hard to "keep disruptive emotions and impulses in check" (self-control)¹⁶ so that the needs for care may be clarified and prioritized. Goleman defined conscientiousness as "taking responsibility for personal performance."¹⁷ Applied to ministry, as in the example above, it is my responsibility to provide care that follows the ABC process in a timely way.

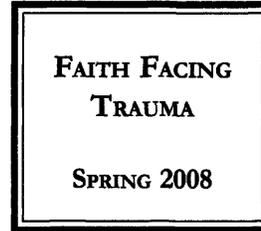
Boiling down the problem together often begins the change or makes clear the first steps toward healing. For example, a person called a hospital chaplain to discuss a variety of serious problems in his life. As the chaplain worked with him to "boil down the problem to its essentials" it became clear that he needed to receive treatment for his alcoholism. Working out the other problems was crucial, but needed to come after his addiction had been addressed. The essential problem was his need for recovery from his alcoholism. Defining the essential problem leads directly to the third step of the ABC process.

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Coping

The third step of the ABC method is coping. Ministers assist traumatized persons to utilize coping mechanisms to deal with the crisis situation. In the language of emotional intelligence, ministers and/or parishioners can

be change catalysts by initiating or managing change.¹⁸ Howard W. Stone saw the establishment of goals as the first step of coping that flows out of the problem defining process. He suggested that the goals should be “specific, short-term, easily attained objectives toward which the problem solving will be aimed.”¹⁹



Stone also recommended that these goals should be arrived at by the person in crisis. Once goals are set, ministers help persons in crisis identify relevant internal and external resources that may be useful for attaining the goal. One example of an internal resource noted by Stone is experience in handling past crisis.²⁰ External resources include supportive people and communities.

David Switzer suggested that ministers help persons in crisis think through the alternative courses of action with as much guidance as needed without crossing into the role of giving advice.²¹ As Switzer observed, persons in crisis should do their own planning throughout the process, though ministers may be helpful in evaluating the alternative plans of action.²²

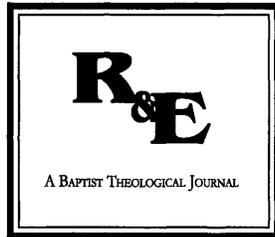
Stone described the importance of taking immediate action toward an identified plan.²³ The intentional action taken by people in crisis works toward the “resumption of personal control” that is often lost during a time of crisis.²⁴ Switzer noted that taking concrete action in the coping stage is the goal of the entire crisis

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intervention process.²⁵

In the example regarding the person who sought help from a chaplain, the first step was to be evaluated for an inpatient treatment program for alcoholism. His initial action was to arrange an appointment for evaluation after which he was immediately admitted to a treatment program. His immediate and concrete action facilitated his healing.

All aspects of emotional intelligence can enhance the coping stage of the ABC process. Self-awareness, self-regulation, motivation, empathy, and social skills are essential for ministers who are assisting persons to discover and use their resources to deal with crisis situations. Ministers can also recognize and encourage their parishioners’ emotional intelligence through supporting their own self-awareness, self-regulation, motivation, empathy,



and social skills. Achieving contact, boiling the problem down to its essentials, and coping are essential skills for ministers who are facing trauma with persons.

Making Referrals

A significant aspect of assisting persons to cope with trauma is for ministers to make referrals as needed to helping professionals who are experienced and compassionate in caring for persons recovering from traumatic experiences. Wayne Oates first suggested that pastors function as “ministers of introduction” when they guide people to trustworthy helpers. He emphasized the importance of introducing people in need to competent helping professionals that the pastor knows and trusts.²⁶ More recently, David Switzer has offered significant guidelines about when and how to refer.²⁷

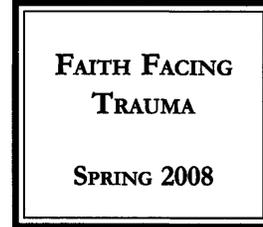
Emotional intelligence informs the ministry of introduction. Rigorous attention must be given to self-awareness. “Recognizing one’s emotions and their effects”²⁸ will help the minister avoid blunders in the ministry of introduction. As Oates rightly suggested, telling people “I have nothing to offer you” or “I can’t help you” sounds like a death sentence to parishioners. “If the representative of God can’t help me, no one can” is the implication.²⁹

Self-awareness is crucial in helping ministers avoid this blunder. For example, ministers might recognize their anxiety about being asked to help in a situation that feels overwhelming. Ministers might feel that they are expected (by themselves, their parishioners, or both) to do everything. In an attempt at self-protection, they resort to communicating, “I can do nothing.” Emotional intelligence skills can help ministers become more aware of these feelings and achieve the self-regulation necessary to avoid these unhelpful responses. Self-control, trustworthiness, conscientiousness, adaptability, and innovation are all skills of self-regulation³⁰ that ministers can draw from to manage these emotions.

An accurate self-assessment enables ministers to know their limitations. This knowledge provides both an awareness of how ministers can help and the areas of care that must be referred to other professionals. Switzer suggested that time, training, and

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who we are as persons define our limitations in pastoral care.³¹ Most clergy are not prepared to offer therapeutic care for persons after trauma. It would therefore be useful for clergy to be effective at both crisis ministry and the ministry of introduction. At the same time, clergypersons need to communicate that they will continue to provide pastoral care as persons are receiving help from other professionals.



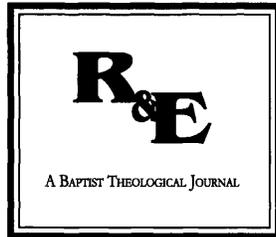
Self-confidence is the competency that enables ministers to recognize their worth. It allows them to function as spiritual guides while referring persons to other professionals for healing after trauma. Switzer made the important point that knowing limitations also means recognizing strengths and skills.³² Ministers who are skilled in crisis intervention and the ministry of introduction are more likely to have the confidence to do what they can do and to trust others to do their part to facilitate healing. The ministry of introduction to trustworthy helping professionals is a crucial way for ministers to facilitate healing.

Spiritual Care During the Healing Process

Crisis intervention and referral may be considered one form of spiritual care. Ministers hope to communicate God's presence in the midst of trouble and God's compassion for suffering persons. They do this in part through accepting the full range of human emotion and experience.

Stabilizing a crisis situation is a valuable first level of response by ministers. After having begun work with a competent therapist, persons will be receiving the necessary help to find safety, to do emotional relearning, and to rebuild their lives.³³ Ministers and their parishioners then enter the second phase of pastoral care: spiritual care during the person's healing. Ministers should not undermine the therapist on the one hand, or try to do the therapy on the other.

During this time, ministers can provide spiritual care through offering support, encouragement, and comfort. Following the lead of the person, ministers can attend to spiritual issues as they arise. Ministers can also recognize and acknowledge the hard work their parishioners are doing to heal. One church member told his pastor, while addressing memories of his trauma with his therapist, "I just want you to ask how I'm doing once in a while." The pastor followed the lead of the parishioner and occasionally



asked him about his growth and struggles. The church member found this simple response from his pastor sufficient to connect him with hope and spiritual resources.

Switzer described providing spiritual care while persons work with other professionals as follows: "We may remain a primary helper with regard to issues of their faith, their spiritual

development, and the behaviors which are expressions of faith. We may continue to be pastoral guides as other professionals work with them on the more complex psychological and interpersonal issues."³⁴ Reassuring persons of God's care and ongoing support during their healing is an important pastoral response.

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During this phase of care, ministers will often have pastoral conversations exploring issues of faith and doubt that the traumatic experience has raised for their parishioners. Charles Gerkin described this level of concern as follows:

Crisis events, whether developmental or situational in origin, contain implications concerning the most profound questions of meaning and religious faith. Human finitude and vulnerability before the contingencies of disease, accident, and death, as well as human frailty and failure in relationships and purposes, are made most apparent and experientially visible in times of crisis. Ultimate questions become immediate and existential. . . .³⁵

It is crucial in these conversations for ministers to follow the expressed needs of persons regarding the questions that are to be explored, the feelings shared, and the search for meaning and purpose undertaken.

In my work as a hospital chaplain, I found that some patients had a clear sense of God's presence even in the midst of the upheaval and suffering they were experiencing. With these persons, following their lead often meant using rituals and traditional expressions of religious comfort. Ministers who provide crisis intervention, referral, and ongoing spiritual care represent the God who walks through "the valley of the shadow" with persons. They

stand for the God who comforts us in crisis. Support and care from ministers can mirror God's deep love and acceptance. Rituals such as prayer and

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communion can speak to people at deep levels and enhance the healing process. All aspects of

emotional intelligence—self-awareness, self-control, motivation, empathy, and social skills—support and empower this type of ministry.³⁶

In chaplaincy, I also encountered many patients for whom the trauma had disrupted their view of the world and of God. As Bessel A. Van Der Kolk, an expert on the treatment of trauma, reflected, "The essence of psychological trauma is the loss of faith that there is order and continuity in life. Trauma occurs when one loses the sense of having a safe place to retreat within or outside oneself to deal with the frightening emotions and experiences."³⁷

With these persons, ministry must include acceptance of this loss of faith in the order and safety of life. For some people it is experienced as the

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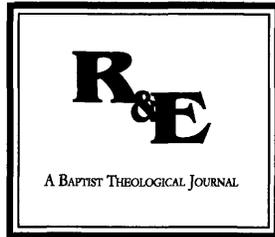
death of their image of God.³⁸ Accepting the lack of safety persons feel and even their mistrust of God can help them begin to feel safe with the minister as one to whom they can tell the truth. When people are dealing with the death of their image of God, they need loving acceptance from their ministers.

My experience has been that when persons are allowed to express and grieve this loss fully, a new, more profoundly true image emerges. As in the Christian tradition, death is followed by burial and resurrection.

As persons are exploring their loss of faith in the order of life, their prayers often include confronting God. Some Christians find comfort in Jesus' cry from the cross, "My God, my God, why hast thou forsaken me?"³⁹ Ministers' acceptance of and compassion for these persons mirrors the deep love and acceptance from "the God beyond God."⁴⁰ Conversations about loss of faith call for significant emotional intelligence on the part of ministers. Self-awareness, self-control, and empathy are important qualities for clergy to access when people explore ultimate and existential concerns.

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Providing spiritual care requires all aspects of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills.⁴¹ Ultimate questions have a strong emotional effect on people. Careful ministers will attend to their own self-regulation and facilitate the self-regulation of their parishioners. Keeping disruptive emotions and impulses in check will

be an important aspect of pastoral conversations, as will flexibility in handling change. Empathy and social skills will be called for throughout these conversations. Finally, attending to the person's motivation will make the work easier, especially if the person can tap into commitment and optimism. These emotional competencies facilitate spiritual awareness and growth.

Just as the ABC process of crisis intervention included helping persons to access their emotional and social resources, spiritual care includes helping the person to access their spiritual resources. Ministers might ask open questions about the spiritual resources of persons. Relationship with God, church, community, prayer, scripture, rituals, and the practice of spiritual disciplines are all resources that might be utilized. Ministers can assist persons to recognize and develop these resources.

Mobilizing the community of faith to offer emotional, physical, and spiritual care is another important pastoral response when persons face trauma. A community of faith can provide meaningful care with persons who have experienced trauma. As Margaret Kornfeld said, "Community care occurs within the changes of life itself. Faith communities are asked to be with members in their situations, in all the seasons of life."⁴² Kornfeld has provided guidelines for ministers to use in facilitating community care.⁴³

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Long Term Care

Among pastoral care givers, it is often assumed that the people who cope "the best" with difficult trauma situations are the people who find some sort of meaningful response to the trauma. The founding of Mothers

Against Drunk Drivers is a notable example. The survivors of hurricane Katrina who are working to rebuild their lives, homes, churches, and cities provide other examples of this way of coping.

Victor Frankl, who wrote about his "search for meaning" in a concentration camp, made a significant observation that ministers can use in their care with trauma survivors. He noted that persons who had something to hope for in the future were more likely to survive in a concentration camp than persons who did not.⁴⁴ In the language of emotional intelligence, motivation ("emotional tendencies that guide or facilitate reaching goals")⁴⁵ is key. Supporting the parishioners' experience of hope is crucial.⁴⁶

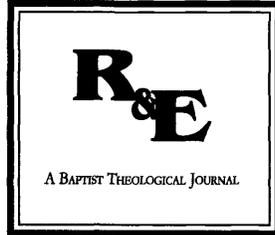
Ministers who have ongoing relationships can watch for and facilitate meaningful responses as persons who have learned to cope with a trauma are settling into their "new reality." Facilitating the search for meaning when parishioners request this kind of help calls for ministers to respond with self-awareness, self-regulation, empathy, and social skills. Self-awareness and self-regulation can help ministers to recognize and affirm the wisdom that emerges from survivors of trauma rather attempting to "give them answers." Empathy allows ministers to help parishioners understand more deeply their own experiences, wisdom, and emerging goals. Finally, the social skills of leadership, being a change catalyst, building bonds, and collaboration and cooperation may also be needed in pastoral relationships that seek a meaningful response to traumatic experiences.

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Conclusions

The experience of trauma requires immediate intervention, raises questions of faith, calls for people to draw upon their emotional and spiritual resources, and invites faith communities to respond with compassion and action. Emotionally intelligent caring with persons facing trauma is a significant aspect of the work of ministry. Each stage of walking beside persons as they experience trauma, seek healing and emotional relearning, and rebuild their lives, calls for presence, compassion, spiritual sensitivity, and emotional intelligence from ministers.⁴⁷

Facing trauma is transforming. Wrestling with ultimate questions, healing, discovering a more profound and real image of God, and



creating a new life are transformations that ministers are privileged to witness in the lives of persons who face trauma. May all ministers who care for persons facing trauma cooperate with the God who persistently creates new life, healing, and love.

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¹Wesley R. Monfalcone, "Trauma," in *Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 1287.

²H. I. Kaplan et al., eds., *Comprehensive Textbook of Psychiatry IV* (1985), chs. 25 & 27, referenced in Monfalcone, 1287.

³Charles Gerkin criticized crisis intervention as not being an adequate response because of the need for spiritual care. I believe that ministers should be able to *both* provide crisis intervention and spiritual care in responding to a traumatic event. Because crisis intervention is part of our pastoral care with persons, it has theological and spiritual implications. We represent the God who cares and who heals. See C. V. Gerkin, "Crisis Ministry," in *Dictionary of Pastoral Care and Counseling*, 246-48.

⁴Daniel Goleman, *Emotional Intelligence: Why It Can Matter More Than IQ* (New York: Bantam Books, 1995).

⁵Daniel Goleman, *Working with Emotional Intelligence* (New York: Bantam Books, 1998).

⁶*Ibid.*, 26-27.

⁷Howard W. Stone, *Crisis Counseling* (Minneapolis: Fortress Press, 1993), 37.

⁸*Ibid.*

⁹*Ibid.*, 38.

¹⁰Goleman, *Working with Emotional Intelligence*, 26.

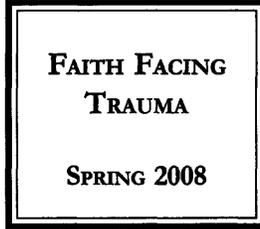
¹¹*Ibid.*, 27.

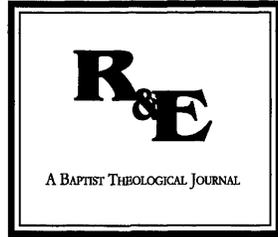
¹²*Ibid.*

¹³David W. Augsburger, *Pastoral Counseling Across Cultures* (Philadelphia: The Westminster Press, 1986), 367.

¹⁴Stone, 42.

- ¹⁵Goleman, *Working with Emotional Intelligence*, 26.
- ¹⁶Ibid.
- ¹⁷Ibid.
- ¹⁸Ibid., 193.
- ¹⁹Stone, 47.
- ²⁰Ibid., 48.
- ²¹David Switzer, *The Minister as Crisis Counselor* (Nashville: Abingdon Press, 1986), 82.
- ²²Ibid., 81.
- ²³Ibid., 51.
- ²⁴Ibid., 50.
- ²⁵David K. Switzer, *Pastoral Care Emergencies* (Minneapolis: Fortress Press, 2000), 79.
- ²⁶Wayne E. Oates, *The Christian Pastor* (Philadelphia: The Westminster Press, 1982), 261.
- ²⁷Switzer, 175-89.
- ²⁸Goleman, *Working With Emotional Intelligence*, 26.
- ²⁹Oates, 278.
- ³⁰Goleman, *Working With Emotional Intelligence*, 26.
- ³¹Switzer, *Pastoral Care Emergencies*, 177-78.
- ³²Ibid., 177.
- ³³See Goleman, *Emotional Intelligence*, 200-214 for an explanation of these goals in working with victims of trauma.
- ³⁴Switzer, 176.
- ³⁵Gerkin, 247-48.
- ³⁶Goleman, *Working With Emotional Intelligence*, 26-27.
- ³⁷B. van der Kolk, ed., "The Psychological Consequences of Overwhelming Life Experiences," in *Psychological Trauma* (Washington, DC: Psychiatric Press, 1987), 2-3, quoted in J. LeBron McBride, *Spiritual Crisis: Surviving Trauma to the Soul* (New York: The Haworth Pastoral Press, 1998), 12.
- ³⁸Elie Wiesel, *Night* (New York: Hill and Wang, 1960), ix, quoted in McBride, 11.
- ³⁹Matthew 27:46, King James Version.
- ⁴⁰Paul Tillich, *The Courage to Be* (New Haven: Yale University Press, 2000), 188.





⁴¹Goleman, *Working with Emotional Intelligence*, 26.

⁴²Margaret Kornfeld, *Cultivating Wholeness: A Guide to Caring and Counseling in Faith Communities* (New York: Continuum, 2005), 94.

⁴³*Ibid.*, 91-113.

⁴⁴Viktor E. Frankl, *Man's Search for Meaning: An Introduction to Logotherapy* (Boston: Beacon Press, 1959), 75.

⁴⁵Goleman, *Working with Emotional Intelligence*, 26.

⁴⁶See Andrew Lester, *Hope in Pastoral Care and Counseling* (Louisville, KY: Westminster John Knox Press, 1995) for guidance in facilitating hope.

⁴⁷I believe that the qualities of emotional intelligence needed for ministry are best learned through supervised experience. I encourage both beginning and seasoned ministers to participate in programs that increase these abilities, such as Clinical Pastoral Education through the Association for Clinical Pastoral Education. In addition, programs designed to help persons develop emotional intelligence could also be helpful for ministers.



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