

## Spiritual First Aid

*Rev. Julie Taylor, MDiv*

*It is four-thirty in the morning at a respite center for rescue and recovery personnel working at the site of an airline crash. As a group of local firefighters end their break, leaving the respite center to return to the debris field to continue the search for human remains, a firefighter turns to the chaplain who has just handed him a cup of coffee and says, "Pray for me," as he walks out the door.*

**S**piritual first aid is a short-term helping tool designed to mitigate the impact of the spiritual, psychological, and physical aspects of crisis that may be experienced by a person who has been affected by a disaster or critical incident. Spiritual first aid does not include advocating for any one faith or belief system, proselytizing, or imposing beliefs or rituals; it is providing care and comfort for people during times of great need.

Assisting others is not a new concept to people of faith. Serving and caring for the needy is a spiritual tenet of all major faith traditions and has been practiced for thousands of years. Given reports that claim the majority of Americans believe in a God of their understanding, it is not surprising that people turn to their faith or spiritual roots when experiencing crisis or stress. According to a national American Red Cross study from 2001, when respondents were asked who they were most likely or very likely to seek assistance from during crisis, 59 percent said a spiritual counselor, 45 percent said a physician, and 40 percent said a mental health professional.<sup>1</sup> Psychology professor George S. Everly Jr. states, "It has been commonly observed that in times of crisis and disaster, many individuals seek out religious or spiritual leaders."<sup>2</sup>

The International Critical Incident Stress Foundation (ICISF) has developed a useful curriculum called Pastoral Crisis Intervention, with levels I and II. It is my goal to expand on ICISF's Pastoral Crisis Intervention model, making it more accessible to a more diverse user group, beginning with a change of terms and the connection between pastoral crisis intervention and spiritual first aid. There have been limited models of spiritual response to crisis that attend to the fact that care seekers and care givers are likely to come from different faiths. The title of "pastor" is specifically Christian and typically connected with ordination or a call to ministry. The use of this term in the title of a model is confusing and exclusionary, suggesting that anyone using these tools must be ordained or Christian. Crisis interventions dealing with the spiritual response to crisis do not require a pastor. The term *spiritual first aid* causes no such confusion or exclusivity. Anyone from any faith tradition, regardless of official status, can provide spiritual first aid with proper training. For these reasons I believe the term *spiritual first aid* is a more appropriate description of the care provided by spiritual care responders and the term I will use throughout this chapter.

Spiritual first aid is not pastoral counseling or therapy; it is also not a substitute for therapy. It is a crisis intervention technique used during times of acute stress. As the name implies, it is first aid, not a cure, not fixing. Physical first aid is designed to stabilize and assess an injury, to provide basic care for injuries, and if stabilization attempts are not successful, to call for a higher level of care to take over. With some physical injuries, such as a superficial cut, all that is needed is to clean the wound and apply a bandage, allowing the body to take over healing on its own. But when a person collapses and no pulse can be felt, administering CPR until paramedics arrive to transport the individual to a hospital for further treatment is the best course of action. The same principles apply in spiritual first aid: stabilize, assess, provide care and comfort, refer as necessary.

There is a significant difference between the long-term therapeutic process of pastoral counseling and spiritual first aid. Everly describes pastoral counseling as "an approach to the therapeutic process, wherein theology and spirituality are integrated with the principles of psychology and behavioral science to help individuals, couples, families, groups, and institutions achieve mental health and promote wellness at all levels."<sup>3</sup> The focus of spiritual first aid is the here and now, whereas the focus of pastoral counseling is the past, present, and future.<sup>4</sup>

Who may benefit from spiritual first aid? Anyone affected by disaster or critical incidents may benefit from spiritual first aid. It can be used with survivors, family members, friends, witnesses, rescue and recovery personnel, relief workers, and the community at large. It is important to note that not all people are open to or welcoming of spiritually oriented helpers. Spiritual first aid will not be beneficial if an individual does not want it. Do not do further harm by inserting yourself into a situation where you are not invited.

Who delivers spiritual first aid? A variety of people can be trained to administer spiritual first aid: clergy, <sup>CRAP</sup> faith leaders, lay people, peers. The key is that people must be trained. (Reading a book is not sufficient.)

Where should spiritual first aid be administered? Venues for spiritual first aid could be any number of places, including but not limited to shelters, respite centers, disaster assistance centers, emergency call centers or emergency operations centers, emergency first aid stations, memorial services, family assistance centers, homes, businesses, houses of worship, hospitals, combat zones, military bases, or wherever one may be working or deployed.

When is spiritual first aid best used? Generally, spiritual first aid is a tool for use in the immediate aftermath of a critical incident. It is designed as a short-term helping technique to mitigate the effects of traumatic incidents and assist in identifying those who may benefit from referral to a higher level of care if necessary.

Why is spiritual care needed at all? Humans are complex creations; spirituality is a realm of our experience that can be damaged during times of great pain and suffering, but it can also serve as a source of strength to draw upon during those same times. Spirituality connects us to something greater than ourselves and helps us make meaning of life—the good times and bad. For many people, religion and religious practices offer a sense of security and safety.<sup>5</sup>

During times of great stress, it is not unusual for people who have a relationship with a higher power or faith practice to use the spiritual or religious language from their faith tradition to express their distress.<sup>6</sup> “Such expressions do not necessarily indicate a crisis of faith, per se, rather, such expression may simply be expressions of psychological distress.”<sup>7</sup> For these individuals, the presence of those trained in spiritual first aid may be of comfort.

## *First Things First*

A key guideline in providing spiritual first aid is “first things first.” Spiritual first aid is not unlike medical first aid in this respect. You must stabilize a person and stop the bleeding (metaphorical and literal) before anything else can happen. For a spiritual first aid provider, it is essential to note that taking care of first things first is part of the overall spiritual response to critical incidents, emergencies, and disasters.

In 1943, Abraham Maslow published an important paper, “A Theory of Human Motivation,” in which he described a ladder of basic human needs arranged in a hierarchy of importance that informs and motivates behavior. There are five classifications in Maslow’s “Hierarchy of Needs” (see figure 9.1). The theory states that we must satisfy each layer of need in turn, starting with the level of survival.

For the man who is extremely and dangerously hungry, no other interests exist but food. [A] peculiar characteristic of the human organism when it is dominated by a certain need is that the whole

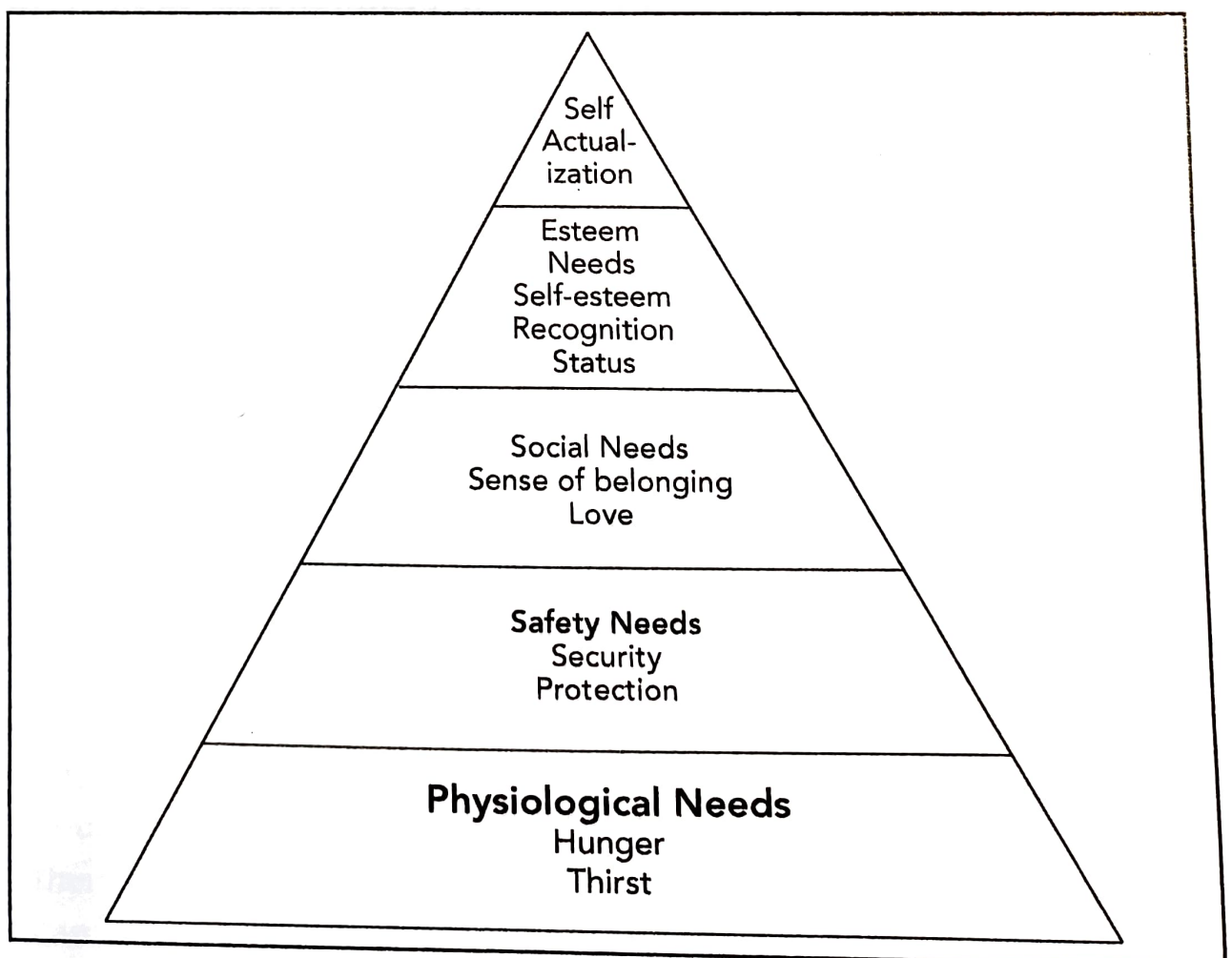


Figure 9.1

philosophy of the future tends also to change. For a chronically hungry man ... life itself tends to be defined in terms of eating. Anything else will be defined as unimportant. Freedom, love, community feeling, respect, philosophy, may all be waived aside as fripperies which are useless since they fail to fill the stomach.<sup>8</sup>

When the lower level of needs is satisfied, the next level emerges. To jump to a higher level without the base of the pyramid in place is to invite a blank stare at best, a hostile interaction at worst.

More than one hundred years ago, Upton Sinclair wrote *The Jungle*. The following passage describes an attempt by clergy to help, but the clergy's assistance is focused on a level of needs much higher than their listeners are able to approach:

The evangelist was preaching "sin and redemption," the infinite grace of God and His pardon for human frailty. He was very much in earnest, and he meant well, but Jurgis, as he listened, found his soul filled with hatred. What did he know about sin and suffering—with his smooth, black coat and his neatly starched collar, his body warm, and his belly full, and money in his pocket—lecturing men who were struggling for their lives, men at the death grapple with the demon powers of hunger and cold! This, of course, was unfair; but Jurgis felt that these men were out of touch with the life they discussed; they had a hall, and a fire, and food and clothing and money, and so they might preach to hungry men, and the hungry men must be humble and listen! They were trying to save their souls—and who but a fool could fail to see that all that was the matter with their souls was that they had not been able to get a decent existence for their bodies?<sup>9</sup>

Maslow cites religion as a mechanism that can help satisfy the need for safety for some people; for others it falls into the higher-need categories. Either way, it is not part of the base of the pyramid. The need for food, water, and sleep supersede the need for spiritual contemplation. Many of the people you will work with will not have the luxury of contemplating the sacred while in the midst of crisis; they have to determine how to survive the next day or week or five minutes. We can hold that sacred space, all the while taking care of the most basic physiological needs first.

## *Basic Actions and Goals of Spiritual First Aid*

---

As defined earlier, spiritual first aid is designed to mitigate the impact of the spiritual crisis experienced by survivors, family members, rescue and recovery personnel, and the community at large in the aftermath of a critical incident. Based on ICISF's crisis intervention model, there are five basic actions to maximize the spiritual first aid standards of care:

- Stabilization and introduction
- Acknowledgment
- Facilitating understanding
- Encouraging adaptive coping
- Referral (as needed)

**Stabilization and introduction.** In this action you provide a calming ministry of presence, a caring human connection. Introducing yourself is the first step to stabilizing a situation. Keep in mind that in most disaster or crisis situations you will not have a prior relationship with the people for whom you are providing services. An introduction such as “Hi, I’m Julie. I’m a chaplain with Disaster Chaplaincy Services. Would you like a bottle of water?” may begin to establish rapport and give you a chance to be of immediate service. Stabilization can be something as basic as offering water or a place to sit down. An assessment of psychological, emotional, and spiritual needs begins with making a connection. If the person you are speaking with cannot speak or answers with slurred speech, you may need to call for immediate medical assistance. This opening introduction offers many opportunities to assist in crisis.

**Acknowledgment.** This action involves attentive and active listening to a person in crisis. If the person you are speaking with chooses to speak about their experience—what happened or what is going on for them right now—listen. The use of reflective responses during this time signals recognition of this person’s experience. For example, “It sounds like it was a complete shock,” or “I see your hands are still shaking and I hear from your description that this was a terrifying situation for you.” Please note that it is *not* advised to encourage a person to “tell their story” if they do not want to. For some people, telling their story can exacerbate the stress response. It may not be the right time for them; you may not be the right person for them. The goal of spiritual

first aid is not to get to the bottom of the trauma or crisis (that is the role of pastoral counseling or therapy), but to mitigate the effects of the crisis and refer the individual on to a higher level of care if needed.

—**Facilitating understanding.** This action involves validating the person's experience. To be clear, the spiritual first aid provider is supporting the individual who is in crisis, helping them understand their own experience. The point is not to ensure the provider understands the experience. As a spiritual care provider, I may never be able to understand the details—let alone the emotions—that the person I am caring for experienced, and I don't need to. My job is to support them in understanding their own reactions in the context of the event. Providing information on common stress reactions can help to validate the crisis reactions and emotions an individual may be experiencing. During highly stressful times, most people don't understand the psychological, emotional, and spiritual reactions they may be feeling. All they know is that they aren't themselves and they don't like it! Part of providing spiritual first aid is having an understanding of typical stress reactions and being able to offer basic information on stress. A person's distress will often lessen once they understand the common reactions to uncommon situations and that they are not "losing it" permanently (although it may feel like it).

—**Encouraging adaptive coping.** In this action you promote positive skills and strategies, building on what works for the individual. Based on what you have heard through active listening, a spiritual first aid provider can identify some coping strategies the individual has at their disposal to help them get through the crisis. Support the person by examining what strategies they have tried in the past and what skills they are using now to get through this difficult time. Highlight the positive strategies the individual has used (such as exercising, talking with friends, or attending worship services) and encourage that person to continue doing these things. It is important to note that some coping mechanisms may feel like they are reducing stress but can actually have negative ramifications in the long run (such as increased alcohol consumption or isolation from loved ones or from work). For many people, faith and their religious traditions are strong coping mechanisms. If praying with a person or facilitating rituals is requested and appropriate, they can be powerful tools for both short- and long-term healing and resilience. As a spiritual first aid provider, you can create

a safe space for an individual to connect to their faith whether you are of that person's faith tradition or not. If there is a request for a ritual that is not of your faith, find someone on-site who can assist in providing the ritual or make an immediate referral to someone who can.

**Referral.** In this action you provide a bridge to resources. While you are working critical incidents, referrals can come in many types and contexts. There may be times when an immediate referral to an internal system is required. (For example: if you are working in a disaster assistance service center speaking with a client who needs temporary housing, you may need to make an immediate internal referral to the American Red Cross desk in the center.) There are also times when while listening to someone it becomes clear they need immediate mental health assistance (such as anyone exhibiting suicidal ideation). Connecting people to their existing social supports is very important. Spiritual first aid providers are not typically there for the long haul, but instead are there to provide immediate assistance. Therefore it is important to help people get connected to whatever resource they might need. Based on the needs presented, appropriate referrals may be to a funeral director, financial planner, mental health provider, grief support group, or licensed general contractor. The list is endless. In addition, a general rule in referrals is if you feel that you need help or are in over your head, you probably are; refer.

### *Attitudes in Action*

*Come to the situation with a prayerful heart; you are there to serve.* I believe this to be one of the most important attitudes regarding spiritual first aid. No matter your official title at a disaster site, your role is to be of service to those who have been affected. There is no room for divas at a disaster. Be helpful. Early in my crisis response career I heard a fantastic phrase from Diane Myers, a longtime disaster mental health expert: "Get the GET out." GET stands for greed, ego, and turf—three things that inhibit disaster response.

"Handing someone a bottle of water as a spiritual response? Anyone can do that. I'm a trained professional; I'm here to help people with spiritual crisis." If a person on my team made that statement, it would be their last deployment with us. Check your ego at the door. As an ambassador of the sacred, handing a thirsty person a bottle



of water is a spiritual response. You represent something larger than yourself and all the letters that go before or after your name.

If you go into disaster or crisis work wanting to fix or believing you can fix, you will not only be unhelpful to the people you have gone to help, but you create a no-win situation for yourself. If a person says they don't want to talk or that they don't want to talk with you, they don't have to. Unless they are having a reaction that requires medical attention, it is unethical to continue to intervene.

Rabbi Jonathan Slater, a chaplain on the leadership team for Disaster Chaplaincy Services, New York, describes the attitude of a disaster chaplain as "carrying a prayerful heart into the work. Even when we are not praying with someone else out loud, the attitude we bring, the orientation we bring into that work, is a prayerful one."<sup>10</sup>

Patricia arrives at her parents' house for a visit and finds her mother is out grocery shopping and her elderly father has died. The paramedics arrive on the scene, accompanied by a chaplain who has been with them on a ride-along. The chaplain approaches Patricia and his first question is "Had your father accepted Jesus Christ as his Lord and Savior?" Patricia is caught off guard and mumbles, "I guess so," and works to stay out of the chaplain's path until he leaves.

This story illustrates the misuse of spiritual power and a complete missed opportunity for providing spiritual first aid. Patricia and her family would have been much better served had the chaplain's first words been "I am so sorry for your loss. Is there anything I can do for you right now? Anyone I can call?" Those simple questions coming from a chaplain would have been a strong spiritual response to Patricia's suffering.

When working as a disaster spiritual care provider or chaplain, your job is to provide care and comfort. Scripture and prayer can be comforting to many people, but you cannot assume it will be comforting during a disaster. Stress creates new priorities. I have heard from clergy, "If I'm not praying with them, I'm not doing my job." Don't take people hostage with *your* need to pray. Praying silently to yourself is always okay (and a pretty good idea).

The most important thing is not what you say; it is that you are present. Your presence shows that you are willing to stay and

accompany a person and that you won't walk away from the pain and anguish that comes along in life.

## *Cultural Differences and Complexity*

Culture is more than just race and religion. Each person holds a myriad of identities that combine to make up that individual. A person is not a monolith, and neither are communities. Communities are complex and full of intersections of identities as well. In this wonderfully diverse country that we live in, it is likely that spiritual first aid providers will be supporting individuals and communities that are different from them. It is imperative that spiritual first aid is given in a culturally respectful manner. Laura S. Brown has written an excellent book on this subject, *Cultural Competence in Trauma Therapy: Beyond the Flashback*. While spiritual first aid is *not* therapy, and those providing it are not therapists, Brown has much to offer and I highly recommend it for all responders. ✓  
✓  
✓  
✓

Responding to trauma in a culturally competent manner requires the [caregiver] to understand how those added meanings that derive from context and identity make each instance of trauma unique. It also requires the [caregiver's] awareness of her or his own identities, biases, and participations in cultural hierarchies of power and privilege, powerlessness and disadvantage, as well as personal experiences of trauma. Failure to bring cultural competence to the table can lead to missteps in genuinely helping trauma survivors or worse can result in deepening the wounds of trauma, creating secondary and tertiary traumas that are more painful than the original because they are correctly appraised by victims and survivors as unnecessary wounds.<sup>11</sup> ✓

I don't believe, nor does Brown suggest, that anyone can or needs to become an expert in cultures different from one's own in order to be of assistance. Your most important tools as spiritual first aid are your questions—don't be afraid to ask clarifying questions. Don't assume; you never know who is in front of you. A cross around the neck does not tell you what branch of Christianity a person may belong to or even if it is practiced. Black skin does not necessarily equal African-American.

The best way to become culturally competent is not to simply read all the books or go to all the lectures, but instead to be willing to personally engage with people of another culture.... Be willing to make a mistake and then humble enough to honestly apologize and stay in relationship to one another. We can't become experts in the multitude of faith groups we may work with, let alone come into contact with. True competence comes from flexibility, humanity, and communication.<sup>12</sup>

As an example, some cultures (including many in the United States of America) do not see women as spiritual leaders. I wear a clerical collar when I respond to disasters. While working at Ground Zero after 9/11, more than once a firefighter would see the collar and immediately say, "Hello, Fadda" (that's New York for *Father*), then really look and stutter, "Fadda, uh ... Sister, what *are* you?" The majority of first responders in New York City are Roman Catholic men; they were not accustomed to seeing a female-presenting chaplain wearing a collar. Most of the time this humorous moment opened up a conversation, but some were offended at my "pretending" to be a priest. A time of crisis is not the time to get into arguments regarding denominational or theological differences of opinion or practice. In these instances, the best action I could take was to refer them to a Catholic priest I was working with.

It is possible to work with an open heart and still find that some people will not want your help. You cannot take people's reactions to you personally. As a spiritual first aid provider, your job is to be of service; if for whatever reason you cannot be of service, it is your responsibility to refer a person to someone who can. Don't take it personally; it is about helping them, helping them where they are.

### ***Pre-incident Education: Get Prepared, Get Training, Get Connected***

---

*Disaster preparedness* is a phrase that has become prominent in our vocabulary over the last several years. But how many of us actually are prepared? If you do not have a disaster plan and supplies in your home and workplace, you will have a very difficult time responding to other people's needs and cries of distress. Personal preparedness is one of the responsibilities of the spiritual first aid provider. The American Red

Cross as well as federal and municipal governmental agencies have excellent resources to assist with disaster preparedness. Once you have your disaster plans in order (for your home and place of business), practice. The perfect plan will do no good in a crisis if it sits quietly in a drawer, unrehearsed. Do not overlook CPR and first aid classes, not only for disaster preparedness, but preparedness for the crises that can and do happen every day.

Get trained in spiritual first aid and other related interventions. Reading a chapter or even a book on the subject is not equivalent to actual training. Disaster Chaplaincy Services and the International Critical Incident Stress Foundation have courses designed to train individuals interested in this field. Clinical pastoral education (CPE) is not the same thing as crisis intervention training. If you have CPE units, what you learned from that experience will likely help you adapt to disaster work, but even working the most chaotic emergency room environment is different from working at a shelter right after a hurricane or at a disaster morgue. Neither one is better than the other; they are distinct and complementary skill sets. Continuing education and then regular practice of these skills is imperative.

Get connected to your local response organizations. A “lone wolf” showing up at the site of a disaster or crisis is generally not welcome. Find out if there is a network of multifaith spiritual care providers already working in your area. If not, perhaps it is time to create one. Contact Disaster Chaplaincy Services for information on how to begin that process.

## *Final Words*

---

Crises, emergencies, and disasters are all inevitable, unfortunate realities of our world, but there are ways to help people through these trying times. Spiritual first aid is a valuable tool to add to your repertoire. It can be incredibly difficult yet incredibly rewarding work.

Reflecting back on the firefighter from the opening vignette, after being given time to rest and a cup of coffee, he is ready for a prayer. With the base of the pyramid stabilized, the next level can be explored. The presence of a trained spiritual first aid provider brings the opportunity for another level of stabilization during a time of great need. Get trained, get prepared, get connected.

## Notes

1. American Red Cross national poll, October 5–8, 2001, by Caravan ORC Int. 1,000 adults over the age of eighteen living in private homes; +/- 3 percent; release date: October 16, 2001.
2. G. S. Everly Jr., "The Role of Pastoral Crisis Intervention in Disasters, Terrorism, Violence, and Other Community Crises," *International Journal of Emergency Mental Health* 2, no. 3 (2000): 139–42.
3. G. S. Everly Jr., *Pastoral Crisis Intervention* (Ellicott City, MD: Chevron, 2007).
4. G. S. Everly et al., *Pastoral Crisis Intervention Course Workbook* (Ellicott City, MD: International Critical Stress Foundation, 2002).
5. A. Maslow, "A Theory of Human Motivation," *Psychological Review* 50 (1943): 370–96.
6. T. Webb, "Crisis of Faith vs. Spiritual Cry of Distress," *International Journal of Emergency Mental Health* 6, no. 4 (2004): 217–22.
7. G. S. Everly et al., *Pastoral Crisis Intervention-II Course Workbook* (Ellicott City, MD: Chevron, 2005).
8. Maslow, "A Theory of Human Motivation."
9. U. Sinclair, *The Jungle* (New York: Barnes & Noble Classics, 2003).
10. Disaster Chaplaincy Services video, *Responding to the Call* (2007).
11. L. S. Brown, *Cultural Competence in Trauma Therapy: Beyond the Flashback* (Washington, D.C.: American Psychological Association, 2008).
12. J. Taylor, "Leading a Multifaith Disaster Response Group," in *Learning to Lead*, edited by Willard W. C. Ashley Sr. (Woodstock, VT: Skylight Paths Publishing, 2013).

## Further Reading

- Ashley, W. W. C., ed. *Learning to Lead: Lessons in Leadership for People of Faith*. Woodstock, VT: Skylight Paths Publishing, 2013.
- Brenner, G. H., D. H. Bush, and J. Moses. *Creating Spiritual and Psychological Resilience: Integrating Care in Disaster Relief Work*. New York: Routledge, 2010.
- Brown, L. S. *Cultural Competence in Trauma Therapy: Beyond the Flashback*. Washington, D.C.: American Psychological Association, 2008.
- Everly, G. S. *Pastoral Crisis Intervention*. Ellicott City, MD: Chevron, 2007.
- Francis, L. G. *Ferguson & Faith: Sparking Leadership & Awakening Community*. St. Louis, MO: Chalice Press, 2015.
- McPherson, K. F. "Pastoral Crisis Intervention with Children: Recognizing and Responding to the Spiritual Reaction of Children." *International Journal of Emergency Mental Health* 6, no. 4 (2004): 223–31.
- Myers, D., and D. Wee. *Disaster Mental Health Services*. New York: Brunner-Routledge, 2005.
- Paget, N. K., and J. R. McCormack. *The Work of the Chaplain*. Valley Forge, PA: Judson Press, 2006.

Raphael, B. *When Disaster Strikes: How Individuals and Communities Cope with Catastrophe*. New York: Basic Books, 1986.

Webb, T. E. "Crisis of Faith vs. Spiritual Cry of Distress," *International Journal of Emergency Mental Health* 6, no. 4 (2004): 217–22.

## Resources

Disaster Chaplaincy Services: [www.disasterchaplaincy.org](http://www.disasterchaplaincy.org)

International Critical Incident Stress Foundation: [www.icisf.org](http://www.icisf.org)

## Acknowledgments

The contributor wishes to acknowledge the following people for their expertise, wisdom, experience, and guidance in writing this chapter: Marge Doherty, Kristen Leslie, Derrick McQueen, Diane Myers, Diane Ryan, Rebecca Smith, Laurel Koepf Taylor, Pete Volkmann, and Tom Webb.

## About the Contributor

Rev. Julie Taylor, MDiv, is a Unitarian Universalist minister specializing in critical incident response, community crisis, and disaster spiritual care. Rev. Taylor served five years as the executive director for Disaster Chaplaincy Services, located in New York City. During the 9/11 recovery, Rev. Taylor was a chaplain at St. Paul's Chapel at the World Trade Center site and has continued to respond to local and national crises, including floods, building collapses, fatal shootings, and airline disasters. Rev. Taylor serves as a chaplain with the New York Air National Guard, is a board member and a responder with the Unitarian Universalist Trauma Response Ministry, and is an approved instructor for the International Critical Incident Stress Foundation. Rev. Taylor has contributed chapters to the following books, all dealing with the subject of spiritual care and crisis: *Creating Spiritual & Psychological Resilience: Integrating Care in Disaster Relief Work*; *Learning to Lead: Lessons in Leadership for People of Faith*; and *Mass Fatalities: Managing the Community Response*.