

Congregational Steps to Health Following Trauma

Congregations typically suffer deep trauma as a result of pastoral misconduct. Experience has shown congregations to have been confused and divided as a result of inappropriate pastoral behavior including ethical violations, sexual misconduct and prolonged conflict between a pastor and congregational member. This brief paper was written in response to a request for direction to the road leading to healing. Following are some suggested steps and characteristics of that road.

In the wake of congregational trauma from pastoral misconduct:

1. **Invite Outside Help** - Invite the assistance of the Conference Minister or the conference person responsible for congregational oversight at the earliest possible moment. Persons from outside the congregational structure should be able to guide this corporate healing process and shape a comprehensive response in a way that those from within may not be able to do.
2. **Share Information** - Information is needed by the congregation involved in the trauma to be clear about the events of the trauma. The congregation also needs clear information regarding the role of the conference and the accountability group who are working with the allegations. Remember more truth telling rather than less is needed in order for healing to occur.

In the case of sexual abuse, it is the responsibility of the conference minister, leadership commission, accountability group or investigative team to tell the story to the congregation. In the case of unresolved conflict in the congregation involving individuals, it may be appropriate for the conference minister or conflict mediator working with the situation to inform the congregation of appropriate information related to the story.

3. **Explain The Disciplinary Process** - It is also helpful for conference leadership persons or their designates to explain the process, and the rationale for such action to the congregation. At the same time the congregation is encouraged to come to corporate agreement to study and understand their experience.
4. **Acknowledge the Grieving Process and the Loss** - There are different levels of mourning for different persons involved. And each must be given the liberty to grieve at their own level. It is expected that the congregation will move from shocked disbelief to denial and anger and on to recovery. But it must be able at some point to name its pain and share it.
5. **Explain the Congregational Grieving Process** - This gives the congregation permission to move through the stages of 1) disbelief, denial, and anger at the process or the victims, or the perpetrator, 2) to disillusionment, confusion, and hurt, 3) to belief, but anger at the process, 4) to acceptance of the problem, and the process and alternate among all those feelings.
6. **Commit To Justice For the Survivors/Victims** - The congregation also needs to express appreciation for the victims/survivors and make a commitment to continue to seek justice on their behalf. This recognizes that these persons were not responsible for the perpetrator's actions and gives permission to such persons to heal at their own rate.
7. **Establish Ongoing Healing Opportunities** - Designate a regular arena and time for congregational members to speak of their own feelings and experiences. This may mean setting aside time at elder/deacon meetings on a monthly basis for as long as is necessary. This also may mean establishing "talk time" at regular congregational business meetings.
8. **Develop a Vision for the Future.** In the vision be able to answer: Who are we now? Who will we become?

9. Revise the Congregational History - The congregation's history with the perpetrator or those involved in conflict needs to be neutralized by making it factual. This can be done by listing ways in which the congregation was hurt by the perpetrator's actions as well gifts that were brought by the perpetrator to the life of the congregation. This event is now part of the congregation's history and not something to "simply get over". It must be acknowledged as such and not hidden in shame.
10. Trust requires new experiences. It is a long slow process.

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Characteristics of Congregational Movement through Trauma

1. **Discovery-Chaos Phase**
 - the initial complaint is known by congregational leadership
 - other complaints come to light
 - the congregation as a whole is not informed
 - there is relief from facing the truth but a lot of pain about the truth
2. **Awareness-Polarization Phase**
 - the congregation becomes aware
 - there are many hidden communications
 - a deepened understanding of the seriousness of the problem and a heightened sense of the pain and broken trust in the congregation, especially as polarization took place
3. **Recovery-Rebuilding Phase**
 - there is a realization that attention needs to be paid to maintaining and nurturing congregational life. The congregation identifies the diminution of morale, leadership, vision, self-esteem and energy for outreach characterized by this period. However, it can also affirm the strength, creativity and resiliency which developed due to the trauma.
 - emergence of new leadership and stronger governance structures
 - the rebuilding process makes the congregation aware of what has been lost and the depth of the trauma from which they are slowly recovering.
 - questions still remain in the congregation about how to relate to the persons involved and whether genuine healing has occurred.
 - there is relief and joy at having come through this, along with pain over the ongoing costs to congregational life and energy
4. **Resolution-Transformation Phase**
 - the congregation develops communal organization and communal structures to regularize this event as part of its life and to process it with strength as a unified community.
 - individualization and polarization is overcome

Polarities which create tension in the Congregation During these Phases:

1. Focusing on the pain and loss in the congregation vs. focusing on the congregation's strength and resiliency.
2. Quick reconciliation vs. ongoing shame and slower healing.
3. Individualizing the pain and responsibility vs. communalizing both.
4. Those who identify with the victims (one side of the conflict) vs. those who identify with the perpetrator (other side of the conflict) vs. those who identify with the congregation and its ministry.
5. The need for forgiveness/reconciliation vs. accountability/justice making.
6. Pain of the present vs. celebrating the past and hope for the future

(Characteristics of Congregational Movement through Trauma condensed from an unpublished paper by Larry Kent Graham Ph.D., *Healing The Congregation: The Dynamics of a Congregation's Process of Recovery from its Minister's Sexual Boundary Crossing with Parishioners.*)