Experience and impact of violence among Christian missionaries in Orissa

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Conclusions and Recommendations

Summary

The purpose of this study was to describe holistically the subjective experience of violence among Christian missionaries and determine factors that fostered resilience after their experience of exposure to violence.

This study started with the following questions: (1) What is the subjective experience of violence among Christian missionaries in Orissa? (2) What are the factors that foster resilience among Christian missionaries after their experience of violence in Orissa?

While analyzing the transcripts of the interview, which sought to capture in depth, the lived experience of the phenomenon of violence among the participants, I came across the nine themes. These themes, when woven together answered the two research questions. The nine themes are: Socially Devaluing Experience, Faith, Spiritual Experience, Denial, Religious Identity Reinvestment (which are overarched by a superordinate theme of Transformative Experience), Positive Religious Coping, Spiritual Self-regulation, Problem-focused Coping, and Experience of the Transpersonal. A master superordinate theme of Transpersonal Identity overarches these nine themes.

The subjective experience which is the "transformative power of the experience" (Wright, 2006, p. 179) which, in this research, I have rephrased it as 'Transformative Experience' has been found consistent with the findings of Lancaster and Palframan (2009), who studied the role of spirituality and self-transformation in coping with serious life events.

The roles of identity reinvestment, acquisition of a new identity and denial in coping with socially devaluing experience of the participants have been identified and sought to contribute significantly to the research gap as mentioned by Sharma and Sharma (2010). In their review article on "Self, Social Identity and Psychological Well-being" they had mentioned the importance of studying the roles of the above coping strategies in protecting the self-esteem and well-being of an individual (Sharma & Sharma, 2010).

I have examined in this study, the less studied theme of Spiritual Self-regulation, as a religious coping strategy (Oman & Thoresen, 2005). The theme, 'Experience of the Transpersonal', while coping with one's trauma is another emergent theme which had not come up so strongly in earlier studies.

In this study the transpersonal experiences of the missionaries encompass varied spiritual experiences, which arose from, their strong spiritual connection with the Divine. This spiritual connection helped them go beyond their own ego identification or as Walsh and Vaughan (1980) puts it "disidentify" with their ego-self and develop a self-sense that is more inclusive. The community is no more seen as an isolated entity but as an interdependent living system (Vaughan, 1985). When there is strong spiritual connection with the Divine and connectedness with the community at large, better intergroup permeability is possible, and the missionaries perceive it as a broader mission imperative. The religious coping strategies used by the missionaries indicate the way they engaged in the meaning making process. The lived experience of the phenomenon of violence among the Christian missionaries embodied the transcendent values of love, compassion, empathy, and universal brotherhood.

In answer to the second research question, the study explored the factors that fostered resilience among Christian missionaries after their experience of violence. The factors namely:

Faith, Spiritual Experience, Experience of the Transpersonal, Positive Religious Coping, Spiritual Self-regulation, Problem-focused Coping, Denial, and Religious Identity Reinvestment reflected both coping and resilience among the participants.

Significance of the study

The present study is significant in the sense that there are a very few studies done on the subjective experience of violence among Christian missionaries, particularly in the context of India, and how they cope with their socially devaluing experience in the wake of significant life crises. Some of the coping strategies used by the missionaries in this study have added new dimensions to the aspect of religious coping. Among the coping strategies the missionaries used to cope with their experience of exposure to violence, strategies such as Spiritual Self-regulation, Denial and Religious Identity Reinvestment have been given very little focus in the previous studies, and this study has given them adequate attention. There is also a particular focus on the transformative and spiritual experience among the missionaries during, and after exposure to violence. The study has shown that religious coping strategies are essential and plays a significant role in coping with the life stress, especially among religiously inclined individuals.

The study has highlighted the importance of adherence to religious or spiritual practices so as to deepen one's religious faith and vocation. Spirituality as understood in this context is "believed to connote more personal, subjective, and experiential aspects of religion" (Hadzic, 2011, p. 229). Raab (2007) reminds the practitioners of psychotherapy to use spirituality in the assessment and treatment of clients as it is an integral part of client's major life issues. In a

similar line Richards and Bergin (2002) also suggest the importance of including questions pertinent to the religious and spiritual background of clients in any clinical intake assessment.

This study seeks to inform therapist and spiritual guides to explore with their religious trainees or clients, their religious coping strategies, and determine the extent to which religion and spirituality have played a role in coping with their life stressors. The study also has highlighted how community support or emotional support adds to one's posttraumatic resilience. The study has highlighted the need for greater focus on inclusive mission and better intercultural or intergroup permeability and enhancing competence for the much needed interfaith dialogue (Kimbal, 2008). Thus, the study intends to add rich information to the fields of missiology and Psychology of Religion and spirituality.

Clinical implications. After comparing this study with the some of the insights I gained from the study by McKenna et al. (2007), I have drawn out from this study several implications for training and development of aspirant missionaries. Some of the situational factors that correspond with the earlier study includes: (1) Reflecting on the learning experiences, gained through exposure to violence ; (2) affirming the need for a strong connectedness with the Divine and the community for a greater missionary dynamism; (3) perceiving the experience of violence as a test of their own vocation, faith in self and God, and their interpersonal competence; (4) realizing the need for more inclusive mission focus as missionaries faced some of those multicultural challenges in their mission contexts (McKenna et al., 2007).

Some of the implications for personal strategies, in concurrence with the suggestions given by McKenna et al. (2007) include: (1) The need for missionaries to reframe traumatic experiences as learning opportunities and continue to learn and grow; (2) draw strength and

support from confreres and co-workers by way of seeking more feedback; (3) being aware of one's missionary call and identity and knowing 'why you do what you do' as a missionary; (4) the need to acknowledge and believe in God's providence. That would mean the need for missionaries to look within, look up, look to learn, and look around (McKenna et al., 2007).

In the context of counselling and psychotherapy, listening, acknowledging and respecting the religious coping styles of clients can be helpful from many perspectives (Harrison et al., 2001). First, it gives the therapist a sense as to how the patients give meaning to and understand the life stressors. Second, acknowledging and respecting the religious coping used by the patient can further reinforce the coping behaviour and make it more effective in the long run. This can also help build rapport between the therapist and the patient. Third, if the patient talks about religious beliefs and concerns, then the therapist can help patients work through the troubled areas of their concern (Harrison et al., 2001).

The findings from this study suggest the need for preparing potential aspirant missionaries to take up challenging missions, by educating them regarding the benefits of religious support and positive religious coping, as well as the adverse effects of negative religious coping. The findings also point to the importance of having personal spiritual connection with God, and connectedness with co-workers sharing one's faith.

The findings of this study have other clinical implications for the treatment of posttraumatic stress after a major life crisis. The findings suggest that it is important to explore people's spirituality and their religious faith, in order to determine whether these contribute to their overall resilient functioning and the way of life.

Consistent with the findings of Ai, Perterson, and Huang (2003) this study suggests that, a clear understanding of the beneficial effects of religion or spirituality on one's coping will

significantly ease the traumatic experience the person has gone through and enhance his or her coping resources for subsequent positive adaptation, and help those who are most affected to make appropriate spiritual choices. Mental health professionals could explore these coping resources among their clients and include the same in the treatment procedure. In the treatment care for particularly the elderly, healthcare providers and mental health practitioners should pay close attention to religion in the process of assessment and treatment (Emery & Pargament, 2004). From a theoretical point of view Prati and Pietrantoni (2010) suggest that the interventions aimed at increasing optimism, social support, and specific coping strategies may promote positive changes in the aftermath of trauma.

This study, consistent with the implications of the study reported by Kidwell et al. (2011), reminds the clinicians to use religion-based interventions with religiously inclined persons. The clinicians could think of incorporating religious interventions, such as prayer, references to religious scriptures and drawing upon one's personal relationship with God, when working with religious individuals seeking forgiveness (Kidwell et al., 2011).

In order to promote forgiveness in a traumatized client, the therapist can help the client develop empathy. This could be made possible, by allowing the client enough time to story, and positively reframe his or her experience through the usage of relevant skills. Among some of the other techniques to cope with the trauma and perhaps to make a spiritual transition smooth, would include bibliotherapy (Dresher & Foy, 1995); writing a spiritual autobiography (Dresher & Foy, 1995); and certain religious rituals (smith, 2004). Smith suggests the need for mental health practitioners, and religious professionals to network and support each other in helping clients with religious and spiritual issues.

In this study, I also echo the suggestions and arguments given by Agaibi and Wilson (2005), on posttraumatic resilience. They are as follows:

- Understanding posttraumatic resilience is critical to successful treatment.
- Posttraumatic resilience can be learned.
- Posttraumatic resilience characterizes psychobiologically healthy survivors.
- Posttraumatic resilience can be facilitated through training programs to reduce the effects of traumatic exposure (p.212).

Implication for clinical Assessment. Instead of easily assuming that alleviation of suffering is the primary goal of therapy, the therapist could examine the role of suffering in reorienting the client's worldviews (Hall et al., 2010).

For religiously oriented clients, the role of suffering can impact the goal of treatment. For example, a Christian view of the flourishing life sees God as the supreme good. Such an understanding leads to aligning one's character with God and to a life characterized by worship. Suffering can lead to increasing conformity to the character of Christ (Hall et al., 2010).

Studies done in the past on the association between religious and spiritual variables, and mental health has come up with very useful findings that inform practitioners to mindfully integrate religious and spiritual aspects into assessment and the counseling process (Pargament et al., 2000).

Cohen et al. (2008) realize the need for assessing the client's accessibility to his or her religious beliefs. It has been found that the people with accessible religious beliefs, could probably access religious coping mechanisms without excessive cognitive effort, and cope more effectively.

From a range of spiritual and religious beliefs of a clinical population, clinicians could sift out relevant aspects of religion or spirituality, and be cognizant of how these beliefs have become part of their lives (Smith, 2004).

In addition to these, the counsellors and therapist could assess for PTG among traumatized clients by assessing their cognitive processing. For example, checking for event-related rumination (such as making sense and problem-solving) and openness to religious change (including thinking about the event and its meaning and significance) are found to be positively related to PTG (Calhoun et al., 2000).

As traumatic events in the life of the client can challenge his basic schemas, belief system, goals and competence to deal with emotional distress, it is necessary to explore with the clients his ruminations of negative automatic thoughts (Calhoun & Tedeschi, 2006).

The therapists can also examine, and explore the coping strategies used by the clients, at different stages of the interviews, to see if they influence PTG. For example, coping variables such as problem-focused coping (e.g., Armeli et al., 2001; Sheikh, 2004), acceptance coping (e.g., Schulz & Mohamed, 2004), positive religious coping (e.g., Pargament, Smith et al., 1998), positive reappraisal (e.g., Sears et al., 2003; Widows et al., 2005), and social support seeking (e.g., Stanton et al., 2006) could be explored.

Nelson (2009) argues that the inclusion of spiritual and religious concerns of clients in therapy "is impossible to avoid; a multicultural necessity; a key aspect of the life of the client; a helpful resource to clients for managing their issues; and a core client issue" (p.491).

Having an understanding of negative forms of religious coping among the clients, may help therapists identify, "warning signs" (Pargament, Zinnbauer, et al., 1998) in therapy, and help them determine the need to address religious issues with their clients.

Religion has a significant role to play in our day-to-day living and moments of crisis. Pargament et al. (2000) have identified, five key functions which could be applied in the process of counselling clients who are traumatized: (1) the role of religion in developing new perspective and understanding; (2) the role of religion in helping a client gain a sense of mastery and control when he or she is confronted with adverse life conditions beyond his or her resources; (3) the role of spirituality or one's quest to connect to the higher power and faith in one's religion and its practices in allaying one's fears of impending dangers; (4) the role of religion and its practices in enhancing social solidarity and intimacy among its members. This sense of connectedness fosters closeness with the higher power; (5) the role of religion and adherence to certain religious disciplines plays a transformative function in the lives of its followers.

Bonanno (2008) has highlighted the importance of exploring one's resilience in the wake of someone exuding a normal reaction to an adversity rather than pathologizing such reactions.

Skills and Strategies. In addition to the cognitive behavioural tasks of exposure and desensitization, the therapist helping the clients to describe and self-reflect on questions such as "How did this happen?", "Why did this happen to me?" can help them find meaning, value and strength in the lived phenomenon (Janoff-Bulman & Frantz, 1997).

In order to help clients actively engage with the process of meaning-making, the counsellors can explore with clients, if there has been any change in their sense of self, identity, roles and relationships and perception of priorities since the trauma (Sheikh, 2008). A comparison of pre-trauma and post-trauma self may be explored on a range of variables, including coping strategies and self-efficacy, providing clients an opportunity to develop awareness (Sheikh, 2008).

To help the clients cope with their emotional distress, the therapist can encourage clients to self-disclose by way of writing, talking it over and praying. Seeking social support may be another way the client may choose to cope. All these efforts can provide the client an opportunity to develop new schemas and life narratives (Tedeschi & Calhoun, 2006).

Calhoun and Tedeschi (1999) suggest that the therapist take on more of a companion and facilitator role rather than that of an expert. They recommend some specific counseling skills that may enhance the likelihood of growth. They include: (1) Focus on listening without trying to solve, and bring out clients positive assets. This behavior might help clients, change the meaning they have given to the lived experience of trauma; (2) notice growth, and affirm these signs of growth in the clients, while the therapist should be aware of not exaggerating these changes; (3) label growth as it arises in therapy and counsellors can paraphrase these changes, when they are being articulated first by the clients; (4) it is important to choose the right words, while discussing PTG with clients. It is essential to convey to the clients, that the benefits are derived from their struggle of coping with their trauma.

Counsellors could encourage clients to develop a strong positive social support network, so that the acceptance and validation they experience can help them disclose their ruminations, cognitive processing, and feelings about the trauma (Tadeschi & Calhoun, 2004). In the context of therapy, when these disclosures are received in a caring and holding environment, it can facilitate the ongoing cognitive processing essential to trauma recovery and to PTG (Sheikh, 2008). When the stressor threatens central beliefs of a religious person, interventions should be focused on alleviating intrusive thoughts and feelings through cognitive restructuring.

Contributions of spiritual strategies in psychotherapy. Richard and Bergin (1997) outlined some of the unique contributions of spiritual strategies in psychotherapy.

Goals of therapy. Goals of the therapy following a spiritual approach include (a) helping client affirm his or her spiritual identity; (b) assessing the role and impact of religious and spiritual beliefs in the life of the client; (c) helping clients use religious and spiritual resources in their efforts to cope, and move forward in life successfully; and (d) helping clients resolve spiritual concerns, and dilemmas (Richard & Bergin, 1997).

Therapist's role. Therapist's role includes: Assessment of religious and spiritual beliefs and practices and their impact on mental health and interpersonal relationship; and using religious and spiritual interventions to assist clients use their own religious and spiritual resources in their coping and growth process (Richard & Bergin, 1997).

Role of spiritual techniques. Some of the major interventions include: Cognitive restructuring of irrational religious beliefs, forgiveness, meditations and prayer, Scripture study, blessings, participating in religious services, spiritual imagery, journaling about spiritual feelings, repentance, and using the client's religious support system (Richard & Bergin, 1997).

Koenig and Pritchet (1998) recommends six types of spiritual interventions for use in psychotherapy: (1) Listening to and affirming positive religious coping; (2) giving quotes from religious texts that fosters self-esteem, hope and give assurance of love and care; (3) challenging maladaptive religious beliefs or behaviours; (4) using the client's religious beliefs and views to

change these dysfunctional thoughts and behaviours; (5) referral to a pastoral counsellor or a priest or a pastor; (6) praying with the clients.

Focus on therapist. The study also echoes the need for the therapist and practitioners to bring in spirituality into their own lives and come to greater understanding of its meaning in their lives. Because, while considering the questions on the meaning in the lives of their clients, therapists are also urged to self-confront, their views of life's meaning and purpose (Brady et al., 1999).

Recommendations for future research

In line with some of the earlier studies, the present study too supports the idea that resilience measured as lack of PTSD can be defined diversely, and perhaps it can even reflect a constellation of personal characteristics. It is also argued that the absence of PTSD need not mean resilience (Almedom & Glandon, 2007). Therefore, a longitudinal multi-method research is appropriate to examine the different explanations and the temporal order of PTSD, resilience, and growth (Hobfoll et al., 2007); and to distinguish different conceptualizations, and measures of resilience (i.e., resistance, resilience, and reconfiguration; Bonanno, 2004).

Even though studies have shown that resilience is associated with the least posttraumatic growth (Tedeschi & Calhoun, 2004). It is however, unclear if this trend is true in the case of the participants in this study, as their coping resources which manifest their resilience, also indicate posttraumatic growth. Therefore, a future study could quantitatively measure resilience and PTG,

to clarify the above observation. Future research should also address the potential multidimensional aspects of positive and negative religious coping.

It will be also noteworthy to explore with a larger sample of Christian missionaries, and the institutions they represent, if they have the spiritual strength, personal competence, and preparedness to live out their missionary call in a new and radical way that calls for greater focus on an inclusive mission, better intercultural permeability, and the much needed multicultural and interfaith engagements (Kimball, 2008).

In this study, women representatives seem to have demonstrated stronger resilience compared to men representatives. So the future studies on exposure to religious violence could explore resilience among men and women separately. The future studies could compare and contrast the PTG, and posttraumatic resilience between Christian missionaries, and the Christian laity who are exposed to a major life crisis like religious violence.

Limitations of the study

As the study used a small sample with the majority of the participants representing the *adivasi* hill tribes, the generalizability of the findings is limited. I have not examined in this study if certain personality variables characteristic of this cultural group have impacted my study. Perhaps a larger sample with diverse representation could bring out more generalizable results. More longitudinal studies in the future could bring out the process and outcomes of religious coping.

This study has not been able to ascertain to what extent some of the factors antecedent to violence such as demographics, personality, and ethnicity have impacted the choice of religious coping and the resilient functioning of the missionaries. For example, participants who had

served more number of years as a missionary, seem to have been more resilient, which is consistent with the developmental perspective to PTG, given by Aldwin and Levenson (2004), who took inspiration from the psychosocial principles behind the technique of stress-inoculation by Meichembaum (1985). Aldwin and Levenson (2004) argued "experience with minor stressors may promote resilience" (p.20) which is opposed to the viewpoint held by Tadeschi and Calhoun (2004) that the starting point for PTG is always a "seismic" event.

Conclusions

The results of this study showed that the various coping strategies used by the participants manifested their resilience. Among the coping strategies, experience of the transpersonal, spiritual self-regulation, denial and religious identity reinvestment emerged as new coping resources among missionaries and perhaps true in the case of religiously inclined people in coping with challenging life situations. The lived experience of violence among the participants was a transformative experience. The element of faith was found to be pervasive while coping with their experience of exposure to violence. The experience of participants in this study resembled the features of transpersonal identity posited by Vughan (1985) which is the master superordinate theme in this study.

Concurring with the many authors in the past (Pargament et al., 2000; Emery & Pargament, 2004; Schroeder & Frana, 2009; Ano & Vasconcelles, 2005; Richard & Bergin, 2002) this study too has highlighted the need for using religious coping strategies, particularly with religiously inclined persons to help them cope with their distress. Once again the role of religion or spirituality has been emphasized in this study. The participants used religious coping strategies,

which according to Pargament, Ano, and Wachholtz (2005) the effect of which are moderated by different factors such as enhanced religiosity of the group, extreme life situation of need deficits, and depletion of immediate social resources.

The study has also shown the role of spirituality in coping with life stress which is consistent, with the findings of Lancaster and Palframan (2009). The study has also highlighted the role of faith in the overall coping process of the missionaries.

In this study, the transpersonal experience of the missionaries during and after their exposure to violence is characterized by strong spiritual connection with the Divine, awareness of an inclusive self-sense, awareness of better intergroup permeability and transcendent values the missionaries embodied such as love, compassion, empathy, and universal brotherhood.

The Transpersonal Identity as an overarching master superordinate theme embodies qualities of the transpersonal self as posited by Vaughan (1985) and these qualities do converge with the values of the kingdom of God that Jesus taught (Tisdale, 1994). As followers of Jesus, entrusted with the mandate to preach, teach and proclaim the Good News, the Christian missionaries, in their lived experience of the phenomenon of violence, gave witness to the values of the Kingdom.

This study has brought clarity to the research problem which I had identified after reviewing the literature related to the topic of my qualitative enquiry. The study has revealed that the Christian missionaries coped with their socially devaluing experience through denial, by reinvesting in their religious identity and through spiritual self-regulation. Thus this study has filled in the research gap. This study, consistent with the findings from the earlier study by Shaikh and Kauppi (2010), has shown that the coping strategies used by the missionaries are indeed manifestations of their resilience.