

# **FROM: TRAUMA & RESILIENCE – A HANDBOOK HEALTHY STRESS MANAGEMENT**

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When Tom and Nancy (not their real names) prepared for their first term in mission, they looked forward to serving as houseparents for children they could love and care for in a country where many were poor and uneducated. They expected cultural adjustment and poor living conditions. They did not expect that after an intense first year of adjustment, a devastating earthquake would hit the area. They also did not imagine that the project director would become unable to fulfill his role, and that Tom would need to take over leadership. He would not have signed up voluntarily for this role, but with extra effort he nevertheless did a great job. There were unending needs on the project, and the couple usually lent a hand, working most of their waking hours. Not surprisingly, both Tom and Nancy were soon stretched beyond healthy limits, burnt out, and in need of effective stress management if they were to continue the ministry they loved.

There are many stories like Tom and Nancy's in home and international ministries. Dedicated and often heroic people manage to respond to human needs in spite of limited means and personnel. These people with a purpose keep on helping, promoting justice, and advancing the kingdom in difficult circumstances. However, extended periods of high demand or severe trauma take a toll on these earthen vessels of heavenly purpose. Burnout, depression, and posttraumatic stress can be the result. Fortunately, there are practical ways to reduce the stress of ministry.

## **A. Healthy Practices for Resilient People**

Physically healthy people can practice stress management strategies in most environments. By doing this they can be in “better shape” as they face ordinary and extraordinary life challenges. Regularly practicing those strategies creates an emotional buffer for periods of intense difficulty. When overstress and burnout have already taken hold, these practices will usually decrease severity, if there is enough energy and motivation left to put them into practice. When energy and motivation are lacking, and the person is too distressed, overwhelmed, or suicidal, professional help including medications is the only realistic option to effectively improve the situation.

Many pastors and missionaries are eager to learn more about stress management strategies. These simple practices can be integrated into daily life. Whether it is to improve wellbeing, address general stress, traumatic stress, anxiety, or depression, stress management can make a difference. Stress management is a suitable alternative when a person is reluctant to “just take medications to feel better.” If there is not sufficient relief after several weeks of applying stress management strategies, persons should consult a medical professional. At that point they also may be open to consider medications without passing judgment on themselves. They know they have tried their best. There are some situations (Table: Stress Management Strategies Safely Applied) where stress management alone is not enough and a professional counselor or physician should be involved immediately.

## Stress Management Strategies Safely Applied

SAFE	NOT SAFE BY ITSELF
<ul style="list-style-type: none"> <li>• To enhance resilience</li> <li>• To reduce distress in people functioning sufficiently</li> <li>• To assist people with enough energy and motivation to apply the strategies</li> <li>• To improve sleep for those with insomnia</li> <li>• To improve feelings of sadness, decreased joy or energy</li> <li>• To improve difficulties controlling feelings such as anxiety, irritability, or anger</li> </ul>	<ul style="list-style-type: none"> <li>• If a person is tired of life or has thoughts of hurting him- or herself</li> <li>• If a person is thinking of being destructive or hurting another person</li> <li>• If persons are seeing or hearing things that are not really there, irrationally feeling like somebody is after them or out to get them, or have other strong and unrealistic fears</li> <li>• If a person is abusing alcohol or drugs (including prescription drugs, such as “nerve medicine,” sleeping pills, or painkillers)</li> </ul> <p><b>THESE PEOPLE NEED TO SEE A MEDICAL PROFESSIONAL IMMEDIATELY!</b></p>

### B. Resilience – What It Means

The term *resilience* has been used increasingly in recent years. What does it mean? Originally used in physics, resilience describes:

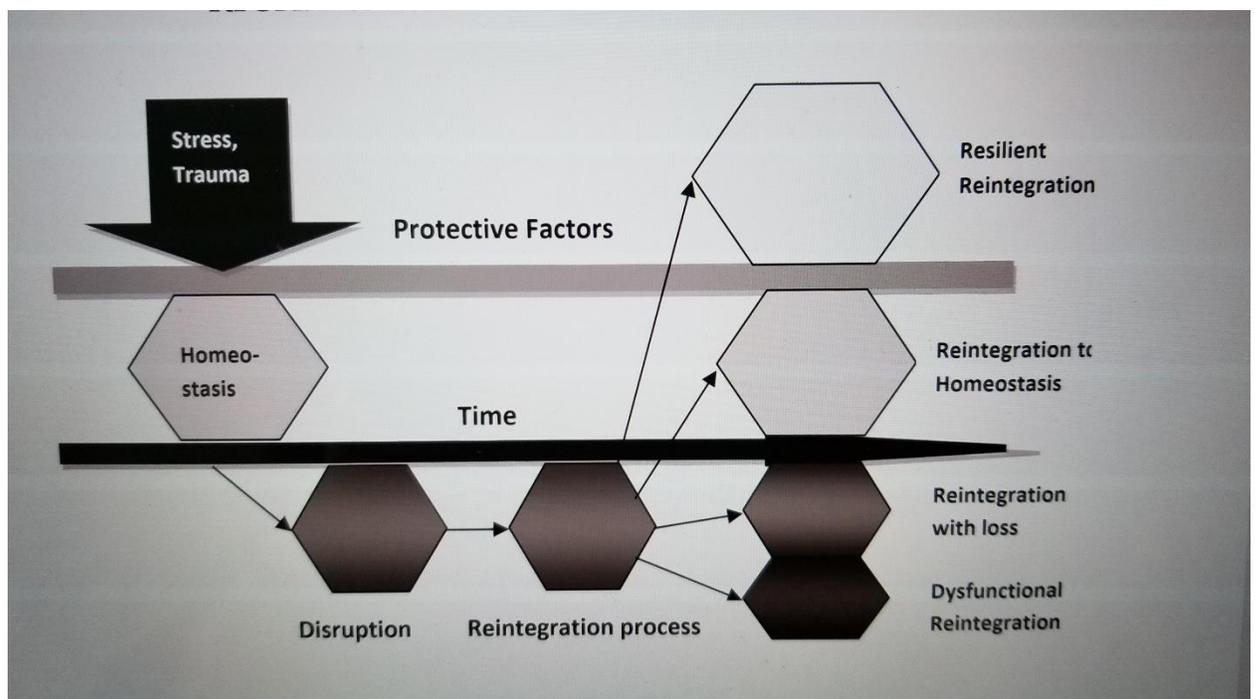
“The property of a material that can return to its original shape ... after deformation that does not exceed its elastic limit.” ([wordnetweb.princeton.edu/perl/webwn](http://wordnetweb.princeton.edu/perl/webwn))

According to this, if an external force is applied to a material, it has a capability to return to its previous shape not too long after impact. The term resilience has also been used for human beings. According to the Resiliency Center it is:

“The ability to recover ... from disruptive change ... without being overwhelmed or acting in dysfunctional or harmful ways.” ([www.resiliencycenter.com/definitions.shtml](http://www.resiliencycenter.com/definitions.shtml))

After disruptive change a resilient person will be impacted for a while, but then move towards restoration and return to regular functioning. A modern resiliency model by Richardson (Richardson, 2002) shows how a person affected by trauma may return to the previous level of functioning, at a lower, or even a higher level (please refer to Richardson’s Resiliency Model). Trauma impacts the psychological homeostasis of a person. The impact leads to a level of disruption, the severity of which is buffered by protective factors: Community support, good mental health and stress management, along with a solid theology of suffering. Reintegration processes lead to varied functional outcomes, depending on psychological and spiritual factors as well as the quality of support. Researchers observed that aside from weakening or restoration to the previous state, someone could also become stronger in the midst of struggle with adversity, leading to reintegration at a *more* resilient level than before. The Bible describes this possibility: “And the God of all grace, who called you to his eternal glory in Christ, after you have suffered a little while, will himself restore you and make you strong, firm, and steadfast” (1 Pet 5:10 NIV). Though restoration is ultimately God’s doing, there are biological conditions that will assist us to “bounce back” and become strong.

### Richardson’s Resiliency Model



### C. Healthy and Unhealthy Stress Response

Natural and effective stress response mechanisms help human bodies adapt to stress. If it senses a threat, such as a physical attack, hormonal signals from the brain go to the pituitary gland, which in turn produces signals to the adrenal glands. The autonomous nervous system can be activated in a flash. Stress hormones (cortisol, adrenaline, and norepinephrine) become available

immediately. The physical stress response mobilizes energy, provides focus, and increases wakefulness. The body is ready for fight or flight, whatever is appropriate.

After threat has decreased (danger has passed, the person fled from the attacker or used self-defense strategies), the stress hormone response needs to shut down and return to normal. An effective recovery makes the body resilient and more adaptable. However, if the stress response stays activated, bodies will be exposed to continuing high levels of stress hormones. Scientists call accumulation of physical stress “allostatic load.” When allostatic load increases, human bodies are exposed to chronic elevated stress. With further adversity, the stress response will become weaker and less efficient, since it is already partially activated. As chronic stress accumulates, the system is less able to adjust. It cannot produce sufficient additional stress hormones. This inability to adjust to stress makes bodies and minds less resilient. Effective stress management helps the shutting-down process of the stress response. Effective shutting-down reduces chronic elevated stress or “allostatic load,” which in turn improves the ability to adjust to new stressors. This adaptability increases resilience in high stress environments.

If the stress response is in constant overdrive, body and mind will start to show signs of chronic high stress. Immune defense will decrease, making it harder to fight off infections, colds, diarrhea, or malaria. Blood pressure and heart rate may remain elevated, and cholesterol levels may increase. Sleep may become disrupted. The ability to think clearly about complex matters, focus, and make good decisions will suffer. Memory may deteriorate; muscles may be tense; one may feel hot, sweaty, dizzy, have headaches or stomach troubles; one may feel on edge and irritable, with emotions shifting frequently and becoming harder to control; one may suddenly be in tears or raise the voice in irritation. These signs of chronic high stress increase the risk of burnout.

At the end of my turbulent first term in Nepal I accumulated chronic stress. At first I felt only muscle tension in my neck and shoulders and a constant sense of emotional stress. Then I started to have difficulties going to sleep. It became harder to concentrate, but I still could manage and so soldiered on. One day, I suddenly could not hold back tears while working in a clinic. On medical examination I had an elevated heart rate and blood pressure. My cumulative stress and lack of effective management had led to a degree of burnout needing attention.

The challenges of ministry at home or abroad are best met by keeping the stress response subtle and adaptable. After trauma and crisis the stress response can be reduced by engaging in good self-care, enabling brain and body to bounce back physically and emotionally, and the soul to grow spiritually.

## **D. Strengthening Biological Resilience**

Any activity that decreases baseline stress levels will increase biological adaptability and resilience. The most effective stress management strategies are regular aerobic exercise, sufficient sleep, eating resilience-enhancing foods, and having a balanced lifestyle with regular downtimes.

### ***Regular Aerobic Exercise***

Have you noticed how relaxed your body feels after a brisk walk, jogging, biking, or swimming? Physical and emotional relaxation are common benefits from aerobic exercise. Aerobic exercise is the type of exercise that raises heart and respiratory rates for a sustained

period of time, while allowing comfortable breathing. For example, while exercising aerobically, it should still be possible to talk to a friend running or biking alongside. Research on the effect of exercise on anxiety, depression, and sensitivity to stress shows that people exercising regularly at an aerobic level reap mental health benefits (Salmon, 2000). However, those who overexert and push themselves too hard cause anaerobic effects, and may actually mentally get worse. Physically fit people recover much quicker from stress, clearly indicating improved resilience. Interestingly, laboratory mice performing wheel running *after* a major stressor showed a reduction in stress response (Mills and Ward, 1986; Starzec, Berger and Hesse, 1983). This result likely also applies to humans. Regular exercise increases protective factors to counteract the damaging effects of stress on brain cells. People who stop exercising lose the beneficial effects within about two weeks (Salmon, 2000).

Simple aerobic exercises include brisk walks in the neighborhood, jogging or running, biking, swimming, jumping rope (good for indoors, too), and tennis. There are also great aerobic team sports such as volleyball, basketball, badminton, soccer, and football that involve a lot of running. About thirty minutes most days of the week are sufficient to “do the trick,” increase resilience, and reduce mild to moderate levels of anxiety and depression. People unaccustomed to exercise can start with whatever they can do comfortably, gradually increasing time and effort. For stress management purposes, staying in the aerobic zone is more important than speed. Muscle power and aerobic threshold will gradually build with gentle pushing and allow for increasing speed while staying in the aerobic zone. After rest and rehydration, you should feel energized rather than exhausted, a good sign of successful aerobic exercise.

A depressed person will find it hard to “get going” with exercise due to lack of energy. Such a person can start with short times and moderate exercise, such as walking for ten minutes, then building up gradually to thirty minutes. For caregivers a great way to assist a stressed or depressed person to “get going” is to take a short walk together. As depressed and anxious people focus on the immediate discomfort of exercise, caregivers can help them focus on the benefits they will gain (or have gained in the past). This will increase motivation. In addition, combining exercise with a pleasant activity such as listening to music, talking to a friend, or seeing pleasant sights, can enhance motivation.

### ***Sufficient Sleep***

The pressures of ministry can tempt us to “save time” by sleeping less. Cutting down on sleep may sometimes be unavoidable, but it is risky long-term. Physical and mental consequences result after even a few shorter nights.

There are many causes for disturbed sleep. People serving in ministry usually have full schedules. On top of this they may get contacted at odd hours with urgent matters. Medical mission personnel in remote areas of less developed countries are often the only ones available in an emergency. They need to respond whether it is good for their own health or not. Sleep disruption can also come from heat, noise, mosquitoes, the needs of young children, or menopausal hot flashes. Obstructive sleep apnea is a condition common in those who snore or are overweight. Rest is disturbed by the struggle to breathe and lack of sufficient oxygen. Medical consultation, possibly a sleep study, can help identify the cause(s) of insomnia.

Adults normally need about seven to nine hours of sleep a night. Typically, they fall asleep within thirty minutes, wake up once or twice a night, and fall back asleep in less than thirty minutes. Most people know how many hours of sleep they normally need for good performance

and stress management. A rule of thumb would be the time of sleep they need to wake up refreshed after a few days on vacation.

Researchers have compared stress hormone levels and stress-response recovery times in people who slept a sufficient amount, with those in people who slept a few hours less. Stress hormone levels were significantly lower in those who slept sufficiently. Also, in the sleep deprived it took longer for stress hormone levels to get back to normal. Longer recovery times clearly indicate that sleep deprivation decreases resilience (Leproult, et al., 1997).

Disturbed sleep is common in people under stress, after trauma, or in burnout. Loss of sleep is often a first indicator that stress is taking a toll on body and mind. As caregivers of people in high stress roles and environments, we should always take great care to inquire about sleep patterns. Sleep was the remedy God applied to Elijah when he was exhausted after prolonged spiritual battle. God had him sleep, eat, drink, and sleep again until his strength returned (1 Kings 19: 5-8).

There are many resources available to improve sleep with simple, practical strategies called “sleep hygiene.” You can find online resources about sleep enhancing strategies Appendix C *Books, Online Resources, Training Opportunities, and Counseling Centers.*

### ***Eating Resilience-enhancing Foods***

Can food increase resilience? To some degree, but less so, compared to aerobic exercise and sufficient sleep. When Daniel and his friends lived in the idolatrous environment of the Babylonian exile, they requested permission to only eat vegetables, and drink water, rather than to defile themselves with the meat and wine of Nebuchadnezzar. As opposed to their warden’s concern they became stronger than others around them (Dan 1:8-16). Population-based research studies show that people who follow a “Mediterranean diet” are less depressed than others. Mediterranean food includes fruit and vegetables, cereal, bread, nuts, legumes, fish, and low saturated fats such as olive oil, with only small amounts of meat or whole fat dairy (Sánchez-Villegas et al., 2009). Research notes the mental health benefits of Folic Acid (about 400mcg/d; Coppen and Bailey, 2000; Coppen and Bolander-Gouaille, 2005). Also recommended are Omega 3 Fatty Acids (two servings of fatty fish per week, fish oil, walnuts, and flax seeds), and likely Vitamin D (400 to 1000 IU), in combination with sun exposure of more than 30 minutes a day.

Foods with high sugar content (candy, cake, doughnuts, ice cream, white bread, and potatoes) increase stress hormone levels. Why is that? A steep increase in blood sugar induces a strong insulin response. Eventually, this leads to blood sugar “crash” (hypoglycemia or low blood sugar), which in turn activates hormones very similar to a stress response. This is why about an hour after a high sugar and carbohydrate meal, a person can feel vaguely anxious or irritable and at the same time hungry, craving more of the same. Foods with lower sugar and carbohydrates, high fiber combined with healthy fats, cause a more gradual increase of blood sugar, a gradual increase in insulin, and avoid a blood sugar “crash.” To reduce their baseline stress hormone levels, people need to eat predominantly complex carbohydrates rich in fiber such as fruits, vegetables, and whole grain products. These foods may not always be available in remote areas. Many missionaries, therefore, have taken on vegetable gardening with great personal benefit. Their harvest often inspired the surrounding community to plant vegetable gardens and to eat healthier also.

People under stress feel drained and easily fatigued. For those determined to keep going, the most promising quick fix appears to be a caffeinated drink. Caffeine does increase alertness and a sense of renewed energy in minutes. However, this comes at a price. Caffeine reduces the

effectiveness of the enzyme *adenosine*, which breaks down stress hormones in our bodies. The impairment of adenosine causes the “caffeinated feeling” of restlessness and jitteriness in people under high stress. This agitated feeling is due to accumulated stress hormones that cannot be broken down as normal. The higher the baseline stress, the more pronounced this caffeine “side effect” will be felt. Caffeine lingers in the body for up to twelve hours, sustaining high stress hormone levels. Caffeinated drinks in the afternoon or evening can affect sleep. Decreasing or avoiding caffeine will help to minimize already high stress levels, especially after trauma. Without relying on caffeine, the common afternoon fatigue can be relieved by moving around, drinking fluids, or having a small amount of chocolate.

### ***Keeping Balance***

Stress responses wind down at the end of the day, when people slow down, enjoy socializing, play, or have fun. While having a good time, the stress system recovers. Sabbath-keeping has gained more attention among people of faith in our increasingly nonstop world that measures importance primarily by accomplishment. For ministers, Sunday is often the busiest day of the week. Pastors and missionaries have professional responsibilities all week, with church duties on weekends. Work never seems to stop. This is certainly “against the grain” of our design and against the life principles of our Creator, who worked intently and creatively, and then stopped on the seventh day to rest and delight in his Creation. The Creator shifted into being with himself as Father, Son, and Holy Spirit, and connecting with who and what he had created. He experienced deep delight and connectedness. Here is permission to honor the rhythms of work, rest, and delight!

A weekly downtime of rest and delight is helpful and often lifesaving. It allows the stress response to bounce back and returns the body to a more adaptable and resilient baseline. Annual vacations de-stress in an even more profound way. Some people may feel important and indispensable if they “can’t afford” regular times out. However, this will erode their adaptability and resilience over time as they deprive themselves of the God-ordained recovery time necessary to bounce back from the effects of ongoing stress. Good, ongoing care for people in ministry often starts with encouraging them to take time out for rest. This encouragement can start by allocating the resources necessary for regular times of renewal. The point being, they “can’t afford” not to.

### ***Downtimes***

After trauma bodies are flooded with stress hormones. Reminders of the event can be like earthquake aftershocks, bringing back the original horrors full force. Zahava Solomon, a Jewish psychologist, studied the effect of frontline treatments for combat stress in Israeli soldiers. Those who suffered stress reactions were treated in *proximity* to their place of service, *immediately* after the stress reaction occurred, and with the *expectation* of recovery. Even twenty years after the combat stress reaction, soldiers treated like this had lower rates of mental distress and were functioning better than their untreated peers (Solomon et al., 2005).

Therefore, allowing people in ministry downtimes when suffering post-traumatic stress will have long-term benefits for their health and functioning. How can the principles of proximity, immediacy, and expectancy be applied to mission workers with stress reactions? Some organizations already provide downtimes for staff after trauma or particularly demanding times of service. These organizations reap the benefit of high functioning workers, rather than high

attrition rates and burnout. Some workers in Southern Sudan get out of this high-stress environment every few months to rest and recoup in a safer neighboring country. Locations for such downtimes need to be sufficiently safe and restful, and are best if in proximity to the location of service. Sending missionaries home for downtimes can put new stressors on them since they may need to address expectations of supporters; it would also take them out of their immediate support network on the field, and decrease expectations of returning to their location of service soon.

## **E. Specific Stress Management Tools**

Accumulated stress often creates muscle tension because of difficulty relaxing or slowing down. Here are some easy and effective techniques to respond to that.

### ***Progressive Muscle Relaxation***

Progressive muscle relaxation decreases stress-induced muscle tension by increasing awareness of the tension and building skills to release it. Muscle groups are tensed for a short time (progressing from one group to the next) and then relaxed, while the person notices how each group feels when relaxed (Jacobson, 1938; Rimm and Masters, 1979). Noticing muscle tension is the first step to consciously releasing it. Stressed people often tense shoulder, neck, or lower back muscles. Physically letting go will also prompt the mind to follow suit and relax.

Written instructions can be found on the Internet at:

[www.amsa.org/healingthehealer/musclerelaxation.cfm](http://www.amsa.org/healingthehealer/musclerelaxation.cfm).

An audio instruction can be particularly helpful for practice. Examples can be found at:

[www.cmhc.utexas.edu/stressrecess/Level\\_Two/progressive.html](http://www.cmhc.utexas.edu/stressrecess/Level_Two/progressive.html) or  
[www.youtube.com/watch?v=HFwCKKa--18](http://www.youtube.com/watch?v=HFwCKKa--18) .

### ***Slow-Beat-Music and Singing***

In a research study, stress levels were measured for open-heart surgery patients listening to calming music. While they listened, their cortisol (stress hormone) levels were significantly lower than those of patients who only rested (Nilsson, 2009). When patients undergoing hernia surgery listened to calming music, their stress response decreased and they reported less postoperative pain (Nilsson, 2005). Calm, slow-beat-music of any style appears to decrease the stress response. This music puts listeners in a calm inner space. As attention is drawn to pleasant sounds, rhythms, and tunes, they calm the agitated body and pleasingly distract the mind. Whoever appreciates music should make plenty of use of his or her favorite slow-beat-music, especially when stressed. When traumatic memories trigger a stress response, slow-beat-music is one strategy to emotionally exit the memory and relax.

Like deep breathing exercise, singing slows breathing and supports a more diaphragmatic, relaxed style of breathing. Singing is an artful way of voiced exhalation. In distress it can also become a “beautiful way of groaning.” As the music connects with our souls so the slow voiced exhalation affects our bodies. American trauma expert Bessel van der Kolk hypothesized during a workshop I attended recently, that singing (in a church choir) may be a good way to increase trauma resilience. It is worth considering how songs, chants, or humming a tune could be used in coming alongside traumatized people. The Christian community has a vast tradition of hymns

and contemporary songs, which can soothe, comfort, and calm in stressful moments, if appropriately used.

### ***Imagery***

Imagery is a way to emotionally enter a relaxing and comforting experience. Suitable for imagery practices are a safe, relaxing vacation spot; a pleasant, restful garden; a scene of spiritual significance; or an image from the Bible (Psalm 23's resting in green pastures, for instance). As one enters healing imagery, specific sights, sounds, scents, and physical sensations need to be vividly imagined. As these sensations become strong in one's mind so will the relaxing and comforting effect of the imagery.

## **F. Medications and Resilience**

Often Christians are concerned that psychotropic medications could “coddle” them, leading to dependency on “crutches.” Jonathan Davidson, a researcher at Duke University, examined the effect of the anti-anxiety and antidepressant medication Sertraline (Zoloft), one of the selective serotonin reuptake inhibitors (SSRI), on resilience. Some aspects of resilience improved with the medication. People felt more confident. They also had a better sense of control, improved ability to handle themselves and their feelings, and increased ability to adapt to change. Since they were less overwhelmed, they felt that coping with stress made them stronger. Davidson also found aspects of resilience that remained the same with or without medication. Not surprisingly these unaffected characteristics were belief in God, a sense of meaning, ability to make decisions, and a sense of determination (Davidson et al., 2005).

Generally, medications are needed when people do not have the energy or emotional control to apply their usual coping skills. Examples of this include someone feeling overwhelmed for a long time despite efforts to improve, or losing control over emotions. People with angry outbursts, repeated crying, or “freaking out” will benefit from medications. If there are suicidal thoughts, a referral to a trained professional is needed. Medications can help to “turn the volume down” on strong feelings a person is unable to deal with constructively. In this way medications can help establish a sense of control and improve functioning. One will still feel emotions, but no longer to an overwhelming degree.

People taking medications still need to work through their emotional issues, but will be less inclined to avoid or resist this work. Once a need for anti-anxiety or antidepressant medication has been established by a physician, the person does best to stay on it for at least six to twelve months. This allows the person to work through stressful issues, increasing long-term *psychological* resilience. It also provides a time frame for the brain to recover from the effects of high chronic stress, increasing long-term *biological* resilience. When the physician suggests that medications be gradually tapered off, the patient is in a better place to do this successfully. It is then often possible to “get rid of the crutches” because new psychological and biological resilience has been gained. As spiritual resilience is very little affected by medications, we need to “dig deeper” to strengthen or restore this aspect of strength and vitality. The *Spiritual Resources* chapter of this book presents aids for effective “digging.”