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Letter from the Editor

JCH editorial, Volume 34, #2

From: Douglas W Schoeninger, PhD, JCH Editor

Dear Reader,

In this issue are two papers. *Healing the Gender Wars: A Scriptural View* by Robert T Sears, SJ, PhD and *Treating Trauma: Model Development, Comparison, and Analysis of Three Divergent Models* by Benjamin Keyes, PhD, E, James Wilder, PhD and Sherry Todd, PhD. Both represent years of work, personal healing, academic study and spiritual and clinical experience. I am honored that these authors have chosen to publish these works with us in *The Journal of Christian Healing* (JCH).

In his paper Sears traces theologically and scripturally "how the distrust and conflict resulting from the sin of Adam and Eve is gradually transformed through stages of development till Jesus opens us to become a new holy family through taking on himself the consequences of our sin on the cross and opening us to God's original intention giving us his parents as our 'healed holy family.' " He "treats the confusion arising from the close relation between sexuality and God's Love, and the failure to differentiate the influence of each in the different stages of male-female development. Ultimately, we are made to embody God's Love, and only through God's Love can our human loves be rightly fulfilled. It concludes with reflections on how to discern God's guidance in each of those stages of development."

In their paper, Keyes, Wilder and Todd present treatments for trauma from Christian-based models. Each of these models restructures and redevelops well researched secular models "to include spiritual components in order to address spiritual-based issues that arise from the traumatic event itself and to give a decidedly spiritual focus to alleviation of symptoms. This article compares the structures and applications of Trauma Focused Cognitive Behavioral Therapy for Children (Cognitive-Behavioral), the HEART Model (Phenomenological), and the Life Model (Neurological). The differences and similarities of the models' spiritual components are assessed. The researchers are supportive of hybrid approaches to treatment and are inclusive of these recently developed approaches."

I thank these authors for bringing their learnings and insights to the *ACTheals* membership and all interested healthcare providers through JCH.

Key Words: Male-Female Relationships, Sexuality, Scripture, Healing

Healing the Gender Wars: A Scriptural View

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This article traces male-female relations from Genesis to the New Testament to show how the distrust and conflict resulting from the sin of Adam and Eve is gradually transformed through stages of development till Jesus opens us to become a new holy family through taking on himself the consequences of our sin on the cross and opening us to God's original intention giving us his parents as our "healed holy family." Section II treats the confusion arising from the close relation between sexuality and God's Love, and the failure to differentiate the influence of each in the different stages of male-female development. Ultimately, we are made to embody God's Love, and only through God's Love can our human loves be rightly fulfilled. It concludes with reflections on how to discern God's guidance in each of those stages of development.

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Ever since I can remember, shame has been connected to sexuality. My mother was ashamed to tell me about sex. I was ashamed to talk about any girl I might have tender feelings for. The boys spoke about budding sexual maturity either with bravado or, as myself, with total secrecy. An erection was a great embarrassment that no amount of fear could control. It almost seemed like sexuality was something that was forced on a person, an irresistible attraction. At least it seemed my mother felt that way, and my father spoke nothing about it. Sexuality seemed almost to be a tabooed subject that grew stronger the more it was kept secret.

How different that seems to be from today when everyone talks about sex and people live together almost as a matter of course. Yet the mystery and conflict have not gone away. Broken marriages are escalating, and there is little sign that the misuse of sexuality (incest, adultery, sexual abuse of many kinds) has lessened. Instead of the former mystique we now are in danger of *profaning* sexuality by our blatancy. We seem to have regressed to what used to be called *polygamy* - many relationships according to how one feels. We have slipped into a kind of *shamelessness* that flaunts the taboo, but that deadens one to the sacredness of sex.

In a word, **sexuality is both sacred and profane. It is sacred because it opens us to the mystery of life and love - domains of God - and to the deep vulnerability of one another. It is profane because it touches our animality and threatens to overcome our reason by instinctual drives that can overwhelm us. It is a source of the greatest happiness by freeing us to give and receive love, but experience shows that it is also a source of the greatest sadness and conflict, and our deepest shame.** It would be inconceivable if God said nothing about such an essential part of human reality. It would be inconceivable if God had not

given us a way of healing. I have been asked to present what Scripture says about this, and to examine what healing has been given?

It would be impossible to present even briefly every aspect Scripture addresses. I will simply present how Scripture presents the problem in the Creation accounts, how gender conflicts continue with the Patriarchs and kings despite God's interventions to save. Then we will show hints of a solution beginning with the Exile, and concluding with the unique contribution of Jesus. This will open for us different aspects of male-female relationships that we find in Scripture and in our own lives and the conflicts these cause. I will then examine these in light of my own experience to see how healing might proceed.

THE GENDER WARS IN SCRIPTURE

The Problem as Presented in Genesis

There are actually two accounts of creation given in the Bible, one written in the time of David by the so-called Yahwist (Gn 2:5-3), the other written most likely during the Exile by a priestly writer (Gn 1-2:4). In the Yahwist account, the Lord addresses everyman, unmediated by a particular authority. The priestly account stresses the holiness and transcendence of God.

In the earlier Yahwist account, woman is formed from man's rib, and it was woman who first fell and led Adam also to sin. That account has led some to argue that woman is subordinate to man,[1] but the resulting subordination is presented as the result of the Fall, and not as God's original intent. God's original intent was that man and woman would be on intimate terms with God and would be helpmates for each other - their "face to face." They would be fruitful and have abundant offspring, and would be in harmony with the earth. The later priestly account (Gn 1-2:4), written most likely after the Exile, goes even further. Humans are there said to be created in God's own image, "male and female He created them." Not only is woman made in God's image, the relationship between men and women is said to be God's image. Scripture says, "Let *us* make humans in *our* image," as though the whole heavenly court (as some think) or a communal God (since the "we" are all creating) was involved in their creation. In this view, men and women are not just to "walk familiarly" with God in the garden, as in the Yahwist account, but are actually to manifest in their relationship the very nature of God. Jesus himself appeals to this original intent when he forbids divorce. Divorce had been permitted by Moses "because of the hardness of your hearts," Jesus says, "but from the beginning it was not so" (Mt 19:8). "What God has joined together, no human being must separate" (19:6). This was God's basic intent, an intent God never abandons and must guide healing today.

But the Yahwist account goes on to describe how humans sinned, and how relations between men and women were corrupted as a result. This account itself has occasioned much debate. What was the sin? Was it necessary for them to grow up and become "aware?" (as Jung argued). Was it simply describing what humans naturally are - subject to concupiscence, suffering and death? Is "original sin" really sin, or simply the natural state of humanity? We need to look closely at the text itself. First, God commanded Adam (Gn 2:16) *not* to eat of the tree of the knowledge of good and evil "or you shall surely die." There is no indication God is "baiting" Adam, or that he didn't want Adam to grow up (*pace* Jung). **Adam was not to "know good *and* evil", that is, to indiscriminately experience evil and good, nor to decide for himself what was "good and evil" instead of trusting God.** When the serpent tempted Eve, after she was formed from Adam's rib while he was in a deep sleep, her response to the serpent showed she knew of the command (told of it by Adam, it seems) and she even

embellished it "nor even touch it." Faced with the choice of God's word (the tree of life) or her desire "to be like God" she chose to eat of the forbidden fruit. She then gave it to Adam and he ate it. Faced with the choice to join Eve or obey God, he chose to join Eve. They both chose their own desires (the tree of the knowledge of good and evil) over God's word.[2] Losing their intimate relation to God, they "woke up to their nakedness" and "shame." They covered themselves and hid. **Shame was born.**

We can all understand what followed. When God confronted them, they made excuses and sidestepped responsibility for what they did. Adam blamed Eve, and Eve blamed the serpent. Adam and Eve were no longer gifts for one another opening each other to God's love, but had become occasions of sin and shame for each other. As a result of their disobedience, a curse came upon them. The woman's pain in childbearing would be multiplied, she would cling to her husband and he dominate her, and the ground itself would be cursed and bring forth thorns and thistles. Thus, **they were led away from grateful receptivity into control and clinging**, and their fruitfulness would now be through pain, while the earth itself would resist their efforts to till it. On each point, God's original intent seemed tragically distorted and corrupted by their disobedience to God's word. Still, God promised redemption. In the end the seed of the woman would crush the head of the serpent.

Sin did not stop with Adam and Eve. It had a history as is illustrated by Gn 4-11. It increased and spread over the earth, and the rest of Scripture illustrates how it continued throughout Israel's life. They were cast out of paradise, and lost eternal life. As Gn 3:22 says, "See! The man has become like one of us, knowing what is good and what is evil! Therefore, he must not be allowed to put out his hand to take fruit from the tree of life also, and thus eat of it and live forever."[3] Cain killed Abel out of envy and the fear his gift was unappreciated. Cain's violence increased in his offspring. His grandson Lamech boasts of his killing, "If Cain is avenged sevenfold, truly Lamech seventy-sevenfold" (Gn 4:24). **The need for love grew into lust,** which was expressed mythologically. "The sons of God saw that the daughters of men were fair, and took to wife such as they chose" (Gn 6:2). God saw that human thoughts were constantly on evil, and brought on the flood. But even that did not change things. Noah was a second Adam. Noah's own son Ham, the forebear of Canaan, committed a sexual sin in "looking at Noah's nakedness" and brought a curse on his offspring. Human depravity continued even though God gave a rainbow promising not to destroy humankind again. The perversion of sexuality was intimately connected to the prevailing sin. Women were most blamed. Their monthly cycle was seen as defilement. Actual subordination of women to men took place.

Through it all, **God repeatedly intervenes to restore what was originally intended.** In Genesis, this is portrayed in the stories of the Patriarchs (Gn12 to the end). God begins with Abraham, calling him out from his family in Haran to lead a life of obedience to God's word, thus reversing Adam's sin. He is promised abundant offspring, but Abraham's faith in God's promise is severely tested. For ten years they have no offspring. In her doubt Sarah gives her maid Hagar to Abraham who accepts her suggestion. So Hagar conceives Ishmael.

Then Hagar taunts Sarah who then abuses her till she runs away. The ancestral fear and jealousy continue. Still, prompted by God, Hagar returns. Finally, when Ishmael is fourteen, Sarah gave birth to Isaac. Sarah refused to share his inheritance with Ishmael and sent Hagar and Ishmael away with God's consent. God also blessed Ishmael for Abraham's sake, but will fulfill His promise to Abraham not by the natural means they chose, but by their adherence to God's word.[4]

As Paul says later, we are not children of slavery but of the free woman. We are "children of the promise" (Gal 4:28). Even the natural bond to children needs to be sacrificed to God, as Abraham was called to sacrifice Isaac, so that the child can continue to fulfil God's promise. I had a close woman friend I was called to surrender to God through just this story. Only then could she be "given back" to help me learn the way of God's love.

The promise and testing is continued with Isaac. He marries Rebecca, and they are split over which of the twins (Esau or Jacob) will receive the blessing, where the blessing is the major part of the inheritance and authority in the family. It is Rebecca who gets the dream that Jacob will have ascendency. When Jacob received Isaac's blessing by stealth, he is sent to Laban because of Esau's revenge. Jacob falls in love with Rachel, Laban's younger daughter, but after seven years work for her, Laban gives him Leah by stealth. True love does not come without suffering. Jacob works another seven more years for Rachel and another seven to develop his own flock. He is then called by God to return and be reconciled with Esau. But even with that reconciliation, his own sons are divided because of their envy of Joseph whom he favors as Rachel's first-born son. The enmity between siblings continues.

Finally, Joseph, though clearly naive, brings healing through his faithfulness to God despite his brothers' hatred and being falsely imprisoned. He becomes a wise manager of the earth, a faithful husband to his Egyptian wife, a reconciler of his brothers and his father. It is his faithfulness in seeing God's intent that helped him forgive his brothers. As he said to his brothers, "What you intended for evil, God intended for good - the salvation of many" (Gn 50:20). Joseph shows us God's way of healing. He focuses not on the hurt or human failing, but on God. God is faithful despite our faithlessness, and God raises up people to restore His dream. **Adherence to God *despite hurt and trials* ultimately leads to the restoration of God's original intent. That's the point but it is a truth too quickly forgotten, and it is finally made possible only in Jesus and the gift of God's Spirit in our hearts.**

Male-Female Relationships after Genesis

Exodus picks up the story where Genesis left off. After 400 years in Egypt, Israel has turned from Yahweh to Egyptian cults and has become enslaved. To free them again, Yahweh calls them out of Egypt to worship Him in the desert. But when Moses is away on Mount Sinai for 40 days, they lose courage and call for worship of the golden calf. It seems impossible for them to keep their eyes on God's promise, and they demand an image they can see and touch! In the wilderness they repeatedly grumble and doubt and they must be purified through a day by day trust in God as each day they must collect "manna" for forty (actually 38 [Dt 2:14]) years!

Finally, they are empowered to fight their way into the Promised Land, but no sooner are they there than they turn away to the fertility cults of the Canaanites - the people in the area that is now Palestine that included Sodom, Gemorrah, and Jericho. Judges, one of whom is a woman, Deborah, are raised up to fight for them to trust in God but they again fall back. Sexuality remains an abiding temptation, as we see in the betrayal of Samson by Delilah. In the end they ask for a king rather than continue to trust Yahweh. And very soon the kingship itself is contaminated by David's sin with Bathsheba. Solomon is led away from his fidelity to Yahweh because of his 700 wives and 300 concubines, and their various religions. The northern kingdom split off and degenerated, going the way of foreign cults whose clearest representative is Jezebel and her 450 priests of Baal - a Canaanite fertility god - whom Elijah had put to death. Through it

all, the mother goddess cults and women are seen as a great temptation to abandon Yahweh. The original sin of Eve and Adam seems constantly to be repeated.

At the same time, there are faithful women who are named as a significant part of God's plan, and who are mentioned later in Jesus' ancestry. Matthew's genealogy points out 4 of them: Tamar (who conceived Perez by her father-in-law Judah because he refused to give her one of his sons after the death of her husband), Rahab (the prostitute who protected Israel's spies in Jericho before its destruction), Ruth (the Moabitess who chose to return to Israel with her mother-in-law Naomi and married Boaz), and Bathsheba herself - all leading up to Mary, Jesus' mother. God had also worked through Sarah, Rebecca and Rachel. After the Exile the Books of Judith and Esther present heroines who were instrumental in saving Israel, and the mother of the seven sons in the book of Maccabees who urged her sons to accept death rather than abandon the law (2 Macc 7). **These women remained true to Yahweh despite their trials and corrupted ancestry, and they became sources of blessing for all. No matter what our situation, faith in Yahweh heals.**

The Exile marked a purification of Israel's institutional focus and a turn to a more individual focus. After the Exile we find a major shift in Israel's view of women, especially in its view of marriage and divorce, monogamy and celibacy. Marriage had been looked at from the man's point of view. As heads of their families, fathers arranged the marriages. Thus, Isaac sent his son Jacob to Laban for a wife, and Laban gave his daughters. The woman took the man as her "Lord" (Baal). She belonged to him, though she could not be sold as other property. Adultery was seen as against the husband's rights, and was punishable by death. The husband could divorce his wife (Dt 24:1) - for adultery and misconduct (according to the rigorist Shammai school), for any reason (according to the liberal Hillel school). After the Exile, there is a trend opposing divorce and a focus on fidelity to one's wife. In Mal 2:14-16, Yahweh says: "I hate divorce." This position is reinforced by Jesus. As we saw, he spoke out clearly against divorce as against God's will "in the beginning" (Mt 19:3-9). Divorce was allowed, he said, "because of the hardness of your hearts." That hardness (their stony hearts) would be removed by God's Spirit, Ezekiel had written earlier.[5] **Not mere moral effort but God's Spirit heals male-female alienation.** Jesus also interiorizes the law against adultery (Mt 5:27ff), indicating that the basis of faithfulness in marriage is a heart that is pure and centered on God.

We see the shift also in Israel's view of monogamy? Dt 21:15 presumes that the possession of 2 wives is normal. With the emphasis on offspring, plural marriages were common. Kings and rich men could afford more wives. 1 Kgs 11:3 says that Solomon had 700 wives and 300 concubines! After the Exile, monogamy was considered more perfect. Thus, Tobit 8:6-8 explains the words of Gn 2:24 as recommending monogamous marriage. There is also a tendency later to portray Yahweh's relation to Israel in a monogamous way.[6] By NT times monogamy was common practice. Jesus never addresses the question of polygamy.

Finally, there are even hints of a recognition of celibacy. Celibacy is foreign to the Old Testament focus on bearing children (esp. sons). Yet we find hints in 2nd and 3rd Isaiah (Isaiah 65:4-5; Isaiah 54:1) which affirm a greater name and more children to those without a husband. Jesus announces celibacy "for the sake of the Kingdom ... for those to whom it is given," (Mt 19:12) and states in Lk 20:35 that, "in the age to come [the resurrection, which is at work now] there is no marriage or giving in marriage, because they will be like the 'angels'." Both marriage and celibacy are seen as God-given different ways of following God's call.

Jesus' view of no divorce and celibacy came as a shock to his disciples. They were not accustomed to seeing marriage that clearly from God's point of view. Marriage was an everyday

experience whose problems they knew very well. How they had to grow spiritually to understand it is hinted at in the shift of Paul's writing from 1 Corinthians to Ephesians. In 1 Cor 7:28ff he says that those who marry will have worldly troubles, for the married man "is anxious about worldly affairs, how to please his wife" (1 Cor 7:33). In Ephesians 5, on the other hand, Christ's love for the Church is the very ground of husband and wife's love. As Christ is faithful and self-surrendering, even so Christian marriage is faithful and self-surrendering. Instead of being a distraction from God, in Ephesians one is to find God's love through the other.

Ultimately, it was Jesus' death/resurrection and the sending his Spirit into their hearts, that brought about this restoration of God's original intent for male-female relationships. The Fourth Gospel makes this clear. At the cross, Mary is "woman" and is given as "mother" to the beloved disciple. In his dying, Jesus hands over his Spirit, and out of his pierced side, as Eve was formed from Adam's side in the garden, comes forth blood and water as source of sacramental life. Mary and the church are the "New Eve"[7] who with the "New Adam"[8] give birth to many beloved disciples. And in the garden Mary Magdalene is told *not* to cling to Jesus - as the first woman would do after the Fall - for Jesus had not yet risen. She was to go to his "brothers" (the first time in John his disciples are called brothers) - and tell them he is ascending "to my Father and to your Father." They are now family with Jesus' mother and Father as their parents. Through his death Jesus makes real God's unconditional, intimate and fruitful love which restores male-female relationships to permanent commitment and to being a bridge to intimacy with God and a blessing to offspring. **Our restoration requires that we participate in this dying and rising process.**

As John's Gospel makes clear, the evangelists had the whole of Israel's history in view in writing about Jesus. We cannot jump stages. We find in our own lives something of each of the steps to Jesus and the way to restoration cannot bypass those stages.[9] There is the *parental stage* of Adam and Eve and their distortion of mother-father love through shame and separation from God. Then there is the *spousal love* (that I have called "familial faith") illustrated by the patriarchs Abraham, Isaac, Jacob and Joseph and the kings, and continued in Israel before the Exile. Men in this stage could have several wives, and the view of God was not yet clearly monotheistic. During and after the Exile there emerged a more *individualized stage*, in which monogamy and no divorce, and the inner purification of love illustrated in the Book of Tobit was stressed. This was the time when the feminine aspect of God was hinted at in 2nd Isaiah and highlighted in Wisdom literature. In Jesus we find a further *stage of individuated ministerial partnership* with women (that I have called "communitarian faith"). This is a kind of "spiritual family" that seems unique to Jesus' ministry. And finally, in Jesus' death/resurrection and outpouring of the Holy Spirit, Mary and the Church form a creative partnership with God to give birth to believers through their intercession. There *male-female spiritual communion* reveals the very image of God. What God intended in the beginning, that male and female be the "image of God" is finally realized in Jesus and Mary and the healed church and their missionary creativity.

These five stages continue to live in each of us, I believe, and their confusion and distortion through sin helps explain the gender wars. It also indicates the way to healing. In the second part of this paper I examine how this is so and what healing is needed.

DISCERNING THE ROOT OF THE GENDER WARS

Stages of Sexuality and Spirituality

Why is it that the Fourth Gospel sees a return to Genesis in his description of Jesus' death/resurrection and giving of the Spirit? From beginning to end, male-female relationships are deeply involved in God's action. God is not present only at the end. God is present at each stage, and there is a desire for union in God from the very beginning. This is also shown in the history of sexuality and spirituality. They have always been closely connected yet never identical. The step into manhood and womanhood is ritually enacted so as to integrate the powerful energies of sexual attraction into the good of the community, but also in coordination with the life-principle of nature. This led to seeing God in light of gender relationships. Gods and goddesses were thought to interact in the heavens much as humans did on earth. The Judaeo-Christian tradition strongly opposed this view. Yahweh is source of all life and has no consort. Yet it remained a constant temptation that Israel had to confront. Israel struggled against intermarriage with non-Jews, and their nature religions. Still, the symbolism of married love is not lost in Israel. Bridal imagery reemerges in the prophets to symbolize Yahweh's fidelity to his unfaithful people (cf. Hosea, Ezekiel, etc.) and is picked up in the NT as a living analogy for Christ's relation to the church (Eph 5).[10] Thus sexuality, which primarily involves a bodily union with a partner of the opposite sex, also affects our union with God. Both are involved in our coming to wholeness and holiness and the release of our creative energies for building up God's people. The misuse of sexuality is a major cause of infidelity to Yahweh. Its right use in marriage and celibacy is a major help for opening fully to God, hence the importance of becoming ever more discerning in this area.

This confusion between our need for God and our need for one another is perhaps the deepest cause of gender conflict. Added to this is the fact that the five aspects of human sexuality that we found in Scripture are often indistinguishably confused together. Our parents are our first God-image, but they are also behind our choice of a marriage partner and indeed our search for our individual call. God is involved in our wholeness and integration of inner masculine or feminine as well as in our call to co-ministry. **Often the "stickiness" of relationships (a "falling in love" or "fatal attraction") is due to a projection of our desire for God onto finite relationships.** Unless these aspects are distinguished in order to be reconnected, only confusion will result. One wants an "unconditional love" such as only God can give, yet one fears being "swallowed up or rejected or cast away" by the people we look to for that love. One feels that to "lose" the other means losing "one's self" as though the other were one's inner anima or animus. But each stage is distinct. If we fail to discern when we are looking for a savior or for our true self in our human friend, only disillusionment and fruitless pain will result. No wonder we love and hate the other at the same time. Only by distinguishing these aspects can we rightly integrate them. We will examine each in turn, beginning with the final stage.

1. Our Search for God in Gender Relationships

God's love is free, unconditionally faithful, universal yet particular, and creatively self-giving.[11] Ultimately that is what we are looking for in every male-female relationship. We want to be free yet fully secure, to be "special" yet not imprisoned, to be fruitful with our beloved yet not constrained by our offspring. What we miss is that these qualities are opposites and can only be realized in God. I recall my deep hurt when, some years ago, a close woman friend, that I had

discerned was a God-given relationship, decided to break off our relationship during an Easter visit. My disillusionment was not so much her breaking off, but feeling that God broke it off and how could that be if God is unconditionally faithful? It took deep healing to see that God is also free, and that real fidelity demands freedom. As I let the relationship go, I eventually came to a deeper understanding of its purpose and the importance of ongoing freedom in relationships.

That experience made me wary in relationships. Could I trust anyone else? What did God really want? Was she really acting in God? **It took some time, with the help of a director, to distinguish what was of God and what was due to her own need for healing and my need for healing.** A similar wariness happens with people whose parents were religious but also judgmental and abusive. They are attracted to authority figures that are similarly authoritarian. They are caught between opposing that control and feeling guilty about their rebellion. In my experience, what needs to happen is for such people to see that all true authority comes from God and that God's way is revealed in Jesus. Jesus did not control people but left them free. "Falling in love" that leads to a desire for sexual expression, in spite of being married to someone else or vowed to celibacy, is another such area. Our quest for God is a desire for total self-gift. If that is identified with sexual expression, failure to attain sexual expression will feel like a separation from ultimate love, whereas acting on that desire collides with our state in life. No wonder our "loves" bring such disillusionment and betrayal of our hopes. When, by God's grace, the identification of sexual love with divine love is broken, one is freed to an individuated, spiritual bonding, a "love of restraint" that is grounded in God. This process of disidentification of spiritual love from sexual love is not quick and will normally need the help of a knowledgeable spiritual companion or director. Such spiritual love separates us from being determined by lower levels, like sexual drives or emotional needs, even though these still play an important role. It frees us to a kind of sacrificial love that I have called individuated relationships.

The Book of Tobit is a beautiful example of the purification that is needed for such a love. Tobit is a second Job figure in Israel after the Exile. He is dutiful and faithful, but he experiences several devastating mishaps - a bird's dung blinds him, he loses his money, he is alienated from his wife. He sends his son, Tobias, to a distant relative, Raguel, to get a deserved inheritance, and it so happens that Raphael in disguise, is sent with him as guide. Raguel's daughter, Sarah, is also an eligible wife, but she has had seven husbands and all have died on their wedding night because of Asmodeus, an evil spirit possessive of Sarah (like the "giants" of Genesis). On the way, a fish bites Tobias' foot, and Raphael tells him to keep it because the heart and liver when burned can drive out evil spirits, and the gall when applied to eyes can heal cataracts (such as his father's blindness). And so it turns out. Raguel does give Tobias Sarah as wife after explaining the danger involved, and before they come together, they burn the fish's liver and heart and Raphael binds Asmodeus in the north country. Then, on returning home, Tobias rubs the fish's gall on his father's eyes and Tobit says: "I see you my son, for the first time!"

As I read it, this story is filled with symbolism of the purification of sexual and human love. The fish is symbol of the unconscious. It's heart and liver (source of "life") need to be burned (purified by fire) to be freed from distortion of idolized humanity (Asmodeus). Then Sarah and Tobias can come together with a love "that has no lust" but is for God's honor and glory (See Tobias' prayer in Tb 8:5-7). The gall, I believe, represents bitterness and if Tobit looks at bitterness in the eye, his own blindness (his inability to see clearly because of unresolved pain) is healed. He sees with new eyes, just as if we look at Jesus "raised up" as

the serpent in the desert, we will be saved (Jn 3:14-15). Only through the pain of that purification will we love with a holy love, a sacrificial love that puts God first.

Such a Spirit-centered love can coincide with marriage, though it calls for spiritual individuating for both partners, since it must not hinder love of others despite its marital exclusivity. It is like God's love, special, faithful, open to being life-giving to everyone, creative and releasing creativity. We will return to the question of discernment in actual relationships after considering the other aspects that bring confusion.

2. Parental Love and Development

Closely connected to God's love is the confusion between our child need for a father's or mother's love and adult sexual expression. Children need to be held, to feel trust, to have a secure sense of bonding. **When this need is deprived, there will be a physical need for touch, a "skin hunger," that can easily be misunderstood as a need for sexual expression.** This confusion can lead to tragedy and an abiding distrust of men and women. The need for a father or mother is very different from the need for a sexual partner. The parental bond is to free children to become their true selves and be bonded to another. The child is not ready for sex, whether it be a real child or an inner child. That would be incest, which even in world religions is taboo and seen as regressive and an obstacle to healthy growth.[12] The child's unfulfilled need for total, unconditional bonding and belonging remains into adulthood if unhealed, and another's desire to parent may lead them to want to give that bonding. Unless boundaries are clarified, the dependent one will become ever more needy and possessive and fearful of abandonment (for he or she was abandoned), and the parental figure will begin to feel trapped and unable to set personally appropriate boundaries for fear of devastating the other.[13] As this tension becomes unbearable, it can lead to breaking off the relationship. The needy person is then confirmed in a deeper sense of parental abandonment, making it all the more difficult to trust "parental" helpers in the future. One's hatred and fear of the other sex is then only deepened.

What is needed is a *bonding* in love that may arouse sexual feelings but will not be misused sexually and which frees the person to reach out for a more equal relationship. This bonding may be physical. It often involves appropriate holding of the other, or appropriate touch that is not sexual.[14] Each needs to set clear boundaries or false hopes will be raised that the parental figure cannot sustain without feeling "put upon." Only God can fulfil our need for a more total relationship, and no relationship can be a substitute for one's own parents.[15] The ultimate healing of parental love, as we saw scripturally, is to be "born again" into Jesus' family with his parents as our parents, but even this cannot be fully done without choosing Jesus' parents for our parents also in order to acknowledge the "invisible loyalty" we have to our biological parents.[16]

3. Marriage and Friendships

Discernment becomes most concrete in actual relationships. Why are we attracted to this particular person? Are we looking for our parents? Or for God? Or for ourselves? Or for a partner to create with? How can we tell what vocation we are called to, what friendship to cultivate? How can we discern within a particular state of life, when we come to a new depth of experience, whether our initial call was God-given and permanent or simply a step toward clearer discernment of God's call? For the Christian, both marriage and celibacy are God-given vocations.[17] Celibacy is a NT vocation for "only those to whom it is given" (Mt 19:11 par, see 1

Cor 7:1-9). It is freely chosen "for the sake of the Kingdom of heaven." But marriage is also seen in a new way in the NT. Jesus grounded his forbidding of divorce in God's call: "What God has joined, let no human separate." Both marriage and celibacy are meant to be God's call, but are they in fact? The possibility in the Catholic Church of having marriages "annulled" is grounded in the view that these marriages never were "sacramental," and so do not fall under Christ's proscription. Reasons for such a decision may range from lack of emotional maturity (not being aware of one's true center), lack of spiritual growth and peace in the marriage (no confirmation of its gracious character in the working out of the marriage) or no real faith in God in one or both of the partners.

One need think only of Paul's permission to separate if the unbeliever so chooses: "For God calls us to peace" (1 Cor 7:15). Those with vows of celibacy have been dispensed by the church for similar reasons. How is one to discern what is "of God" and what is "only human" in these vocations?

One woman had been struggling for years to come to terms with sexual abuse by her father and the many subsequent abusive relationships she seemed to choose. As she experienced God's healing more deeply, she realized ever more clearly that she had married someone just like her father, and that she really was not called to marry him in the first place. They had never had children and she and her husband seemed stuck in periodic angry explosions which never changed anything. She experienced what seemed a clear call from God to separate and seek an annulment. She has since grown in her ability to accept responsibility in her job and to accept her own womanhood. She moved from being a child to adult responsibility. In her case the marriage was for security from a feared loneliness. It later became a block to true development. That does not mean she was not "called" to that partner. The relationship may be meant to reenact the past hurt that it may be healed.[18] But until that inner rift is healed, one will not be fully free to know one's call or to grow and create a mature relationship. She will need to "honor" that previous relationship to fully bond with any subsequent relationship.[19] As I have said in retreats, "the only reason for divorce is love." Love never ends, but people can discover their relationship is not good for each other and agree to separate. Others may recommit to their marriages after such a discernment process.

It is also not uncommon for a person vowed to celibacy to "fall in love" or for a married person "fall in love" with one who is not one's spouse. Such relationships can appear "fascinating," promising the love one has not yet experienced. Such people may feel they never were "special" to anyone till now, or they never were so "understood" or never had such "wise" guidance or such "strength" to make decisions. This can happen to a person happily married or (and more usually) to a person unhappily married, or it can happen to a celibate who has been successful or one who has come to a certain dryness in his or her life. It might seem that one is called to "marry" such an important complement to one's well-being and fullness of life. One might even have dreams of sexual union with the person or some other figure. Yet all these signs are not reliable guides for whether one is called by God to marry such a person. There are many types of relationships that begin by "falling in love" - celibate friendships, projections of father/mother (above) or one's inner feminine or masculine, etc. Only when each finds wholeness and a ground in God can there be clarity in discerning what the real relationship ought to be. Each person can be of great help to the other if they can remain in the relationship while keeping true to their own call in life. Gradually what is really a life-giving friendship can be differentiated from what is one's own "projected" potential that needs to be developed in oneself. Such relationships are to help each person in the process of individuating faith, and when that is

understood they are indispensable. We will either work through this often painful process, preferably with the help of an experienced guide, or be doomed to repeat it with someone else, or stagnate and lose creativity by fearfully withdrawing from all such relationships. The Samaritan woman had "five husbands" and the one she had "was not her husband." It seems only contact with the divine in Jesus and his love freed her from her compulsion to repeat unhappy relationships.

A real call to marriage, friendship or celibacy is neither a substitute parent nor a mystical "completion." It is a call to commit oneself either to another person as called by God ("What God has joined let no one separate"), as in marriage or to choose celibacy "for the sake of the Kingdom." Only discernment in God can clarify which is one's call.

4. Anima/Animus: One's Call to Inner Integration of Male and Female

What such "fascinations" often involve, which is a further source of confusion and conflict, is a seeing in another our inner feminine/masculine qualities (what Carl Jung called our anima and animus). Such attractions have a compulsive quality about them as well as a sense of "walking on eggshells." One is "fascinated" by the other, thinks of them continually, has a longing to be always with the person. The fear of the relationship breaking or of never having enough of the person can become obsessive. It feels like death to let go of possessiveness, to give the other space and freedom. This makes sense, for to lose one's inner soul would be a "death," and one's soul *must* be a constant companion in touch with every aspect of one's life. But one isn't aware of the identification of the other with one's own inner self. Actually, what seems to be a promised paradise is quickly filled with paradox and impossibility. The other can't always be centered in me, and I become *jealous* because of my inner demand for totality. Then being present itself only reminds one of the coming absence. To keep tantalizing one with the promise of wholeness and then take it away seems like torture. One has lost the freedom to pursue one's wholeness because of being captivated with the other.

John Sanford cites Anthony and Cleopatra as exemplifying some of the negative dynamics of these anima/us relationships.[20] Captivated by Cleopatra, Anthony, the consummate field general, chose to fight Octavian by sea because Cleopatra was proud of her Egyptian fleet. Octavian's fleet, smaller and more maneuverable, had the clear advantage, but even then Anthony could have won had Cleopatra not turned back to Egypt. Anthony abandoned his own fleet to pursue her, and his troops then surrendered to Octavian. Instead of a free and freeing relationship, Anthony was held captive by Cleopatra, an experience that is typical of this sort of relationship. One is not free to become one's true self because half of one's self is given to another. One half times one half is not one, but one quarter! Only two wholes multiplied makes one!

Such attractions are not primarily a real relationship with another, though that may also be involved, nor are they to be enacted "literally" through a sexual relationship. Rather, they are symbolic, a carrier of one's own inner masculine or feminine, and the frequent fantasy or dream of sexual relations represents an integration of this side with oneself. If a real relationship is involved, that will come clear only as each one finds in oneself what has been "projected" onto the other.

5. Co-ministry of men and women

In today's church there is increasing awareness that renewal of community necessarily involves the shared gifts of men and women. If God is community and family is the cell of church then men and women will be called to share in giving God's life. Such ministry occurs between married people and celibates, married and married, and celibates and celibates. The intimate sharing involved may put stress on the marriage or one's religious community unless each is developed to the point of openness to whatever God wills. It may stress each of the participants if the other dimensions of their male/female development are wounded and underdeveloped. As one married woman said to me about her ministry relation to another married man: "I admitted to him (and to myself) that I was attracted to him in all the above dimensions, but I had no intention of overstepping the boundaries of my marriage." In this case the other could also then admit his attraction to this woman, but strengthen his commitment to his marriage.

On the other hand, it may be that the personalities of the two are very different. In one team that I know, the woman is very outgoing, verbal and used to housework rather than professional spiritual direction whereas the man is reflective, matter of fact and intellectual. There is a common commitment to whatever Jesus asks, but also a frequent questioning of whether they should be in common ministry at all because of the periodic conflicts and sense of personal "slights" that arise. **A relationship is not just for union but also for purification and pruning.**

DISCERNING MALE-FEMALE RELATIONSHIPS

As we see, all these aspects of male-female relationships touch God. The original sin of Adam and Eve was to look to their own experience rather than to God for guidance, and the result was massive confusion and conflict with each other. Instead of each one deepening the others' relation to God, they substituted for God and became idols - objects of love and hate at the same time. Only if we reconnect with God can we rightly discern how we are to relate to our God-given partners. Each case is unique. Each person is at a different developmental stage with different needs appropriate to their stage. God works in each life differently. St. Ignatius of Loyola gives two different sets of rules for discernment depending on whether a person is a beginner or is advancing in the spiritual life. God challenges the tepid and strengthens the fearful. The aim is always toward greater conformity to Jesus' way and greater spiritual freedom and service of God in the community of believers. Male-female relationships are an integral part of this transformation, since we are only fully human in God's image as male and female community. I will use my own experience to illustrate how discernment might proceed and how the various aspects of male-female relationships might help clarify the process.

My Personal Journey

As I reflect on my own experience, I realize how much my issues have centered on male-female relationships. I became aware of a pattern of getting close at first then withdrawing. A first step in getting to the root of that pattern was a re-birthing experience with a woman in a healing session. I experienced a physical bonding that seemed to get behind my concern whether or not I was worthy of it; a bonding that put no pressure on me to respond, that just "was." That gave me an inner peace as well as a more feminine view of God. The early parental stage was being healed.

That was a beginning, but I still felt "locked up" despite a growing relationship with a woman friend. Her "mother wound" had reminded me of mine, and perhaps that was the initial attraction. But as the relationship grew, I sometimes felt a drive to "please," and found myself distancing. As I was prayed for in a healing group for my own early womb experience, I got in touch with how I still felt the need to come to the aid of my mother who felt unsupported by my Dad and overburdened by her third pregnancy in three years - myself. Intimacy was connected to that impossible demand to help my mother, and loyalty to my mother prevented my bonding to anyone else. Prayer to free me from responsibility to help my mother released a new sense of freedom in bonding. My mother herself died rather suddenly a little over a month after this session, perhaps helped by being freed from enmeshment to me. Her death brought me a sense that she was finally freed from her own sense of inadequacy into peace, and it freed me from my disloyalty to her if I opened to bonding with another. The initial mothering had led finally to freeing me with my own mother.

But that itself was only another beginning. My growing friendship became a kind of barometer of my inner state. In my friend's despair and lack of hope I discovered my own. She had a kind of death wish, as I suspect I also had. Her issues with men not being reliable paralleled my own with women, as well as her lack of bonding with her mother. It was the healing group's support that helped her get past her hopelessness, as it also was for me. It seemed that both our impasses were rooted in ancestry and only when those roots were prayed for would we get healed. The more needy she got, the more ambivalence and distance I felt; the more she developed her competence, the freer I felt. Our relationship seemed to illustrate what Harville Hendrix (1988) wrote: we marry (or are drawn into relationship with) those who reactivate unhealed aspects of our parental relationships in order to heal them.

I was not only blocked with women because of my ambivalence to the neediness of my mother, I was blocked with men because I had rebelled against my father who had tried to discipline me when I was ten. In another prayer session, we discerned my mother and father carried on a pattern in their histories of not supporting one another going back to an angry ancestor who seemed to be forced to be celibate because of a sexual sin. Religion had been used hypocritically to save face and control. On my father's side, a "Puritan" compartmentalizing and "work ethic" had put down intimacy and bonding. We apologized to my angry ancestor and asked his forgiveness, but full release did not come till we prayed for the antipathy between men and women back to Adam and Eve! Only then did I sense my ancestors' reconciliation. Later, I seemed to experience them now interceding for me and supporting my vocation. I found my issues were not just present, but involved conflicts of past ancestors, and healing involved praying for their reconciliation.

Still, the journey was not over as I soon learned. I had to face not just lack of bonding but also issues of blocked creativity and competence. I had felt increasingly incompetent in my teaching career and uncertain in preparing a course. I asked a friend for prayers and she saw a little boy in a corner not wanting to come out, and Mary went to bring him out and protect him. She also felt the "performance" attitude I was surrounded by had not been good for me. I needed to be the unique person I really was, not what others expected me to be. I needed to learn to *receive* like Mary. Another saw someone had put their hand over my mouth so I could not express what I felt. I was still blocked and fearful in my ability to express my true self. It was the experience of EMDR (eye movement desensitization and reprocessing) that brought me more clearly to the disconnection I received in the womb. This time it was not another who was mother to me, or a freeing from helping my mother. It was a healing of my actual mother's

relation to me and with it a sense of deeper physical union with God. That prayer brought a deep sense of union in the womb. At the same time it also triggered my anger at my father (and men) for not supporting my mother. A kind of "fight" was released, now a fight for life, and the beginning of releasing my initiative. Since then I have felt a deeper desire for co-ministry, for working with women to help others find life. Only as the root was touched in freedom and God could creativity be freed.

The journey goes on, but many pieces are now in place. In being brought "home" to God and the free gift of life in my mother's womb, I could begin to express my truth in relationships. I could express love publicly without shame. What before brought shame could be expressed openly without concern. I have been more able to work out relationships in a way that is life-giving to both. As bonding deepens, shame and confusion lessen. They are not fully gone, but I am more free to battle for openness to feeling and life. God's dream is beginning to become a reality through facing the deep pain of abandonment and lack of clear communication that kept me locked up in myself. As he was dying Jesus called out, "My God, my God why have you abandoned me." That very acknowledgment of his deep pain released a final surrender to God as he handed over God's Spirit of union to Mary and John as representatives of us all. Through the agony of that spiritual birth, God's dream, that God never abandoned, could again be made real. It is made real in our facing the pain of our wounded bonding and breaking through to God's restoring Spirit in the ground of our being and in our heart to heart relationships. It was when I experienced the "shock" of my initial deprivation of love in the womb, that I was led to the need to be "reborn" into Jesus' family. That deepest pain opened me to the foundational healing that God has given to all who "witness to Jesus" - the Holy Family as the human expression of the Trinity, that all believers are invited into as the gift of Jesus' death and resurrection. (Sears, 2016).

In the midst of this process, I opened to Ps 139 and felt consoled by God's surrounding knowledge and understanding, and I wrote a poem that I will conclude with:

Lord, you have been my companion since I was conceived
You were with me when my mother got hurt and angry with my father
Even now you can comfort me and shield me so I will not get upset.

You know not only me, but my mother and father
You know their stresses, how mother's upset made Dad feel inadequate,
as with his mother
How his withdrawal frightened mother more
You surround them too, and help them understand each other.

Lord, you breathe life into us - life that distinguishes us,
that makes us who we are in your sight.
You have a goal for us, and you do not rest until it is accomplished.

As you sent Jesus to be what you always intended humans to be,
So you watch over me that I might become what you had in mind in the beginning.

Separate me from my enemies both outside me and within me.
Separate me from my own defenses that have become a prison,

And open me to your love and the love of your people.

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Footnotes

[1]. See Steven B. Clark (1980), *Man and Woman in Christ (*Ann Arbor, Mich.: Servant Books), who argues this position at length.

2. A friend of mine said he was taken in spirit to Adam and Eve's actual sin and what he saw was their love for each other before sin was so intense that they saw it as on a par with God's love for them. So when Eve ate the fruit Adam did not want to leave her alone in her sin and chose to be with her. He chose a powerful good over obedience to God. He felt that was really what happened, and whether we agree or not, it makes a lot of sense about the deceptive power of sexuality today that has come into conflict with obeying God's word.

3. We note that God does not say "they" have become like one of us, but "the man" has become like one of us. The man (Adam) existed alone before Eve, and he is the one who received the command. Would he have been able to save Eve if he had refused to disobey God? As we will see that is now what both Adam and Eve have to do to save true Love.

4. We notice that Abraham didn't consult the Lord in going along with Sarah's giving him Hagar to have a child with. And when Sarah did have Isaac, she repudiated Ishmael. That distressed Abraham, but God then told him to do as Sarah said. God will bless both sons, as Abraham's offspring, but the conflict between them will last (See Gn 16:12).

5. See Exekiel 36:26f. God had promised to take out their stony hearts and give them hearts of flesh by putting his Spirit within them. Clearly, marriage in God's Spirit was to be forever.

6. See Hos 2:18-22; Jer 2:2; 3:1; Ez 16:8; Is 50:1; 54-5; 62:5. Also Ps 127:3ff; Prv 5:5ff; 12:4; 18:22; 31:10-31 presuppose a monogamous background.

7. See Jn 19:26-27 where Jesus gives his mother to the disciple Jesus loved and he takes her to "his own," and Rev 12:17 where the offspring of the woman who gave birth to the ruler of nations are "those who keep the commandments of God and witness to Jesus," that is, the church of all believers.

8. See Rom 5:12-18.

9. I have developed these five stages of spiritual growth in "Healing and Family Spiritual/Emotional Systems," *The Journal of Christian Healing*, vo. 5, no. 1, 1983, pp. 10-23. I point out there that they are cumulative and each build's on and brings to greater fulfillment the preceding stages. Stages cannot be bypassed even though God can intervene at any stage.

10. See Brant Pitre, (2014), *Jesus the Bridegroom.* (New York, NY, Image Bks), for a full development of this theme in Scripture.

11. I have developed these aspects of God=s love in "Trinitarian Love as Ground of the Church," *Theological Studies*, vol. 37, no. 4 (Dec. 1976), pp. 652-679. That article also gives the theological underpinnings of my analysis of spiritual stages of development.

12. The exceptions to this general taboo concern ritual acts for divine procreation conceived as a kind of incest. It may well be that incest itself is a disguised form of identity with the divine coming from a sense of possessing one's children. In any case, this very exception proves how unhealthy such relationships are.

13. This dynamic explains why it is so devastating for therapists to have sexual relationships with their clients. The therapeutic relationship is parental in nature, an unconditional love that aims to free the other. Any sexual acting out would equivalently be incest.
14. See Walter Leschler and Jaqueline Lair (1980), *I Exist, I Need, I'm Entitled.* (New York, NY: Doubleday), for a therapy based on this need for bonding, and Donald M. Joy (1985), *Bonding: Relationships in the Image of God.* (Waco, TX: Word Books), for an analysis of the bonding relationship. Leschler's therapy included such holding in order to heal the early deprivation.
15. See Ivan Boszormenyi-Nagy and G. M. Spark (1981), *Invisible Loyalties* (New York, NY: Bruner/Mazel), for an analysis of this dynamic. The loyalty is ontological and to one's own parents. To reconnect, we do need to forgive our parents and develop an appropriate connection with them without allowing continuing abuse. Theologically, our parents have been chosen for us by God, and only by choosing them in God will we be aligned with our true source. "Honor your father and mother" is the one commandment connected to attaining the blessing of the promised land (Ex 20:12). In some cases the wounded person may actually be substituting the relation to the opposite sex for a deeper, more frightening need for bonding with the parent of the same sex. I have seen this especially with women who are alienated from their mothers and caught in a kind of "maternal" relation to a man or men. Two foundational relationships can help in this case, male and female, if the two can work together as a unit. The one can ease the fear of bonding to the other and what ultimately needs healing is the alienation between one's parents and an integration of the masculine and feminine aspects of oneself.
16. See Robert T. Sears (2016) , "Theology of Prayer as Response to the Creative Love of God," *Journal of Christian Healing,* Vol. 32, No. 2, Fall/Winter, in www.ACTheals.org for a fuller development of this ultimate solution for all of us.
17. See the little book by Max Thurian (1959), a brother at Taize, *Marriage and Celibacy* (London, UK: SCM Press). Thurian argues that Christian marriage needs the Christian option of celibacy to rise above a merely "natural" state, a sort of human necessity that is tolerated by God. If celibacy is a possible call, then marriage also requires discernment of God's call, not just a yielding to human needs.
18. This is the reason for most marriages according to Harville Hendrix (1988), *Getting the Love you Want* (New York, NY: Harper Perennial).
19. See Robert T. Sears (2015), "Trinitarian Ground of Healing of Families," *Journal of Christian Healing,* Vol. 31, No. 2, Fall/Winter. In this article the principle of honoring previous deep loves for present love relationships to fully develop is grounded.
20. See John A Sanford (1980), *The Invisible Partners* (New York, NY: Paullist Press), pp. 22-24.

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Key Words: Trauma, Christian counseling, model comparison, CBT, treatment protocols

Treating Trauma: Model Development, Comparison, and Analysis of Three Divergent Models[1]

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Trauma treatment for psychological and psychiatric disorders from Christian-based models is currently in its infancy. Most practitioners utilize established methodology from secular-based treatment and best practice models, because such models have been subjected to rigorous research and evaluation. Recently several of these models have been restructured and redeveloped to include spiritual components in order to address spiritual-based issues that arise from the traumatic event itself and to give a decidedly spiritual focus to alleviation of symptoms. This article compares the structures and applications of Trauma Focused Cognitive Behavioral Therapy for Children (Cognitive-Behavioral), the HEART Model (Phenomenological), and the Life Model (Neurological). The differences and similarities of the models' spiritual components are assessed. The researchers are supportive of hybrid approaches to treatment and are inclusive of these recently developed approaches.

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INTRODUCTION

Comparison of trauma treatment models is of great potential benefit to clinicians interested in effective treatment. The following comparison of three widely differing models will demonstrate that, in addition to differing in the primary mechanism of trauma resolution, the models differ extensively on the scope of trauma they address and the working understanding of

the nature of trauma. Trauma has largely been understood by collecting a cluster of symptoms related to disruption in function together with a list of events that instigate those disruptions for a preponderance of people. Trauma therapy has focused on the practices that resolve the cluster of disruptions.

There is no particular agreement in the literature about "what" is disrupted by a trauma that creates the agreed-upon symptoms. A great number of factors from subject age to culture appear to influence whether an event becomes a trauma, that is, results in symptoms. Treatment theories posit very different causes and therefore very different treatment solutions. In addition, treatment models address different ranges of the presumed effects. One model may focus on disruptions of memory while another focuses on disruptions of interpersonal relationships. A common focus has become the resolution of post-traumatic stress disorder (PTSD) symptoms, although there is no agreement that this disorder represents the full spectrum of trauma sequelae.

In this paper we will examine three divergent models and identify their working understanding of trauma. Next, we examine treatment protocols according to (a) general considerations that shape each model, (b) methods employed, (c) treatment sequences, and (d) practitioner requirements for each of these three trauma treatment models. We will compare models for strengths and weaknesses. Finally, we will draw conclusions about using a diversity or combination of models.

Three Trauma Models

Our first model is Trauma Focused Cognitive Behavioral Therapy for Children (TF-CBTC), which has a clear and specific definition of trauma effects and a focused age range. TF-CBTC equates trauma effects to PTSD, therefore, resolving PTSD symptoms means a trauma is resolved. TF-CBTC provides a specific and clear response protocol for PTSD in children. Different protocols for adults and children indicate the trauma mechanism is age-dependent in some measure. TF-CBTC interventions are designed for mental health professionals working with both a child client and the child's family. Changing stimulus responses and thoughts is combined with education for the child and family to produce resolution of PTSD.

Our second model is the HEART Model (Healing Emotional Affective Responses to Trauma), a framework developed specifically for trauma treatment. The HEART Model addresses a much wider range of sequelae from trauma across a much broader age range than TF-CBTC. Within the HEART Model spectrum, trauma can produce PTSD, dissociation, ego disruption, depression, anxiety, relational ruptures, and spiritual malaise. As a phenomenological approach, the HEART Model provides analogies that guide a series of healing and restorative processes, including emotional catharsis and forgiveness. The model assumes this is treatment for an adult whose trauma began in childhood. Interventions are designed for mental health professionals working with only the client but include spiritual training and resources not available in secular models.

Our third model is the Life Model, which provides a simultaneous neurological and spiritual model for trauma recovery. The Life Model proposes a specific mechanism for trauma with a neurologically-based sequence for resolution. Postulating that the brain works best in a securely attached configuration, the Life Model seeks to help the client establish and maintain normal relational function while processing traumatic experience. At the same time, the Life Model explains trauma within the context of a spiritual community. Interventions, from individual to community levels, involve participation from mature community members, spiritual leaders as well as clinicians. Unlike those of the other two models, Life Model interventions may

involve whole groups as well as individuals and are not restricted to consulting rooms. Clinicians often function in the role of trainers and consultants to communities and individuals. Trauma resolution is viewed as restoring normal community life for all participants.

I. HOW THE THREE MODELS UNDERSTAND TRAUMA AND RECOVERY

The TF-CBTC Model

For TF-CBTC, trauma has an effect on all areas of a child's life: cognitively, emotionally, physically, behaviorally, relationally, and spiritually. Addressing disruptions of those domains in children ages 4 to 18 who have experienced a traumatic event that resulted in PTSD or other trauma related problems is the main goal of TF-CBTC (Child Welfare Committee, NCTSN [National Child Traumatic Stress Network], 2008; Cohen, Mannarino, & Deblinger, 2012). Children who do not meet the DSM diagnostic criteria for PTSD but who are experiencing significant distress related to traumatic experience may also benefit from TF-CBTC. TF-CBTC techniques provide a foundation for the treatment of an assortment of presenting problems in addition to PTSD. At the core of a TF-CBTC understanding of trauma is that an agreed-upon cluster of symptoms of life disruption appear in a child's life following an event. Usually this cluster resembles PTSD.

For the TF-CBTC model, trauma is the effect of events that produce a widely disruptive impact on children in their environment. Little attention is given to what is disrupted or what mechanism is altered by trauma to create a disruption. One clear exception is the identification of an undesirable stimulus/response pairing that must be desensitized when appropriate, as we will see in the treatment discussion.

Treatment for individuals and families is provided in the form of education and skill training. Skills include quieting, affect modulation, parenting, control of thoughts, and telling a trauma narrative. This cluster suggests that TF-CBTC sees trauma as an event for which a child and family are poorly prepared, given their skill level for controlling arousal, distress, and thoughts. Trauma, for TF-CBTC, markedly affects the social fabric at a family-wide level and requires management skills beyond those the family has developed. Unfortunate conditioning to stimuli creates a persistent and recurrent pattern of reactivity.

The HEART Model

The HEART Model sees trauma as an event that places emotionally charged memories someplace else in the brain from narrative memory in the context of implicit memories (M. Rank, slideshow during personal communication, October 2009). These memories, when not confronted or worked through; tend to elicit behaviors and actions that can lead to dysfunction. The remaining feelings are often repressed or compensated for, in ways that will allow the person to cope. For instance, in childhood sexual abuse, a child may learn to dissociate or disconnect from the actual feeling of the sexual violation in order to cope with a traumatic situation. Later, because of that disconnection the child may continue to idolize the perpetrator, especially if the perpetrator is a close family member, because the affective memory of the trauma has been effectively blocked. This, over time, can and will cause significant cognitive distortions in this child's perception of relationships. This defense mechanism also protects from hurt, shame, and humiliation, preserving an essence of self. Psychological defense mechanisms include minimizing, rationalizing, denial, forgetting, splitting, avoiding, and controlling. Acting out behaviors include, attempting suicide, cutting, various forms of addictions, isolation,

avoidance of intimacy, and sexual acting out (Bass & Davis, 1988). Defense mechanisms and coping strategies provide a wonderful way of protecting the self from difficult emotions and help preserve the inner essence of who we are.

For the HEART Model, the one place where the three energies of mind, body, and spirit converge is in the heart. Not the literal body part, but the soul often referred to as the heart. The heart, in Jewish tradition, incorporates the wholeness of self, all that it is: the seat of emotion, love, and transcendence. The heart is the gateway to the higher self. The ability to love and receive unlocks the gifts of insight, true knowledge, and spiritual awakening. It is the heart that seats the battle between the higher and lower parts of self, good versus evil, heaven versus hell. The HEART Model sees this convergence of energies in certain theories of trauma, especially in the Ego State Therapy of Jack and Helen Watkins (1993), who wrote that most people are multiplicities at some level whether covert or overt. These personality segments, called ego states, represent specializations of functions that have been initiated and developed for better adjustment, and in some cases even for the survival of the individual. Ego states can take the form of roles, situations, feelings, even qualities such as vulnerability or strength of will (Watkins, 1992). The inner healing process, then, is to reconnect to these places in order to achieve a greater sense of wholeness. For complete healing, this reconnection must not only be a journey to past memories, but must also include a sense of God. A sense of something greater than oneself is essential for healing and transformation.

The Life Model

The Life Model proposes to define the mechanisms of trauma. While a group of symptoms of PTSD are well recognized, the nature and intensity of experience needed to make an event "traumatic" varies greatly from person to person. Why is there this variance?

First, the Life Model proposes that trauma is the disruption (without repair) of the normal relational responses to a situation that are characteristic of securely attached individuals. Relational processing during secure attachment results in the resolution of events in a way that accurately reflects both one's individual experience and group identity. For example, it is just like me and my people to grieve the loss of a friend. The result of severely disrupting our external relational process is a desynchronization of the brain systems involved with relationship and identity. Loss of coherent relational brain function is manifested externally by a lack of relational coherence when recalling that experience, together with a sense that the unprocessed emotional elements are still active in the present. The individual feels alone in the face of this horror.

When a disruption of relational processing is left unrepaired, the result is recurrent disruption of "knowing who we are" and how to "respond relationally" to memories of the event or to anything that reminds us of the unprocessed elements in memory. This makes trauma a community-based phenomenon, in which the development of trauma requires both that the individual be unable to process the experience internally and that the community be unable to restore secure relational connections that adequately direct how our group identity responds relationally to the traumatic circumstance.

Second, the Life Model postulates that these disruptions of internal regulation cannot be processed relationally because of a lack of emotional capacity to deal with the intensity of the feelings or pain. We become mentally exhausted and overwhelmed as a function of how strong we are, how intense the events may be, how long they last, how often they repeat, and how many different ways they affect us. Prolonged loss of sleep, cold, pain, illness, physical injury, malice,

hatred, rejection, repeated loss of loved ones, and other cumulative factors reduce our capacity. Since capacity is primarily developed as a function of secure relationships, not everyone develops the same amount of resiliency. Age and intactness of community are strong factors influencing how much resilience an individual has had time to develop. Consequently, the weaker the individual or community, the smaller a force needed to produce trauma.

Third, just as one may not have developed immunities to biological threats, both individuals and communities may have poor coping strategies in the face of emotional stressors. The risk of trauma is closely tied to the relational repair skills of an individual and their identity group. For instance, in a group where shame is embraced easily, even high levels of shame will not produce trauma, but if shame quickly ends relationships, then even a small shame may traumatize. A fourth factor that determines the size of impact needed to produce trauma is how well a group identity produces secure attachments and expressions of the true self.

From both the spiritual and neurological perspective, effect of trauma can be defined as: the inability to process an experience and remain in a relational state while regulating both individual and shared emotions. What makes an event traumatic, in a neurological model, is the inability to process the experience normally while remaining relational, securely attached, and able to regulate the emotion individually and mutually with others. This understanding of trauma explains why trauma blocks some areas of human development, reduces the victim to feeling alone in that experience, leaves unregulated emotional energy in its wake, revives the unprocessed state when remembered, prevents relational coherence (*shalom*) when recalling that experience (or during similar future experiences), disrupts group identity, results in repeated or perpetual desynchronized function internally and externally with regard to being oneself in relationships, and is therefore painfully disruptive.

The Life Model considers trauma recovery to have occurred when the person is able to act and speak as his or her true self, accepted by his or her community, in the face of whatever adversity caused the trauma, and to do so with confidence that this response is directly appropriate to the situation and is approved both by his or her reference group and by God.

II. THREE TRAUMA TREATMENT PROTOCOLS

Treatment protocols for differing models reveal a great deal about the scope, application, and requirements for effective treatment. We will describe:

1. the general theory behind treatment,
2. treatment sequences,
3. treatment methods, and
4. practitioner requirements for each of the three models in this comparison.

The TF-CBTC Model: A Cognitive Behavioral Model for Trauma Recovery in Children

General Considerations for the TF-CBTC Model

Trauma Focused – Cognitive Behavioral Therapy is a psychotherapeutic model that "combines trauma-sensitive interventions with cognitive behavioral therapy," (NCTSN, 2008, p. 1). Drs. Judy Cohen, Ester Deblinger, and Anthony Mannarino developed Trauma Focused – Cognitive Behavioral Therapy, or TF-CBT, in the late 80s (Cohen et al., 2012). TF-CBT is a structured, short-term treatment with techniques designed for individual sessions with the child

and with the parent, eventually incorporating some combined child-parent sessions. The foundation of TF-CBT is of course cognitive behavioral therapy; however, theories such as "humanistic, attachment, family systems, and empowerment models" have informed the model (Cohen et al., 2012, p. 4).

TF-CBT has been found to be a powerful tool in helping to alleviate the distress experienced by traumatized children and their families. But more importantly, families report that it works (Medical University of South Carolina [MUSC], 2005). The research on TF-CBT is rather promising, with TF-CBT in the forefront of trauma treatment (Walker, Reese, Hughes, & Troskie, 2010). "Recent reviews of the literature show that TF-CBT has the most empirical support for its efficacy" (Cohen et al., 2012, p. 4). Legerski and Bunnell (2010) in their study examining the risks, benefits, and ethics of TF-CBT research found "the majority of participants [in TF-CBT] self-appraising their participation as positive, rewarding, and beneficial to society" (p. 429).

Treatment Sequences for the TF-CBTC Model

Children and their caregivers are taught skills to manage the process of working through the traumatic experience early on in treatment. Typically treatment consists of 8 or 16 sessions with each session ranging from 60 to 90 minutes (Cohen et al., 2012). Sessions are weekly and can be conducted in a variety of settings including the client's home, school, residential facility, correctional center, or outpatient office. Each treatment module builds on the previous module, therefore each module must be mastered before moving to the next (Cohen et al., 2012).

The therapeutic relationship between the child, caregiver, and provider is essential to treatment success. An initial assessment to ensure a client or family has all the basic needs met will aid in developing therapeutic engagement with a family. The initial assessment can involve standardized testing and screens or a single clinical interview. Cohen, Mannarino, Deblinger, and Berliner (2009) suggest using one of the standardized PTSD measures. Further, they strongly suggest that the parents' "overall functioning should be assessed" (p. 8). This assessment may include mental status exam, genogram, eco-map, biopsychosocial assessment, and trauma history.

During the initial assessment, barriers to treatment should be identified and resolved if possible. Engagement strategies have been shown to have an impact on initiation of treatment and to increase session attendance (Cohen et al., 2012). Finally, Cohen, Mannarino, Deblinger, and Berliner (2009) suggest identifying any past problems with treatment providers or community agencies, as negative past experiences may influence the child and family's participation in and perception of treatment.

PRACTICE is the acronym used in TF-CBT (NCTSN, 2008, p. 2) to describe the treatment structure. Each element of the acronym will be discussed in greater detail under methods. These are the treatment modules for the PRACTICE acronym:

- *Psycho*-education about childhood trauma and PTSD.
    - Parenting component, including parent management skills.
- *Relaxation* skills customized to the child and parent.
- *Affective* modulation skills adapted to the child, family, and their cultural features.
- *Cognitive* coping: connecting thoughts, feelings, and behaviors related to the trauma.
- *Trauma* narrative: assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences; cognitive and affective processing of the trauma.

- *In-vivo* exposure therapy and mastery of trauma reminders if appropriate.
- *Conjoint* parent-child sessions to practice skills and enhance trauma-related discussions.
- *Enhancing* future personal safety and enhancing optimal developmental course through providing safety and social skills training as needed.

TF-CBT can be adapted to address cultural nuances and to include spirituality. The model encourages inquiry about the client's culture early in the treatment process. SO-TF-CBT (Spiritually Oriented TF-CBT), developed by Don Walker, PhD, provides the opportunity to address the spiritual and religious needs of the client. Walker proposes that often spiritual and religious issues are at the heart of the trauma and must be addressed in TF-CBT (Walker et al., 2010). It is an ethical necessity to be prepared to address all cultural concerns. **As providers working with children who may blame God, we are responsible for being competent in exploring that question and myriad others that involve spirituality.** Dr. Walker suggests addressing spirituality and religion in the relaxation, trauma narrative, and cognitive coping modules of PRACTICE.

Methods Employed in the TF-CBTC Model

The methodology (objectives and techniques) in the PRACTICE modules used for this study come primarily from the Trauma-Focused Cognitive-Behavioral Therapy Web-based Learning Course, 2014. The course is offered through http://tfcbt.musc.edu, and is free to those studying and practicing in the mental health disciplines.

Psycho-Education about childhood traumatic experience and PTSD is the basis of TF-CBT treatment. The main goal of this module is to normalize the child's reactions to the traumatic event. Managing distress, effective communication, and safety are key elements of the psycho-educational component. The objective is to provide child and caregiver accurate information on:

- Types of traumatic events and experiences (in general).
- Why this specific type of trauma occurs (specific diagnosis).
- Effects of trauma and traumatic stress, normal reactions to abnormal events.
- Why children may not want to talk about or remember the traumatic experience.

Psycho-educational techniques:

- General education about abuse and trauma.
- Specific information about the traumatic event(s) and the child's diagnosis.
- Sex education.
- Risk reduction.

The parenting component includes teaching the caregiver basic parenting skills, as well as skills to address behaviors associated with the specific traumatic experience. This is accomplished by providing psycho-education to caregiver on the use of (Cohen, et al., 2009; MUSC, 2005; Walker et al., 2010):

- Praise and genuine approval.
- Active ignoring.

- Timeout.
- Other critical incident management strategies.
- Balance between empathic support and consistent logical consequences.
- Cultural practices and religious beliefs regarding discipline.

Relaxation Skills should be individualized to the child and parent to address specific needs. The objective is to teach a variety of techniques to manage emotional arousal and stressful thoughts. These techniques are used during sessions and outside of therapy, whenever distress dictates that some form of intervention is necessary. These techniques are scripted (Cohen et al., 2009). Some relaxation techniques used are mindfulness, focused breathing, meditation (Walker et al, 2010), yoga, music, and drawing. Creating a "toolbox of techniques" will be beneficial in later modules. Techniques that are used (MUSC, 2005):

- Controlled breathing, to manage anxiety and stress reactions.
- Progressive Muscle Relaxation (PMR), to relieve body tension.
- Thought Stopping, to manage intrusive thoughts that disrupt concentration.

Affective Modulation skills are often impaired in children who have experienced a traumatic event. The protocol involves teaching clients and their caregivers how to recognize and identify emotional reactions and subsequently how to respond. The techniques should be developmentally appropriate and adapted to the culture of the family.

Objectives:

- Explain the logic for having to identify various feelings.
- Identify as many feelings as possible, increasing the feeling vocabulary.
- Teach participants how to rate the intensity level or Subjective Units of Distress (SUD) of an emotional reaction.
- Teach participants how to express feelings appropriately in diverse situations.

Techniques include (MUSC, 2005):

- Making emotion charts.
- Affective processing.
- Labeling or naming the feelings.
- Rating the feelings.
- Reading the emotional thermometer.

Cognitive Coping and Processing I and II is recognizing the connection between thoughts, feelings, and behaviors. This module builds on the modules that preceded and is in preparation for the trauma narrative (Walker et al., 2010). A second cognitive coping and processing occurs following the trauma narrative. During the first module, thinking errors and cognitive distortions are challenged. When processing this connection and challenging cognitions, it is best practice to use non-trauma–related examples; the actual trauma will be processed in the trauma narrative module (Cohen et al., 2009).

Objectives of cognitive coping:

- Recognize and understand the difference between:
    - accurate and inaccurate cognitions and
    - helpful and unhelpful cognitions.

- Recognize the distinction and relationship amongst thoughts, feelings, and behaviors.
- Generate alternative thoughts that are more accurate or more helpful than prevailing inaccurate or unhelpful thoughts.
- Attempt to change feelings and behaviors by changing thinking patterns.

Techniques used in cognitive coping:

- Review the differences between thoughts and feelings.
- Outline the "Cognitive Triangle" (Thought, Feelings, Behaviors).
- Use various types of examples to explain how thoughts affect behaviors.
- Generate scenarios to practice identifying thoughts, feelings, and probable resulting behaviors.
- Help participants to generate more realistic or helpful thoughts.
- Discuss how this skill is applicable to daily life.

The *Trauma Narrative* is a means of assisting the client to share a verbal, written, or artistic account of the traumatic experiences, while he or she cognitively and affectively processes the traumatic experiences through in-vivo exposure. The literature has associated positive outcomes with expressive writing techniques (Legerski & Bunnell, 2010), such as those involved in creating a trauma narrative. The goal of the trauma narrative is to separate the unpleasant associations between thoughts, reminders, or discussions of the traumatic event from the overwhelming negative emotions.

In preparation for a trauma narrative, the therapist should introduce both the child and caregiver to the theory behind discussing upsetting events directly. Next the child and therapist read a psycho-educational book created for children who have experienced trauma. The client then creates his or her own story in a very structured manner that allows the therapist to monitor reactions throughout the process (Cohen et al., 2009; Walker et al., 2010). The final piece of the trauma narrative is for the client to explore what has changed from their experience with trauma and treatment. Children are asked to reflect on lessons learned and what they would tell another child going through something similar. This phase is concluded with the therapist identifying any thinking errors that need to be corrected and processing those cognitions with the client.

Cognitive processing objectives:

- Help client and caregiver to gain a deeper understanding of the difference between accurate and inaccurate thoughts and perceptions related to the traumatic experience.
- Help client and caregiver to correct thinking errors and to encourage healthier thought processes or reframes around the child's traumatic experience.
- Help the caregiver examine their own thoughts about the child's traumatic experience for both accuracy and helpfulness.
- Teach the caregiver methods to successfully confront the child's thinking errors.

Cognitive processing preparation and techniques:

- Reread the trauma narrative, paying particular attention to the thoughts and cognitions
- Challenge or confront all the unhelpful and inaccurate thoughts.
- Employ role-playing or experiential exercises to reinforce new cognitions using techniques such as art storybooks, psychodrama, and the radio announcer interview.
- Decide on the best format for narrative to be presented.

- Ways to proceed should be explored mutually with the child.
- Describe perception of event as follows:
    - client reads narrative.
    - client adds thoughts and feelings to the narrative.
    - client includes worst moment, memory, or worst part of traumatic experience.
- Employ cognitive processing techniques (above) to regulate emotional responses if the child continues to experience an elevated degree of reactivity.
- Praise the child throughout the process.
- Encourage the child throughout the process.

A second stage of cognitive coping and processing follows the trauma narrative where negative cognitions and thinking errors are identified, confronted, and reframed (Walker et al., 2010). **Walker et al. (2010) suggests that therapists should explore thinking errors rooted in religion or spirituality. For instance, a child may believe that God was punishing him by allowing the traumatic event to happen. Left undisturbed, those spiritual and religious cognitive distortions will act as barriers to resolving the traumatic stress and have the potential to entrench PTSD.**

In-Vivo Desensitization or Exposure to reminders of the trauma are techniques used by Cohen et al. (2009) to keep the client from generalizing emotional reactions to all situations. Mindfulness and prayer are also potential means of resolution (Walker et al., 2010).

Conjoint Parent-Child Sessions allow the child and the caregiver an opportunity to practice their new skills and enhance trauma-related conversations (MUSC, 2005). The goal is for the caregiver and child to be able to comfortably discuss the traumatic experience.

Preparation for conjoint parent-child sessions:

- Evaluate the participants' (child and caregiver) readiness to participate in joint sessions.
- Help the caregiver to acquire the skills for responding appropriately when the child discusses the traumatic event.
- Promote positive, healthy communication between caregiver and child about the traumatic experience.
- Teach the caregiver and child to continue the therapeutic work at home, following the successful completion of treatment.

The therapist guides a session in which the child presents the trauma narrative to the caregiver. The caregiver and child then have a discussion about the trauma narrative (Cohen, 2009).

Objectives for conducting conjoint sessions:

- Teach the caregiver skills to manage disruptive, aggressive, and noncompliant behaviors that will inevitably occur.
- Help the caregiver decrease any unhealthy or ineffective discipline techniques currently in practice.
- Teach the caregiver the appropriate use of praise, timeout, crisis management plans,

and other effective reward and punishment techniques.
- Practice these skills with the caregiver in preparation to use these strategies effectively in the home, school, community, mall, and elsewhere.

Techniques for preparing and conducting conjoint sessions:
- Assess the caregiver's readiness for processing the traumatic experience with the child.
- Assess the child's readiness to process the traumatic experience with the caregiver.
- Remind participants of the rationale for conducting conjoint sessions.
- Prepare the caregiver for possible reactions and challenges.
- Prepare the child for potential thoughts and feelings that may surface.
- Determine the content of the caregiver-child session prior to the actual session.
- End a conjoint session that is derailed.

Enhancing Future Personal Safety and "optimal developmental trajectory through providing safety and social skills training (MUSC, 2005) is the final module. Safety planning is really the goal of this module (Walker et al., 2010). A practical safety plan will include identifying the signs of potential danger, code words, escape routes, several safe places, safe people, and public safe places.

Practitioner Requirements for the TF-CBTC Model

Although TF-CBT has a manual and is designed for delivery in a structured progression; "it is not a 'cookbook' of regimented procedures delivered in an impersonal manner" (MUSC, 2005). The creators make it very clear, that creative, resourceful therapists, who have developed close therapeutic alliances with their clients, are the best therapists to deliver TF-CBT. Therapists are taking TF-CBT into a number of diverse communities and testing it with different populations. Jacox (2004) developed a school-focused TF-CBT program. Children in foster care are experiencing significant benefits from TF-CBT (Cohen et al., 2012). All critical needs must be addressed prior to treatment beginning. Newman and Kaloupek (2004) validate the need for research about disaster and traumatic event survivors, while noting the challenges of such studies.

While TF-CBTC is designed to be directed by trained and licensed mental health providers, the model suggests treatment by a team. Who actually provides the classes and training may be more determined by third-party payers than by requirements from the model itself. In addition, treatment may be rendered in a wide variety of locations and is neither limited to nor exclusively suited for a private consultation office.

The HEART Model: A Phenomenological Model for Trauma Recovery

General Considerations for the HEART Model

The HEART (healing emotional affective responses to trauma) Model offers a spiritual model from a Judeo-Christian worldview to work with those who have experienced trauma and have painful memories of the past, such as those who have been sexually abused or trafficked for sexual exploitation. It is a phenomenological model focused on the resolution of feelings. That is, completing the whole (Perls, 1969), and it incorporates spiritual issues into the treatment process. This model is consistent with current standards of trauma work set out for treatment

regarding the sexually traumatized and dissociative clients by the International Society for the Study of Trauma and Dissociation (ISSTD) (International Society for the Study of Trauma and Dissociation, 2011).

The HEART Model uses a process of connecting to our inner self often called "inner healing" (Keyes, 2009a, p. 299). Some Christian counseling professionals have used inner healing (primarily with Christian clients) to connect and abreact (re-experience, relive) memories of pain, hurt, or trauma, in order to facilitate cathartic resolution. The purpose of this abreaction is to work through deep-seated repressed feelings and memory to enable the present day effects of such to dissipate. According to this model, after trauma occurs these feelings and memories are no longer in the narrative memory but are stored elsewhere in the brain as implicit memory. **The process of inner healing focuses on the healing power of God (in Christian terms God embodied in the Trinity of Father, Son, and Holy Spirit) on specific areas of emotional or spiritual wounding and on cognitive distortion. The creative force of God's healing power allows clients to create new reactions to the old material embedded in memories by exploring new landscapes of psychological well-being.**

The HEART Model is a step by step process or use of stages, which allow for resolution of emotional experiences, resolving and restructuring cognitive distortions and reframing the affective responses, including how they relate to a personal relationship with God.

Treatment Sequences for the HEART Model

The HEART Model follows a standardized three-phase model of treatment (Gingrich, 2013) for dissociative disorder and sexual trauma as approved by ISSTD. Phase one addresses rapport, safety, confidentiality, crisis stabilization, orientation to the therapeutic process, and boundary issues. Phase two deals with memory resolution, affect processing, cognitive restructuring, and fusion or integration of separated parts. Phase three focuses on life after therapy, relational and sexual issues, spiritual issues, and closure.

The HEART Model divides these three phases into seven to ten stages. The stages the client progress through are designed to be circular not linear. That is, clients will often fall back to an earlier stage as experiences and memory are processed and the affect states and cognitive distortions are resolved. Seven of the stages are used whether a spiritual component is used and three of the stages are added when spirituality is a part of the counseling and healing process.

The stages of the HEART Model are as follows:

1. Creating a safe environment and establishing rapport.
2. Reconnection and anchor to traumatic memory.
3. Processing of affect and recognizing cognitive distortions.
4. Dialogue and emotional negotiation between adult self in present time and adult self or child at time of hurt and trauma. Resolution of cognitive distortions.
5. Forgiveness of self.
6. Awareness of spirituality, Concept of the person's God image, or God. Process possible distortions regarding God image.
7. Forgiveness of self in relationship to God or God image (i.e., receiving forgiveness from God).
8. Merging of split or discordant parts of self.
9. Merging of split relationship between self and God or God image.

10. Refocus on life with new insight, purpose, and hope.

Methods Employed in the HEART Model

- Creative visualization.
- Guided prayer to clearly see and recreate any experience of disconnected memory.
- Therapeutic counseling interventions for affective responses to memory.
- Resolution of repressed anger, hurt, and deep-seated emotion.
- Resolution of self-blame.
- Confront a distorted frame for viewing God, who did not protect or rescue them from a harmful situation. **(In most Christian denominations, God's promise is seen as one of presence, not rescue. A client's realization that God was present at a time of trauma, and in the present, often represents a significant paradigm shift for many ongoing spiritual and psychological issues that fosters hope and purpose.)**
- Allowing the adult self in present time to emotionally and spiritually reach and rescue the child or the younger adult self from the time of hurt or trauma (Bradshaw, 1990).
- Self-forgiveness and the ability to receive forgiveness from God. (Self-forgiveness and the Christian overlay sets the HEART Model apart from other models currently in the literature—Ross, 1989; Putnam, 1989; Krakauer, 2001).
- Experience of God (as the client understands God to be) as truly loving, caring, and supportive (Seamands, 1985).

Let us consider the methods that are specific to each of the ten stages of the HEART Model:

1. Establishing rapport and creating a safe environment

Therapists establish rapport using direct eye contact, a soothing voice, direct statements, a pleasant office environment, and so forth. All these skills convey that the counseling environment is a safe arena to disclose closely held secrets, feelings, and emotions. Boundaries, confidentiality, safety, crisis stabilization, and intrusive memory may also need to be processed both on an affective level and a spiritual level as these are all issues relating to the therapeutic alliance so necessary in that first stage of any counseling relationship. Clinicians attempt to allay fears and to form the necessary bond before working with deeper issues. The quality of the relationship is seminal to effective outcomes (McLaughlin & Carr, 2005; Gurland & Grolnick, 2008). From a spiritual standpoint rapport seems to take on a mystical quality of its own that transcends the self, and God is invited to the exchange. The scripture that says, "Whenever two or more are gathered in my name, I will be there" (Mt 18:20) captures this connection.

2. Establishing a connection to, and anchoring to relevant memory

The HEART Model simply asks a client to connect to a memory that represents issues currently in process. Memories are anchored by visualization and by all of the five senses: touch, sound, sight, smell, and taste—by remembering colors, objects, noises, odors, and flavors. Drawing the memory further anchors the client to the time and place and allows an increase of associated thoughts and affect connected to the memory. All memory belongs to the client, and nothing iatrogenically (which literally means "put in

from the outside") is created or introduced when the therapist asks a client to draw the memory after visualizing it. While therapists can lend support in working with the issues, they cannot verify the authenticity of the experience. Repressed memory is a way of protecting the core of the self (Briere & Scott, 2006; Krakauer, 2001; Ross, 1989). This phenomenon has been shown over time to be real (Ross, 2000) and can be explained as storage of implicit memory separate from narrative memory in the brain.

The goals and milestones of stage two exposure therapy are skills in containment and self-regulation. The client learns to utilize those skills to decrease the impact of abreaction, enhance past memory, and diminish affective flooding.

3. Processing of affect and awareness of cognitive distortions

Reconnecting to memories as adults may bring with it all the sensory input of the original experience as an abreaction or reliving of the experience. The grieving process becomes a necessary component of freeing these trapped emotions. Grief acts as poison, limiting the capacity for joy, spontaneity, and for life itself. Carver and Harmon-Jones (2009) found clear links between anger, fear, and anxiety. Trauma sets off significant fear reactions, which, if not processed, lead to repressed anger (Epstude & Mussweiler, 2008). Both fear and anger fester when repressed but often explode when exposed.

The goals and milestones of stage three are relaxation skills and affect modulation skills. Thought stopping, mindfulness, communication skills, and assertion skills help resolve difficult feelings. The catharsis of connecting to unresolved feelings can release both pent-up emotional responses and cognitive distortions regarding the traumatic memory. These cognitive distortions introduce the next stage and are paramount to healing. The ability to release repressed feelings and emotions allows the client a new perspective, the ability to reframe events, and an increased awareness in dealing with traumatic events in their lives.

4. Negotiation between the adult of now and the child or younger adult of then

This section is probably the most difficult to articulate. The basic idea is that the adult of present time negotiates with the child of the past in an attempt to mediate unresolved conflict and emotion. The process is similar to the chair work of Gestalt Therapy (Greenberg, 1979), in that the discordant split between the adult self and the hurt child represents two distinct poles of response and behavior. From a Gestalt standpoint, reuniting the two parts or "completing the whole" becomes the process of therapy. From an Ego State Therapy standpoint (Watkins & Watkins, 1997) the process consists of taking two discordant and fragmented ego states and working toward the elimination of barriers and/or amnestic states to allow a fluid flow of information between ego states. The end result using either process is a free flow of information and an integration of parts or ego states. The softening of the internal process and the integration emerges as a key factor in resolving intrapsychic splits (Greenberg, 1980). The degree of emotional arousal was found to differ between those who resolve issues and those who did not (Greenberg & Malcolm, 2002). Stage four is difficult because sexual trauma often distorts the perception of reality for victims. The duality of love-hate emotions often permeates and distorts inner processing.

The goals and milestones of stage four are to use the inner process of Gestalt-like chair work while attempting to resolve irrational thinking, using a psychodynamic and

client-centered focus, by dealing with the inner personal experience and the object relations of self and others. Stage four seeks to create affect stability through the resolution of cognitive distortion and internal dissonance.

5. Forgiveness of self

In the HEART model, healing requires people to forgive themselves first, because only then can they forgive someone else or receive complete forgiveness from God. The model does not hold that for someone to heal they have to forgive someone else. The first step to forgiveness is honesty about feelings of hurt, shame, hate, and anger. **"Trying to forgive perpetrators is a futile short circuit to the healing process but may emerge as a byproduct" (Bass & Davis, 1988, p. 151).**

The goals and milestones of stage five include a final resolution of shame and a relinquishing of self-blame. The goal is self-healing through the resolution of cognitive distortions, the continued development of self-soothing skills, and the ability to let go and move on.

6. Awareness of the presence of God

The HEART Model expects that people can be aware of God's presence on a real, tangible level. **It is God who can offer the final healing. An awareness of God's ongoing presence can produce a striking and startling change.** Marsh and Low (2006) made a case for the importance of working with religious material psychotherapeutically while at the same time being attentive to the pitfalls that may arise in doing so. Contemplative prayer, used by monks and priests since the Middle Ages to have a deeper walk with God (Pennington, 1988; Linn & Linn, 1984) is a means to spiritual awareness. The practice involves simply being aware of God's presence in one's immediate consciousness and allowing oneself to do nothing but simply experience God's presence for a period of time, in which God can speak directly if one allows it. Murray-Swank and Pargament (2005) showed that clients who were searching after God could have that experience enhanced through spiritual interventions in a therapeutic context. **The problem for many is a negative image of God. Many clients falsely relate their traumatic experience with their concept of God.** Reinert and Edwards (2009) explored this distortion using attachment theory, and reported that verbal, physical, and sexual mistreatment distorted attachments to God and concepts of God. These distortions were created from unhealthy interpersonal relationships, particularly those which occurred during the early developmental years of childhood and adolescence.

The goal of this sixth stage is to enhance spirituality through a personal connection to a living and vibrant God. This stage also begins to address spiritual distortions and negative God images. Finally the stage increases awareness of spiritual dissonance.

7. Confronting cognitive distortions of God - Forgiveness in relation with God

Cheston, Piedmont, Eanes, and Patrice (2003) showed that clients saw a significant reduction in psychological symptoms over the course of treatment when they had a positive image of God. A right relationship with God means seeing God as

benevolent, being mediated through pathways of hope, and self-acceptance (Gall, Basque, Damasceno-Scott, & Vardy, 2007). Those who have experienced trauma or abuse tend to have a sense of alienation from God. Common negative aspects include the following:

a) feeling guilt about past actions,
b) seeing God as judge or scorekeeper,
c) being angry or resentful at God for what others have done,
d) holding a rigid sense of roles about religion,
e) being unable to forgive—this might include self, others, or God,
f) using spirituality only in emergencies,
g) feeling unworthy; and
h) isolating oneself from others.

Metaphors are useful, particularly with a biblical reference, in addressing cognitive distortions in a person's image of God (Turell & Thomas, 2001). Use of metaphor, cognitive-behavioral counseling, dealing with our negative thoughts and feelings regarding God, realigning our view of God with biblical truth, dealing with our personal experiences, and forgiving God are all therapeutic vehicles for reframing cognitive distortions of God.

Forgiveness cannot be understood correctly apart from love. **Keyes (2009) elaborated that until we find a way to embrace and love ourselves it is difficult to let ourselves off the hook. In the same way, until we find a way of connecting to our love for God and God's love for us, it is difficult to receive God's forgiveness.**

The goals and milestones of stage seven look at the spiritual consequences of prior behavior and belief and seek to resolve spiritual distortions. It is often a time of increased awareness, spiritual development, and spiritual renewal. It can be a time of awakening, which continues the process of letting go and moving on.

8. Merging of split parts

The process of HEART uses visualization to reclaim discordant parts of our childhood selves in order to heal from the hurts and shames of early childhood (Watkins & Watkins, 1997; Polster & Polster, 1973; Bradshaw, 1990), but also to reclaim and resolve discordant parts of our belief about the nature of God. And so, in this ninth stage, we seek to integrate not only disconnected and discordant parts of self, but seek also to integrate the presence of God.

The goal of stage eight is to facilitate a cognitive reframe in which integration of self creates a neurological and psychological shift in perspective and experience. We merge the split parts to make up and complete the whole (Perls, 1969). From a self-psychology or heuristic standpoint, we reconnect to find our true self; and Transpersonal Psychology states that we merge our parts in order to connect to that which is beyond ourselves, and in so doing, we truly experience our true self.

9. Integration of ego states with the presence of God

Once it becomes clear that the client has worked through cognitive distortions of self and God, the integration phase can begin. Visual imagery or metaphor can facilitate

this process. When clients are ready to integrate ego-states or parts, they are encouraged to visualize the separate parts and to be aware of God's presence in the moment and allow God to bring about the integration.

The goals and milestones of stage nine are to foster personal connection to God and to allow an infilling of the presence of God at the center of our very being. It is this process that creates spiritual wholeness and continues in us our own personal spirituality. It creates a cognitive reframe, which allows a confluence of self and God.

10. Return and refocus with new insight

The goal of stage ten is a focus on relationship, sexuality, and spirituality. It's a renewed interest in life, through which the client learns to function without dissociative or dysfunctional coping skills. Stage ten works on closure issues in the therapeutic process, a reframe, and social support. With the termination of treatment, the client steps into a reframed and new life.

Practitioner Requirements for the HEART Model

The HEART model is designed for fully trained and licensed clinicians who have had additional training in dissociation and trauma recovery comparable to the standards for participation with the ISSTD.

The Life Model: **A Neurological Model for Trauma Recovery**

General Considerations for the Life Model

The Life Model was developed from a neuroscience perspective on brain/body/community systems within a biblical worldview. While the Life Model has a much broader application than trauma treatment, it provides a framework for trauma recovery with integrated spiritual and neurological elements. Practitioners tend to build trauma recovery models from experience and then use neuroscience to explain or support their methods. In contrast, the Life Model sought first to explain the dynamics that create trauma and provide recovery and then derive interventions. Techniques known to help trauma recovery were sequenced using this theoretical base, and new interventions were created to match the specific needs of the brain at each step of recovery (Lehman, 2011).

The Life Model developed around a Judeo-Christian worldview (Friesen, Wilder, Bierling, Koepcke, and Poole, 1999) that provides the following two commonalities to all human experience: (1) the same spiritual truths are common to all people, and (2) all people must manage their physical brain/body system in community. In this worldview, God's creation is intended to reach its ideal function as a harmony of spiritual truth and physical reality. What is true spiritually should match what works optimally for creation. From this spiritual perspective, what is good spiritually should be good for the mind, what is healing spiritually should be healing for the brain, and what is harmful spiritually should be deleterious to the brain/body/community system. None of this becomes clear until we consider that the brain is inherently relational and exists in a multigenerational community of people. Both the production of and recovery from trauma are deeply linked to the relational functions of living communities (Wilder, Khouri, Coursey, & Sutton, 2013).

A cursory review reveals a strong similarity between core spiritual values and optimal brain development. For the sake of both mind and spirit, we value such things as:

- states of joy and peace;
- cycles of rest and activity;
- relationships based on love;
- tenderness toward weakness;
- synchronicity of functions;
- resolution of painful experiences;
- truth that makes sense of experience;
- formation of individual and group identities;
- overcoming of malfunctions; and
- growth of the preferred self (Coursey, 2016).

The Life Model is unique insofar as it combines three elements not usually found together:

1. multi-generational community,
2. Immanuel lifestyle, and
3. relational brain skills.

The multigenerational community focus restores and maintains emotional capacity. The Immanuel lifestyle creates and maintains a secure attachment with respect to God. The relational brain skills restore and build the maturity of the collective brain/body/community system needed for contingent, joyful, and peaceful life together. The model is designed to improve results by attention to sequence, necessary relational skills, and God's guidance for rebuilding communities.

Life Model methods have been applied to the development of maturity and emotional capacity (resilience) for leadership (Warner & Wilder, 2016). The model also provides structure for Christian community-based responses to disasters and trauma (Life Model Works, 2015). In the context of trauma, the Life Model provides a structure for examining the identity damage produced by trauma in a spiritual and neuroscientific context, so that rebuilding identity will bring recovery and restore function within human communities.

Within the neurological model, trauma is the evidence of incompletely processed events characterized by intersubjective isolation. Trauma interrupts the normal relational processing of experience when a state of mutual understanding appears impossible to an individual mind. The perception of being alone with a significantly intense affective or attachment experience interrupts the processing of that event. The normal processing of experience is not completed and the memory remains affectively charged.

The more intense an experience becomes, the more emotional capacity is needed to process that experience. When a given experience is perceived to be impossible to share with others, it becomes intensely disorganizing to the brain. This results in a "disorganized attachment" state whenever the memory and its associations are triggered. The combined disorganized processing state, the lack of intersubjective mutual mind support, and the lack of personal emotional capacity produce the characteristic "trauma response."

Because the ability to process experience and regulate emotions is largely absent at birth and develops by practice, the earned maturity of both individual and group identities become a large determinant of which

experiences will be traumatic. Children are low in maturity and rely heavily on the capacity of their group identity to resolve intense or protracted events. Intensely painful events need not be traumatic if the community response is contingent and adequate to process the child's experience. Therefore, **trauma is the result of a failure of both personal maturity and group maturity to resolve a situation securely and contingently before the capacity to endure the event is spent.**

If both maturity and capacity are still lacking at the time that trauma resolution is attempted, this will impede resolution of the trauma regardless of the technique used. Persistent attempts by the mind to complete the processing of a traumatic experience (flashbacks) accompany any events that trigger the unprocessed memory. The unprocessed event flashes into awareness but does not resolve unless additional maturity and capacity is now present. A neurological model must therefore take into account the maturity and the active capacity of any system at the moment it was traumatized or when it attempts to resolve prior traumatic events. First, the missing elements of maturity must be added. Second, the trauma resolution technique cannot exceed the system capacity at the moment of attempted resolution. Disregarding these two factors will result in retraumatizing the person and relational system.

One way to describe trauma recovery is that the person becomes able to act and speak as his or her true self in the face of whatever adversity caused the trauma. The person does so with confidence that this response is directly appropriate to the situation and is approved both by his or her reference group and by God.

The Role of Religion

The knowledge of how to act as one's true self is what we expect religion to impart. The failure to act as one's true self is referred to by three Judeo-Christian terms: *sin, iniquity*, and *transgression*. These three biblical terms for human malfunctions are defined as follows:

1. *sin* - an archery term for not reaching the target (Hebrew) or missing the target in any direction (Greek);
2. *iniquity* - a deformity in development, from injury or disease, where what should have developed did not grow or was misshapen;
3. *transgression* - doing what was forbidden or not doing as commanded.

Even a quick reading of the scriptural texts will reveal that much concern is expressed about the deformities (iniquities) of our identity that lead to deformities (iniquities) in relationships with God and others. The same is true for our falling short (Hebrew archery term for sin) of living from our full identity in relationship with God and people.

In the light of the two great commandments—to love the Lord our God with all our heart, soul, and strength, and to love our neighbor as ourselves—the full extent of sin, iniquity, and transgression in our identities is revealed. Both spiritual community and trauma resolution share the goal of restored function for our true selves. What aids restoration of our true selves from either side should benefit the other. If both brain and religion were designed by God, then the methods and results should ultimately harmonize.

Generational/Community Recovery

It is readily observed that deformities of character, thinking, and behavior can be passed from person to person and generation to generation. The observation that iniquities tend to self-propagate suggests that, to counteract the scale and impact of trauma, recovery should also

propagate from person to person and generation to generation. Yet in a world of both traumatized and healthy people, even if all non-traumatized people raised healthy children, this would not prevent the propagation of trauma from one generation to the next. Recovery must penetrate from the recovering population back into the traumatized groups and spread from person to person and even group to group. This kind of result will happen only if the means of recovery is accessible and safe for most people to use and yields significant enough results to continue spreading. To achieve this result, recovery must conform to the requirements of the brain systems involved and must spread through spiritual communities under the blessing of God. Such a model would maintain compatibility with the highest standards of professional care, even though the methods and safeguards might vary.

Treatment Sequences for the Life Model

The current method of sequencing trauma resolution with regard to optimal brain function and conservation of capacity developed under the Life Model has been named the Immanuel Process by the psychiatrist Karl Lehman, MD (Lehman, 2016), and his wife, Charlotte, who is a pastor. The first phase of the process is to establish a stable mental state with regard to attachment by entering and maintaining a memory-based state of appreciation. If necessary, body quieting is used to reach and sustain appreciation. Under optimal conditions, memories of times when the person was aware of God's presence are used to activate a secure sense of attachment to God.

The Immanuel Process

When the Immanuel Process is used for trauma resolution, it uses the logic that God is always with us (hence the name Immanuel) but in traumatic experiences we feel alone and without a sense of God's active presence; this lack indicates that the experience has not been processed relationally by the brain. **Rather than start recovery by activating the traumatic memory or even focusing on it, whenever it can the Immanuel Process activates the memories of God's active presence with us. When no sense of God is remembered a stable level of mental processing is developed through any memory of appreciation or gratitude of any kind.** Once a grateful state is present the practitioner asks, "While keeping your focus on the appreciation memory, let's ask what God wants you to know about a time when you were not aware of God's presence."

The facilitator in this process helps the individual to notice and describe what comes to their awareness. During the process the practitioner continues to check that the individual continues feeling appreciation. Should the appreciation be lost, all attention is diverted back to finding and restoring a stable brain configuration with regard to attachment before continuing. These steps are continued until the person is aware of God's active presence in the memory where they previously were not aware of God's presence. The length of the Immanuel process is often less than 15 minutes when capacity is high. Diminished capacity can greatly extend the time to resolution and the complications involved. After having achieved a profound sense of peace, and no longer feeling alone, the individual is coached on how to describe what changed when they became aware of God's presence. This experience should now resemble the relational experience of a securely attached individual. At this point the person is encouraged to tell the story of what changed (though not the story of the trauma) to their community. The individual

begins by telling their peaceful change to the facilitator. This last step helps the individual rejoin the community as well as spread the hope that trauma resolution is possible.

Several safeguards are built into the Immanuel process as described. The facilitator *only* presses for focus on appreciation and a stable brain function and does not name or push for resolution of a specific trauma. No attempt to consider traumatic experiences (times when God does not seem present) is made when the person is not able to sustain a feeling of appreciation. Only those traumas that spontaneously come to mind and remain present are addressed. This indicates that the brain has the capacity at the moment to contemplate these events. If the stable operation of the brain is disrupted, the feeling of appreciation can no longer be perceived by recalling an appreciation memory, and the process is stopped and refocused entirely on stabilizing the brain. **By reducing the time that the brain remains unstable, beginning within seconds of the onset of the disturbance, the individual conserves emotional capacity.** The Immanuel process works whether or not the person has a belief in God.

Methods Employed in the Life Model

While Dr. Lehman's methods are designed primarily for counselors, simpler ways of teaching communities to deal with distress have also been developed. While we have just described a simple example of a jointly guided Immanuel process, individual and group versions have also been developed.

An Individual Version

An individual version based on journaling was developed by Loppnow and Kang (Wilder, Kang, Loppnow, & Loppnow, 2015), in which appreciation (gratitude) is used to both initiate and test for stable attachment function while participants exchange short messages (similar to text messaging) with God. Once a state of appreciation is achieved, the mental process of noticing thoughts that bring peace can be guided through the five steps:

1. I see you,
2. I hear you,
3. I understand you,
4. I am near you, and
5. I will help you.

While these responses can be made vocally, they are often simpler to achieve if the individual writes down what comes to mind. These short messages are then read aloud, used to build community, and test for signs that what was written creates a peaceful sense of truth. These deceptively simple steps teach individuals and communities to expect God's active presence.

This sequence is designed to bring into play the relational processing of experience by the brain that was described by Lehman (2011, 2016) as the "pain processing pathway." This experience processing pathway goes as follows:

1. recognition that the experience is personal (attachment level),
2. basic sensory processing and evaluation,
3. mutual mind processing (intersubjectivity),
4. group identity processing (what do I and my people do when we feel this way), and
5. procedural and language processing (how do we speak about and respond to this).

Before starting the five processing steps (I see you, I hear you, I understand you, I am near you, and I will help you), the journaling method takes two additional steps to encourage a stable mental state with regard to attachment from the onset. A stable state of mind is encouraged by asking the individual to write a text message to God about something the person appreciates and then writing God's text in response from whatever thoughts come to mind (Wilder et al., 2015). The journaling process then continues with five more texts from God that draw, in part, on the experience processing pathway. The seven steps then are:

1. Thank you God for ____.
2. God's response to being thanked.
3. I see you. (What God sees the individual experiencing.)
4. I hear you. (A mutual mind response to internal process.)
5. I understand how big this is for you. (Validation.)
6. I am glad to be with you. (The relationship is bigger than the problem.)
7. I will do this for you. (Group-identity–based response.)

After writing these seven steps the individual is asked to read this aloud and test for a peaceful feeling. If a counselor or trustworthy group is available, the entry can be read aloud to others. The listeners are asked to reflect anything that brings them a sense of peace as well.

A Group Version – "Passing the Peace"

Because the Life Model seeks to resolve trauma through restoring relational processing of life experience within a community context, its focus is on broadening peaceful relational experience to include any experiences that currently isolate members. **The goal is to keep relationships bigger than the problem.** This community-level process is called "passing the peace" and can be done in three ways: orally, in writing, and with a group (Life Model Works, 2015). In each modality the same three steps are involved, although the written method adds more detail:

1. Begin by feeling gratitude.
2. Look for and notice a thought that brings peace.
3. Tell someone what made you feel peaceful.

In this sequence, the most uncertain amount of time needed comes with the first step—feeling gratitude. The second and third steps usually complete themselves in 3 to 5 minutes and the whole process generally takes 5 to 45 minutes to learn and use. Gratitude is the target state for processing, as this state is stable and relational. Gratitude will usually trigger the most stable attachment state a person has achieved, and it avoids disorganized attachment states during processing of traumatic material.

In cases of disasters that involve huge losses it is important to keep the source of gratitude as immediate as possible. Asking people to remember the past will generally trigger memories related to losses and recently killed or injured loved ones. A similar precaution is needed for the third step of the process, in which telling the story is focused on sharing the peaceful thoughts with the community rather than retelling the traumatic experience. While peaceful thoughts do make reference to traumatic experiences, the peaceful thoughts are

minimally triggering for listeners and maximally conducive to relational processing of difficult emotions.

The written version of passing the peace is the same as that developed by Loppnow and Kang for journaling and resembles a series of seven text messages between the individual and God. Because this journaling is read in community groups it is easily learned, checked for actual peacefulness, and taught to new individuals. Immanuel Journaling, as it is sometimes called, is rapidly spreading around the world for many purposes beyond trauma resolution.

The group method for passing the peace matches the three steps of the oral method and has been used successfully with groups of several hundred people at a time. Since passing the peace does not require people to disclose trauma content of unprocessed experiences, many individuals who would not consider talking about their traumas have been helped. Surprisingly deep resolution of traumas in a group setting is being observed without significant complications.

The group instructions are:

1. Begin with gratitude or appreciation,
2. Continue with the next step of asking God "What do I need to know that will bring me more peace?" only if one is feeling gratitude or appreciation.
3. Tell the person next to me if I had a thought that brought peace and how that peace feels to me.

Lack of need for disclosure of trauma before or after the resolution lowers anxiety and reduces triggering of trauma memories in others.

Because "passing the peace" includes telling others how one achieved a sense of peace, the process has been found to self-propagate within relational networks. Instances of trauma resolution that are five replications removed from the original person have been located in both Colombia (drug and political violence) and Nigeria (Boko Haram–related violence). Community members taught others to follow the three steps that brought them relief, and the new beneficiaries in turn passed the process to their listeners. The process was sufficiently intact to bring resolution on the fifth generation of transmission.

In addition to direct steps to resolve trauma, the Life Model promotes a variety of capacity-building exercises and practices. The simplest capacity-building exercises are remembering appreciation memories and learning to sustain a state of apperception for five minutes a day. An additional step encourages creating or expressing appreciation for others each day. More extended times of practicing appreciation with God by remembering instances when one has felt God's presence builds a sense of peace and attachment within communities that increases the capacity to face and resolve traumatic experiences.

Professional guidance of this community capacity-building practice is very helpful. Professionals are able to deal with individuals who have stronger emotional defenses, lack of community involvement, difficulty feeling appreciation, and severe attachment issues. There is also a professional role in building a community capacity by creatively helping identify and overcome community practices that reduce joy in relationships, bring attacks on weak members, foment weak attachments, and excessively rely on unpleasant emotions for motivation.

Practitioner Requirements for the Life Model

Practitioner requirements for Life Model interventions are more tied to emotional maturity than to professional training. Professional training does not usually focus on the maturity needed to lead a community. At the same time, community leaders rarely have the cognitive grid with which to analyze or resolve relational issues in their communities. While the processes that build resilience and emotional capacity through joyful relationships require community leadership and guidance, the missing or defective practices are best identified by professionals and other relative outsiders to the community.

Professionals are generally not familiar with self-propagating models of change that develop a life of their own in communities. Community leaders with maturity are more accustomed to watching ideas and practices spread and guiding their communities to incorporate new practices. The cooperative guidance of professionals, clergy, and community leaders is desirable if not essential for the Life Model.

III. A COMPARISON OF THE MODELS

What ensues in the following paragraphs is a comparison of the three models. The comparison is offered as a means of assessing the potential strengths of each model with the intent of exhorting the reader to use aspects of all of the models and to discern possible hybrid applications. This comparison is by no means an exhaustive effort but will focus on specific themes.

Progression and Flow of the Models

All three of the models by necessity start with some type of establishment of rapport. There has to be a connection and trust factor established between therapist and client in order for any therapeutic intervention to be successful. Since the Life Model may do trauma recovery in a group context, the rapport-building may be with a group, church, or community rather than an individual. All three models greatly diverge in both focus and purpose regarding their stages and direction.

The HEART Model starts with the stability and the connection in the therapeutic relationship and initially focuses on client crisis stabilization and emotional safety. It is within this context that skills that position the client to handle deep memory work and affect-regulation are built. Feelings often flow from memory, and this allows for therapeutic process and cognitive restructuring regarding distorted concepts of self. The resolution of dealing with negative affect and internal dissonance will hopefully lead to self-forgiveness and internal congruence. This first part of the model deals entirely with traumatic memory and the resolution of negative affect and of cognitive distortions of the self.

The second part of the HEART Model then shifts to spiritual awareness, God image, and the spiritual distortions and restructuring needed to restore a positive relationship with a personal God. The focus here is spiritual resolution and enhancement while moving toward a personal and spiritual integration. This integration will have the effect of a reframe of both personal and spiritual aspects with the goal of internal congruence and a cessation of dysfunctional behavior and symptoms.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT), while utilizing similar systems as the HEART Model, clearly flows somewhat differently. As part of the rapport-building and introductory stage of the client-therapist relationship, assessments are used related to symptoms but can include the role of religion and spirituality. The client will acquire affect-regulation skills in a psychoeducational format regarding symptoms and diagnosis. During this time of skills acquisition, exploration of common religious and spiritual reactions to abuse may aid the client in understanding their experience. Relaxation training, which may include prayer, is taught to enhance the client's mastery of affect regulation. Effective expressions and modulation through recognition, thought stopping, and image replacement is a way of disrupting the flow of negative thoughts and emotions. Bible stories and spiritual song can be used from a spiritual frame to interrupt negative thoughts. The client is then taught cognitive reframing utilizing what is called the Cognitive Triangle (thought, feelings, behavior). Role play, including biblical reference and Christ-like behavior, is used to reframe cognitions for spiritual emphasis.

The techniques listed in the previous paragraph are used with the client's trauma narrative, that is, they integrate material and information with the client's experience, making meaning out of struggles which include a focus on the spiritual, and dealing with both cognitive and spiritual distortions by enhancing self-meaning. This reframe is therapist-led and may involve In-Vivo Sensitization. This involves working with memory utilizing visualization to decrease generalization and anxiety. From a spiritual standpoint the use of prayer and scripture may support a client's courage to deal with fear. The final stage of this model is to teach relapse prevention for safety and future situations.

The Life Model, which uses Immanuel Prayer, takes quite a divergent direction than the previous two models. After the establishment of rapport this model bypasses any affective or cognitive processing of traumatic memory from a negative affective position. In fact all processing is directed immediately to spiritual awareness, with the objective of establishing a stable relational state of internal synchronization and, as far as possible, secure attachment. Keeping in mind that trauma destabilizes the mind and interrupts function, and that secure relationship stabilizes the mind and restores function, every effort is made to achieve and maintain optimal function before and during the trauma resolution. In this way, rapport is extended beyond the therapist to God and to any stable relationships in the individual's or group's memory. Relationships, like trauma, are memory-based, so the process seeks to trigger a secure relational base before opening the trauma memory. Since God is always present and a completely processed traumatic event includes an awareness of God's presence, the Life Model takes God as the secure relational base.

The Appreciation Memory Seat

The Life Model postulates two levels of spiritual awareness of God. The first is a general sense of appreciation of good things but no direct awareness of God at all. This stable relational state can be triggered by recalling any memories that bring gratitude or appreciation. Starting trauma recovery from gratitude is called the Appreciation Memory Seat (Wilder & Coursey, 2010). There is openness to God during a time of appreciation but no awareness. This appreciation can be for any positive aspect in our lives with or without an acknowledgement of God's presence. This appreciation forms the basis of positive memory with the directed target of realizing that God is with us. In Appreciation Memory Seat the participant is helped to keep their attention on how the body feels while feeling appreciation. Since body awareness during emotion requires executive functions by the anterior cingulate and prefrontal cortex directing focus to the

appreciation memories, it maintains relational readiness in the brain. Openness to "God with us" in positive experiences prepares us to find God in deep pain, trauma, and struggle. Even without any direct awareness of God this sense of appreciation creates a neurological shift in the brain that leads one to a relational sense of peacefulness, openness, and curiosity characteristic of the executive function brain stability.

The Interactive Memory Seat

The second level of Immanuel Prayer within the Life Model is called the Interactive Memory Seat. By recalling the memory of a time when one experienced an interactive exchange with God most people are able to quickly resume an interactive sense of God's immediate presence in the present. It is from this position that an interactive dialog with God ensues. It is this dialog and the awareness of God's presence that allow the processing of the trauma in the domain of relational experiences. Both the Appreciation and Interactive Memory Seats involve a process of visualization not unlike those used in the HEART Model and TF-CBT Model, only with awareness focused on appreciation memories or on God's presence to assure continued executive function from the prefrontal cortex during the processing of the trauma.

Sharing Minds with God

The next stage of the Life Model is called Sharing Minds with God. This is a way of processing and working through cognitive distortions by asking questions and continuing the reframing process. The therapist does not suggest any reframing of the event but directs the individual or group to notice new thoughts that are entering awareness. In fact, **it is quite common for individuals (and always the case for groups) to reach resolution of the trauma without speaking out loud or revealing the nature of the traumatic experience. It is the positive reframe that is focused on throughout the model, and that is completed when the client is able to tell their story of positive change. The focus in speaking the story is not on the pain of the trauma, but on the positive change, appreciation, and difference that results from direct interaction with a personal God. Telling aloud the story of what changed and became resolved enables the process of resolution to be organized in the left-hemispheric procedural and autobiographical memories.** It then provides a procedural blueprint for resolution of other traumas. Telling the story of what changed (rather than the story of the trauma) allows the individual to express their resolution in the community context, helping resolve the effects of trauma on relationships and provide hope to others that they may also receive help.

Comparison of TF-CBTC, HEART, and Life Models

All three models start with the necessity of *rapport* between client and therapist. Rapport in the TF-CBT Model is developed in the early stages of psychoeducation, rather than in traditional therapeutic approaches, and is continued further with skills development. Rapport in all three models in and of itself might be misleading in that phase one of treatment really involves other aspects of therapy, which includes crisis stabilization, affect-regulation skills, confidentiality, and the therapeutic alliance.

All three models deal with *memory*, however, in different places. The HEART Model begins working with memory after crisis stabilization and rapport building, TF-CBT works with

memory in its latter stages, and Immanuel Prayer works with both memory and affect in the context of memory work, but with a spiritual focus from the start.

Cognitive distortions are dealt with in different ways among these models, as is affect. The HEART Model deals with affect as it relates to memory and attempts to resolve cognitive distortions from a phenomenological basis, with dialogue between the inner child or young adult of the past and the adult of now. This dialogue is resolution-focused and tinged with affective response on both sides of the internal split of self. The goal is to resolve conflict and to merge the parts. TF-CBT uses a behavioral cognitive approach in resolving irrational thinking, and resolves self-blame issues with a narrative process. Reality testing and reframing are a part of this process. Immanuel Prayer takes a spiritual focus to resolve cognitive distortions from the standpoint of dialogue with a living God, in which answers are expected in the dialogue process. The HEART Model encompasses this process and technique, but at a later stage.

All three models deal with *affective responses* to both memory and the therapeutic process. The HEART Model takes a focus on self-forgiveness, which neither TF-CBT nor Immanuel Prayer seek as a focus of therapy. The Immanuel Prayer Model looks to resolve un-forgiveness of self in terms of mutual mind state or perspective in relationship to God, whereas the HEART Model makes self-forgiveness a target of therapy, as a resolution of the cognitive distortions.

Spiritual awareness is filtered throughout the TF-CBT Model, if the model is used with a spiritual overlay (Walker et al., 2010). The HEART Model introduces spiritual awareness and focus in much the same way as it introduces resolution of cognitive distortions. The HEART Model believes that spiritual distortions are just as important to unravel, which can be accomplished in an interactive dialogue with a living God, and can be integrated much in the same way as the child and adult internal split. Immanuel Prayer uses an awareness of God's presence in an individual's life as its first stage of a relationally stable, trustworthy, and truthful perspective. Resolving the spiritual distortion of being alone and in pain is the main focus of Immanuel Prayer, which leads to integration and a reframing of one's life. The latter stages of the HEART Model do much the same by including God in the process of integration and the resolution of dissonance regarding internal affective states. TF-CBT would see the thread of spiritual focus utilized within the context of the specific issues the client would bring up in the course of therapy. All models include a narrative when the client discusses things with the therapist. TF-CBT works to enhance safety and future development of the trauma narrative, while the HEART Model reframes the trauma and restructures identity. The HEART and Life Models focus on the change and resolution narrative to enhance future growth.

Spiritual Modification

Both the HEART Model and TF-CBT can be used with a secular focus or can be modified to work with other religions by shifting focus to other spiritual writings. The following are four examples in which this shift could be utilized for both models:

1. *Jewish*: spiritual focus on Old Testament scriptures and the Jewish watchword of "the Lord is one." God would be seen as God the Father, and the internal focus of cognitive distortions would center on metaphor and story.
2. *Islam*: Focus here would be on the Koran and on the five pillars of faith. Focus again would be on God the Father, embodied in the word Allah, and the watchword "there is no God but God."
3. *Buddhism*: Focus on Tibetan scriptures and the writings of Buddha. Containment

skills in the form of mindfulness meditation, and a focus on the four pathways.
4. *Hindu*: Focus on the Upanishads and Gita. God is embodied in multiple deities and, in certain sects, Krishna.

This is by no means an exhaustive list of religions or religious concepts, nor is it an exhaustive treatise on the religions mentioned above, but simply a sampling of ways to modify both the spiritual and the God focus to be able to use the model with clients of other religions.

Immanuel Prayer requires no preexisting beliefs about God and depends on whatever active interaction the individual has in the present with God. The recipient need not believe in any god at all. Secular explanations for these "interactions" exist based on the postulate that one is listening to an inner self-helper or other mechanism. It is difficult to imagine a therapist adopting the model without a Christian worldview, however.

Trauma Narrative versus Integration

In TF-CBT the trauma narrative is used to integrate material, emotions, and reactions within individuals in the therapeutic process. With children and adolescents these trauma narratives are also shared with parents. Immanuel Prayer uses narrative to solidify gain in spiritual integration of material, a perceived sense of God, reintegration with the community, and procedural guidance for other life issues.

The HEART Model uses integration rather than the trauma narrative to achieve many of the same goals. This integration is in two parts. The first focus is on the self, thoughts, behaviors, feelings, and experiences (memory), all aimed toward self-forgiveness. The idea here is to bring the two discordant parts of self together. The second focus is spiritual, in that God is brought into the center of the integration process, and God's presence is thought to complete the self-integration.

Forgiveness

Immanuel Prayer brings forgiveness without prompting when identity becomes defined by relationship rather than by trauma. Seeing God's perspective allows God's forgiveness to permeate all stages of resolution and all relationships. Neither we nor others bear the sum of our malfunctions as our true identity (unforgiven), but rather we desire for ourselves and others to become the persons we were meant to be (forgiveness.) TF-CBT does not address the issue of forgiveness unless it comes up in the course of therapy, and then only in terms of spiritual and/or cognitive distortions and restructure. The HEART Model deals with forgiveness on two levels. The first being self-forgiveness, or finding a way to let yourself off the hook. And second, the model sees forgiveness from God as the essence of spiritual healing, and any forgiveness of others as an artifact of good therapy.

The idea of the type of comparison contained in the above pages is to foster a sense of compatibility among models. The writers of this article believe that instead of encouraging competition among models, each trying to establish its own ground and territory, we as a profession need to embrace all models that show efficacy. Often it is the blending of models and techniques that produces useful hybrids. We are in this work together and believe that God will bless us and the work with others.

What follows is a continuation of the comparison of TF-CBT, The Life Model, and the HEART Model. The grid shown below is a Meta-Model view, side-by-side comparison of the

models around six large-scale factors, which are often assumptions for models, but which are rarely discussed or compared when people look at the reason and scope of different treatment models:

1. Provide a working definition of trauma for each model that would tie to the method and goals used to resolve trauma. Perhaps this could lead to a unified concept of trauma and recovery.
2. Expand the view of trauma to both an individual and community experience in which resolution involves restoring the individual and community back to functioning together.
3. Consider the need to sequence recovery to match the sequence in which the brain resolves trauma and communities heal.
4. Establish the concept of capacity and how exceeding and building our capacity relates to trauma and trauma recovery.
5. Extend recovery resources to include elements outside professional practice.
6. Compare the resources needed to implement each model.

Comparisons	***HEART Model***	***Trauma Focused CBT***	***Life Model***
General			
Reason Created	Comprehensive restoration for individuals with severe trauma and complex wounds.	Rapid symptom relief with clear, measurable procedures and goals for professional use.	Comprehensive cross-cultural model for restoring individual and community identities.
Objective	Professional restoration of individual trauma victims.	Rapid resolution of trauma pain and symptoms by professionals.	Restoration of communities in high-trauma regions.
Intervention agent	100% professional.	100% professional.	Churches with professional assistance.
Viewpoint	Phenomenological, Spiritual.	Behavioral, Spiritual added.	Neurological, Spiritual.
Secular/spiritual	Hybrid of Christian Spirituality along with existential and cognitive therapies. Can be taught without the spiritual overlay.	Secular, with any variety of spirituality optional.	Hybrid of Christian spirituality and neuroscience. Can be taught as neuroscience alone.
Individual, family, or community focused interventions	Individual.	Individual.	Individual and community restoration are blended throughout.
Response to injury from abandonment	Treated the same as other trauma, with a	Cognitive appraisal of the abandonment and	Building a spiritual family and

and neglect (Type A trauma)	focus on spiritual insight and self-forgiveness.	neglect; appraisal leads to schema or cognitive situation. Then, reaffirms or reframes.	community of belonging that is tender toward weakness.
Model has uses beyond trauma recovery	Yes—has applications to other diagnoses and range of issues.	Yes—CBT can be focused on a range of problems.	Yes.
How does maturity affect this intervention?	Maturity is not a limiting factor with self or God. Ability for insight is more of a limiting factor.	As people develop they become more mature in their processing. This model was originally developed for children.	While maturity does not limit interaction with God, the model implementation is designed to be led by mature members of the community.
Focus of change	Pain level reduction. Catharsis of emotion.	Thoughts and behaviors.	Identity of individual and group.
Definitions			
Trauma definition	Any experience or perception that threatens one's personal integrity, body, life; that erodes one's personality as an adult; or that forms or deforms the personality as a child.	Perception of threat to life, health, or physical integrity. The cognitive response then is intense fear, helplessness, or horror.	Any experience that cannot be processed relationally because of (a) a lack of neurological capacity by the individual or (b) a lack of relational capacity by the person's community.
Recovery definition	Increase of emotional and cognitive integration, which reduces pain and allows for fluid functioning in all major areas of life.	Alleviation of trauma symptoms, such that they no longer interfere with daily living.	Increased ability to suffer well and maintain relational joy in the face of painful life events.
Root problem addressed	Reconnection to self, God, and others by resolving internal splits of self. These splits caused disconnection due to trauma(s), hurt (s), pain (s), etc.	Cognitive processing of the traumatic event.	Low capacity for self- and mutual regulation of affect, due to ruptured attachments with self, God, and others.
What role does capacity (resiliency?) have in treatment?	Survival is resiliency, which is the necessary first step in unravelling cognitive	TF-CBT uses clients' strengths and abilities (i.e., capacity) to process trauma	Capacity building, capacity conservation, capacity sharing, and not exceeding

	distortions and emotional distress, and the foundation for a strength-based treatment.	cognitively and emotionally and to integrate trauma narrative.	individual or group capacity is a central focus of the Life Model treatment.
How is capacity developed for individuals and groups?	Personal dialogue with God enhances the relationship with Him and others. Increased awareness of God's presence.	Cognitive restructuring, looking at meaning and interpretation of the event.	Joyful relationships with God and others that alternate joy and quiet states, according to the needs of the weakest.
How is capacity conserved for individuals and groups?	Cognitive reframing and affective coping skills are used to refocus. Grounding techniques and focus on safe boundaries.	Monitoring, diaries, and homework are used to elicit thoughts and restructure cognitions. Use of Socratic questioning to facilitate the process.	Interventions are built around monitoring brain stability related to attachment and executive function of the prefrontal cortex, with strategies to restore stability as soon as it is lost.
Pain- or relationship-focused?	Focus on pain reduction and relationship with a living God.	Focus on pain reduction.	Focus on relational solution
How do people get their problems?	Environmental and relational experiences that are internalized as trauma, pain, hurt, shame, etc. and are not processed relationally with others or God to allow an integration of information and catharsis that returns the self to stasis.	Cognitive appraisal of an event as threatening changes the schema or belief system in a maladaptive way.	Any experience that cannot be safely shared with others or that teaches us defective ways to act like ourselves prevents the relational processing of experience into identity
Methods			
What provides safety/stability?	Trusting self by allowing God's presence and direction to lead the way. Remaining attached to God and others through direct experience of personal interaction. Trusting	The therapeutic alliance provides for primary stability and safety. Attachment to therapist and shared goals for treatment.	Training everyone to stay in a secure attachment mode with regard to God and others as the primary goal and necessity, while allowing God to direct any process.

	integration of self and God.		
What creates change?	The desire and willingness to integrate self-splits using a personal relationship with God as the catalyst.	Cognitive restructuring and reprocessing. Changing beliefs about self and the event.	Increasing the relational capacity for the individual and community.
What resolves trauma?	Integrating internal self-splits with both self and God.	Reframed cognitive restructuring, which leads to new patterns of thought, emotion, and behavior.	Processing any experience to the point where the participants know how to act like themselves and their people when they feel a certain way, and are able to tell the story so it brings a settled sense of wisdom to the group.
What does prayer do?	Provides dialogue with God and increases awareness of God's presence and voice.	Used supportively to help restructure spiritual beliefs regarding the traumatic event that affect the individual.	Expands availability of God as a relational resource who is (a) always present, (b) always secure, and (c) able to process all experiences relationally.
Narrative	Trauma narrative.	Trauma narrative from a cognitive base.	Recovery narrative.
What is the roll of the facilitator or therapist?	1. Facilitate the unraveling of cognitive distortions and the processing of emotional catharsis. 2. Facilitate integration of self and God	1. Facilitate the unraveling of cognitive distortions. 2. Facilitate the processing of negative emotional patterns that add to or instigate client's dysfunction.	1. Keep the participants in a securely attached, or at least relationally stable, mental state. 2. Detect and introduce any missing relational skills.
How does the model help people connect with God?	By creating a non-intrusive awareness of God's presence and interactional dialogue. By resolving spiritual distortions, thus allowing for spiritual integration.	Anecdotally by removing negative cognitions and dysfunctional relational patterns, including those spiritually-based.	Stabilizing the limbic relational system to allow mutual mind states, secure attachment, self-quieting, and awareness of "God-influenced" moments

			and their results.
How does the model deal with spiritual evil?	Assumes that spiritual evil (like spiritual goodness) can influence the mind. God would guide any intervention.	Does not address.	Assumes that spiritual evil (like spiritual goodness) can influence the mind. God would guide any intervention.
How does the model create supportive community?	Builds on relational skills to develop supportive network.	Develop family support along with professional assistance.	Multigenerational community, centered in churches, that is focused on building relational joy.
Sequence			
What principles or goals determine intervention sequence?	Established 10-stage model that is designed to be circular not necessarily linear.	Established 16-stage model that is designed to be linear, creating a new trauma narrative.	Follows the experience processing pathway in the brain as outlined by Allan Schore, Karl Lehman, and Jim Wilder.
Who sets the pace and decides what traumas will be addressed?	Therapist judgment and the interactional process with God.	Therapist judgment.	Personal interaction with God by participant.
What solution is given for missing life skills resulting from trauma and its effects?	Training by professionals and support programs to teach coping and relational skills as needed or warranted.	Training by professionals and support programs to teach coping and relational skills as needed or warranted	Training by mature members of community combined with professional help, identifying lacking skills, and teaching skill-acquisition methods.
What brain systems receive an intervention?	Integration of right and left hemispheres; problems often begin with cognitive distortion (left) and end in issues of attachment and affect regulation (right).	Primarily left-hemisphere, i.e.- verbal, logical, and procedural	Interventions begin with right hemispheric limbic attachment and affect regulation (thalamus, amygdala, cingulate, and prefrontal cortex) and end with left hemispheric verbal stories.
Requirements			
What level of training is needed to use the model?	Can be understood at Bachelor's level, however practitioners should be at minimum Master's level mental	At minimum, Master's level mental health clinician.	People with parent-level maturity and relational skills can operate the model.

	health clinicians.		
Through whom does God work in this model?	Interaction with God is entirely with and through the individual. Dialogue is aided by facilitation by the therapist.	Concept of prayer and higher power or God is used supportively within the structure of the family belief system.	Interaction with God is primarily though the individual or community receiving healing and not through prayer ministers or counselors.
Skills needed to use the model	Minimum: Master's level of a mental health discipline or pastoral counseling.	Minimum: Master's level of a mental health discipline.	Ability to train others to hear God, build joy, maintain relationship during unpleasant emotions, and quiet self and others.
How does this model work in a secular situation?	The model can be used secularly by eliminating the three stages that make up the Christian overlay.	This is developed as a secular model. Spiritual Overlay is added as needed.	Changing language from "God" to "inner self-helper" allows the model to work at an individual level, but success at a community level is unlikely.
How does this model adapt to religions other than Christianity?	The model has been adapted to work with Buddhist, Muslim, Taoist, and Jewish populations. Best usage is within Christian network or setting (of any denomination).	Any religion can support increase of positive cognitions; therefore any faith-based religion would apply.	Significant elements of the model have been accepted in secular, Muslim, Hindu, Taoist, Confucian, and animist cultures, but the distribution network is Christian.
What does one have to believe to use this model?	No preexisting beliefs necessary to receive benefits of the model. Effectiveness based on human relational skills and interactive experience of God.	Western secular worldview, with Christian overlay added when appropriate.	No preexisting beliefs necessary to receive benefits of the model. Effectiveness based on human relational skills and interactive experience of God. Full implementation requires a Christian community.

IV. CLOSING DISCUSIONS

At the start of this paper we proposed to develop the strengths and possible hybrid applications of three models used to treat trauma. All three models are useful for mental health professionals. While the CBT and HEART models can be used only by professionals, the Life Model (in the hands of professionals) gives a clear definition of trauma that can assess organic damage, guide medication, address diet, and restore social resources. (This paper reviewed only one basic intervention and none of the assessment process.)

This comparison highlights the variance in what is considered trauma recovery as well as the lack of clarity about what we mean by trauma. In CBT treatment trauma is whatever causes the symptom cluster in PTSD, and resolution is anything that removes the symptoms. In the HEART Model trauma is demonstrated through reactions to old material imbedded in implicit memory but no longer in narrative memory. The model abounds in examples of the effects of trauma on psychological defenses, cognition, and function but does not address the mechanisms that create or resolve trauma. The Life Model defines trauma and organizes interventions to remove the causes and effects from the mind and community. While this broad view in the Life Model addresses the most factors and CBT the fewest, inversely, CBT has the clearest protocol and best documentation of outcomes, with the HEART Model in between.

Model Strengths

TF-CBTC is aimed at the immediate resolution of PTSD symptoms in multiple domains for children age 4 to 18, together with their parents. The model provides family and environmental support for the child and reintegration into the family along with significant assistance to the family-level effects of trauma. The model has recently been modified to work with adults, but there is limited research to document effectiveness. Telling the trauma narrative is considered the sign of resolution. In addition to teaching a series of coping skills, the model also has a prevention phase for avoiding potential future traumatization. Spirituality is an overlay in the sense of being one of the dimensions of life that needs to have trauma removed, but it is not an active component in the process of recovery.

The HEART Model provides a context and flow for the treatment of an adult with extensive trauma. The model assumes the possible psychological sequelae of trauma can be much more than PTSD and addresses multiple disorders and defenses. Active processes include creation of safety and connection, memory resolution, self-forgiveness, restoration of relationship with God, and then restoration of self. Integration is the sign of resolution. This model is intrinsically spiritual, built on a human value and the need for forgiveness and virtue. Practitioners would not need to be Christian, but God is expected to participate as an active process later in recovery.

The Life Model sees trauma as a breakdown of relational processing in the mind and community and aims to restore healthy relational function for the individual and community. The trauma memory resolution tools of the model are those of mature people in relationship with God; they therefore may be used by professionals but are not restricted to highly trained people. Telling the transformation narrative in community is seen as the sign of resolution. When used by professionals, the Life Model focuses on sequencing interventions in ways that maintain stable mental function and capacity, but the interventions are typical of other therapies in most other regards. This model addresses the widest breadth of ages and sequelae from trauma, and it uses the mechanisms of trauma to diagnose the cause of breakdown, sequence the repair, and

reduce the risk of future traumatization. The Life Model process is inherently Christian at the leadership level with no similar restriction at the participant level.

Hybrid Applications

Ways of combining models could include mixing sequences, borrowing intervention tools, nesting one model within the others, and using different models according to target population. All three models already contain combinations of theories or methods.
The three models we are comparing have a different mechanism at the center of the trauma resolution process. HEART uses abreaction. CBT uses in-vivo desensitization with some associated skill training. The Life Model uses a listening prayer process sequenced in the order that the brain restores relational functioning. Because individual models provide support for their trauma resolution mechanism, this factor must be considered when thinking of mixing models. Side-by-side outcome studies with abreaction, desensitization, and sequenced listening prayer would clarify many of the questions that arise here.

All models have different definitions for trauma, and all models identify a mechanism by which trauma has its effects and direct treatment accordingly. Both the phenomenological and behavioral models are carefully sequenced collections of interventions that have worked. But these two models aim at quite different targets. CBT looks at families whose children show PTSD. HEART addresses adults with a wide range of trauma disorders. Because both models were developed based on professional observations of what "worked," it is difficult to predict the effects of inserting or removing elements or changing the sequence. Both models have been adapted to work with expanded populations, to be inclusive of children, adults, and geriatric populations.

Aside from the structure needed to support the intervention mechanism, these models developed to address different problems and populations. Clinical experience by the authors indicates that education on trauma, support for parents, training in self-regulation skills, rapport building, forgiveness, or increased community support are useful additions to any trauma intervention and potential contributors to prevention as well. Extending the HEART Model to children would require much of the CBT focus of how to help parents. Extending the CBT Model beyond PTSD to cover dissociation would require many of the elements of the HEART Model. Moving either model into community recovery would draw on elements of the Life Model.

Practitioners of any sort of trauma recovery will find that these models all pay particular attention to the sequence in which recovery takes place. All models start with care about potential debility and end with restoration to an affiliation group. A rather diverse set of strategies are employed throughout the course of treatment. However, **trauma treatment is a very broad category. Study of divergent models affords much more than a chance to look at other interventions; it allows both the comparison of treatment targets and responses to a greater number of the effects left by trauma, with PTSD as perhaps the narrowest focus and culture the broadest.** Inclusion of other models in this discussion will add both complexity and simplicity to the goal of effective trauma treatment. We should be able to simplify what we mean by trauma and the mechanisms involved in its creation and removal. However, we will also find that the extent of damage we are treating has far more ramifications than what we previously considered.

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Footnote

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Dr. Sherry Todd *studied to be an artist, then taught elementary school art. The children's artwork led her to pursue degrees in art therapy and then in counselor education. Her work--with several community service boards, public schools, juvenile corrections, and in private*

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