

Karen A. McClintock. *Trauma-Informed Pastoral Care: How to Respond When Things Fall Apart*. Minneapolis: Fortress Press, 2022.

Reviewed by Saira Qureshi*

Karen McClintock's book, *Trauma-Informed Pastoral Care* (2022), is filled with multiple important topics which address how contemporary trauma-informed pastoral care is offered to clients who have experienced various traumas and need initial and ongoing psychospiritual support and treatment.

The eleven chapters offer significant insights based on the author's clinical work with clients as they benefit from what she calls a "Trauma-Informed Adaptive Model" in pastoral care. The book has a prologue, acknowledgements, and an index. Each chapter offers a substantial review of specific risk as well as protective factors as they may impact the person during and after traumatic experiences. She shares that the grief that comes after these ordeals can be manifested as *prolonged* and as *delayed mourning*. Furthermore, the author highlights many ways in which traumatic grief affects people and how individuals and systems respond to such experiences. She underscores the significance of appreciating cultural considerations as well as the roles of the clergy, congregation, and community engagement in offering supportive treatment to these patients.

An important aspect of this book and the author's writing style is that she covers a wide range of topics, among them trauma due to natural disasters or the violence of wars and racial violence, as well as secondary and transgenerational trauma—while still keeping it relevant to the book's overarching theme. She emphasizes the need for acknowledging silence and calls for repair when traumatic experiences occur in a transgenerational context.

Each chapter presents a case example and a question in which the author asks, "*What is going on here?*" This format provides related example cases for her recommendations of offering good pastoral care following best practices and how to avoid harming clients during treatment.

In chapter 1, the growing need for trauma-informed pastoral care is identified using multiple anecdotal examples of the tragedies people have gone through, leading them to need supportive, psychospiritual specialized care. She weaves in several coping strategies, such as deep breathing as a grounding exercise, offers how the COVID-19 pandemic impacted people and added to their stressors, and how pandemic-related trauma became yet another diagnosable category of conditions needing supportive pastoral care, including the traumatization effect of learning about other people's traumatic pandemic experiences and losses. The author appreciates the clergy's role in treating patients during the pandemic and offers an overview of what their treatment would look like as healing begins—thereby, inviting readers to "recognize trauma symptoms in yourself and others, along with ways to foster healing from trauma" (p. 11).

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In chapter 2, the author mentions The Adaptive Model and reviews its Rs which those offering pastoral care must practice: *realizing* trauma's impact on the patient, *recognizing* its signs and symptoms, *responding* with support and supportive services, *resisting* biased judgments that may add to the patient's pain through *re-traumatization*, and *relationality or reconnecting*, where "a spiritual director helps to *restore* the broken spiritual bond" (p. 22).

In chapter 3, McClintock describes the development of post-traumatic stress disorder (PTSD) and underlying childhood traumas, along with family trauma, adverse childhood events (ACEs), and the role of epigenetics in terms of trauma healing and resilience, highlighting the role of environmental conditions, and the biological and neurological implications from trauma experiences. The author further elaborates on these experiences' transgenerational effects and their long-term influence, as she mentions *post traumatic slave syndrome* (p. 29), a term first used in 2005 by sociologist Joy DeGruy.

While appreciating the trauma that clients face while recovering from their ordeals, McClintock also presents the *individual trauma* that care providers may undergo as they provide support, and she explores why it is essential to process these feelings "to improve your pastoral care" (p. 30). Here, she suggests breathing exercises for care providers and reminds readers not to allow their own trauma experiences to overtake or interfere with meeting the clients' treatment needs. The author gives readers a succinct list of guidelines for trauma-informed therapists, noting that the therapeutic relationship must be based on compassion and acceptance; that clients are assessed properly for signs of avoidance, shame, or disassociation, normalization of trauma-related symptoms; and that such information is presented while helping clients with negative self-talk believe that a full recovery is achievable (p. 31). After warning about trauma transference or emotional entanglement with the patient, McClintock recommends that providers use heuristics to discover their own trauma experiences and to be aware of and address their symptoms to prevent their trauma from affecting their clinical work.

She also suggests making trauma lists and being able to identify PTSD symptoms in adults (e.g., intrusion, avoidance, negative mood and cognition, and changes in arousal and reactivity as noted in the DSM-5). In addition, she reorients the reader to the differences individuals may have in coping with and healing from traumatic experiences. She recommends keeping in mind pretrauma factors, such as gender, race, socioeconomic class differences, differences in developmental stages, and preexisting mental health issues. Towards the end of chapter 3, the author gently reminds readers to have compassion, given the responsibility of offering a faith-based viewpoint to clients, and to "use your own words, but whatever you do, offer them grace" (p. 41).

Chapter 4 is about traumatic grief in its prolonged and delayed mourning phases. McClintock provides anecdotes and her observations of others' experiences from the COVID-19 pandemic years. She asserts that traumatic grief can be taxing on multiple levels and recommends that readers engage in breathing exercises before reading these pages. In particular, the author lists people's disproportionate suffering during the pandemic as one factor that further exacerbated their traumatic experiences of illness and personal loss which occurred because of it. Presenting a case of gender difference between

women and men when faced with trauma experiences, she states that women tend to garner more social support, whereas men tend to suffer alone. Here, the author references research on holding hands, or the positive impact of human touch, when people are traumatically stressed, as she delves deeper into these events' effect on the posttraumatic stress phase, giving examples of hospital staff (e.g., nurses, doctors, and chaplains), as they were determined to help everyone—patients, their families, and staff.

To address an intense set of debilitating symptoms—from shock to suicidality—the author emphasizes the ever-needed appropriate mental health services, and she notes that many people decided to leave the healthcare field because of immense stress from the pandemic's traumatic conditions. She proposes for the reader to hear survivors' stories and to share them, as doing so can help providers and patients alike process losses and give due space for expressions of gratitude, realization for the need of closer bonds, and healing from grief. To that point, she writes, "Grief connects us to one another and honors the depth of pain we justifiably feel after each goodbye" (p. 53).

Additionally, McClintock provides her assessment of a preliminary study on COVID-19-related survey responses, which was published in the *Journal of Loss and Trauma*.¹ In her analysis, she indicates hope that people could report their symptoms accurately, noting that even small uplifting memories can help individuals gradually heal from intense trauma. The most important point the author makes at the end of chapter 4 is the link between people having strong ties in faith communities and the ability to "build trust and bond during trauma grief recovery" (p. 53).

Chapter 5 offers cultural considerations regarding grief recovery in pastoral care with individual clients, families, and congregations. McClintock focuses on building relational connections while offering safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, as well as appropriately addressing cultural, historical, and gender related aspects. The author also offers helpful insights here about how best to aid people in healing by adapting *the transitional objects* term (from Donald Winnicott's work with children)² for healing providers. She uses the neuroscience concept of mirror neurons and underscores the importance of healing rituals and one's listening presence on the path of healing from grief.

Chapter 6 deals with helping people who have suffered trauma and loss from natural disasters. McClintock gives clear examples of how such trauma can have multiple layers of loss that need to be recognized, and she demonstrates how to help people heal from each of these layers with the aid of *tender touch* to calm one's own anxiousness. She then

¹ See Matthew Gallagher, et al., "Examining Associations Between COVID-19 Experiences and Posttraumatic Stress," *Journal of Loss and Trauma* 26, no. 8 (2021): 752–766.

² According to Clare Wakenshaw: "A transitional object was identified as a material object, for example a teddy bear or doll, used by infants and young children for comfort and the reduction of anxiety, which allowed them security when exploring further from their primary attachment figure... In his clinical work, Winnicott observed that young children experienced an almost addictive attachment to these physical objects and that the object became essential to the child in order to comfort them in times of temporary separation from their attachment figure, for example at bedtimes... A transitional object is seen by Winnicott as a way infants can transition successfully from their separate individual identity to forming healthy relationships with others." From Clare Wakenshaw, "The use of Winnicott's concept of transitional objects in bereavement practice," *Bereavement Care* 39, no. 3 (2020): 119–123.

proposes that professional care should feel, as her colleague once said, “competent and confident” (p. 74), recognizing that in emergent situations such as natural disasters, often not everyone is prepared, even as trained professionals, to manage all manners of trauma responses. She gives some pointers as starting places to help in such scenarios and also provides ways to avoid harm (pp. 78–79).

In chapter 7, the author discusses how to respond to racial violence, and highlights the effects of ingrained fear that take hold as well as the reawakened trauma (pp. 98–99). She then guides the reader towards starting with faith communities and being ready to learn about racial traumatic experiences openly, saying, “let the trauma teach us” (p. 104). McClintock encourages readers to be aware of their own biases and to check one’s own racial vocabulary.

In chapter 8, the author addresses secondary trauma and, like she does throughout the book, looks towards prophetic examples of setting up social justice as a norm as well as intentionally stepping in to help others “heal their suffering” (p. 107). In this chapter, she reminds the reader of the secondary trauma symptoms: reexperiencing, avoidance/numbing, and persistent arousal (p. 109). Later in this chapter, McClintock emphasizes the essence of what doing effective work in “reducing trauma impact” (p. 109) entails, by using a list of ten self-care tips (pp. 110–111; borrowed from Pastor Emily D. Scott). She also offers methods in “healing past traumatic wounds” through somatic treatment modalities such as Eye Movement Desensitization and Reprocessing (EMDR) therapy, Biofeedback, the Emotional Freedom Technique (EFT), and the Polyvagal Theory (PVT) to release somatic memory. The author recommends that readers check their pulse and lower their heart rate through deep breathing to get a taste of what it may be like to experience somatic treatments.

In chapter 9, she presents transgenerational trauma healing approaches, related by overcoming silence and shame, and being ready to process “pain: yours, mine, ours” (p. 129). McClintock offers a very deep insight here, stating that, “Coming to grips with the real past enables us to look at today quite differently” (p. 129). She encourages readers to engage in “releasing” trauma feelings by breathing again and paying attention to the calming effect in “connecting the past to the present” (p. 137).

The last two chapters offer a great summary for “spiritual care through a trauma lens” via the divinely granted tools of prayers and scripture, as having been found to be very beneficial in addressing the denial of trauma and resultant weakening of faith. She shares her perspective that clients who are open to spirituality can find hope in getting insight into their existential questions. Chapter 11, the final chapter, overviews the trauma recovery stages of victim, to survivor, to transformation (pp. 155–169).

Overall, this book lends an in-depth overview of trauma-informed pastoral care across spiritual and clinical healing settings. It would have been great to include a comparison of different faith healing practices in a table format with examples of cases in which clients demonstrate a progression in their spiritual evolution towards healing while working through therapeutic treatment for processing their traumatic experiences. Other than this, this book is valuable in introducing graduate students, in particular, to the practices of pastoral counseling, chaplaincy, and psychospiritual training programs.

Muslim chaplains would benefit from supplementing this reading with resources which address trauma from an Islamic perspective, such as *Your Lord Has Not Forsaken You: Addressing the Impact of Trauma on Faith* by Najwa Awad and Sarah Sultan (Yaqeen Institute, 2022 and Kube Publishing, 2023), *Healing Possibilities: 365 Tools to Consider* by Dr. Omar Reda (2025), *Clinical Applications of Islamic Psychology* edited by Dr. Amber Haque and Dr. Abdallah Rothman (IAIP Publishing, 2023), and Jacob Bentley and his team's work on Islamic Trauma Healing,³ as well as resources on the Islamic wisdoms behind trials and tribulations and how to heal from them, such as *The Prick of a Thorn: Coping with the Trials and Tribulations of Life* by Dr. Aisha Utz (International Islamic Publishing House, 2014).

³ See Jacob Bentley, et al., "Islamic Trauma Healing: Integrating Faith and Empirically Supported Principles in a Community-Based Program," *Cognitive and Behavioral Practice* 28, no. 2 (2021):167–192; as well as Lori Zoellner, et al., "Islamic Trauma Healing (ITH): A Scalable, Community-Based Program for Trauma: Cluster Randomized Control Trial Design and Method," *Contemporary Clinical Trials Communications* 37 (2024): 101237. A brief outlining the program they developed is available at <https://www.elrha.org/researchdatabase/islamic-trauma-healing-brief/>.