UPHILL BOTH WAYS: LOCATING THE SPIRITUAL IN HELPING PROFESSIONALS' NARRATIVES OF CARE WITH ADOLESCENT MALES WITH ADVERSE CHILDHOOD EXPERIENCES

BY

GRANT HYNDMAN,
BA, MDiv

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by

Grant Hyndman, BA, MDiv

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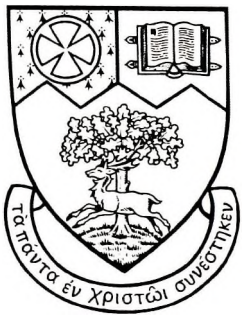

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Grant Hyndman

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Primary Supervisor: _____
Kelvin F Mutter, DTh

Secondary Supervisor: _____
Phil C Zylla, DTh

Vice President Academic Designate: _____
Paul S Evans, PhD

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ABSTRACT

"Uphill Both Ways: Locating the Spiritual in Helping Professionals' Narratives of Care with Adolescent Males with Adverse Childhood Experiences"

Grant M. Hyndman
McMaster Divinity College
Hamilton, Ontario
Master of Christian Studies, 2020

Adolescence is an uphill struggle. Research abundantly displays that Adverse Childhood Experiences (ACEs) have a distinct and detrimental effect on adolescents and their development. Recent research has explored the perspectives, thoughts, behaviours, and beliefs of helping professionals who integrate spirituality into their work with adolescents. The purpose of this qualitative study is to develop a thematic analysis of helping professionals' narratives of care with this population. The narratives of helping professionals' care of adolescent males with ACEs points to the desire to connect with spiritual community and to make meaning. Helping professionals' narratives also highlight the constraints of locating spirituality. Theological reflection on *parrhesia* focuses on developing open, unencumbered discussion as an ethical, professional, and spiritually-sensitive form of integration.

CONTENTS

CHAPTER 1: INTRODUCTION

"Every moment and every event of every man's life on earth plants something in his soul."[1] Nearly half—fifty-four percent—of American youth have experienced one Adverse Childhood Experience (ACE), with twenty-eight percent experiencing two or more.[2] Another study completed in 2011 determined that just over fifty-seven percent of children and youth experience at least one ACE a year.[3] While Canadian statistics are limited, one study reports that "more than two-thirds of the substantiated child maltreatment investigations [in the Canadian Incidence Study of Reported Child Abuse and Neglect 2018 report] were related to either witnessing domestic violence—thirty-four percent, or neglect—thirty-four percent, followed by physical abuse—twenty percent, emotional abuse—nine percent, and sexual abuse—three percent."[4] Adverse Childhood Experiences (ACEs) have negative health outcomes throughout the lifecycle—e.g., early death.[5] The research considers adolescence to be "a key window of opportunity to ameliorate the short- and longer-term impacts of trauma and positively alter life course trajectory" to address this major health concern.[6]

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[1] Merton, *New Seeds*, 14.

[2] Soleimanpour et al., "ACEs and Resilience," S108.

[3] Finkelhor et al., "Violence," as cited in Kajeepeta et al., "Adult Sleep," 320.

[4] Trocmé et al., "Canadian Incidence Study," as cited in Baiden et al., "Determinants," 163.

[5] "About the CDC-Kaiser ACE Study," April 2, 2019.

[6] Soleimanpour et al., "ACEs and Resilience," S108. Further literature (Dube et al., "Exposure to Abuse," 3; Edwards et al., "Multiple Forms," 1459; Felitti, "Adverse Childhood Experiences," 131; Howell et al., "Developmental Variations," 51) has discussed the need for early intervention, specifically in cases of the witness of domestic violence in childhood.

Mark McMinn asserts, "Most Christians today affirm that something is fundamentally wrong with humanity; it begins before any of us have a conscious choice, and it can never be fully overcome this side of heaven."[7] Sin and its effects permeate every strata of human existence and appear in the lived experiences of individuals. Helping professionals inhabit the space where the fundamentally wrong meets with the opportunity for redemptive relationships.

Spiritually integrated care is growing in the helping professions.[8] Recent research focuses on the integration of spirituality with adolescents broadly.[9] These studies focus on the experiences of helping professionals—particularly psychotherapists and social workers. This research points to a positive inclination toward the integration of spirituality among helping professionals. This does not give specific reference to the experience of working with adolescent males who have experienced ACEs.

Two primary questions guide this study: "What do helping professionals see as the role of spirituality in the lives of adolescent males with ACEs?" and "How do helping professionals address spirituality in their work with this population?" The experiences of helping professionals—i.e., psychotherapists and ecclesial spiritual care providers—provides a description of the role of spirituality for adolescent males who have experienced ACEs and how helping professionals address this in their work. This research explores this intersection of research through the experiences of helping professionals. This research seeks to: provide another voice in the conversation regarding helping professionals' use of spirituality within their helping relationships; provide the

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[7] McMinn, *Sin and Grace*, 37.

[8] Arczynski et al., "Cultivating," 196–207; Plumb, "Spirituality and Counselling," 1–16.

[9] Arczynski et al., "Cultivating," 202; Kvarfordt, "Spiritual Abuse and Neglect," 144; Oxhandler et al., "Integration," 4.

profession with a better understanding of the role of spirituality in the lives of adolescent males who have identified ACEs; identify the experiences of helping professionals using spirituality to mitigate ACEs in the lives of adolescent males; highlight the need for professional education regarding use of spirituality with adolescent males with ACEs; provide a sketch of the state of the field with respect to the use of spirituality with adolescent males with ACEs; and, identify the potential need for future research.

Five helping professionals—three psychotherapists and two youth pastors—responded to a call for participants to participate in a survey regarding their experiences as helping professionals working with adolescent males with ACEs. Thematic Analysis (TA) of the responses generated two themes: *Pathways of Spirituality* and *Constraints*. Helping professionals describe locating spirituality in their interactions with adolescent males with ACEs through discussion of spiritual community and conversations regarding a personal sense of meaning. Helping professionals locate spirituality in conversations but describe constraints regarding ethics, context, and client factors. Discussion of the themes determines the role of meaning making and community in the lives of adolescent males with ACES, and discussion also reveals the potential need for reflexive thinking in spiritually integrated practice and education of helping professionals. Further theological reflection discusses the role of *parrhesia* as a point to reflect the process of discussion and potential outcome for wholistic care of adolescent males with ACEs.

Study Outline

Chapter 2 presents a review of relevant literature. The chapter begins by highlighting important definitions in the present study. The literature review focuses on ACEs broadly

and with specific regard to the unique experiences of males, bio-psychosocialspiritual models of care, and helping professional literature regarding the integration of spirituality in these contexts. Themes from the literature include: pathways from experience to health outcome, the effects of spirituality, ACEs and emotional dysregulation, ACEs and spirituality, ACEs and meaning-making, adolescent spirituality, spirituality as found in negative experiences, the importance of family, spirituality in care, psychotherapeutic modalities, counselling interventions, spiritual interventions, bio-psycho-social-spiritual models of care, and the education of helping professionals.

Chapter 3 addresses the methodology and findings. This study utilizes TA as described by Virginia Braun and Victoria Clarke to interpret the survey responses of five helping professionals recruited through a snowball technique. After this description, this section provides a brief overview of the five participants, the participant responses, as well as the researcher's location. The recruitment strategy, sampling, and challenges are also addressed.

Chapter 4 presents the discussion of the findings. Discussion focuses on the role of meaning making and community as presented by the participants and within the literature. Discussion also attends to the characteristics which shape the context of the helping relationships of participants. Research challenges and future considerations are also discussed.

Chapter 5 presents a theological reflection of participant responses, relevant literature, and theological perspectives. Reflection on Thomas Merton's discussion of *parrhesia* guides a consideration of the challenge to address the spiritual through the bio-

psychosocialspiritual needs of adolescent males with ACEs within the context of a helping relationship.

Lastly, chapter 6, the concluding section, draws together the implications of this study and addresses the outcomes as well as future considerations for research, practice, and training.

CHAPTER 2: LITERATURE REVIEW

ACEs research underscores a significant health concern and examines the necessity of early intervention. This literature review discusses the relevant literature shaping the understanding of ACEs in the lives of adolescents, and when possible specifically adolescent males. This chapter will provide the routes of ACEs take from experience to health outcome, highlight the effects, specific attention is given to emotional dysregulation, characterization of the link between ACEs and spirituality, and examine specific reference to spirituality and meaning making in the literature. Issues regarding spirituality and adolescents, spirituality and negative experiences, family and spirituality will be featured. The literature review takes into consideration psychotherapeutic modalities, bio-psychosocialspiritual considerations in care, and the education of helping professionals is discussed.

This literature review will explore four definitions that are important to the discussion of spirituality in helping contexts which include adolescent males with ACEs. While the definitions are purposively selected, they represent the understanding of this research. The definitions are set to guide the interpretation of the findings and lend themselves to setting the discussion. This is where discussion will turn to first.

Definitions

Four definitions shape the discussion of helping professionals' narratives of care: i.e., a helping professional, spirituality, adolescence/adolescent, and ACEs. This discussion clarifies what is being discussed when these words are used in the study. These definitions are important to the conceptualization of what is being discussed here as many definitions have been used and may not reflect what others think about when they reflect on these terms.

Helping Professional

This study focuses on the narratives of helping professionals. Helping professions are defined as any profession which is based on an interaction between a helping professional and a client for the purpose of growth or to address the disturbances of a person's physical, psychological, intellectual, emotional, or spiritual constitution, including—but not limited to—psychotherapy, social work, or ecclesial spiritual care providers.[1] Helping professional, for the purpose of this study are limited to psychotherapists and ecclesial spiritual care providers.[2] Psychotherapy—defined here by the College of Registered Psychotherapists of Ontario (CRPO)—is "the assessment and treatment of cognitive, emotional, or behavioural disturbances by psychotherapeutic means, delivered through a

[1] Adapted from Graf et al., "Discourses of Helping Professions," 1. The definition provided here limits to the desired participants—i.e. psychotherapists, social workers, and pastors. This reflects the desire to study professional interaction which are more likely to focus on one-on-one interactions rather than including *any* helping profession—e.g. nursing, educators. The term, "ecclesial spiritual care providers" derives from discussion with Dr. Phillip C. Zylla. I am indebted to his utterance as a more fitting term for "pastor."

[2] While initial attempts were made to recruit social workers as well as the aforementioned two professions, no participants self-identified as social workers. This is discussed in Chapter Four under the section *Research Challenges*.

therapeutic relationship based primarily on verbal or non-verbal communication."[3] This is distinct from the practice of general or religious counselling.

The CRPO states, "The practice of psychotherapy is distinct from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and spiritual counselling, which is counselling related to religion or faith-based beliefs."[4] Pastoral counselling more specifically is, as Howard Clinebell defines, "the utilization of a variety of healing—therapeutic—methods to help people handle their problems more growthfully."[5] Patton defines pastoral care as the analogous caring for another, as God cares for people, through hearing and remembering each other.[6] In G. Wade Rowatt Jr.'s terms, ecclesial spiritual care is to "[assist] teenagers to face crisis and to experience the richness and fulness of a holistic relationship to themselves, to their environment, and to the future because of the hope they find in God [*sic*]."[7] The interaction may be more informal such as one-on-one conversation or conversation in the context of a larger group event such as a youth group.[8] While similar, ecclesial spiritual care providers' care involves utilizing contemporary theory and skills, as well as traditional religious and spiritual perspectives in the healing of individuals who are suffering and desire growth.

This study includes psychotherapists and ecclesial spiritual care providers under the umbrella term of helping professional because of their focus on one-on-one interactions with individuals who experience bio-psychosocialspiritual disturbances.

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[3] "Definitions," [n.d.].
[4] "Definitions," [n.d.].
[5] Clinebell, *Basic Types*, 26.
[6] Patton, *Pastoral Care*, 15.
[7] Rowatt, *Adolescents*, 9.
[8] Rowatt, *Adolescents*, 8–10.

Spirituality/Spiritually Integrated Practice

Spirituality is difficult to define. Research does not maintain a single definition for spirituality.[9] Definitions often conflate spirituality and religion which is a challenge for research in this field of inquiry because it complicates the review of literature and the applicability of findings to other research which uses a different definition.[10]

This study defines spirituality as "The search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it. This may or may not be expressed through religious forms or institutions. Religion is an organized structured set of beliefs and practices shared by a community related to spirituality."[11] This definition captures the different dimensions of spirituality that are often covered. It is also not stemming from a particular religious tradition and opens up the opportunity for respondents to reflect from their particular perspective. This definition is used for the purpose of drawing out as much consideration of clients' spiritualities and helping professionals' experiences as possible. This definition was also chosen because of its use in similar studies of helping professionals' experiences of spiritually integrated practice.[12]

This study also used an adaptation of Kenneth Pargament's definition of spiritually integrated practice. Participants were provided with this definition at the time

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[9] Benavides, "Spiritual Journey," 203; Büssing, "Aspects," 27; Gall, "Definitions," 180; Gonçalves, "Interventions," 2937; Hay and Nye, *Spirit*, 18–22; McCarthy, "Postmodern Era," 196.

[10] Gonçalves, "Interventions," 2937; McCarthy, "Postmodern Era," 196.

[11] Kvarfordt, "Spiritual Abuse," 154.

[12] Kvarfordt, "Spiritual Abuse," 154. This definition was selected to address the critique in the literature regarding the vast difference in the understandings of spirituality. The literature has conflated religion and spirituality, used various definitions, and heavily relied on Christian conceptualizations and experiences of spirituality. This study selected a definition employed in several similar research endeavours and gives specific attention to spirituality over religion. This definition was considered beneficial for the study of the integration of spirituality into practice and for the selected population.

of the survey. Spiritually integrated practice is "an approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the helping professional, and the process of change."[13] The definition was chosen because of its inclusion of the major tenets of spiritual care within and outside of parochial bounds. The choice to utilize Pargament's definition was also influenced by the attempt to guard against the potential criticism that there are as many definitions for spirituality as there are research projects.[14] These definitions will guide the remainder of the discussion.

Adolescence/Adolescents

Adolescence is a relatively new categorical phenomenon. Many scholars point to the study of adolescence beginning in 1904, with the publication of a twelve-hundred page monograph by G. Stanley Hall aptly entitled, *Adolescence*.[15] Since this time, there has not been a consensus as to what defines the parameters of adolescence.[16] Hall proposes adolescence begins with the onset of biological changes and finishes around the age of eighteen.[17] More recently, neuroscientific research argues for a larger window extending to twenty-five aligning with findings that the brain formally stops developing.[18]

This study holds that adolescence as a life stage and those referred to as adolescents is someone between the ages of twelve and eighteen. These parameters were chosen because they reflect the current trends in helping professional contexts and

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[13] Pargament, *Spiritually Integrated Psychotherapy,* 176.

[14] Benavides, "Spiritual Journey," 203; Büssing, "Aspects," 27; Gall, "Definitions," 180; Gonçalves, "Interventions," 2937; Hay and Nye, *Spirit*, 18–22; McCarthy, "Postmodern Era," 196.

[15] Steinberg and Lerner, "Scientific Study," 45; Jensen, *Teenage Brain*, chapter 1, para. 14, loc. 187.

[16] Steinberg and Lerner, "Scientific Study," 45.

[17] Steinberg and Lerner, "Scientific Study," 45; Jensen, *Teenage Brain*, chapter 2, para. 29, loc. 615.

[18] Jensen, *Teenage Brain*, chapter 2, para. 29, loc. 615.

programs. Adolescent-aged programs and services typically run up to the age of seventeen or eighteen. Participants were not provided with a definition of adolescence thus leaving their responses with their own implicit understanding of what defines adolescence and an adolescent. Those who described their contexts cited the provision of services to a variety of ages, but generally up to the age of eighteen. For this reason, this study delineates adolescence to be synonymous with the "teen years" from the ages of twelve through eighteen.

Adverse Childhood Experiences (ACEs)

For the purpose of this study, ACEs are defined according to the definition provided by Kalmakis and Chandler. They define ACEs as "Childhood events, varying in severity and often chronic, occurring in a child's family or social environment that cause harm or distress, thereby disrupting the child's physical or psychological health and development."[19] The study of ACEs is an outgrowth of a study performed by Kaiser-Permanente from 1995 through 1997. The retrospective study developed an assessment to look for links between childhood abuses and other similar experiences to health outcomes later in life.[20] The first two waves of data collection totalled seventeen-thousand-three-hundred-thirty-seven participants. Of these participants forty-six percent were men and fifty four percent were women. The Kaiser-Permanente study found the breadth of exposure to abuse and other household dysfunction formed a strong relationship with several risk factors which were associated with some of the leading causes of death in

[19] Kalmakis and Chandler, "Clear Conceptual Meaning," 1489.
[20] Felitti, "Adverse Childhood Experiences," 131.

adults.[21] A field of study grew in light of these findings and continue to grow. While the initial study has ended, state-wide and similar studies continue to research the phenomenon.[22] One of the associated studies found that "[ACEs] are associated with an increased risk of premature death."[23] ACEs also point to a strong dose-response relationship between a variety of risk factors that ultimately effect well-being.[24] The review of the literature prepared for this study focuses on the broad findings, specific issues concerning males, and furthermore adolescent males.

Adverse Childhood Experiences

ACEs have a detrimental impact on individuals—biologically, psychologically, socially, and spiritually. Two general trends exist throughout the literature's description of the effects of ACEs in an individual's life: the more ACEs the more likely a negative effect, and the more frequent the ACE(s) the more likely a negative effect.[25] The study also determined that four ACEs is the "magic number"; after which the effects are a greater detriment to children throughout their life.[26]

ACEs have a negative impact on an individual's physiology—or biology. Terrie Moffitt et al. highlight four significant biological effects of witnessing violence on children. First, childhood exposure to violence is associated with inflammation—a factor in immune response—that is linked to depression, and cardiovascular disease.[27] Second,

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[21] Felitti et al., "Relationship," 245.

[22] Refer to Center for Disease Control website for a comprehensive list of studies and recent develops in the study of ACEs. "About the CDC-Kaiser ACE Study," https://www.cdc.gov/violenceprevention/acestudy/about.html, April 2, 2019.

[23] Brown et al., "Risk," 389.

[24] "About the CDC-Kaiser ACE Study," April 2, 2019.

[25] Chapman et al., "Depressive Disorders," 217; Ford et al., "Smoking Status," 188.

[26] Crandall et al., "Counter-ACEs," 1–9; Clarkson Freeman, "Prevalence," 550.

[27] Moffitt, "Childhood Exposure," 1622.

shorter telomere length, which is associated with higher levels or morbidity and mortality.[28] Third, epigenetic changes which result in psychiatric and physiological damage.[29] Fourth, the authors also highlight the neuropsychological outcomes that affect mental health and physiology.[30] The authors point to mental health disorders broadly, following exposure to violence, as well as "a sequential chain in which early-life chronic stress disrupts homeostasis of stress-biology systems . . . which in turn disrupts normal development."[31] Ruth Gerson and Nancy Rappaport corroborate the effects of witnessing violence as a disruption of normal development and indicate brain development is "sensitive to disruption by stress hormones such as cortisol" which ultimately may lead to "neuronal loss."[32] ACEs impact the biology and further have detrimental impacts on brain development.

ACEs also are associated with obesity and other physiological effects. Obesity is connected to multiple experiences of abuse. One study found an increase in cases of obesity relating to the number and severity of abuse experienced.[33] In another study, males aged nine through fourteen were found to have a risk of unhealthy weight trajectories—i.e. obesity—in adolescence.[34]

Individuals who have ACEs are associated with higher levels of alcoholism, substance abuse, and smoking. ACEs are associated with heavy drinking and

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[28] Moffitt, "Childhood Exposure," 1622–23

[29] Moffitt, "Childhood Exposure," 1623. Gerson and Rappaport ("Traumatic Stress," 137–43) highlight the epigenetic effects of witnessing violence on "function and stress response" (138).

[30] Moffitt, "Childhood Exposure," 1623.

[31] Moffitt, "Childhood Exposure," 1624–26.

[32] Gerson and Rappaport, "Traumatic Stress," 138.

[33] Williamson et al., "Body Weight," 1075–82.

[34] Jun et al., "Growing Up," 629.

alcoholism.[35] In one study, multiple ACEs were associated with higher levels of heavy drinking, self-reported alcoholism, and marrying an alcoholic, than those with zero ACEs.[36] The cycle of substance abuse is perpetuated as children living in homes with alcoholic parents are more likely to experience ACEs.[37] One study found that an individual's high ACE score was associated with initiation of drug use in early adolescence through adulthood as well as use, addiction, and parenteral use.[38] Smoking is strongly associated with ACEs.[39] Furthermore, those who identify five or more ACEs have substantially higher risks of early smoking initiation and maintenance.[40] ACEs—especially multiple ACEs—are associated with increased alcohol and substance abuse as well as smoking.

ACEs have been found to have a negative effect on individuals psychologically, with specific association with depression.[41] One study found that there was a "strong dose-response relationship between the ACE score and the probability of lifetime and recent depressive disorders."[42] This study confirmed "the number of ACEs has a graded relationship to both lifetime and recent depressive disorders."[43] Howard Meltzer et al.'s analysis of the literature indicated that children exhibit trauma symptoms after witnessing family violence, have increased risk of developing post-traumatic stress disorder (PTSD), and show evidence of behavior and emotion related issues that are consistent with

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[35] Anda et al., "Alcoholic Parents," n.p.; Dube et al., "Growing Up," 1627; Dube et al., "Personal Alcohol Abuse," 713.

[36] Dube et al., "Personal Alcohol Abuse," 713.

[37] Anda et al., "Alcoholic Parents," n.p.; Dube et al., "Growing Up," 1627.

[38] Dube et al., "Illicit Drug Use," 564.

[39] Anda et al., "Smoking," 1652.

[40] Anda et al., "Smoking," 1652; Ford et al., "Smoking Status," 188.

[41] Anda et al., "Alcoholic Parents," n.p.; Chapman et al., "Depressive Disorders," 217; Page and Coutellier, "Adolescent Stress," 265; Sareen et al., "Mood and Anxiety," 73; Sachs-Ericsson et al., "Emotional Pain," 1403.

[42] Chapman et al., "Depressive Disorders," 217.

[43] Chapman et al., "Depressive Disorders," 217.

symptoms of PTSD.[44] Another study found that emotionally-abusive households were responsible for decremental mental health scores.[45] Emotionally, unsafe environments further degraded mental health scores of participants.[46]

Fluctuating emotions, specifically negative ones, are a stereotypical characteristic of adolescence while negative emotionality, emotional dysregulation, and impulsivity are also characteristic of ACEs.[47] In a study of the predictability of self-disclosed ACEs and irritability of one-hundred-thirty adolescent male offenders, Hannes Bielas et al. indicated that there is a predictive influence of ACEs on irritability and mental disorders.[48] The author concludes adolescents with PTSD and anxiety disorders benefit from taking a trauma history for the sake of intervention, and those with depressive disorders would benefit from both trauma history and emotional regulation training.[49] Julia Poole et al. found that emotional dysregulation mediated the relationship of ACEs and anxiety.[50] Adults were more likely to experience anxiety because of ACEs with lower psychological resilience.[51] In another study, Poole et al. found emotional dysregulation mediated the relationship between ACEs and interpersonal difficulties.[52] Sunny Shin et al. determines the relationship between the experience of multiple ACEs, at a high level is connected to impulsivity in the context of negative emotionality.[53] Usha Barahmand et al. indicated that emotional dysregulation mediated the relationship between childhood abuse and

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[44] Meltzer et al., "Witness," as cited in Howell et al., "Developmental Variations," 492.
[45] Edwards et al., "Multiple Forms," 1453.
[46] Edwards et al., "Multiple Forms," 1453.
[47] Page and Coutellier, "Adolescent Stress," 265; Sareen et al., "Mood and Anxiety," 73; Sachs-Ericsson et al., "Emotional Pain," 1403; Bielas et al., "Associations," 1; Poole et al., "Adult Interpersonal Difficulties," 129; Poole et al., "Anxiety," 144.
[48] Bielas et al., "Associations," 1.
[49] Bielas et al., "Associations," 1.
[50] Poole et al., "Anxiety," 144.
[51] Poole et al., "Anxiety," 144.
[52] Poole et al., "Adult Interpersonal Difficulties," 129.
[53] Shin et al., "Profiles," 118.

adolescent substance abuse, but impulsivity did not.[54] Emotional dysregulation and impulsivity are a potential outcome of the accumulation of ACEs.

ACEs were also associated with negative behavioural outcomes. Shin et al. studied three-hundred and six young adults who were classified with emotional ACEs and high frequency—as well as multiple ACEs. The study found that this population reported increases in negative urgency.[55] The authors conclude multiple ACEs and in high frequency is related to "impulsive self-control [challenges] in the context of intense negative emotionality."[56] In relation to Intimate Partner Violence (IPV), Meltzer et al. found that the likelihood of developing a conduct disorder tripled after witnessing IPV.[57] Witnessing IPV has a negative effect on their emotional and behavioural lives as well as being related to trauma symptoms.

Negative social outcomes derive from behavioural issues which have been associated with emotional dysregulation and other challenges. The literature consistently regards ACEs trauma, and abuse as profoundly affecting relationships.[58] Children who have witnessed IPV have been noted to have increased conflict among peers.[59] Lynn Katz et al.'s research revealed that children who had witnessed family violence and had low emotional competence were more likely to experience difficulty in social interactions and in peer relationships.[60] "Children who are less aware of their feelings may not be able to

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[54] Barahmand et al., "Emotion Dysregulation," 653.

[55] Shin et al., "Profiles," 123–24.

[56] Shin et al., "Profiles," 123–24.

[57] Meltzer et al., "Witness," as cited in Howell et al., "Developmental Variations," 48.

[58] Herman, *Trauma and Recovery*, 133; Perry and Szalavitz, *Raised as a Dog*, 259–60; Tracy, *Mending the Soul*, 111–12.

[59] Lundy and Grossman, "Service Needs," as cited in Howell et al., "Developmental Variations," 47.

[60] Katz et al. "Emotional Competence," as cited in Howell et al., "Developmental Variations," 47.

use their emotional reactions as a signal to trigger adequate coping strategies" to mediate their feelings in relationships where feelings of anger or aggression arise.[61]

Further studies have found that ACEs are associated with high-risk sexual behaviours which result in teenage pregnancy and sexually-violent behaviours. One study found that "[ACEs] have an important relationship to male involvement in teen pregnancy."[62] Another study determined, "Boyhood exposure to physical or sexual abuse or to a battered mother is associated with an increased risk of involvement in a teen pregnancy during both adolescence and adulthood."[63] Respondents experiencing abuse were at an increased risk of involvement in teenage pregnancy—seventy-percent.[64] Furthermore, sexual abuse occurring before the age of eleven specifically increased the odds of impregnating a girl by eighty-percent, which increases to one-hundred-and-ten-percent when one also experienced an act of violence.[65] One study suggests that ACEs were a risk factor for experiencing sexual violence in adulthood.[66] The study asserts Child Sexual Abuse (CSA) is "a significant risk factor for sexual re-victimization in adulthood," and added ACEs, "may heighten adult sexual violence risk above and beyond the risk associated with CSA alone."[67]

The literature on the relationship between ACEs and spirituality is inconclusive. The literature points to a multi-dimensional and bi-directional relationship in which spirituality affects and is affected by ACEs. The literature points to findings which are varied concerning the effects, degree of impact, and the role of spirituality. Reflecting on

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[61] Katz et al. "Emotional Competence," as cited in Howell et al., "Developmental Variations," 47.
[62] Anda et al., "Paternity," 37.
[63] Anda et al., "Abused Boys," e19.
[64] Anda et al., "Abused Boys," e19.
[65] Anda et al., "Abused Boys," e19.
[66] Ports et al., "Sexual Victimization," 313.
[67] Ports et al., "Sexual Victimization," 313.

their practice, Donald Walker et al. state, "Some children and teens respond to abuse by becoming angry or disappointed with God. Other childhood victims of abuse turn to God for comfort and become closer to God as a result of their experience."[68] In another study, Kathleen Brewer-Smyth and Harold Koenig highlight spirituality can potentially mitigate the effects of witnessing family violence on a child.[69] The writers suggest, "while spirituality and religious beliefs and practices could be powerful sources of comfort, hope, and meaning it may also be related to self-guilt, neurosis, and psychotic disorders."[70]

Ronald Lawson et al. found from a study of male CSA survivors, "instead of simple alienation from religion and God . . . abuse may actually result in a multidimensional reaction toward God and spirituality."[71] Alternatively, Anthony Santoro et al. found that from the self-reports of one-hundred and thirty-nine adolescents in Hyderabad, India, who reported childhood adversities, adversity experienced by boys was related to "a greater desire to connect with a Higher Power."[72] In a study of twelve-hundred respondents to an online survey concerning spirituality, resilience, and anger in survivors of violent trauma, Kathryn Connor et al. determined general spiritual belief was associated with poorer outcomes for all four outcomes surveyed, which included "physical heath, mental health, trauma-related distress, and severity of PTSD symptoms."[73] The authors argue the findings may suggest spirituality is not a protective

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[68] Walker et al., "Accommodative," 102.

[69] Brewer-Smyth and Koenig, "Spirituality, Resilience, and Mental Health," 255.

[70] Brewer-Smyth and Koenig, "Spirituality, Resilience, and Mental Health," 255. Originally from Koenig, "Research on Religion, Spirituality, and Mental Health: A Review," *Canadian Journal of Psychiatry* 54 (2009) 283–91.

[71] Lawson et al., "Long-Term Impact," 378.

[72] Santoro et al., "Emerging Adolescents in India," 185.

[73] Connor et al., "Spirituality, Resilience, Anger," 491.

factor as much as it is a coping strategy as well as noting negative life events such as trauma may strengthen beliefs, which in turn support well-being."[74] Steven Tracy reflects that the spiritual effects of abuse and ACEs are "perversions" of the mandates presented in Genesis 3.[75] For Tracy sexual abuse is the perversion of "one flesh," physical abuse is the perversion of "let them rule," neglect the perversion of creative action of "cultivate the ground," spiritual abuse the perversion of God's "image," and verbal abuse the perversion of "be fruitful."[76] Tracy's assertion points to the connection between a spiritual mandate and meaning system for the world being distorted.

Reflecting on the relationship of trauma and spirituality, Stacy Smith states, "it is important to examine [the relationship] from both sides; how trauma affects spirituality, and how spirituality can affect one's journey through trauma."[77] The relationship between trauma and spirituality is complex and results remain inconclusive.

How Does this Happen?

There is no consensus with regards to how ACEs lead to early death. Several theories are put forward. Vincent J. Felitti points to two potential pathways in which ACEs affect physical health. First, "disease as a delayed consequence of various coping devices" such as smoking, drug use, and overeating.[78] Second, "disease caused by chronic stress mediated by chronic stress."[79] Moffitt et al. propose the question, "Does childhood violence exposure set young people on pathways in which each adversity begets further

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[74] Connor et al., "Spirituality, Resilience, Anger," 491–92.
[75] Tracy, *Mending the Soul*, 25–36.
[76] Tracy, *Mending the Soul*, 27.
[77] Smith, "Interaction of Trauma," 231.
[78] Felitti, "Adverse Childhood Experiences," 131.
[79] Felitti, "Adverse Childhood Experiences," 131.

adversities, and the cumulative effects of stress exposure sustain risk for later health problems, as proposed in life-course theory" or "Is early-life stress programmed into physiology during a sensitive-period of child development, in a permanent irreversible manner, as argued in the "fetal origins hypothesis?"[80] Kathleen Kendall-Tackett proposes four potential factors in which child abuse affects health. Kendall-Tackett suggest that health is affected by a complex interrelationship of behavioural, emotional, social, and cognitive pathways.[81] For example, behavioural factors highlight the behaviours that those who experience childhood abuse engage in afterwards. The author suggests that substance abuse, obesity as a result of eating disorders, suicide attempts, high risk sexual behaviour, smoking, and sleep disturbances are behavioural pathways to of the effects of ACEs.[82]

The literature points to more questions than answers with regards to how ACEs lead to further health challenges and early death. Authors do agree conclusively that there is no one way in which ACEs become negative health outcomes but that the pathways are complex and unique to individuals.[83]

Spirituality in Care

Spirituality is considered important to the care of individuals by clients and helping professionals. Multiple studies have found that clients want their personal spiritual and religious beliefs to be integrated into their care. Elizabeth Rose et al. determined that

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[80] Moffitt et al., "Childhood Exposure," 1630.
[81] Kendall-Tackett, "Health Effects," 715.
[82] Kendall-Tackett, "Health Effects," 715.
[83] Felitti, "Adverse Childhood Experiences," 131; Kendall-Tackett, "Health Effects," 726; Moffitt et al., "Childhood Exposure," 1630.

clients thought integrating spiritual and religious concerns were appropriate and further that these clients wanted spiritual and religious issues brought up in their counseling.[84] In another study, Sarah Knox et al. studied the experiences of twelve adults regarding the role religion and spirituality in the psychotherapeutic services they participated in with non-religiously affiliated therapists. Knox et al. determined clients want religion to be an element of their care.[85] The authors also identified that religion and spirituality were considered helpful to the session when the client initiated the conversation and were typically related to the presenting concern.[86] Knox et al. note when therapists initiated the conversation of religion and spirituality and the client felt therapists were being judgemental, the conversations were unhelpful.[87] Respondents suggest that issues of religion and spirituality raised by the therapist were considered "unhelpful conversations," but when there was a sense that the relationship was "open, accepting, and safe" clients found the conversations helpful.[88]

Research into the parent-child relationship reflects similar results. David Dollahite and Jennifer Thatcher conclude highly religious parents recognize the need to modify their conversation for adolescents, adult-initiated discussions about religion were found to leave adolescents "less interested, less engaged, and less likely to participate."[89] The authors also state that their study demonstrates "conversations that are more mutual are experienced more positively emotionally" by both parents and children.[90] Using this in therapeutic contexts, William Hathaway and Josh Childers argue "the ideal engagement

[84] Rose et al., "Spiritual Issues," 61.
[85] Knox et al., "Addressing Religion," 300.
[86] Knox et al., "Addressing Religion," 295.
[87] Knox et al., "Addressing Religion," 296.
[88] Knox et al., "Addressing Religion," 298.
[89] Dollahite and Thatcher, "Talking," 638.
[90] Dollahite and Thatcher, "Talking," 638.

of a child client would be a reflective clarification of a theme or topic spontaneously introduced by the child."[91] The literature points to adolescent-led discussion, or at least adolescent-focused discussion of spirituality to be the most beneficial for conversational and therapeutic outcomes.

The literature points to a strong agreement among helping professionals that spirituality is beneficial and possible to integrate into care. Connie Kvarfordt and Michael Sheridan note "the religious and spiritual lives of youth are seen by practitioners as important components of the whole person."[92] Holly Oxhandler et al. found social workers they surveyed have positive attitudes towards integrating spirituality, "feel highly efficacious in doing so," and find that integration is a feasible endeavor.[93] Alexis Arczynski et al. found that, of the eleven participants in their study, the participants gathered information concerning the spirituality of their youth clientele because they "believed it germane to their work."[94] Brian Post and Nathaniel Wade's practice-friendly literature review also found that therapist's view of spirituality as important in an individual's life determined whether they were inclined to integrate spirituality into care.[95] Spirituality is considered important by clients and beneficial to integrate into helping relationships when the client see it as beneficial. Spirituality is also more likely to be integrated into care when the helping professional values spirituality.

Throughout the literature, writers point to cases of neglect when spirituality is not included in care.[96] One author suggested that a significant portion of care was denied by

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[91] Hathaway and Childers, "Assessment," 46.
[92] Kvarfordt and Sheridan, "Social Work Curriculum," 20.
[93] Oxhandler et al., "Integration," 4.
[94] Arczynski et al., "Cultivating," 202.
[95] Post and Wade, "Religion and Spirituality in Psychotherapy," 131–46.
[96] Brown, "Challenge," 187; Hathaway, "Ethics," 34; Roehlkepartian et al., "Spiritual Development," 11.

not including spirituality in the helping relationship.[97] The author stated, that whatever the reason is for not including spirituality into care "the common result is being dismissive of a significant, if not primary, orienting system in many of their client's lives."[98] Similarly, Eugene Roehlkepartain et al. argue, "When human development marginalizes spiritual development, it does a great disservice to itself and to young people."[99] The allusion to an ethical failure to not include spirituality characterized this author's and others as well. This was also reflected in the argument made by Robin S. Brown who argues that the "value of pluralism determines any neglect of spirituality is not adequately accounting for a pluralistic environment."[100] This author argues that by neglecting spirituality the helping professional's practice does not adhere to the value of a pluralism. These authors suggest when client's spirituality is left out of care the client suffers.

Adolescent Spirituality

Studies have found that spirituality is an important aspect in adolescents' lives; even when they do not claim to be spiritual. In one study of three-hundred and ninety-six participants in a spiritual group aimed at personal and social transformation, Samta Pandya found that spirituality was considered to be a contributing factor to health and well-being.[101] Mary Raftopoulos and Glen Bates identified that teenagers' view the role of spirituality in their lives as connection with God/higher power, sense of meaning, and

[97] Hathaway, "Ethics," 34.
[98] Hathaway, "Ethics," 34.
[99] Roehlkepartain et al., "Spiritual Development," 11.
[100] Brown, "Challenge," 187.
[101] Pandya, "Well-Being and Spirituality," 45.

connection to inner self.[102] A study of seventeen Czech adolescents from non-religious families found that adolescents believed in supernatural phenomenon, thought faith was essential in one's life, and most beliefs concerned the afterlife.[103] One study found that conscious interactions, compassion/generosity and aspiring for beauty/wisdom were considered important elements of spirituality in a sample of two-hundred-fifty-four adolescents in west Germany.[104] The study also suggested that aspects of spirituality such as prayer, trust in God, transcendence, and quest orientation scored lower.[105] The authors concluded relational consciousness is vital to adolescent's view of important aspects of spirituality.[106] Kath Engebretson notes that nearly eighty-four-percent of Australian teens she interviewed sometimes or often spend time in prayer.[107] Regardless of spiritual upbringing or participation, studies point to positive inclination toward spirituality in youth in various countries. There is no consensus or common experience besides an inclination to some aspect. This reflects the uniqueness of spirituality as defined as a personal search. While there is no consensus on what aspects are important to an individual's spirituality, several studies point to the aspects that are important to different samples. Generally, spirituality is considered to be important and a part of the lives of adolescents.

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[102] Raftopoulos and Bates, "Knowing that You are Not Alone," 151.
[103] Kráčmarová et al., "Everybody Needs to Believe," 65.
[104] Büssing et al., "Aspects," 25.
[105] Büssing et al., "Aspects," 36–39.
[106] Büssing et al., "Aspects," 25.
[107] Engebretson, "Expressions," 65.

Spirituality Found in the Negative

Spirituality is found in the negative experiences of one's life.[108] Robert Dykstra et al. argue that spirituality has a strong connection to the negative or difficult experiences of life, and that spirituality derives from negative life experiences more so than the positive ones.[109] Lisa Miller notes that spiritual awareness in psychotherapy "heightens around the edges of and the inflection points in relationships, including birth, death, illness, crisis, and points of epiphany or trauma."[110] Janice Templeton and Jacquelynne Eccles write, "Challenging life experiences can induce disequilibrium or loss of synchrony, [these experiences] may provide motivation to deepen one's connection with the transcendent."[111] Spirituality is thought to be prominent during times of crisis, trauma, or negative life experiences—all of which aptly characterize ACEs.

Spirituality and Meaning

Spirituality is an important element of meaning making for those who have experienced abuse. Cynthia Hess suggests there are several functions that meaning-making plays in the healing of trauma. These include, lessons learned about life during the healing process, find meaning through lessons learned about their self, benefits offered to others, and finally, questions of meaning addressed by religious faith.[112] Hess asserts that the healing of trauma through meaning-making involves "connecting the survivor's personal

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[108] Benner, *Awakening Self*, 38–40.

[109] Dykstra et al., *Losers*, 10; Capps, *Men and their Religion*, xvi; Capps, *Striking Out*, 7. Donald Capps' imagery (*Striking Out*, 1–11) points to the dual connotations of setting out on a journey and also the failure of the principle task in the game of baseball, and a boy's religious journeys are non-linear. They are marked by promise and they are marked by failure(s) (7).

[110] Miller, "Spiritual Awareness," 141.

[111] Templeton and Eccles, "Identity Processes," 261.

[112] Hess, *Sites*, 78–80.

narratives to an overarching narrative that includes larger stories about human life."[113] Similarly, Stanley Hauerwas proposes "the primary human mechanism for attaching meaning to particular experiences is to tell stories about them."[114] Several studies have found that meaning making is an important part of coping with abuse.[115]

One study of Polish late adolescents found that meaning in life can serve as a mediator between religiousness, stress-related growth and well-being, as well as religion and spirituality and coping strategies.[116] The authors conclude "the findings imply that religious and spiritual resources do not operate in a 'vacuum.' Instead, they are strongly embedded in meaning structures which enable young people to connect personal experiences of the sacred to different existential and psychological problems."[117] The author states, "those with higher levels of religion and spirituality had a propensity to experience stronger global meaning in life and situational meaning, which in turn contributed to more frequent using coping strategies."[118] The author determined spirituality and religion may be beneficial for making meaning of a stressful event.[119] One study found that male survivors of Sexual Abuse (SA) use meaning making in a variety of ways.[120] Their study concludes, "The intricate patterns of styles and emphasis across these men's narratives make it clear that there is not a "one size fits all" solution to making meaning of these very difficult experiences."[121] Nicolene Uwland-Sikkema et al.

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[113] Hess, *Sites*, 81.
[114] Hauerwas, *Naming the Silences*, 113.
[115] Grossman et al., "Gale Force Wind."; Krok, "Religiousness, Spirituality, and Coping."; Uwland-Sikkema et al., "How is Spirituality Part."
[116] Krok, "Religiousness, Spirituality, and Coping," 202.
[117] Krok, "Religiousness, Spirituality, and Coping," 202.
[118] Krok, "Religiousness, Spirituality, and Coping," 202.
[119] Krok, "Religiousness, Spirituality, and Coping," 202.
[120] Grossman et al., "Gale Force Wind," 440.
[121] Grossman et al., "Gale Force Wind," 440.

present ways to conceive of spirituality as a way to make meaning. In their study, they explore the role of spirituality in the global meaning-making system, they found four typological meaning systems: spirituality as overarching theme, spirituality as background theme, spirituality as hidden theme, and spirituality as separate from other elements.[122] Spirituality is associated with coping through making meaning and changing meaning of previous experiences abuse. Spirituality is a unique response of each individual. Individuals draw on and move the priority of spirituality in a variety of ways that is unique to them.

Family and Spirituality

The literature highlights family as a significant factor in the care of adolescents. Family is seen as an important component to adolescent care. Chris Boyatzis et al. suggest "the family is probably the most potent influence—for better or for worse—on children's spiritual and religious development."[123] Catherine Rothon found that family "can influence mental health and educational outcomes" and suggests that there is a need for family to be made available to adolescents through flexible work schedules.[124] The authors also point to the development of spirituality through the conversations parents and children have together. The use of verbal communication to relay doctrine and beliefs is "likely" an influence on spiritual and religious development along with ritual and modeling behaviours.[125] Andrew Lester suggests from a pastoral theological perspective that "the family of God has the responsibility of monitoring this process of "becoming"

[122] Uwland-Sikkema et al., "How is Spirituality Part," 157.
[123] Boyatzis et al., "Family," 305.
[124] Rothon, "Family Social Support," 708.
[125] Boyatzis et al., "Family," 298.

so that it may affect the outcome in every possible way."[126] Gerson and Rappaport agree and suggest, "involving parents in treatment is more effective than treating a child or adolescent alone."[127] The writers maintain involving parents is often difficult due to an adolescent's resistance to their involvement.[128]

Family has a strong positive or negative influence by virtue of the parent-child relationship. The negative effects of parental emotional expression are clear in the literature. Michelle Weding and Matthew Nock determined "parental [emotional expression] is significantly related to multiple forms of adolescent [self-injurious thoughts and behaviours], including suicide ideation, plans, and attempts, as well as [non-suicidal self-injury] [*sic*]," and further that "high parental criticism is associated with increases in these thoughts and behaviors, whereas high [emotional overinvolvement] is not [*sic*]."[129] The literature points to a connection between parents and positive as well as negative health outcomes. Family as a resource for spiritual care will then depend on the family dynamic and the child/adolescent's family of origin.

Psychotherapeutic Modalities: Spiritually Integrative and ACE Friendly

Psychotherapeutic modalities have been successfully integrated with spirituality for client care. Research suggests Narrative Therapy (NT), Solution-Focused Brief Therapy (SFBT), and different iterations of Cognitive behavioural Therapy (CBT) are beneficial psychotherapeutic modalities which have successfully and effectively incorporated

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[126] Lester, *Pastoral Care*, 43.
[127] Gerson and Rappaport, "Traumatic Stress," 140.
[128] Gerson and Rappaport, "Traumatic Stress," 140.
[129] Wedig and Nock, "Adolescent Self-Injury,"1176.

spirituality into care.[130] Betty Morningstar argues NT is appropriate for spiritually integrated practice.[131] She suggests, "[NT] and biblical narratives offer creative options for re-evaluating and rewriting that which has oppressed us.[132] The Hebrew and Christian scriptures comprise numerous stories of prophets who challenged dominant social narratives [*sic*]."[133] Joan Simon et al. suggest SFBT is beneficial for the development of family resiliency and indicates a high-level of spirituality to be one quality an adult contributes to family resiliency.[134]

Multiple sources highlight the benefit of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT).[135] Moffitt et al. indicate TF-CBT is beneficial for working with client's with ACEs.[136] Samira Soleimanpour et al. suggest the benefits of TF-CBT to "address the multiple domains of trauma and teach youth skills in how to regulate their behaviour, process the trauma, and improve their sense of safety and trust."[137] Hannah Espeleta et al. highlights emotional dysregulation was determined to be linked with adult health-risk behaviours which were mitigated by components consistent with a TF-CBT approach.[138]

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[130] Cohen et al., "Trauma-Focused CBT for Children," 215; Moore et al., "Definitional Ceremonies," 259; Morningstar, "Stories that Transform," 302; Simon et al., "Understanding," 427; Walker et al., "Addressing Religious and Spiritual Issues," 174.

[131] Morningstar, "Stories that Transform," 302.

[132] Morningstar, "Stories that Transform," 302.

[133] Morningstar, "Stories that Transform," 302.

[134] Simon et al., "Understanding," 427.

[135] Cohen et al., "Trauma focused CBT for Children," 215; Espeleta et al., "Childhood Adversity," 99; Moffitt et al., "Childhood Exposure to Violence," 1627; Soleimanpour et al., "Adverse Childhood Experiences and Resilience," S111; Walker et al., "Addressing Religious and Spiritual Issues," 174.

[136] Moffitt et al., "Childhood Exposure," 1627.

[137] Soleimanpour et al., "Adverse Childhood Experiences and Resilience," S111.

[138] Espeleta et al., "Childhood Adversity," 99.

For youth, TF-CBT and NT are highlighted as particularly beneficial.[139] Kelsey Moore et al. propose narrative practice—particularly definitional ceremonies—is a beneficial practice to explore a child's spirituality and work with the child in a wholistic way.[140] The literature highlights TF-CBT as particularly beneficial for therapy with children who have experienced abuse.[141] Donald Walker et al. propose TF-CBT could be used to process childhood abuse.[142] Judith Cohen et al.'s review of the literature found that "Trauma-Focused Evidence-Based Practices that integrate behavioural management strategies can effectively manage the behavioural regulation problems that commonly occur in traumatized children."[143] It has also been found to decrease the severity of trauma symptoms associated with adolescents.[144]

The literature highlights spiritually-accommodative approaches are effective in helping contexts. Walker et al. propose a religious and spiritually accommodative approach to treatment, and attest to its efficacy although they are attempting to legitimize the practice through research.[145] Systematic review of the literature points to the utilization of established psychotherapeutic approaches which include spirituality or religion of clients in an integrated or accommodative way.[146] Brian Post and Nathaniel Wade found, "Across [. . .] thirty-one studies religious/spiritual approaches to

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[139] Cohen et al., "Trauma-Focused CBT for Children," 215; Moore et al., "Definitional Ceremonies," 259; Soleimanpour et al., "Adverse Childhood Experiences and Resilience," S111.

[140] Moore et al., "Definitional Ceremonies," 259. Definitional Ceremonies ("Definitional Ceremonies," 266) are the opportunity to tell one's story and define the problem. The ceremony consists of three movements: client's telling of the story, retelling by outsiders who witnessed the event or story, and the client's interpretation of the retelling of the story.

[141] Cohen et al., "Trauma-Focused CBT for Children," 215; Walker et al., "Addressing Religious and Spiritual Issues," 174.

[142] Walker et al., "Addressing Religious and Spiritual Issues," 174.

[143] Cohen et al., "Trauma focused CBT for Children," 215.

[144] Joiner and Buttell, "Investigating the Usefulness," 457.

[145] Soleimanpour et al., "Adverse Childhood Experiences and Resilience," S111; Walker et al., "Accommodative," 102.

[146] Post and Wade, "Spirituality in Psychotherapy," 144.

psychotherapy were effective. In addition, in the sixteen studies in which a religious/spiritual intervention was compared to a secular intervention, the religious/spiritual interventions were more effective [*sic*]."[147] Spiritual interventions have been found to reduce symptoms of anxiety and depression, and spiritually-accommodative approaches have been found to be more effective than psychotherapeutic modalities without spirituality.[148] Spiritual interventions are associated with spiritual well-being and higher mental health scores.[149] The literature indicates Christian approaches to psychotherapeutic interventions have been found to be more effective than secular interventions, suggesting spirituality is an important treatment consideration.[150]

Recent literature has adapted narrative and solution-focused theories for practice within ecclesial settings for ecclesial spiritual care providers. Solution-focused and Narrative modalities are utilized within the ecclesial context.[151] These monographs present the growing trend in pastoral literature of adapting psychotherapeutic modalities to pastoral ministry contexts.

The literature suggests NT, SFBT, and CBT, particularly TF-CBT, have been utilized in spiritually integrative practice with success. Recent research supports the use of TF-CBT. Trauma-Focused CBT is most commonly cited as a beneficial approach to working with adolescent clients who would be described as experiencing ACEs. Spiritual

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[147] Smith et al., "Outcomes," as cited in Post and Wade, "Religion and Spirituality in Psychotherapy," 142.

[148] Goncalves et al., "Interventions," 2937; Hawkins et al., "Secular versus Christian," as cited in Jennings et al., "Christian Accommodative Cognitive Therapy for Depression," 86.

[149] Hawkins et al., "Secular versus Christian," as cited in Jennings et al., "Christian Accommodative Cognitive Therapy for Depression," 86; Wong et al., "Mental Health," 161.

[150] Smith et al., "Outcomes," 643–655, as cited in Post and Wade, "Spirituality in Psychotherapy," 142.

[151] Coyle, *Spiritual Narratives*, 1–16; Kollar, *Solution-Focused*, 15–17.

interventions and Christian-accommodative approaches have been found to help with depression and anxiety as well as increase mental health scores.

Bio-Psychosocialspiritual Paradigms

Models of wholistic care are becoming more prominent in the helping professions.[152] In one study, Alison Plumb affirms the prevalence of bio-psychosocialspiritual paradigms. She states, "It appears that the majority of participants in the present study support a bio-psychosocialspiritual paradigm both personally and professionally [*sic*]."[153] In 1977, George Engel proposed the bio-psychosocial model. Engel argued that the biomedical model left out key elements of being a human that were important to the conceptualization and treatment of disease.[154] He argues, "the physician's professional knowledge and skills must span the social, psychological, and biological, for his decisions and actions on behalf of the patient involve all three."[155] The helping professional is responsible for accounting for the disparate elements that make a person a person. More recently, works by Ray S. Anderson, David Benner, and Eric L. Johnson incorporate spirituality into the understanding of a wholistic bio-psychosocialspiritual approach.

Spirituality is an integral aspect of the human person and shares the same processes as the other components which make up a person. Benner states, "To be human is to be embodied."[156] For Johnson, the model of human integration is to achieve the goal

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[152] Allender, *Healing*, 49–50; Plumb, "Spirituality and Counselling," 13;
[153] Plumb, "Spirituality and Counselling," 13.
[154] Engel, "Medical Model," 130.
[155] Engel, "Medical Model," 133.
[156] Benner, *Awakening Self*, 89. Also, Anderson, *Spiritual Caregiving*, 35; Anderson, *Christians who Counsel*, 33.

of Christian counselling which is "the provision of corrective semiodiscursive experiences that lead to a redemptive resignification that heals the soul through a better rewiring of the brain's neural circuits."[157] While discussing and working in the spiritual domain healing can occur through the psychosocial and biological domains. Benner points to the interdependent relationship between spirituality and psychological domains, but suggests that they are united and inextricably intertwined rather than separate components. Benner argues,

> The term psychospiritual refers to the fact that the inner world has no separate spiritual and psychological compartments. Humans are, in their inner persons, psychospiritual beings. No problem of the inner person is either spiritual or psychological; all problems are psychospiritual. Psychological and spiritual aspects of human functioning are identical. Any segregation of spirituality and psychology is, therefore, both artificial and destructive to the true understanding of persons.[158]

For these authors the spiritual cannot be divorced from the psychological, or even the biological.

Christian bio-psychosocialspiritual models argue that divorcing the spiritual is detrimental to care. Eric L. Johnson and David Benner's respective models attest to the multifaceted and interdependent elements of a human being. They would argue that while these elements are distinguishable from one another they cannot be divorced. In other words, Johnson suggests the orders or domains in other models do not overlap and interact.[159] Benner argues, "Genuine soul care . . . is never exclusively focused on any one aspect of a person's being—spiritual, psychological, or physiological—to the exclusion of all others. If care is to be worthy of being called soul care, it must not

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[157] Johnson, *Foundations*, 306.
[158] Benner, *Care of Souls*, 110.
[159] Johnson, *Foundations*, 339–40.

address parts nor focus on problems but engage two or more people with each other to the end of the nurture and growth of the whole person [*sic*]."[160] The literature also reflects a direct connection between cognitive and spiritual capacities which these models advocate. Carl Johnson and Chris Boyatzis suggest spiritual development is not divorced from the regular cognitive processes of children and adolescents but is the faculty that leads to "thinking beyond" the present reality and into something deeper, something spiritual.[161] The bio-psychosocial elements of personhood are not divorced from the spiritual but are the processes in which the spiritual works.

The psychology of religion literature also seeks to integrate spirituality into care. Kenneth Pargament proposed an approach to spiritually integrated care. Pargament asserts, "we are more than psychological, social, and spiritual beings; we are also spiritual beings."[162] For Pargament spirituality is the "search for the sacred," however one deems to define the sacred. [163] Pargament points to the "embeddedness of spirituality in the lives of people" similar to the paradigms proposed by the aforementioned writers.[164]

Bio-psychosocialspiritual paradigms shape the discussion of other issues and topics. Phil C. Zylla discusses disruptions that suffering causes in life. He categorizes these as physical pain, psychological anguish, social degradation, and spiritual despondency.[165] Elements of human being are parsed and used to articulate four dimensions of suffering that is commonly experienced. In this way, this work takes the bio-psychosocialspiritual paradigm and includes the experience of suffering in each

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[160] Benner, *Care of Souls*, 23.
[161] Johnson and Boyatzis, "Cognitive-Cultural," 219.
[162] Pargament, *Spiritually Integrated Psychotherapy*, 4.
[163] Pargament, *Spiritually Integrated Psychotherapy*, 52.
[164] Pargament, *Spiritually Integrated Psychotherapy*, 21.
[165] Zylla, *Roots*, 54–67.

domain giving it definition and character. John Swinton, discussing dementia, asserts people cannot be divorced from their bodies. The brain is a part of the body and humans are embodied beings.[166] The body and mind, or bio-psycho, cannot be separated because "our bodies remember things and that memory is not without meaning."[167] For Swinton, the body, mind, and self cannot be separated, as the person is a person within time amassing experiences and memories.[168] Bio-psychosocialspiritual distinctions point to a wholistic view of the person that seeks to understand the whole person in light of specific issues as well as providing a template for assessing various stories and challenges.

Mental illness and bio-psychosocialspiritual issues that require helping professionals to address them are often considered interrelated among Christian thinkers. John Toews asserts that the general perception within the church is that the biological, psychological, and social are of little concern, while the spiritual is of the utmost concern. He argues, "in every instance Christ addressed the needs of the people he encountered—with no concern about which sphere of human functioning contained the need."[169] Toews asserts that human experience cannot divorce the biological, psychological, and social, nor can it negate the spiritual and that in any given situation and human experience, "All three levels are active at all times."[170] Donald Capps similarly argues, that in the stories of Jesus' healings, it is not the bacteria of leprosy or any such thing that is the principle cause of disorder, but rather "the agent of their illness [is an] internal cause… in a certain sense they were doing it to themselves."[171] Further, while the physical symptoms are real,

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[166] Swinton, *Dementia*, 243.
[167] Swinton, *Dementia*, 244.
[168] Swinton, *Dementia*, 246.
[169] Toews, *No Longer Alone*, 52.
[170] Toews, *No Longer Alone*, 54.
[171] Capps, *Jesus*, xii.

the root is psychosomatic.[172] There is more than just the spiritual involved in the lives of individuals in the church, there is also the bio-psychosocial which the spiritual permeates.[173] The increase in bio-psychosocialspiritual paradigms is seen in recent studies and the various approaches.

Education for Spiritually Integrated Care

One theme to arise from the literature is the need for education. There is a dearth of literature and research on the integration of spirituality into care. Kvarfordt and Sheridan's national cross-sectional online survey of one-hundred and ninety social work educators determined that social work educators possess a positive attitude towards religion and spirituality, are generally supportive of both in social work curriculum, but only approximately one-third of respondents included spirituality and religion in their curriculum.[174] In another study, Plumb found that of the three-hundred-forty-one participants in her survey one-third expressed that their graduate program satisfied their desire to learn the integration of spirituality into counselling, with one-third being neutral on the matter as well as another third being dissatisfied.[175] Further, this research cohort asserted that forty-percent wanted to continue study on the matter, forty-percent were neutral or uncertain, and twenty-percent asserted that they were not interested.[176] Another study determined that "spirituality has not been extensively included in the training curriculum of academic programs for therapists."[177]

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[172] Capps, *Jesus*, xii.
[173] Toews, *No Longer Alone*, 54–57.
[174] Kvarfordt and Sheridan, "Social Work Curriculum," 1.
[175] Plumb, "Spirituality and Counselling," 13.
[176] Plumb, "Spirituality and Counselling," 13.
[177] Shujah, "Workshop," i.

In a study on counseling students' thoughts concerning spirituality in counselling, Souza determined students expressed both comfort and discomfort with regard to integrating spirituality with specific concern of offending clients, difficulty defining spirituality, who should introduce spirituality into the session, and wanted training regarding spirituality to protect against possible unethical treatment of clients in their practice.[178] The literature points to a low prevalence of spirituality in educational curriculums, and a desire of students to learn spiritually integrated care which implies a lack of educational opportunity.

Theological Reflection

Helping professionals work closely with adolescent males with ACEs in helping relationships. These relationships are characterized by the goal to promote growth in light of disturbances and among the various helping professions may be formal or informal conversations. For the time-limited and contextual factors that both guard and create the context of the helping relationship, helping professionals are required to work toward growth with individuals who have experienced significant trauma which resonates through the various facets of their life. The experience of ACEs does not appear solely as a psychological, emotional, physical, or spiritual disturbance; it appears in the bio-psychosocialspiritual.

The literature points to a common theme concerning these helping spiritual conversations: adolescent-led discussion is more beneficial for conversation than adult-

[178] Souza "Spirituality in Counseling," 213–16.

led.[179] Adolescents who seek help or want to discuss disturbances in their lives may wish to initiate the conversation. It may be more beneficial for care to involve families in care, but the resistance of some adolescents to involve parents creates another challenge for helping professionals. Helping professionals must work with the adolescent, listening for their spirituality and opportunities to discuss these matters, and to involve what may be beneficial in conversation with them and from their choice top include these elements.

The Christian faith has a long tradition of caring for the vulnerable.[180] Matthew 25 discusses the importance and significance of this care. Opening a glimpse to the judgement of all people, the evangelist describes the scene in which both believers and non-believers are judged. They are all judged according to the same criteria: did you care for me? Both ask, "when did we have the opportunity to care for you?" Jesus responds similarly to both, "Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me" (Matt 25:45 NRSV). Early interpretations of this passage suggest that the care of the vulnerable is of the utmost importance and that God is in the place of suffering.[181] God who is at times expected to have no business amongst the vulnerable is found with them.[182]

Moreover, the Christian tradition gives specific regard for the care of children.[183] Stanley Hauerwas claims, "it is simply not the case that all people everywhere respond to

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[179] Dollahite and Thatcher, "Talking," 638; Rose et al., "Spiritual Issues," 61; Knox et al., "Addressing Religion," 296–300.

[180] See: Gen 18:1–18; Ps 69:33; Job 31:32; Rom 8:35; 1 Cor 4:11; 2 Cor 11:27; Heb 10:34; Heb 13:2–3; 1 Tim 5:10.

[181] Chrysostom, *Complete Works*, location 14580, Kindle Edition. Or, Chrysostom, *Homily 78*, as cited in Williams, ed., "Matthew," 467; Valerian of Cimelium, Homily 8.4, FOC 17:355, as cited in Williams, ed., "Matthew," 470.

[182] Matt 9:12–13; Mark 2:17; Luke 5:31–32.

[183] Select passages are provided here to consider. Deut 10:18; Mark 9:42, 10:13–16; Matt 18:6–7; Luke 17: 2; Psalms 10:14; James 1:27.

the suffering of children with the same outrage or even perceive what the children endure as suffering."[184] There is no word in the Hebrew or Greek of the Bible which refers to ACEs. The effects of ACEs impact their bio-psychosocialspiritual lives. One feature of the effects of ACEs is the relationship between emotions, behaviours, and social connections. Impulsivity, increases in conflict with peers, and increases in anxiety as well as depression were common themes in the literature. One writer concludes, the less awareness of feelings the less likely they are to utilize them for choosing appropriate healthful coping strategies. [185]

Augustine reasons that humans are *non posse non peccare*—not able to not sin.[186] Alistair McGrath describes Augustine's view this way: "Sin is analogous to some form of hereditary disease."[187] Kelvin Mutter suggests, the sin of abuse—in whatever form it may appear, and in any iteration of ACEs—is "a disruption of the I-Thou relationship in that it subverts the role of the 'other' to that of a slave."[188] For the helping professional, he or she comes into contact with a youth at a critical juncture on the uphill journey of adolescence where they have experienced ACE(s) and now live with the consequences. They are not responsible for the sin that has been perpetrated against them, but are nevertheless affected and responsible for how they behave.[189] They have been relegated to a slave of sin because of someone else's actions. Sin robs children and adolescents of the freedom to make healthier choices. ACEs reflect one way in which the freedom to

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[184] Hauerwas, *Silences*, 69.
[185] Katz et al. "Emotional Competence," as cited in Howell et al., "Developmental Variations," 47.
[186] Augustine, *On Nature*, 21.
[187] McGrath, *Christian Theology*, 352.
[188] Mutter, "Rituals," 81.
[189] For a full description of psychopathology and the agents—or actors—of sin, see Coe and Hall (*Psychology in the Spirit*, 278–305.) Coe and Hall provide a discussion of the agents of sin, and distinctions between original sin, personal sin, and being sinned against (282).

choose paths that may not lead to sinful outcomes is restricted. Even with the best intentions may be impacted, reflecting Paul's assertion, "I do not understand what I do" (Rom 7:15).

The literature also points to a complicated response to the matters of the spiritual. As one study found the experience of abuse can cause a sense of alienation from God in some and a reason to draw close in others.[190] While it is apparent that the response to trauma and the role of spirituality is isomorphic, there is a strong sense that the character of one's spirituality is born out of the negative. One study suggests, "Challenging life experiences can induce disequilibrium or loss of synchrony, [these experiences] may provide motivation to deepen one's connection with the transcendent."[191] It can also be argued that disequilibrium or loss of synchrony may provide motivation to address meaning and to make meaning situational and global meaning. One study concludes, "The intricate patterns of styles and emphasis across [. . .] men's narratives make it clear that there is not a 'one size fits all' solution to making meaning of these very difficult experiences [*sic*]."[192] The individual's response to trauma is unique, but the requirement of the helping professional is clear.

The church and spiritual community can be described as a hospital.[193] McGrath asserts, "Augustine understands salvation partly in sanative or medical terms, in that humanity is healed by the grace of God, so that the mind may recognize God and the will may freely respond to the divine offer of grace."[194] Augustine allegorizes "The church . .

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[190] Lawson et al., "Long-Term Impact," 378.
[191] Templeton and Eccles, "Identity Processes," 261.
[192] Grossman et al., "Gale Force Wind," 440.
[193] Martin, *Counseling for Family Violence*, 255; McGrath, *Christian Theology*, 352, 381.
[194] McGrath, *Christian Theology*, 352.

. is rather to be compared to a hospital than a club of healthy people [*sic*]."[195] The church and spiritual community is a hospital for the bio-psychosocialspiritual hurt that is brought on by ACEs.

There are two currents developing at the intersection of ACEs and spirituality. First, individuals have isomorphic responses to trauma, abuse, and the accumulation of ACEs. The accumulation of four ACEs is not the same as the accumulation of four ACEs for another. Second, spirituality is important, and can be beneficial when done in an appropriate manner. Perhaps the role of spirituality is derived from the conversation with youth, how it is developed with youth, and what is done with it. There is a distinct tradition of care for the vulnerable and especially children in the Christian tradition. The effect of ACEs describes a vulnerability and susceptibility to negative health consequences bio-psychosocialspiritually. The response to the accumulation of ACEs is isomorphic but there appears to be characteristic ways in which adolescent males respond.

Conclusion

The literature concerning ACEs and the integration of spirituality both broadly as well as with adolescents specifically point to the desire to integrate spirituality into care, and the vast deleterious effects of ACEs on the healthy development of adolescent males. The literature regarding integration of spirituality, adolescent spirituality, and ACEs displays several themes. ACEs have a distinct effect on individuals. Various effects of ACEs have been found throughout its study. Biological effects include neuron path destruction and

[195] McGrath, *Christian Theology*, 381.

shorter telomere length, as well as obesity. Psychosocial effects include depression, anxiety, and behavioural issues; emotional dysregulation and impulsivity also appear to be common effects. Studies regarding the effects of ACEs, or trauma more broadly, are inconclusive. Generally, studies conclude that the more ACEs accumulated and the greater frequency lead to more detrimental outcomes. The integration of spirituality is considered feasible and desired by both practitioners as well as clients. Ethical considerations and clients bringing spirituality into conversations appeared as important caveats to the discussion of integration. The increase in bio-psychosocialspiritual models is clear in the literature. Spirituality is seen as an element of personhood that shares the same processes as bio-psychosocial faculties which cannot be divorced from a conceptualization of wholisitic care. Two modalities are typically employed and considered effective in the therapy of adolescents with ACEs, but none more so than TF-CBT. Education of professionals was also found to be insufficient with numerous studies calling for intentional education of helping professions.

CHAPTER 3: METHODOLOGY AND FINDINGS

This chapter highlights the research problem, methodology, data analysis, and findings. This research draws on the growing fields of ACEs research and spirituality in helping professional contexts with youth. This qualitative study sought to develop a description of the experiences of helping professionals working with adolescent males with ACEs. The study sought to describe what helping professionals' narratives of care with adolescent males with specific reference to the spiritual in their work with adolescent males and how helping professionals attend to the spiritual in their work. Participants were recruited through a snowball method. Five responses were deemed sufficient for analysis.

Research Problem

Research studying the integration of spirituality with youth in clinical settings is growing.[1] While there is a strong base of research that has focused on clients' and professionals' experiences of integrating spirituality, research has been focussing more on the integration of spirituality in work with youth.[2] The literature points to the effectiveness of conversations around spirituality which are brought up by youth and

[1] See Arczynski et al., "Cultivating," 196–207; Oxhandler et al., "Integration," 1–10; Kvarfordt, "Spiritual Abuse," 143–64.

[2] Arczynski et al., "Cultivating," 196–207; Oxhandler et al., "Integration," 1–10; Kvarfordt, "Spiritual Abuse," 143–64.

respect the youths' ability to discuss such matters.[3] A growing number of research articles focus on the experiences of social workers and psychotherapists, particularly their perceptions, attitudes, and the perceived feasibility of integrating spirituality into work with youth.[4]

Research in the study of Adverse Childhood Experiences has also grown in recent decades.[5] Research indicates a strong dose-response relationship between the experiences of a variety of adversities in childhood with negative health outcomes later in life.[6] ACEs lead to disrupted neurodevelopment; social, emotional, and cognitive impairment; adoption of health risk behaviour; disease, disability, and social problems; ultimately resulting in early death.[7] Adolescent males with ACEs experience this phenomenon uniquely. Males are more likely to initiate alcohol and drug use/abuse in early adolescence, begin smoking, struggle with obesity, be involved in teen pregnancy, engage in sexual risk behaviours, and/or perpetuate sexual or dating violence.[8]

Some research has begun to bridge the gap between spirituality and ACEs exploring the relationship. Spirituality is generally considered a positive resource in the mitigation of ACEs. Research regarding the role of spirituality in mitigating ACEs is limited and inconclusive. Some have suggested spirituality could be a positive resilience

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[3] Dollahite and Thatcher, "Talking," 638; Knox et al., "Addressing Religion," 294–96; Rose et al., "Spiritual Issues," 61–71.

[4] Arczynski et al., "Cultivating," 196–207.; Oxhandler et al., "Integration," 1–10; Kvarfordt, "Spiritual Abuse," 143–64.

[5] Felitti et al., "Relationship," 245; Soleimanpour et al., "Adverse Childhood Experiences and Resilience," S108–S109, as cited in Moore and Ramirez, "Adverse Childhood Experience and Adolescent Well-Being"; Edwards et al., "Multiple Forms."

[6] See CDC website, https://www.cdc.gov/violenceprevention/acestudy/about.html; Felitti et al., "Relationship"; Edwards et al., "Multiple Forms."

[7] CDC Website. "ACE Pyramid."

[8] Anda et al. "Abused Boys," e19; Anda et al. "Alcoholic Parents," 1001; Anda et al. "Smoking," 1652; Ports et al., "Sexual Victimization," 313; Shin et al. "Profiles," 118; Williamson et al., "Body Weight," 1075.

factor for youth with ACEs and others have found that adversity is related to the desire to connect with a transcendent figure and spirituality.[9] Moreover, others point to a multidirectional response that is neither solely positive or negative.[10] This presents unique challenges for helping professionals. How do helping professionals address the unique concerns of adolescent males with ACEs? Furthermore, how does spirituality act as a potential mitigatory factor? No known study has yet to focus on the experiences of helping professionals integrating spirituality with adolescent males with ACEs. This study asks the questions, *what do helping professionals see as the role of spirituality in the lives of adolescent males with ACEs?* and *how do helping professionals address spirituality in their work with this population?* The experiences of helping professionals—i.e., psychotherapists, social workers, and youth pastors—provides a narrative of the role of spirituality for adolescent males who have experienced ACEs and how the professionals address this in their work.

Methodology

This study employs a qualitative research methodology. Qualitative research as described by John McLeod is "a process of careful, rigorous enquiry into aspects of the social world. It produces formal statements or conceptual frameworks that provide new ways of understanding the world, and therefore comprises knowledge that is practically useful for those who work with issues around learning and adjustment to the pressures and demands of the social world."[11] Qualitative research seeks to develop a thorough and rich

[9] Brewer-Smyth and Koenig, "Spirituality, Resilience, and Mental Health," 255; Santoro et al., "Emerging Adolescents in India," 185; Templeton and Eccles, "Identity Processes," 261.

[10] Lawson et al., "Long-Term Impact," 378; Smith, "Interaction of Trauma," 231.

[11] McLeod, *Qualitative Research*, 3, as cited in Swinton and Mowatt, *Practical Theology*, 30.

description of life events into words. These experiences are significant experiences and worth studying. The experiences studied provide a way for one to understand and make sense of the experience. John Swinton and Harriet Mowatt state, "the task of qualitative research is to describe the lived realities of individuals and groups in particular settings. And to give the reader theoretical comparisons and explanations that can be used elsewhere."[12] This study seeks to describe the lived realities of helping professionals in helping relationships with adolescent males with ACEs.

This approach will help to achieve the aforementioned goals of the present study. First, qualitative research provides a rich word description of an experience. This will identify the experiences of helping professionals. No known study has yet to address specific sub-sets of adolescents, and further study the differences in the provision of spiritually integrated services. By analyzing the responses of several helping professionals, their experience and the subsequent analysis will contribute more voices to the conversation of spiritual integration in helping relationships to the already growing field. This will also provide a better understanding of spirituality as those who work with adolescent males reflect on their own personal experiences with these youth.

Second, by using a qualitative approach to research other elements of the lived realities of the participants may benefit from reflection on theoretical considerations and concerns that arise in the literature. From here, a state of the field can be sketched and then concerns relating to education and future research discussed. The detailed account of themes generated from this study will provide readers with a new, or nuanced, understanding of helping professionals' work of locating spirituality in the narratives of

[12] Swinton and Mowatt, *Practical Theology*, 43–44.

youth and how the helping professional addresses this spirituality which may be applied to other scenarios in ways that are practically useful.

Data Collection

Data was collected through a snowball method. Potential participants were provided with the web-link to the survey and asked to forward the link to other prospective participants. Snowballing was employed because it facilitated access to networks of helping professional networks and helping professionals' knowledge of potential participants who fit inclusion criteria. Participants were screened for fit specific criteria including to self-identify as a helping professional—i.e., social worker, psychotherapist, youth pastor, or other self-identified profession—and experience with adolescent males with ACEs. The five participants who completed the survey fit these criteria. Their responses were analyzed for this study.

The snowball method protected the confidentiality of any participants who may know the researcher from their work as a helping professional. Ethical concerns were mitigated by utilizing the snowball method which provided potential recruits anonymity and the researcher an ability to look at the responses without any undue bias.

Participants were asked to respond to fourteen questions focused on their practice and eight demographic questions. These questions were divided into four general categories of questions: Adverse Childhood Experiences (ACEs), Adolescent Spirituality, Integrating Spirituality into Practice, and Demographic Questions. [13] The survey concluded with eight demographic questions asking for the participant to provide a sketch

[13] See Appendix 1 for the complete survey, and list of questions.

of their professional context and professional self. These demographic questions intended to provide a sketch of the participants and locate the responses in their context.

Researcher's Location

I—Grant Hyndman—am a Masters student with a background in spiritual care and counselling. I completed a Master of Divinity in spiritual care and counselling in 2017. I completed all of my education BA, MDiv, and current MA in Canadian universities in Southern Ontario. My work experience has also occurred in Southern Ontario exclusively. I have experience as a youth and children's pastor at an inner-city evangelical Christian church in Hamilton, ON, and as an intern psychotherapist and independent contractor in a secular agency providing psychotherapeutic services. This work has included one-on-one, couples, and family counselling, and I continue to co-facilitate three groups for children and adolescents. One group serves children—ages eight through twelve—who witnessed domestic violence. The second group is separated by gender and serves adolescents who are considered at-risk of perpetuating violent behaviours in relationships, with specific regard to violence in dating relationships.

Ethical Considerations and Ethics Approval

Thematic Analysis (TA) draws from a variety of sources for its primary data. This includes the use of interview or survey. While an interview format is desirable, and more common, due to the researcher's location within the field a survey platform was utilized to ensure confidentiality and to guard against undue bias on the part of the researcher. To maintain the confidentiality of the participants and maintain the researcher's impartiality

to the participants, confidentiality was important. To address this ethical constraint, the researcher employed a survey through snowball method to ensure participants were able to maintain confidentiality and respond to the survey in a way that provided sufficient responses for analysis. It was determined that a survey platform would provide an accessible option that maintained the confidentiality of participants from the researcher to ensure a high standard of research.

This research was approved by the McMaster Research Ethics Board—MREB #2018-187—at McMaster University in Hamilton, ON.

Data Analysis

This study used TA as described by Virginia Braun and Victoria Clarke to interpret the responses of participants. Braun and Clarke suggest "[TA] is a method for identifying, analyzing, and reporting patterns—themes—across data."[14] TA was chosen to analyze the data because of its inherent flexibility as a method of qualitative analysis, accessibility for inexperienced researchers, potential to gain meaningful responses and insights into the research problem, and use in similar studies. Braun and Clarke's six-step process of TA was utilized for the current research project. These steps include: familiarizing oneself with the data, generating the initial codes, searching for themes, reviewing themes, defining/naming themes, and producing the report.[15]

TA was selected for four reasons. First, TA was preferred because of its flexibility. The flexibility of TA is found in its ability to be used in an existing theoretical

[14] Braun and Clarke, "Using Thematic Analysis," 79.
[15] Braun and Clarke, "Using Thematic Analysis," 87.

framework or methodology, or employed in its own right.[16] The flexibility of TA allowed the current researcher to use TA on its own as a research method.

Second, TA was preferred because it promised to answer the research question. Braun and Clarke state, "Through its theoretical freedom, [TA] provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data."[17] The goal of the research project is to develop an understanding of the role of spirituality in the helping relationship between the helping professional and adolescent male with ACEs. TA provided one way to interpret the analyze the survey responses and reach a conclusion.

Third, TA was utilized because of its accessibility for inexperienced researchers. Braun and Clarke argue "as [TA] does not require the detailed theoretical and technological knowledge of approaches, such as grounded theory and [Discourse Analysis], it can offer a more accessible form of analysis, particularly for those early in a qualitative research career [sic]."[18] Considering the researcher's experience and nature of their academic program, the decision to utilize TA factored experience into the decision-making process.

Fourth, and finally, TA was used because of its use in several similar studies for data analysis. Several studies utilize the method of TA as proposed by Braun and Clarke for similar research topics. For example, Juleen Buser et al. use TA to study the intersection of spirituality and eating disorders.[19] In their research, Buser et al. interview

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[16] Braun and Clarke, "Using Thematic Analysis," 87; Buser et al., "Spirituality and Eating Disorder," 101.

[17] Braun and Clarke, "Using Thematic Analysis," 78.

[18] Braun and Clarke, "Using Thematic Analysis," 81.

[19] Buser et al., "Spirituality and Eating Disorder," 97–113.

twelve females who self-report an eating disorder. The responses were analyzed using Braun and Clarke's method and take an inductive approach because of the lack of previous study on the intersection of spirituality and eating disorders. Furthermore, Rhonda Shaw et al. also utilize TA in their study of the role of religion and spirituality in the lives of older adults.[20] TA has been used in similar studies of religion and spirituality to develop an understanding of specific experiences.

Braun and Clarke's six-step process is employed and follows in the analysis of the present study's survey responses. The first step suggests the researcher familiarize themselves with the data. This is characteristic of many qualitative research methodologies. Data is read and re-read to become familiar with the participant's response and initial notes regarding interesting features, initial ideas, or potential areas of interest in the data. Analysis of the survey responses was conducted beginning with this step. The researcher read and re-read participant survey responses making initial notes for future consideration.

The second step requires the researcher to generate initial codes. Codes are defined by Braun and Clarke as a feature which the analyst finds interesting in the data deriving from the original segment of data that can be meaningfully assessed.[21] The researcher diligently works through the data set "giving full and equal attention to each data item," making sure to code for: as many possible themes, including the context of the data, and to code into as many potential themes as possible.[22] The generation of codes was conducted by writing in the margins of survey responses first. A second round of

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[20] Shaw et al., "Religion and Spirituality," 311–30.
[21] Boyatzis, *Transforming*, as cited in Braun and Clarke, "Using Thematic Analysis," 88
[22] Braun and Clarke, "Using Thematic Analysis," 89.

coding was completed by the researcher to develop more codes and solidify initial codes through a process of further reading. Braun and Clarke argue, "The need for re-coding from the data set is to be expected as coding is an ongoing organic process."[23] This can happen through any subsequent stages of TA. The second and subsequent third round of coding was completed in a table with a column entitled "general topics" for the codes, and subsequent columns for themes, and higher-level themes.[24]

The third step requires the researcher to search for themes. In this stage, initial codes are organized into broader themes through the process of clustering. This step requires the research to analyze and interpret the codes and cluster them based on their thematic criteria. The researcher gathered the initial codes and organized according to potential similarities in the latent and theoretical information in the codes. Codes were clustered into themes representative of the data set.

The fourth step in TA is to review themes. Braun and Clarke suggest "during this phase, it will become evident that some candidate themes are not really themes . . . while others might collapse into each other."[25] Braun and Clarke discuss two levels of review at this stage: reviewing at the level of coded theme and reviewing the thematic map. First, scrutinization of themes occurs by asking questions of the themes. Does the theme form a coherent pattern? Does a code not fit? If so, can it be reworked or does it belong to another theme? The process of review and refining themes attempts to develop valid themes which represent the meaning of the data in its original context and in the data set as a whole. Once the themes are validated for accuracy of representation, the second level

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[23] Braun and Clarke, "Using Thematic Analysis," 91.
[24] See Appendix 3 for an example of the table used during this stage of data analysis.
[25] Braun and Clarke, "Using Thematic Analysis," 91.

of review begins. The researcher scrutinizes the thematic map and asks: does the map accurately reflect the meanings? If yes, the researcher moves on to the next stage of analysis. If not, the researcher returns to review and refine the themes. The researcher followed this review process to ensure the validity of themes based on the coding and clustering of codes in earlier stages.

The fifth step in TA is to define and refine the themes. The goal of this stage is to specify and refine themes as well as analyze the data which is presented in its final narrative form.[26] This stage requires the researcher to identify what is of interest and why it is of interest, identify the story each theme tells, and begin to fit the themes together in a narrative.[27] This process is cyclical as it requires an oscillation back and forth between understanding and checking against the expressed themes, until the themes carry the meaning of the responses and the overall experience being studied. The researcher identifies themes, refines, and defines in an iterative process of analysis. This involves reading and rereading participant responses, codes, and scrutinizing the potential themes. This stage brings the research to a deeper understanding of what the theme was and how it represents the responses while also determining how it answers the research question.

The sixth, and final step, involves producing the final report of the TA. The goal of producing the final report is to tell the story that the data is telling. The researcher wrote up the final report of findings after working through steps one through five until themes represented the initial responses.

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[26] Braun and Clarke, "Using Thematic Analysis," 92.
[27] Braun and Clarke, "Using Thematic Analysis," 92–93.

Participants

Twenty-five emails were sent to start the snowball. Thirty individuals accessed the survey through the link provided by the researcher. Eleven potential participants consented to participate. Seven of the eleven potential participants answered the first series of questions regarding their experience working with adolescent males with various ACEs. Five participants completed the survey in its entirety. These five responses were used in the analysis of this study.

The five participants represented two helping professions. Three participants self-identified as psychotherapists and two participants self-identified as ecclesial spiritual care providers. Four participants self-identify as male while one self-identifies as female. Three participants self-identify as Caucasian, and two decline to disclose their ethnicity. The average self-reported age of participants is thirty-six years of age.

Four participants self-report that they integrated spirituality into their work with adolescent males with ACEs. This includes two psychotherapists and two pastors. One psychotherapist self-report stated that he did not integrate spirituality into his work. The participants as a whole consider spirituality to be somewhat important to adolescent males—6.4 out of 10—with the highest rating of nine, and the lowest two.

The Participants

Participant A self-identifies as a couple's therapist who works in an agency setting. At seventy-five, Participant A is the oldest represented participant. Participant A states he is a "generalist" whose clientele are principally adults, and more specifically provides couples or marriage therapy.

Participant B self-identifies as a youth pastor. In his mid-thirties, his work with youth consists of a weekly youth group which includes adolescents from grades seven through twelve. The youth population who attends his youth group were described by the participant as ethnically diverse and middle class.

Participant C self-identifies as a psychotherapist working in a children's mental health agency. Participant C states her context provides a space for her to work from a brief therapy model in a Walk-In counselling setting. Participant C highlighted that her clientele consists of youth ranging from six through seventeen years of age. In her context, she also works as a family therapist. She works with adolescent males with ACEs often.

Participant D also self-identifies as a psychotherapist working in a children's mental health agency. Participant D indicated that adolescent males with ACEs are a client population that he works with occasionally.

Participant E self-identifies as a youth pastor working in a country church setting. In his mid-twenties, Participant E is the youngest participant in the data. Participant E describes his context as an environment in which he has a pre-existing relationship with youth. Adolescent males with ACEs that he works with are a part of families that have been at the church for generations while others are new to the church and spirituality.

Findings

Two main themes emerged from the analysis of the data. First, TA identified two pathways of spirituality. These *pathways of spirituality* are the elements of spirituality that helping professionals locate in adolescent males' narratives which the professional

uses to integrate spirituality. It also represents the aspects of spirituality in the lives of adolescent males that appear to be important or beneficial. Second, *constraints* emerged as a theme. *Constraints* consider the ethical considerations and unique aspects of working with adolescent males with ACEs that affect the way the helping professionals work at the intersection of spirituality and ACEs in their professional context.

Two other elements of the analysis are discussed. These are not main themes but themes nonetheless. *Integrate!* and the sub-discussion *As for each, their own*—approaches—represent themes that emerged by comparing the responses of the survey respondents. Across the sample, the majority of participants display an enthusiasm for integrating spirituality. This section depicts this response through key quotes from the survey. Furthermore, the unique approach of each participant is presented.

Pathways of Spirituality

The theme, *pathways of spirituality*, derived as a result of the participants' reflection on the aspects of spirituality that arise in their work with adolescent males that catch his or her attention. Throughout the survey responses, helping professionals consistently identified two elements of spirituality that point to the spirituality or the spiritual involvement of a youth: i.e, meaning and spiritual community. Spiritual community was implicit as it was the modality of the youth pastors, but therapists point to spiritual community in their responses. Participants identified meaning as a pathway to discussions of spirituality whether they were therapists or youth pastors. The participants were provided with a definition of spirituality and spiritually integrated practice to help guide their responses but also not impose an understanding onto them. Here, Participant

C, discusses the two pathways she finds helpful to uncover spiritual themes or the spirituality of the client. She reflects one instance in which spiritual community was helpful to a client. She discusses how these conversations may also lead to further discussion of meaning.

> Spiritual or faith-based connections are raised in conversations often. While we are mining for strengths and resources, a youth might mention that they went to church with their Grandma, or they attend mass at their high school. This can open up a conversation about what they draw from these experiences. Teens often go through an "existential crisis," especially teens struggling with depression. I find that through this crisis, we can engage in conversations about the meaning of life and spirituality.

Participant D also reflects the importance of spiritual community and meaning as pathways to discussing spirituality in the helping relationship. When asked, "what ideas, themes, concepts, etc. do you look for to pick up on spirituality in your conversations with adolescent males with ACEs?"; Participant D states he looks for "Existential conversations and meaning of life/life goals and expectations, coping strategies—i.e. use of mindfulness/meditation/journaling, connecting with youth groups [*sic*]." He also highlights to elements of spirituality that arise in conversations with adolescent males. Existential crises and connection to a youth group appears as pathways to discussion, or awareness of a client's spirituality.

Participant A deviates from the other two therapists. He states that he wants to know about a specific context in which the adolescent lives is shaped: family. Participant A reflects that he takes interest in learning about the family's spirituality and the youth's commitment to that spirituality. He states, "I want to know about the family's spirituality and religious practices, about the client's level of participation and faith commitment."

It was evident in analysis that youth pastors looked for something different than the therapists. When asked, "what ideas, themes, concepts, etc. do you look for to pick up on spirituality in your conversations with adolescent males with ACEs?," Participants B and E pointed exclusively to meaning as a pathway to pick up on spirituality; not community. Participant B asserted he looks for qualities and topics that have to do with the client's identity, meaning, purpose, relationship to God, and story in relation to the divine narrative. Participant B stated, "That God has made them in his image. He is a good father—in contrast to what they know. That they are not bound to the past or to repeat their family story—redemption." As a pastor working in a youth group, meaning and the adolescent's understanding of himself appears to be the important way in which the helping professional was able to engage the spirituality of the youth.

Participant E states, "I look for where they find their identity and motivation." He explained, "Intellectual assent to a belief system isn't powerful enough on its own, instead spirituality should be used to help people practice introspection and contemplation. I look to see if their faith is only something they generally believe, or if it is something that actually affects/transforms their life." Like Participant A, he looks to gauge for participation. He also indicates the importance of meaning and motivation. Both youth pastors looked for the identity, while the therapists looked for existential crises surrounding meaning and identity to discuss spirituality.

One pastor expressed the importance of spiritual community in their respective practice. Participant B states, "The role of spiritual community is so important. Making sure that [adolescents] have a safe place that reminds them of God's love is so important! [*sic*]."

Spiritual community and meaning do not compete as different pathways, as if one is chosen over the other, but one or both is identified by participants as an idea, concept, or theme that is looked for because it allows them to pick up on the spiritualty of a client. Therapists were more likely to look for both, while youth pastors look for diverse ways to find meaning. Participant C is a one example of looking for both. Participants B and E represent two examples of looking for spiritual community.

Constraints

Constraints related to the helping relationship with adolescent males with ACEs were present in all five stories as participants discussed their experience working with this population.

In some cases, constraints referred to the ethical considerations that surrounded their work with youth. For example, the youth pastors make explicit their concerns regarding their professional role and its limitations. As Participant B comments, "My pastoral context means that I am trying to not function as a counselor or a social worker but to give spiritual care and affirmation." This same participant also discusses what he did when he acknowledges he was reaching the end of his scope of practice. He states, "Once I know that someone else is caring for the social/psychological issues, I see my role as reminding them about God's love and embodying the presence of Jesus." In similar terms, the second youth pastor reflects this process of interacting with this population when he recognizes he was reaching an ethical boundary. He states, "My context as a pastor means that I would naturally focus on how to help from a spiritual and wholistic sense. I do [not] have the training of a therapist or related fields, so I tried to

focus on how help adolescent males through broader and more wholistic means." In this description, the participant notes what he does when he acknowledges that he has reached a point in which he is no longer qualified to work: he addresses it in a way that he can work. Both pastors indicate a moment working with this population in which they recognize their role, assess the limitations, and use their professional judgement in how to engage the youth in a helping relationship.

The psychotherapists in the study alluded to their contexts and potential ethical constraints. Participant C highlights ethical constraints in her work with adolescent males with ACEs. Participant C notes one ethical constraint which was based on her work context. She states, "I should clarify that I work in an agency setting and only incorporate spirituality into our conversation when led by the teen to do so, or when the topic naturally arises and they wish to explore it." In this case, the context limits the ability to discuss spiritual matters, limiting it to when a client divulges any spiritual information.

Ethical constraints were not the only potential constraint discussed in participant responses when reflecting on their work with adolescent males with ACEs. Several participants discussed client factors as constraints. For example, Participant D reflected on one unique aspect of work which impacted the helping relationship. Participant D states that it was "sometimes difficult to engage in emotion focused conversations." He also highlights that he believes "support from parents seems paramount for progression." What the client brings forward to session, even elements outside of their control but can be considered as making up their life reflected constraints to be worked with in this population.

Three participants other than Participant D acknowledged the role emotions played in the lives of adolescent males with ACEs. Participant B notes, "so much of their lives are emotional and reactionary." Participant A wrote that the adolescent males he sees who have ACEs more often than not "don't acknowledge their feelings." Emotions are a significant client factor in the lives of adolescent males. Emotions are described as something that must be coped with by this population. When asked how adolescent males cope with ACEs, Participant C states, "Based on my experience, they cope poorly." She further notes that one common theme was "difficulty managing anger and intense emotion." In such descriptions, difficult emotions and coping with said emotions emerged as a significant feature of helping professionals' work. In the case of Participant D, emotions were recognized as a constraint to the helping relationship.

Constraints were experienced differently by therapists and pastors. Psychotherapists were likely to highlight the constraints brought on by his or her context; the limitations of working in an agency which required the client to introduce spirituality. For pastors, the constraint was their professional role and training. They recognized that they did not possess the training to work at a skilled level with the effects of ACEs, but did recognize and act from their known role; providing wholistic spiritual care.

Integrate!

Despite constraints in their work, helping professionals who participated in this study displayed a positive regard toward integrating spirituality into their work when it intersected with this population. Those who self-identified as integrating spirituality into their practice argue for its importance in the care of adolescent males with ACEs. One

participant highlighted, "I think professionals need to know that teens will surprise you with how open they are to spirituality and finding a deeper sense of meaning. I don't think professionals should fear "going there" if the adolescent is indicating that this is important to them." She later stated, "My professional opinion is that spirituality is especially important for children and teens who have experienced ACEs—particularly healing for those clients who have struggled to find meaning and purpose in their life and who lack a coherent self-concept and identity."

Participant A proposes, "Spirituality should be an awareness that professionals bring to every counselling encounter." He also suggests helping professionals need to have a sense of "cultural intelligence" or "the ability to discern the client's spirituality characteristics." In this instance, integration was a responsibility of the therapist to have the skill to discern and an awareness of spirituality to be able to integrate in sessions with clients.

Although inherent in their profession, the youth pastors highlighted the importance of spirituality. When asked, *In general terms, is there anything you think professionals should know about the relationship of spirituality to ACEs?*, Participant B stated, "The role of spiritual community is so important. Making sure that adolences have a safe place that reminds them of God's love is so important! [*sic*]." Spiritual community was considered an important social environment for the adolescent males with ACEs. Participant E thought that helping professionals should know that "Spirituality can be powerful if used correctly. This isn't just an intellectual assent to a system of belief, but it needs to be something that they are open to letting spiritually have a greater impact in

their lives." Both pastors pointed out that spirituality serves a beneficial purpose whether it is safety or transformation.

As for Each, Their Own: Approaches to Integration

While four out of the five participants self-identifying as providing spiritually integrated practice—in accordance with the definition provided—each described a different approach. This sub-theme utilizes quotes that best describe the approach each participant takes to working at the intersection of spirituality and ACEs in their interactions with adolescent males. Participant E—a pastor—suggested he has a wholistic approach. He stated, "My context as a pastor means that I would naturally focus on how to help from a spiritual and wholistic sense. I do know have the training of a therapist or related fields, so I tried to focus on how help adolescent males through broader and more wholistic means." Furthermore, he elaborated by stating, "as part of a larger strategy, spirituality can be a key component in helping adolescents healthily cope." In this case, spirituality is best utilized when a part of the person as a whole and utilized not on its own but together with the whole person.

Participant B, the other pastor in the study, suggested a different approach. He described his role as a spiritual care provider who provided affirmation, reminded of God's love, and embodied Jesus. He states, "My pastoral context means that I am trying to not function as a counselor or a social worker but to give spiritual care and affirmation. Once I know that someone else is caring for the social/psychological issues, I see my role as reminding them about God's love and embodying the presence of Jesus."

In another case, Participant A described skills and actions he took to integrate spirituality. In explaining how he worked, he described several skills and a unique approach to integrative practice. He described the areas of concern like family spirituality and level of client participation in spiritual activities were "specific questions that may get asked in intake." Participant A approached spirituality within his context to ask specific and pointed questions to assess the client's spiritual life.

Through her therapeutic modality Participant C addresses spirituality in the helping relationship. She states, "I work with these clients in the context of Brief Therapy, primarily using a narrative and solutions focused lens. I always work from a strengths-based perspective, but have found that with teens with ACEs it is very important how one applies the strengths-based lens—trying to avoid being dismiss of their painful experiences but being too 'optimistic' [*sic*]."

> While we are mining for strengths and resources, a youth might mention that they went to church with their Grandma, or they attend mass at their high school. This can open up a conversation about what they draw from these experiences. Teens often go through an 'existential crisis,' especially teens struggling with depression. I find that through this crisis, we can engage in conversations about the meaning of life and spirituality.

The experience of working with youth shows how youth bring up "mention" or have them "open up" through the application of her strengths-based perspective. Participant C's context, chosen modality, and perspective plays a role in how spirituality is brought up and noticed in the helping relationship. The strengths-based approach was given credit for bringing spirituality into the session and the context for addressing it.

Participant D similarly uses his primary professional orientation and modality to address spirituality. Participant D is the only participant to not self-identify as integrating spirituality into their practice among participants. But he does highlight that he picks up

on spirituality, points to benefits of spirituality in client's lives, and indicates examples of spiritual coping. He referred to spirituality as a factor that is known to "bolster resilience" as well as "expansion of support network to other people with similar beliefs/values." Participant D implied that spirituality arises, but it is dealt with as an aspect of social support; it is not addressed as an individual factor. Spirituality is not an element of practice that is intentionally integrated but is seen and understood in the other facets of youth's lives. These quotes point to the finding that there was little to no consensus concerning how to approach integrative practice.

Conclusion

Thematic Analysis of the survey responses generated two main themes and a consideration. The two main themes which emerged from the analysis of the data were *pathways of spirituality* and *constraints*. Further consideration was given to the development of the importance of spirituality across the sample and the uniqueness of approaches which emerged as another theme of divergence. The *pathways of spirituality* display the elements of spirituality that helping professionals locate in adolescent males' narratives which these helping professionals use to integrate spirituality. It also discusses the aspects of spirituality that appear to be important or beneficial in the lives of adolescent males. *Constraints* consider the ethical considerations and unique aspects of working with this population. Finally, participants employ a wide range of methods to include spirituality within helping relationships.

This study presents the themes of TA from the experiences of five helping professionals. It provides TA of five helping professionals' voices to their experience

working with adolescent males with ACEs. This study provides insight into what elements of spirituality helping professionals see as important in the lives of adolescent males with ACEs—meaning and community—and what constraints they work within in their professional contexts. The findings of this study also provide a general sketch of the field as seen in these specific experiences. Discussion and theological reflection provide an opportunity to hear the voices of participants converse with other sources and perspectives, to identify the needs of professional education as well as future research opportunities. The next chapter discusses the thematic findings of this study and makes connections with the relevant literature.

CHAPTER 4: DISCUSSION

This study undertook the task of answering two primary research questions and exploring a state of the field with respect to the use of spirituality in helping relationships with adolescent males with ACEs. Participants' responses point to two themes in the role of spirituality and how they address spirituality in their work, as well as some considerations. First, helping professionals pointed to *pathways of spirituality*. These include spirituality and the role of meaning making, and community as indicator of spirituality. For these helping professionals, these two pathways appeared across the responses. Second, *constraints* emerged as a theme. *Constraints* refer to the elements of their work that influence how they are able to respond to clients. These include the emotions of adolescents, ethical and professional considerations. The analysis of responses also found that each participant did not express a specific model of integration but approached the task in their own way.

The discussion now turns to introduce the findings—themes—to the literature and begin a discussion. Important aspects of spirituality in the helping relationship, constraints in practice, and specific factors which affect the integration of spirituality are discussed further. Discussion focuses on the salient features of the thematic analysis and the features of the current literature. The chapter includes discussion of the research challenges which arose throughout the process and potential ways in which these can be overcome in the future. Lastly, the chapter concludes with a short theological reflection.

Important Aspects of Spirituality in Helping Relationship

Helping professionals in this study highlight two aspects of spirituality that they notice in client stories and use to address spirituality in the lives of adolescent males with ACEs. These provide insight into the salient features of spirituality in the lives of adolescent males with ACEs and the awareness of helping professionals working with this population.

The participants in this study point to meaning as a *pathway of spirituality* in adolescent male spirituality. Dariusz Krok argues, "the religious meaning system and spirituality had a significant relationship with both meaning in life and coping styles among late adolescents."[1] He states, "One of the possible ways [to cope with stressful events] involves religious and spiritual motivations that can offer a basis for global meaning and provide means of understanding and reinterpreting current events [*sic*]. Therefore, for people facing stressful situations, religious and spiritual systems may be a valuable source to make meaning from their experiences."[2] In another study of ten women, distress and crisis preceded a time of questioning and further meaning making "that facilitated deeply experienced personal and spiritual growth."[3] Research has found that spirituality is a positive part of coping with stressful experiences such as ACEs. Several participants reflect that they look for themes regarding identity, self-concept, personal motivation, and meaning to discuss spirituality with adolescent males. Indications of meaning are important as they provide an opportunity into the self-understanding and narrative of a youth's life. These conversations are opportunities for

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[1] Krok, "Religiousness, Spirituality, and Coping," 200.
[2] Krok, "Religiousness, Spirituality, and Coping," 202.
[3] de Castella and Simmonds, "There's a Deeper Level," 536.

personal growth, healing, and also the development of coping strategies which may align with the therapeutic goals of a session or goals of an adolescent speaking to an ecclesial spiritual care provider.

Participant responses in the theme of *pathways of spirituality* support previous research regarding the role of meaning making in the care of those who have witnessed or experienced abuse. For example, Participant C states, "Teens often go through an "existential crisis," especially teens struggling with depression. I find that through this crisis, we can engage in conversations about the meaning of life and spirituality." Another participant suggests he looks for the opportunity to speak about "That God has made them in his image; He is a good father—in contrast to what they know; That they are not bound to the past or to repeat their family story—redemption." Both of these quotes from participants reflect the aspects of the individual which they seek to address; identity and self-understanding. ACEs are often accompanied by various negative emotions and capacities to engage their experiences. Furthermore, Participant C highlights, "My professional opinion is that spirituality is especially important for children and teens who have experienced ACEs—particularly healing for those clients who have struggled to find meaning and purpose in their life and who lack a coherent self-concept and identity [*sic*]." Spirituality was considered to be of particular importance to some as it served a salutogenic function.

For the helping professionals in this study, they identify the potential of existential crisis and theological themes regarding the individual's life, identity, and story to address their spirituality and their ACEs which is a positive feature of coping found in the literature. The stories and self-concept of adolescents appears as an important

consideration in their care. Spirituality emerges as an important element that could be drawn on to help make meaning, make sense of self, and inspire positive growth. This is important when considering participants' discussion of how they integrate spirituality as these elements reflect aspects conducive to Narrative Therapy (NT).

The participants reflect the notion that the use of spirituality as a coping strategy could be positive or negative. For example, Participant E states, "It can be extremely powerful if used correctly. However, it can provide unhealthy escapism if used incorrectly." Krok found, "global meaning and situational meaning acted as partial mediators of the association between [religion and spirituality] and coping in late adolescents. It suggests that those with higher levels of [religion and spirituality] had a propensity to experience stronger global meaning in life and situational meaning, which in turn contributed to more frequent using coping styles [*sic*]."[4] Those who use spirituality as a coping strategy "correctly" benefit from the use of spirituality which further develops more spiritual coping. Participant E expressed that when spirituality is used to cope in a way that is beneficial to self and others, it is extremely powerful. Krok's findings may explain what Participant E is hinting at in his response. This also supports Kathryn Connor's conclusion that spirituality is more likely a coping strategy then protective factor, and that trauma deepens belief thus further supporting well-being.[5] Helping professionals picking up on meaning making may recognize that the ability to use spirituality to make global or situational meaning may further benefit them later in using this again. This is conducive to the solution-focused, strengths-based approach

[4] Krok, "Religiousness, Spirituality, and Coping," 202.
[5] Connor et al., "Spirituality, Resilience, Anger," 491–92.

Participant C employs as drawing on something the client sees as beneficial and applying it to present hurts and problems that bring them to brief therapy.

Spiritual community also arose as an element of adolescent male spirituality which appeared in participant responses. Laura Miller-Graf et al. intimated that "spirituality, support from friends outside the family, and greater emotional intelligence were positively associated with resilience in children who were exposed to various forms of direct victimization and/or community violence."[6] Two psychotherapists highlight the role of community as a way to pick up on spirituality of clients and the importance of it in their lives. Participant C and D highlighted the role of spiritual community in their responses. Participant C reflected on an experience she had with one youth. She states, "He continued to experience depression and anxiety, but felt that his spiritual community lessened the blow on the hard days. This youth cited both his connection with God and the social dynamic of the group as being helpful." Participant D highlights, as Participant C does, that connections to youth groups or spiritual and faith-based groups were a way to pick up on a client's spirituality. Psychotherapists in this study support the findings of Miller-Graf et al. regarding the role of spiritual community. Spiritual community is an important part of adolescent spirituality. The connections made in community are able to "lessen the blow" and provide positive resilience factors to bolster against the negative effects such as depression and anxiety. Arndt Büssing et al. reflect these findings. For West German youth in their study sample, relational consciousness and elements related

[6] Miller-Graf et al., "Direct and Indirect Effects," 1985, as cited in Joseph, "Reducing the Impact," 398.

to interactions with others compassion—i.e. relational qualities of spirituality—were important aspects of spirituality for youth.[7]

While pastors did not cite spiritual community as a potential pathway, they did recognize its importance. Participant B states, "The role of spiritual community is important!" As a youth pastor, he describes his work with youth being done in the context of a weekly youth group with adolescents ranging from grade seven through grade twelve. He further notes, "Making sure that adolences have a safe place that reminds them of God's love is so important! [*sic*]." Pastors may not have cited spiritual community as something that they looked to pick up on because it was the context in which they work. The role of spiritual community is implied by their work and the presence of adolescent males with which to have spiritual conversations.

Caveat to Spiritual Community: Family

Chris Boyatzis et al. suggest "the family is probably the most potent influence—for better or for worse—on children's spiritual and religious development."[8] Some of the earliest ACEs literature concerning interventions rested on the family. Felitti et al. suggests one potential intervention for ACEs is "improving parenting skills" and to foster the formation of supportive parents.[9] Participants highlight a diversity of opinion on the role of family. For one, it could indicate a strength. Participant C recounted one client who attended mass with a grandparent. This indication points to a potential family connection. Participant D highlights that spirituality could also be a strength as spiritual community

[7] Büssing et al., "Aspects," 25.
[8] Boyatzis et al., "Family," 305.
[9] Felitti, "Adverse Childhood Experiences," 131.

presented a way to bolster one's social support with individuals of a similar belief system. Participant A disclosed that he uses family spirituality and the individual's participation as a way to assess the youth's spirituality. He states, "I want to know about the family's spirituality and religious practices, about the client's level of participation and faith commitment. These are specific questions that may get asked in intake." Family arose in participant responses but there was no consensus on the level or role they play in the client's life. The most notable feature of family in the responses was that family appears to be an element of assessment or engagement of spirituality. Assessment of participation in family spirituality or spiritual community suggests one way spirituality as a strength or element of an adolescent's life appeared in the helping conversation.

Another notable feature was provided by Participant D. He highlights that adolescents in his practice who maintain faith but reject their parent's spirituality are a rare but beneficial coping strategy. This suggests a function of personal agency of self in family with regard to spirituality. Adolescent males may be looking for more significant meaning in their lives, one that is more congruent with how he sees himself through the process of self-discovery which coincides with a departure from the character of his family's spirituality.

Participants who address the role of family do so in ways that are different from one another. The literature regarding helping relationships, youth, and family point to both benefits and drawbacks. In cases of psychotherapy, as Ruth Gerson and Nancy Rappaport suggest, "involving parents in treatment is more effective than treating a child or adolescent alone."[10] But the writers also point out that it is often difficult to involve

[10] Gerson and Rappaport, "Traumatic Stress," 140.

parents due to adolescent's resistance to their parent's involvement.[11] Helping professionals point to family as a potential indicator of spirituality and involvement in spiritual community, but as Participant D highlights, departure from family spirituality may be beneficial as a way that they exert meaning making for themselves. Helping professionals may wish to consider the role of family in the lives of each youth, carefully, and how the youth considers this to impact their spirituality.

This is of particular interest because of the effects of ACEs and violence on adolescent males. Martha Straus suggests "the core experience of both victims and offenders are disempowerment and disconnection."[12] She further states that the helping relationship is the only context in which healing can occur, asserting that healing cannot occur in isolation from others.[13] While including family in treatment may be beneficial, family may be an important element of spiritual community and connection, family is also a tumultuous resource as it is most likely the place in which violence and adversity occurs or has occurred for the youth. The helping relationship itself—between a helping professional and youth—is one relationship which can provide a salutogenic context apart from the family, but if possible, assessing and involving family and spiritual community provides a stronger relational context for resilience.[14] Future research may consider the role of family in the accounts of adolescent males with ACEs. This would prove beneficial as it reflects one of the significant elements of an adolescent male's life

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[11] Gerson and Rappaport, "Traumatic Stress," 140.

[12] Herman, *Trauma and Recovery*, 133; Straus, *Violence*, 27.

[13] Straus, *Violence*, 27.

[14] Working with youth to involve family is a complex and skilled matter. For youth who do not wish to involve family, the helping professional must be keen and decisive concerning the potential risk factors involved and if it is in the best interest of the youth to involve the family. Looking into further assessment and risk profiles is essential before continuing with an intervention which seeks to involve family in the care of adolescent males with ACEs.

and also a key contributor to ACEs which are commonly detrimental to a youth's healthy development.

Constraints in Practice

Ethical and professional constraints underscore the challenges helping professionals face in providing spiritually integrated care. Helping professionals have to balance the inclusion of spirituality as ethical with the exclusion of spirituality as ethical. Ethical principles such as nonmaleficence shape the practices of psychotherapists in this study. Pastors—not constrained by the same ethical principles as psychotherapists—also discussed the professional constraints of their profession.

Psychotherapists' responses imply consideration of the ethical constraint of nonmaleficence. Nonmaleficence in the psychotherapeutic context is to be aware of the practitioner's own values and cultural assumptions, including those regarding religion and spirituality, and to avoid imposing these values on the client.[15] For example, Participant C highlights the challenge of an ethical spiritually integrated practice.

> I work in an agency setting and only incorporate spirituality into our conversation when led by the teen to do so, or when the topic naturally arises and they wish to explore it . . . I think professionals need to know that teens will surprise you with how open they are to spirituality and finding a deeper sense of meaning. I don't think professionals should fear "going there" if the adolescent is indicating that this is important to them [*sic*].

There is an ethical expectation that helping professionals do not impose spirituality or spiritual belief onto clients. The literature highlights this concern as occurring for both helping professionals and clients. Arczynski et al. found that the psychotherapists they interviewed were concerned about integrating spirituality with clients, specifically

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[15] Truscott and Crook, *Ethics*, 151.

regarding coercion and the imposition of their own spiritual values.[16] Knox et al. found in their sample that client-initiated conversation surrounding spirituality was beneficial and therapist-initiated conversation was considered "unhelpful" and "judgemental" by the clients.[17] Working in a psychotherapeutic context the ethical expectation is for psychotherapists to be aware of their own values and not to impose these values onto the clients. The participants in this study support the literature that has found others to be aware of this concern.

Participant C is the only participant to discuss some of the feelings psychotherapists have about integrating spirituality. When discussing broaching the topic with adolescent males who brought spirituality up first, she states, "I think professionals need to know that teens will surprise you with how open they are to spirituality and finding a deeper sense of meaning. I don't think professionals should fear "going there" if the adolescent is indicating that this is important to them." This is important as she highlights the potential "fear" of "going there." This participant indicates a potential feeling seeping through which has either influenced her thinking or that of others in the psychotherapeutic field. Other research has highlighted the "fears" surrounding the integration of spirituality with clients. Thuli Mthembu et al. found "it was stressful [for some students] to treat clients with different belief systems [*sic*]."[18] One participant in their study intimates, "The amount of stress regarding overstepping boundaries is a sensitive one, am I gone be punished. If it happens that you treat a client with different spirituality to yours. You not gonna change your own religion and spirituality [*sic*]."[19]

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[16] Arczynski et al., "Cultivating," 204.
[17] Rose et al., "Spiritual Issues," 61–71; Knox et al., "Addressing Religion," 295–96.
[18] Mthembu et al., "Barriers," 73.
[19] Mthembu et al., "Barriers," 73.

Helping professionals are constrained by ethics in their practice and may have to struggle with feelings of fear or stress regarding their ethical decisions. Stress and feelings regarding integration may play a significant factor in whether a helping professional addresses spirituality at the intersection with ACEs with adolescent males. Future research may wish to consider the somatic experiences and decision-making processes that psychotherapists go through in deciding whether or not to discuss, and furthermore, whether or not to integrate spirituality in their helping relationships with youth.

For those in this study who self-report that they integrate spirituality in their psychotherapeutic context, the assessment and broaching the topic of spirituality ethically was unique to each. The participants assessment strategies reflect a variety of approaches. For two participants, balancing the ethical value of nonmaleficence took the form of an informal assessment akin to that highlighted by William Hathaway and Joshua Childers. If a youth brings up their spiritual journey, "encouraging the conversation and then connecting it back to the clinical focus would have been facilitative of a spiritually sensitive treatment strategy."[20] For example, Participant C stated that she would sometimes have the opportunity to discuss spirituality when brought up by a client. This reflects an informal assessment strategy which regards the client's divulging their spirituality as an opportunity to discuss—e.g., a strength in a strengths-based perspective. For Participant A, he chose to assess family spirituality and participation at intake. In one approach to assessment, JoEllen Patterson et al. present a spiritual assessment tool through open-ended questioning and curiosity as a form of assessment that also reflects the exploration of meaning rather than solely a historical assessment.[21] While maintaining

[20] Hathaway and Childers, "Assessment," 47.
[21] Patterson et al., *Essential Skills*, 66–68.

a value-free approach to spirituality, Participant A broaches the topic before the client discloses spirituality and garners information about the individual's spirituality through bio-psychosocialspiritual assessment similar to what Patterson et al. suggest in their strategy.

Participants reflect spirituality is integrated into care when spirituality is considered important by helping professionals and when it is considered a part of the youth's life. But there is a difference in how it is done. For example, Participant C waits to hear for meaning making or spiritual community as a strength and picks up on it. This leads to a respectful exploring of the client's spirituality within the ethical constraints of their practice. Participant A, seeing spirituality as important, assesses for involvement of the youth and family practices which may denote a spirituality of the client. There is a divergence of approaches to the interpretation and clinical judgement regarding nonmaleficence.

The literature points to this diversity of potentially beneficial ways to integrate spirituality within an ethical constraint. Nicoline Uwland-Sikkema et al. conclude, "exploring meaning systems rather than asking someone about his or her religious background may be more effective for understanding the individual's experience of a serious disease."[22] It may be more beneficial to consider the way in which one integrates spirituality, concerning oneself with respectful and non-judgemental curiosity rather than concerning with who discusses spirituality first. While there is a divergence among participant responses, Uwland-Sikkema et al. suggest how rather than when as a more important factor in integration.

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[22] Uwland-Sikkema, "Spirituality," 164.

Reflexivity emerged in the literature as one of the potential ways to safeguard a helping professional and ensure a professional practice. Arczynski et al. cite that participants from their study who were concerned with ethical constraints "noted that reflexivity sensitized them to their clients' experiences and prevented them from pushing their own spiritual beliefs onto young clients."[23] Participant C highlighted that the ethical value of nonmaleficence prevented her from breaking her ethical boundaries of her practice. One potential way to manage the balance the inclusion of spirituality as ethical with the exclusion of spirituality as ethical is by developing reflexivity. Encouraging reflexive and critical thinking with regards to a client's spirituality and a practitioner's therapeutic context may prove beneficial for helping professionals integrating spirituality with fears or concerns of ethical boundaries.

Part of reflexivity is being able to work with clients from differing backgrounds. Several authors within the spiritual integration literature discuss the utilization of multi-cultural counselling skills as transferable skills to integrating spirituality.[24] Paul Pedersen and Allen Ivey assert that the first step to developing multi-cultural counselling practice skills is to reflexively identify the practitioner's own assumptions and the assumptions of others.[25] Challenging and critiquing one's own perspective is the beginning of an ethical practice which honours the spirituality of the client, draws on the unique perspective and skills of the helping professional, and integrates for wholistic care. Reflexive thinking is an integral part to considerations of nonmaleficence.

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[23] Arczynski et al., "Cultivating," 202.

[24] Arczynski et al., "Cultivating," 196; Augsberger, *Across Cultures*, 18.

[25] Pedersen and Ivey, *Culture-Centered*, 3. Also, David Augsberger (*Across Cultures*) discusses in his work (18).

Professional constraints also shape the encounter where spirituality and the care of adolescent males with ACEs meet. While youth pastors worked from a position in which spirituality was assumed to be present in the helping relationship, they did express professional constraints which impacted their delivery of services. For example, Participant B discussed how he would only concern himself with the spiritual care of the client, but would work to have psychosocial issues met by a trained professional. Participant B highlights the distinction in the CRPO's definition and delineation of psychotherapy and spiritual care. The CRPO delineates the practice of psychotherapy from spiritual counselling, arguing the focus of spiritual counselling is on the provision of religion and faith-based information, advice-giving, encouragement and instruction, rather than the assessment and treatment of cognitive, emotional, and behavioural disturbances.[26] Participant B only goes so far as to provide spiritual care. Participant E similarly reflects on the professional constraints in his experience.

Participant E states, "My context as a pastor means that I would naturally focus on how to help from a spiritual and wholistic sense. I do [not] have the training of a therapist or related fields, so I tried to focus on how help adolescent males through broader and more wholistic means [*sic*]." Participant E recognizes the limitations of his training and professional ability, which constrains his work to integrate spirituality at the intersection with adolescent males with ACEs. He notes he focuses on work from a spiritual sense primarily and reaches the bio-psychosocial elements of a person through the spiritual discussion. This engagement is influenced by the constraint of his capacity as

[26] "Definitions" [n.d.].

a youth pastor to provide services conducive to his role, education, and professional limitations.

For youth pastors as helping professionals, they also highlight the constraint on their practice which influences how they are able to conduct a helping relationship at the intersection of spirituality and ACEs. They point to a limitation to work in the bio-psychosocial elements that psychotherapists as helping professionals have the freedom to work. But the youth pastors did hold strong views that spirituality could be beneficial and have more of a role. This may reflect the feeling of being limited in what they were capable of speaking about. Future consideration may be given to educating and providing a strong bio-psychosocialspiritual paradigm from which to work to ensure the spiritual is extended to bio-psychosocial elements effectively. The concern of the youth pastor is to be too constrained to prevent engaging the whole person effectively.

Negative emotionality was also considered a constraint. In participant responses, difficult emotions and coping with these emotions emerged as a significant feature of helping professionals work. One of the constraints found in the study was the constraint of adolescent males' experience of emotions. For example, Participant B pointed out that the experience of adolescent males is one in which their lives are "so emotional and reactionary." For another, the constraint on their helping work was made tangible when he stated that it was difficult for adolescent males to engage in emotionally focused conversations.

For most participants, feelings of depression, anxiety, shame, and guilt were often cited as following the experience of ACEs. The study of helping professionals' experiences displays helping professionals noticing and working with common effects of

ACEs. Participants point experiences of negative emotionality with clients citing clients with depression, anxiety, emotional dysregulation, and impulsivity.[27] Negative emotionality proved to be more than just a teenage issue, and one that was associated to ACEs according to the participants' responses. Participants highlight that they think spirituality plays a beneficial role in working within the constraint of the client factors—e.g., negative emotionality.

Participant C notes, for one client experiencing anxiety and depression, spiritual community provides a sense of transcendent connection and the social dynamic helps. For others existential crisis was met with spiritual conversations about life meaning. This supports literature that suggest spirituality is vital in affective functioning. One study found that spirituality and existential well-being in young adults was vital in affective functioning, as "spirituality can correspond to the attachment style, or may also compensate for insecure attachment."[28] Spirituality plays a role in the coping of adolescent males with their emotions. As Participant C reflected on one client's experience, it "lessened the blow on the hard days." Helping professionals' experiences with adolescent males with ACEs highlight the variety of ways that negative emotionality and poor emotional coping have on the well-being of adolescent males. Emotions constitute a constraint on their work because it is an element of the client which comes to bear on the provision of care. Negative emotionality, reactionary behaviour based on emotions, and struggle to have conversations are both a reason for seeking help but also a

[27] Bielas et al., "Associations," 1; Chapman et al., "Depressive Disorders," 217; Hiebler-Ragger, "Facets of Spirituality," 1; Poole et al., "Anxiety," 144; Shin et al., "Profiles," 123–24.

[28] Hiebler-Ragger, "Facets of Spirituality," 1

constraint to their work. Helping professionals must work within the emotional dysregulation of adolescents that they are likely to experience.

Does Crisis Provide a Pathway or is it a Constraint?

Participant responses conflicted in one area of note. Participant B and Participant C commented on the pivotal role that crisis played in the intersection of ACEs and spirituality. For Participant B, an ecclesial spiritual care provider, spirituality was difficult to employ as a coping strategy in times of crisis because it was rarely "intuitive." For Participant C, a psychotherapist, it was precisely the time of crisis that gave way to spiritual discussion. The negative and negative life experiences often appear as an effective time for the process of meaning making. Templeton and Eccles note "because challenging life experiences can induce a state of disequilibrium or loss of synchrony, they may provide motivation to deepen one's connection with the transcendent."[29] By the same token, crisis sparks negative emotionality and reaction which decreases the ability to make rational beneficial choices. Others note a lack of awareness or knowledge of feelings disrupts the ability of children to use emotions to inform prosocial behaviours.[30] For participants, crisis may provide opportunity to make meaning, for others, it may compromise their ability to do so. Helping professionals must consider how to assess the ability of youth to make meaning, and determine when it is appropriate to do so.

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[29] Templeton and Eccles, "Identity Processes," 261.

[30] Katz et al. "Emotional Competence," as cited in Howell et al., "Developmental Variations," 47.

Integrative Practice

Participants took the constraints of their contexts into consideration when providing an ethical, professional, and client-focused helping relationship. Several topics arose for further discussion, including: factors that affect integration, spiritual interventions, discussion of prayer, evidence-based practice, the importance and role of the crisis moment, and education. Each of these topics arose as important themes in the discussion of *how* helping professionals integrate spirituality.

Factors Affecting Integration

The literature points to both client and helping professional factors which affect integration. Thematic analysis corroborates the literature on this matter. Arczynzki et al. found in their study that psychotherapists who believed spirituality to be important were apt to gather information, assess, and attempt to understand the spiritual life of the client, further integrating spirituality into their work with adolescents.[31] Helping professionals surveyed here generally integrated spirituality into their practice. Four out of five participants in this study self-reported integrating spirituality in their work with adolescent males with ACEs. Arczynzki et al. argue therapist's beliefs about spirituality influence their decision to integrate spirituality into their work.[32] The helping professionals who did integrate spirituality in the present study indicated that they practiced spiritual exercises outside of their work and considered spirituality an important

[31] Arczynski et al., "Cultivating," 202–203. See also, Oxhandler et al., "Integration," 4, and Kvarfordt and Sheridan, "Role of Religion and Spirituality," 18.

[32] Arczynski et al., "Cultivating," 204.

aspect of their own life.[33] This study found that those who practiced spiritual exercises on a weekly basis thought spirituality was important and self-reported that they integrated spirituality into their work which supports current literature.

Other previous research assessing the attitudes and practices of social workers shows positive attitudes towards integrating spirituality and a belief that integration of spirituality is feasible in practice.[34] The participant responses display a general regard for the importance of spirituality as an important coping strategy and is considered by helping professionals to be important. For example, when asked what helping professionals should know about the relationship of ACEs and spirituality, Participant A stated, "Spirituality should be an awareness that professionals bring to every counselling encounter." He suggested that with ACEs this was more so because "ACEs are often accompanied by shame and guilt, and there are specific spiritual resource available for these [*sic*]." This study reflects the general consensus in the literature that a helping professional integrates spirituality when he or she believes spirituality to be important.

The only participant who self-reported that he did not integrate spirituality did acknowledge that he does pick up on spiritual themes in his work through discussions of existential crises and self-disclosures of spiritual community involvement. He also notes that there is a positive relationship between ACEs and spirituality. Participant D states, "[Spirituality] Has been know to bolster resilience; Expansion of support network to other people with similar beliefs/values [*sic*]." While he did not self-report integrating

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[33] The present study was not interest in what the participants spirituality was or what they did. This was a methodological consideration which sought to prevent deterring potential participants by asking these questions. This study did ask what participants general involvement with regard to spirituality was on a weekly basis.

[34] Oxhandler et al., "Integration," 4.

spirituality, he did note that he was aware of spirituality in clients' stories and the benefits attested to in the study of resilience. This suggests that helping professionals recognize spirituality but choose to address it in a variety of ways. The approach to integration in the helping relationship depends on the orientation and the values of the helping professional. This may also reflect the interpretation of the ethical constraints they experience in their professional capacities.[35]

Furthermore, the helping professionals in this study integrated spirituality when they thought it was important in the lives of youth. Asking for a response on a sliding scale, as a whole the sample thought that spirituality as a coping strategy was important to adolescent males with ACEs—6.4 out of 10. The lowest score was provided by Participant D—who did not self-identify as integrating spirituality into his practice, and marked it as a two-out-of-ten. The highest score was provided by Participant E who marked spiritual coping for this population as nine-out-of-ten in importance. This corroborates relevant literature which found clients want spirituality integrated into their care. Client focused studies, such as Rose et al. and Knox et al., both argue that clients want spirituality integrated into their therapy.[36] This reflects the literature of helping professionals and the integration of spirituality into practice, and furthermore shows that this is likely true in the cases of adolescent males with ACEs. Further research may wish to focus on confirming the desire of adolescent males seeking helping relationships if they see and want spirituality integrated into the work they do.

Helping professionals integrate spirituality when they see it as important and when they see it as important to the client. This study and the interpretation of the data

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[35] This is discussed further with regard to the theme of constraints.

[36] Rose et al., "Spiritual Issues," 61–71; Knox et al., "Addressing Religion," 295–96.

must consider the number of participants. This study is limited by the number of participants and who participated in the study. The number of participants who did participate may not accurately reflect the amount of helping professionals who integrate spirituality into their work with adolescent males with ACEs. Furthermore, this may not reflect the amount of helping professionals who integrate spirituality in their work with any client because those who did participate were required to self-report working with this specific population. This study's participants self-report working with this population in varying degrees. Generalizations about the prevalence of spiritual integration and the importance in the work of helping professionals may be disproportionate. It is appropriate to note that of those who did choose to participate, and of those that do integrate spirituality, the participants were more likely to find spirituality to be important. For those seeking help, it may be beneficial to consider looking for a helping professional who does integrate spirituality, or initiating a conversation about the potential for spiritually integrated services. This is complicated by some of the constraints—i.e., client factors and therapeutic factors—which are discussed later. Helping professionals may wish to advertise their spiritually integrated practice or consider how they may broach the topic of the possibilities for the services they provide in order to provide more opportunity outside of the helping conversation to select appropriate professional help.

This study supports the literature regarding helping professional's perspectives on integrating spirituality into care.[37] Helping professionals in this study reflect findings that suggest spirituality is integrated when it is considered important to the helping

[37] Arczynski et al., "Cultivating," 196–207.; Oxhandler et al., "Integration," 1–10; Kvarfordt, "Spiritual Abuse and Neglect," 143–64.

professional and when spirituality is considered important by the youth. The question then becomes: *how do helping professionals integrate spirituality into care?*

The Use of Theoretical Modalities, Evidence-Based Practices

The literature regarding ACEs in the earliest stages asked what primary prevention would look like because it was deemed to be of the utmost significance regarding the effects the studies found.[38] This study found that helping professionals addressed spirituality in a variety of unique ways. Each participant described a different approach to providing spiritually integrated practice.

Psychotherapists worked within their context and theoretical orientation to provide services to adolescent males with ACEs. None of the participants cite Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) as a theoretical modality which they use, despite its popularity in the literature as an effective evidence-based treatment.[39] One potential reason for this discrepancy is the frequency in which these helping professionals work with this population. The two therapists who self-reported integrating spirituality in their work highlighted two different degrees to which they work with this population.

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[38] Felitti, "Adverse Childhood Experiences," 131.

[39] Cognitive Therapy, Cognitive-Behavioural Therapy, and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) have been found to be effective treatments for anxiety and depression; TF-CBT being the most popular. This study found that there were no explicit connections made between these evidence-based practices and the professional practices of the participants. One participant stated that in her context she utilizes a strength-based approach within a solution-focused and narrative framework. While elements of these three modalities may be applicable or even practiced, they were not explicitly accounted for in her response. The low numbers may affect this finding. Of the five participants, three psychotherapists could have been reasonably expected to respond with knowledge of these practices. The two youth pastors were not expected to be helping professionals incorporating this into their practice. While no participants employed the Christian-Accommodative approach mentioned in the research it may be more beneficial to note the perceived efficacy and feedback of those clients who have their spirituality included into the care with their helping professional. See: Post and Wade, "Religion and Spirituality in Psychotherapy," 144; Hodge, "Spiritually Modified Cognitive Therapy," 162; Hawkins et al., "Secular versus Christian," as cited in Jennings et al., "Christian Accommodative Cognitive Therapy for Depression," 86.

Participant C highlights that she often works with this population self-reporting a variety of cases in which she has worked with this population before. Participant A reports not seeing this population very often and suggests this is because of the availability of "younger therapists." A second potential reason for this discrepancy is the quality of training or professional context of the participant. Specific training programs may not cover Cognitive Therapy (CT), Cognitive-Behavioural Therapy (CBT), and/or Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). Others may see trauma-informed approaches as outside their need as some helping professionals highlighted that they principally worked with couples and families. Furthermore, training provided in a psychotherapy program may be general and not account for specialized training such as a trauma-informed perspective.

Participant A and C highlight that they have training in both theology and psychotherapy. Participant A noted that his focus on marriage and family meant that he was trained in this approach. Participant C notes she is trained in psychotherapy and addressed themes of the integration of theology and spirituality in her education which inform her integration in practice. It is noteworthy that two participants—Participant C and Participant D—who self-reported working in children's mental health did not report training in TF-CBT. While cited in the literature, TF-CBT was not a modality that was mentioned as being used, even by the participants who work with the population the most. Participant C did note that she works within another theoretical modality which informs her work. Participant C self-reports working from a narrative or solution-focused lens with a strengths-based perspective in a brief context. Narrative and solution-focused modalities have been cited as beneficial or potential modalities for integrating

spirituality.[40] The lack of specialized training may suggest that psychotherapists work from a generalized understanding or skillset when they are not specialized to work with clients with ACEs.

Despite the lack of training in TF-CBT, this may not be a significant issue considering common factors theory. Common factors theory suggests that client factors and therapeutic factors—such as therapeutic alliance and relationship—outweigh the choice and implementation of therapeutic modality significantly—thirty-percent to fifteen-percent. Helping professionals would benefit from reflection on their training and to consider the frequency in which they work with this population, as well as attend training which addresses best evidence-based practices.

Pastors did not reflect the utilization of psychotherapeutic modalities found in the pastoral counselling literature. This study found that while there is a body of literature that applies the work of psychotherapy to provide an accessible pastoral level approach, youth pastors did not acknowledge utilizing such an approach.[41] This may be because of the constraints listed in the aforementioned theme. Pastors were hesitant and exercised professional judgment when integrating spirituality with this population. The youth pastors cite that they did not want to venture into the roles of other professions. Other possibilities include the lack of education regarding the use of pastoral counselling techniques with adolescents, the nature of their contact in group settings, or some other unknown reason. Pastors may benefit from consideration if the development of pastoral counselling skills when working with youth because of the complex bio-psychosocial

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[40] Morningstar, "Stories that Transform," 302; Moore et al., "Definitional Ceremonies," 259; Simon et al., "Understanding," 427.

[41] Coyle, *Spiritual Narratives*, 1–16; Kollar, *Solution-Focused*, 15–17.

effects of ACEs which are common in this population, and bio-psychosocialspiritual changes which naturally occur through the developmental stage of adolescence. Improving professional counselling skills may be a benefit to the pastoral work and conversation, even while considering the ethical limitations and desire to transfer youth to a more qualified helping professional when needed.

Bio-Psychosocialspiritual Approaches

One trend in wholistic care is the use of a bio-psychosocialspiritual approach.[42] Helping professionals in this study did not explicitly state that they provide bio-psychosocialspiritual assessment or work from a bio-psychosocialspiritual approach. This is a notable consideration as the literature and perspectives within and outside of pastoral counselling and care literature has grown in recent years.[43] Despite four out of the five participants self-identifying as providing spiritually integrated practice—in accordance with the definition provided—each describe a different approach.

One potential explanation for this apparent discrepancy is the type and quality of training. For the pastors; one highlighted theological training and general ACEs training, while the other highlighted pastoral skills of prayer and conversation informing their practice. The varied expectations of pastoral education may contribute to a lack of awareness of the developments in approaches to care. For the psychotherapists who integrated spirituality, theological education and professional training programs were

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[42] Anderson, *Spiritual Care*; Benner, *Care of Souls*; Johnson, *Foundations*; Oxhandler et al., "Integration," 4; Plumb, "Spirituality and Counselling," 13.

[43] Anderson, *Spiritual Care*; Benner, *Care of Souls*; Johnson, *Foundations*; Kvarfordt and Sheridan, "Role of Religion," 20; McBride, *Spiritual Crises*.

cited.[44] In these cases, education may have not covered the bio-psychosocialspiritual approaches that have emerged in recent years.

It is also possible that the psychotherapists may not have deemed spiritual approaches such as these to be important. For example, Participant C states, "I work with these clients in the context of Brief Therapy, primarily using a narrative and solutions focused lens. I always work from a strengths-based perspective, but have found that with teens with ACEs it is very important how one applies the strengths-based lens [*sic*]." Her choice to use her principle modality means that spirituality is addressed through this perspective.

Participant D reflected what might be considered a bio-psychosocial approach. For this participant, their response implies noting spirituality through existential questions of the client and also spiritual community. Participant D notes that he is aware of the social resilience factor of spirituality. This participant self-identifies as not integrating spirituality. Taken together, his perspective suggests he does not integrate spirituality but he does address spiritual issues as they arise as elements of the psychosocial functioning of the youth. This may not be as uncommon as expressed in the sample of this study. In one CBT resource, spirituality was considered a social factor within a bio-pscyhosocial approach to case conceptualization.[45] This may also indicate an important discussion point for the bio-psychosocialspiritual consideration because it does not take into account the various facets of spirituality that are present in definitions.

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[44] Conclusions cannot be drawn from one psychotherapist participant. This was due to the method with which the survey was presented. Participants were allowed access to specific spiritually integrated practice questions if they positively responded to the question: *Do you incorporate spirituality into your practice with adolescent males?* Due to his negative response, a response regarding his education was not gathered.

[45] Murphy et al., "Chronic Pain," 30.

The approach to spirituality as a psychosocial feature, and perhaps more so social feature of spirituality is a limited view of the functions of spirituality. The definition used for this study includes several elements that are typically expected in spirituality. Spirituality is "the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it."[46] Overemphasis on the psychosocial and more so social elements of spirituality may not do justice to or explore the depth of a youth's search for meaning, purpose, and specifically, transcendent connection. In contrast to a view of spirituality as a social element of the person, Participant E states, "spritituality should be used to help people practice introspection and contemplation [*sic*]." Spirituality is the search for meaning and connection. While some may see a more social aspect to spirituality, or spirituality within the bio-psychosocial, others would argue a depth to the person, and internal cause for spiritual exploration. The limitation of spirituality to viewing it specifically in the realm of the social may impact the benefits others see as a reflective capacity and deeper meaning making capacity within themselves. Thomas Merton advocates that contemplation is "the highest expression of [a person's] life [*sic*]."[47] Beyond the social connection and common belief of spirituality lies the inner capacity to connect and understand oneself in connection with the whole of life. Participant E points to the internal capacity and benefits of spirituality for youth which emphasizing it as a social capacity may miss. The literature around bio-psychosocialspiritual models argues that spirituality uses the same elements as the psychosocial and cannot be divorced from them.[48] David Benner specifically argues that

[46] Kvarfordt, "Spiritual Abuse," 154.
[47] Merton, *New Seeds*, 1.
[48] Benner, *Care of Souls*, 23; Johnson, *Foundations*, 339–40.

it does an injustice to wholistic care if the spiritual is not deliberately addressed and in connection with the psychosocial faculties of an individual.[49]

Helping professionals address elements of a bio-psychosocial and bio-psychosocialspiritual model differently. The way in which they address the whole person is undoubtedly related to how they conceptualize the importance of spirituality in the lives of clients as well as their own understanding of spirituality. Once again, nonmaleficence and the struggle between inclusion versus exclusion of spirituality as ethical is addressed. Reflexive thinking comes to the forefront as an essential skill for all helping professionals as they work through the care they provide. Helping professionals may wish to consider their own approach and understanding of spirituality not just for the sake of finding a way to integrate it because they believe it is germane to the care of adolescent male clients with ACEs, but because the opposite is just as important as well. The exclusion or reduction of spirituality to a feature of social importance only may diminish the quality of wholistic care provided to these young clients.

The role of emotions needs to be discussed in any model of bio-psychosocialspiritual approaches to care.[50] The literature and participant responses point to the importance of emotions in discussion of work with adolescent males with ACEs. The literature indicates a connection between ACEs and emotional dysregulation while participants highlight the constraints of emotions on their respective practices.[51] This aspect of human experience and functioning is important to consider in case

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[49] Benner, *Care of Souls*, 110.

[50] This follows Andrew Lester's assertion (*Angry Christian*, 35–53) that "an understanding of the self that dismisses the emotional life as a foundational aspect of personhood . . . cannot produce a valid theological anthropology" (52).

[51] Bielas et al., "Associations," 1; Page and Coutellier, "Adolescent Stress," 265; Poole et al., "Adult Interpersonal Difficulties," 129; Poole et al., "Anxiety," 144; Sareen et al., "Mood and Anxiety," 73; Sachs-Ericsson et al., "Emotional Pain," 1403.

conceptualization, intervention, and factors affecting the integration of spirituality. Participant responses highlight the constraint emotions bring to helping relationships. Martha Straus asserts there is an increase in the difficulty for adolescents who live with violence as they "do not have the gradual increase of freedoms and responsibilities, nor do they have the concurrent steady emotional support."[52] She also asserts "adolescents growing up with violence not only lack role models . . . but generally have disturbing examples of conflict resolution and intimacy," and furthermore, "some adolescents may know that the violence is wrong, many others see it as the only way of being they have ever known, or the only option available to them."[53]

Jack Balswick et al. note, "Although most young people make it through [adolescence] without exceedingly high levels of stress and strain, many do not."[54] Many endure trauma, and experience multiple ACEs.[55] One anonymous author wrote, ACEs are "the sh*t that misses the fan, and hits you as a kid, can have a devastating effect on your life."[56] Reflecting on his life after accumulating ten ACEs, he writes, "I had to learn to navigate a route to adult life burdened with numerous obscured understandings of human beings and human nature and this also included the literal inability to trust anyone."[57] Eric L. Johnson reflecting on these adverse experiences states, "the intense chronic suffering of children takes its toll, causing long-term damage to their bio-psychosocial natures, predisposing of them to disordered desires and negative moods, expectations, and reactions regarding others, themselves, the world, and their suffering, and leading

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[52] Straus, *Violence*, 13.
[53] Straus, *Violence*, 13, 15.
[54] Balswick et al., *Reciprocating Self*, 187.
[55] Soleimanpour et al., "ACEs and Resilience," S108; Finkelhor et al., "Violence," as cited in Kajeepeta et al., "Adult Sleep," 320.
[56] Survivor, *ACEs in the Shadows*, 3.
[57] Survivor, *ACEs in the Shadows*, 3–4.

them to actions, spouses, and the formation of families also characterized by such stress."[58] He continues, "All this also compromises the development of the very personal agency abilities they could use in adulthood to actively, reflexively foster their healing."[59] During a time of emotional change and disturbance, ACEs complicate and challenge more by influencing emotional dysregulation and sowing seeds of distrust. It is important for emotional regulation to be discussed and a part of a bio-psychosocial spiritual approach because adolescents "paralyzed by fear" or "wild with anger" are not in a place to work through traumatic and frustrating experiences.[60] Drawing on a more wholistic understanding on the person, drawing forward how they see themselves in relation to God and the universe, how they make meaning, what meaning they have already ascribed may be a beneficial route to addressing how they cope and process trauma, as well as how they have come to be in the position they are at the point of first contact with a helping professional.

Emotions are argued to be an integral part of being a person. Andrew Lester highlights emotions are an integral part of our "becoming."[61] Emotions are an integral part to being a person and who being because it is intertwined with our thinking and behaving. Lester asserts that emotions is an interconnection between "physiology and psyche," and continues stating, "Emotions are an integral part in what it means to be embodied."[62] For Anderson, thinking and feeling is connected.[63] For some they go further suggesting simply understanding emotions as "electro-chemical states in the brain . . .

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[58] Johnson, *God and Soul Care*, 262–63.
[59] Johnson, *God and Soul Care*, 263.
[60] Straus, *Violence*, 21.
[61] Lester, *Angry Christian*, 57.
[62] Lester, *Angry Christian*, 55–56.
[63] Anderson, *Self-Care*, 68.

does not do justice to their spiritual character."[64] The literature consistently suggests that emotions are an intrinsic part of a person that is complexly intertwined with the thinking and feeling functions, that is most prominent in physiology but not separate from cognitive functions.

Most importantly, it is argued that persons are responsible for their emotions.[65] Both Lester and Anderson assert that as emotions are an integral part of being a person and tied to the physiological and cognitive experience of being, there is a personal responsibility over emotions. Similarly, Roberts suggests this sense of responsibility. He asserts, some people come undone when they fear, others use it to protect and better themselves.[66] There are a multitude of responses to emotions, but it is in the responsibility of the individual to ensure that it is used to maintain a positive state of being. In this sense individuals are responsible for the values they hold that interprets emotions and the interpretation of their emotions for their betterment. The biblical view, of emotions according to Elliott, is "not that emotions are an irrational force that lead believers to sin but rather that they are either morally good or objectionable based on the thinking behind them."[67]

For adolescent males who experience difficulty with their emotions, working towards an understanding of their role, the place, and the responsibility of one to manage these emotions for the benefit of self and others is important. These emotions as the literature suggests are not negative but are an important aspect of being which must be taken into consideration as we care for adolescents, especially for those who have trouble

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[64] Roberts, *Spiritual Emotions*, 11.
[65] Anderson, *Self-Care*, 74–76; Lester, *Angry Christian*, 62–63.
[66] Roberts, *Spiritual Emotions*, 1617.
[67] Elliott, *Faithful Feelings*, 234–35.

managing them. Matthew Elliott states that as people who are physically embodied with this experience of emotions, we are called to "think right, feel right."[68] Addressing the emotions within the context of a bio-psychosocialspiritual model accesses an distinctive feature of the experience of many adolescent males with ACEs and attempts to draw it into a place of meaning within life, and to re-order the significance of the emotional experience within the spirituality, and spiritual meaning of the client.

According to Augustine, "on our journey to God, the effects are the feet that either lead us closer to God or carry us farther from him; but without them we cannot travel at all."[69] Some psychotherapeutic resources discuss emotions through the metaphor of a smoke detector or an alarm system; emotions indicate the situation around a person either signalling danger and no response, or a need to act—as is the case when a fire is present, i.e. danger, or quiet indicating peace and safety, therefore, allowing for happy or positive emotions. For Augustine, emotions are a motivating force that inspire and impact the progress of an individual in their spiritual life, specifically with regard to transcendental connection. Without the emotions, the integral physiological indicator of personal context, and the important aspect of "becoming" according to Lester, would not move us and motivate an individual to action.

The literature and participants emphasize the beneficial relationship and also the barriers of utilizing spirituality as a coping strategy for emotional regulation. Bio-psychosocialspiritual approaches may be benefitted by explicit discussion of the place of emotions within the paradigm and the interrelationship of spirituality, emotions, and whole person care. Future research may benefit from considering the justification for

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[68] Elliott, *Faithful Feelings*, 235.
[69] Augustine, as cited in Anderson, *Self-Care*, 56.

choosing a particular approach to wholistic care and spiritually integrated care, with specific regard to past education, personal preference, and perceived efficacy of their chosen approach.

Education

The literature regarding the education of helping professionals generally points to the dearth of educational opportunities and perceived need for education.[70] Atif Shujah asserts that "spirituality has not been extensively included in the training curriculum of academic programs for therapists."[71] Another study supports this finding in the provision of education to social workers. This study found that one-third of social work educators surveyed include spirituality and religion in their curriculum despite generally having a positive attitude towards both and supporting their inclusion in the curriculum.[72] This study supports these findings which point to a dearth of educational opportunities for psychotherapists to learn spiritually integrated care. Participants who self-identified as psychotherapists reflect that they draw on themes related to ACEs as well as spirituality, training in their preferred theoretical modalities, and previous skills to integrate spirituality into their practice with this population.

This present study's focus on helping professionals indicates that the discussion must take the helping professional's context into consideration as each profession is bound by different ethical and professional guidelines. For pastors, training with regard to ACEs was the concern. Participant B states he drew on skills such as conversation and

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[70] Kroeger and Nason Clark, *No Place*, 73; Kvarfordt and Sheridan, "Social Work Curriculum," 1; Miles, *Domestic*, 180; Shujah, "Workshop," i.

[71] Shujah, "Workshop," i.

[72] Kvarfordt and Sheridan, "Social Work Curriculum," 1.

prayer to inform his interventions. He did not cite any education with regards to ACEs. Participant E cited some "generalized training" with regards to ACEs and some "hands on training." Both pastors highlight their concerns for going past their professional capacity. For example, Participant E states, "I do [not] have the training of a therapist or related fields, so I tried to focus on how help adolescent males through broader and more wholistic means [*sic*]." The lack of education reported by both pastors is noteworthy. Pastors care may be limited because of their perception of their ethical and professional boundaries, thus limiting what they do. This study did not ask how the participants felt about the efficacy of their work, but it is worth questioning if pastors think they require education, or if having no education is acceptable as other helping professionals such as psychotherapists are trained for work with trauma and ACEs. This is an area for future research.

A lack of education regarding the integration of spirituality through specific modalities, or otherwise did not deter participants from working at the intersection of spirituality and ACEs with this population. If spirituality was important to them and they saw spirituality as relevant or disclosed by the youth themselves, they would draw on the youth's spirituality. Education was not a deterrent for helping professionals to integrate spirituality, but it was for one pastor to not address the psychosocial issues of ACEs. His ethical concern prevented him from continuing to work on ACEs and after finding an appropriate helping professional, sought to provide spiritual care. Hathaway suggests, "The pursuit of competence in addressing religious and spiritual issues with children or teenagers in child practice reflects a pioneering and relatively uncultivated niche."[73] As

[73] Hathaway, "Ethics," 35.

Shujah asserts, spirituality has not been extensively included in the training of psychotherapists.[74] Helping professionals may benefit from the consideration of further education in regards to spirituality and/or ACEs, particularly how to integrate or use spirituality in the care of adolescent males with ACEs because of the standards of best practice. While many suggested elsewhere that they drew on their preferred modality, further education in the case of psychotherapists may provide a more robust toolbelt of evidence-based practice from which to work, or in the case of pastors a deeper knowledge of ACEs would provide a pointed spiritual care conversation and insight to providing a safe spiritual community for this population.

The literature highlights particular a concern for helping professionals who are spiritual and integrate spirituality without significant education. Nonmaleficence in the psychotherapeutic context means practitioners are to be aware of their own values and cultural assumptions—in this case with specific regard for religion and spirituality—and to avoid imposing these values on the client.[75] The literature has found that there is concern taken by helping professionals—which is supported in this study—and find that the imposition of spirituality in conversations may not be beneficial to client experiences of therapy. The literature highlights the concern for education specifically with regard to the education of those integrating spirituality with adolescents. Without proper supervision and training, the literature highlights potential concern for nonmaleficence as helping professionals may use or draw on their spirituality in ways according to their understanding rather than respecting client values.[76]

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[74] Shujah, "Workshop," i.

[75] Truscott and Crook, *Ethics for the Practice*, 151.

[76] Arczynski et al., "Cultivating," 204; Kvarfordt and Sheridan, "Role of Religion," 17–18; Oxhandler et al., "Integration," 4–5.

While the literature highlights significant deficiencies in the training programs of psychotherapists and social workers, they often conclude programs may remedy this deficiency by including more courses into the training program. William Miller argues against simple addition of more required courses and more specifically ones concerning the integration of spirituality. Miller argues that "diversity education," as he refers to spiritual integration, may be most beneficial by being integrated throughout all facets of a helping professional's education.[77] In light of the discussion on bio-psychosocialspiritual approaches, integrating spiritual diversity into the various courses and training programs honours the intricate connection between biological, psychological, social, and spiritual. It does not compartmentalize the spiritual to a side issue or point of special interest outside of the realm of general therapeutic practice, but it places its importance throughout the various bio-psychosocial elements that appear in training. Spirituality is provided a place within the discussion of care that may benefit its conceptualization as being an integral part of human experience and personhood worthy of discussion, consideration, and application within helping conversation.

Future research may want to ask pointed questions into the education helping professionals have received, education deemed beneficial to the helping professional's practice, what the helping professional believes to be missing from their training, and what the helping professional would like to learn now—after being in the field. Helping professionals would be benefitted by workshops, training, and further education regarding the spiritual care of adolescents with a variety of psychopathologies and needs.

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[77] Miller, "Diversity Training," 257.

Pastors may also want to consider education regarding ACEs and further trauma-focused pastoral care.

Research Challenges

During the process of this research, the project encountered several challenges which merit discussion. These challenges include: recruitment challenges, unforeseen fiscal barriers, and participant involvement. These challenges required action and problem solving to move forward with this project.

The initial research proposal intended on producing an Interpretative Phenomenological Analysis (IPA) of helping professionals' experience working with adolescent males with ACEs and how they addressed spirituality in their work. The researcher proposed to recruit potential participants by emailing regulatory and professional bodies with members email lists to disseminate the call to participate. The first Research Ethics Board approval accepted this recruitment strategy targeting professional associations and regulatory bodies. The researcher intended on providing information and access to the survey to an organizational liaison who would then distribute the information through their member database. The implementation of this strategy ran into two barriers: first, lack of response, and second, financial commitment.

The initial round of recruitment involved four emails to three regulatory bodies and one professional group. Two groups did not reply to the initial request, one professional association did not respond after their initial response, and the fourth responded with stipulations. The approved recruitment strategy did not provide any possibility of recruiting participants. This displays a potential challenge for future

research. Future research may benefit from consideration of this in the development of a recruitment strategy.

With regards to the organization who returned with stipulations, this also proved to be an insurmountable barrier to conducting research. One regulatory body did return the initial email call for participation, but they required a financial commitment of nearly eight-hundred dollars. The research proposal did not factor in funds to pay for recruitment. This prevented one potential route from being followed and cultivating participants from this professional connection. This study shows the need to consider finances as a potential factor in the construction of research recruitment strategies. Future research may want to budget for such endeavours, or consider alternative options for recruitment when finding avenues to call for research participants.

To address the barriers to conducting research, the researcher reflected on alternative routes to recruitment. This process took into consideration the barriers encountered and sought to find a route in which: a) no money was required to reach potential participants, and b) the survey could be freely distributed and not be bound to specific organizational boundaries. This led to the consideration and adoption of a snowball method of recruitment. The researcher was required to amend the initial recruitment strategy in the Research Ethics Board application. This process involved additional time to develop a recruitment strategy and receive approval.

After the amendment to the Research Ethics Board, further issues arose from the new recruitment strategy. The snowball methodology proved effective in reaching potential participants but did not result in a high level of participation. Of the twenty-five emails sent in the snowball round, thirty potential participants accessed the online survey.

Furthermore, of these thirty potential participants, eleven consented to the survey with five of these eleven completing the survey in its entirety. This raises issues regarding the generalizability of the data and the extent to which the data analysis would result in themes justifiable by the methodology.

A second issue arose from the round of snowball recruitment: quality of the data received. The survey platform was chosen to provide an ethical space between the researcher and the participants. As a psychotherapist and former youth pastor, the potential of knowing the participants was high. To guard against undue bias, a survey platform was chosen to provide the generally open-ended questions to participants. But it proved to limit the potential to ask further questions or follow up questions of participant responses. This brought into question the quality and quantity of the data. In consideration of the process of triangulation, it was determined that the initial desire to write an Interpretative Phenomenological Analysis (IPA) was not an option, and a new method of data analysis needed to be selected. While IPA could be utilized with a small sample size—and for new researchers even encouraged—the data could not be extended to provide a rich enough description for phenomenological purposes.[78] The researcher determined that a qualitative study TA would serve to utilize the survey responses and provide sufficient themes for analysis. This utilized the existing survey responses and maintained the purpose of the study.

Reflection on the challenges and barriers to recruitment and research have led to several insights for future research. Researchers may benefit from considering the potential financial requirements of research as well as the potential willingness of

[78] Smith and Osborn, "Interpretative," 56.

individuals to participate. First, researchers may benefit from finding out if a potential recruitment strategy will require financial commitment. If so, researchers may choose to budget or choose to find a more appropriate recruitment strategy. Second, researchers should consider flexible recruitment strategies that allow for the easier flow of recruitment materials to potential participants. Third, research ethics approval takes time; amendments take more time. Choosing a recruitment strategy should make it easy for potential participants to be found and also flexible enough to overcome the unforeseen challenges, because they do arise. Finally, a survey platform for a phenomenological study should be pursued with caution. It can be counter-productive as it may allow freedom and access to those who may not have the opportunity to participate in research and can do so in their own time, but is a detriment to the quality of the answers if follow up questions are not asked, or the participant fails to elaborate naturally.

Conclusion

This study presents the experiences of five helping professionals four of which self-identified the use of spirituality in their work with this population. Thematic Analysis of the participants survey responses revealed several themes for discussion. These themes highlight the experiences and needs of helping professionals when working with this population. The pathways of spirituality, constraints, and emphasis—despite difference in approach—to integrate spirituality reveals the experiences of these helping professionals. This study answers two primary research questions while also providing a state of the field with respect to the use of spirituality in helping relationships with adolescent males with ACEs.

First, this study asks "what do helping professionals see as the role of spirituality in the lives of adolescent males with ACEs?" Thematic analysis of the participant responses profits the theme of pathways of spirituality. Coinciding with the literature, meaning and meaning making appears to be an important function of spirituality for adolescent males with ACEs, as well as spiritual community as an indicator of spirituality in their lives. These were determined and picked up on by helping professionals in their work and brought forward for discussion in the survey responses.

Second, this study answers how these five helping professionals address spirituality in their work with this population. Participant's responses discuss the roles of spirituality which they notice in their work with adolescent males with ACEs. These roles include meaning making and spiritual community. This supports literature concerning the role of meaning making in spiritual coping with trauma. Helping professionals reflect an aspect of the literature that points to a positive function of spirituality. Participants consider spirituality to be important in their helping relationships with adolescent males with ACEs by most—four out of five—of the participants. Participant responses also suggest they integrate spirituality when it is important in the lives of the practitioner.

Ethical and professional constraints underscore the challenges helping professionals face in providing spiritually integrated care. Helping professionals have to balance the inclusion of spirituality as ethical with the exclusion of spirituality as "ethical practice." This study argues it may be more beneficial to consider the way in which one integrates spirituality with adolescent males with ACEs, concerning oneself with respectful and non-judgemental curiosity rather than concerning with who discusses spirituality first, according to the participant responses. Helping professionals highlighted

hat they were bound by their work with the emotional capacity of the youth. Helping professionals use the modality in which they work with all clients for this population as well. No participants highlighted specialized training in the most common form of evidence-based practice—TF-CBT.

Discussion of bio-psychosocialspiritual paradigms determines that helping professionals in this study do not explicitly state using such an approach. While the literature points to a growing presence of such approaches, this study does not reflect this trend. Future research may benefit from considering the justification for choosing a particular approach to wholistic care and spiritually integrated care, with specific regard to past education, personal preference, and perceived efficacy of their chosen approach.

Bio-psychosocialspiritual approaches may also benefit from explicit discussion of the place of emotions within the paradigm and the interrelationship of spirituality, emotions, and whole person care. Considering the presenting issues and emotional constraints which helping professionals state shape the helping relationship, emotions are an important part of the discussion of wholistic care. Consideration may be given to how helping professionals consider emotions in the biological, psychological, social, and spiritual faculties and further how they play within each. Approaches such as TF-CBT provide an explicit conceptualization of emotions or feelings interrelationship with thoughts and behaviours, but further thought may be beneficial between the emotional-spiritual connection.

This study also found that the education which informed participants work was lacking specific instruction. Helping professionals may consider further training in specific modalities such as TF-CBT which is consistently mentioned as an important

evidence-based practice for this population in the literature. While there was not a specific reference to training in spiritual integration, two participants self-identify theological education while another two work in spiritual/religious institutions. This notion reflects an implicit or perhaps even explicit education. There remains the need for helping professionals to consider more than hands-on or experiential learning but more intentional education regarding ACEs and the mitigation of its effects for adolescent males. Discussion also affirmed the conclusions of others that pointed to the importance of reflexive thinking in determining the use or dismissal of spiritually integrated practice.[79] Helping professionals may wish to consider workshops, training, and further education regarding spiritually integrated care of adolescents with a variety of psychopathologies and needs. Pastors may also wish to consider education regarding ACEs and further trauma-focused pastoral care.

The final goal of this study was to identify the potential needs for future research. Future research may wish to consider a number of different areas as highlighted throughout the literature review, findings, and discussion of this study. Issues regarding adolescents include the role of family in adolescents' lives in therapeutic conversation, a meta-analysis of adolescents' self-reports of the importance of spirituality, and focussed research on the pathways of spirituality—identified in the present study—as they mitigate the distinct effects of ACEs in an adolescents' lives.

Future research may also wish to consider specific elements of psychotherapists' and pastors' experiences of education, work with adolescents, and decision-making processes when integrating spirituality into care. One potential area of research is the

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[79] Arczynski et al., "Cultivating," 202, 204–205; Shujah, "Workshop," 53, 83.

somatic and cognitive processes of psychotherapists who make decisions to integrate or not integrate spirituality into care. While some research exists, there is little research around the use of self and the emotional elements of helping professionals' experiences at the critical decision-making moments with youth. Potential research may seek to answer questions that ask: What do helping professionals feel when they are about to/or not to integrate spirituality into care?

Theological Reflection

Helping professionals surveyed here point to the findings within the broader literature that suggest meaning, meaning making—both global and situational—is an important part of spirituality and the use of spirituality as a coping strategy for adolescents who experience trauma. Helping professionals highlight meaning and community as important elements that come up in conversation and hint to a youth's spirituality. Community was highlighted as a way to belong and important for youth. Trauma and adverse experiences often challenge the global and situation meaning structures which further perpetuate challenges for young males throughout their life. This suggests therapies such as TF-CBT or NT are beneficial as each approach attempts to change the thought process and narrative of a situation of trauma or how one views the world afterword. When spiritually accommodative, these therapies provide a basis for evidence-based treatment of trauma from a wholistic perspective, engaging perhaps the most potent meaning making faculty of an individual: spirituality.

One specific question arises from this study within the focus of this thesis: *How can helping professionals utilize the spirituality of adolescent males to provide wholistic*

care? Discussion of the findings of the survey performed for this study and subsequent discussion suggests helping professionals may benefit from looking for the individuals' meaning and meaning making or his involvement in spiritual community. These may be utilized within the professional context to provide wholistic care to adolescent males with ACEs.

This study found that among the participants spirituality was seen in the lives of adolescent males with ACEs through the youth's meaning making and meaning capacities as well as through their connection to spiritual community. The identification of meaning making or meaning related conversations in spiritual care emphasises the importance of spirituality as an aspect of an individual's identity and element of care that may be missed if a helping professional does not integrate spirituality with intention. Meaning as a *pathway of spirituality* contains more depth for analysis and appears more consistently among the participants' responses. Community is an important indicator for the helping professionals. It appears and is considered by participants to be important in hearing that there is a spiritual community or a spirituality that the client holds.

Addressing the constraints of practice, while also holding the motivations of the helping professional and clients wishing to integrate their spirituality into care, helping professionals must have a way to integrate spirituality that holds their ethical and professional considerations as well as the needs and desires of the client in the here and now of the helping relationship. Thomas Merton proposes *parrhesia* as a way to consider the intended created order and way in which people can interact with God. *Parrhesia* as an open and unencumbered talk with God. Perhaps reflection on this concept provides a way to conceptualize an ethical integration of spirituality that is attentive to the client's

spirituality and draws out responses that are beneficial in making meaning, connecting to community, and addressing the personal presenting problems which bring adolescent males with ACEs into contact with the helping professional in their life.

CHAPTER 5: THEOLOGICAL REFLECTION

Introduction

This study began by asking questions to helping professionals about their experiences with adolescent males with ACEs. The goal was to determine the state of the field and to learn more about how helping professionals work with this population to further discussion on how to best integrate spirituality into care with these youth in particular. The role of spirituality is seen in what participants look for in youths' responses. The participants point to looking for meaning conversations and listening for participation in community. How was another important question: how do helping professionals integrate spirituality into care with this population? Helping professionals in this study discuss constraints which impact their integration into helping relationships. They highlight the emotional constraints that youth bring into conversations, ethical as well as professional constraints, and each discuss a different way of integrating spirituality. What comes to the forefront of discussion is the importance of meaning in the helping conversation. Both psychotherapists and ecclesial spiritual care providers address the meaning—identity, existential crises, and personal motivations—of youth in their care. Each chose to approach and broach the topic differently than the other participants.

This reflection on the thematic analysis and discussion of this study analyzes the situation, addresses these elements through a theological lens, and ends with potential

responses to the integration of spirituality with adolescent males with ACEs.[1] This begins with the experiences of the helping professionals, findings, and discussion of this study. Then, breaking it into its principle parts, the situation of care of adolescent males with ACEs is analyzed. After which theological reflection and situational reflection is also discussed. Finally, a response to the analysis of the situation and subsequent reflection is generated.

The Experience of Adolescent Males with ACEs and Helping Professionals

Helping professionals' work is relational. When considering the themes of the thematic analysis two things stand out about their work with this population. First, helping professionals must address the inner life of a youth with whom they meet on an occasional basis. The role of spirituality in meaning making and community is drawn out from the story and responses of youth. Participant C states hearing the story of one youth who found spiritual community made the hard days easier describes the drawing out of something that is unknown but of importance to the youth. This is important as Participant E highlights spirituality is a part of the internal life; contemplation and inward focus are important aspects of this life which he suggests should be deepened. There is a bridge to cross between the two persons, one that occurs in the context of relationship with one another.

Robertson Davies' fictitious account of a child's reflection on family violence is appropriate. After breaking a chicken egg meant for his mother, Dunstable Ramsay is chased while being whipped by his mother, and ultimately forced by his father to

[1] This follows the process for theological reflection presented by Emmanuel Lartey. See Lartey, "Practical Theology as a Theological Form," 128–34.

reconcile with her. Dunstable's reflection on the event as an adult points to the experience of meaning, identity, and motivation after trauma.

> "I know I'll never have another anxious moment with my own dear laddie again." I pondered these words before I went to sleep. How could I reconcile this motherliness with the screeching fury who had pursued me around the kitchen with a whip, flogging me until she was gorged with—what?—Vengeance? What was it? Once, when I was in my thirties and reading Freud for the first time, I thought I knew. I am not so sure I know now. But what I knew then was that nobody—not even my mother—was to be trusted in a strange world that showed very little of itself on the surface.[2]

Davies presents an instance of searching for meaning. He asks: "What was this about? What sense can I make of my mother and our relationship?" He even addresses existential questions that affect relationship when he asks, "who can be trusted?" Many adolescents come to a place where they do not trust others; their family, social relationships, or others.[3] Mistrust of others invariably follows the abuse of an attachment relationship. But the helping professional's relationship with a youth does have a significant impact on their work.

Second, helping professionals are shaped by their professional and ethical contexts. The constraints theme describes the challenges which characterize helping professionals' work with this population. The emotional constraints which are brought by the youth which limits conversation, the professional restraints which limit the ability of ecclesial spiritual care providers to do work beyond their educational and vocational capacity, and ethical constraints which constrain the helping professionals to working with what the youth provide them within the helping conversation. Helping professionals

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[2] Davies, *Fifth Business*, 30.
[3] Hango, "Childhood," 11.

work within the context of relationship and it comes to bear on what they are able to do and how they are able to respond.

Helping professionals address the emotional constraints of youth as well. The majority of helping professionals represented in this study highlight the difficulty this population has with emotions, whether it was emotion-focused conversations or managing difficult emotions. To a greater or lesser extent, emotions and their regulation of these emotions characterize this population.[4] This complicates the helping relationship significantly as one who works within the constraints applied to them attempts to foster healthy and growth-promoting responses to the challenges they come with to helping relationships. The words of Zac de la Rocha reflect the pain and struggle that often came from the experience of growing up witnessing violence and experiencing abuse. He wrote of this experience in the song *Settle for Nothing*.

A jail cell is freedom from the pain in my home
Hatred passed on passed on and passed on
A world of violent rage but it's one that I can recognize
Having never seen the color of my father's eyes
Yes, I dwell in hell but it's a hell that I can grip
I tried to grip my family but I slipped
To escape from the pain in an existence mundane
I got a nine, a sign, a set, and now I got a name![5]

de la Rocha puts words to the experience of an adolescent male with ACEs. He paints a picture of the failure of relationships that are supposed to be secure. He describes his home life as a failure to connect and full of pain, likening it to "hell." The world he describes is one of intense negative emotion; hatred, rage, pain, and failure. But he also highlights the salvation one finds in relationship; although not necessarily positive

[4] Garbarino, *Lost Boys*, 19–20; Kindlon and Thompson, *Raising Cain*, 5; Pollack, *Real Boys*, 5.
[5] de la Rocha, *Settle for Nothing*, 1992.

relationships. The experience of life for adolescent males with ACEs is less like the intrepid traveller of the Thomas Cole painting and more like a still from an episode of Tom and Jerry.

For the helping professional, the challenge lies in the potential for betrayed trust and the need to develop a relationship with the youth for the purpose of care, and in the potentially limited emotional language or regulation of said emotions during care. Who can make a youth speak at any given time? It is not in anyone's best interest to sit for an hour trying to pull out a story line-by-line, or word-by-word, but often this is what it could feel like when working with adolescent males. Judith Herman and other trauma psychologists suggest healing occurs in relationship.[6] While helping professionals may be working towards a youth being able to take responsibility for themselves and to assist in change that positively impacts their life, constraints whether emotional or professional/ethical may challenge the effectiveness of this work.[7]

Parrhesia: A Theological Concept

Parrhesia is one theological concept that comes to bear on the situation. *Parrhesia* is defined by Thomas Merton as "free speech."[8] His definition refers to the open, unencumbered, straightforward talk which Adam enjoyed in the garden with his Creator. In other contexts, *parrhesia* referred to the freedom in which citizens of the Greek city-states could employ in democratic discussion; they were free to speak boldly on their own

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[6] Herman, *Trauma and Recovery*, 133; Perry and Szalavitz, *Raised as a Dog*, 259–60; Sweeney and Lowen, "Developmentally Appropriate Treatment," 116.

[7] Balswick et al., *Reciprocating Self*, 47–48; Fine and Glasser, *First*, 1; Johnson, *Foundations*, 12–13; Rowatt, *Adolescents*, 9.

[8] Merton, *New Man*, 72.

account.[9] When Jesus speaks of his passion in Mark 8:27–38, he speaks with *parrhesia*: unencumbered. *Parrhesia* is an example of interpersonal wholeness which shapes human relationship to the transcendent and one another.

Parrhesia is an example of interpersonal wholeness which shapes human relationship to the transcendent and one another. Merton proposes that in the creation narratives of Genesis, "[*parrhesia* is] the free spiritual communication of being with Being, Adam's existential communion with the reality of God which he constantly experienced within himself."[10] This *parrhesia* is in essence the freedom of speech to speak openly and unencumbered between God and person. This is furthered by the creation of Eve. Merton suggests, "We are never fully ourselves until we realize that those we truly love become our 'other selves.' Seeing this, we are capable of beginning to grasp that God also loves us as He loves Himself. Without this awareness, there can be no perfect communion."[11] In the intended order of creation there is a free unencumbered speech between God and humanity.

Parrhesia is also an example of the right state of intrapersonal being. Merton posits, "Adam's senses and his passions were in perfect subjection to his intelligence and will."[12] The senses of humankind were not disordered but were in their proper place subjugated, as Merton writes, to thoughts and motivations of the individual.

The unencumbered freedom *parrhesia* provides is creative. *Parrhesia* is exemplified in the tasks and work of humankind. The naming of the animals is proposed

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[9] Sluiter and Rosen, *Free Speech*, 2004. This is foundational to the personal liberties which ungird the *Constitution of the United States*—i.e., First Amendment—and in Canada in the *Canadian Charter of Rights and Freedoms*–i.e., Section Two: Fundamental Freedoms.

[10] Merton, *New Man*, 76.

[11] Merton, *New Man*, 90–91; Merton, *New Seeds*, 47–51.

[12] Merton, *New Man*, 75.

as an example of the creative action which Adam is initiated into in Eden. God calls Adam to name the animals that he has just created. In this instance Adam creates language; he puts words to things. Merton writes, "Adam's function is to look at creation, see it, recognize it, and thus give it a new and spiritual existence within himself. He imitates and reproduces the creative action of God first of all by repeating, within the silence of his own intelligence, the creative word by which God made each living thing."[13] *Parrhesia* is not just between, but it makes meaning of the world, relates self to other through language.

Merton's description of *parrhesia* explores the intended order before the fall. People lived in perfect relationship to one another, with the freedom to speak in word and action between each other. It was sin which changed this state of being between creation and creator. Merton describes the change after the fall. The state of *parrhesia* changes and there is no longer a free and unencumbered talk between God and humanity, instead, humanity is separated by shame from God and themselves. There is a change but it is not without hope, as Merton writes, "But *parrhesia* is a far more marvelous thing in [persons] who are sinners who are forced to recognize themselves as burdened with guilt, [persons] who have offended God and have fled from the sight of Him because they preferred their own illusions to His truth."[14] Job, who was a righteous man, Merton proposes, questions God in the time of his suffering which emphasizes a prime example of *parrhesia* after the fall. Job 42 displays an unencumbered talk bridging the gap between fallen sinful state and discussion with God. While Job had not sinned, he is affected by the nature of sin. He

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[13] Merton, *New Man*, 83–84.
[14] Merton, *New Man*, 94.

is subjected to the consequences of the sins of others, the way of being after the fall.[15] *Parrhesia* is most poignant to those after the fall because "It comes to us in the terrible yet healing mercy by which God gives us the courage to approach Him exactly as we are."[16]

Putting it All Together

Relationship is an important part of the discussion of integration of spirituality with adolescent males with ACEs because it is a huge part of the therapeutic relationship, just being able to help someone, and also a huge consideration in the integration literature. As aforementioned, mistrust of others invariably follows the abuse of attachment. Kelvin Mutter asserts, the sin of abuse is "a disruption of the I-Thou relationship in that it subverts the role of the 'other' to that of a slave."[17] There is not a safe, healthy relationship when one asserts such power to subjugate another. But the beginning of care lies in relationship. The literature points to quality of relationship between the helping professional and youth as a significant factor in the change process.[18] Early in the ACEs literature Valerie Edwards et al. suggests "a loving and warm childhood environment may mitigate the effects of other abusive experiences."[19] But it is often difficult as youth may resist involvement of parents, parents or family may be the abusers and this is both unhelpful and dangerous for care.[20] But the essence remains that relationship is required for the care of youth and required for the integration of spirituality as it is the place in

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[15] Coe and Hall, *Psychology*, 278–305; Mutter, "Rituals," 81.
[16] Merton, *New Man*, 96.
[17] Mutter, "Rituals," 81.
[18] Blow et al., "Who Delivers the Treatment," 308; Hubble et al., *The Heart and Soul of Change*, n.p., as cited in Thomas, "Contributing Factors," 203; Stegman et al., "Evidence-Based Relationship," 25.
[19] Edwards et al., "Childhood Maltreatment," 1458.
[20] Gerson and Rappaport, "Traumatic Stress," 140.

which trust in others is rebuilt. In therapeutic relationships, "Building a strong therapeutic bond is foundational to all forms of counselling. This is even more important when counselling this population. For many of these clients, forming a close relationship with someone who does not want to exploit them or abuse them is a foreign idea."[21]

One of the main features of the discussion has been the role that introduction of the topic of spirituality into care has on the outcomes of care. Much of the literature points to the relationship between a helping professional and a client to be a significant factor in change.[22] Many agree that the outcome is positive growth toward bio-pscyhosocialspiritual wholeness or simply put wholeness.[23] G. Wade Rowatt points out, "Adolescents appear to be more comfortable when they have something to offer in the relationship and are not seen merely as counsellees."[24] When it comes to integrating spirituality clients want to bring it up, they want a say in how it goes, and moreover they do not want to feel judged for their beliefs.[25] For the helping professional, managing, fostering, and leveraging relationship are important tasks in the integration of spirituality, especially with adolescent males with ACEs. The helping professional's relationship is a significant factor in doing the work, and may be more so in cases where spirituality is to

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[21] Wolf, "Sex Trafficking," 292. Wolf ("Sex Trafficking," 292–6) presents a discussion of counselling sex trafficking victims with the general issue faced by counsellors working with former sex-trade workers. The quote—although for a different population—reflects the challenges of working with victims of trauma and abuse more broadly. Although speaking specifically, the notion applies broadly.

[22] Blow et al., "Who Delivers the Treatment," 308; Hubble et al., *The Heart and Soul of Change*, n.p., as cited in Thomas, "Contributing Factors," 203. Common factors theory purports that the factors that contribute to change can be broken down accordingly: extra-therapeutic factors—forty-percent, common factors—thirty-percent, expectancy—fifteen-percent, and techniques—fifteen-percent. See Thomas, *The Contributing Factors of Change in a Therapeutic Process*, 201–10, for an overview of common factors theory.

[23] Balswick et al., *Reciprocating Self*, 47–48; Fine and Glasser, *First*, 1; Johnson, *Foundations*, 12–13; Rowatt, *Adolescents*, 9.

[24] Rowatt, *Adolescent*, 61.

[25] Dollahite and Thatcher, "Talking," 638; Rose et al., "Spiritual Issues," 61; Knox et al., "Addressing Religion," 296–300.

be integrated. The helping professional is in a place to consider the spirituality of the client and draw it out in a way that is non-judgemental and honours the client's spirituality and also fosters trust in the care they provide.

Two elements that come up for consideration are the inclusion versus exclusion of spirituality as ethical and the potential "fears" of helping professionals' to "go there." The constraints of practice present a challenge to integrating spirituality with this population. Perhaps not an outright constraint that is not in the favour of helping professionals to integrate spirituality but it certainly is a thought process that must be gone through for the sake of ethical practice. In both cases, relationship is a consideration for overcoming the "fear" of "going there" with youth. When there is a working relationship, one of mutual trust and purpose together, "going there" with youth is no longer a significant constraint but one which is informed by caring relationship and respectful action. This population is cited as having significant challenges with trust of family, relationships, and the world.[26] Through the development and leveraging of relationship, spirituality can be integrated in an ethical, beneficial, and non-judgemental way.

Parrhesia reflects a way of being before sin and the fall that is conducive to healthy relationships. What Merton discusses is a form of free communication between man, God, and woman in the garden. Jack Balswick et al. assert human development and wholeness is the develop of the reciprocating self. The reciprocating self is "the self that in all its uniqueness and fullness of being engages fully in relationship with another in all its particularity. The reciprocating self lives in mutual sharing and receiving with another. Reciprocity is the glue that holds relational polarities of uniqueness and unity together."[27]

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[26] Hango, "Childhood," 11.

[27] Balswick et al., *Reciprocating Self*, 54.

In this state of reciprocity in the garden, there existed a free speech in which open, unencumbered talk took place. Merton suggests in this relationship to one another is a perfect communion possible.[28] In this state of freedom can a person speak unencumbered with God and humanity.

The Christian practice of hospitality is essential to the pastoral theological literature on addressing the problem of sin and evil.[29] Swinton suggests friendship is a concept of importance when discussing resistance to evil and care of others.[30] For Andrew Root, "This is the essence of love: to indwell the other, to share deeply in their life, but to do so without confusion, without losing your person in enmeshment, without so identifying that there is no differentiation. It is to indwell the other in and through your person, keeping your person as you share in the personhood of another. Sharing as indwelling is the heart of God's own incarnational act."[31] The pastoral theological literature highlights the boundaries that are required for effective care and friendship. For the ethically bound helping professional, these principles remain acceptable to practice. As Swinton notes, friendship "requires negotiation and care of self as well as care for the other."[32] Helping professionals' relationship to youth are hospitable and friendship relationships which reflect the mutuality of covenant relationships, but they do not refuse to acknowledge the boundaries between persons. Emmanuel Lartey's social therapy model includes this element in his conceptualization of care for an individual in community.

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[28] Merton, *New Man*, 90–91; Merton, *New Seeds*, 47–51.

[29] Root, *Pastor*, loc. 859–64; Swinton, *Raging with Compassion*, 213–43; Swinton, *Dementia*, 227–287. In this discussion of hospitality, terms such as friendship and in-dwelling are used as the others discuss something broader that is considered to be hospitality.

[30] Swinton, *Raging with Compassion*, 213–43; Swinton, *Dementia*, 227–287.

[31] Root, *Pastor*, loc. 891–94

[32] Swinton, *Raging with Compassion*, 242.

Lartey's model suggests that community care begins with recognition or self-awareness, then moves through stages of identification of persons involved, befriending, working together, and finally acting together.[33] Recognition begins with the self-reflective task or reflexive thinking. Thinking and critically analyzing who a helping professional is including his or her strengths.[34] Lartey states "what is envisaged is a model in which Christians as well as persons of other faiths may be not simply involved but rather self-critically involved."[35] Pedersen and Ivey suggest that this is the beginning of multi-cultural practice.[36] Once the self is known and others involved are recognized, Lartey suggests the third stage is befriending, in which one knows and is known. This involves "storytelling and story listening as its constituent features."[37] Hospitality in the pastoral care literature points to the recognition of the self through self-critical and reflexive thinking, identification of individuals and assumptions, and ultimately listening as well as hearing the story of the adolescent male with ACEs. One fosters relationships by enacting the way relationships were intended to exist. Befriending, indwelling, and place-sharing clarify the ways in which helping professionals as well bring parrhesia into care and relate to others. They provide the example and place of communion together.

In cases of the experience of ACEs, one must learn to work with, trust, and communicate. Andrew Lester argues, "we must describe and interpret our experience through communication, language is the central process through which reality is constructed."[38] For Adam, in the state of *parrhesia* he was able to fulfill his work by

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[33] Lartey, *Living Color*, 134.
[34] Lartey, *Living Color*, 135.
[35] Lartey, *Living Color*, 135.
[36] Pedersen and Ivey, *Culture-Centered*, 3.
[37] Lartey, *Living Color*, 136.
[38] Lester, *Hope*, 32.

speaking into being. He was invited, as Merton proposes, into creative action naming the animals. In a similar way, *parrhesia* is speaking truth into being. Nouwen discusses a movement of the spiritual life being the movement form illusion to prayer. He concludes " . . . it is only in the lasting effort to unmask the illusions of our existence that a real spiritual life is possible."[39] The act of helping conversations is a way to speak the reality of one's life into being. It involves working to bring the story of the adolescent into light even though it is difficult, and emotionally-focused conversations are painful. From here comes the exploration, questioning, reframing, and remembering according to what needs to be completed for growth.

Steven Tracy discusses "facing brokenness" as one way to promote healing from trauma.[40] For many adolescent males with ACEs they may not have ever had the opportunity to face their brokenness. Diane Langberg asserts, "All too often survivors have been silenced, both by their abuser and by the culture around them, and have felt unable to express their thoughts and emotions."[41] Silenced by abusers and the culture around them, it is no wonder that it is difficult for adolescent males with ACEs to have emotionally focused-conversations, or to willingly bring up spirituality into their care conversations. But to be able to have this available and bring it into conversation is integral for the healing process. To face brokenness, as Tracy proposes, is to reassign and reorganize thoughts and feelings into their proper place, reframing traumatic experiences in such a way that it is possible to heal and reclaim safety.

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[39] Nouwen, *Reaching Out*, 113.
[40] Tracy, *Mending the Soul*, 133–37.
[41] Schmutzer ed., "Sexually Abused," 245.

For many of the participants, meaning, meaning-making, identity, and personal motivation were significant pathways of spirituality which enabled them to enter into spiritual conversations in the helping relationship. Dunstable Ramsay's account of coming to terms with the relationship to his mother and every other relationship in his life involved his personal motivation for safety but also coloured the way in which he viewed the world: *no one is to be trusted.* Morgan states, "We all have many stories about our lives and relationships, occurring simultaneously. For example, we have stories about ourselves, our abilities, our struggles, our competencies, our actions, our desires, our relationships, our work, our interests, our conquests, our achievements, our failures."[42] Coyle notes, "Stories tell us who a person is and is not."[43] Andrew Lester argues, "we must describe and interpret our experience through communication, language is the central process through which reality is constructed."[44] Lester suggests "To know the person's full narrative [past, present, future], therefore, including its forward thrust, is imperative when trying to make sense of any person's life situation."[45] As Hess described, healing comes from "connecting the survivor's personal narratives to an overarching narrative that includes larger stories about human life."[46] *Parrhesia* takes the data points of a narrative draws them out and puts them forward. Unwaveringly putting the questions, statements, concerns, and conundrums to God and into words, into spiritual reality, plainly.

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[42] Morgan, *Narrative Therapy*, 5.
[43] Coyle, *Spiritual Narratives*, 1.
[44] Lester, *Hope*, 32.
[45] Lester, *Hope*, 29.
[46] Hess, *Sites*, 81.

In one study of the effects of ACEs in the risk of paternity in adolescence, Anda et al. found that "the effects of adverse childhood experiences transcend changing sexual mores and contraceptive methods."[47] Over the course of several birth cohorts all ranging within the 20th century, the study suggests that it is not influenced by culture, social acceptance of sexual behaviours, or changes in contraceptive methods. The writers state this is most likely because of the biological effects of ACEs on emotional regulation influencing behaviour.[48] Emotional regulation, more precisely dysregulation, is a significant consideration in the work with this population. Some argue that because of compromised emotional regulation adolescent males cannot make healthier choices which lead to negative health outcomes. Saint Paul said, "I do not know understand my own actions" (Rom 7:15). In the terms of Saint Augustine, the compromised ability to use full decision-making faculties to make healthy choices is that in the sinful existence of humanity is *non posse non peccare*. Humanity is in a state of being not able to not sin. ACEs help us to understand for some why this is possible.

Parrhesia reflects a way in which emotions are in their proper place. Merton states in *parrhesia*, emotions were in perfect subjugation to the intellect and will of each person.[49] The literature points to a strong connection between ACEs and emotional dysregulation. Such as Katz et al. who suggest ACEs impede the ability to make healthy decisions because adolescents are not able to use their emotions in way that promotes healthy decisions.[50] The theological literature asserts each person is responsible for their

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[47] Anda, "Paternity," 43.
[48] Anda et al., "Paternity," 43.
[49] Merton, *New Man*, 75.
[50] Katz et al. "Emotional Competence," as cited in Howell et al., "Developmental Variations," 47.

emotions and in such a way that promotes their health and well-being.[51] Emotional dysregulation is a lived expression of *non posse non peccare*. For Elliott, it is not the motivation of motivation that is sinful but the thinking behind it.[52] The adolescent male with ACEs is responsible for their emotions but may often find the drives strong and that they lack the skills necessary to cope with them.

Emotions in their proper place in relation to thought and behaviour is compromised by the interpersonal sin perpetrated against children. When ACEs are experienced the ensuing dysregulation of emotions establishes a state in which the mind is not perfectly over the emotions but in which dysregulated emotions dictate thought and behaviour. *Parrhesia* is then a consideration of how to move toward a proper balance between thought, emotion, and behaviour. As Participant E suggests, spirituality should be something that is inward and contemplative, not just a belief. When inspired to look inward, and an unencumbered ability to express the truth or one's own voice, spirituality becomes more than mere beliefs or family values, it becomes a personal sense of meaning, connection to transcendent and other, and motivation for personal action. *Parrhesia* is the kind of talk which opens up the possibility to reorder the mind and emotions through engaging the spirituality of the client. *Parrhesia* is a spiritual kind of talk, emboldened by the ability to speak forward what is within because one is accepted as they are and loved by God.[53]

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[51] Anderson, *Self-Care*, 7476; Lester, *Angry Christian*, 6263.
[52] Elliott, *Faithful Feelings*, 23435.
[53] Merton, *New Man*, 94–95.

Response

Salvation in the Psalms—according to Milton Acosta—is a long life well-lived.[54] For Balswick et al., "the brain development typical during adolescence greatly facilitates more intentional reciprocity between an individual and others."[55] During adolescence, a great deal of development moves them to a place of being fully human and extending their full capacity to relate to others. There is a development of an ability to relate to others that is characteristic of *parrhesia* in the garden. As Merton suggests, *parrhesia* is greater for those who are sinners because of the experience of the extension of grace by God. For helping professionals, the consideration of *parrhesia* presents a view of communication around spirituality that is an act of the spiritual self that connects the individual to others and the transcendent. The writers also note that "Although most young people make it through [adolescence] without exceedingly high levels of stress and strain, many do not [*sic*]."[56] Adolescent males experience suffering and suffer the consequences of their experiences throughout their whole selves and lives. A long-life well-lived becomes less of a possibility with ACEs.

In response, to foster a long life well-lived, the development of a deeper response to the spiritual, providing a voice to the experience of adolescent males themselves into the open and to face brokenness provides a view of the spiritual capacity of an individual and addresses the various aspects of their whole self.[57] The place-sharer, Root argues, "must be brave enough to stare down the adolescent's reality, saying, 'I see your

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[54] Acosta, "From What," 98.
[55] Balswick et al., *Reciprocating Self*, 189.
[56] Balswick et al., *Reciprocating Self*, 187.
[57] Kindlon and Thompson, *Raising Cain*, 258.

suffering. I see how horrible it is, but I am not scared, for Jesus has claimed us. Come and be near to me, and together let us speak out against the injustice in your reality.'"[58]

Parrhesia means to enter into right relationship and provide a space for unencumbered talk. Just as Adam did with the naming of the animals so do adolescents have the opportunity for creative action to "face the brokenness," as Tracy suggests, and put between two people what exists inside one. It brings the questions of meaning and one's story outward and begins a process of reframing. It is the acceptance of the story and the establishment of safety as the story is presented and able to become something else. This cannot be done without relationship.

The basic skills used in counselling provide a way to foster *parrhesia* in helping relationships. Some skills may include empathic reflection to strengthen the relational bond and covenantal relationship, intuitive empathy as a form of empowerment and inspire relational growth, and reflecting content. Empathic reflection is the skill of reflecting the client's story in an attempt to understand "how [the client] feels in that situation, given [his or her] culture, family background and personality, rather than projecting how [the helping professional] might feel onto [him or her]."[59] Rogers defined empathy as "to sense the client's private world as it were your own, but without ever losing the 'as if' quality."[60] Nouwen's articulation of the provision of a "fearless space" in which difficult questions can come up, be asked, and also responded to.[61] Just as Merton suggests Job's open questioning of God is an example of *parrhesia*, we see an example of how helping conversations can foster *parrhesia*. The open unencumbered

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[58] Root, *Revisiting*, 135.
[59] Sbanotto et al., *Skills*, 128.
[60] Rogers, 829, as cited in Sbanotto et al., *Skills*, 126.
[61] Nouwen, *Reaching Out*, 86.

bringing forth of questions, questioning, and personal talk that fosters an awareness of the whole self in situ is one beginning point. The good helping professional, John Patton argues, listens for the "times, places, and particularities that give a person's story meaning and allow it to be held respectfully in memory."[62] Furthermore, effective helping professionals listen for the ways in which meaning is challenged and provide ways to respectfully engage this dissonance and "re-member" a fragmented story.

Intuitive empathy as a therapeutic skill attempts to "help counsellees connect not just conscious feelings with content, but underlying feelings, motives, values, fears and beliefs to their current reactions and experiences."[63] Sbanotto et al. suggest intuitive empathy is where another human being is able to be heard. They state, "to feel heard at the deepest levels of our beings can be truly life-changing" and "this is where intuitive empathy comes in."[64] By using intuitive empathy, the helping professional deepens the therapeutic relationship by displaying understanding through honest, trust-building, supportive, non-threatening conversation.[65] Learning this skill moves the helping professional from ignoring, dismissing, or misunderstanding client's emotions and experiences to identifying emotions and experiences "under the surface of the counsellee's awareness."[66] Helping professionals developing the skill of intuitive empathy deepen therapeutic relationships and empower clients to share and become more aware of their stories to take action and enact change within them. Using intuitive empathy in relationships with adolescent males with ACEs displays an awareness and

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[62] Patton, *Pastoral Care*, 36.

[63] Sbanotto et al., *Skills*, 175.

[64] Sbanotto et al., *Skills*, 175.

[65] Here some of the language present in the *Domestic Violence Intervention Project's* wheel of equality are used to highlight the positive qualities of empowerment.

[66] Sbanotto et al., *Skills*, 177–78.

knowing of the client but also a care that those identified emotions and experiences can be managed and changed.

Sbanotto et al. state reflecting content is "to verbally summarize back to the counsellee the content, or facts, of what they said."[67] The skill of reflecting content emphasizing the helper *noticing* the client: knowing the story, seeing the person and their actions, and perceiving the meaning of how the client presents his or her self. This skill is the intentional practice of paraphrasing, summarizing key facts, and identifying the context from the client.[68] This may be the most identifiable feature of parrhesia in the helping relationship. Reflecting content is to point to, validate, hear, and give words to experiences, just as Adam gave words to the animals. It is a mutual creative action which puts words, meaning, and links experiences together for a youth. It should be noted it is not done for them but *with* them. Reflecting content is not just about understanding the story, it is about understanding the adolescent, and ensuring they know not only have they been heard, but what they say is a major contribution that is appreciated.[69] Helping professionals create opportunities when reflecting content and eliciting story to speak with *parrhesia* about their experience, and even freely about God. Reflecting content in this way is an important skill in reciprocal relationships as it honours the humanity of the other—the adolescent male with ACEs—and models how to respect another person and their story.

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[67] Sbanotto et al., *Skills*, 99.

[68] Sbanotto et al., *Skills*, 101.

[69] This is reflected in the findings of several studies regarding integrating spirituality into care. See: Dollahite and Thatcher, "Talking," 638; Knox et al., "Addressing Religion and Spirituality," 300; Rose et al., "Spiritual Issues," 61.

Conclusion

Parrhesia is an invitation into a right relationship. It is an invitation into a healthy form of relationship as God intended that is conducive to healing. *Parrhesia* is a form of confronting trauma, its narrative, and rewriting one's story and meaning in a healthy way through the introduction of a spiritual principle. *Parrhesia* is a way to reorder the disordering of emotions, thoughts, and behaviours. Helping professionals work in relationships and work in them to inspire change. *Parrhesia* is a way to develop spiritual conversation and care as it deepens the connection of the individual to others and the transcendent however they define it. *Parrhesia* is also a way to confront trauma, putting words to experience to tell and retell the truth of one's life, reframing the experience for healing. *Parrhesia* is also a way to consider the rightful order emotions in light of dysregulation, between thoughts and behaviours.

The unencumbered talk which characterizes *parrhesia* is the quality of right relationship found in the garden, the quality of restored relationship with the acceptance of the gift from God, and aspires to foster both connection and openness between God and creation in a healing movement. *Parrhesia* conceptually provides a way of considering ethical care, a care that promotes through basic counselling skills and relationship, a connection between traumatic events, stories, meaning, emotional dysregulation, and healing.

CHAPTER 6: CONCLUSION

"Every moment and every event of every man's life on earth plants something in his soul. For just as the wind carries thousands of winged seeds, so each moment brings with it germs of spiritual vitality that come to rest imperceptibly in the minds and wills of men."[1] For youth with ACEs these winged seeds germinate and through various pathways lead to disruption of healthy development. If adolescence was an uphill journey, the journey to adulthood with ACEs is an uphill journey, both ways.

Adolescent males struggle uphill both ways, often characterized by emotional struggle and dysregulation. Helping professionals who walk alongside them in this struggle often look for meaning-making or ways to discuss meaning as a primary way to engage the spiritual lives of these youth. Psychotherapists furthermore look for spiritual community connections to locate the spirituality of youth and engage them in helping conversation. But the constraints of adolescent emotions and context are factors which affect their ability to and ways in which they integrate spirituality.

This research sought to achieve six goals. First, to provide another voice in the conversation regarding helping professionals' use of spirituality within helping relationships. Second, to provide the profession with a better understanding of the role of spirituality in the lives of adolescent males who have identified ACEs. Third, to identify the experiences of helping professionals using spirituality to mitigate ACEs in the lives of

[1] Merton, *New Seeds*, 14.

adolescent males, Fourth, to highlight the need for professional education regarding use of spirituality with adolescent males. Fifth, to provide a sketch of the state of the field with respect to the use of spirituality with adolescent males with ACEs. Lastly, to identify the potential need for future research.

This study began with a review of the literature concerning ACEs and integration of spirituality with specific regard for practice with adolescents. The review found that there was a strong base of literature pointing to the integration of spirituality with youth from helping professionals as well as clients, that ACEs are detrimental to healthy bio-psychosocialspiritual development, and that there is an isomorphic response of individuals to spirituality after traumatic experiences. This study sought to answer two questions: "What do helping professionals see as the role of spirituality in the lives of adolescent males with ACEs?" and "How do helping professionals address spirituality in their work with this population?" Thematic Analysis (TA) was utilized as a method of analysis to interpret the participants' responses.

The TA of five helping professionals—three psychotherapists and two pastors—identified two main themes which answered the research questions. First, helping professionals determined *pathways of spirituality*, which reflected the aspects of spirituality that arise in their work with adolescent males and catch their attention. Second, participants highlighted *constraints* related to the helping relationship with adolescent males with ACEs were present in all five stories as participants discussed their experience working with this population. In some cases, constraints referred to the ethical considerations that surrounded their work with youth. Several participants discussed client factors as constraints. Despite constraints in their work, helping professionals who

participated in this study displayed a positive regard toward integrating spirituality into their work when it intersected with this population.

Finally, analysis of the participants' responses highlighted quotes which underscore the unique approach of each response. This answered the research question: "How do helping professionals address spirituality in their work with this population?" Although four out of the five participants self-identified as providing spiritually integrated practice—in accordance with the definition provided—each described a different approach.

The current study's support of the literature presents a field that is expanding and influencing practice. Psychotherapists must choose whether they are going to bring up spirituality or wait for the client to bring spirituality up in conversation. This study adds to the current literature that psychotherapists choose to integrate and work from their training and theoretical modality. This study also highlights what these five helping professionals look for. Four out of five helping professionals looked for meaning, and two cited spiritual community—while two more worked within the context of spiritual community. This suggests elements of an individual's narrative are listened for and given priority. All of the participants highlighted constraints which affect how they integrate spirituality. This supports literature regarding helping professional's integration with youth; helping professionals want to work ethically within their professional capacity and training.

But there are also some significant findings that suggest there is a lot of work ahead of the field to ensure that helping professionals provide spiritual care that engages a youth with ACEs effectively. The findings of this study do not reflect the trend towards

bio-psychosocialspiritual approaches to care. While the literature points to an explicit acknowledgement of the utilization of a bio-psychosocialspiritual perspective, the present study suggests participants' do not explicitly use a bio-psychosocialspiritual approach. The implicit acknowledgement of a bio-psychosocialspiritual approach may be present but must be inferred. This study also suggests there are numerous ways to integrate spirituality. The literature highlights social workers have reflected on the importance of spirituality as part of care of the whole person, but the present study's participants highlighted a variety of approaches to integrating spirituality. Spirituality was integrated as per the context of youth pastors when ACEs were disclosed, or depending on the importance of spirituality in the lives of clients.

This study is limited by its small sample size. Accordingly, these results cannot be generalized and used to describe the experiences of all helping professionals who work with adolescent males with ACEs, nor should it. The extent to which these results reflect the experience of helping professionals can only be determined when compared and contrasted with other studies focussing on the same experience, or studies with a similar focus. This research provides a glimpse into how some helping professionals conceive of their work with this population at the present moment in time. The results of this study provide an awareness to the experience of *some* for the sake of considering what may be researched in the future or highlight salient features of present literature on the topic. Future studies may wish to consider studying helping professions as they relate to a similar code of ethics or context, rather than just similar target population.

This study found that adolescent males struggle uphill both ways, often characterized by emotional struggle and dysregulation. Helping professionals who walk

alongside them in this struggle often look for meaning making as a primary way to engage the spiritual lives of these youth. Psychotherapists furthermore look for spiritual community connections to locate the spirituality of youth and engage them in helping conversation. But the constraints of adolescent emotions, ethics, and professional role or context are factors which affect the ways in which they may integrate spirituality into their work. Future research may wish to focus on the pathways of spirituality as it pertains to the distinct effects of ACEs. Helping professionals may benefit from practice-focused research which determines the pathways and mechanisms in which spirituality mitigates the effects of emotional dysregulation. Future research may also benefit the field by focusing on how adolescent males use spirituality to make meaning of their traumatic experiences, or current struggles. Helping professionals would benefit from discussion on these distinct pathways for the purpose of developing effective practices.

Henri Nouwen et al. wrote, "One of the most tragic events of our time is that we know more than ever before about the pains and sufferings of the world and yet are less and less able to respond to them."[2] This thesis is an attempt to work closely with the findings that help illuminate the mechanisms of pain and suffering and reflect on potential responses for the wholistic care of persons who are afflicted. Future practice and research may wish—and I strongly encourage—to address the pain and suffering that is present with full vigor of thought and reason, with compassion and whole-heartedness to see redemption and peace today.

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[2] Nouwen et al., *Compassion*, 50.

APPENDIX 1: SURVEY

Uphill Both Ways: Locating the Spiritual in Helping Professionals Narratives of Care with Adolescent Males with Adverse Childhood Experiences

Introduction

Definition: "Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18."

–Definition from:
https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html <Preamble>

1. Do you work with adolescent males with Adverse Childhood Experiences? Y/N <Yes response continues to the survey starting at #2. No response is routed to the end thank you message>

Question Group 1: ACEs

2. In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences:

Type of ACE	Never	Rarely	Sometimes	Often
Emotional abuse				
Physical abuse				
Sexual abuse				
Spiritual Abuse				
Mother treated violently				
Household substance abuse				
Mental illness in the household				
Parental separation or divorce				
Criminal household member				
Emotional neglect				
Physical neglect				
Other:				

3. Can you tell me about the experiences ***you have had*** working with adolescent males who have experienced Adverse Childhood Experiences in your practice? <Short Answer Question>
4. How does your professional context shape your practice of working with adolescent males who have experienced ACEs? <Short Answer Question>
5. Based on your experience with adolescent males with ACEs, how do they cope? <Short Answer Question>
    a. How do they differ from adolescent females with similar experiences? <Short Answer Question>

Question Group 2: Adolescent Spirituality

Definition: The search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it. This may or may not be expressed through religious forms or institutions. Religion is an organized structured set of beliefs and practices shared by a community related to spirituality.

– From Kvarfordt, "Spiritual Abuse and Neglect of Youth: Reconceptualizing What is Known through an Investigation of Practitioner's Experiences," 154.

Considering this definition of spirituality: <Preamble>

6. Based on your professional practice, can you tell me about the experiences ***you have had*** working with adolescent males who have experienced Adverse Childhood Experiences where the adolescent was able to use spirituality as a coping strategy? <Short Answer Question>
7. In your professional practice, which spiritual practices do adolescents use to cope? <Short Answer Question>
8. On a scale of one to ten (ten being extremely important and one being not important at all) how important is spirituality as a coping strategy for adolescent males with ACEs? <Scaling Question with buttons 1–10>
9. In general terms, is there anything you think professionals should know about the relationship of spirituality to ACEs? <Short Answer Question>

Question Group 3: Integrating Spirituality into Practice

Definition: Spiritually integrated practice is an approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the helping professional, and the process of change. – Adapted from, Kenneth I. Pargament, *Spiritually Integrated Psychotherapy*, 176.

Considering this definition: <Preamble>

10. What ideas, themes, concepts, etc. do you look for to pick up on spirituality in your conversations with adolescent males with ACEs? <Short Answer Question>
11. Do you incorporate spirituality into your practice with adolescent males? Y/N

12. Which spiritual practices do you use in your work? <Short Answer Question>
13. What elements of your training inform your assessment and actions? <Short Answer Question>
14. What do you think helping professionals need to know about integrating spirituality in their work with adolescent males with ACEs? <Short Answer Question>

Question Group 4: Demographic Questions

For the purposes of providing a sketch of those who participated, we would like to collect some demographic information. <Preamble>

15. Please tell me about your practice?
    a. Psychotherapist, Social Worker, Youth Pastor, Prefer Not to Answer? <Check Boxes>
    b. In general terms, can you describe the nature of your work environment and its clientele. Please maintain confidentiality and do not provide information regarding specific individuals. <Short answer> <Prefer Not to Answer button/option>
16. Personal demographic questions:
    a. Age? e.g., 20-29; 30-39;40-49; etc.; Prefer Not to Answer <Check boxes>
    b. Gender: Male, Female, Other, Prefer Not to Answer
    c. Ethnicity <Fill in> <Prefer not to answer button/option>
    d. My spirituality is what really lies behind my whole approach to life - 1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me <Scaling question> <Prefer Not to Answer option>
    e. How often do you spend time in spiritual activities, such as prayer, meditation, or read scripture or an inspirational writer, etc.? 1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day <Scaling question><Prefer Not to Answer option>
    f. How often do you attend church or other religious meetings? 1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week <Scaling question><Prefer Not to Answer option

APPENDIX 2: RESPONSES

Question	Response [Part. A]	Response [Part. B]	Response [Part. C]	Response [Part. D]	Response [Part. E]
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Emotional Abuse]	Sometimes	Sometimes	Sometimes	Often	Sometimes
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Physical Abuse]	Sometimes	Rarely	Often	Sometimes	Rarely
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Sexual Abuse]	Rarely	Sometimes	Rarely	Rarely	Rarely

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Spiritual Abuse]	Sometimes	Rarely	Rarely	Never	Sometimes
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Mother Treated Violently]	Sometimes	Sometimes	Sometimes	Rarely	Sometimes
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Household Substance Abuse]	Often	Rarely	Often	Sometimes	Often
In your experience working with adolescent males, how frequently do they talk	Sometimes	Sometimes	Sometimes	Often	Sometimes

Question	Response [Part. A]	Response [Part. B]	Response [Part. C]	Response [Part. D]	Response [Part. E]
about any of the following Adverse Childhood Experiences: [Mental Illness in the Household]					
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Parental Separation or Divorce]	Sometimes	Often	Often	Often	Sometimes
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Parent Incarcerated]	Sometimes	Never	Rarely	Rarely	Rarely
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Emotional Neglect]	Sometimes	Rarely	Often	Often	Rarely

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Physical Neglect]	Sometimes	Rarely	Sometimes	Sometimes	Rarely
In your experience working with adolescent males, how frequently do they talk about any of the following Adverse Childhood Experiences: [Other:]				Sometimes	Never
Can you tell me about the experiences you have had working with adolescent males who have experienced Adverse Childhood Experiences in your practice?	I remember one client who was just past adolescence who had been sexually abused by another male. I remember another who was now struggling with ponography.	Usually my experience is via pastoral conversations with individuals I have had an existing relationship with. Sometimes I have been aware of the family "backstory" and have been waiting for the individual to share with me. Other times I have been surprised.	I have worked with adolescent males who have experienced physical and emotional abuse, and some with a history of sexual abuse. Many of the adolescent males I have worked with who have experienced ACE's have come into service through the Halton Region	-sometimes difficult to engage in emotion focused conversations -support from parents seems paramount for progression	As a youth pastor I would often come across adolescent males with ACE's. Many of which I had a close relationship with.

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
			Diversions program (for first time offenders.) I have worked with adolescent males who have parents with substance use disorders and severe mental illness. I have also worked with adolescent males who have experienced neglect.		
How does your professional context shape your practice of working with adolescent males who have experienced ACEs?	I see whoever calls our agency and is either assigned to me or asks for me. I get fewer of this population as we have younger therapists.	My pastoral context means that I am trying to not function as a counselor or a social worker but to give spiritual care and affirmation. Once I know that someone else is caring for the social/ psychological issues, I see my role as reminding them about God's love and embodying the presence of Jesus.	I work with these clients in the context of Brief Therapy, primarily using a narrative and solutions focused lens. I always work from a strengths-based perspective, but have found that with teens with ACE's it is very important how one applies the strengths-based lens (trying to avoid being dismiss of their painful experiences	-as a therapist, it is not always necessary to uncover the details of the ACE, however assessing and working through the impact is vital.	My context as a pastor means that I would naturally focus on how to help from a spiritual and wholistic sense. I do know have the training of a therapist or related fields, so I tried to focus on how help adolescent males through broader and more wholistic means.

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
			but being too "optimistic").		
Based on your experience with adolescent males with ACEs, how do they cope?	Mostly, they don't acknowledge their feelings.	They usually distract themselves with friends, activitiies and hobbies. Sometimes they retreat into themselves with these hobbies. They rarely know how to cope in a healthy manner. Sometimes their coping mechanisms take a destructive turn (i.e. substance abuse, fighting).	Based on my experience, they cope poorly. Common themes I see in adolescent males who have experienced ACE's is substance abuse, difficulty managing anger and intense emotion, and poor school attendance/ engagement.	Varies based on the individual and ACE.	It very much depends. Some have extremely healthy coping mechanisms and thrive, sometimes becoming more resilient. Others deloped rather maladaptive coping mechansims which result in negative concequences for both them and those around them.
Based on your professional practice, can you tell me about the experienc es you have had working with adolescent males who have experienced Adverse Child hood Experiences where the adolescent was able to use spiritualit y as a coping strategy?	only one recent one, and the ACE was very mild	It can be tough for the adolescent to use spirituality. So much of their lives are emotional and reactionary. Slowing down to use spiritual tools is rarely intuitive.... especially in moments of crisis.	I had an experience with one adolescent male who through the connection of church youth group, was able to find a supportive community and mentorship. He continued to experience depression and anxiety, but felt that his spiritual community lessened the blow on the hard days.	-this is very rare in my experience - often distancing from religion, but maintaining faith has proved helpful for individuals whom react negatively towards parent encouraged religiousity	I have seen those who use spirituality as part of a larger wholistic coping strategy, as well as some who solely rely on spirituality. Those who use spirituality in conjuction with a variety of healthy strategies almost always result in much healthier trajectories. Solely relying

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
			This youth cited both his connection with God and the social dynamic of the group as being helpful.		on spiritually can sometimes be used as a form of escapism. This almost inevitibly ends up with an unhealthy weaponizing of their spirituality on those around them. However, as part of a larger strategy, spirituality can be a key component in helping adolescents healthily cope.
In your professional practice, which spiritual practices do adolescents use to cope?	prayer, findina a mentor	Breath prayers and the help of spiritual community.	Prayer, meditation, guided visualization. In my practice, adolescents seem to prefer watching YouTube videos of spiritual gurus/leaders/ pastors/teache rs to attending religious services. One youth stated that gratitude journalling was a spiritual practice. Yoga has also been cited as a helpful	Mindfulness/ meditation	prayer, scripture reading, worship, serving, mentoring/ discipleship

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
			spiritual practice by some.		
On a scale of one to ten (ten being extremely important and one being not important at all) how important is spirituality as a coping strategy for adolescent males with ACEs?	8	7	6	2	9
In general terms, is there anything you think professionals should know about the relationship of spirituality to ACEs?	Spirituality should be an awareness that professionals bring to every counselling encounter. However, ACEs are often accompanied by shame and guilt, and there are specific spiritual resource available for these.	The role of spiritual community is so important. Making sure that adolences have a safe place that reminds them of God's love is so important!	My professional opinion is that spirituality is especially important for children and teens who have experienced ACE's-- particularly healing for those clients who have struggled to find meaning and purpose in their life and who lack a coherent self-concept and identity.	Has been know to bolster resilience Expansion of support network to other people with similar beliefs/values	It can be extremely powerful if used correctly. However, it can provide unhealthy escapism if used incorrectly.
What ideas, themes, concepts, etc. do you look for to pick up on spirituality in your conversations with adolescent	I want to know about the family's spirituality and religious practices, about the client's level of participation	That God has made them in his image. He is a good father (in contrast to what they know) That they are not bound to the	Spiritual or faith-based connections are raised in conversations often. While we are mining for strengths and resources, a youth might	Existential conversations and meaning of life/life goals and expectations Coping strategies (ie. use of mindfulness/	I look for where they find their identity and motivation. Intellectual assent to a belief system isn't powerful enough on its

Question	Response (Part A)	Response (Part B)	Response (Part C)	Response (Part D)	Response (Part E)
males with ACEs?	and faith commitment These are specific questions that may get asked in intake. I'll also attend to "God language" that the client may use.	past or to repeat their family story - redemption.	mention that they went to church with their Grandma, or they attend mass at their high school. This can open up a conversation about what they draw from these experiences. Teens often go through an "existential crisis", especially teens struggling with depression. I find that through this crisis, we can engage in conversations about the meaning of life and spirituality.	meditation/journaling). Connecting with youth groups	own, instead sprituality should be used to help people practice introspection and contemplation . I look to see if their faith is only something they generally believe, or if it is something that actually affects/transforms their life.
Do you incorporate spirituality into your practice with adolescent males?	Yes	Yes	Yes	No	Yes
Which spiritual practices do you use in your work?	Prayer; journalling suggestions	Prayer. Scripture reading. Mentoring.	I should clarify that I work in an agency setting and only incorporate spirituality into our conversation when led by the teen to do		prayer, scripture reading, worship, serving, mentoring/ discipleship, contemplation /introspection

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
			so, or when the topic naturally arises and they wish to explore it.		
What elements of your training inform your assessment and actions?	Theological degree marriage and family therapy narrative therapy	Conversation. Prayer.	Themes from studying the integration of theology and psychology have been useful. Themes from studying meaning-making and resiliency have been useful.		I do have some generalized training on ACE's and how to interact with those who have experienced them. However, most of my training would have been hands-on rather than formal.
What do you think helping professionasls need to know about integrating spirituality in their work with adolescent males with ACEs?	Cultural intelligence - the ability to discern the client's spirituality characteristics		I think professionals need to know that teens will surprise you with how open they are to spirituality and finding a deeper sense of meaning. I don't think professionals should fear "going there" if the adolescent is indicating that this is important to them.		Spirituality can be powerful if used correctly. This isn't just an intellectual assent to a system of belief, but it needs to be something that they are open to letting spiritually have a greater impact in their lives.
Please tell me about your practice.	Psychotherapist	Youth Pastor	Psychotherapist	Psychotherapist	Youth Pastor
Please tell me about your					

Question	Response [Part. A]	[illegible]	Response [Part. C]	Response [Part. D]	Response [Part. E]
practice. [Other]					
In general terms, can you describe the nature of your work environment and its clientele? Please maintain confidentiality and do not provide information regarding specific individuals.	I'm a generalist; most of my clients are adults. I see many couples	A weekly youth meeting. The group is made up of grade 7-12 students. Most are from middle class families. Ethnically diverse.	I work in an agency setting with youth aged 6-17 years of age, and their families. I work in a Brief Therapy capacity and also provide Walk-In counselling.	Child mental health clinic	I worked in a country church. Many of the males I worked with are from families who have been in the area for generations. I worked with some who grew up in very spiritually-minded households, and some with whom I was their first interaction with the church or spirituality in general.
Age?	70-79	30-39	30-39	30-39	20-29
Age? [Other]					
Gender?	Male	Male	Female	Male	Male
Ethnicity? (Skip, if you prefer not to answer)	Caucasian		Caucasian and Middle Eastern		european caucasian
My spirituality is what really lies behind my whole approach to life.	Definitely true of me	Definitely true of me	Definitely true of me	Definitely not true	Definitely true of me
How often do you spend time in spiritual activities, such as prayer, meditation, or read scripture or an	Daily	Daily	Two or more times/week	Rarely or never	More than once a day

Question	Response (Part. A)	Response (Part. B)	Response (Part. C)	Response (Part. D)	Response (Part. E)
inspirational writer, etc.?					
How often do you attend church or other religious meetings?	Once a week	More than once a week	Once a week	Never	More than once a week

BIBLIOGRAPHY

Acosta, Milton. "From What Do We Need to Be Saved? Reflections on God's Justice and Material Salvation." In *So Great a Salvation: Soteriology in the Majority World*, edited by Gene L. Green et al., 93–115. Grand Rapids: Eerdmans, 2017.

Allender, Daniel B. *Healing the Wounded Heart: The Heartache of Sexual Abuse and the Hope of Transformation*. Grand Rapids: Baker, 2016.

Anda, Robert F., et al. "Abused Boys, Battered Mothers, and Male Involvement in Teen Pregnancy." *Pediatrics* 107 (2001) e19.

Anda, Robert F., et al. "Adverse Childhood Experiences, Alcoholic Parents, and Later Risks of Alcoholism and Depression." *Psychiatric Services* 53 (2002) 1001–9.

Anda, Robert F., et al. "Adverse Childhood Experiences and Smoking during Adolescence and Adulthood." *Journal of the American Medical Association* 282 (1999) 1652–58.

Anda, Robert F., et al. "Adverse Childhood Experiences and Risk of Paternity in Teen Pregnancy." *Obstetrics Gynecology* 100 (2002) 37–45.

Anderson, Ray S. *Spiritual Caregiving as Secular Sacrament: A Practical Theology for Professional Caregivers*. London/Philadelphia: Jessica Kingsley, 2003.

———. *Christians Who Counsel: The Vocation of Wholistic Therapy*. Eugene, OR: Wipf & Stock, 1990.

———. *Self-Care: A Theology of Personal Empowerment and Spiritual Healing*. Wheaton, IL: BridgePoint, 1995.

Arczynski, Alexis V., et al. "Cultivating a Spiritually Integrative Psychotherapy Approach with Youth: An Exploratory Qualitative Study." *Spirituality in Clinical Practice* 3 (2016) 196–207.

Augsberger, David. *Pastoral Counseling Across Cultures*. Philadelphia: Westminster, 1986.

Augustine, Saint. *A Treatise on Nature and Grace*. Edited by Philip Schaff. 1887. Kindle edition.

Balswick, Jack O., et al. *The Reciprocating Self*. 2nd ed. Downers Grove, IL: IVP Academic, 2016.

Barahmand, Usha, et al. "Emotion Dysregulation Mediates Between Childhood Emotional Abuse and Motives for Substance Abuse." *Archives of Psychiatric Nursing* 30 (2016) 653–59.

Benavides, Linda E. "Spiritual Journey from Childhood to Adolescence: Pathways to Strength and Healing." *Journal of Religion & Spirituality in Social Work* 33 (2014) 201–17.

Benner, David G. *Care of Souls: Revisioning Christian Nurture and Counsel*. Grand Rapids: Baker, 1998.

———. *Spirituality and the Awakening Self: The Sacred Journey of Transformation*. Grand Rapids: Brazos, 2012.

Bielas, Hannes, et al. "The Associations of Cumulative Adverse Childhood Experiences and Irritability with Mental Disorders in Detained Male Adolescent Offenders." *Child and Adolescent Psychiatric Mental Health* 10 (2016) 1–10.

Blow, Adrian J., et al., "Who Delivers the Treatment More Important than the Treatment Itself? The Role of the Therapist in Common Factors." *Journal of Marriage & Family Therapy* 33 (2017) 298–317.

Boyatzis, Chris J., et al., "The Family as Context for Religious and Spiritual Development." In *The Handbook of Spiritual Development in Childhood and Adolescence*, edited by Roehlkepartain, Eugene C. et al., 297–309. Thousand Oaks, CA: SAGE, 2006.

Boyatzis, Richard E. *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks, CA: Sage, 1998.

Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2006) 77–101.

Brewer-Smyth, Kathleen, and Harold G. Koenig. "Could Spirituality and Religion Promote Stress Resilience in Survivors of Childhood Trauma?" *Issues in Mental Health Nursing* 35 (2014) 251–56.

———. "Research on Religion, Spirituality, Resilience, and Mental Health: A Review." *Canadian Journal of Psychiatry* 54 (2009) 283–91.

Brown, David W., et al. "Adverse Childhood Experiences and the Risk of Premature Mortality." *American Journal of Preventative Medicine* 37 (2009) 389–96.

Brown, Robin S. "Spirituality and the Challenge of Clinical Pluralism: Participatory Thinking in Psychotherapeutic Context." *Spirituality in Clinical Practice* 3 (2016) 187–95.

Buser, Juleen, et al. "Thematic Analysis of the Intersection of Spirituality and Eating Disorder Symptoms." *Journal of Addictions & Offender Counselling* 35 (2014) 97–113.

Büssing, Arndt, et al. "Aspects of Spirituality in Adolescents." *International Journal of Children's Spirituality* 15 (2010) 25–44.

Centers for Disease Control and Prevention, "About the CDC-Kaiser ACE Study," [April 2, 2019], https://www.cdc.gov/violenceprevention/acestudy/about.html

———. "The ACE Pyramid," [n.d.], https://www.cdc.gov/violenceprevention/acestudy/about.html

Capps, Donald. *Men and their Religion: Honor, Hope and Humor*. Harrisburg, PA: Trinity, 2002.

———. *Striking Out: The Religious Journey of Teenage Boys*. Eugene, OR: Cascade, 2011.

———. *Jesus the Village Psychiatrist*. Louisville: Westminster John Knox, 2008.

Chapman, Daniel P., et al. "Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood." *Journal of Affective Disorders* 82 (2004) 217–25.

Chrysostom, John. *The Complete Works of St. John Chrysostom–36 Books*. Kindle Edition.

Clarkson Freeman, Pamela A. "Prevalence and Relationship between Adverse Childhood Experiences and Child Behavior among Young Children." *Infant Mental Health Journal* 35 (2014) 544–54.

Clinebell, Howard. *Basic Types of Pastoral Care and Counselling: Resources for the Ministry of Healing and Growth*. Nashville: Abingdon, 2011.

Coe, John H., and Todd W. Hall. *Psychology in the Spirit: Contours of a Transformational Psychology*. Christian Worldview Integration Series. Downers Grove, IL: IVP Academic, 2010.

Cohen, Judith A., et al. "Trauma Focused CBT for Children with Co-Occurring Trauma and Behaviour Problems." *Child Abuse & Neglect* 34 (2010) 215–24.

College of Registered Psychotherapists of Ontario. "Definitions," [n.d.], https://www.crpo.ca/definitions/.

Connor, Kathryn, et al. "Spirituality, Resilience, and Anger in Survivors of Violent Trauma: A Community Survey." *Journal of Traumatic Stress* 16 (2003) 487–94.

Coyle, Suzanne. *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry*. Minneapolis, MN: Fortress, 2014.

Crandall, AliceAnn, et al. "ACES and Counter-ACEs: How Positive and Negative Childhood Experiences Influence Adult Health." *Child Abuse & Neglect* 96 (2019) 1–9.

Davies, Robertson. *Fifth Business*. Modern Classics. 1970. Reprint. Toronto: Penguin, 2005.

de Castella, Rosemary, and Janette Graetz Simmonds. "There's a Deeper Level of Meaning as to What Suffering's all About:" Experiences of Religious and Spiritual Growth Following Trauma." *Mental Health, Religion & Culture* 16 (2013) 536–56.

de la Rocha, Zack. *Settle for Nothing*. Los Angeles: Epic Records, 1992.

Dollahite, David C., and Jennifer Y. Thatcher. "Talking about Religion: How Highly Religious Youth and Parents Discuss their Faith." *Journal of Adolescent Research* 23 (2008) 611–41.

Dube, Shanta R., et al. "Adverse Childhood Experiences and Personal Alcohol Abuse as an Adult." *Addictive Behaviors* 27 (2002) 713–25.

Dube, Shanta R., et al. "Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study." *Pediatrics* 111 (2003) 564–72.

Dube, Shanta R., et al "Exposure to Abuse, Neglect, and Household Dysfunction among Adults who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services." *Violence and Victims* 17 (2002) 3–17.

Dube, Shanta R., et al. "Growing Up with Parental Alcohol Abuse: Exposure to Childhood Abuse, Neglect, and Household Dysfunction." *Child Abuse and Neglect* 25 (2001) 1627–40.

Dykstra, Robert C., et al. *Losers, Loners and Rebels: The Spiritual Struggle of Boys*. Louisville: Westminster John Knox, 2007.

Edwards, Valerie J., et al. "Relationship between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results from the Adverse Childhood Experiences Study." *American Journal of Psychiatry* 160 (2003) 1453–60.

Elliott, Matthew A. *Faithful Feelings: Rethinking Emotion in the New Testament*. Grand Rapids: Kregel Academic, 2006.

Engebretson, Kath. "Expressions of Religiosity and Spirituality among Australian 14 Year Olds." *International Journal of Children's Spirituality* 7 (2002) 57–72.

Engel, George L. "The Need for a New Medical Model: A Challenge for Biomedicine." *Science* 196 (1977) 129–36.

Espeleta, Hannah C., et al. "Childhood Adversity and Adult Health-Risk Behaviours: Examining the Roles of Emotional Dysregulation and Urgency." *Child Abuse & Neglect* 82 (2018) 92–101.

Fine, Sara F., and Paul H. Glasser. *The First Helping Interview: Engaging the Client and Building Trust*. Sage Human Services Guide. Thousand Oaks, CA: SAGE, 1996.

Felitti, Vincent J. "Adverse Childhood Experiences and Adult Health." *Academic Pediatrics* 9 (2009) 131–32.

Felitti, Vincent J., et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study." *American Journal of Preventative Medicine* 14 (1998) 245–58.

Finkelhor David, et al. "Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update." *JAMA Pediatrics* 167 (2013) 614–21.

Ford, Earl S., et al. "Adverse Childhood Experiences and Smoking Status in Five States." *Preventative Medicine* 53 (2011) 188–93.

Gall, Terry-Lynn, et al. "Spirituality and Religiousness: A Diversity of Definitions." *Journal of Spirituality and Mental Health* 13 (2011) 158–81.

Garbarino, James. *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them*. New York: Anchor, 1999.

Gerson, Ruth, and Nancy Rappaport. "Traumatic Stress and Posttraumatic Stress Disorder in Youth: Recent Research Findings on Clinical Impact, Assessment, and Treatment." *Journal of Adolescent Health* 52 (2013) 137–43.

Gonçalves, Juliane P. B., et al. "Religious and Spiritual Interventions in Mental Health Care: A Systematic Review and Meta-Analysis of Randomized Controlled Clinical Trials." *Psychological Medicine* 45 (2015) 2937–49.

Graf, Eva-Maria, et al., eds. "Discourses of Helping Professions," In *Discourses of Helping Professions*, edited by Eva-Maria Graf et al., 1–12. Amsterdam: Benjamins, 2014.

Grossman, Frances K., et al. "A Gale Force Wind: Meaning Making by Male Survivors of Childhood Sexual Abuse." *American Journal of Orthopsychiatry* 76 (2006) 434–43.

Hango, Darcy. "Childhood Physical Abuse: Differences by Birth Cohort." *Insights on Canadian Society* (2017) 1–20.

Hathaway, William L. "Ethics Religious Issues, and Clinical Child Psychology," In *Spiritual Interventions in Child and Adolescent Psychotherapy*, edited by Donald F. Walker and William L. Hathaway, 17–39. Washington, D.C.: American Psychological Association, 2013.

Hathaway, William L., and Joshua Childers. "Assessment of Religious and Spiritual Issues in Clinical Child Psychology," In *Spiritual Interventions in Child and Adolescent Psychotherapy*, edited by Donald F. Walker and William L. Hathaway, 41–64. Washington, D.C.: American Psychological Association, 2013.

Hauerwas, Stanley. *Naming the Silences: God, Medicine, and the Problem of Suffering*. Grand Rapids: Eerdmans, 1990.

Hawkins, R. S., et al. "Secular versus Christian Inpatient Cognitive-Behavioural Therapy Programs: Impact on Depression and Spiritual Well-Being." *Journal of Psychology and Theology* 27 (1999) 309–18.

Hay, David, and Rebecca Nye. *The Spirit of the Child*. Revised Edition. Philadelphia: Jessica Kingsley, 2006.

Herman, Judith. *Trauma and Recovery: The Aftermath of Violence–from Domestic Violence to Political Terror*. New York: Basic, 1997.

Hess, Cynthia. *Sites of Violence, Sites of Grace: Christian Nonviolence and the Traumatized Self*. Lanham, MD: Lexington, 2009.

Hiebler-Ragger, Michaela, et al. "Facets of Spirituality Diminish the Positive Relationship between Insecure Attachment and Mood Pathology in Young Adults." *PLoS ONE* 11 (2016) 1–9.

Hodge, David. "Spiritually Modified Cognitive Therapy: A Review of the Literature." *Social Work* 51 (2006) 157–66.

Howell, Kathryn H., et al. "Developmental Variations in the Impact of Intimate Partner Violence Exposure during Childhood." *Journal of Injury and Violence Research* 8 (2016) 43–57.

Jensen, Frances E., with Amy Ellis Nutt. *The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults*. New York: Harper, 2015.

Johnson, Eric L. *Foundations for Soul Care: A Christian Psychology Proposal*. Downers Grove, IL: IVP Academic, 2007.

———. *God and Soul Care: The Therapeutic Resources of the Christian Faith*. Downers Grove, IL: IVP Academic, 2017.

Johnson, Carl N., and Chris J. Boyatzis. "Cognitive-Cultural Foundations of Spiritual Development," In *The Handbook of Spiritual Development in Childhood and Adolescence*, edited by Eugene Roehlkepartain, et al., 211–23. Thousand Oaks, CA: SAGE, 2005.

Joiner, Valerie C., and Frederick P. Buttell. "Investigating the Usefulness of Trauma-Focused Cognitive Behavioural Therapy in Adolescent Residential Care." *Journal of Evidence-Informed Social Work* 15 (2018) 457–72.

Jun, Hee-Jin, et al. "Growing Up in a Domestic Violence Environment: Relationship with Developmental Trajectories of Body Mass Index during Adolescence into Young Adulthood." *Journal Epidemiological Community Health* 66 (2012) 629–35.

Kalmakis, Karen A., and Genevieve E. Chandler. "Adverse Childhood Experiences: Towards a Clear Conceptual Meaning." *Journal of Advanced Nursing* 70 (2014) 1489–501.

Katz, Lynn, et al. "Domestic Violence, Emotional Competence, and Child Adjustment." *Social Development* 16 (2007) 513–38.

Kendall-Tackett, Kathleen. "The Health-Effects of Childhood Abuse: Four Pathways by which Abuse Can Influence Health." *Child Abuse & Neglect* 26 (2002) 715–29.

Kindlon, Dan, and Michael Thompson. *Raising Cain: Protecting the Emotional Life of Boys*. New York: Ballantine, 2000.

Knox, Sarah, et al. "Addressing Religion and Spirituality in Psychotherapy: Clients' Perspectives." *Psychotherapy Research* 15 (2005) 287–303.

Kollar, Charles. *Solution-Focused Pastoral Counselling: An Effective Short-term Approach for Getting People Back on Track.* Grand Rapids: Zondervan, 2011.

Kráčmarová, Lucie Klužová, et al. "Everybody to Believe in Something: Spiritual Beliefs of Non-Religious Czech Adolescents." *Psychology of Religion and Spirituality* 11 (2019) 65–73.

Kroeger, Catherine Clark, and Nancy Nason-Clark. *No Place for Abuse: Biblical and Practical Resources to counteract Domestic Violence.* 2nd ed. Downers Grove, IL: IVP Academic, 2010.

Krok, Dariusz. "Religiousness, Spirituality, and Coping with Stress among Late Adolescents." *Journal of Adolescence* 45 (2015) 196–203.

Kvarfordt, Connie L. "Spiritual Abuse and Neglect of Youth: Reconceptualizing What Is Known Through an Investigation of Practitioners' Experiences." *Journal of Religion and Spirituality in Social Work: Social Thought* 29 (2010) 143–64.

———. "The Role of Religion and Spirituality in Working with Children and Adolescents." *Journal of Religion and Spirituality in Social Work: Social Thought* 26 (2007) 1–23.

———. "Religion and Spirituality in Social Work Curriculum: A Survey of Canadian Educators." *The British Journal of Social Work* 48 (2017) 1469–87.

Langberg, Diane. "Sexually Abused," In *The Long Journey Home: Understanding and Ministering to the Sexually Abused,* edited by Andrew Schmutzer, 224–34. Eugene, OR: Resource, 2011.

Lartey, Emmanuel Y. *In Living Color: An Intercultural Approach to Pastoral Care and Counseling.* 2nd ed. London/Philadelphia: Jessica Kingsley, 2003.

Lawson, Ronald, et al. "The Long-Term Impact of Child Abuse on Religious Behavior and Spirituality in Men." *Child Abuse & Neglect* 22 (1998) 369–80.

Lester, Andrew D. *Pastoral Care with Children in Crisis.* Philadelphia: Westminster, 1985.

———. *Hope in Pastoral Care and Counseling.* Louisville: Westminster John Knox, 1995.

———. *The Angry Christian: A Theology for Care and Counseling.* Louisville, KY: Westminster John Knox Press, 2003.

Lundy, Marta, and Susan Grossman, "The Mental Health and Services Needs of Young Children Exposed to Domestic Violence: Supportive Data." *Family Social* 86 (2005) 17–29.

Martin, Grant L. *Counseling for Family Violence and Abuse*, edited by Gary R. Collins. 8 vols. Resources for Christian Counseling. Waco: Word, 1987.

McBride, J. LeBron. *Spiritual Crisis: Surviving Trauma to the Soul*. New York: Haworth Pastoral, 1998.

McCarthy, Marie. "Spirituality in a Postmodern Era," In *The Blackwell Reader in Pastoral and Practical Theology*, edited by James Woodward and Stephen Pattison, 192–206. Oxford: Blackwell, 2000.

McGrath, Alistair E. *Christian Theology: An Introduction*. 5th ed. Oxford: Wiley-Blackwell, 2011.

McLeod, J. *Qualitative Research in Counseling and Psychotherapy*. London: SAGE, 2001.

McMinn, Mark R. *Sin and Grace in Christian Counseling: An Integrative Paradigm*. Downers Grove, IL: IVP Academic, 2008.

Meltzer, Howard, et al. "The Mental Health of Children Who Witness Domestic Violence." *Child & Family Social Work* 14 (2009) 491–501.

Merton, Thomas. *New Seeds of Contemplation*. 1961. Reprint, New York: New Directions, 2007.

———. *The New Man*.1961. Reprint, New York: Farrar, Strauss & Giroux, 1986.

Miles, Al. *Domestic Violence: What Every Pastor Needs to Know*. Minneapolis: Fortress, 2000.

Miller, Lisa. "Spiritual Awareness Psychotherapy with Children and Adolescents." In *Spiritual Interventions in Child and Adolescent Psychotherapy*, edited by Donald F. Walker and William L. Hathaway, 137–53. Washington, DC: APA, 2013.

Miller, William R. "Diversity Training in Spiritual and Religious Issues," In *Integrating Spirituality into Treatment: Resources for Practitioners*, edited by William R. Miller, 253–63. Washington, DC: APA, 1999.

Miller-Graf, Laura E., et al. "Direct and Indirect Effects of Maltreatment and Social Support on Children's Social Competence Across Reporters." *Child Psychiatry Human Development* 48 (2016) 1–3.

Moffitt, Terrie E. "Childhood Exposure to Violence and Lifelong Health: Clinical Intervention Science and Stress-Biology Research Join Forces." *Development and Psychopathology* 25 (2013) 1619–34.

Morgan, Alice. *What is Narrative Therapy? An Easy-to-Read Introduction*. Adelaide, South Australia: Dulwich Centre, 2000.

Morningstar, Betty I. "Stories that Transform: Narrative Approaches to Spiritually Oriented Clinical Practice." *Smith College Studies in Social Work* 80 (2010) 286–303.

Moore, Kelsey, et al. "Definitional Ceremonies: Narrative Practices for Psychologists to Inform Interdisciplinary Teams' Understanding of Children's Spirituality in Pediatric Settings." *Journal of Health Psychology* 20 (2015) 259–72.

Mthembu, Thuli Godfrey, et al. "Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African Context." *Journal of Spirituality in Mental Health* 19 (2017) 61–79.

Mutter, Kelvin. "Rituals of Engagement and Disclosure: The Assessment of Male Batterers in Clinical and Pastoral Perspective." MTh thesis, Wilfred Laurier University, 1995.

Murphy, Jennifer L., et al. "Cognitive Behavioral Therapy for Chronic Pain among Veterans: Therapist Manual." Washington, DC: Department of Veterans Affairs, [n.d.].

Nouwen, Henri. *Reaching Out: The Three Movements of the Spiritual Life*. 1975. Reprint, New York: Image Books, 1986.

Nouwen, Henri, et al. *Compassion: A Reflection on the Christian Life*. New York: Image Book/Doubleday, 2005.

Oxhandler, Holly, et al., "Integration of Clients' Religion and Spirituality in Social Work Practice: A National Survey." *Social Work* 60 (2015) 228–37.

Page, Chloe E., and Laurence Coutellier. "Adolescent Stress Disrupts the Maturation of Anxiety-Related Behaviors and Alters the Developmental Trajectory of the Prefrontal Cortex in a Sex- and Age-Specific Manner." *Neuroscience* 390 (2018) 265–77.

Pandya, Samta P. "Adolescents, Well-being and Spirituality: Insights from a Spiritual Program." *International Journal of Children's Spirituality* 20 (2015) 29–49.

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York/London: Guilford Press, 2007.

Patterson, JoEllen, et al. *Essential Skills in Family Therapy: From First Interview to Termination*. 2nd ed. New York/London: Guilford, 2009.

Patton, John. *Pastoral Care in Context: An Introduction to Pastoral Care*. Louisville: Westminster/John Knox, 1993.

Pedersen, Paul B., and Allen Ivey. *Culture-Centred Counseling and Interviewing Skills: A Practical Guide*. Westport, CT: Praeger, 1993.

Perry, Bruce D., and Maia Szalavitz. *The Boy who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook*. 2006. Reprint, New York: Basic, 2017.

Plumb, Alison. "Spirituality and Counselling: Are Counsellors Prepared to Integrate Religion and Spirituality into Therapeutic Work with Clients?" *Canadian Journal of Counselling and Psychotherapy* 45 (2011) 1–16.

Pollack, William B. *Real Boys: Rescuing Our Sons from the Myths of Boyhood*. New York: Owl, 1998.

Poole, Julia C., et al., "Do Adverse Childhood Experiences Predict Adult Interpersonal Difficulties? The Role of Emotion Dysregulation." *Child Abuse & Neglect* 80 (2018) 123–33.

———. "Anxiety among Adults with a History of Childhood Adversity: Psychological Resilience Moderates the Indirect Effect of Emotion Dysregulation." *Journal of Affective Disorders* 217 (2017) 144–52.

Ports, Katie A., et al. "Adverse Childhood Experiences and Sexual Victimization in Adulthood." *Child Abuse & Neglect* 51 (2016) 313–22.

Post, Brian C., and Nathaniel G. Wade. "Religion and Spirituality: A Practice-Friendly Approach." *Journal of Clinical Psychology* 65 (2009) 131–46.

Raftopoulos, Mary, and Glen Bates. "'It's that Knowing that You are Not Alone': The Role of Spirituality in Adolescent Resilience." *International Journal of Children's Spirituality* 16 (2011) 151–67.

Roehlkepartian, Eugene, et al., "Spiritual Development," In *The Handbook of Spiritual Development in Childhood and Adolescence*, edited by Eugene Roehlkepartain, et al., 1–15. Thousand Oaks, CA: SAGE, 2005.

Roberts, Robert C. *Spiritual Emotions: A Psychology of Christian Virtues*. Grand Rapids: Eerdmans, 2007.

Rogers, Carl R. "The Necessary and Sufficient Conditions of Therapeutic Personality Change." *Journal of Consulting Psychology* 21 (1957/1992) 95–103. In *Skills for Effective Counseling: A Faith-Based Integration*, by Elisabeth Sbanotto, et al. Downers Grove, IL.: IVP Academic, 2016.

Root, Andrew. *Revisiting Relational Youth Ministry: From a Strategy of Influence to a Theology of Incarnation*. Downers Grove, IL: InterVarsity, 2007.

———. *The Relational Pastor: Sharing in Christ by Sharing Ourselves*. Downers Grove, IL: InterVarsity, 2013. Kindle Edition.

Rose, Elizabeth, et al. "Spiritual Issues in Counselling: Clients' Beliefs and Practices." *Journal of Counselling Psychology* 28 (2001) 61–71.

Rothon, Catherine, et al. "Family Social Support, community "Social Capital" and Adolescents' Mental Health and Educational Outcomes: A Longitudinal Study in England." *Social Psychiatry Psychiatric Epidemiology* 47 (2012) 697–709.

Rowatt, G. Wade, Jr. *Adolescents in Crisis: A Guide for Parents, Teachers, Ministers and Counselors*. Louisville: Westminster John Knox, 2001.

Sachs-Ericsson, Natalie J., et al. "When Emotional Pain Becomes Physical: Adverse Childhood Experiences, Pain, and the Role of Mood and Anxiety Disorders." *Journal of Clinical Psychology* 73 (2017) 1403–28.

Santoro, Anthony F., et al. "Adverse Childhood Experiences and Religiosity/Spirituality in Emerging Adolescents in India." *Psychology of Religion and Spirituality* 8 (2016) 185–94.

Sareen, Jitender, et al. "Adverse Childhood Experiences in Relation to Mood and Anxiety Disorders in a Population-Based Sample of Active Military Personnel." *Psychological Medicine* 43 (2013) 73–84.

Sbanotto, Elisabeth, et al. *Skills for Effective Counseling: A Faith-Based Integration*. Downers Grove, IL: IVP Academic, 2016.

Shaw, Rhonda, et al. "Religion and Spirituality: A Qualitative Study of Older Adults." *Ageing International* 41 (2016) 311–30.

Shin, Sunny H., et al. "Profiles of Adverse Childhood Experiences and Impulsivity." *Child Abuse & Neglect* 85 (2018) 118–26.

Shujah, Atif. "A Workshop to Improve Experienced Therapists' Capacity to Integrate a Client's Cultural and Spiritual Identity." PhD diss., University of Regina, 2013.

Simon, Joan, et al. "Understanding and Fostering Family Resilience." *The Family Journal* 13 (2005) 427–36.

Sluiter, Ineke, and Ralph Rosen, eds. *Free Speech in Classical Antiquity*. Leiden, The Netherlands: Brill, 2017.

Smith, Jonathan, and Mike Osborn. "Interpretative Phenomenological Analysis." In *Qualitative Psychology*, 2nd ed., edited by Jonathan Smith, 53–80. London: SAGE, 2008.

Smith, Stacy. "Exploring the Interaction of Trauma and Spirituality." *Traumatology* 10 (2004) 231–43.

Smith, Timothy, et al., "Outcomes of Religious and Spiritual Adaptations to Psychotherapy: A Meta-Analytic Review." *Psychotherapy Research* 17 (2007) 643–55.

Soleimanpour, Samira, et al., "Adverse Childhood Experiences and Resilience: Addressing the Unique Needs of Adolescents." *Academic Pediatrics* 17 (2017) S108–S114. *In* Moore and Ramirez, "Adverse Childhood Experience and Adolescent Well-Being: Do Protective Factors Matter?" *Child Indicators Research* 9 (2016) 299–316.

Souza, Katherine Z. "Spirituality in Counseling: What Do Counseling Students Think about it?" *Counseling & Values* 46 (2002) 213–17.

Stegman, R. Scott, et al. "Evidence-Based Relationship and Therapist Factors in Christian Counseling and Psychotherapy." In *Evidence-Based Practices for Christian Counseling and Psychotherapy*, edited by Everett Worthington Jr., et al., 25–39. Downers Grove, IL: Inter Varsity Press, 2013.

Steinberg, Laurence, and Richard M. Lerner. "The Scientific Study of Adolescence: A Brief History." *Journal of Early Adolescence* 24 (2004) 45–54.

Straus, Martha B. *Violence in the Lives of Adolescents*. New York: W.W. Norton, 1994.

Survivor, A. *ACEs in the Shadows: Understanding Adverse Childhood Experiences*. Clickaread, 2018. Kindle edition.

Sweeney, Daniel S., and Madeline Lowen, "A Developmentally Appropriate Treatment Approach for Traumatized Children and Adolescents," In *Treating Trauma in Christian Counseling*, edited by Heather Gingrich and Fred Gingrich, 99–118. Downers Grove, IL: InterVarsity, 2017.

Swinton, John, and Harriet Mowat. *Practical Theology and Qualitative Research*. 2nd ed. London: SCM, 2016.

Swinton, John. *Dementia: Living in the Memories of God.* Grand Rapids: Eerdmans, 2012.

———. *Raging with Compassion: Pastoral Responses to the Problem of Evil.* Grand Rapids: Eerdmans, 2007.

Talbert, Charles H, ed. *Matthew*. Paideia Commentaries on the New Testament. Grand Rapids: Baker Academic, 2010.

Templeton, Janice L., and Jaquelynne S. Eccles. "The Relation between Spiritual Development and Identity Processes." *In* Roehlkepartain, Eugene, et al., eds. *The Handbook of Spiritual Development in Childhood and Adolescence*, 252–65. Thousand Oaks, CA: Sage, 2006.

Thomas, Michelle L. "The Contributing Factors of Change in a Therapeutic Process." *Contemporary Family Therapy* 28 (2006) 201–10.

Toews, John, and Eleanor Louwen. *No Longer Alone: Mental Health and the Church.* Waterloo, ON: Herald, 1995.

Tracy, Steven R. *Mending the Soul: Understanding and Healing Abuse*. Grand Rapids: Zondervan, 2005.

Trocmé, Nico, et al., "Canadian Incidence Study," *In* Phillip Baiden et al., "The Role of Adverse Childhood Experiences as Determinants of Non-Suicidal Self-Injury among Children and Adolescents Referred to Community and Inpatient Mental Health Settings." *Child Abuse & Neglect* 69 (2017) 163–76.

Truscott, Derek, and Kenneth H. Crook. *Ethics for the Practice of Psychology in Canada.* Revised. Edmonton: University of Alberta, 2013.

Uwland-Sikkema, Nicoline F., et al. "How is Spirituality Part of People's Meaning System?" *Psychology of Religion and Spirituality* 10 (2018) 157–65.

Walker, Donald F., et al. "Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behaviour Therapy for Children and Adolescents." *Professional Psychology: Research and Practice* 41 (2010) 174–80.

Walker, Donald F., et al. "Christian Accommodative Trauma-Focused Cognitive Behavioural Therapy for Children and Adolescents," In *Evidence-Based Practices for Christian Counseling and Psychotherapy*, 101–21. Downers Grove, IL: Inter Varsity Press, 2013.

Wedig, Michelle, and Matthew Nock. "Parental Expressed Emotion and Adolescent Self-Injury." *Journal of The American Academy of Child & Adolescent Psychiatry* 46 (2007) 1171–78.

Williams, D.H., ed. *Matthew: Interpreted by Early Christian Commentators*. The Church's Bible. Translated by D.H. Williams. Grand Rapids: Eerdmans, 2018.

Williamson, David F., et al. "Body Weight and Obesity in Adults and Self-Reported Abuse in Childhood." *Journal of Obesity Related Metabolic Disorders* 26 (2002) 1075–82.

Wolf, Shannon. "Sex Trafficking: A Counseling Perspective." In *Treating Trauma in Christian Counseling*, edited by Heather Gingrich and Fred C. Gingrich. Downers Grove, IL: IVP Academic, 2017.

Wong, Y. Joel, et al. "A Systematic Review of Recent Research on Adolescent Religiosity/Spirituality and Mental Health." *Issues in Mental Health Nursing* 27 (2006) 161–83.

Zylla, Phil C. *The Roots of Sorrow: A Pastoral Theology of Suffering*. Waco: Baylor University Press, 2012.