

The Priorities and Challenges of Faith-Based Disaster Chaplaincy: An Australian Perspective

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1. Introduction

A review of the literature on ministry during crises and disasters reveals that chaplains contribute to the provision of frontline trauma care as crisis interventionists in the response phase of a disaster and by addressing physical, emotional, organisational, and existential needs in the recovery phase of a disaster. Indeed, for some trauma-affected people, chaplains are their first choice for support. The literature also identifies a number of the obstacles that must be overcome to enable effective chaplaincy to occur. For the purposes of this discussion, a chaplain is a faith-based practitioner embedded within a community and tasked with the provision of emotional, pastoral, and spiritual support. This includes parish clergy as they act as chaplains to their local community. A community is not limited to a geographical entity but may also refer to an organisation or an institution, secular or religious. My direct chaplaincy experience is with emergency service organisations and with communities impacted by bushfires and flooding.

2. An intentional choice for support

Chaplains often do find themselves on the front line when it comes to responding to the needs of trauma affected people. “Subsequent to a community traumatic event, some individuals will seek support directly from ministers, pastors, chaplains, even pastoral counselors, and other spiritual leaders” (Everly, 2000, p. 140).

At the same time that most Americans turn to their faith to cope with trauma (Schuster et al., 2001; Weinrich et al., 1990), they are also turning to the clergy to help them do so. In this way, the clergy are perhaps the first traumatologists. Indeed, chaplains have been part of armies, police and other uniformed services for centuries. Members of the faith community have a long history of helping in times of grief, crisis, and trauma (Weaver et al., 2003, p. 217).

The National Institute of Mental Health (NIMH) in the United States found that clergy members were as likely as mental health specialists to have a severely mentally distressed person see them for assistance (Darling, Hill & McWey, 2004, p. 262). A University of Michigan study reported that “individuals who experienced a crisis involving the death of someone close to them were almost

five times more likely to seek aid from the clergy than from mental health professionals” (Koenig, 2006, p. 44).

A survey of New York residents following the September 11 terrorist attacks found that 59% preferred to receive support from clergy or a religious counsellor, as against 45% for a physician and 40% from a mental health professional (Massey & Sutton, 2007, p. 944). A study by Stewart and Gales found that, even in a non-trauma context, 66% of those seeking a psychotherapist preferred one with spiritual values and 81% wanted one who would enable them to integrate their values and beliefs into the counseling process (Adams, 1995, p. 206). Koenig wrote, “A national poll conducted a few weeks following the attack showed that Americans were more likely to seek help from a spiritual caregiver than from a physician or mental health professional” (Koenig, 2006, p. 51). The reasons given for seeking help from a chaplain are fourfold: ease of access, the provision of services at low or no cost, pastors are regarded as “trusted referral channels and triage agents, and the need for a spiritual perspective on their experience (Pruyser, 1976, pp. 44-45).

Expanding on the fourth of these, the choice to seek help from a faith-based practitioner is “a purposive selectivity on the client’s own initiative. They want their problems sized up and tackled within a definite frame of reference” (Pruyser, 1976, pp. 46-47). This is a significant factor in the choice of a caregiver, especially if the spiritual caregiver can also address non-spiritual needs. Indeed, many of the roles filled by chaplains in times of crisis are not inherently spiritual or even the exclusive preserve of the clergy. They become spiritual through “role attribution.” That is, the non-spiritual interventions offered by chaplains are deemed to be spiritual care because they are offered by someone who has been attributed with the spiritual care role (Feldbush, 2007, p. 942).

Hans Mol’s “sacralization of identity” paradigm is helpful for understanding this process. From a sociological perspective, Mol described a dialectic of secular and sacred. Secularization is the process by which people and their culture are “removed from the domination of religious institutions and symbols.” Sacralization, conversely, is the process of “setting apart, reserving, dedicating, consecrating and/or instituting something or someone, as especially acceptable to, and coming under the auspices of a religious organization/spiritual movement, deity or deistic principles.” The former is an analytical process, the latter is a synthesizing process, and the two are “jostling systems,” with each necessary for survival, adaption and fulfillment. Secularization requires sacralization to curb its destructive potential. Sacralization requires secularization to bring about the changes necessary for survival (Carey, Davoren & Cohen, 2009, pp. 4-5).

Mol theorised that all individuals, groups and societies have a need for identity,

that is, “a stable niche in a predictable environment” (Long, 1977, p. 420). Identity is challenged by the process of secularisation, which leads to disorder and instability. As a defensive response, people sacralize identity, reinforcing the boundaries of identity through objectification, ritual, myth, and commitment. These mechanisms provide order, stability, and continuity in times of crisis (Carey, Davoren & Cohen, 2009, pp. 5-6). As an individual experiences the disorder and instability created by a disaster situation, they crave the spiritual, embodied in the chaplain, to meet their need for predictability, stability, and continuity.

3. Five roles filled by chaplains in the emergency response

Some general observations can be made about the roles filled by chaplains and local clergy from a review of emergency responses to major disasters.

a. Crisis intervention

In the response phase of a disaster, chaplains and clergy function as crisis interventionists by providing psychological first aid and pastoral crisis intervention. Psychological first aid is a simple, practical, evidence-informed approach “aimed at reducing initial post-trauma distress and supporting short- and long-term adaptive functioning” (Ruzek et al., 2007, p. 18). Pastoral crisis intervention aims to “value add” to non-pastoral crisis intervention by incorporating “mechanisms of action, or agents of change, [that] appear to be unique to the pastoral perspective” (Everly, 2000, pp. 70-71). It achieves this through “the functional integration of any and all religious, spiritual, faith-based, and pastoral resources with the assessment and intervention technologies germane to the practice of crisis intervention and disaster mental health” (Everly, 2007, p.15).

A report on the overall emergency response to the 1995 Oklahoma City bombings stated, “Clergy are an important component to the process. Include clergy in your plan to deal with family members not only to identify victims, but also [to] stay with the families while they are trying to locate loved ones” (Koenig, 2006, p. 51). In the aftermath of the 2001 World Trade Centre attack, clergy were amongst the first on scene. Eventually 250 clergy from a range of denominations were involved in the response.

They prayed with rescue workers, performed last rites over bodies, searched for victims, held prayer vigils, and supported victims’ relatives in family assistance centres throughout the affected parts of the city. A national poll conducted a few weeks following the attack showed that Americans were more likely to seek help from a spiritual caregiver than from a physician or mental health professional (Koenig, 2006, p. 51).

Koenig concluded that the role of ministers in disaster situations is to provide pastoral care that addresses the significant psychological as well as spiritual issues. Clergy have “tremendous potential in responding to disasters at the local level” (Koenig, 2006, p. 52).

The role of clergy is perhaps more significant during the recovery phase of a disaster, when other agencies and sources of support are being stood down or withdrawn. During the recovery phase, faith-practitioners have an opportunity to walk alongside disaster victims as they go through the very difficult process of adaptation and moving on. They provide a “continuation” of care (Koenig, 2006, p. 52).

The recovery roles filled by chaplains can be grouped into main four categories: addressing physical needs, addressing emotional needs, addressing organisational needs, and addressing existential needs.

b. Addressing physical needs

Addressing physical needs can include a personal involvement in activities like the provision of food, clothing, shelter, and assisting with the clean-up of disaster-affected homes. Many clergy engaged in this aspect of ministry report memorable and inspiring experiences (Bradfield et al., 1989, pp. 399-400). Following Hurricane Katrina, in 2005, clergy from around the USA were immediately involved in the provision of practical assistance to affected persons (Koenig, 2006, pp. 49-50). “While the community is still recoiling from the trauma, it is essential that the clergy, as one interviewee said, ‘drop everything and pitch in.’ They must abandon their familiar role responsibilities ...and join in the community's struggle to survive” (Bradfield et al., 1989, p. 406).

c. Addressing emotional needs

Chaplains are involved in addressing the emotional needs of families within the scope of their remit.

As they listened to the people's stories about their flood experiences and as they surveyed their losses and damages, the ministers made an informal needs assessment of each family. They comforted those who were grieving over their losses. They offered a shoulder to cry on. They helped people to recognize and express their reactions of anxiety, anger, and depression (Bradfield et al., 1989, p. 400).

The pre-existing relationships chaplains have with members of their communities or organizations makes it easier for individuals to turn to them for pastoral care following trauma. Chaplains therefore play an important role in

identifying related mental health issues (Leavell, Aten, and Boan, 2012, p. 337) and making referrals for additional support.

Rabbis, priests, imams and ministers are often in long-term relationships with individuals and their families, giving them ongoing contacts in which they can observe changes in behaviour that may greatly assist in the assessment of PTSD. They are visible and available caregivers in communities that offer a sense of continuity with centuries of human history and an established pattern of responding to crises (Weaver et al., 2003, pp. 222-223).

A negative consequence of offering this type of support was that chaplains at times felt frustrated and helpless in the face of people's grief over their losses.

d. Addressing organizational needs

As community leaders, clergy and chaplains are required to expend energy on the less personal tasks of "organizing distribution centers, establishing flood relief programs, generating resources, and serving as funnels for the donations pouring into the disaster area from other churches, communities, and organizations... When 'recovery committees' and centers were organized, ministers assumed leadership of these" (Bradfield et al., 1989, pp. 400-401).

Many clergy consider themselves inadequately trained for these organizational roles and find little satisfaction in doing them. Robinson described the experience of one chaplain at the scene of a major rail disaster. "The expectations of his role changed during those hours. He began in a chaplaincy and support role, but he also found himself operating in a managerial capacity 'which I wasn't expecting, and I don't think I was trained for'" (Robinson, 2007, p. 6).

Further sources of stress were congregations who, while initially very willing to have their ministers involved in providing chaplaincy support as part of relief efforts, quickly wanted them to get back to their regular pastoral duties. Also stressful were the demands of managing large donations of money and material aid and the impact of losing planned vacations and days off (Bradfield et al., 1989, p. 401). Four types of congregational behaviour particularly impact on clergy well-being: presumptive expectations, personal criticism, criticism of family, and boundary ambiguity (Darling, Hill & McWey, 2004, p. 263).

e. Addressing existential needs

Finally, chaplains can find themselves in the unique role of helping disaster survivors "to integrate the traumatic and tragic events of the disaster into the

theological contexts of their religious beliefs, somehow to give meaning to their experience” (Bradfield et al., 1989, p. 401).

This integrative struggle can be seen in the types of questions directed at them. Five of the clergy responding to the Kentucky tornados found themselves dealing with anger directed at God (Chinnici, 1985, pp. 248-250). In the West Virginia context, the most common question was, “Why did God let this flood happen?” Clergy also found themselves having to respond to assertions that the flood was the wrath of God or that individual houses were spared because of the righteousness of the occupants (Bradfield et al., 1989, p. 402).

Similar questions of meaning were asked of ministers in the aftermath of the September 11 terrorist attack in New York. One pastor described a conversation...

Upon hearing “pastor,” she blurted out in a desperate plea, “What does the Bible say about this?” This type of question—a search for meaning and understanding—often confronts pastors, priests, rabbis, imams, and other clergy during disaster events. These faith leaders are not secondary players in disaster response, but work alongside mental health specialists and others, and in many cases provide the “treatment of choice” (Feldbush, 2007, p. 942).

Such questions are rarely asked in the early stages of a disaster where the focus is on survival, grief, and recovery. “The reality is that questions of theodicy occur more readily later and from a distance, beyond the area of the disaster” (Robinson, 2007, p. 116). However, a significant contribution of chaplains is that “through rituals, readings, and sermons, ministers are able to address the ultimate need of survivors to find meaning in their suffering” (Echterling et al., 1987, p. 42).

4. The personal cost

Filling these roles comes at a significant personal cost that can, in turn, hamper the capacity of chaplains to minister effectively. Bradfield et al found that 70% of the clergy who participated in their survey reported post-traumatic stress symptoms. Over half reported fatigue, feelings of guilt over not doing enough, and feeling burnt out. More than one third reported poor concentration, irritability, dreams about the flood, being jumpy or nervous, or somatic complaints (Bradfield et al., 1989, p. 405). Robinson noted that all the chaplains he interviewed experienced some form of post-traumatic stress with one leaving the ministry entirely and others leaving the congregation they pastored at the time (Robinson, 2007, p. 144).

The most common positive coping strategies adopted by clergy to cope with these demands were: social support from family and friends, accessing social network resources, counselling from mental health professionals, establishing a routine, setting personal boundaries which recognized their personal and professional limitations, taking time off to create space for self-care, and perspective seeking and meaning making (Leavell, Aten & Boan, 2012, pp. 339-341).

Some indicators of inadequate coping are the impaired ability of clergy to provide spiritual and organizational leadership within their own congregations, an increase in problem behaviours such as sexual infidelity, and eroded marital adjustment leading to diminished emotional support from spouses and children (Darling, Hill & McWey, 2004, pp. 262-263). The most commonly reported negative coping strategies were denial, excessive eating and drinking, and failing to set boundaries, for example being available around the clock (Leavell, Aten & Boan, 2012, p. 344).

A further source of stress for chaplains in disaster contexts is role strain. "Sources of role strain include the difficulties inherent in the performance of the role, conflict with the performance of other roles, and inconsistent role demands" (Bradfield et al., 1989, p. 398). Role strain is particularly significant because responding to the needs of disaster victims is not accompanied by a decrease in other role responsibilities but comes on top of already high levels of job-related stress due to broad and undefined job descriptions, long hours, low pay, variable daily routines, and inadequate home-work boundaries (Darling, Hill & McWey, 2004, p. 261; Leavell, Aten & Boan, 2012, p. 337). Due to a moderate to high risk of compassion fatigue in general, the risk for clergy increases exponentially with exposure to disaster (Leavell, Aten & Boan, 2012, p. 338).

Bradfield et al suggest a curvilinear relationship between multiple roles and stress. Either too many, or too few roles can lead to heightened levels of distress (Bradfield et al., 1989, p. 398). The strain of filling multiple roles notwithstanding, it was also found that those who engaged in these roles benefited through an enhanced sense of purpose and meaning in life and personal well-being. These benefits could potentially outweigh the stresses.

Echterling et al contrasted the differing roles of rural and urban clergy when ministering to a disaster. They noted that while most clergy were initially active in multiple roles, rural ministers were more likely to remain generalists in all the above areas while urban ministers were more likely to specialise in a particular function (Echterling et al., 1987, p. 38). Rural ministers regarded themselves as working in a vacuum of formal emergency services and so used their churches and homes as resources, turning them into relief and distribution centres. Often,

they were the only resident professionals in the community. Urban ministers were more likely to see themselves as part of a network of emergency services already available to the community, making referrals to other services as necessary. They were more comfortable with bureaucratic organisations and would spend significant time checking the legitimacy of requests for assistance. Most of their contacts were with strangers. The problem for rural clergy was not the legitimacy of claims by strangers but prioritising the requests for assistance from friends and neighbours (Echterling et al., 1987, pp. 39-40).

Bradfield et al made two further recommendations for clergy engaged in disaster response ministries.

Ministers need to take better care of themselves. They need to set aside, whenever possible, opportunities to rest, to relax, and to refresh themselves... Echoing many of the other ministers, one recommended: No matter how far behind you are, if you don't take time for yourself, you are going to be burnt out professionally and personally... Ministers must work with their colleagues, not only for greater effectiveness, but also for their own well-being (Bradfield et al., 1989, p. 406).

5. The Australian experience

The above research, coming largely from the United States, suggests that those experiencing a crisis are up to five times more likely to seek assistance from chaplains or other members of the clergy than from a mental health professional. How true is this in the Australian context?

a. Ease of access

Most Australians do not have easy access to a member of the clergy simply because they do not know one.

The most common place to meet a member of the clergy is by attending a Church. The 2021 National Census revealed that 61.1% of Australians have a religious affiliation (ABS, 2021), however, religious affiliation is not the same as actual church attendance. Research by the National Church Life Survey found that, in 2021, 12.0% of the Australian population attended a religious service weekly and an additional 8% attended monthly (Powell, 2022, p. 14). In addition, 56% of Australians do not have a close friend or family member who is a churchgoer (NCLS 2021 Community Survey (Powell & Jacka, 2021). The majority of Australians, while not unspiritual, either do not know or have only a limited relationship with a member of the clergy.

b. Minimal cost

Cost is generally not an obstacle to Australians as most support services are provided free of charge. The reluctance of individuals to access these services is better explained by the other reasons.

c. Trustworthiness of clergy and organised religion

Trust in clergy and religious organisations in Australia is at an all-time low.

Intolerance and exclusivity

In 2018, only 12% of Australians expressed a high degree of confidence in churches and religious organisations, down from 33% in 1983, 29% in 1998, and 21% in 2009 (Reid, 2020, p. 11). The 2018 Australian Survey of Social Attitudes (ASSA) found that 35% of Australians had “no confidence at all” in churches and religious organisations and 27% had “very little confidence” (Reid, 2020, p.11). Reasons given included a perception of intolerance and exclusivity, particularly with regard to same-sex marriage and gender equality (Reid, 2020, p.13). According to a 2021 Roy Morgan pole, only 30% of Australians rated ministers of religion “high” or “very high” for ethics and honesty, down from 59% in 1996 (Morgan, 2021). The 2024 “Trust in Religion among Women in Australia” report found distrust to be higher amongst women. 33% of Australian women had “no trust at all” in organised religions, a rate comparable to the ASSA. A further 45% had “not very much trust” (Gleeson & Ashton, 2024, p. 21). 34% reported having “no trust at all” in religious leaders and 45% had “not very much trust” (Gleeson & Ashton, 2024, p. 22). Again, much of this was driven by child sexual abuse scandals and the treatment of LGBTIQ+ people (Gleeson & Ashton, 2024, p. 4). “At the heart of the levels of confidence is whether people feel that the organizations are really there to serve the public or are serving their own interests as organizations, or simply making profits for their shareholders or stakeholders” (Kunciunas, 2010, p. 10).

Post-modern thought

Even without this decline in trust, post-modern thought has undermined the role and authority once given to members of the clergy and church organizations to speak on matters of spiritual concern. Post-modernism has particularly challenged the traditional concepts of a priori truth, the hierarchical flow of information and knowledge, and the authority of religious texts. There are no “eternal principles.” Truth is no longer perceived as an absolute, waiting to be discovered. Rather, information is a tool used by an individual to achieve a desired end. In this way knowledge had been relativized and its value is transient. Moreover, because of the vast amount of information available, the knower is distanced from it, removing the need for a personal response to what is known (Sajjadi, 2008, pp. 185-186).

In the digital world, theological truth is no longer vested in an authoritative text or communicated hierarchically through the clergy. Rather, information is shared and freely available to anyone. The interpretation of a text rests in the hands of the reader, not a member of the clergy, and the reader is free to go beyond the original author's intention in discovering the application of that text to their personal experience (Sajjadi, 2008, pp. 187-189). We are seeing "the emergence of a personalized knowledge through the agency of learners" (Sajjadi, 2008, p. 189).

The consequence is that bible, the Church, and members of the clergy are no longer regarded as the repositories of spiritual or theological truth. Many other sources of spiritual truth can be easily accessed through the internet without the need to seek out a member of the clergy. Nor are members of the clergy perceived as having any greater authority than anyone else in the interpretation of spiritual truth. Indeed, they may be distrusted because they are seen as imposing constraints on the way that spiritual information is interpreted and applied which can be perceived as an attempt to exercise or maintain control.

d. Desire for a spiritual frame of reference

The desire for a spiritual frame of reference is important for Australians, however, it is not the norm to satisfy this desire through religious organizations.

The 2021 Australian Community Survey found that 55% of Australians believe in a God, spirit, or life force (Powell, 2022, p. 19) and, as noted above, in 2021, 61.1% of Australians indicated a religious affiliation (ABS, 2021). At the same time, only 20% of Australians attend church monthly or more frequently (Powell, 2022, p. 14) and the proportion claiming to have no religion has risen from 21.8% in 2011 to 38.4% in 2021 (ABS, 2021). This is not necessarily a rejection of spirituality or even Christian belief, but rather it reflects the "decline in confidence in religious organisations" (Hughes, 2010b, p. 5).

Australia is a spiritual nation although, for the reasons outlined above, opportunities to access clergy and confidence in members of the clergy and religious organisations is low. Therefore, Australians seek spiritual insight in other ways. We have a very consumer mindset when it comes to contemporary spirituality and religion.

Whether we agree with it or not, Australians are increasingly taking a consumeristic approach to religion/spirituality. They look for activities and events which contribute to them feeling good about life, which nurture them, which give them a sense of wellbeing. In other words, they purchase services or engage in activities which suit their needs at a particular time. While many have never thought much about it, they expect that the

economic basis for such activities will be 'user-pays'. They do not expect to make continuous voluntary contributions over a long period of time to one organization which will provide them with a regular way of nurturing their spirits (Hughes, 2010a, p. 98).

e. The dynamics of a traumatized community

Whether or not a person seeks assistance from a chaplain or other member of the clergy is also influenced by the unique dynamics of traumatized communities. Australian research into community recovery following a disaster, defines a community as "a large, relatively stable collection of groups and individuals, organised with coherent relationships on multiple dimensions" (Gordon, 2004, p. 11). In the midst of a disaster, normal networks begin to break down and a process of "debonding" occurs. When "survival is uncertain, victims focus on themselves and are out of communication with others in their networks. The priorities of usual social life recede in favour of survival tasks" (Gordon, 2004, p. 12).

Once the threat has receded, individuals compensate for "debonding" by improvising a new state of "intense social connectedness" or "fusion" based on their shared experience of the disaster, "energised by survival excitement," and serving a personal support function while lacking the "formality and functions of pre-emergency social life" (Gordon, 2004, p. 14). The consequence is that members of this new community are wary of "others who do not share the experience, and tend to form a boundary around the affected community for protection and to facilitate their own organisation" (Gordon, 2004, p. 15). Outsiders, including the representatives of recovery and welfare agencies, are met with suspicion when they try to insert themselves into the "fusion." However, those "service providers present in the community as it fuses are welded into the system and become part of it" (Gordon, 2004, p. 15). Chaplains and clergy who are already on the ground within a community or organisation during a crisis are uniquely situated within the "fusion." In the short-term, they are called on to address the psychological and the spiritual needs of the traumatised community, while also serving as a conduit for external assistance and working to reorient the system towards accepting outside support for longer-term recovery needs.

6. Overcoming these obstacles

Drawing on the above insights, there are some clear challenges to effective faith-based chaplaincy in Australia. Six actions are required if chaplains are to overcome these challenges and bring their unique skillset to bear in the emergency response. Chaplains must understand the nature of their role, be known, rebuild trust, expect God to work, be an active participant in the recovery process, and take self-care seriously.

a. Understand the role

Chaplains have a key role in initial crisis intervention as well as in the longer-term recovery of the community from the effects of a disaster. Support is not only provided in overtly spiritual ways. As a chaplain acts to address physical, emotional, organisational, and existential needs as one attributed with, or perceived as having, a spiritual care role, they are still providing necessary spiritual care. In the early stages of the recovery, because they are within the “fused system,” chaplains and clergy may be amongst the few who are trusted by insiders to provide a broad spectrum of support. They are also ideally placed to become conduits through which external resources can flow into the system. Understanding this, chaplains should be proactive in acquiring the necessary skills and proficiency to operate in the range of areas in which they may be called to assist.

b. Be known

Chaplains must also be proactive in building connections throughout their community before the crisis. If Australians don't have easy access to a member of the clergy because they don't know one, the onus is on the chaplain to make themselves known. They must be visibly present within their community and its activities and sharing in life with those they may later be called on to support in a time of crisis. One effective strategy is to contribute positively to the community through education. By providing targeted training in the skills needed to maintain well-being, the Chaplain not only builds community resilience, but is also highly visible and overcomes a key community concern about organisational self-interest. Becoming known in the good times opens the door to serving in the challenging times. Chaplains should also ensure that they are known by, and have the confidence of, those who will control access to a community during a disaster or crisis situation.

c. Rebuild trust

The trust of Australians in religious organisations is on the decline. Australians do, however, trust individuals who have demonstrated themselves to be trustworthy. A national character trait is “mateship.” Australians trust their mates, so the chaplain must be one. Relationships of trust are generally built in non-spiritual ways. “In a society of skilled ‘knockers’ that is sensitive to hollow pretension, clergy first need to present themselves as ‘good blokes with the common touch’ if they desire to have any chance of being heard” (Gallagher, 2006, p. 4). If someone is having a hard time, just “drop everything and pitch in” (Bradfield et al., 1989, p. 406). A chaplain must demonstrate that they are there for the members of a community or organization. Earn trust and spiritual opportunities will follow.

d. Expect God to work

Australians have an increasingly consumeristic approach to spirituality/religion. Chaplains must be realistic in their expectations. Individuals will seek help from a chaplain when they want it, for as long as they feel it is needed, and without any sense of ongoing obligation. Thus, ministry to trauma-affected people often takes the form of brief, disconnected spiritual encounters. We should not be disheartened by this but rather rejoice in the opportunity, no matter how small, to nurture a spiritual perspective on life.

That being said, we must not set the bar of expectation so low that we assume that nothing of spiritual significance will happen. If a person chooses to approach a chaplain because they are perceived as God's representative and someone who has a connection with the spiritual, it is because they do want the benefit of a spiritual/Christian perspective on their individual experience. We need to honour that desire by listening, hearing, and responding to the presenting spiritual concern or else they may go away with presuppositions about the irrelevance of God confirmed. In doing this, we should have high expectations of what God can achieve by his grace. He is the one "who is able to do far more abundantly than all that we ask or think, according to the power at work within us" (Ephesians 3:20-21 ESV). We should acknowledge and respect the individual's expectations but expect and pray that God will exceed them.

e. Be part of the community's process of coping

The unique opportunities open to chaplains come specifically because they are embedded within a community or organization. They cannot afford to be isolationist. They must not only have an open door for those who come to them but must also get out of the office to grieve with the community and celebrate with the community. They should take the lead, or at least participate, in providing services, rituals, and memorials that can help the community to find meaning in their suffering. They must contribute to other practical community initiatives. As noted above, they can be a vital point of contact for external support agencies that have become disenfranchised by the "fusion" process.

f. Self-care

Disaster ministry can be overwhelming. It takes a heavy physical and emotional toll. To maintain effectiveness, chaplains must prioritise strategies for self-care. These can include:

- Setting boundaries to allow time for rest, relaxation, and refreshment.
- Maintaining social support networks.
- Recognizing personal and professional limitations.

- Being proactive in acquiring skills for a range of possible roles.
- Networking and working collaboratively with other local ministers or chaplains with complementary skill sets to minimize role strain.
- Developing pre-incident plans for a chaplaincy response to disasters within the local community.
- Educating stakeholders about the demands and requirements of trauma ministry. Employers of chaplains must recognize that all those involved in front line trauma ministry experience some form of post-traumatic stress and be proactive in providing ongoing mental health support. Support and resourcing may also be needed to free chaplains from other administrative and/or pastoral duties to allow for a disaster response ministry.
- Establishing routines to exert control and minimize stress.
- Taking advantage of counselling and regular clinical supervision from mental health professionals.
- Taking time out for reflection, perspective seeking, and meaning making both individually and with a professional supervisor or spiritual advisor.

7. Conclusion

Faith-based chaplains have an important role to play, alongside mental health professionals and others, in the provision of frontline crisis and disaster primary care. Because they are embedded within affected communities and organisations, they have already established a degree of trust and access that external support providers lack. Their functionally integrated skillset enables them to contribute to the well-being of the community as crisis interventionists in the initial stages of a crisis or disaster, by responding to physical, emotional, organisational, and existential needs in the recovery phase that follows, and by serving as triage and referral agents for further assistance. For some, faith-based chaplains are the first choice for support.

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