

TEACHING SPIRITUAL ACCOMPANIMENT IN THE CONTEXT OF TRAUMA

Annemarie Paulin-Campbell

THE JESUIT INSTITUTE SOUTH AFRICA¹ began training spiritual directors in 1999, five years after the end of apartheid. Over the past fifteen years we have developed training programmes for prayer guides, directors of group retreats, spiritual directors, givers of the Spiritual Exercises and supervisors. The Ignatian principles of meeting the person where he or she is and having a holistic concern for that person suggest that part of any training approach must be to equip directors to help directees develop their relationship with God within the context where they find themselves. In the light of this, the development of our training programmes has had to address two significant issues. The first, and perhaps most challenging, is the training of spiritual directors (who themselves come from different cultural backgrounds) to accompany people effectively in a multi-cultural context.² The second, which I will explore here, is the training of spiritual directors in a context of high levels of trauma.

Many training programmes in spiritual accompaniment seem to make the assumption that the majority of people whom spiritual directors accompany will be basically psychologically healthy, and that the small minority who are not can, if necessary, be referred for psychological help. However, in contexts such as South Africa, where many people have undergone trauma and where therapy may not be easily available, how do we train directors who accompany traumatized and psychologically vulnerable people?³

¹ This was in fact under the precursor organisation, the Centre for Ignatian Spirituality, later incorporated into the Jesuit Institute, which was founded in 2006.

² Some of the complexities of spiritual accompaniment in the African context have been discussed in a previous Special Issue of *The Way* on 'African Spirituality' (July 2013). The training implications are material for a separate article.

³ See James Juma, 'African World-Views: Their Impact on Spiritual Direction from the Perspective of Healing and Transformation', *The Way*, 52/3 (July 2013), 91–104, at 103.

In recent years, the formal training of spiritual directors in many parts of the world has usefully incorporated some of the helping skills of non-directive counselling, in particular listening skills. However, few training programmes seem intentionally to equip directors to recognise and work with the generally very negative impact of trauma on a person's relationship with God. In a context such as ours, which is pervaded by trauma, we have come to recognise that this is a vital dimension of the formation of directors.

The implications for training include the importance of directors:

- being very clear that their role is to help the person grow in relationship with God;
- having an understanding of trauma and its impact on relationship with God;
- being helped to develop specific skills in helping traumatized people to pray;
- understanding how to help people manage the intensity of a retreat context;
- growing in their own spiritual and psychological maturity;
- being helped with their own interior reactions to accompanying traumatized and sometimes emotionally damaged people.

Directors in training (and beyond) also need the opportunity in supervision to hone these skills and to process what is evoked for them when they accompany traumatized people.

These are some of the issues that I shall explore. Before doing so, it seems important to describe the context in which spiritual directors work in South Africa, in order to understand why they are faced with such significant levels of trauma.

South Africa's Traumatic History

Apartheid was a systematized, legislated form of discrimination in which black, Indian, Chinese and so-called 'coloured' people were treated as inferior and segregated from white people. They were not allowed to use public facilities designated 'whites only'. 'Bantu education' was designed to keep black people at a low educational level. A migrant labour system meant that black people lived in areas designated for them, but adults often worked and stayed, without their families, in 'white' areas. A woman working as a domestic servant in a white area might only see her children once or twice a year, while men working in the mines were also separated from their families. Many people suffered harassment and torture by



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An anti-apartheid protest in the 1980s

police, were removed from their homes by force or were caught up in the violence of the struggle against apartheid. The effects of apartheid pervade every aspect of life, the cumulative consequence of people being treated without human dignity on a daily basis. Although it is now twenty years since the end of apartheid and the first democratic elections, its legacy still has a profound impact. Most of those who come on retreat are old enough to have personally experienced apartheid. Some carry the scars of being discriminated against, while others feel guilt for being white.

The HIV/AIDS pandemic has also had significant consequences. Of those living with HIV in South Africa, 40 per cent have a diagnosable mental disorder. The pandemic has resulted in a large number of orphans and child-headed households. Orphaned children are at much higher risk of missing out on education, having less food security and are more prone to suffer from anxiety or depression. This fragmentation of family life has significant implications for a person's image of God.

A 2014 investigation into the mental health of South Africans shows that one-third are suffering from some form of mental illness.⁴ Among those with mental health problems, 75 per cent will not get access to professional help. In the public sector there is one psychiatrist per 375,000 people and the majority of people cannot afford the cost of private care.

⁴ Beaugard Tromp and others, 'One in Three South Africans Suffer from Mental Illness—Most Won't Get Any Help', *Times* [Johannesburg] (7 July 2014), available at <http://www.timeslive.co.za/local/2014/07/07/one-in-three-south-africans-suffer-from-mental-illness--most-won-t-get-any-help>.

In addition, the South African Depression and Anxiety Group says that mental health problems carry a high degree of stigma. 'In Zulu there is not even a word for "depression"—it is basically not deemed a real illness in the African culture.'⁵

What is Trauma?

In psychological terms, trauma refers to a painful emotional experience or shock that produces a lasting psychic effect. A lack of control over what is happening, the perception that the event is a highly negative experience and the suddenness of the experience are three key defining features of traumatic events.⁶ In some cases the psychological pain of a traumatic experience results in damage to the individual's psychic integrity or sense of self, for example in the experience of rape or sexual assault.

As a result of apartheid and its enduring effects, many people who have grown up in South Africa suffer from 'complex trauma'. This happens when there is exposure to multiple traumatic events, or where there is ongoing neglect or abuse. So, for example, a child may be born into a situation of poverty; the mother dies of AIDS; he or she is abused by a relative, and so on. In situations of complex trauma, self-image is affected and the person often struggles with shame, guilt and low self-esteem. When complex trauma occurs early in life, it has a significant impact on the person's ability to form secure attachment bonds. The legacy of apartheid is a culture of violence. Extremely high levels of sexual and violent crime affect people from all sectors of South African society, and those not directly affected suffer secondary trauma vicariously, through the experience of people close to them.

Symptoms of Trauma

To some extent symptoms will vary depending on the kinds of trauma experienced. They may include panic attacks, insomnia, nightmares or sensory flashes, emotional shutdown, anxiety, depression, disrupted personal relationships, low self-esteem, high levels of emotional arousal, and distorted relationships with authority figures. Feelings of anxiety and anger may be strong, or the person may experience emotional numbing. A person who has experienced trauma can also be over-reactive and respond to minor incidents with considerable aggression or agitation.

⁵ South African College of Applied Psychology, 'Mental Health in South Africa: Whose Problem Is It?', available at <http://www.sacap.edu.za/mental-health-south-africa-whose-problem-counselling/>.

⁶ See Eve B. Carlson and Constance J. Dalenberg, 'A Conceptual Framework for the Impact of Traumatic Experiences', *Trauma, Violence and Abuse*, 1 (January 2000), 4–28.

Post-traumatic stress disorder is now categorized as a trauma- and stress-related disorder.⁷ The survivor must have been exposed to actual or threatened death, serious injury or sexual violence. This exposure can be direct, witnessed or indirect—for example hearing about a relative or close friend who experienced the event. Symptoms may include:

- **Intrusion or re-experiencing symptoms.** People may have intrusive thoughts or memories, nightmares related to the event, flashbacks, or psychological and physical reactivity to it.
- **Avoidant symptoms.** People may try to avoid thoughts, feelings, people or situations connected to the event. They may block it out or deliberately try not to think about it. They may avoid all strong emotions, even positive emotions that are unrelated to the trauma.
- **Negative alterations in mood or cognitions.** These include negative thoughts or beliefs about the self or the world; being stuck in severe emotions related to the trauma; and feeling detached, disconnected or isolated from other people.
- **Increased arousal symptoms.** These are ways in which the brain remains on edge. Effects include difficulty concentrating, irritability and difficulty falling or staying asleep.

As well as these specific symptoms, there are also often secondary and associated responses to trauma. These are not directly caused by the traumatic experience but occur later as a result of problems with re-experiencing and avoidance.⁸ These include depression, aggression, substance abuse, physical illness, low self-esteem and difficulties in interpersonal relationships.

Likely Impact on Spiritual Life

Before directly addressing the implications for the training of directors, I want to explore briefly the impact of trauma on a person's spiritual life.

Image of God

The experience of trauma is likely to have a significant impact on a person's relationship with God. One place where this may be most evident is in the image of God. The person may experience God as impotent or

⁷ According to the *Diagnostic and Statistical Manual of Mental Disorders* (edn 5). Formerly it was classed as an anxiety disorder.

⁸ See Carlson and Dalenberg, 'Conceptual Framework for the Impact of Traumatic Experiences', 20.

powerless in not having prevented the trauma, and may feel abandoned by God. If the trauma took place early in life or involved the absence or loss of one or both parents, it is likely that there will also be difficulty in forming secure attachments, as the developmental process will not have happened as it should. The absence of the 'mirroring' that should take place when a baby experiences the loving gaze of the mother means that he or she may have difficulty internalising the sense of a consistent loving presence.⁹ At any stage of development the lack of loving, reliable relationships may cause people to struggle to conceive of a relationship with God that is loving and dependable. If their early relationships were abusive, aspects of these may be projected on to their image of God. If this image is negative it is likely to block the development of intimate relationships. Because images of God and images of self are inextricably connected, an unhelpful or negative image of God will correlate with a negative sense of self.

Prayer

Many of the characteristics of post-traumatic stress disorder can make it very difficult for people to sit quietly and pray. Intrusion or re-experiencing symptoms and avoidant symptoms result in people being (unconsciously) resistant to prayer. This is because, at some level, they know that stopping and engaging in prayer might allow space for the trauma and the negative feelings associated with it to rise to the surface. Because this is so frightening they tend to avoid any situation that might allow it to happen. A high level of emotional arousal may also make it very difficult to focus either in prayer or in a spiritual direction session. A sense of agitation or the inability to focus can have an impact on people's ability to listen to what God may be saying to them. Clearly if they are unable to pray, or very resistant to prayer, it will be difficult for them to develop their relationship with God.

The Spiritual Direction Relationship

A traumatized person may have difficulty identifying and articulating emotions and inner experience. This can create challenges for a director in trying to understand his or her experience. The relationship with the spiritual director may also be more complex. There may be trust issues

⁹ The concept of 'mirroring' comes from the work of Heinz Kohut, who developed 'self-psychology'. See *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders* (Chicago: Chicago UP, 2009 [1971]).

which stem from having been let down or abused in other relationships, especially relationships of power. More attention than usual may need to be paid to the transferences that can develop in the director–directee relationship, and transferences from earlier experiences may have a negative impact on the development of a trusting direction relationship.¹⁰

Training Directors to Accompany Traumatized and Psychologically Vulnerable People

A key aspect of accompaniment training must be clearly to differentiate the roles of spiritual director and counsellor, and to ensure that the focus of the accompaniment relationship is completely understood. Directors working with traumatized people may risk slipping into a ‘counselling mode’, rather than remembering that their job is to help directees to deepen their relationship with God. A good chunk of time in our training is given to helping trainee directors grasp the different focus and purpose of spiritual accompaniment relationships compared to other helping relationships. Nevertheless, someone offering spiritual accompaniment needs to know what impact trauma may have on a person’s relationship with God and how to work with the person so that his or her emotional difficulties do not obstruct the development of a relationship with God.

Assisting a directee in developing a more helpful image of God is one of the most significant areas to which a director is likely to need to pay attention. Directors need to be taught to understand, from a psychological point of view, how images of God develop and the way in which images of God and self are connected. While some theoretical understanding should be offered, we have also found it helpful to get trainees to reflect on the development of their own images of God. Attending to how their negative images of God get in the way helps to sensitise them to this when it happens in a more intense way with traumatized directees. Over time they should be able to help directees explore other, potentially more helpful, images of God. Through being reliable and caring, and expressing unconditional positive regard, they can offer an experience of direction which may enable directees to become more open to experiencing God as reliable, trustworthy and unconditionally loving.

Because traumatized people often struggle to trust, developing a trusting relationship with the director may be a lengthy process. A new or

¹⁰ Transference is an unconscious process in which a directee projects a significant past relational experience, usually from childhood, on to the spiritual director. Without realising it consciously, he or she relates to the director in the same way as to that significant person in his or her early experience.

trainee director may need a lot of encouragement and support in training and supervision to persevere. Traumatized directees also often have difficulty with authority and power dynamics. The training of directors must help them to recognise transference and counter-transference, and also to keep clear boundaries in the relationship. (Counter-transference describes the director's unconscious reaction to the transference of the directee. It can also refer to a situation in which the director transfers on to the directee.) Because transference and counter-transference happen at an unconscious level, it may only be by talking in supervision about the feelings and dynamics experienced in the direction sessions that the director can recognise when and how transference dynamics are affecting a particular spiritual direction relationship.

While it is not the role of a spiritual director to work directly with transference, being able to recognise and understand these dynamics is essential. In situations where there is early trauma and negative experiences of power relationships, strong negative transferences are significantly more likely to arise. If the directee begins to relate (unconsciously) to the director 'as if' he or she were a traumatizing or oppressive figure from the past, this will have a severe impact on the work. If the director can be helped in supervision to recognise this early on, he or she may more easily find ways of engaging the directee that are healing and not retraumatizing. Theoretical input, case studies and role-plays in training can help to teach, in a general sense, the impact that transference and counter-transference may have, but supervision is primarily where this learning is integrated.



The Keiskamma Altarpiece

The director must be able to help a person to pray, and this also needs to be a key part of his or her training. Trainees should be able to draw on knowledge and personal experience of a wide range of prayer approaches; and they should know which are most suitable for someone struggling with trauma or secondary problems. Active prayer techniques, such as keeping a journal or the use of art, can be helpful as they are simultaneously cathartic and containing—a person can express emotions while having a sense of being safely held or contained. Gospel contemplation is likely to be the most threatening form of prayer or the one most resisted by the directee. While it may ultimately be extremely helpful and healing, it may initially be too difficult, in part because of the length of time needed, and because there is a lot of freedom in it. A short Act of the Presence of God, becoming aware of God attending lovingly to me in this moment, may be most helpful and manageable, or a short period of *lectio divina*.

Our two-year spiritual direction training course also contains sections on working with directees with low self-esteem, anxiety, depression or addiction, and with survivors of childhood sexual abuse. Directors are taught to identify these issues and to have a repertoire of strategies which may help directees to open themselves to encountering God more easily. This training involves both theory and its application in skills-based exercises. These are often done in a ‘goldfish bowl’, in which one trainer acts as the directee and is ‘directed’ by a trainee with the other trainees observing. At the end of the session there is a debriefing discussion on how the trainee accompanied the person.

Accompanying Directees with Low Self-Esteem

A number of useful strategies may be taught in training directors to help directees with low self-esteem. These may include:

- paying especial attention to developing a relationship of unrelenting ‘unconditional positive regard’, while still remaining genuine;
- focusing on the positive and ignoring negative statements;
- ‘staying with the movement and avoiding the counter-movement’ (this, which is true for good spiritual accompaniment in general, means looking for and staying with whatever seems to be leading to an increase of faith, hope or love);¹¹
- using guided imagery that is affirming, especially in the spiritual direction session itself;

¹¹ See Rob Marsh, ‘On Receiving and Rejecting: Finding a Way in Spiritual Direction’, *The Way*, 45/1 (January 2006), 7–21.

- using the daily examen to focus only on the life-giving experiences in the person's day.

Accompanying Someone Who Is Depressed or Anxious

In teaching directors about the likely impact of depression or anxiety it is important to focus on a directee's relationship with God. Depression or anxiety often follows trauma and involves heightened states of physiological and emotional arousal. A chronically anxious person is constantly scanning the environment for threats (real or imagined) and so is often unable to attend to God. This can lead to a sense of God's absence and so to spiritual desolation. People with anxiety can also feel abandoned by God. Depressed people tend to have a negatively distorted sense of relationships, including their relationship with God. They may struggle to find the motivation and energy to pray.

The training needs to emphasize that a director is not a therapist and should not attempt to 'treat' depression or anxiety. Directors need to be taught to recognise when they need to try to make a referral for professional help. Where depression or anxiety are severe, people are often not able to pray because they lack the energy and motivation to engage in almost any activity or relationship. However in cases of mild depression or anxiety it is still possible to do good work in spiritual direction. Trainees should be taught that they may be able to help by encouraging a directee to do things which will lower the level of physiological or emotional arousal so that he or she is more able to engage in a relationship with God, for example:

- exercise;
- breath training;
- maintaining an outward focus;
- following regular rhythm or pattern of life;
- using guided imagery.

Concerning prayer, they need to be able to give strategies to help the person, for example only suggesting what will be manageable, even if that is just five minutes of prayer. They should choose methods such as a repetitive prayer, perhaps using a scripture phrase as a mantra, or the rosary or other more active prayer forms.

Discernment

Directors need to know the guidelines for the discernment of spirits and how to apply them. They also need to be aware that, after an experience of trauma, a person's emotional state may be exaggerated, or he or she may be emotionally numbed. In either case it can be extremely difficult, if not

impossible, to engage fruitfully in the discernment of spirits. It is important not to misinterpret natural desolation—painful experiences that are not related to spiritual movements—as spiritual desolation or mistakenly to see psychological reactions as movements of the spirits. This demands a high level of skill, which can be developed using case studies and role-plays.

The training of directors in relation to discernment about a particular question needs to emphasize that, for discernment to take place, a person must be helped to come to a place of spiritual freedom or indifference. Trauma is likely to have a negative impact on spiritual freedom. People may be locked into ‘all or nothing’ thinking, which is particularly unhelpful in a discernment process, and they may not psychologically be capable of the level of freedom needed for discernment until they have had sufficient help to process the trauma, at least to some degree. Where a person is not yet in a position to be sufficiently free, it is important gently to take as much time as is needed to work towards a greater sense of freedom, eventually (without any sense of rush) praying through blocks to that freedom. Decisions may need to be made in the interim, but a big discernment question may need to be put on hold.

Training Directors to Accompany Traumatized People in Retreat Contexts

As retreats are intense, time-limited experiences, they tend to demand even more skill than ongoing spiritual direction. At least within the latter context the director has more time to reflect and pray about what the retreatant is presenting and to process it in supervision.

Retreats in Daily Life: Weeks of Guided Prayer and Group Retreats

Weeks of Guided Prayer are offered to ‘all comers’, and there is no screening process. In those offered by the Jesuit Institute South Africa, at least a third of the people who participate bring with them significant struggles, many arising out of apartheid and its subsequent impact. Some of the issues which may be revealed include rape—even gang rape—abortion, sexual abuse and domestic violence. The ‘obvious’ solution of referring people in this situation to a psychologist or counsellor is often simply impossible because of a lack of counselling resources in the community, the individual’s unwillingness to accept referral, or the inability to afford help.

The greatest need that people articulate when they come on a group retreat, especially in a township context, is the need for healing. Sharing their own faith and life story within the group is very significant. It offers validation of their experience and, partly since others will have similar levels of trauma, it reduces their sense of isolation. Virtually all the participants on such a retreat are likely to be suffering from complex

trauma. A typical retreatant is a young woman of eighteen living with her extended family. Her older sister suffers from bipolar disorder and her grandmother is an alcoholic. Her father committed suicide, and she found him hanging from the door of the family home when she was ten. Her mother died of HIV when she was fifteen. She is trying to get into university but there is no income. She has no access to psychological counselling and wants to deepen her relationship with God.

Such cases of severe multiple trauma are the rule, not the exception. The facilitators of group retreats in daily life need to be able to contain a significant level of distress, as on any given evening a number of people may share traumatic experiences at some length. The retreat may be the only opportunity the retreatants have had to talk about the suffering in their lives and it is often a very cathartic experience. The key to the training of guides in this context is sensitive listening to the person's experience. Guides need to be helped to let go of the need to 'fix' problems and to recognise that this can only be, at best, the start of a much longer journey.

Relatively inexperienced guides, perhaps with significant levels of trauma themselves, may feel ill-equipped to deal with the intensity and complexity of what is shared. The recognition of this has led to a shift in our training process. Until recently we trained prayer guides and group retreat facilitators at our most basic level, in a course lasting 24 evenings. While this is sufficient to equip prayer guides to help healthy retreatants to enter more deeply into prayer, it is not sufficient to equip them to cope with the large number of traumatized people who come on retreat. For this reason we are in the process of changing our programme so that specific training for retreats in daily life happens after spiritual direction training.

Moreover, while guides are taught to listen in their initial training, they need ongoing formation through supervision. This allows them to develop their skills in relation to actual guiding situations and also process the helplessness and anguish they will feel about the painful emotions they may be left carrying. Debriefing is a critical part of the supervision experience in this type of context. It is particularly important for guides who may have had traumatic experiences themselves that are evoked by listening to others. If retreat facilitators do not have space to process what has come up for them in listening, this can have a very negative impact on them, not only personally, but also in their ability to sustain this work.

The Eight-Day Retreat

In a context such as this, training directors to accompany individuals well through eight days of intensive prayer is very demanding work. While in the past the majority of those coming on eight-day retreats were

priests or religious, now most are laypeople, from a variety of church contexts and cultural backgrounds. Many have limited experience of scriptural prayer and some also have little experience of spiritual direction and are not practised at being able to articulate their experience of God. Many of the retreatants are dealing with multiple traumas which may come to the surface in the intensity of the silence and sustained prayer. Directors need to be trained to deal with the implications of this.

As part of spiritual direction training we teach people theoretically about how to give an eight-day retreat. We also insist that they make a number of their own retreats. However, it is in the experience of directing such a retreat, reflecting on it and being helped to see how it connects with the theory that everything starts to come together. This makes the role of the supervisor of new retreat directors very much a training one.

One of the skills needed in the direction of eight-day retreats is the ability to help people who may be psychologically fragile to enter into a retreat in a way that is useful and will not precipitate an emotional breakdown. It is important to teach directors to screen applicants and to advise those who seem too fragile to cope with the intensity of the individually directed eight-day retreat to find other ways to deepen their relationship with God. It makes sense, wherever possible, to get people to make a shorter retreat of a weekend or three days to see how they handle the silence. Nonetheless, it is not always possible to know in advance the complexities of what one may be dealing with in those who apply for the eight-day retreat, and so directors need to know something about helping directees who turn out to be suffering from trauma. Because of the stigma attached to mental illness, especially in the black community, people are very reluctant to reveal that they are experiencing such difficulties. Questions such as 'Are you in therapy?' or 'Are you on any psychiatric medication?' are often not good indicators of potential problems, as people are unlikely to have had access to such care unless they can afford it privately. A possibly unconscious part of the attraction of the eight-day retreat seems to be the need for a healing space where they can be heard.

Given that a retreat is not therapy, how does the director 'allow the Creator to deal immediately with the creature' (Exx 15) and keep the focus on the directee's developing relationship with God, while recognising that this process is often happening in the context of substantial emotional fragility? This is first taught theoretically. However, it is in supervision that the person is helped to reflect on where the movement of the Holy Spirit may be. For new directors who are confronted with a person in considerable emotional pain, the temptation to slip into a 'therapeutic' mode

may be strong. The supervisor needs to help the director to remember his or her role—which is to help directees deepen their relationship with God.

Given considerable natural (and often spiritual) desolation, directors must take their directees' pain seriously, but look for strands of spiritual consolation, however tiny. This is challenging for any director, but even more so when the person is just beginning to learn the art of retreat direction. Directors should be able to help their directees as they begin to identify and explore sometimes very traumatic experiences, which may be being disclosed for the first time. Directors need to be comfortable hearing and containing the distress of another person, for which they need a high level of maturity and to have processed much of their own pain.

Usually what traumatized retreatants need most is a foundational, felt experience of the love of God. Very often their images of self and of God have been damaged or distorted by their experiences, especially if they did not have a loving, stable family background. The whole eight days may simply be focused on texts and images to help them experience God's love. This may continue to be necessary for a number of years in spiritual direction and successive eight-day retreats. Directors need to be free of the impulse to rush the person or to 'fix'.

Directors may need to be helped in supervision to recognise where a foundational experience of God's love is blocked by traumatic memories. After sensitive listening, and only as and when a person is ready, directors may very gently encourage the person to pray the 'healing of memories'.

***To allow the
experience to be
integrated and
transformed***

This is a way of helping people to pray through a traumatic experience. They are invited gently to recall the experience and then imaginatively to bring Jesus into it and allow it to be changed by his felt presence with them. Directors need to know how to help a directee see painful events dissociatively (as though from far away). This creates a psychological distance which makes it safer to engage with the experience. They then need to help the directee to bring Jesus into that experience in an associated way, so as to allow the experience to be integrated and transformed.

The intensity of eight days of silence and sustained prayer may be very difficult for people suffering from depression, anxiety or post-traumatic stress. For someone prone to psychosis the intensity of the silence can be dangerous as it may precipitate a psychotic break. Directors need to be trained to recognise when emotional intensity is too high. Retreatants may describe feeling overwhelmed. They may appear agitated or excessively restless. They may not be able to stop crying or may experience flashbacks to traumatic experiences. It is important for the director to recognise

whether a person should end the retreat and, if so, how to suggest this in a way which is not experienced by the person as a rejection.

If the person's reactions are not so extreme as to require breaking off the retreat, the director should have strategies that help the person to engage in a way that is not overwhelming. Directors should be taught to help such retreatants to structure their day so as to manage the intensity of the retreat experience. Having a clear framework for the day can help to create a safe scaffolding for the experience. It may be important to keep prayer periods relatively short, 20–30 minutes at a time, and to meet for retreat direction twice a day for shorter periods rather than once. If anxiety is high, teaching a simple breathing technique can bring down the level of emotional arousal, making it easier for the person to focus and pray. Distraction can also be an important technique. If people are dealing with very difficult material they may go over it again and again in their minds between sessions. It can be helpful to get them to do something that is distracting but requires focus, for example solving a crossword puzzle or going outside and seeing how many different kinds of birds they can find.

Supervision on an eight-day retreat provides a place for directors to consult with a more experienced director and to process reactions evoked in them by what is shared so that these do not have a negative impact on the accompaniment process. This is particularly vital for directors who have themselves experienced trauma, as what is shared may touch on their own issues or past traumas. On a recent retreat, for example, a white director, accompanying a young black man whose father had been tortured under the apartheid government, was able to share her pain in supervision that 'it was my people who did this to him', and was able to think about the possible transferences and counter-transferences at work.¹²

It is in the experience of doing the work of accompaniment and reflecting on it in supervision, having received the theory and practised the skills, that learning is consolidated for spiritual directors in formation.

Formation for Spiritual Accompaniment

If one takes the need to accompany people spiritually within a specific context seriously, we in South Africa cannot ignore the pervasive impact of trauma on the spiritual lives of those we accompany. The formation of spiritual directors must therefore equip them to help people who may be suffering from complex trauma to develop their relationship with God.

¹² Permission was sought from the director to share this example, the details of which have been slightly changed to protect anonymity.

Trainers must emphasize that the role of the spiritual director is distinct from a counselling role. Nonetheless, the awareness of the impact of trauma on images of God, on prayer, on the discernment of spirits and on the relationship with the director, as well as strategies to cope with it, should make them better able to assist directees in their relationship with God.

The formation of those accompanying others in the context of trauma has three elements: personal spiritual and psychological maturity; a formal training programme in both theory and skills (case studies, role-plays); and ongoing supervision of the ministry. Personal formation requires that spiritual directors should have processed the traumas in their own experience. Their own direction and, if need be, therapy are vital here. Where such maturity is lacking, trainers will need to ensure that this is attended to. The formal training programme should include theory about trauma and post-traumatic stress, as well as secondary issues such as depression, anxiety, sexual abuse and addiction. This should be presented from the perspective of its impact on a person's relationship with God and the role of the spiritual director, and then consolidated through practice in triads and role-plays.¹³ Thirdly, trainee directors (and, in my view, anyone engaged in this ministry), must be aware of the need to attend regular supervision in order to consult where necessary and, even more importantly, to manage their own reactions so that these do not get in the way of the accompaniment work.

It is not only in South Africa that trauma is an issue for those training people in spiritual accompaniment. Directors in many other parts of the world also work in contexts of trauma. Even in relatively untroubled and well-resourced locations, understanding how to accompany people who have been sexually abused or who suffer from depression, anxiety or low self-esteem, while keeping the focus on helping the person develop his or her relationship with God, is an invaluable skill for those who accompany others in the spiritual life and should, I believe, be an integral part of the formation of spiritual directors.

Annemarie Paulin-Campbell is currently head of the school of spirituality of the Jesuit Institute South Africa. The focus of her work involves the training and formation of spiritual directors, retreat directors and givers of the Spiritual Exercises. The Institute is currently working to develop a more culturally integrated approach to training spiritual directors.

¹³ 'Triads' involve skills practice in threes where one trainee takes the role of director, one that of the directee and the third that of the observer who gives feedback to the 'director' about what seemed helpful and unhelpful in the way they engaged with the 'directee.' The person taking the role of directee may engage in role play or, more commonly, share real material from his or her life.