13. Belief, Religion, and Hope – Page Version

Introduction

Belief and religion are important in the lives of all people, even though some people may deny this. These beliefs may go in various directions and frequently change during and after traumatic events. Further, hope, or the lack of it, strongly influences the reactions of clients.

These qualities are important within the caregiver as well as within the client.

While we realize that some people will disagree with us, we give strong warnings to caregivers against proselytizing or attempting to change the beliefs of clients. We believe strongly that this can damage people and is unethical.

Again, we emphasize the role of the caregiver as a facilitator, not as someone who is there to give advice.

As always, we ask you to complete the activities that we suggest. Again, we ask you not to post any information by which a person could be identified, as this is unethical.

The Role of Belief and Religion

Belief of some sort is a part of the life of every person, whether or not that is a belief in a higher being or whether it is belief in something else. This changes during and after traumatic situations in almost everyone. Belief can become stronger or weaker and it can change in nature.

Many caregivers never discuss this aspect of trauma with clients. By contrast, we have seen that bringing it up is a relief to many clients, many of whom want to speak about it.

As we mentioned in the introduction, we see the role of the caregiver as a facilitator. We believe that it is highly unethical for a caregiver to try to convert a client to the caregiver’s religion or way of thinking about belief. We know that many in various religious communities disagree with us on this. Nonetheless, we stand by it. We have seen such conversion efforts do great damage on occasion. Again, it is not the place of the caregiver to determine the client’s life.

Still another side is the participation of the caregiver in the client’s religious practice. As one example, we have had clients ask us to pray with them. In general, we decline. However, there may be circumstances in which a caregiver may want to do so to support and encourage a client.

Activities

Describe a situation in which a client spoke about his or her belief and/or religion. How did that belief and religion change through the traumatic events? How did the client feel after speaking about it? How did you feel?

Has a client ever asked you to participate in his or her religious system? How did you react? What happened?

Are there situations in which it is not appropriate to talk about belief and religion?

Hope

In an earlier section, we spoke about honesty and openness and directness and the necessity of the client facing situations and dealing with them. Yet, in all of that, we want to leave room for the client to have hope and to have something toward which to work. That motivates the client to go further. This does not mean exaggerating or not being honest with a client. One doctor that we know, faced with a cancer patient, rather than saying that the person would be dead within six months, said that only 10% of people lived longer than six months. The person then could hope to be within that 10% and still go about getting things in order. Hope can be a powerful force in moving people to change and to process things.

Activities

Describe a situation in which unrealistic hope was given. What happened?

Describe a situation in which giving hope assisted a client.

Final Remarks

Religion and belief are important in the life of most people. Caregivers should not shrink from them but should deal with them directly. Again, we stress that it is not the role of the caregiver to attempt to change belief. Facilitating hope in the client assists in processing the trauma, sometimes helping the client to come to a new state.