CONTEMPORARY SPIRITUAL FORMATION

Care for the Wounded

How ministry teams can recognize when pain is shaping the spiritual question, respond with truth and safety, and know when another kind of care is needed

06

A free, research-grounded resource for ministry teams. Designed for a focused fifteen-minute staff, vestry, elder, board, pastoral-care, chaplaincy, or volunteer conversation.

What this names	What to listen for	What this helps a team do
Pain can change how a person hears God, authority, belonging, prayer, discipline, and hope. The wound may not be the whole spiritual story, but it can be inside the spiritual sentence.	Not only what the person believes, but what they have learned to brace against, repeat, hide, fear, or carry alone. The same words can hold spiritual dryness, grief, anxiety, trauma, loneliness, sin, illness, or more than one of these at once.	Receive disclosures with care, protect safety, discern without diagnosing, coordinate qualified support, and remain present without trying to become the person's savior.

01 · THE FORMATION CHALLENGE

The wound may be inside the spiritual sentence

"God is with me, but it feels like a lie."

"I keep repenting, but I still cannot believe I am forgiven."

"I pray better alone."

"I think I am in a dark night of the soul."

The sentence does not tell the team which.

A spiritual question can carry more than an idea.

The first sentence cannot identify the whole care need.

Learn which conversation the person is bringing.

Four people can say those sentences while carrying four very different realities. One may be grieving. One may be experiencing a pattern of obsessive guilt. One may be protecting themselves after a breach of trust. One may be moving through spiritual dryness. Another may be living with depression, trauma, illness, family conflict, or several pressures at once.

That uncertainty can make ministry leaders reach for a familiar explanation. A biblical truth may come quickly to mind. A past experience may seem to match. A leader may recognize spiritual resistance, a mental-health concern, a safeguarding issue, or a theological misunderstanding.

Any of those concerns may matter. None should be decided from the first sentence alone.

The first responsibility is to learn which conversation the person is actually bringing.

02 · RESPOND WITHOUT COLLAPSING THE PERSON

Hold the spiritual and practical questions together

Care can lose its way in two opposite directions.

One direction spiritualizes too quickly. Grief becomes weak faith. Anxiety becomes failure to trust. Depression becomes a dark night. Trauma becomes a lesson God must have assigned. The explanation may sound faithful while making it harder for the person to name what is happening or receive appropriate care.

The other direction treats spiritual meaning as irrelevant. Prayer, sin, forgiveness, lament, hope, spiritual dryness, and the person's relationship with God disappear because a clinical concern may also be present.

Christian ministry does not have to choose between taking spiritual life seriously and respecting clinical knowledge. It does have to know its role.

A ministry team can listen, pray, teach, protect, accompany, refer, and help a person remain connected to Christian community. It can establish clear safeguarding processes and respond honestly when harm occurred within the church. It can also admit when a question requires training or authority the team does not have.

What happened?

What does this experience mean to them?

What has changed in their prayer, relationships, body, work, sleep, appetite, concentration, or ordinary functioning?

What do they need right now: to be heard, to be safe, to lament, to receive clear teaching, to make a report, to see a qualified clinician, or to have someone remain beside them while the next step becomes clearer?

Christian ministry does not have to choose between spiritual seriousness and qualified care

RECEIVE	PROTECT	REMAIN
Listen before assigning a category	**Act when safety or safeguarding requires it**	**Keep Christian presence available within clear roles**

The aim is not to explain the person. It is to care for the person faithfully.

03 · WHAT THE RESEARCH HELPS US SEE

The field of pain is wider than one label

281	70	45	27 + 27
stored Reddit threads across 53 distinct online communities	loss or death codes	conflict codes	trauma and abuse codes

Athority Ministries® studied 281 stored Reddit threads across 53 distinct online communities as part of its foundational research into contemporary spiritual seeking. Several forms of pain appeared across the coded material. Loss or death appeared in 70 threads, conflict in 45, trauma language in 27, and abuse language in 27.

These codes can overlap. They do not describe 169 different people, establish a diagnosis, or prove that pain caused a particular spiritual pathway. They do show why ministry should not assume that a spiritual question begins only with an idea.

A person may be asking whether God is trustworthy while grieving someone they loved. They may be questioning authority after a relationship, institution, or leader used authority badly. They may be seeking certainty because uncertainty has come to feel physically unsafe. They may be drawn to a practice because it gives language, ritual, relief, or a sense of control when ordinary life feels unmanageable.

The practice, conclusion, or spiritual claim still deserves discernment. Pain does not make every interpretation true. Yet a response that addresses only the conclusion may miss the pressure that made the conclusion feel necessary.

The ministry question becomes larger:

> **What is this person trying to understand?**
>
> **What are they trying to survive, prevent, repair, or carry?**
>
> **What promise does this belief or practice make to them?**
>
> **What kind of support would help without taking over their agency or exceeding our role?**

This is not permission to diagnose from a story. It is a reason to listen for the story before assigning a category.

> Listen for the story before assigning a category.

04 · WHAT THE RESEARCH HELPS US SEE

A person's imagery can show where pain is being carried

9.47x
Being Held language

4.73x
Cage or Box language

3.55x
Hole or Wound language

In the same research corpus, Athority Ministries® examined recurring metaphor patterns. When relational-trauma or trigger language was present, language associated with Being Held appeared at 9.47 times its usual rate. Cage or Box language appeared at 4.73 times its usual rate, and Hole or Wound language appeared at 3.55 times its usual rate.

Those figures describe language patterns in a defined set of digital conversations. They do not establish causation, diagnose the writer, or tell a ministry team what every survivor needs. They do remind us that pain is often described through the body and through space.

Someone feels trapped, exposed, buried, held, cut open, hollowed out, or unable to breathe. The image may carry more than decoration. It may be the closest language the person has for what safety, danger, intimacy, authority, or God currently feels like.

A leader does not need to interpret the image for them. A better question is often simple:

> **When you say you feel trapped, what does trapped mean here?**
>
> **When you say prayer feels like a locked room, what happens when you try to pray?**
>
> **When you say you need to be held, what kind of presence would actually feel safe?**

The answer may reveal a theological concern, a relational wound, a clinical need, a practical barrier, or a safeguarding responsibility. It may reveal more than one.

> Listening to the image helps the team avoid giving the right answer to the wrong pain.

05 · WHAT THE RESEARCH HELPS US SEE

Spiritual and clinical realities can overlap without becoming the same thing

17 conversations in the 281-thread corpus explicitly used dark-night language

Seventeen conversations in the 281-thread corpus explicitly used dark-night language. Within that small qualitative subset, the research coded spiritual practice or growth in 12 conversations, general suffering in 10, depression or mental-health language in 9, existential crisis in 6, relational avoidance in 3, and divine action in 2.

The categories overlap. This is not a prevalence study, and the subset is too small to tell us what most people mean by the phrase. It shows why the phrase alone is not enough.

The Christian contemplative tradition uses *dark night* with a particular history. John of the Cross distinguished different forms and stages of spiritual purification, and he cautioned that dryness can have more than one source. Contemporary use is much broader. A person may use the phrase for grief, depression, trauma, illness, doubt, spiritual dryness, or a season they understand as transformation.

Ministry should not flatten all of those experiences into one story.

12
spiritual practice or growth

10
general suffering

9
depression or mental-health language

> A spiritual phrase can name more than one kind of experience. The phrase alone is not enough.

05 · RESEARCH IN MINISTRY PRACTICE

Ask spiritual and practical questions together

The team is learning its responsibility, not making a diagnosis.

The leader can ask spiritual questions and practical questions together:

> **What has changed in prayer and your sense of God?**
>
> **What losses, conflicts, illnesses, or major changes surround this season?**
>
> **How are sleep, appetite, concentration, relationships, work, and ordinary responsibilities being affected?**
>
> **Are you safe?**
>
> **Who else is supporting you?**
>
> **Would qualified clinical care help us understand part of what you are carrying?**

These questions do not diminish spiritual life. They protect it from a false choice between faith and care.

The same discipline matters when repeated guilt, confession, prayer, or requests for reassurance appear. Some people may be wrestling with sin, spiritual formation, or a tender conscience. For others, the pattern may involve scrupulosity, a form of obsessive-compulsive disorder centered on religious or moral fears.

A ministry leader cannot determine that from a repeated question. Nor is endless reassurance always harmless. The International OCD Foundation cautions that repeated reassurance and accommodation can reinforce an obsessive-compulsive cycle.

The faithful response is not coldness. It is care with boundaries: listen, teach clearly, refuse to become the person's certainty mechanism, and collaborate with a qualified clinician when appropriate.

> Care with boundaries can remain warm, faithful, and connected to qualified help.

06 · WHAT THE RESEARCH HELPS US SEE

Safety and loneliness can coexist

52 of 57

said a spiritual path is something a person must find on their own

43 of 58

said spiritually enlightened people are lonely

Two small *Felt Commons™* own-audience polls surfaced themes that ministry leaders may recognize. In one question, 52 of 57 respondents said a spiritual path is something a person must find on their own. In a separate question, 43 of 58 said spiritually enlightened people are lonely.

The questions had different samples and measured different beliefs. They do not show that the same respondents held both views, that self-directed spirituality causes loneliness, or that the results describe the wider public. They do place two convictions close enough for ministry to examine without combining them into one claim.

A person may value spiritual independence because solitude feels honest, alive, or safe. They may have experienced community as controlling, shallow, exposing, or unable to hold their questions. Distance can therefore feel like protection rather than rejection. The same person can still need relationship.

Ministry should not turn loneliness into leverage. "You are lonely, so come back to church" can ignore the reason distance became necessary. Nor should a team assume that a preference for solitude means the person no longer longs to be known.

Care can offer smaller, safer bridges: one trusted person before a crowded room, a meal before a program, an honest conversation before an invitation, a clear boundary before a new responsibility, or a consistent relationship that does not require a quick spiritual outcome.

The goal is not to force participation. It is to help Christian community become more trustworthy in practice, one relationship at a time.

ONE PERSON **before a crowded room**	ONE MEAL **before a program**
ONE BOUNDARY **before responsibility**	ONE RELATIONSHIP **without a quick outcome**

> Help Christian community become more trustworthy in practice, one relationship at a time.

07 · THE THEOLOGICAL LENS

Bear the burden without becoming the Savior

THE CENTER

Lament is not faithlessness. It is faith refusing to stop addressing God.

PSALMS 13, 22, AND 88

Scripture does not wait for pain to become tidy

Scripture gives the Church a language for suffering that is neither denial nor despair. The psalms of lament do not wait for pain to become tidy before addressing God. Psalm 13 asks, "How long?" Psalm 22 begins with the cry Jesus takes on his lips in the passion. Psalm 88 ends without the visible turn toward resolution found in many other laments.

Truth does not require immediate emotional agreement

That matters when a person says God's presence feels false. A leader can affirm what Scripture teaches about God's faithfulness without demanding that the person's nervous system, grief, or emotions produce immediate agreement. The Church can speak truth and still make room for the sentence, "I cannot feel it yet."

Presence must remain humble about what God has revealed

Job's friends offer another warning. They first sit with him on the ground for seven days because they see that his suffering is very great (Job 2:13). Later, their confidence outruns their knowledge, and God rebukes them for speaking wrongly about him (Job 42:7).

An explanation can become another burden

Their initial silence is not a complete model of care. Suffering may require protection, practical help, teaching, medical attention, a report, or urgent action. Yet Job reminds ministry leaders that an explanation can become another burden when it claims to know what God has not revealed.

Burden bearing is shared life under Christ

The Church is called to bear one another's burdens (Galatians 6:2) and to weep with those who weep (Romans 12:15). Burden bearing is shared life under Christ. It is not one leader becoming the sole container for another person's pain.

Jesus remains the Savior. The ministry worker remains a member of his body with a real, bounded responsibility.

> That distinction protects both people.

08 · THE THEOLOGICAL LENS

Care with real responsibility and clear limits

Bounded care protects both people

It protects the person receiving care from dependency, secrecy, coercion, and the harm that can happen when one leader becomes counselor, confessor, crisis line, decision-maker, and final authority at once.

It protects the ministry worker from treating exhaustion as proof of faithfulness or believing that a person is safe only when the worker remains endlessly available.

Christian care can therefore say:

I will listen carefully.

Christian care can say

I will tell the truth.

I will act when safety requires action.

I will help connect you with care I am not qualified to provide.

I will not disappear simply because another professional becomes involved.

This is also how the Church should understand discipline and condemnation.

Correction is not condemnation

John 15 describes the Father's pruning in the life of those who abide in Christ. Hebrews 12 speaks of discipline within the relationship of a loving Father and his children. Neither passage presents suffering, repeated confession, or self-punishment as payment for sin.

Romans 8 places the believer's hope outside the cycle of self-prosecution: God justifies, Christ died and was raised, and Christ intercedes.

Correction can lead toward life, fruit, repair, and renewed communion. Condemnation keeps the person trying to pay a debt Christ has already carried.

Ministry leaders should take sin seriously. They should also notice when the search for certainty has turned repentance into a ritual that can never be completed. Clear teaching about grace may need to stand alongside clinical support, not compete with it.

Grace can stand beside qualified care

The wounded person does not need the Church to become vague about truth. They need truth carried without panic, contempt, or abandonment.

> The wounded person needs truth carried without panic, contempt, or abandonment.

09 · WHAT MINISTRY TEAMS CAN MISREAD

Let care remain truthful, humble, and properly bounded

MISREAD 01

"If we give the right truth, the person should feel better quickly"

Truth matters, and a person may need clear teaching. Yet accurate words do not control the pace of grief, trauma recovery, depression treatment, reconciliation, or restored trust.

Do not measure the truth by whether it produces an immediate emotional change. Ask whether it is being offered in a relationship that can carry honesty, time, practical support, and appropriate care.

MISREAD 02

"If trauma language is present, trauma explains the whole spiritual story"

Pain may shape how a person experiences God, authority, intimacy, and belonging. It may influence why a spiritual practice or community feels safe. It does not make the person reducible to a wound.

Do not diagnose from a metaphor, practice, disagreement, or disclosure. Do not assume every departure is caused by harm or every harmful experience produces departure. Care for the wound in front of you without turning it into a total explanation of the person.

MISREAD 03

"Listening means withholding boundaries"

Listening does not require agreement with every interpretation. It does not require secrecy about abuse, danger, or safeguarding concerns. It does not prevent a leader from naming sin, correcting theology, or saying that a practice is incompatible with Christian discipleship.

Listening changes the order and posture of the response. The leader receives what is being said, learns what is at stake, protects the person, and then responds with clarity that has not stopped seeing them.

MISREAD 04

"Referral means ministry has failed"

Referral can be an act of humility and fidelity. A qualified clinician can provide assessment and treatment that a ministry team should not attempt. A safeguarding professional or civil authority may hold responsibilities the ministry cannot replace.

The Church still has work to do. Prayer, worship, meals, friendship, lament, practical help, theological guidance, and safe belonging are not rendered unnecessary because clinical care is involved.

> Referral should widen care, not quietly end the relationship.

10 · QUESTIONS AND MEETING USE

Move from recognition to one faithful response

QUESTION 01

What in our ministry culture helps a person disclose grief, harm, anxiety, shame, loneliness, or spiritual dryness without being rushed, blamed, or turned into a project?

QUESTION 02

When pain arrives in spiritual language, how do we determine what belongs to ministry care, safeguarding action, qualified clinical care, or a coordinated response?

QUESTION 03

Where can lament remain visible in our community without the room treating unresolved sorrow as a theological failure or a problem that must be fixed quickly?

READ · 2 MIN

Read **The formation challenge** aloud through the sentence, "The first responsibility is to learn which conversation the person is actually bringing."

NOTICE · 3 MIN

Read the three research observations silently. Ask each person to mark one sentence that changes how they would listen.

EXAMINE · 4 MIN

Choose a composite or hypothetical care situation, not an identifiable person, and use **Read one care situation through five responsibilities** below.

DISCUSS · 3 MIN

Choose one question for the room. Let the team name strengths and gaps without turning the discussion into a review of one person's private story.

NAME · 2 MIN

Choose one care pathway, safeguarding step, referral relationship, boundary, training need, or communal practice the team will strengthen.

PRAY · 1 MIN

Ask the Father to make the team attentive to suffering, faithful to the truth of Christ, and wise through the Holy Spirit in every form of care entrusted to it.

LEAVE WITH THIS

One part of the care pathway the team will strengthen

The meeting should end with one response small enough to assign and review.

- A safeguarding step
- A referral relationship
- A boundary or confidentiality practice
- A communal rhythm of care

The team is not resolving one person's private story. It is strengthening the care environment for which it is responsible.

11 · A PRACTICE TO CARRY FORWARD

Read one care situation through five responsibilities

Use a composite or hypothetical situation that reflects a recurring ministry concern. Do not identify, diagnose, or discuss a particular person without a legitimate care purpose and the appropriate confidentiality safeguards.

01

Receive

What has the person actually said? What emotion, image, spiritual claim, loss, or fear needs to be heard before the team interprets it? Write down what is known and separate it from what the team is assuming.

02

Protect

Is there an immediate safety concern, possible abuse, threat of self-harm, danger to another person, or a safeguarding duty that requires action? What limits to confidentiality must be explained? Which organizational, denominational, legal, or emergency process applies?

If immediate danger or acute crisis may be present, stop the exercise and follow the ministry's emergency and safeguarding procedures.

03

Discern

Which parts of the situation belong to spiritual care, theological teaching, lament, confession, reconciliation, practical support, or restored community? Which changes in functioning, repeated patterns, symptoms, or concerns suggest that qualified clinical assessment may be helpful? The team is deciding its responsibility, not making a diagnosis.

04

Partner

Who is qualified to provide the care the ministry cannot provide? Does the team have current, vetted referral relationships rather than a list assembled during a crisis? How will consent, privacy, communication, and role boundaries be handled if ministry and clinical care continue alongside each other?

05

Remain

What faithful presence can the Christian community continue to offer? Who can pray, call, provide a meal, make room for lament, support safe participation, or remain available without becoming the person's only source of care?

Now name one response the team will strengthen before the next care conversation. Assign an owner and a review date.

12 · CARE-PATHWAY WORKSHEET

Record what the team knows, what it must protect, and what happens next

Use a composite or hypothetical situation. Do not diagnose or casually discuss an identifiable person.

Receive

What was actually said? What do we know, and what are we assuming?

Protect

What safety, safeguarding, confidentiality, reporting, or emergency responsibility applies?

Discern

What belongs to ministry care, and what suggests that qualified assessment may help?

Partner and remain

Who can provide qualified care, and how will Christian community stay faithfully present?

One response we will strengthen before the next care conversation

Owner and review date:

13 · CONTINUE EXPLORING

Stay with the care challenge

READ 01

01 **What Does Trauma Have to Do With Spiritual Seeking?**

READ 02

02 **What Does the Dark Night of the Soul Mean Now, and What Did It Mean Before?**

READ 03

03 **When Discipline Feels Like Punishment**

READ 04

04 **When "God Is With You" Feels Like a Lie**

RESEARCH NOTE

This brief synthesizes five public Athority Ministries® articles assigned to the Care for the Wounded resource in the approved 44-post source matrix. It also draws on controlled findings from the Authority Loop™, Ministry Practice Metaphor Mapping, and Felt Commons™ studies.

The foundational qualitative corpus contains 281 stored Reddit threads across 53 distinct online communities. The wound-related and dark-night codes can overlap. They describe patterns in defined digital material and do not diagnose a writer, estimate the wider public, or establish that one wound caused a particular spiritual pathway.

The metaphor figures describe changes in the rate of specific language patterns when relational-trauma or trigger language was present. They do not establish what every person needs or prove that the language was caused by trauma.

The two Felt Commons™ results used in this brief come from separate own-audience questions answered by an engaged, self-selected audience. They are not clinical assessments, representative estimates, or one longitudinal account of the same respondents.

The clinical boundaries in this resource were checked against official guidance from the Substance Abuse and Mental Health Services Administration, the National Institute of Mental Health, and the International OCD Foundation's resources on scrupulosity and the role of faith leaders. This resource does not provide diagnosis, treatment, legal advice, or emergency services.

Scripture engaged: Psalm 13; Psalm 22; Psalm 88; Job 2:13 and 42:7; Galatians 6:2; Romans 12:15; John 15; Hebrews 12; and Romans 8:33-34.

USE AND BOUNDARIES

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Read the web edition: athority.org/formation-briefs-for-teams/care-for-the-wounded/