

Learning to SING: Research into the Effectiveness of a Faith-Based Intervention Benefiting Traumatized Women

By: The Rev. Dr. Robert Cornelison

Objective: to determine if the effects of using the *Stories in Grace Curriculum* would be beneficial to a group of women who have experienced trauma.

Methods: An eleven-item questionnaire was used to monitor the outcomes of the *Stories in Grace Curriculum*. The questionnaire addressed five symptom/behavior problems and six functional areas. The questionnaires were completed before the first session and after the last session.

Results: Two groups completed the 15-session *Stories in Grace Curriculum* with a total of 20 participants who showed a 29.61-37.39% reduction in negative symptoms across the five categories, and a 14.83-34.04% increase in the six functional areas examined.

Conclusion: The findings of this study need to be confirmed through an expanded study that includes a greater number of participants and greater ethnic and situational diversity. This study seems to show that this lay led, Faith-based intervention can significantly contribute to the care of traumatized individuals, possibly expanding the availability and lowering the cost of care.

The Ekklesia Society launched the *Healing the Wounds of Trauma Initiative* in early 2019 in response to the epidemic of depression, anxiety, and fear that is plaguing modern cultures, especially war-torn areas in Africa. This crisis has been made worse by the COVID-19 pandemic and resulting restrictions put in place to slow the spread of the virus. Some research shows up to 40% of the population in the United States are dealing with increased levels of anxiety and depression. In the Developing World these numbers could be much worse as many people are day laborers who cannot work due to lock downs, and therefore, cannot feed their families. What started as a targeted intervention for women who survived sexual trauma, has now become a critically needed intervention for the masses.

The objective of the Learning to Sing Study is to determine if the *Stories in Grace Curriculum* would be beneficial to a group of women who have experienced trauma. The author has participant testimonies and direct observations from previous field work in the Dominican Republic and Uganda. This study is designed not only to determine that there is measurable change happening in the participants, but if so, how much beneficial effect participants gain from going through the curriculum.

This study focused on two groups of women who went through a fifteen-week version of the *Stories in Grace Curriculum* (SING). SING normally takes thirty-six weeks, but it was determined that during the Test Phase based in the United States of America (USA), the length of the curriculum would be a hindrance to participation. The first group was a group of eight women living in a women's and children's only domestic violence shelter. The second was a group of twelve refugee women from a number of East African, Swahili speaking countries who now reside in the USA.

SING is a lay led, group orientated, therapeutic curriculum created by Linda Dykstra, Ph.D., a clinical psychologist who

developed SING originally to help women and girls rescued from the sex trade find healing. SING uses *Magdalena: Released from Shame* (<https://www.jesusfilm.org/watch/magdalena.html/english.html>) produced by The Jesus Film Project, as the means of narrating the Gospel message of hope, healing, and salvation. SING uses an inductive, orality methodology whereby the participants watch a film segment from *Magdalena: Released from Shame*, answer six questions, and often have an activity or exercise to complete.

The author was first introduced to SING in 2017 at conference where Linda Dykstra, Ph.D. was a presenter. After reviewing SING, it became clear that SING would be helpful in women's healing journeys as a means to prepare them to receive inner-healing prayer. It was assumed that if the women were not ready to talk about their trauma, the women would not participate in a four to six hour intensely intimate prayer session. In the beginning, SING was viewed as pre-prayer intervention to prepare the women for inner-healing prayer.

SING was deployed as a pre-prayer intervention in the Dominican Republic and Uganda with tremendous results. After completing SING, women were willing to go through inner-healing prayer and discuss their traumatic experiences. They also experienced life-changing transformation through SING.

The unexpected transformation led to further study of trauma and how the human brain processes traumatic events. The transformations started to make sense viewed through the material learned from Chris Coursey at THRIVEtoday. Coursey's book entitled *Transforming Fellowship: 19 Brain Skills that Build Joyful Community* and a workshop on trauma revealed the answer to why SING changes lives. Coursey shows the connection between the amount of joy one is able to experience in their lives to the amount of trauma that their brain can process. In simple terms, if one can increase their ability to return to a state of joy, the brain will process the trauma. SING uses 16 of Coursey's 19 brain skills that build joy. For additional resources on the connection between joy and healing trauma read, *Anatomy of the Soul: Surprising Connections Between Neuroscience and Spiritual Practices that can Transform Life and Relationships*, by Curt Thompson, MD.

Research Method & Design

This study used an eleven-item questionnaire designed to test whether SING, as a faith-based intervention, would have a positive effect on the program participants. The questionnaire consisted of five negative symptoms/behavior problems and six functional characteristics. The first Self-Assessment Questionnaire was administered at the initial gathering before the participants watched *Magdalena: Released from Shame*. The second Self-Assessment Questionnaire was administered fifteen-eighteen weeks later, immediately after the last session in the fifteen-week lesson plan. For the Swahili speaking group, the questionnaire was translated in Swahili, and the video segments were presented in Swahili. The English Self-Assessment Questionnaire is included on the next page.

"I learned we have to forgive because if we don't that poison runs through our veins and destroy us from the inside That's the reason why God gave us that gift for us to forgive and fight for the common good and to leave evilness behind us." – "Maria"

"I have changed a lot that was wrong, and I have applied wonderful things to my life, I seek God. I have realized that I was the one who was wrong in some things, and I am working in some areas of my life that I need to fix because I know they are not right and above all that God does not like them... we must forgive those people who have left scars on my heart because when we forgive our journey it is lighter." - "Anna"


It is worth noting, attention was given to protecting the identity and the personal information of the participants. Names were used on the questionnaires to be able to compare the pre and post questionnaires, but the forms themselves were destroyed after the data was collected and tabulated. The author had to promise the Swahili Group that their stories would be protected before the group would agree to participate. Additional testimonies would have been enlightening as well as a means to verify the numeric data collected, but the privacy of the participants was paramount. In most cases, the author did not meet the participants in the study but relied on female facilitators to lead the groups and collect the data.

Once the pre and post Self-Assessment Questionnaires were collected, each set was compared and the **percentage of change from the original score** was calculated between the Pre and Post Self-Assessment Questionnaires. In all but one case there was a reduction in negative symptoms (questions one-five) and growth in functional characteristics (questions six-eleven). One participant, who reluctantly participated in the group held at the residential women's shelter, marked her questionnaires the same way, by drawing a line through the fives in each of the eleven rows. All participant's percentage of change for each of the eleven questions were then averaged to get a group score and the overall study score.

Results

Data from twenty participants shows that SING has been successful in

contributing to the healing of traumatized women. This study seems to show that a lay-led program that requires only minimal training for the facilitator, access to a computer to show the film and segments, and \$75 to purchase SING can reduce negative symptoms by an average of 29.61-37.39% and increase



SELF-ASSESSMENT QUESTIONNAIRE

Name: _____

Primary Phone: _____ Email: _____

Do you consider yourself a Christian: *(Circle One)* Yes No Age: _____

Church you attend: _____

Sex: *(Circle One)* Male Female Marital Status: _____

How would you rate the following on a scale of 1 – 10: (1 is low and 10 is high)

Depression:	1	2	3	4	5	6	7	8	9	10
Anxiety:	1	2	3	4	5	6	7	8	9	10
Tormenting Thoughts:	1	2	3	4	5	6	7	8	9	10
Inner-Conflict	1	2	3	4	5	6	7	8	9	10
Addictive Behaviors:	1	2	3	4	5	6	7	8	9	10
Self-Esteem:	1	2	3	4	5	6	7	8	9	10
Ability to function in daily activities:	1	2	3	4	5	6	7	8	9	10
Satisfactory Relationships:	1	2	3	4	5	6	7	8	9	10
Physical Health:	1	2	3	4	5	6	7	8	9	10
Bible study and Prayer:	1	2	3	4	5	6	7	8	9	10
Reality of God in your life:	1	2	3	4	5	6	7	8	9	10

functional characteristics by an average of 14.83-34.04%. The table below shows the percentage of change in each of the eleven categories of the Self-Assessment Questionnaire by group:

Self-Assessment Question	Group 1 (Women's Shelter)	Group 2 (Swahili Group)	Study Score
1. Depression	33.79%	31.94%	32.68%
2. Anxiety	36%	38.3%	37.39%
3. Tormenting Thoughts	27.87%	31.91%	30.33%
4. Inner-Conflict	32.83%	31.94%	32.3%
5. Addictive Behaviors	32.35%	27.77%	29.61%
6. Self-Esteem	42.08%	24.88%	31.76%
7. Ability to function in daily activities	29.86%	17.01%	22.15%
8. Satisfactory Relationships	34.58%	18.52%	24.94%
9. Physical Health	21.52%	10.37%	14.83%
10. Bible Study & Prayer	50.93%	22.78%	34.04%
11. Reality of God in your life	49.31%	21.36%	32.56%

Observations & Further Study

There was a wide range of scores between the two groups, especially in the raw data. The author believes that the range of scoring in the raw data is due to a number of reasons:

1. Group 2, the Swahili Group, is made up of immigrant women from East Africa. These women come from shame-based cultures. While the percentage of change is significant, the movement was limited on the questionnaires since it is often hard to admit that one is struggling in a shame based culture. The first five questions were answered with mostly twos and threes, and most of the remaining questions were mostly marked as eights, nines, or tens. Therefore, movement was recorded as either 0, 33.33%, or 66.66%.
2. Group 2 was also a church based group. Therefore, most of the people already had a relationship with the Lord. Questions seven - nine were marked as seven-ten on the pre questionnaire compared to the much lower scores from Group 1, the residential women's shelter, who were a mixed group of women with diverse church and religious experiences.
3. Group 1 was led by facilitator with a MSW and was able to integrate SING into the Shelter's established curriculum. This may be a significant reason that Group 1 experienced much higher scores in functional characteristics, questions six - eleven.

Due to the limited number of participants and the cultural diversity of the two groups in this study, there are a number of areas that would benefit from additional study:

1. Twenty participants is too small of a sampling to be able to make definitive statements. Due to the potentially massive positive effect SING can have for traumatized women for a fraction of the time and money that traditional counseling would require, it would behoove the Church to broaden this study to include more women from diverse backgrounds.

2. It is apparent that scoring becomes inconsistent when dealing with shame based cultures. It may be necessary to conduct two separate studies to accommodate the difference in participant scoring due to cultural value differences.
3. A further area of study would be to track participants in SING through an additional faith-based intervention like the Steps to Freedom and see if participation in SING has better results than those who participated only in the Steps of Freedom based on the 2008 article in the Southern Medical Associations Journal entitled, *“Faith-Based Intervention in Depression, Anxiety, and Other Mental Disturbances.”*

Conclusion

The findings of this study need to be confirmed through an expanded study that includes a greater number of participants and greater ethnic and situational diversity. However, this study seems to show SING, a lay led, Faith-based intervention, can significantly contribute to the care of traumatized individuals, possibly expanding the availability and lowering the cost of care.



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