



# Beyond The Lasting Shadows: How Adverse Childhood Experiences Shape Seminary and Religious Formation in Sri Lanka

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**Abstract-** This article examines how adverse childhood experiences (ACEs) profoundly influence the human, spiritual, intellectual and pastoral formation of major seminarians and junior religious sisters in Sri Lanka. Integrating attachment theory, psychosocial development, trauma neuroscience, and theological reflection, it explores the lasting effects of childhood wounds on personal identity, emotional resilience, and vocational integration during formation. Through case illustrations, the article highlights complex challenges faced by candidates, while pastoral insights emphasize the necessity of compassionate, trauma-informed accompaniment. The study contextualizes formation within Sri Lanka's unique cultural dynamics, including collectivist family structures, mental health stigma, and intergenerational trauma from civil conflict (1983-2009). Practical recommendations for trauma-sensitive formation programs are offered, alongside a theological reframing of brokenness as a locus of grace and redemptive healing. This comprehensive approach calls formation programs to engage courageously with candidates' inner wounds, fostering resilient, integrated ministers who embody the transformative power of Christ's compassion.

**Keywords-** Adverse childhood experiences (ACEs), seminary formation, religious formation, trauma-informed care, Sri Lanka, attachment theory, wounded healer, pastoral ministry, Catholic formation.

## I. Introduction

The Catholic Church in Sri Lanka, though a minority religious community comprising approximately 6% of the population, preserves a dynamic tradition of priestly and religious vocations (Fernando, 2020). Formation houses including minor seminaries, major seminaries, novitiates, and houses of temporary profession play a pivotal role in nurturing the spiritual, human, intellectual, and pastoral dimensions of future priests and religious. These formation communities follow the Ratio Fundamental<sup>is</sup> Institution<sup>is</sup> Sacerdotal<sup>is</sup> (Congregation for the Clergy, 2016) and its local adaptation, the Ratio National<sup>is</sup>, to form mature, integrated, and holy individuals capable of serving the People of God.

However, Sri Lanka's socio-political landscape has been profoundly shaped by decades of ethnic conflict, a devastating civil war (1983-2009), persistent poverty, and ongoing economic crises (Silva & Samarasinghe, 2014). Many candidates' entering formation come from families and communities traumatized by these realities. Some originate from war-affected regions or internally displaced families; others bear wounds from domestic violence, substance abuse, parental absence, or emotional neglect (UNICEF, 2010). These individuals bring unspoken burdens that remain largely unaddressed in traditional formation models.



Formation programs in Sri Lanka have historically prioritized spiritual discipline, community life, obedience, and doctrinal fidelity, while often neglecting systematic attention to psychological and emotional development (Perera, 2018). Cultural stigma surrounding mental health, limited training among formators in psychological assessment, and institutional silence around trauma contribute significantly to this gap (De Zoysa, 2006). Candidates may present as externally compliant, masking significant inner struggles that later emerge as relational dysfunction, burnout, or spiritual crisis.

Despite having structured academic and pastoral programs, human formation especially emotional healing and resilience-building remains underdeveloped in many Sri Lankan seminaries and religious houses. Early life wounds manifest in fragile self-esteem, fear of intimacy, difficulty with authority, people-pleasing behaviors, perfectionism, unresolved grief, and scrupulosity, all of which can compromise both personal well-being and ministerial effectiveness (Grajczonek, 2017). In this context, exploring adverse childhood experiences (ACEs) within the formation journey becomes both timely and vital for the future of ministry in Sri Lanka and beyond.

### **The Research Gap**

Despite growing recognition of trauma's impact on ministerial formation in Western contexts (Cozzens, 2000; Grajczonek, 2017; O'Loughlin, 2020), there remains a paucity of research examining ACEs within Asian Catholic formation programs, particularly in post-conflict settings like Sri Lanka. While psychological assessment in seminary formation has received attention in North American and European literature (Boyles, 2016; Byrne & Magill, 2012), the intersection of cultural context, intergenerational trauma, and religious formation in South Asian settings remains under-theorized. This article seeks to address that gap by offering an integrated theoretical framework that honors both universal psychological principles and culturally specific expressions of trauma and healing.

### **Research Objectives**

#### **This article aims to:**

- Examine the theoretical underpinnings of how adverse childhood experiences affect psychological, spiritual, and pastoral formation in seminary and religious life contexts.
- Contextualize these developmental impacts within Sri Lankan cultural frameworks, including collectivist family dynamics, mental health stigma, and the legacy of civil conflict.
- Propose trauma-informed formation strategies that integrate psychological insight, spiritual accompaniment, and pastoral wisdom.
- Offer theological reflections on woundedness and ministry, reclaiming brokenness as a potential source of compassionate pastoral presence rather than a disqualification for service.

### **Contribution to the Field**

This article contributes to the limited but growing literature on formation psychology in South Asian contexts by integrating Western psychological frameworks, particularly attachment theory, developmental psychology, and trauma neuroscience with Sri Lankan cultural realities and Catholic theological perspectives. It offers formators,



spiritual directors, seminary faculty, and religious superiors a comprehensive lens through which to understand and accompany candidates bearing invisible wounds. Furthermore, it advocates for systemic changes in formation practices that honor the dignity and complexity of each person's journey toward wholeness and ministerial readiness.

The insights presented here, while grounded in the Sri Lankan context, have broader implications for formation programs in other post-conflict societies, collectivist cultures, and contexts where mental health resources remain limited or stigmatized. Ultimately, this work calls the Church to embrace a formation model that is not merely evaluative or disciplinary but profoundly healing, integrative, and incarnational one that recognizes Christ's presence not only in strength and holiness but also in brokenness and vulnerability.

## **II. Understanding Adverse Childhood Experiences (ACEs)**

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18, such as abuse, neglect, and household dysfunction (Felitti et al., 1998). These experiences significantly affect a child's emotional regulation, sense of self, and ability to form healthy relationships. The seminal ACE Study by Felitti and colleagues (1998) established clear links between childhood trauma and adult issues including depression, anxiety, and relational dysfunction.

### **Categories of ACEs**

According to Felitti and colleagues (1998), Adverse Childhood Experiences (ACEs) can significantly impact a child's emotional regulation, self-concept, and ability to form and maintain healthy relationships. The original ACE Study identified three broad categories of adverse experiences.

#### **Abuse**

Abuse includes physical, verbal, emotional, and sexual abuse. Children subjected to repeated physical punishment, verbal humiliation, or unwanted sexual contact often grow up with distorted understandings of love, authority, and bodily integrity (Anda et al., 2006). These experiences can fundamentally alter how individuals perceive relationships and their own worth.

#### **Neglect**

Emotional and physical neglect result in unmet needs for affection, attention, and care. Neglected children frequently internalize the belief that they are unworthy of love (Kisiel et al., 2009). The absence of consistent nurturing creates profound deficits in self-esteem and relational capacity that persist into adulthood.

#### **Household Dysfunction**

Living with a caregiver who is mentally ill, incarcerated, addicted to alcohol or drugs, or experiencing domestic violence creates chronic stress in children. Parental separation or loss of a parent through death, abuse, domestic violence, war, or migration creates chronic stress that affects emotional development (Evans et al., 2013). The ACE Study



revealed strong, consistent links between these early traumas and later-life challenges including depression, anxiety, substance use, and relational dysfunction.

Despite growing awareness, many survivors of family or individual trauma struggle to acknowledge their history. Denial is common, often reinforced by beliefs like "Everyone has trauma," which can leave individuals feeling stuck between acknowledgment and avoidance. From both professional and personal experience, it is evident that while many people recognize their traumatic past, admitting it often brings up intense emotions such as guilt, grief, or shame. Some begin to explore healing due to emotional distress or life challenges, while others are triggered by the demands of peer relationships or close connections. Acknowledging one's history however painful is often the critical first step in the journey toward healing and self-understanding.

In Sri Lanka, cultural expressions such as authoritarian parenting, shaming, and emotional distance, though normalized, often meet the psychological criteria for ACEs (Jayawardena & Wheeler, 2020). The impacts of civil war and poverty further heighten this prevalence (UNHCR, 2015).

#### **Developmental Impact of ACEs**

Toxic stress from repeated ACEs disrupts brain development and emotional regulation (Shonkoff et al., 2012), leading to various developmental challenges that persist into adulthood and significantly affect formation experiences.

#### **Attachment Disorders**

John Bowlby's attachment theory posits that early relationships with primary caregivers form the foundation for emotional security and interpersonal trust. When a child experiences neglect, abuse, or inconsistent caregiving common outcomes of ACEs this secure base is disrupted, leading to attachment disorders. Children subjected to chronic toxic stress may develop anxious, avoidant, or disorganized attachment styles, all of which impair their ability to form healthy relationships in adulthood (Bowlby, 1988; Ainsworth et al., 1978). Within formation contexts such as seminaries or religious communities, unresolved attachment issues may manifest as dependency, withdrawal, or difficulty in communal living and spiritual direction.

#### **Self-Esteem Development**

According to Susan Harter's self-perception theory, self-esteem is shaped through internal evaluations and social feedback. Toxic stress during childhood especially when it involves emotional abuse or chronic criticism compromises a child's ability to develop a stable and positive self-concept. Repeated experiences of devaluation erode confidence and instill feelings of worthlessness, often carried into adulthood (Harter, 1999). In religious formation, individuals with low self-esteem may struggle to accept affirmation, question their vocational worth, and become overly dependent on external validation from formators or superiors.

#### **Neurobiological Effects**

Bruce Perry's neurosequential model explains how chronic trauma sensitizes the brain's stress response system. Children exposed to prolonged ACEs may become hypervigilant constantly scanning for threats or dissociative, emotionally numbing



themselves to cope with overwhelming fear (Perry, 2009). These survival strategies interfere with emotional regulation, attentiveness, and spiritual receptivity. In formation settings, such individuals may appear detached, anxious, or rigid, struggling to feel safe even in supportive environments. Such neurobiological adaptations hinder authentic interpersonal engagement and spiritual intimacy.

#### **Authority Relations**

Van der Kolk (2014) emphasizes how trauma distorts an individual's perception of power and safety. Children growing up in environments of unpredictable punishment or neglect may associate authority figures with danger rather than protection. This leads to mistrust, oppositional behavior, or compulsive compliance modes of relating that carry over into adult relationships. In the context of formation, unresolved trauma may cause seminarians or religious aspirants to either resist guidance from formators or submit excessively, suppressing their personal voice and development in the process.

#### **Perfectionism and Scrupulosity**

Flett and Hewitt's (2002) multidimensional model of perfectionism highlights how individuals internalize unattainable standards to compensate for feelings of inadequacy. Survivors of ACEs, particularly those involving emotional neglect or conditional love, may develop perfectionistic tendencies as a defense mechanism. In religious contexts, this can evolve into spiritual scrupulosity an excessive fear of sin, compulsive confession, or rigid moralism. Such individuals equate their worth with flawless behavior, often leading to spiritual exhaustion and a distorted image of God as harsh or punitive rather than merciful.

### **III. Theoretical Frameworks for Understanding the Impact of Childhood Wounds**

To meaningfully interpret the lingering effects of adverse childhood experiences (ACEs) on those in seminary and religious formation, it is necessary to employ interdisciplinary theoretical frameworks. Psychological theories, particularly those related to attachment, identity development, and trauma, offer valuable lenses through which we can understand the behaviors, struggles, and relational dynamics of those in formation. These frameworks, when integrated with theological and spiritual insights, contribute to a holistic understanding of healing and vocational growth.

#### **Attachment Theory**

Attachment theory, pioneered by John Bowlby (1988) and later expanded by Mary Ainsworth and colleagues (1978), posits that early interactions with primary caregivers shape a child's capacity for trust, intimacy, and emotional regulation. Children who receive consistent care develop secure attachment, while those exposed to neglect or inconsistency may develop anxious, avoidant, or disorganized attachment styles.

In formation contexts, insecure attachment may manifest in unhealthy dependency on formators or superiors, fear of abandonment, an inability to form healthy peer relationships, or emotional detachment masked by overachievement (Mikulincer & Shaver, 2016). These candidates often struggle with vulnerability in spiritual direction and may confuse spiritual authority with parental control. Attachment-based wounds



can also distort one's relationship with God, with individuals projecting their early attachment patterns onto their image of the Divine (Hall, 2004).

### **Erikson's Psychosocial Development Theory**

Erik Erikson's (1968) psychosocial theory outlines eight stages of human development, each characterized by a central psychosocial conflict. Of particular relevance to those in formation are the stages of identity versus role confusion (adolescence) and intimacy versus isolation (young adulthood). Candidates who enter formation with unresolved conflicts from earlier stages often rooted in ACEs may struggle to integrate a coherent sense of self, exhibit identity confusion, or avoid deep relational connections for fear of rejection (Marcia, 1980).

Formation, when approached holistically, can offer a space for these individuals to revisit and rework earlier developmental stages. However, when the formation environment is overly rigid, non-reflective, or unaware of these developmental needs, it risks reinforcing defense mechanisms rather than fostering growth (Grajczonek, 2017b).

### **Trauma-Informed Theory and Neurobiology**

Emerging research on trauma and neurobiology emphasizes how toxic stress alters brain architecture, especially in the areas responsible for emotion regulation (amygdala), memory (hippocampus), and executive functioning (prefrontal cortex) (Perry, 2009; Van der Kolk, 2014). Trauma survivors often live in a state of hypervigilance or dissociation and may struggle to access integrated emotional responses.

For seminarians and religious who have experienced trauma, certain formation experiences (e.g., evaluations, confessions, public corrections) may unconsciously trigger traumatic memories, resulting in disproportionate reactions or withdrawal. A trauma-informed approach to formation acknowledges these patterns, avoids re-traumatization, and emphasizes safety, trust, choice, collaboration, and empowerment (SAMHSA, 2014).

### **Spiritual-Transpersonal Psychology**

Spiritual or transpersonal psychology extends beyond traditional developmental models to account for the role of spiritual experiences in personal healing and transformation. This model recognizes that spiritual growth and psychological integration are not separate trajectories but intimately interconnected (Wilber, 2000). In the lives of seminarians and religious, early wounds can become thresholds for deeper surrender to God and more authentic spiritual experiences if accompanied with proper discernment and emotional support (Clarke, 2009).

## **IV. Cultural and Religious Dimensions in Sri Lanka**

The process of seminary and religious formation in Sri Lanka cannot be fully understood or renewed without attention to the cultural, familial, and religious contexts that shape the psychological and spiritual development of candidates. These contexts



significantly influence how childhood adversity is experienced, expressed, and most critically how it is responded to or silenced within formation communities.

### **The Influence of Family Dynamics and Collectivist Culture**

Sri Lankan society is predominantly collectivist, where loyalty to family and group harmony often supersedes individual expression. Within such a structure, personal struggles, emotional needs, or traumatic experiences especially from early childhood are frequently suppressed for the sake of social cohesion. Children are expected to obey, not to question; to conform, not to disclose. As a result, seminarians and junior religious sisters may arrive at formation houses having never spoken about their wounds, or even lacking the language to articulate them (Hofstede, 2001; Save the Children, 2005; Fernando & Ferrari, 2011).

Moreover, traditional family hierarchies often patriarchal and authoritarian may mirror the ecclesiastical models they encounter in formation, potentially compounding unresolved relational wounds. Candidates shaped by harsh or emotionally distant parental figures may unconsciously transfer those dynamics onto superiors, spiritual directors, or peers, thereby recreating cycles of mistrust, fear, and emotional withdrawal (Perera, 2004; Rajkumar, 2013; O'Loughlin, 2020).

### **Cultural Silence Around Trauma and Mental Health**

In Sri Lankan culture, mental illness and emotional distress carry significant stigma, often associated with weakness, shame, or even spiritual failure. Trauma is rarely named; psychological counseling is often viewed with suspicion or equated with insanity. This cultural silence deeply affects seminaries and formation houses, where formators themselves may carry unprocessed trauma and where therapeutic language may be absent or deemed unspiritual (Perera, 2004; Fernando & Ferrari, 2011; De Silva, 2014).

Consequently, when seminarians or religious sisters show signs of trauma such as withdrawal, hypervigilance, emotional dysregulation, or relational instability they may be misinterpreted as rebellious, immature, or unfit for religious life. Rather than being seen as wounded souls in need of healing, they risk being labeled, marginalized, or even dismissed. This not only inflicts further harm but also deprives the Church of vocations that could have flourished with adequate support (Rajkumar, 2013; Grajczonek, 2017a; O'Loughlin, 2020).

### **Historical Trauma and Intergenerational Wounds**

Sri Lanka has endured nearly three decades of civil conflict (1983-2009), along with natural disasters such as the 2004 tsunami. These events have generated collective trauma, displacement, loss, and intergenerational psychological effects that still reverberate in many families and communities (Fernando et al., 2010; Somasundaram, 2014).

Many candidates entering seminaries and convents today are second-generation survivors of war or disaster, carrying within them not only personal wounds but the unspoken pain of their parents and grandparents. These intergenerational traumas often manifest in psychosomatic symptoms, anxiety, or emotional detachment, and they may



remain unconscious yet active in spiritual life and ministry (Somasundaram & Sivayokan, 2005; Davidson et al., 2008). Without a trauma-aware formation process, such hidden wounds remain unaddressed, impacting not only personal well-being but also the integrity of one's pastoral presence.

### **Religious Attitudes Toward Suffering and Silence**

Within the Sri Lankan Catholic tradition shaped by Theravāda Buddhist values of self-denial and silence, and by colonial missionary spirituality that emphasized obedience and sacrifice there exists a tendency to spiritualize or suppress suffering rather than engage it emotionally (Fernando, 2015). In Hindu philosophy, suffering (*dukkha*) is generally viewed as an inevitable part of the cycle of life, death, and rebirth, resulting from the accumulation of *karma* (past action) and *maya* (ignorance). It is not considered divine punishment, but rather a natural consequence of actions a catalyst for spiritual growth, detachment, and ultimately, liberation (*moksha*). Such tendencies echo what scholars like Peter Scazzero (2006) describe as emotionally unhealthy spirituality, where outward religious practices mask inner emotional wounds. Candidates may feel compelled to "offer up" their wounds as part of religious devotion, equating disclosure with lack of faith or moral weakness (Tan, 2011).

While spiritual resilience is essential, such interpretations can sometimes hinder necessary psychological healing (Benner, 2002). A spirituality that excludes emotional truth can become a form of spiritual bypassing (Masters, 2010), wherein religious language replaces self-awareness, and sacramental life conceals unhealed inner chaos. Formation programs must therefore reclaim a holistic spirituality that embraces human vulnerability and emotional authenticity as sacred (Nouwen, 1979).

## **V. Case Illustrations**

### **Methodological Note**

The following case illustrations are composites drawn from the first author's pastoral experience as a formator in Sri Lankan seminaries and religious houses (2015-2023). All identifying details have been altered to protect confidentiality. These cases are presented for illustrative purposes to demonstrate theoretical concepts, not as empirical data. Ethical guidelines of Don Bosco University were followed in case presentation.

### **Case 1: Antony, (Not original name) Age 23 - Seminarian from the North**

Antony entered the seminary with remarkable devotion to prayer and community life. He was respected by his peers and spiritual directors for his discipline and theological acumen. However, over time, Antony began to show signs of intense emotional reactivity particularly during times of personal feedback or correction. A minor comment from his formator triggered an emotional shutdown that lasted several days.

Upon deeper accompaniment, it emerged that Antony had witnessed the violent death of his father during the final years of the civil war. His mother had emotionally withdrawn in grief and provided minimal affection during his adolescence. Antony's apparent spiritual maturity masked a deep emotional fragility rooted in early trauma and emotional neglect. His over performance in seminary life was in part a coping mechanism to earn affirmation and feel safe in a structured environment.



**Case 2: Sr. Thekla, (Not original name) Age 26 - Junior Religious Sister**

Thekla was a novice known for her silence, gentleness, and commitment to community tasks. However, she frequently avoided spiritual direction and was hesitant to share personal feelings. Her novice mistress observed that Thekla often smiled even in painful situations and downplayed her needs. Over time, it became evident that Thekla had grown up in a household where her alcoholic father frequently beat her mother, and the children were discouraged from expressing sadness or fear. Emotional expression was equated with weakness.

As a result, Thekla developed a strategy of emotional suppression and people-pleasing to survive. In the novitiate, this coping style made her appear well-adjusted, but in reality, she was emotionally disconnected from her authentic self and from genuine relationships with others.

**Case 3: Bro. Sunny, (Not original name) Age 28 - Religious Brother in Temporary Profession**

Sunny was an intelligent and passionate religious brother, but he struggled with scrupulosity and perfectionism. He confessed almost daily, feared making mistakes, and interpreted minor failings as signs of being spiritually unworthy. He admitted that he often felt unlovable and feared divine punishment.

Exploring his background revealed that Sunny had grown up in a family where love was conditional on performance. His parents were devout Catholics but practiced harsh discipline. Praise was rare, and punishment was the norm. Sunny internalized a theology of merit rather than grace, projecting his wounded parental relationships onto his image of God.

**The Risk of "Holy Compensation"**

Many candidates may enter religious life unconsciously seeking healing or escape from trauma. While religious and priestly life can foster transformation, it also risks becoming a means of compensation rather than a genuine vocation, leading to dependency, burnout, and unresolved psychological pain (Nouwen, 1979; O'Loughlin, 2020).

**VI. Implications for Seminary and Religious Formation Practice**

The insights from psychological theory, pastoral theology, and lived case experience highlight a crucial reality: seminary and religious formation must be reimagined as an integrated process of healing, humanization, and spiritual maturation. Formators cannot merely aim at intellectual or liturgical competence, but must engage the deeper human stories candidates bring stories shaped by childhood adversity, relational wounds, and the longing for wholeness.

**Creating Trauma-Informed Formation Environments**

Seminaries and religious formation houses often unintentionally replicate harmful dynamics when they emphasize conformity over authenticity, obedience over discernment, or performance over presence. A trauma-informed formation environment consciously avoids re-traumatization by fostering:



- Psychological safety over fear-based compliance
- Predictable routines that build a sense of trust and internal regulation
- Formative feedback rather than punitive evaluation
- Empowerment and agency in personal decision-making

Such an environment requires that formators be trained in basic trauma literacy. Without this, candidates may be misjudged as disobedient, immature, or prideful when they are, in fact, acting out unresolved pain (Bloom & Farragher, 2013).

### **Personalized and Holistic Human Formation**

The Ratio Fundamentalis Institutionis Sacerdotalis (Congregation for the Clergy, 2016) affirms that human formation is the "necessary foundation" of all priestly formation. This includes emotional maturity, self-awareness, relational capacity, and sexual integration all of which are profoundly affected by adverse early experiences. A rigid "one-size-fits-all" model fails to address this diversity of woundedness.

Formation must thus be personalized and adaptive, with regular assessments, individual accompaniment, and space for interior reflection. Resources such as psychological evaluation, therapy, and structured self-exploration (journaling, autobiography, etc.) can facilitate growth when offered within a climate of compassion and confidentiality (Gula, 2011).

### **Reimagining Authority and Accompaniment**

Traditional models of authority in religious formation have often leaned toward hierarchical, parental, or disciplinary styles. For candidates with unresolved childhood wounds, especially those related to abusive or neglectful authority figures, such models can unconsciously reactivate trauma (Sperry, 2002).

Formation must recover a servant-leadership model rooted in Christ's accompaniment of his disciples. This means that formators walk with candidates, not above them, cultivating trust, dialogical engagement, and shared discernment (Greenleaf, 2002). Spiritual directors, too, must be equipped to notice psychological signals without overstepping their roles. The integration of spiritual direction and therapeutic support each respecting its own boundaries can be mutually enriching.

### **Formation in Emotional and Relational Intelligence**

Candidates from wounded backgrounds often lack healthy models of communication, boundary-setting, conflict resolution, or emotional regulation. Without training in these competencies, they may unconsciously reproduce dysfunction in ministry projecting unhealed wounds onto parishioners, over-identifying with the suffering of others, or burning out due to unresolved emotional exhaustion (Goleman, 1995).

Formation programs should therefore incorporate workshops, role plays, and community-building exercises aimed at developing:

- Emotional literacy (identifying, naming, and managing emotions)
- Empathic listening and presence
- Healthy expressions of vulnerability
- Boundaries in pastoral relationships



These skills not only promote personal resilience but also strengthen pastoral effectiveness (Bradberry & Greaves, 2009).

### **Integration of Spiritual and Psychological Pathways**

Healing is neither purely psychological nor purely spiritual it is both. Formation programs must be integrative, drawing on insights from psychology, neuroscience, and Christian spirituality to address the wounds of the past while grounding the person in a secure spiritual identity.

Retreats, guided silent prayer, group faith-sharing, and art-based contemplative practices (e.g., mandala drawing, Bibliodrama, expressive writing) can help access preverbal wounds and foster spiritual resilience. 'Lectio divina', especially when approached imaginatively and affectively, can open up healing encounters with the God of compassion (Barry & Connolly, 2009).

Moreover, regular supervision of formators is vital. Just as wounded candidates need care, so do their caregivers. Supervision provides a reflective space where formators can process their own counter transference, biases, or burnout (Sweeney et al., 2014).

### **Implementation Challenges in the Sri Lankan Context**

While the principles of trauma-informed formation are essential, their implementation in Sri Lankan seminaries and formation houses faces significant practical challenges: Limited availability of Catholic trauma-informed therapists: There is a shortage of mental health professionals in Sri Lanka who understand both clinical psychology and Catholic spiritual formation. This creates barriers to providing integrated care that respects religious values while addressing psychological needs.

Financial constraints of seminaries and formation houses: Many formation institutions operate with limited budgets, making it difficult to hire qualified counselors, provide ongoing training for formators, or establish comprehensive mental health programs.

Resistance from traditional formators: Some formators, trained in older models of formation, may view psychological approaches with suspicion or consider them incompatible with spiritual formation. Cultural attitudes that prioritize obedience and conformity can make it difficult to introduce more personalized, trauma-sensitive approaches.

Lack of institutional support for mental health integration: Diocesan leadership and religious congregations may not prioritize mental health infrastructure, viewing it as secondary to academic and spiritual formation. This reflects broader cultural attitudes toward mental health in Sri Lankan society.

Addressing these challenges requires sustained advocacy, gradual cultural change, strategic partnerships with mental health institutions, and clear policies that normalize psychological care as integral to holistic formation



## **VII. Pastoral and Spiritual Perspectives**

### **The Wounded Healer**

As Henri Nouwen (1979) affirms, wounds, when embraced and integrated, can become sources of empathy and healing in ministry. The concept of the wounded healer challenges the notion that ministers must be perfect or fully healed before serving others. Instead, it recognizes that personal suffering, when acknowledged and brought into relationship with God's grace, can deepen compassionate presence and authentic ministry.

### **Spiritual Accompaniment**

Compassionate listening in spiritual direction helps candidates process trauma and rediscover divine love (Pope Francis, 2018a). Spiritual directors must create safe spaces where candidates can name their wounds without shame, explore their images of God, and gradually experience healing through the encounter with divine mercy.

### **Sacramental Healing**

When integrated with psychological insight, sacraments can aid healing rather than reinforce guilt (Groome, 2001). The sacrament of reconciliation, when approached trauma-sensitively, can be profoundly liberating rather than re-traumatizing. The Eucharist offers a pattern of brokenness transformed into communion. Anointing of the sick can extend to emotional and spiritual wounds, not merely physical illness.

### **Community and Contemplation**

Supportive communities and contemplative practices promote healing, presence, and spiritual intimacy (Keating, 2002a). Formation communities that embody safety, authenticity, and mutual support become therapeutic spaces where candidates can risk vulnerability. Contemplative prayer practices including centering prayer, silent meditation, and imaginative prayer can help candidates access and integrate traumatic memories in the presence of God's healing love.

## **VIII. Toward Trauma-Informed Formation**

As the formation of major seminarians and junior religious sisters unfolds within a landscape shaped by personal, cultural, and intergenerational trauma, it is imperative for seminaries and formation houses to become trauma-informed environments. Trauma-informed formation is not merely about identifying psychological problems; it is a pastoral and pedagogical commitment to nurture the whole person body, mind, and spirit in the context of their life history, emotional wounds, and spiritual aspirations.

### **Promoting Emotional Literacy and Self-Awareness**

Emotional literacy the ability to recognize, name, and regulate one's emotions is a foundational skill often underdeveloped in candidates entering formation, particularly those from backgrounds marked by suppression, shame, or fear of vulnerability (Goleman, 1995). Trauma often distorts emotional expression, either through numbing or hyperreactivity, and without proper guidance, these patterns become embedded in community life and spiritual practice (Van der Kolk, 2014).



Formation houses must intentionally incorporate emotional education into their programs. This includes regular workshops on self-awareness, structured group reflection, journaling exercises, and assessments of affective maturity (Herbert, 2018). Language around feelings, boundaries, and healthy relationships must be normalized in the same way that prayer, scripture, and theology are.

### **The Role of Spiritual Direction and Integrative Discernment**

Spiritual direction remains a central tool in personal formation. However, in trauma-affected individuals, spiritual direction must go beyond doctrinal and moral correction to include compassionate accompaniment that listens to the deeper emotional and psychological undercurrents of the person's experience (Barry & Connolly, 2009).

Integrative spiritual direction involves:

- Listening for wounds behind behavior
- Differentiating between guilt and shame
- Discernment that honors both divine invitation and psychological complexity

Formators and spiritual directors should be trained in basic trauma-awareness, and where possible, should collaborate with mental health professionals to better understand the inner world of the directee. Silence, withdrawal, compulsive piety, or perfectionism may indicate trauma responses, not simply "immaturity" or "lack of vocation" (Leech, 2001).

### **Integrating Professional Therapy and Psycho-Spiritual Assessment**

Therapy must no longer be seen as remedial or reserved for crises. Instead, access to psychological counseling should be normalized within formation, integrated as a formative tool alongside spiritual practice (Gubi, 2015). Given the deep interconnection between psychological and spiritual growth, early therapeutic intervention can help candidates resolve past trauma before it distorts vocational discernment or community life.

Formation houses may:

- Partner with trained Catholic or religious-sensitive therapists
- Offer confidential in-house counseling sessions
- Include psychological evaluation at key stages of formation, particularly before major transitions (e.g., novitiate, philosophy, theological studies, and diaconate) (Boyles, 2016)

While therapy cannot replace spiritual formation, neither can formation ignore the impact of unresolved trauma on prayer

### **Building Safe, Trustworthy Community Spaces**

A trauma-informed formation culture requires safe relationships and spaces that foster trust, empathy, and respect. Trauma often originates in relational harm; therefore, healing occurs most deeply within relationships marked by safety and authenticity (Van der Kolk, 2014). Formators can help by:

- Creating consistent, respectful communication channels
- Addressing bullying, exclusion, or favoritism transparently (Bloom, 2013)
- Modeling vulnerability, emotional honesty, and conflict resolution (Herman, 1992)



Communal practices such as circles of trust, peer-group sharing, and structured feedback sessions can create a culture of mutual responsibility and healing (Palmer, 2004). A safe community does not mean the absence of rules, but rather, the presence of a compassionate and attuned structure that values human dignity (Scaer, 2005).

### **Embodying a Theology of Healing and Wholeness**

Trauma-informed formation is not just a psychological model; it is a theological commitment to the incarnational mystery that God meets us in our wounds and transforms them (Moloney, 1998). The Church must move from merely tolerating wounded candidates to accompanying them with hope, as Christ did with the broken, rejected, and ashamed (John 20:19-29; see also Scazero, 2006).

Formation that honors woundedness as part of vocational maturity echoes Henri Nouwen's vision of the "wounded healer," where personal pain becomes the ground for compassionate ministry (Nouwen, 1979). Only when candidates are allowed to grieve, to name their pain, and to be gently held in love can they become ministers of healing to others (Lartey, 2003).

## **IX. Theological Reflections**

Formation, at its core, is a sacred journey a gradual and grace-filled process through which God draws forth the fullness of a person's identity and vocation. For candidates bearing the hidden wounds of adverse childhood experiences, formation becomes not only a time of preparation for ministry but a path of divine healing and transformation. Theologically, this process resonates with the Christian narrative of redemption: the movement from suffering to resurrection, from fragmentation to wholeness.

### **God's Presence in the Midst of Brokenness**

Scripture reveals a God who does not turn away from human pain but enters into it. The biblical story consistently shows God choosing and working through wounded individuals Moses with his speech impediment and traumatic past (Exodus 2:11-15), David with his moral failings (Psalm 51), and Jeremiah who cried out from emotional anguish (Jeremiah 20:7-18). These figures were not perfect before they were called; rather, they were formed and transformed through the very process of grappling with their weaknesses in the presence of God.

The Incarnation God becoming flesh in Jesus embodies this truth. Jesus "was despised and rejected by others; a man of sorrows and acquainted with grief" (Isaiah 53:3). In Christ, we see that woundedness is not a disqualification for ministry but a privileged place of encounter with God. As theologian Serene Jones (2009) writes, the trauma of the cross is not erased but taken up into resurrection, carried into God's life.

### **The Wounded Healer: From Personal Pain to Pastoral Compassion**

Henri Nouwen's image of the wounded healer remains a powerful metaphor for those in formation who carry early emotional wounds (Nouwen, 1979). Rather than masking or denying their pain, future ministers are invited to integrate their woundedness into their pastoral identity. This is not about glorifying trauma but about recognizing that



God often uses the very places of vulnerability to bring forth healing in others (Palmer, 2004).

Saint Paul embodies this paradox when he writes, "I will boast all the more gladly of my weaknesses, so that the power of Christ may dwell in me" (2 Corinthians 12:9). The pastoral heart is not formed through perfection but through humility, empathy, and the experience of having been "comforted by God, so that we may be able to comfort others" (2 Corinthians 1:4). The redemptive movement in formation is thus one of graced vulnerability: not hiding one's wounds but allowing God to transform them into a source of communion (Scazzero, 2006; Lartey, 2003).

### **Suffering as a Redemptive Journey**

Theologically, suffering in the Christian tradition is never merely tragic it is a site of potential transformation (Moltmann, 1974). Formation programs must help candidates see their personal histories not as obstacles to holiness but as parts of their salvific journey. This echoes the wisdom of the Paschal Mystery: death is not the end, but a passage to new life (Ratzinger, 2000).

Pope Francis, in *Evangelii Gaudium*, urges the Church to go out to the peripheries, including the "existential peripheries" within ourselves (Pope Francis, 2013, §20). For seminarians and religious in formation, this means being gently led to face their inner peripheries the places of fear, shame, grief and there to find the healing embrace of Christ.

As Saint John of the Cross wrote, "In the dark night of the soul, bright flows the river of God" (John of the Cross, 1990). Suffering, when brought into dialogue with God, can become the very ground where transformation occurs. Such reflection also calls formators to embody the role of spiritual midwives, creating space where the hidden work of grace in the wounded heart can unfold (Palmer, 2004).

### **The Eucharistic Pattern of Formation**

Formation mirrors the pattern of the Eucharist: the elements are taken, blessed, broken, and given (Bouyer, 1989). In this view, a candidate's life wounded yet loved is offered to God, blessed through accompaniment, broken open in truth and honesty, and ultimately given in service to others (Scazzero, 2006).

This Eucharistic model offers a hopeful theological vision: that brokenness is not the opposite of holiness but its precondition (Nouwen, 1992). In the breaking, we become vessels of communion. In the giving, we become ministers of healing. This reflects the theology of sacramentality where God's grace is often mediated through the ordinary, fragile, and broken realities of human experience (Rahner, 1966).

## **X. Limitations**

**This article, while comprehensive in scope, has several limitations that should be acknowledged:**

Theoretical nature of the work: This article is primarily theoretical and integrative, drawing on established psychological frameworks and pastoral theology. While it



incorporates case illustrations from pastoral experience, it does not present systematic empirical research with quantitative or qualitative data collection and analysis.

**Case illustrations not systematic research:** The cases presented are composite illustrations based on pastoral observations rather than formal case studies with rigorous methodology. They serve to demonstrate theoretical concepts but cannot be generalized as empirical findings.

**Limited generalizability beyond Catholic contexts:** The frameworks and recommendations are situated within Catholic seminary and religious formation. While insights may be transferable to other Christian traditions or religious communities, the specific ecclesial context shapes many of the recommendations.

**Need for empirical validation:** The trauma-informed formation strategies proposed require empirical testing to assess their effectiveness, feasibility, and cultural appropriateness in Sri Lankan contexts. Implementation research would strengthen the practical applicability of these recommendations.

**Cultural specificity:** While this article attends to Sri Lankan cultural dynamics, the diversity within Sri Lanka including ethnic, linguistic (Tamil/Sinhala), and regional differences is not fully explored. Formation experiences may vary significantly across these contexts.

## XI. Future Research Directions

This exploratory theoretical work opens several avenues for future empirical research: Longitudinal studies of seminarians with ACE histories: Research tracking candidates from entrance through ordination or final profession would illuminate how early trauma affects vocational persistence, pastoral effectiveness, and personal well-being over time.

**Effectiveness of trauma-informed formation interventions:** Experimental or quasi-experimental studies could assess specific interventions (e.g., trauma-sensitive spiritual direction, emotion regulation workshops, therapeutic integration) on formation outcomes.

**Comparative studies across Asian formation contexts:** Cross-cultural research examining ACEs in formation programs across South and Southeast Asia would identify culturally specific patterns and inform region-appropriate best practices.

**Quantitative assessment of ACE prevalence in Sri Lankan formation populations:** Systematic surveys using validated ACE assessment tools would provide empirical data on the scope and types of childhood adversity affecting candidates, informing resource allocation and program development.

**Formator perspectives and training needs:** Research exploring how formators understand, recognize, and respond to trauma in candidates would identify training gaps and inform professional development programs.

**Integration of indigenous healing practices:** Studies examining how traditional Sri Lankan healing practices and Buddhist psychological concepts might complement Western trauma-informed approaches in Catholic formation contexts.



## **XII. Conclusion**

This article has explored the multi-layered impact of adverse childhood experiences on the formation of major seminarians and junior religious sisters in Sri Lanka. Drawing from attachment theory, Erikson's psychosocial stages, trauma-informed neurobiology, and spiritual-transpersonal models, it has become evident that unresolved childhood wounds have lasting consequences on emotional regulation, self-concept, relational health, and vocational discernment. Sri Lankan seminarians and religious sisters often enter formation carrying invisible burdens shaped by familial, cultural, and historical factors including collectivist suppression of emotion, mental health stigma, intergenerational trauma from war and disaster, and religious interpretations that valorize silence over emotional expression. Without trauma-informed care, these candidates' risk being misunderstood, marginalized, or spiritually bypassed in environments meant to be sanctuaries of growth.

This study has proposed an integrated model of formation that embraces emotional literacy, psychological safety, compassionate spiritual accompaniment, and interdisciplinary support. Practical strategies include creating trauma-informed communities, providing access to counseling, reimagining relational authority, incorporating emotional intelligence training, and fostering collaborative spaces where candidates can reflect, heal, and grow. Theologically, such formation echoes the Eucharistic pattern lives that are taken, blessed, broken, and given and affirms the redemptive power of wounds surrendered to Christ. By embedding this holistic, trauma-sensitive approach, the Church in Sri Lanka and globally can form ministers who are resilient, emotionally mature, and deeply compassionate leaders who not only preach the Gospel but embody it with their healed and healing presence.

The path forward requires courage to acknowledge the wounds that candidates bring, to create spaces of vulnerability and truth, and to trust that God's grace works most powerfully through our weakness. Formation, then, becomes not a process of shaping the perfect candidate but accompanying a sacred unfolding where brokenness, far from being a hindrance, becomes the very ground for ministry. As the Church in Sri Lanka continues to form future priests and religious, may it embrace the call to be a community of healing, where the lasting shadows of childhood adversity are met with the transformative light of Christ's compassion.

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