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Abstract

Though in its infant stages, PTSD research has accomplished much in understanding the nature, cause, and effects of trauma in general; but largely disregards the spiritual aspect of this debilitating disorder. Achieving a greater understanding of the multifaceted relationship between spirituality and PTSD may be a key factor in prevention, enhanced treatment protocols, and symptom management, with the ultimate goal of facilitating healing. In attempt to gain a greater understanding of PTSD and its spiritual implications, this discussion will explore the spiritual aspects of coping, coherence, perspective, and resilience in the face of trauma. The emphasis of this discussion will be on establishing the positive effects of spirituality in fostering resiliency.

Keywords: PTSD, trauma, spirituality, resiliency, coping skills, coherence, symptomology, prevention, psychotherapy

PTSD and Spirituality: Healing the Wounded Soul

Life is a journey that begins with trauma and pain. Since time immemorial, trauma has played a constant, distressing role in the human experience. Whether by war, natural disasters, or man-made afflictions, trauma has been a reality that remains inescapable. Experienced as a result of neglect, abuse (sexual, emotional, physical), torture, criminal assaults, accidents, droughts, famine, death, or terminal illness, trauma has been and continues to be an inevitable part of life. Of the wide range of trauma causes, the most challenging, most enduring, and most complicated to overcome is the intentional harm caused by others. Acts of nature and unintentional trauma present with symptoms that are less complicated and typically resolve more quickly (Schiraldi, 1947). However, regardless of the originating cause, whether predictable or unexpected, trauma brings in its wake stress, suffering, pain, and too often death.

Despite the human capacity to adapt to its environment, there are times when the stress becomes so extreme it is beyond one's normal capacity to handle it. When one is no longer able to hold a balance against the stressors of life one is in a state of crisis. Trauma is more than a state of crisis, it is a response to any event that shatters one's conceived ideas of life; it is a normal response to abnormal events that overwhelm a person's ability to adapt to life (Wright, 2011). Trauma is a word whose origins come from the late 17th century Greek, meaning literally to "wound." Every trauma case is different, and varies depending on a person's personality, life perspective, culture, socio-economic status, and spiritual or religious beliefs. According to Wright (2011) about 25% of individuals exposed to traumatic events, are unable to cope with the effects of trauma, and will go on to develop the anxiety disorder known as post-traumatic stress disorder (PTSD).

Post-traumatic stress disorder (PTSD) results from an often seriously life altering event(s)

that is overwhelmingly stressful; it is a normal response, by normal people, to an abnormal situation. Events that cause PTSD, are usually unexpected and unpreventable, and are perceived as dangerous to oneself or others. PTSD affects the cognitive, emotional, behavioral, and spiritual realities of an individual, their families, friends, and ultimately society. PTSD deeply wounds the souls of men, women, and children. It damages relationships, creates confusion, fear, anxiety, and pain, often impairing one's ability to respond adequately to people, places, circumstances and events; in some cases it takes the lives of its victims.

Effects of trauma (PTSD) are far-reaching. Symptoms can vary across multiple domains: physiological, neurological, cognitive, behavioral, emotional, social, psychological and spiritual (Foa, 2000). To understand the far-reaching effects, and the extent to which PTSD disrupts a life, imagine experiencing constant distress, and helplessness, with no hope of ever living a normal life again. According to Schiraldi (1947) symptoms may include: intrusive memories, fear, anxiety, guilt, self-condemnation, pain, feelings of vulnerability, suicidal tendencies, having difficulty concentrating, hypervigilance, insomnia, uncontrolled anger, an over-sensitized nervous system, elevated heart rate and blood pressure, hyperventilation, headaches, nausea, hallucinations, substance abuse, restricted range of affect, emotional numbing, apathy, and feeling disconnected from those you love.

Essentially PTSD shatters the soul, destroying innocence, and in its place constructs a loss of faith; in place of trust, PTSD constructs doubt; shame replaces self-esteem, and disillusionment replaces achievement. PTSD takes on a life of its own continuing to haunt and torment its victim, shattering their sense of safety, power, and control; upending their emotional, psychological, spiritual and personality processes. People with PTSD live with these symptoms constantly, struggling to cope with their fractured lives; they perceive the world as dangerous,

and view themselves to be incompetent against the relentless demons of PTSD.

PTSD severely and completely compromises the physical, emotional, mental, and spiritual integrity of those at risk. Risk factors, according to Shalev, Peri, Canetti, and Schreiber (1996) for developing PTSD increases in individuals with “lower education levels, negative parenting, early separation from parents, poverty, and current anxiety or depression” (p. 219). Historically, PTSD research has been dominated by the almost exclusive focus of identifying risk factors in pursuit of establishing a causal link to the various pathological outcomes of PTSD. While identifying risk factors has certainly increased awareness of the correlations that exist, it does not explain why a significant proportion of individuals remain resilient to the effects of trauma despite being subject to the same risk factors (Racklin, 1998). It stands to reason that if there are risk factors, which increase one’s chances of developing PTSD, than indeed there must be factors that also increase resiliency, reducing one’s chances of developing PTSD.

Resiliency, Spirituality and PTSD

An individual’s resiliency and capacities to cope are important issues in the study of PTSD. Resiliency is the ability to quickly recover from difficulties; it explains the absence or mitigation of posttraumatic stress symptoms where such symptoms would normally be expected to appear (Racklin, 1998). McFarlane and Yehuda (1996) discussed the degree of resilience found in individuals based on coping strategies and the meaning people gave to their experiences. They found that personal meaning, whether subjective or objective depends on the extent to which a person feels harmed, threatened, or challenged by an experience. Hales and Zatzick (1997) reported on the protective factor that rewarding experiences and meaningful relationships provided against developing PTSD. Perhaps it is the capacity to find meaning in the seemingly meaningless that differentiates the victim from the victor, and the hopeless from the

hopeful? Gardner (1997) commented: “it is the capacity to find meaning-and even uplift-in an apparently negative experience that fuels one to face life confidently and effectively” (p. 151-152).

Many studies indicate that people cope with traumatic stress in diverse ways, depending upon their religious or spiritual beliefs. After 9/11, a nationwide survey of stress reactions found that in 90% of individuals, the second most common coping strategy was prayer, religion, or spiritual practice; the foremost coping strategy (98% of individuals) was talking to someone (Schuster et al., 2001). While many victims of trauma seek religious or spiritual support from family, friends, professionals, or literature, others emphasize isolation, silence, and collapse intensifying the effects of victimization (Bonanno, 2004; Spouse, 1999).

Of great significance is the fact that 90% of individuals who experience trauma are resilient, and do not develop PTSD (Peres, Moreira-Almeida, Nasello & Koenig, 2007). Epidemiologic studies of PTSD suggest that more than half of the general population has experienced at least one traumatic event, and would satisfy the criteria for PTSD as found in the Diagnostic and Statistical Manual (DSM-IV; APA, 1994). Yet, the majority does not develop PTSD, despite the fact that a considerable number of these individuals fall into the “high-risk” group (Racklin, 1998).

These data, and most of the data comprising our knowledge of PTSD, are gleaned from research and clinical encounters of those who have survived trauma and are seeking treatment. However, this group only represents 10% of the estimated traumatized population (Brom, Kleber, & Hoffman, 1993). Those who exhibit resilience rather than pathology are frequently not included in the empirical studies and theoretical discussions. Nonetheless, despite the limited representation of trauma survivors, clinical, epidemiological investigation and neuroscience

research still has much to contribute in gaining insights into the resiliency of trauma survivors – and more specifically the potential role of spirituality.

Role of Spirituality in Developing Coherence

For millennia, the role of spirituality has been linked to prosocial development and identity formation (Fryling, 2012). Spirituality has prevailed throughout history as a type of social and cultural experience for people of all tribes, tongues, and nations. Spiritual and religious beliefs and practices have long been considered by the majority of general populations as foundational to mental and emotional well-being. Despite its historical significance and cultural influences, the role of spirituality has recently become pathologized, and ignored by the prevailing Western empiricism. Particularly evidenced in the late 20th century, with the rise of communism, humanism, and relativism, spirituality was considered as a sign of weakness, something to abolish and resist. However, some researchers are now recognizing that the disregard or pathologizing of spirituality is in fact an insidious form of cultural insensitivity. Tan (1993) argued that spiritual focus should be included in the psychological research and clinical work based on the ethical standards of the American Psychological Association (APA, 1992). Since then, others have come to understand spirituality as a positive factor, which impacts psychological and physical well-being (Lukoff, Lu, & Turner, 1995).

Fryling (2012) examined the relationship between trauma and spirituality among adults, and found that trauma can in fact have a negative affect on spirituality depending on a person's pre-existing beliefs. While, some findings suggest that spiritual orientation fosters a greater sense of coherence, and mitigates the adverse effects of traumatic exposure. Racklin (1998) performed statistical analyses that identified a positive correlation between sense coherence and spiritual orientation; while sense coherence and religious importance was inversely related. Findings

indicated, “if distressed by traumatic symptoms, turning toward spirituality reduces traumatic distress by reinforcing sense of coherence levels” (p. 14); whereas, “religious importance without an intrinsic spiritual component did not strengthen sense of coherence and thus did not lower traumatic distress” (p. 15). Racklin (1998) suggests that his analysis provides strong evidence for the inclusion of spirituality in prevention strategies and treatment interventions for PTSD.

Spirituality and Mental Health

Although the relationship between spirituality and mental health is complicated, there are significant, obvious correlations associated with trauma that warrants further exploration. In examining the correlation between spirituality and trauma, Falsetti, Resick, and Davis (2003) reported that spirituality is descriptive of a person’s private beliefs and attitudes rather than overt behavior. Participants who met criteria for PTSD reported a change in beliefs, attitudes, and behavior following their first traumatic experience. Spiritual change was measured by the Intrinsic Religious Motivation Scale (IRMS) (Hoge, 1972) and the Changes in Religious Beliefs Scale (Falsetti, 1992). Interestingly, the changes in belief often had an inverse or bidirectional relationship and were not consistent. Inasmuch as some participants reported a positive change in spirituality, a larger number of participants experienced a negative change in religiosity. Chen and Koenig (2006) also reported a bi-directional relationship between PTSD and spirituality. Obviously there is a relationship between spirituality and PTSD, as clearly indicated by the cited studies; however, the question remains: do individuals suffering from PTSD experience any benefits from being more spiritual?

Results: Benefits of Spirituality

Jung (1933) stated that of all his patients over the age of 35, who did not develop a spiritual orientation to life, were never healed. Spirituality was the center of his therapeutic work

and he believed that the recovery of the soul was essential for the individual, as well as for Western society. Jung maintained the importance of spirituality as a primary instinct, equal in significance to food or sex. His departure from Freud was in part due to his belief that God could not be reduced to a displaced father/mother complex (Noam & Wolf, 1993). Jung was the first to be credited with examining the extensive role of spirituality and clinical practice. Maslow (1970) was very much concerned with genuine spiritual values; he stated that the healthiest individuals have a deeply integrated sense of spirituality. Bergin (1988) believed that an integration of spirituality and psychological theory and psychotherapy was the most comprehensive approach to understanding human nature.

Effective Coping

Walker, Reid, O'Neill, and Brown (2009) hypothesized higher spirituality as a coping effect of PTSD, and described it as a "turning to God." Walker et al. (2009) reported that participants gained a more optimistic perspective in eight of the meta-analysis studies conducted, and found greater meaning and purpose for their experience, which then freed them from guilt and blame; both significant components of PTSD symptomology. According to Koenig and Larson (2001) individuals who have a more optimistic perception of life, will experience lower incidence of depression, substance abuse, and affective disorders common to PTSD. Life satisfaction, hope, optimism, purpose, meaning, and social support all lower the risks of PTSD (Fryling, 2012).

Individuals with more severe PTSD related impairment, perceive themselves negatively, and believe that others view them negatively. According to Christensen, Cohan and Stein, (2004) negative beliefs, and limiting perceptions are strongly associated with PTSD and other mental health issues. In a review of 115 articles, Dew et al. (2008) examined the relationship

between substance use, delinquency, depression, suicidality, and anxiety disorders. Their findings indicated the vast majority (92%) had at least one significant relationship between religiosity/spirituality and positive mental health. Fryling (2012) reports that research conducted among adolescents suggests there is a positive relationship between spirituality, mental health, and prosocial development. Similarly, Fryling (2012) cited Wong, Rew, and Slaikeu (2006) reporting, “that 90% of the twenty studies included in their review indicated positive relationships between spirituality and mental health” (p. 14). In light of these studies, a prevalent pattern reveals the relationship that exists between perception, spirituality, and mental health, indicating that spirituality can increase coping skills, and buffer the impact of trauma; a considerable benefit to those suffering from PTSD.

Preventive Positive Perception

A spiritually derived perception appears to be the underlying factor that provides a sense of meaning, coherence, and resilience, enhancing one’s coping abilities in the face of trauma. A spiritually derived perception may be the defining factor as to whether an individual will develop PTSD, and to what extent they will suffer from this crippling anxiety disorder. Neuroimaging findings suggest that perception is critical in determining whether trauma will be experienced and to what extent. Alastair M. Hull (2002) reports in the *British Journal of Psychiatry*:

The most replicated structural finding is hippocampal volume reduction, which may limit the proper evaluation and categorization [sic] of experience. Replicated localised [sic] functional changes include increased activation of the amygdala after symptom provocation (which may reflect its role in emotional memory) and decreased activity of Broca's area at the same time (which may explain the difficulty patients have in labelling

[sic] their experiences). (p. 102)

Proper evaluation translates into the ability to maintain sufficient focus for an adequate period necessary to translate sensory perceptions into a clear and comprehensive narrative, augmenting meaning. Clinical Neuroimaging reveals that individuals with PTSD have difficulty synthesizing traumatic experiences in a comprehensive narrative – perception is distorted, perspective is perverted, and meaning is undermined (Peres et al., 2007).

Finding Meaning and Purpose

Spirituality is the foundation upon which the quest for meaning and the value of life rests, influencing perception and perspective. According to Decker (1993) trauma can serve to further spiritual development if it increases the search for purpose and meaning; whereas the failure to do so can lead to debilitating psychological and physiological symptoms (Frankl, 1963; Jung, 1933). Jaffe (1985) and Lee (1988) have documented how a positive spiritual perspective can enhance trauma survivors potential to use their traumatic experience to improve the depth, quality, and meaning of their lives. According to Racklin (1998):

Meaningfulness refers to the extent to which a person feels that life makes sense emotionally, and captures the degree to which a person feels that problems and demands are worthy of engagement. It is the motivational element of the sense of coherence model. A high sense of meaningfulness fuels engagement in seeking resolutions to conflicts and demands (p. 36).

Resiliency

Trauma researches stress the importance of coherence, perception, and spirituality in fostering resilience. Resilience protects the individual in the face of trauma, and facilitates

recovery if one is impaired. Resilience enables one to find meaning in trauma, and facilitates the will to overcome it with dignity. An individual maintains a structured, predictable, and explicable expression of self with a pervasive, enduring confidence in the face of trauma (Antonovsky, 1985), despite how unstructured, and unpredictable the people, places, circumstances, and events of life may appear.

Having a strong sense of coherence, spirituality, and a positive perspective allows a person to accept life's challenges with the faith of a mustard seed, knowing that by and by things will work out in the end. One finds a way to make sense of the senseless, find hope in the hopeless, and strength in their weakness; finding peace in the midst of the storm, and shelter from the harsh, bitter winds of trauma – in effect one becomes resilient to the influences of traumatic stress.

Discussion

The search for meaning is a critical aspect of traumatized people's efforts to master their helplessness, and make sense of their vulnerability (van der Kolk, McFarlane, & Weisaeth, 2007). Those who suffer through PTSD experience a shattered world, void of feeling, purpose, and meaning. Fryling (2012) indicated that feelings of purpose, and meaning lowers the risks of PTSD; although these ideations are not included in diagnostic criteria, many people with PTSD experience intense distress due to a lack of such feelings. Furthermore, Racklin (1998) indicates spirituality benefits traumatized individuals by reducing traumatic distress and reinforcing a sense of coherence.

Victims of PTSD have perverted perceptions and assumptions about themselves, and others, feeling isolated and misunderstood. Yet, when a spiritual reality is acknowledged it helps them feel better understood (McBride, 2002), integrating what they know, and what they have

experienced with a sense of identity and significance. Spirituality provides a connection to something greater than themselves; a sense that extends beyond their circumstances.

Sparr and Fergusson (2000) describe spirituality as the transcendental relationship between a person and a Higher Power, beyond specific religious affiliations. Belonging to ‘something’ greater, beyond man-made constructs, facilitates a sense of value, responsibility, support, and involvement exceedingly beyond that found in human relationships. Christian Smith (2005) explains this sense of identity and significance as being part of a *morally significant universe*, which gives purpose to choices, actions, and commitments.

By contrast, the prolonged disturbance of a traumatic event, and perceptual patterns of victimization, self-pity, and isolation intensify the negative emotions of a traumatic memory and exacerbate suffering (Peres et al., 2007). Whereas people who develop interpretative patterns of coping, and reframe the experience with a positive, realistic, spiritual perspective are resilient, have effective and efficient coping skills, and are able to prevail against the psychological trauma. This positive association and relationship between PTSD (the wounded soul) and elevated spiritual significance certainly is much more than just a means of integrating coping skills, improving attitudes and fostering a sense of belonging and support – it is the difference between a life of meaning and purpose and a life of living hell that too often ends in suicide.

Author’s Note

In the preface of *The Problem with Pain*, C. S Lewis (1940), holds to the conviction that “when pain is to be borne, a little courage helps more than much knowledge, a little human sympathy more than much courage, and the least tincture of the love of God more than all” (p. 3). Trauma is synonymous with pain; pain is synonymous with life, in birth there is pain, in life there is pain, and death brings with it pain to those who remain. If the goal of trauma counseling

is to help the traumatized "move beyond survival to the realm of living well" one must deal with the problem of pain - one must find a commensurate solution. Treatment protocols that are predicated upon "if" must seriously be questioned and reevaluated. Treatment approaches can be very effective 'if' properly timed, paced, and applied within the context of a sound working relationship, with a skilled mental health professional. Worse case scenario is the risk of failure, shadowed by the looming reality that symptoms may actually increase; at best the life once lost is now restored - we must ask ourselves, is it worth the risk? Ω

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