Trauma and Spirituality

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SUDS
Subjective Units of Distress Scale

• Please think about how you are feeling right now – emotionally/psychologically/stress
• On a scale from 0 being absolutely NO stress whatsoever to 100 being the MOST stress imaginable – where is your current stress level?
• Please write this number on your handout.
Stress

- Stress is any demand placed upon an organism.
- Stress is normal/unavoidable
- Stress continuum
- Stress is cumulative

Eustress

- Positive, helpful stress
- Helps us to be creative, productive and perform tasks successfully
- Helps us to make lifestyle changes that result in our happiness
Distress

• Has a negative impact on our lives in terms of our physical, psychological, & emotional well-being

Tolerance, Resilience

• Each person has their own tolerance level of coping
• The cumulative effects of minor stressors can enhance or destroy
• Cumulative stress often goes unnoticed and only becomes noticed when there are behavioral problems (e.g. alcohol abuse, marital problems, etc)
Traumatic Incidents:

• Are sudden and unexpected
• Disrupt our sense of control
• Disrupt beliefs, values, and basic assumptions about the world in which we live, the people in it, and the work that we do
• Involve the perception of a life damaging threat
• May involve emotional or physical loss

Factors that may affect response:

• The nature of the event (e.g., how grotesque)
• Degree of warning
• Ego strength/coping style
• Prior mastery of the experience
• Proximity
• Amount of stress in one’s life
• Nature and degree of social support available after a critical incident
"Shattered Assumptions"
Ronnie Janoff-Bulman (1992)

• “At the core of our assumptive world are abstract beliefs about ourselves, the external world and the relationship between the two... I propose that our three fundamental assumptions are:
  – The world is benevolent
  – The world is meaningful
  – The self is worthy”

• trauma shatters our basic assumptions and leaves us scrambling for new and different meaning
  – “God punishes”
  – “I deserved it.... they must have deserved it”
  – “there is no God or higher power”
  – “the world and people in it are evil/bad/scary”
  – “we must live in fear”
Trauma Response Phases

- Acute/Outcry Phase
- Denial/Depressive Phase
- Intrusive/Anxiety Phase
- Recovery/Working Through Phase

Acute/Outcry Phase

- Feeling of alarm/fear
- Immobilization
- Confusion
- Disorganization
- Overwhelmed
- Dazed
- Dissociative reaction
- Denial
- Guilt
Denial/depressive phase

- Psychic numbing
- Constricted affect
- Behavioral restriction
- Withdrawal
- Isolation
- World is a “grayer” place
- Excessive activity
- Automated behaviors
- Undercurrent of anger
- Substance abuse
- Family/marital/relationship problems

Intrusive/anxiety Phase

- Startle response
- Sleep disturbance
- Night sweats
- Decreased concentration
- Fear of loss of control
- Emotional “pangs” or attacks
- Overgeneralization to the event
- Intrusive thoughts/“unbidden images”
- Feelings of “going crazy”
- Substance abuse
Physical signs

• Tension, aches, pains, trembling, poor coordination
• Jumpiness, startle
• Cold seat, dry mouth, eyes hard to focus
• Feeling out of breath
• Upset stomach, vomiting, diarrhea, constipation
• Fatigue, tired, drained, takes effort to move
• Distant, haunted, “1000 mile” stare

Cognitive signs

• Difficulty making decisions
• Confusion
• Disorientation
• Poor concentration
• Memory loss especially for recent events
• Unable to perform multiple tasks
• flashbacks
Emotional signs

• Grief
• Guilt
• Depression
• Anger
• Resentment
• Anxiety/fear
• Feelings of numbness
• Feelings of being overwhelmed
• Self doubting
• Detached from reality

Behavioral signs

• Decrease job performance
• Withdrawn from friends/colleagues/family
• Outbursts
• Changes in normal humor patterns
• Excessive talkativeness or silence
• Hyperactive behavior
Assessment: What is “normal”?  

- Average, mean, median, mode  
- Accepted by a person’s society and culture  
- minimal subjective distress  
- minimal social or occupational deficits

What is above and beyond? 

- Unique to the individual (single event vs. cumulative effect)  
- Subjective distress (continuum; e.g. SUDS)  
- Social or occupational impairment  
- Lasts consistently for a period of time (i.e. not time limited “ups and downs”)
Acute Stress Disorder

• Person has been exposed to a traumatic event in which both of the following were present:
  1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
  2. the person’s response involved intense fear, helplessness or horror

Acute Stress Disorder (continued)

• Either while experiencing or after experiencing the distressing event the individual has 3 or more of the following dissociative symptoms:
  1. a subjective sense of numbing, detachment, or absence of emotional responsiveness
  2. a reduction in awareness of his or her surroundings (“being in a daze”)
  3. derealization
  4. depersonalization
  5. dissociative amnesia (i.e., inability to recall an important aspect of the trauma)
Acute Stress Disorder (continued)

- The traumatic event is persistently reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes (a sense of reliving the experience), or distress on exposure to reminders of the traumatic event

- Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people)

- Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness)
Acute Stress Disorder (continued)

- The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning or impairs the individual’s ability to pursue some necessary task, such as obtaining the necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

Acute Stress Disorder (continued)

- The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.
- The disturbance is not due to the direct physiological effects of a substance or general medical condition, or exacerbation of another disorder.
Posttraumatic Stress Disorder (PTSD)

- The person has been exposed to a traumatic event in which both of the following were present:
  - 1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
  - 2. the person’s response involved intense fear, helplessness, or horror

PTSD (cont.)

- The traumatic event is persistently reexperienced in 1 or more of the following ways:
  - 1. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions
  - 2. Recurrent distressing dreams of the event
  - 3. Acting or feeling as if the traumatic event were recurring (reliving)
  - 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the event
  - 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
PTSD (cont.)

• Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by 3 or more of the following:

  1. efforts to avoid thoughts, feelings or conversations associated with the trauma
  2. efforts to avoid activities, places, or people that arouse recollections of the trauma
  3. inability to recall an important aspect of the trauma
  4. markedly diminished interest or participation in significant activities
  5. feeling of detachment or estrangement from others
  6. restricted range of affect
  7. sense of a foreshortened future (e.g., does not expect to have a career, marriage or normal life span)
PTSD (cont.)

• Persistent symptoms of increased arousal (not present before the trauma) as indicated by 2 or more of the following:

• 1. difficulty falling or staying asleep
• 2. irritability or outbursts of anger
• 3. difficulty concentrating
• 4. hypervigilance
• 5. exaggerated startle response
PTSD (cont)

- Duration of the disturbance is more than 1 month
- The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning
- Acute - if duration of symptoms is less than 3 months
- Chronic – if duration of symptoms is 3 months or more
- With delayed onset – if onset of symptoms is at least 6 months after the stressor

PTSD (cont)

- Community-based studies reveal a lifetime prevalence for PTSD ranging from 1% to 14% with the variability related to methods of ascertainment and the population sampled.
- Studies of at-risk individuals (e.g., combat veterans, victims of violence, police & emergency personnel) have yielded prevalence rates ranging from 3% to 58%.
- Can occur at any age
- Severity, duration, and proximity of an individual’s exposure to the traumatic event are the most important factors affecting the likelihood of developing this disorder
Spiritual Aspects of PTSD

• “Never shall I forget those moments that murdered my God and my soul and turned my dreams to dust”
  
  • - Elie Wiesel

• recovery from trauma involves addressing shattered assumptions and making efforts to master ones sense of helplessness and sense of vulnerability
• a critical aspect of this effort is to find meaning
• one must rebuild a sense of purpose and meaning when their assumptive world has been shattered
• “Why me?”
• **spirituality** – the psychological experiences that relate to an individual’s sense of connection with a transcendent, integration of self and feelings of awe, gratitude, compassion and forgiveness; involves positive emotions such as faith, hope and love; strong linkages between spirituality and increased psychological well-being regardless of religious participation

• **religion/religiosity** – interpersonal and institutional aspects of spirituality; derived from engaging with a formal religious group’s doctrines and traditions

• trauma can shake one’s faith or strengthen it
• sometimes both
• as healing occurs survivors might discover the potential for greater faith
• the proportion of Americans who believe in God has remained remarkably constant at around 95%
Exercise

• There is a blank sheet of paper at the end of your handouts.
• Please take a few moments and use this sheet to draw or depict your higher power.
• Was that easy to do?
• What did you consider when drawing?
• Why or why not?

• Difficult to work with the spiritual in this box of space and time!

Questions survivors may ask

• Who/What is God?
• punishing or benevolent?
• Why am I/we here?
• Why did I survive when others did not?
• What were those weird experiences I had during the traumatic event?
• What happens when I die?
• Are people basically good or evil?
Questions you can ask

• Do you believe there is a level of experience that exists beyond the sensory, physical, or mental?
• Have your spiritual beliefs helped you to cope with or heal from trauma?
• Have your spiritual beliefs changes as a result of your traumatic experiences?
• If your views have shifted, how do you understand the change?
• What role do you hope spirituallity might have in your future?
• Do you have a sense of hope for the future?
• Where does that hope come from?


Exercises

• Grounding (stand up)
• prayer
• gratitude list
• recognize your strengthens
• meditation
• gifts that can come as a result of trauma (e.g., deepened emotional and spiritual life, sense of awe at the nature and cycles of life, respect for others who have survived trauma, heightened appreciation for daily life, different set of priorities, new awareness of inner strength, etc.)
• Examples: Carlos and Kayla
Questions ?????????

• Going back to our SUDS scale ....
  – think about your level of stress/distress at this moment
  – give it a number from the scale
  – write it down
  – did it increase or decrease

Thank you!
The End