

THE ROLE OF TRAUMATIC EVENTS IN EXPERIENCING FAITH, SPIRITUALITY AND EXISTENTIAL QUESTIONS

Abstract

Research shows that severe traumatic and stressful experiences can have serious negative consequences for survivors' psychological and spiritual health. On the other hand, research reveals the so-called posttraumatic growth that occurs after such events. Among important aspects of post-traumatic growth, authors describe positive changes in individuals' spirituality, religion and faith. Numerous studies also show that spirituality, religion and faith can be of great help in recovering from trauma. Healing elements in these areas, which can be found in literature, are primarily finding or transforming the purpose and meaning in life, and finding control and helping to forgive people who caused those traumas. Although literature offers some findings about the characteristics of an individual or his environment which can turn his posttraumatic development into something useful, further research is necessary which would enable individuals to more easily transform the negative characteristics of trauma into spiritual and positive ones for an individual.

Key words: *trauma, posttraumatic growth, spirituality, religion, faith.*

1. Traumatic experiences

Traumatic experience in the strict sense is understood as an experience when a person has been exposed to actual or threatened death, serious injury or sexual violence.¹ Exposure could be direct, but it is considered that the experience was also traumatic if a person has witnessed such event, has been told about violent or unfortunate death of a close person, or has been repeatedly or extremely exposed to the details of a traumatic event (e.g. paramedics, police officers who are repeatedly exposed to details of child abuse, etc.), but not through the media, unless it is linked with one's job.² One can also suffer severe consequences of

¹ Cf. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Dsm-5™ (5th Ed.)*, American Psychiatric Publishing, Arlington, VA, US, 2013, p. 271.

² Cf. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Dsm-5™ (5th Ed.)*, 271.

less stressful experiences (such as divorce or abandonment in childhood, for example), which some also call small 't' trauma.³ Research indicates that, for example, divorce is very often at the top of the stress scale and can have serious consequences for all family members.⁴ Affects, images, sensations and body reactions that are part of a traumatic experience can be very deeply imprinted in memory and can persist in its more or less original form for months, years or even decades after the event.⁵ Various stimuli in one's environment, reminiscent of the trauma, can trigger re-experiencing the trauma in a very strong form. For example, for someone who was sexually abused, a simple friendly touch can trigger high levels of terror and agitation.

In such situations people's reactions are typically not in accordance with the real danger but rather in line with their past experience. Such a person does not live in the present but in the past. Wiesel⁶ points out that time does not heal all wounds and that some of them remain open and sore. Traumatic experiences thus return again and again with all accompanying emotions, continuing to torture the victim's conscious and unconscious mind, until they are appropriately stored in memory, grieved and processed in a secure, healthy relationship.⁷ Some recent studies show that some traumatic experiences (such as the experience of concentration camps) cause lasting consequences even in the next generation.

According to some research, as many as 60% of men and 50% of women experience a traumatic event at some point in their lives⁸, but if we slightly expand the definition of traumatic experiences, almost everyone is exposed to them. Shalev⁹ reports on a research of the likelihood to experience traumatic events, which among adult men in the USA reaches 97%.

³ Cf. F. Shapiro, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures*, 2. ed., Guilford Press, New York, NY, 2001, p. 55.

⁴ Cf. N. Rijavec Klobučar - B. Simonič, *Risk Factors for Divorce in Slovenia: A Qualitative Study of Divorced Persons' Experience*, Journal of Family Studies (Online version), (2016) p. 1-16; B. Simonič - N. Rijavec Klobučar, *Experiencing Positive Religious Coping in the Process of Divorce: A Qualitative Study*, Journal of Religion and Health (Online version), (2016) p. 1-11.

⁵ Cf. B. A. van der Kolk, *The Body Keeps the Score: Memory and the Evolving Psychobiology of Posttraumatic Stress*, Harvard Review of Psychiatry, 1 (1994) 5, p. 6; B. A. van der Kolk - J. W. Hopper - J. A. Osterman, *Exploring the Nature of Traumatic Memory: Combining Clinical Knowledge and Laboratory Methods*, Journal of Aggression, Maltreatment & Trauma, 4 (2001) p. 16.

⁶ Cf. E. Wiesel, *A Jew Today*, Random House, New York, NY, 1978, p. 222.

⁷ Cf. N. P. F. Kellermann, *The Long-Term Psychological Effects and Treatment of Holocaust Trauma*, Journal of Loss and Trauma, 6 (2001) p. 198.

⁸ Cf. A. N. Schore, *Dysregulation of the Right Brain: A Fundamental Mechanism of Traumatic Attachment and the Psychopathogenesis of Posttraumatic Stress Disorder*, Australian and New Zealand Journal of Psychiatry, 36 (2002) p. 9.

⁹ Cf. A. Y. Shalev, *Post-Traumatic Stress Disorder: Diagnosis, History and Life Course*, in: D. Nutt, J. R. T. Davidson and J. Zohar (ed.) *Post-Traumatic Stress Disorder: Diagnosis,*

Solomon and Johnson¹⁰ report on studies which have shown that in the general population 89% of people experience a traumatic event and that 20% of the population have experienced a traumatic event only in the previous year. One could say that trauma is a part of our lives.

2. The consequences of trauma

Not everyone who has experienced trauma suffers serious consequences, but these are very frequent and numerous. Traumatic experience can greatly affect all levels of functioning: biological, psychological, social and spiritual¹¹.

Post-traumatic stress disorder is the most frequently mentioned result of unprocessed traumatic events. Approximately 10% of people at least once in their lives experience this disorder. It has four groups of symptoms. The first group comprises the imposition of burdensome memories and dreams, sometimes with dissociative reactions (flashbacks, intense and prolonged psychological distress or reactions when exposed to trauma stimuli). The person avoids stimuli (both internal and external), reminiscent of the trauma. Adverse changes in cognition and mood are possible (the person is not able to recall important aspects of the trauma, has negative beliefs about themselves or the world, distorted cognition about the cause or consequences (blaming themselves or others), persistent negative emotional state (terror, fear, shame, guilt etc.), decreased interest in important activities, feelings of alienation from others, persistent inability to experience positive emotions). The last group of symptoms encompasses visible changes in arousal and reactivity, which may contain reactive behaviour or angry outbursts, reckless or self-destructive behaviour, excessive vigilance / alertness, excessive alarm response, problems with concentration and sleep disturbances.¹²

Post-traumatic stress disorder is by no means the only result of traumatic experiences. There are many others. Researchers¹³ mention the

Management and Treatment, American Psychological Association, Washington, 2000, p. 1-15.

¹⁰ Cf. S. D. Solomon - D. M. Johnson, *Psychosocial Treatment of Posttraumatic Stress Disorder: A Practice-Friendly Review of Outcome Research*, *Journal of Clinical Psychology*, 58 (2002) p. 948.

¹¹ Cf. B. A. van der Kolk, *The Body Keeps the Score: Approaches to the Psychobiology of Posttraumatic Stress Disorder*, in: B. A. van der Kolk, A. McFarlane and L. Weisaeth (ed.) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*, Guilford Press, New York, NY, 1996, p. 214-241.

¹² Cf. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Dsm-5™ (5th Ed.)*, p. 271-272.

¹³ Cf. R. Cvetek, *Bolečina preteklosti: Trauma, medosebni odnosi, družina, terapija*, Društvo Mohorjeva družba, Celjska Mohorjeva družba, Celje, 2010; repr., 2010; C. Gostečnik, *Sodobna psihoanaliza*, Brat Francišek in Franciškanski družinski inštitut, Ljubljana,

following: depression, increased aggression towards others and oneself, depersonalization, dissociation, compulsive behavioural repetition of traumatic scenarios, changes of value systems, and the decline in family and work functioning. Problems of victims of trauma may further include affective dysregulation, amnesia and dissociation, somatisation, distrust, shame, blame and hatred towards oneself, self-destructive behaviour. Many also have a feeling that they are permanently damaged and deprived of a normal future. In the study by Ferčak, Kutnar, Milovanovič, Verbič and Cvetek¹⁴, we found a number of differences in experiencing emotions among those who have experienced trauma and those who have not.

Researchers also note changes in the brain after traumatic experiences. For example, the volume of the hippocampus in traumatized subjects with PTSD was significantly lower than in non-traumatized subjects, ranging from 8 to 26%.¹⁵ Studies of brain anatomy in abused children have shown that the reduced overall size of their brain and the detriment of the development of the corpus callosum which enables the transfer of information between the two halves of the brain.¹⁶

Especially victims of the Holocaust studies suggest that the effects of trauma are 'transferred' to the next generation.¹⁷ There is not enough research to understand how the traumatic experience is passed on from one generation to another, although the discovery of the DNA of cells as a source for such transfer opens great opportunities in medicine.¹⁸

Especially some types of interpersonal trauma (e.g. abuse and neglect during childhood) can have devastating consequences for victims through-

2002; C. Gostečnik, *Relational Family Therapy*, Routledge, New York, 2017; B. A. van der Kolk, Posttraumatic Stress Disorder and the Nature of Trauma, in: D. J. Siegel and M. F. Solomon (ed.) *Healing Trauma: Attachment, Mind, Body and Brain*, W. W. Norton & Company, New York, NY, 2003, p. 168-195; R. Yehuda - A. C. McFarlane, *Conflict between Current Knowledge About Posttraumatic Stress Disorder and Its Original Conceptual Basis*, *American Journal of Psychiatry*, 152 (1995) p. 12.

¹⁴ Cf. K. Ferčak - B. Kutnar - T. Milovanovič - P. Verbič - R. Cvetek, *Posledice travme pri posamezniku: Depresija, agresija, čustva in regulacija čustev*, unpublished data, Teološka fakulteta, Univerza v Ljubljani in Frančiškanski družinski inštitut, Ljubljana, 2006.

¹⁵ Cf. D. J. Nutt - A. L. Malizia, *Structural and Functional Brain Changes in Posttraumatic Stress Disorder*, *Journal of Clinical Psychiatry*, 65 (2004) 1, p. 11-17.

¹⁶ Cf. D. Fosha, *Dyadic Regulation and Experiential Work with Emotion and Relatedness in Trauma and Disorganized Attachment*, in: D. J. Siegel and M. F. Solomon (ed.) *Healing Trauma: Attachment, Mind, Body, and Brain*, W. W. Norton & Company, New York, NY, 2003, p. 282-321, here: p. 222.

¹⁷ Cf. D. Rowland-Klein, *The Transmission of Trauma across Generations: Identification with Parental Trauma in Children of Holocaust Survivors*, in: D. R. Catherall (ed.) *Handbook of Stress, Trauma, and the Family*, Brunner-Routledge, New York, NY, 2004, p. 117-136, here: p. 117-121.

¹⁸ Cf. K. Gow, *Overview: Conceptualising Trauma as a Deeb Wound*, in: K. Cow and M. J. Celinski (ed.) *Individual Trauma: Recovering From Deep Wounds and Exploring the Potential for Renewal*, Nova Science Publishers, New York, 2012, p. 3-13, here: p. 10.

out life. These may include problems in bonding, eating disorders, depression, suicidal behaviour, anxiety and anxiety disorders such as panic disorder, PTSD and generalized anxiety disorder, alcoholism, violent behaviour, mood disorders and others.¹⁹ The fact that 40 to 70% of adult psychiatric patients were victims of child abuse is quite revealing.²⁰

3. Spirituality and religion

Researchers are not unanimous in defining spirituality and religion / faith. The majority sees them as two different constructs with some overlapping aspects; in the context of research related to health, however, both constructs are often used alternatively.²¹ When researchers separate them, they often conceptualize spirituality as an individual's understanding, experience and connection with what goes beyond (transcends) the individual's life²² and as a private and personal experience that promotes one's growth.²³ Some researchers²⁴ link spirituality to the search for the sacred. It is a subjective experience of the sacred and refers to emotional connection or relationship with God, or the sacred, or the transcendent, which goes beyond self. It represents the essence of what one is and defines the individual's ability to transcend the present moment.²⁵ On the other hand, religiousness and faith are often defined as a commitment to the beliefs and practices supported by certain organized institutions. These may include praying, reading the Bible and regularly attending

¹⁹ Cf. D. M. Fergusson - J. L. Horwood, *Exposure to Interparental Violence in Childhood and Psychological Adjustment in Young Adulthood*, *Child Abuse & Neglect*, 22 (1998); J. D. Ford - P. Kidd, *Early Childhood Trauma and Disorders of Extreme Stress as Predictors of Treatment Outcome with Chronic Ptsd*, *Journal of Traumatic Stress*, 11 (1998); C. B. Nemeroff, *Neurobiological Consequences of Childhood Trauma*, *Journal of Clinical Psychiatry*, 65 (2004), 1; B. D. Perry, *Traumatized Children: How Childhood Trauma Influences Brain Development*, *The Journal of the California Alliance for the Mentally Ill*, 11 (2000), 1.

²⁰ Cf. J. L. Herman, *Trauma and Recovery*, Basic Books, New York, NY, 1992, p. 88.

²¹ Cf. J. M. Hulett - J. M. Armer, *A Systematic Review of Spiritually Based Interventions and Psychoneuroimmunological Outcomes in Breast Cancer Survivorship*, *Integrative Cancer Therapies*, 15 (2016) 4, p. 406.

²² Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, in: K. Gow and M. J. Celinski (ed.) *Individual Trauma: Recovering from Deep Wounds and Exploring the Potential for Renewal*, Nova Science Publishers, New York, 2012, p. 53-72, here: p. 55.

²³ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, *Professional psychology-research and practice*, 43 (2012) 4, p. 307.

²⁴ Cf. For example J. M. Hulett - J. M. Armer, *A Systematic Review of Spiritually Based Interventions and Psychoneuroimmunological Outcomes in Breast Cancer Survivorship*, p. 2.

²⁵ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, p. 307.

services. Of course, these very activities aim at promoting personal and sacred feelings, beliefs and experiences, so they are strongly associated with spirituality; actually, spiritual experiences often occur within the context of organized religion. Some also distinguish between faith, which denotes more personal and private characteristics, and religiousness, although the terms are often used interchangeably.

Some data suggest that spirituality can be a special dimension of personality.²⁶

Some authors²⁷ distinguish the intrinsic and extrinsic religious orientation. In extrinsic religion the main objective should be to provide comfort and safety. Practices of extrinsic religion are guided not as much by individual's religion but rather encouraged through the experience of guilt, anxiety and / or external sources of pressure. Extrinsic religious coping is less effective than intrinsic orientation. Research shows that extrinsic orientation is associated with the perceived threat and a feeling of inability to cope with a situation in addition to a reduced feeling that there is a potential for growth from the stressful experience.²⁸ Intrinsic religiousness is an internalized understanding of who the transcendent being is; understanding on the basis of faith, hope and love for others, God and ourselves. It includes altruistic motivation that is closely linked to the search for meaning and significance, with the ultimate goal in these two. Intrinsic religiosity has demonstrated a positive role in the healing process, as well as a predictor of the decrease in depression over time.²⁹

Psychology and especially psychotherapy usually did not use to include spiritual aspects³⁰, which is not in accordance with the research that has shown that the spiritual beliefs and religious behaviours contribute to better coping with disease as well as to physical health.³¹ American Psychiatric Association has called for greater sensitivity for spiritual matters in psychiatric practice.³² One of the most recognized experts in the field of

²⁶ Cf. J. M. Hulett - J. M. Armer, *A Systematic Review of Spiritually Based Interventions and Psychoneuroimmunological Outcomes in Breast Cancer Survivorship*, p. 2.

²⁷ Cf. e.g. K. I. Pargament - C. L. Park, *The Psychology of Religion and Coping: Theory, Research, Practice*, Guilford Press, New York, NY, 1997.

²⁸ Cf. T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, *Canadian Psychology Psychologie Canadienne*, 46 (2005) 2, p. 92.

²⁹ Cf. T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 92.

³⁰ Cf. J. J. F. O'Rourke - B. A. Tallman - E. M. Altmaier, *Measuring Post-Traumatic Changes in Spirituality/Religiosity*, *Mental Health, Religion & Culture*, 11 (2008) 7, p. 726.

³¹ Cf. J. A. Sigmund, *Spirituality and Trauma: The Role of Clergy in the Treatment of Post-traumatic Stress Disorder*, *Journal of Religion and Health*, 42 (2003) 3, p. 222.

³² Cf. American Psychiatric Association, *American Psychiatric Association Practice Guidelines for Psychiatric Evaluation of Adults*, *American Journal of Psychiatry Supplement*,

death and loss of family members, Monica McGoldrick, and her colleague Froma Walsh³³ argue that it is important that therapists do not exclude the spiritual dimension of the experience of death, dying and loss from their therapeutic work and that they, if necessary, consult with the pastoral counsellors, or even refer individuals to them. They also believe that all cultures throughout history have approached spirituality as a strong source to support life, so it is not understandable why we should neglect this useful source today.

Renowned researchers and experts in psychotherapy, such as McCullough et al.³⁴, even argue that the spiritual needs are one of the core areas where the self operates (in addition to biological, psychological / emotional, sexual and social needs).

4. The importance of spirituality and religiousness for mental and physical self

Religious faith and spiritual life are essential part of human nature; they are related to hope, psychosocial resilience, religious values and generational wisdom, among others.³⁵ Numerous studies provide evidence of a positive link between religiousness and spirituality on the one hand and healthy psychosocial adaptation on the other.³⁶ Faith is associated with happiness, hope and optimism, altruism, marital satisfaction, it establishes positive social norms that promote acceptance, solidarity and validation by others, and provide for healthier life styles.³⁷ Intrinsic religiosity, in particular, is associated with an internal locus of control, sociability, a sense of well-being, responsibility, self-control, tolerance, peak experiences, greater confidence, and above all a more profound sense of

152 (1995) 11, p. 29.

³³ Cf. F. Walsh - M. McGoldrick, When a Family Deals with Loss: Adaptational Challenges, Risk, and Resilience, in: D. R. Catherall (ed.) *Handbook of Stress, Trauma and the Family*, Brunner-Routledge, New York, NY, 2004, p. 393-415, here: p. 405.

³⁴ Cf. L. McCullough - N. Kuhn - S. Andrews - A. Kaplan - J. Wolf - C. L. Hurlley, *Treating Affect Phobia: A Manual for Short-Term Dynamic Psychotherapy*, Guilford Press, New York, NY, 2003, p. 247-249.

³⁵ Cf. N. Abi-Hashem, Religious and Pastoral Responses to Trauma, in: C. R. Figley (ed.) *Encyclopedia of Trauma: An Interdisciplinary Guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 542-544, here: p. 542.

³⁶ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, p. 308; C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 56; J. J. F. O'Rourke - B. A. Tallman - E. M. Altmaier, *Measuring Post-Traumatic Changes in Spirituality/Religiosity*, p. 726.

³⁷ Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 56; G. R. Schiraldi, Resilience, Growth and Thriving, in: C. R. Figley (ed.) *Encyclopedia of Trauma: An Interdisciplinary Guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 549-553, here: p. 552.

purpose and the meaning of life.³⁸ Religious activities may give individuals a sense of community, to a certain extent they prevent involvement in risky behaviours (drinking, drug use, smoking, early and risky sexual pursuits) and self-destructive behaviour (e.g. suicidal)³⁹; they also give a sense of meaning, self-esteem, coherence and purpose in life; and the relationship with God or a holy being can promote happiness by reducing stress and promoting positive coping strategies.⁴⁰

A review of previous studies regarding adolescents by Vis and Battestone⁴¹ summarizes the research and recognizes that an adolescents' positive relationship with God influences his/her well-being; adolescents who believe in God will less likely consume alcohol or engage in binge drinking; Christianity, in particular, influences adolescent's well-being through expanded adolescent's health support network, emotional functioning, coping and avoidance of risky behaviour. Similarly, an adolescent's positive relationship with God can influence her or his ability to recover from adversity and trauma. Klobučar⁴² in her research found out the great importance of spirituality in helping spouses in the transition to parenthood.

5. Traumatic experiences and a negative impact on spirituality / faith

Today, with the development in understanding the impact of traumatic events on the whole human being, communities and relationships, we have reached even beyond integrative biopsychosocial approaches – to theories that integrate the role of spirituality and the creation of meaning and purpose, and we search for strengths, resources and resilience.⁴³ In this context, we see individuals as bio-psycho-socio-spiritual beings,

³⁸ Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 56.

³⁹ Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

⁴⁰ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, p. 308-309.

⁴¹ Cf. J.-A. Vis - A. Battistone, *Faith-Based Trauma Intervention: Spiritual-Based Strategies for Adolescent Students in Faith-Based Schools*, *Journal of Religion & Spirituality in Social Work*, 33 (2014) 3/4, p. 220.

⁴² Cf. N. Rijavec Klobučar, *The Role of Spirituality in Transition to Parenthood: Qualitative Research Using Transformative Learning Theory*, *Journal of Religion and Health*, 55 (2016) 4, p. 5-13.

⁴³ Cf. For example Karen W. Saakvitne, Foreword: Psychological Interventions for Victims of Disaster and Trauma, in: Laura Barbanell and Robert J. Sternberg (ed.) *Psychological Interventions in Times of Crisis*, Springer Publishing Co, New York, NY, 2006, p. xix-xxiii, here: p. xx.

where spirituality refers to the framework of meaning through which we experience the world in spiritual dimension.⁴⁴

Research has found both positive and negative effects of traumatic experiences on spirituality and religious faith. Numerous negative consequences described in the initial section of this article are certainly also reflected in relation to God, spirituality and religion. The lack of control in certain cases of trauma, combined with the violent nature of the event, triggers the process of existential questioning in victim. As part of their search for meaning, many victims of trauma re-evaluate their spiritual beliefs in light of traumatic experience.⁴⁵ Psychological trauma can be conceptualized as an existential injury, a wound in spirit – as an attack on the self and self-concept, distortion in the search for a meaningful purpose, career, relationships and personal development.⁴⁶ It undermines the basis for our existence, seriously changes how we see the world and how we make sense of it – it destabilizes our frames of meaning, our spiritual and existential foundations.⁴⁷ Because trauma often contains the threat of death and brings the awareness that our life is finite, it may cause high levels of horror and distress, excruciating terror and an overpowering fear of annihilation.⁴⁸ On the other hand, Frankl⁴⁹ and Yalom⁵⁰, for example, note that clients with trauma experience the level of death awareness which also allows them to more clearly and fully experience joy, meaning, value and purpose of life. After the trauma some individuals more fully experience and appreciate life; for example, even food has better taste and smell, friendships are stronger, as are connections with God and religious community.⁵¹

There is a decreasing number of studies specifically addressing the changes in spirituality and faith after a traumatic experience. Schiraldi⁵² reports that at the beginning in about 30% of trauma survivors their faith

⁴⁴ Cf. L. Corbett - M. Milton, *Existential Therapy: A Useful Approach to Trauma?*, *Counseling Psychology Review*, 26 (2011) 1, p. 63.

⁴⁵ Cf. L. I. McCann - L. A. Pearlman, *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*, Brunner/Mazel Psychosocial Stress Series, No 21, Brunner/Mazel, Philadelphia, PA, 1990.

⁴⁶ Cf. N. Thompson - M. Walsh, *The Existential Basis of Trauma*, *Journal of Social Work Practice*, 24 (2010) 4, p. 378.

⁴⁷ Cf. N. Thompson - M. Walsh, *The Existential Basis of Trauma*, p. 379.

⁴⁸ Cf. J. P. Wilson, Trauma Archetypes and Trauma Complexes, in: J. P. Wilson (ed.) *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*, Routledge, London, 2006, p. 157-209, here: p. 171.

⁴⁹ Cf. V. Frankl, *The Will to Meaning*, New American Library, New York, NY, 1969.

⁵⁰ Cf. I. D. Yalom, *Existential Psychotherapy*, Basic Books, New York, NY, 1980.

⁵¹ Cf. S. Claire McCreary DeMoss, Spiritual and Religious Growth, in: C. R. Figley (ed.) *Encyclopedia of Trauma: An Interdisciplinary Guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 646-648, here: p. 647.

⁵² Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

weakens – they feel numb, angry, cynical and / or rejected. For example, the survey which included sexually assaulted women⁵³ revealed that two weeks after the event, only 25% reported positive changes with regard to the spiritual well-being, and 51% experienced negative changes. Similarly, 40% reported positive changes in their feeling of proximity to God, and 34% reported negative changes. Negative changes are usually related to the question of how God could let the event happen, or to experiencing the event as punishment from God. Trauma may negatively impact the belief in the good in people and the safety and honesty in the world.⁵⁴ After one year from the sexual assault, positive changes in spirituality / religion were reported in 40% and negative changes in 32%⁵⁵. As far as the feeling of proximity to God, after two months positive changes were reported in 46%, and after one year in 40%. 17% reported negative changes in the feeling of proximity to God after one year. Negative changes were associated with increased distress and depression and post-traumatic stress disorder. The survey by Falsetti and Resick⁵⁶ found that 16.7% of individuals who have experienced a variety of powerful stressors (e.g. a natural disaster, physical attacks), reported spiritual decline. The survey examining the responses of women in difficult situations, such as a chronic disease and a lack of resources,⁵⁷ found that 30.2% had a stronger sense of meaning and purpose, and 8.5% of people experienced reinforced spirituality and faith in God. It should be understood that spiritual growth is not simple, fast, or necessarily linear.⁵⁸

As far as negative consequences on one's spirituality, victims reported a feeling that God in whom they believed and trusted, betrayed or left them.⁵⁹ In some cases they experienced not only that God had left them but that he had betrayed them and laughed in their face.⁶⁰ Victims often ask questions such as 'Why me,' 'How could God let this happen' and 'Where was God'. Traumatic events can also negatively impact pre-existing religious and / or spiritual beliefs when people respond to trauma by

⁵³ Cf. P. Frazier - A. Conlon - T. Glaser, *Positive and Negative Life Changes Following Sexual Assault*, *Journal of Consulting and Clinical Psychology*, 69 (2001) 6, p. 1048-1055.

⁵⁴ Cf. P. Frazier - A. Conlon - T. Glaser, *Positive and Negative Life Changes Following Sexual Assault*, p. 1053.

⁵⁵ Cf. P. Frazier - A. Conlon - T. Glaser, *Positive and Negative Life Changes Following Sexual Assault*, p. 1048-1055.

⁵⁶ Cf. S. A. Falsetti - P. A. Resick - J. L. Davis, *Changes in Religious Beliefs Following Trauma*, *Journal of Traumatic Stress*, 16 (2003) 4, p. 395.

⁵⁷ Cf. A. F. Abraido-Lanza - C. Guier - R. Marie Colón, *Psychological Thriving among Latinas with Chronic Illness*, *Journal of Social Issues*, 54 (1998) 2, p. 405-424.

⁵⁸ Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

⁵⁹ Cf. K. Gow, *Overview: Conceptualising Trauma as a Deeb Wound*, p. 6.

⁶⁰ Cf. K. Gow, *Overview: Conceptualising Trauma as a Deeb Wound*, p. 6.

examining and / or rejecting previously held commitments.⁶¹ Some feel that God has disappointed and left them, and become bitter, life for them no longer has any meaning and there are few things in which they could still believe at all. Others who are struggling with survival guilt may feel that their sins are so great that God will never forgive them. This affects the individual's sense of protection (which represents security) by God, the sense of belief in God's constancy (which is trust), spiritual values (self-image) or individual's sense of coherence (representing intimacy) of a higher power.⁶² Bryant-Davis et al.⁶³ claim that trauma can make it difficult, for example, for children and adolescents to maintain their religious beliefs, believing that their God or divine being is rough, unfair and distant or not very loving when he let the trauma occur. In many religions in which God is omnipotent, for example, there is a potential danger of understanding that one has been punished for their sins or the sins of their ancestors.⁶⁴ Children, in particular, who have experienced abuse may have difficulties in spiritual trust, which was formed at the beginning of their lives, and this may lead to prejudiced views of and relationship with the divine being, which can lead to shame, guilt and negative self-image.⁶⁵ In the study we conducted⁶⁶ we often observed anger towards God and complaints to God, such as 'I complained to God why he let this happen. I was angry with him.' But we can assume that in some cases of processing trauma, the ability to express anger can be helpful.

In case of a negative view of God's role in a traumatic event, a person lacks support stemming from spiritual connection; moreover, one typically bears additional burden, feeling rejected and / or punished.⁶⁷ Negative relationship with God (e.g. punishment, withdrawal) could further be linked to an individual experiencing more distress in stressful situations – for example, one stays in hospital for a prolonged time and has difficul-

⁶¹ Cf. J. J. F. O'Rourke - B. A. Tallman - E. M. Altmaier, *Measuring Post-Traumatic Changes in Spirituality/Religiosity*, 2. 3503

⁶² Cf. L. I. McCann - L. A. Pearlman, *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*.

⁶³ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, p. 309.

⁶⁴ Cf. S. C. M. DeMoss, *Spiritual and Religious Growth*, p. 647.

⁶⁵ Cf. T. Bryant-Davis - M. U. Ellis - E. Burke-Maynard - N. Moon - P. A. Counts - G. Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, p. 309.

⁶⁶ Cf. M. Čuk - R. Cvetek, *Duhovnost v času stiske*, unpublished data, Teološka fakulteta, Univerza v Ljubljani in Frančiškanski družinski inštitut, Ljubljana, 2006, podatki.

⁶⁷ Cf. R. Schwarz, *Tools for Transforming Trauma*, Brunner-Routledge, New York, NY, 2002, p. 10.

ties adapting.⁶⁸ A person with a negative view of God's role is extremely vulnerable to the downward spiral and may react with anger, which is reflected in the relation to God and to himself. The fear associated with trauma becomes part of a more general fear that he is left alone in a hostile universe.⁶⁹ Negative religious coping pattern resulting from the frightful relation to God is linked to an anxious view of the world and to complications in searching for the meaning of life.

Numerous studies, however, note the possibility of the positive impact of traumatic experiences on spirituality and faith / religiousness, often in the context of post-traumatic growth. Robinson⁷⁰ summarizes how a traumatic experience can impact faith and spirituality, describing three basic responses: 1. Some lose faith in a good God who allowed such tragedy, 2. Some retain faith, trust in divine providence regardless of the circumstances and find solace in this faith; 3. Others find new faith and deep spirituality, which helps them compensate disillusionment with natural or social environment, which has caused trauma, with the hope in a higher power or the future, especially the one after death.

6. Posttraumatic growth

Post-traumatic growth is an important human experience for those who are interested in spirituality and religious faith; it is also an important component of understanding trauma. Spirituality and religiousness are significantly related to post-traumatic growth. Religious beliefs may develop from this very trauma.⁷¹ The trauma challenges whatever assumptions they may have about themselves, about the course of their lives, their expectations about the future, the importance and the meaning of their lives and the world in which they live.⁷² So people need to rethink what they believe in light of what happened to them.

Researchers report high growth rates after many very stressful and traumatic events, including illness, bereavement, sexual assaults, mili-

⁶⁸ Cf. T. G. Belavich - K. I. Pargament, *The Role of Attachment in Predicting Spiritual Coping with a Loved One in Surgery*, *Journal of Adult Development*, 9 (2002) 1, p. 19-27; T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 94.

⁶⁹ Cf. R. Schwarz, *Tools for Transforming Trauma*, p. 10.

⁷⁰ Cf. S. Robinson, *Psychospiritual Impact of Disaster*, in: C. R. Figley (ed.) *Encyclopedia of Trauma: An Interdisciplinary Guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 507-508, here: p. 507.

⁷¹ Cf. J. J. F. O'Rourke - B. A. Tallman - E. M. Altmaier, *Measuring Post-Traumatic Changes in Spirituality/Religiosity*, p. 1.

⁷² Cf. R. G. Tedeschi, *Growth, Posttraumatic*, in: C. R. Figley (ed.) *Encyclopedia of Trauma: An Interdisciplinary Guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 297-299, here: p. 298.

tary conflicts, and even terrorist attacks.⁷³ The research of the effects of traumatic experiences related to the process as well as to the result in which victims of trauma reject bad aspects of trauma and manage to continue to develop and grow, has established terms such as stress-related growth, resilience, flexibility and, most often, post-traumatic growth. Tedeschi and Coulhan⁷⁴ define post-traumatic growth as a positive psychological change experienced as a result of struggle with highly challenging life circumstances. Tedeschi, Park and Calhoun⁷⁵ determine post-traumatic growth as a beneficial change in cognitive and emotional life, which may have behavioural implications. The term 'growth' is used when a person has further developed in comparison to his previous stage of adaptation, psychological functioning or awareness of life.⁷⁶

Tedeschi⁷⁷ argues that this is more common than post-traumatic stress disorder or some other psychiatric disorder. Research shows that 40 to 70% of people who experience a traumatic event, later report some form of benefit from their experience.⁷⁸ So far, research has focused on the negative psychological and emotional consequences of trauma, but more and more literature is moving towards a more positive outcome of trauma.⁷⁹ This trend has recently also corresponded with the trend of positive psychology.⁸⁰

Positive changes are described in various areas, Tedeschi and Calhoun⁸¹ mention five: relationships with others, new opportunities (e.g. new interests), personal strengths, spiritual growth and appreciation of life. Some other authors⁸² reported changes in seven areas: affect regu-

⁷³ Cf. C. L. Park - V. S. Helgeson, *Introduction to the Special Section: Growth Following Highly Stressful Life Events: Current Status and Future Directions*, *Journal of Consulting and Clinical Psychology*, 74 (2006) 5, p. 791.

⁷⁴ Cf. R. G. Tedeschi - L. G. Calhoun, *Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence"*, *Psychological Inquiry*, 15 (2004) 1, p. 1.

⁷⁵ Cf. R. G. Tedeschi - C. L. Park - L. G. Calhoun, *Posttraumatic Growth: Conceptual Issues*, in: Richard G. Tedeschi, Crystal L. Park and L. G. Calhoun (ed.) *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*, Lawrence Erlbaum Associates Publishers, London, 1998, p. 1-22, here: p. 3.

⁷⁶ Cf. R. G. Tedeschi - C. L. Park - L. G. Calhoun, *Posttraumatic Growth: Conceptual Issues*, p. 3.

⁷⁷ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 297.

⁷⁸ Cf. C. Woodward - S. Joseph, *Positive Change Processes and Post-Traumatic Growth in People Who Have Experiences Childhood Abuse: Understanding Vehicle of Change*, *Psychology and Psychotherapy: Theory, Research and Practice*, 76 (2003) 3, p. 268.

⁷⁹ Cf. R. J. Fazio - L. M. Fazio, *Growth through Loss: Promoting Healing and Growth in the Face of Trauma, Crisis and Loss*, *Journal of Loss & Trauma*, 10 (2005) 3, p. 225.

⁸⁰ Cf. M. E. Seligman - M. Csikszentmihalyi, *Positive Psychology: An Introduction*, *American Psychologist*, 55 (2000) 1.

⁸¹ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 297.

⁸² Cf. For example S. Armeli - K. Cimboric Gunthert - L. H. Cohen, *Stressor Appraisals, Coping, and Post-Event Outcomes: The Dimensionality and Antecedents of Stress-Related*

lation, religiousness, treating others, self-understanding, belongingness, personal strength, optimism and life satisfaction. Salter and Stallard⁸³ in summarizing their research identify three specific forms of positive growth: changes in self-perception, changes in relationships with others, and changes in the philosophy of life, basic values and goals. Changes in self-perception consist of three elements. The first is that the person renames her/himself from victim to survivor and begins to realize that survivors have special status and power. The second element is a sense of increased self-confidence, which can be characterized by thoughts such as, 'If I survived that, I can handle anything.' The third element is a sense of vulnerability, characterized by, for example, an increased awareness of one's own mortality and therefore the preciousness and fragility of life: this can promote positive change in interpersonal relations, appreciation for life and setting priorities. Another form of growth is associated with interpersonal relationships. Trauma survivors have learned to disclose more about their feelings or express themselves more openly. They report, for example, that they became closer with their spouse and that their marriage grew stronger after the traumatic event. It was also shown that vulnerability increased and enhanced empathy, compassion and altruism in difficult situations. The third form of growth is characterized by a change in life priorities, appreciation of life in general and appreciation of smaller things in life, by a reflection on and appreciation of the meaning and purpose of life and inevitable death, spiritual development and growth of wisdom. The feeling that one was spared death and should take advantage of a second chance in life, which has been given, may lead to changes in individual priorities and a re-evaluation of what is important and appreciated in life⁸⁴.

Regarding post-traumatic growth it is, however, necessary to mention that some people experience post-traumatic growth and some do not; that there are different paths of growth over time and that the kind of growth among trauma survivors can vary.⁸⁵ Some research suggests that women report posttraumatic growth slightly more often than men, as well as those who use the more active and less avoidant coping processes.⁸⁶ It seems that post-traumatic growth does not necessarily free an individual from distress (such as post-traumatic stress disorder) that is associated with a life crisis; obviously, growth and distress are more

Growth, Journal of Social & Clinical Psychology, 20 (2001) 3, p. 368-369.

⁸³ Cf. E. Salter - P. Stallard, *Posttraumatic Growth in Child Survivors of a Road Traffic Accident*, Journal of Traumatic Stress, 17 (2004) 4, p. 337-340.

⁸⁴ Cf. E. Salter - P. Stallard, *Posttraumatic Growth in Child Survivors of a Road Traffic Accident*, p. 337-340.

⁸⁵ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 298.

⁸⁶ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 299.

or less mutually independent and can co-exist.⁸⁷ It is also necessary to distinguish between post-traumatic growth and resilience, in which the person usually does not even experience any major crisis or questioning their core beliefs.⁸⁸

7. Spirituality / faith helps trauma recovery

While coping with heavier stress and traumatic experience, people often ask questions about spirituality⁸⁹ and turn to religion. Many people think about spirituality and the process of extracting significance and positivity from trauma and suffering can be seen as a spiritual process which is not necessarily linked to religion or conscious processing.

Spirituality and religion are a particularly important source of help when individuals face hardship that is particularly challenging, and their ability to address the situation is limited.⁹⁰ The more serious event in terms of the consequences for the person, the more likely it is that spirituality-related questions are activated.⁹¹ Numerous studies have also shown, for example, that religion is particularly effective in addressing the situation of loss or serious illness,⁹² provided that experiencing God is positive and not negative, as described above. When an individual is faced with a serious, even fatal disease, it can be expected that the religious coping (or faith) will often be strongly awakened. This is particularly noticeable in the case of serious illness, such as, for example, cancer.⁹³ Having such a disease, a person quickly begins to wonder about death and its inevitability. For cancer patients, it is quite typical that they do not blame God but rather trust that God will help them to get healthy.⁹⁴

Within this positive sample of coping we find methods deriving from a secure relationship with God, a sense of connection with him and the

⁸⁷ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 299.

⁸⁸ Cf. R. G. Tedeschi, *Growth, Posttraumatic*, p. 299.

⁸⁹ Cf. J. A. Sigmund, *Spirituality and Trauma: The Role of Clergy in the Treatment of Post-traumatic Stress Disorder*, p. 222.

⁹⁰ Cf. J. E. Kennedy - R. C. Davis - B. G. Taylor, *Changes in Spirituality and Well-Being among Victims of Sexual Assault*, *Journal for the Scientific Study of Religion*, 37 (1998) 2, p. 325-326; R. W. Hood - P. C. Hill - B. Spilka, *The Psychology of Religion: An Empirical Approach*, 4. ed., Guilford Press, New York, NY, 2009, p. 460.

⁹¹ Cf. R. Schwarz, *Tools for Transforming Trauma*, p. 10.

⁹² Cf. E. L. Idler - M. A. Musick - C. G. Ellison - L. K. George - N. Krause - M. G. Ory - K. I. Pargament - L. H. Powell - L. G. Underwood - D. R. Williams, *Measuring Multiple Dimensions of Religion and Spirituality for Health Research: Conceptual Background and Findings from the 1998 General Social Survey*, *Research on aging*, 25 (2003) 4, p. 343.

⁹³ Cf. J. E. Taylor, *Factors Associated with Meaning in Life among People with Recurrent Cancer*, *Oncology Nursing Forum*, 20 (1993) 9, p. 1399-1405.

⁹⁴ Cf. S. C. Johnson - B. Spilka, *Coping with Breast Cancer: The Roles of Clergy and Faith*, *Journal of Religion and Health*, 30 (1991) 1, p. 21-33.

members of the religious community, the positive belief that one can find a meaning in life and learn something.⁹⁵ In positive coping we can see a cooperative, sympathetic relationship with the divine and an effort to let go of anger, to find forgiveness and move towards growth.⁹⁶ For positive forms of religious coping it is typical that people perceive God as a partner who can help in time of distress. They can turn to him for help, guidance, love and strength, and as a result, their hope and the feeling that their situation is manageable increase.⁹⁷

Relationship with God can fulfil a variety of roles, e.g. providing comfort, social support and a sense of belonging, encouraging of inner strength and acceptance, strengthening and control, relief after emotional distress, the decrease of specific fears (e.g. due to death) and creating purpose.⁹⁸ It is related to optimism, hope and inner strength in the face of disease.⁹⁹ If a person feels or believes that God was with her at the time of trauma and he helped during the event, she will more likely recover.¹⁰⁰ Similarly, one of the most renowned authors in the field of trauma recovery, Babette Rothschild,¹⁰¹ argues that spiritual pursuits and spiritual resources can be an extremely powerful aid in the treatment of trauma and that the establishment of the relationship with the spiritual may be a critical phase during treatment.

In a study on 36 in-depth studies of clinical cases of individuals with trauma,¹⁰² according to therapists' data there was a statistically significant negative correlation between the importance of faith in the individual and the impact of traumatic events in his life ($r = -0.491$), but not between the importance of faith in the individual and the experience of stress dur-

⁹⁵ Cf. For example K. I. Pargament - A. Mahoney, Spirituality: Discovering and Conserving the Sacred, in: R. C. Snyder and S. L. Lopez (ed.) *Handbook of Positive Psychology*, American Psychological Association, Washington, DC, 2002, p. 646-662, here: p. 653-654.

⁹⁶ Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 61.

⁹⁷ Cf. J. B. Meisenhelder, *Terrorism, Posttraumatic Stress, and Religious Coping*, *Issues in Mental Health Nursing*, 23 (2002), p. 775.

⁹⁸ Cf. T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 93-96.

⁹⁹ Cf. T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 94.

¹⁰⁰ Cf. R. Schwarz, *Tools for Transforming Trauma*, p. 10.

¹⁰¹ Cf. B. Rothschild, *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*, W. W. Norton & Company, New York, NY, 2000.

¹⁰² Cf. R. Cvetek, *Trauma v terapiji*, Teološka fakulteta, Univerza v Ljubljani in Frančiškanski družinski inštitut, Ljubljana, 2006, podatki.

ing that event. Researchers¹⁰³ describe that during a traumatic event it is possible that individuals help themselves with a prayer or a meditation, or by singing religious songs, they can also create a connection with the spiritual and temporarily, functionally dissociate. Many call God to help them, especially during a long-lasting or repeated trauma. Feeling the fear of near death, people can repent, confess or convert, but also bargain with God (for example, a person promises something if God will let him live, which can later present a problem if he thinks that he has to do something which God did not even want in the first place). In the case of a traumatic event, if a person is experiencing that God was with her and he helped during the event, experiencing the sense of communion with God is a powerful resource that has an almost unlimited ability of calming and regulating the affect.¹⁰⁴ Fallot,¹⁰⁵ who investigated the recovery of the female trauma victims who have gotten mentally ill, found out that for as many as 58% religion was very or even extremely important during recovery. For some, the ability to be in a relationship with God led to improved capabilities for building such relationships which have proved to be supportive. Our qualitative research,¹⁰⁶ with admittedly small number of participants (6), has shown that having a relationship with God, at least according to participants' estimates, had a very positive impact on coping with and managing distress. The participants said, for example, 'I experienced that the almighty Father was the one providing security, taking away my fears, and giving me a motherly shelter.' The study by Simonič and Klobučar¹⁰⁷ found out that such a relationship or positive forms of religious coping can decrease the damaging effects of stressors, leading to positive forms of adaptation to stressful situations such as divorce.

The frequency of religious or spiritual coping varies greatly depending on various factors (cultural environment, the type of stress or traumatic events, etc.), but in different groups it is often considerably high.¹⁰⁸ Koenig¹⁰⁹ found that 42.3% of ill, hospitalized patients spontaneously

¹⁰³ Cf. For example S. C. M. DeMoss, *Spiritual and Religious Growth*, p. 646.

¹⁰⁴ Cf. R. Schwarz, *Tools for Transforming Trauma*, p. 10.

¹⁰⁵ Cf. R. D. Fallot, Spirituality in Trauma Recovery for People with Severe Mental Disorders, in: M. Harris and C. L. Landis (ed.) *Sexual Abuse in the Lives of Women Diagnosed with Serious Mental Illness*, Harwood Academic Publishers, Amsterdam, Netherlands, 1997, p. 337-355, here: p. 337-355.

¹⁰⁶ Cf. M. Čuk - R. Cvetek, *Duhovnost v času stiske*, unpublished data.

¹⁰⁷ Cf. B. Simonič - N. R. Klobučar, *Experiencing Positive Religious Coping in the Process of Divorce: A Qualitative Study*, p. 7.

¹⁰⁸ Cf. M. O. Harrison - H. G. Koenig - J. C. Hays - A. G. Eme-Akwari - K. I. Pargament, *The Epidemiology of Religious Coping: A Review of Recent Literature*, *International Review of Psychiatry*, 13 (2001), p. 88.

¹⁰⁹ Cf. H. G. Koenig - L. K. George - B. L. Peterson, *Religiosity and Remission from Depression in Medically Ill Older Patients*, *American Journal of Psychiatry*, 155 (1998) 4, p.

talked about the fact that one or more religious factors helped them cope with the disease or life in general; 73.4% of patients have chosen religion as a coping strategy, and to a great extent. In the sample of persons hospitalized in London, 79% of patients reported that their religious beliefs helped them cope with their problems.¹¹⁰ Among hospitalized and long-term patients, according to a study by Ayelet, Mulligan, Gheorghiu and Reyes-Ortiz,¹¹¹ 86% chose religious activities for coping with problems. Prayer, too, can be effective in many stages of coping with crisis. Ai, Dunkle, Peterson et al.¹¹² in a study of heart surgery (bypass) patients found that 67.5% chose private prayer as the most frequent technique from the list of 21 non-medical coping behaviours and that it was related to the least distress after surgery. Although some studies found the relatedness between the incidence of prayer and difficulties in life, this can also be due to the fact that when people are in trouble, they pray more. Some studies¹¹³ have shown that prayer or hope strategy predicted reduced pain. The type of prayer was said to be important, too: conversational and meditative prayer were more strongly associated with happiness and well-being than other types. According to data from another study,¹¹⁴ among solely long-term patients, 59.1% turned to religion to cope with problems, and 34.5% of patients described religion as the most important coping strategy.

A meta-analysis of studies exploring religious coping and various stressful or traumatic situations has established that generally positive religious coping (characterized by a loving, compassionate and forgiving divine presence) has a medium positive correlation with positive adaptation such as well-being, hope, growth, optimism and satisfaction, while in negative coping (characterized by an attitude to the Divine who is absent, rejecting or punishing) there is very strong positive correlation with nega-

536-542.

¹¹⁰ Cf. M. King - P. Speck - A. Thomas, *The Effect of Spiritual Beliefs on Outcome from Illness*, *Social Science and Medicine*, 48 (1999) 9, p. 1291-1299.

¹¹¹ Cf. H. Ayele - T. Mulligan - S. Gheorghiu - C. Reyes-Ortiz, *Religious Activity Improves Life Satisfaction for Some Physicians and Older Patients*, *Journal of the American Geriatrics Society*, 47 (1999) 4, p. 453-455.

¹¹² Cf. A. L. Ai - R. E. Dunkle - C. Peterson - S. F. Bolling, *The Role of Private Prayer in Psychological Recovery among Midlife and Aged Patients Following Cardiac Surgery*, *Gerontologist*, 38 (1998) 5, p. 591-601.

¹¹³ Cf. According to T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 94.

¹¹⁴ Cf. H. G. Koenig - D. K. Weiner - B. L. Peterson - K. G. Meador - F. J. Keefe, *Religious Coping in the Nursing Home: A Biopsychosocial Model*, *International Journal of Psychiatry in Medicine*, 27 (1997) 4, p. 369.

tive adaptation. This type of coping can lead to increased hardship.¹¹⁵ It is not clear what the type of coping by means of faith or religion depends on. Some researchers assume that this depends on personal factors (personality, religion, or demographics), the nature of the stressor, as well as broader context.¹¹⁶ It is not entirely clear how an individual will experience the relationship to God through trauma and what exact factors determine whether the trauma will cause positive or negative patterns in spirituality and religiosity. To a large extent this also depends on the relational experience of the individual.¹¹⁷ In the period following trauma, it can be helpful for an individual to normalize his spiritual issues through psycho-education, to encourage a discussion on issues that may arise with trauma (e.g. the question of why God allowed trauma, the feelings of being tested by God, anger, blaming God or oneself for suffering).¹¹⁸ It helps to search for meaning and purpose in the event, to provoke negative cognitive distortions, for example, by reading about God's unconditional love in the Bible, and it is also important to allow survivors to express different emotions. A clear line should be drawn between forgiveness and pretending that trauma was not important or that it was even helpful; and in forgiveness, the survivors should be helped to see emotional benefits for themselves, rather than seeing forgiveness as a religious obligation or even a gift for offender.¹¹⁹

Considering the role of spirituality and faith or religion in recovering from traumatic experiences, researchers especially pointed to three key positive elements set out below: the question of meaning and purpose, the issue of control and the issue of forgiveness.

¹¹⁵ Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 61.

¹¹⁶ Cf. K. I. Pargament - C. L. Park, *The Psychology of Religion and Coping: Theory, Research, Practice*, p. 144.

¹¹⁷ Cf. C. Gostečnik - T. Repič Slavič - M. Cvetek - R. Cvetek, *The Salvational Process in Relationships: A View from Projective-Introjective Identification and Repetition Compulsion*, *Journal of Religion and Health*, 48 (2009) 4; C. Gostečnik - T. Repič - R. Cvetek, *Potential Curative Space in Relational Family Therapy*, *Journal of family psychotherapy*, 20 (2009) 1; C. Gostečnik - T. Repič Slavič - R. Cvetek, *Insecure Attachment in Couples' Relationships*, *Journal of Pastoral Care and Counselling*, 63 (2009) 3/4; C. Gostečnik, *Inovativna relacijska družinska terapija*, Brat Frančišek, Teološka fakuleta in Frančiškanski družinski inštitut, Ljubljana, 2011; C. Gostecnik - T. Repič Slavič - T. Pate - R. Cvetek, *Sanctity of the Body and the Relational Paradigm*, *Journal of Religion and Health* [Online ed.], (2012).

¹¹⁸ Cf. S. C. M. DeMoss, *Spiritual and Religious Growth*, p. 647.

¹¹⁹ Cf. S. C. M. DeMoss, *Spiritual and Religious Growth*, p. 647.

8. Existential questions in the search for meaning and purpose of life after a traumatic experience

Research confirms that the meaning and significance in life predict a person's positive well-being.¹²⁰ The meaning of life is an important concept in existential and humanistic psychology.¹²¹ As a response to tragedy and loss, for thousands of years humankind resorted to various spiritual and religious communities to find strength, protection and meaning.¹²² A traumatic experience can destroy meaning and purpose, but they can be found anew and strengthened.¹²³ In order to successfully deal with tragedy and adapt to its consequences it can be crucial that one understands this tragedy and finds some meaning (purpose).

Trauma is an opportunity to help the survivors discover, paradoxically, the respect for life, which occurs in response to a near death.¹²⁴ People often become more reflective and contemplative after a major loss or trauma.¹²⁵ In everyday life in the modern world, values, beliefs and expectations about life, its meaning and purpose, are rather narrow or unrealistic, and in a traumatic experience they are thoroughly shaken. Religion and religious coping can greatly assist in finding meaning and purpose. A religious meaning that people attach to a specific event helps in dealing with life's trials. Fichter¹²⁶ estimates religion as the only way to find meaning and purpose in pain and suffering. One can find meaning in suffering, for example, that with heightened empathy he can help others who are suffering in a similar way or that he can experience the beauty of and satisfaction in life.¹²⁷

9. Spirituality and faith help to gain control after a traumatic experience

When an individual is confronted with a situation that is out of control, such as physical assault, he strives to gain control. Stories of people

¹²⁰ Cf. S. Zika - K. Chamberlain, *Relation of Hassles and Personality to Subjective Well-Being*, *Journal of Personality & Social Psychology*, 53 (1987) 1, p. 157-161.

¹²¹ Cf. V. Frankl, *From Death Camp to Existentialism*, Beacon Hill Press, Boston, 1959; V. Frankl, *Man's Search for Meaning: An Introduction to Logotherapy*, Washington Square Press, New York, NY, 1963; V. Frankl, *The Will to Meaning*; A. H. Maslow, *Motivation and Personality*, 3. ed., Harper & Row Publishers, New York, NY, 1987; Rollo May, *Love and Will*, W. W. Norton & Company, Oxford, England, 1969.

¹²² Cf. C. B. Eriksson - D.-A. Yeh, *Grounded Transcendence: Resilience to Trauma through Spirituality and Religion*, p. 55.

¹²³ Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

¹²⁴ Cf. L. Corbett - M. Milton, *Existential Therapy: A Useful Approach to Trauma?*, p. 67.

¹²⁵ Cf. N. Abi-Hashem, *Religious and Pastoral Responses to Trauma*, p. 542.

¹²⁶ Cf. J. H. Fichter, *Religion and Pain*, Crossroads, New York, NY, 1981.

¹²⁷ Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

who are faced with some of life's greatest trials (such as the diagnosis of cancer) show that the loss of control is a particularly important and painful aspect of traumatic experience.¹²⁸ When out of control, people look for more power. Turning to religion brings them into contact with God (or a higher power), whom they perceive as the one having control. In a similarly interesting way, the question of control is reflected in the program of Alcoholics Anonymous (AA). In contact with God, one's sense of control and certainty about the future is higher. Handing over whatever cannot be controlled in the hands of a transcendent power can also encourage the adoption of human limitations and give the feeling of peace and security.¹²⁹

In relation to the concept of control and the role of religion in the face of adversity, Pargament¹³⁰ speaks of three different types of achieving control over a situation. The first is called the deferring mode. This is, for example, resorting to prayer; the individual surrenders his problem and his entire situation in the hands of God, thus getting the feeling that it is manageable. In this way, control comes from the outside. Another type is collaborative mode, described as cooperation with God and seeking support for it when the individual actively works on coping with distress. In the self-directive approach, however, one believes in God but does not count on him; the individual himself approaches the problem, the solution of which requires personal engagement rather than God's help. In this case, people rely on the skills and resources given by God. In cooperative and self-directed approach, the individual retains a sense of internal control, which is better for dealing with problems than external control. These two types are more related to positive results of coping with their physical and mental issues than the first approach whereby the individual delegates problem solving to God.¹³¹

10. Spirituality and faith as an aid to forgiveness

Christianity, in particular, is a religion that strongly emphasizes the importance of forgiveness to those who have wronged us. Rokeach¹³² in his study of values noted that salvation and forgiveness are the most distinctive Christian values; also numerous other studies found that reli-

¹²⁸ Cf. Neil Fiore, *Outsmarting Cancer: How to Build the Mental Muscle You Need to Fight a Winning Battle*, Prevention, 43 (1991), p. 55-59.

¹²⁹ Cf. B. Cole - K. I. Pargament, *Re-Creating Your Life: A Spiritual/ Psychotherapeutic Intervention for People Diagnosed with Cancer*, Psycho-Oncology, 8 (1999), p. 411-413.

¹³⁰ Cf. K. I. Pargament - C. L. Park, *The Psychology of Religion and Coping: Theory, Research, Practice*, p. 180.

¹³¹ Cf. K. I. Pargament - B. W. Smith - H. G. Koenig - L. Perez, *Patterns of Positive and Negative Religious Coping with Major Life Stressors*, Journal for the Scientific Study of Religion, 37 (1998) p. 720-721.

¹³² Cf. M. Rokeach, "Value Systems in Religion", 1969, 3.

gious and spiritual individuals value forgiveness higher.¹³³ Although it is necessary to carefully interpret the results, Paz et al.¹³⁴ found that Christians participating in their study were more forgiving and less resentful than the comparison group (Buddhists). Factors influencing forgiveness in religions are supposed to be primarily teaching the values of forgiveness, providing role models, offering teaching in parables and promoting emotions such as empathy and compassion.¹³⁵ Some studies do suggest that religiousness may be unrelated to forgiving a specific offense, however, if forgiveness is assigned spiritual significance, this means greater forgiveness. If an individual cannot forgive, this is often associated with negative emotions such as resentment, anger and preoccupation with revenge, which can reduce the quality of life.¹³⁶ Forgiveness can play a very significant role in recovery from trauma. Forgiveness is a way in which individuals can cope with heavy interpersonal wounds, which can lead to spiritual transformation.¹³⁷ It is necessary to distinguish between genuine forgiveness and maladapted, dysfunctional defence against anger. In true forgiveness (unlike pseudo-forgiveness) one fully recognizes the extent of the injury and abandons unhealthy defence responses. True forgiveness is a healing response which can offer hope and confidence that affected individuals will live with a lesser burden of past emotional pain.¹³⁸

Forgiveness mainly depends on motivation (scholars cite a) the belief that forgiveness is the right thing to do; b) the awareness that sometimes forgiveness is necessary to maintain a relationship; c) the knowledge that forgiveness leads to many positive consequences in mental health as well

¹³³ Cf. J. M. Schultz - E. Altmaier - S. Ali - B. Tallman, *A Study of Posttraumatic Spiritual Transformation and Forgiveness among Victims of Significant Interpersonal Offences*, *Mental Health, Religion & Culture*, 17 (2014) 2, p. 122.

¹³⁴ Cf. R. Paz - F. Neto - E. Mullet, *Forgivingness: Similarities and Differences between Buddhists and Christians Living in China*, *International Journal for the Psychology of Religion*, 17 (2007) 4, p. 296-300.

¹³⁵ Cf. J. M. Schultz - E. Altmaier - S. Ali - B. Tallman, *A Study of Posttraumatic Spiritual Transformation and Forgiveness among Victims of Significant Interpersonal Offences*, p. 123.

¹³⁶ Cf. M. Cvetek, *Živeti S Čustvi: Čustva, čustveno procesiranje in vseživljenjski čustveni razvoj*, Teološka fakulteta, Ljubljana, 2014, p. 91-94; M. Cvetek, *Čustveno odpuščanje v medsebojnih odnosih*, *Bogoslovni vestnik*, 72 (2012) 2, p. 281-295; B. W. Lundahl - M. J. Taylor - R. Stevenson - K. Daniel Roberts, *Process-Based Forgiveness Interventions: A Meta-Analytic Review*, *Research on Social Work Practice*, 18 (2008) 5, p. 466.

¹³⁷ Cf. J. M. Schultz - E. Altmaier - S. Ali - B. Tallman, *A Study of Posttraumatic Spiritual Transformation and Forgiveness among Victims of Significant Interpersonal Offences*, p. 123.

¹³⁸ Cf. B. W. Lundahl - M. J. Taylor - R. Stevenson - K. D. Roberts, *Process-Based Forgiveness Interventions: A Meta-Analytic Review*, p. 465.

as physical health)¹³⁹ and capabilities that may include deeper psychological characteristics of each individual.

There are many studies exploring the benefits of forgiveness, some caution is justified. Some critics warn that forgiveness can be harmful, for example for the survivors of rape, incest or domestic violence, as it could allow further interpersonal violence.¹⁴⁰ Freedman and Zarifkar¹⁴¹ observe that this can only happen if the victim does not understand it properly. It is of utmost importance to know that forgiveness is an active process that contains several steps. To forgive does not mean to forget, either: if someone forgets, forgiveness is impossible; with forgiving, the event remains in the memory so that it is available as a basis for different choices in life. The individual who forgives, is under no obligation or incentive to return to a dangerous environment or relationship. Forgiveness also does not mean that one should not look for justice. In true forgiveness the damage that was done to the victim is not denied or justified; it is necessary for the victim to face his/her own pain and the accompanying effects; the individual should know that he/she would have deserved different treatment. It is also crucial to know that the timing of forgiving is extremely important, because if you rush, forgiveness can lead to avoid dealing with pain; one should be extremely careful with the external pressure to forgive when the individual is not yet ready. An extremely important stage of forgiveness is to forgive the expression of anger, because it tells the client that s/he was wronged and severely affected; it also allows appropriate assertiveness.

An important aspect of forgiveness in trauma victims is also to forgive oneself for one's possible contribution and to reduce one's guilt.¹⁴² Post-traumatic guilt is a frequent phenomenon, especially in those who suffer from 'survivors' guilt', including the relationship with someone who died in trauma, wherein the understanding of forgiveness by God can be an important part of the healing process.¹⁴³

¹³⁹ Cf. W. K. Jeter - L. A. Brannon, *Increasing Awareness of Potentially Helpful Motivations and Techniques for Forgiveness*, *Counseling & Values*, 60 (2015) 2, p. 188-189.

¹⁴⁰ Cf. S. Freedman - T. Zarifkar, *The Psychology of Interpersonal Forgiveness and Guidelines for Forgiveness Therapy: What Therapists Need to Know to Help Their Clients Forgive*, *Spirituality in Clinical Practice*, 3 (2016) 1, p. 45-46.

¹⁴¹ Cf. S. Freedman - T. Zarifkar, *The Psychology of Interpersonal Forgiveness and Guidelines for Forgiveness Therapy: What Therapists Need to Know to Help Their Clients Forgive*, p. 45-46.

¹⁴² Cf. G. R. Schiraldi, *Resilience, Growth and Thriving*, p. 552.

¹⁴³ Cf. S. Robinson, *Psychospiritual Impact of Disaster*, in: C. R. Figley (ed.) *Encyclopedia of trauma: An interdisciplinary guide*, SAGE Publications, Thousand Oaks, California, 2012, p. 507-508, here: p. 507.

11. Other elements of recovery from a traumatic experience using spirituality and faith

In addition to the mentioned elements of coping through spirituality and religion or faith, researchers emphasize others, which may also be intertwined with the two mentioned above. Relationship with God, for example, increases the feeling of hope and the perception of sources and internal strength.¹⁴⁴ Hope has a significant impact on the emotional well-being as well as the process of cognitive assessment and coping behaviours. Psychosomatic medicine research has shown that hope positively affects healing and is associated with many aspects of physical and mental well-being.¹⁴⁵

Another important element mentioned by many researchers¹⁴⁶ is connectedness with others. For most people, religious faith is also synonymous with a religious community, which connects people in a supportive environment where pain can be identified and one can find comfort. It also reduces the feeling of isolation and increases intimacy with others. Researchers mention also assistance in developing one's own identity and self-image due to stressful and traumatic events – such as illness¹⁴⁷, search for the sacred – for example, the perception of one's marriage as sacred in marital distress;¹⁴⁸ helping rituals – particularly by directing emotions and by allowing the emotions to be involved in the wider social context – in transitions from one phase of life to another and especially in traumatic crisis.¹⁴⁹

Conclusion

Trauma certainly can be seen as evil as it often has severe and long-lasting consequences for both mental health and often spiritual health of an individual and for his relationship with God. However, research

¹⁴⁴ Cf. J. B. Meisenhelder, *Terrorism, Posttraumatic Stress and Religious Coping*, p. 774.

¹⁴⁵ Cf. T. L. Gall - C. Charbonneau - N. H. Clarke - K. Grant - A. Joseph - L. Shouldice, *Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework*, p. 93.

¹⁴⁶ Cf. For example J. B. Meisenhelder, *Terrorism, Posttraumatic Stress and Religious Coping*, p. 775.

¹⁴⁷ Cf. B. Cole - K. I. Pargament, *Re-Creating Your Life: A Spiritual/ Psychotherapeutic Intervention for People Diagnosed with Cancer*, p. 400.

¹⁴⁸ Cf. A. Mahoney - K. I. Pargament - T. Jewell - A. B. Swank - E. Scott - E. Emery - M. Rye, *Marriage and the Spiritual Realm: The Role of Proximal and Distal Religious Constructs in Marital Functioning*, *Journal of Family Psychology*, 13 (1999) p. 322-323.

¹⁴⁹ O. van der Hart, *Rituals in Psychotherapy: Transition and Continuity*, Irvington Publishers, New York, NY, 1983; A. Mahoney - K. I. Pargament - T. Jewell - A. B. Swank - E. Scott - E. Emery - M. Rye, *Marriage and the Spiritual Realm: The Role of Proximal and Distal Religious Constructs in Marital Functioning*, p. 323.

shows that in certain individuals, trauma can also encourage post-traumatic growth which makes room for deeper spiritual life, especially with the reflection on meaning and purpose of life. More research will be necessary to find out which are the characteristics and especially ways that turn a negative or harmful post-traumatic development into a positive or useful one, or, assuming a more independent development of both positive and negative consequences, how to encourage positive developments in spirituality and religiousness after trauma.