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Friday June 28, 2019

3 KEY POINTS TO REMEMBER

- You can't talk about posttraumatic growth without talking about trauma.
- People's experiences of God and faith have psychological implications.
- Some people (not all people) bloom in the night.

"Nor deem the irrevocable past
As wholly wasted, wholly vain.
If rising on it's wrecks at last
To something nobler we attain"

Henry Wadsworth Longfellow

A Clinical Vignette

- Anne is a 40-year-old single mother.
- Her son (16 years) died in a car accident 5 months ago.
- She experiences symptoms of grief
 - Difficulty concentrating, no appetite, not being able to sleep
- She is fearful of getting into a car and even more fearful of driving
- She is angry at God and feels abandoned by God
- Grief and trauma symptoms persist for over 4 months with little to no alleviation, she feels isolated and alone, and she decides to seek counseling but is concerned about making sessions as she will have to drive.
- She speaks of how she failed her son; her inability to protect him as a mother and a loss of control in a predictable world.
- She has becoming increasingly isolated because of her fear of driving. She tries to avoid thinking about her son and the accident.

How Do We Intervene?

- The questions/reflections/clarifications we ask or make are guided by theoretical orientations.
- Does our orientation include an understanding of psychological models of growth?
- Do we believe in growth?
- How do we frame growth statements?
 - Purely as 'good'
 - Purely as denial?
 - How can we tell the difference?



KEY POINT 1:

YOU CAN'T TALK ABOUT POSTTRAUMATIC GROWTH WITHOUT TALKING ABOUT TRAUMA.

History

- Pastoral mental health counselors are not historical trained to consider models of growth.
- Traditional Trauma Literature
 - Deficit model
 - Medical model
 - Negative symptoms
 - Return to baseline functioning

Basic Life Assumptions

- Janoff-Bullman (1996)
 - The world is benevolent
 - The world is meaningful
 - The self is worthy
- Examples
 - Young people don't die.
 - Life has a purpose
 - I am a good person.



"Shattered Assumptions" (Janoff-Bullman, 1996)



Trauma

- Pre-trauma world and post-trauma world.
- Natural/normal/ protective instinct to pull away psychologically from trauma
- Metaphor of a hot stove
- Result is a disengagement/alienation from aspects of the self and the world.

Trauma Work

- Symptoms for disengagement
 - Pervasive avoidance of places, people, thoughts
 - Numbness
 - Shifts in Moods
 - Narrow existence
 - Cycle
 - Pain= pull away to prevent pain=estranged from self & others= pain

Trauma

"lost their way in the world" (Van der Kolk)



Trauma Work

- Trauma work attempts to reengage a person to life
- Reconnect a person to their internal world
- Reduce negative symptoms via
 - Exposure Therapy
 - MBT
 - EMDR
 - TF-CBT
 - Physical Exercise, Yoga, Meditation
- Goal: Return to PRE TRAUMA functioning
- For Anne
 - Return to baseline functioning of eating, sleep, cognitive functioning, ability to drive and be in cars, belief in a world that is benevolent and a self that is worthy.

For Some...

- Return to baseline is not possible
- Return to baseline is possible
- Something more is possible =PTG
- ***Experiences of faith play a role in this process

What is PTG?

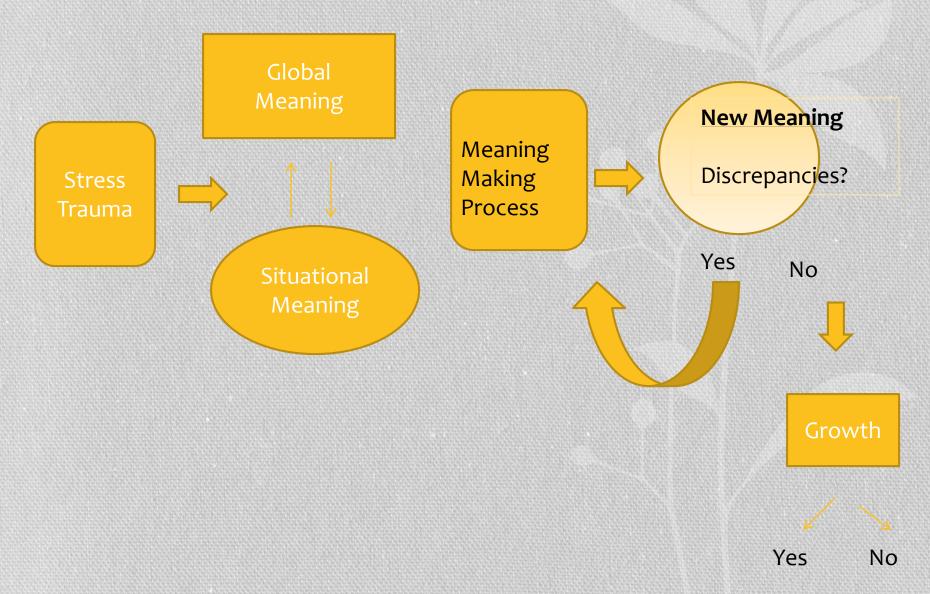
- "Positive psychological consequences of enduring stress or trauma)
 Tedeschi & Calhoun (2006)
- Includes changes in
 - Perception of self
 - Perception of others
 - Priorities & Commitments (Tedeschi & Calhoun, 2006)

Ways of Coping

- Problem-focused
- Emotion-focused
- Meaning-focused*



Meaning-Making Coping (Park, 2005)



Factors Related to Growth

- Perceived Stress
- Personality Factors
 - Openness, optimism, creative thinkers
- Cognitive Processing/ Ruminations
- Social Support

Social Support

- Relationships provide:
 - emotional disclosure
 - a way to process events
 - opportunities to better understand issues involved in the event
 - validation for worth
 - suggestions for coping (Lepore & Revenson, 2006)
- Research suggests that it is not the level of satisfaction or amount of tangible support but actual emotional disclosure that is linked to PTG

Social Support Pre-Trauma

- Early relationships teach children to self-regulate
- Model effective ways of coping though less stressful events
- Open relationships that encourage cognitive processing
- Relationships that validate emotional disclosure
- Opportunities that promote character strengths such as optimism and creativity



KEY POINT 2:

PEOPLE'S EXPERIENCES OF GOD AND FAITH HAVE PSYCHOLOGICAL IMPLICATIONS

Trauma, PTG & Spirituality

Christian Tradition Writings

- Romans 8:28
 - "And we know that in all things God works for the good of those who love him, who have been called according to his purpose."
- Romans 5:3-4
 - "Not only that but rejoice in our sufferings, for suffering produces endurance and endurance hope."
 - 2 Corinthians 1:5-6
 - "Indeed, as our sufferings of Christ overflow to us, so through Christ does our consolation overflow. When we are made to suffer it is our consolation and salvation.
- Psalm 23:4
 - "Even though I walk through the shadow of death I shall not fear, for You and with me."

Theodicy

- Traditional Theologies of Suffering
 - We can not grow without suffering
 - People are in privileged context sharing a parallel experience with Jesus
 - Suffering is redemptive
 - God does not want us to suffering

Empirical Associations with PTG

- Faith as a
 - Meaning-making system
 - Form of coping
 - Way of orienting to selves and the world

(Werdel & Wicks, 2012, p.166)

Faith As Frame for Meaning

"For people experiencing injustice, suffering, or trauma, a religious belief system and its associated goals may be the most unfailing way to make meaning from their experience (Park, 2005, p. 304)

- Used in restructuring world views
- Increased spirituality increased PTG (Park, 2005)
- 9/11 terrorist attacks (Ai et al, 2005)
 - Spiritual meaning related to decreased depression and anxiety

Religious and Spiritual Practices

- Spiritual Practices
 - For women veterans who have been sexually assaulted
 - Increased Religious participation related to decreased depression
 - HIV/AIDS caregivers (Weaver et al 2003)
 - More practices more PTG
- Prayer
 - Breast cancer survivors (Levine et al, 2009)
 - Increased prayer increased PTG
 - Form of prayer (Harris et al 2008)

Religious Coping

- Religious Coping
 - Positive Religious Coping
 - Clergy sample
 - Increased growth (Ano & Vasconcelles, 2005)
 - Negative Religious Coping
 - Koenig et al 1998
 - Medically ill patients poorer health if
 - Seeing illness as punishment
 - Expressions of spiritual discontent
 - For combat veterans
 - Decreased forgiveness and negative religious coping related to increased trauma reactions
 - Certain combat incidents killing others and failing to save others related to decreased comfort from religion

Religious Orientation

- Religious Orientation
 - Intrinsic vs Extrinsic
 - Calhoun et al (2000)
 - 54 undergraduate students
 - Readiness to face existential questions key factor related to PTG

Faith Maturity and SS

- Werdel et al. (2013)
 - FMS strongest predictor of growth
 - SS as a moderator of growth and positive affect

Growth and Happiness

- A complex relationship
- Research helps to make sense of the complexity
 - Werdel et al. (2013) suggests that spirituality is a conditional factor in the relationship between growth and positive affect.
 - PTSD/distress different than PTG.
 - They can co-exist.

Forgiveness & Growth

- Conflicting data on the relationship
- Role of spirituality provides clarity
 - Studies support that significant relationships between forgiveness and growth can be accounted for by spirituality (Laufer et al, 2009; Schultz, Tallman & Altmaier, 2010)



POINT 3: SOME PEOPLE (NOT ALL PEOPLE) BLOOM IN THE NIGHT.

Clinical Work Necessary

- First and foremost clients seek help for:
 - Affect regulation
 - Creating a narrative the makes sense of the event or makes it comprehensible in some way
 - Recreating a sense of safety so to re-engage with parts of the self and with the world
 - Recreating a worldview that leads to a functional life (Calhoun & Tedeschi, 2013; 1999, p.53)

MORE THAN TALK

- ALMOST SUNRISE
 - https://www.youtube.com/watch?v=1kTgVXuli8s

The Expert Companion

- The role of the expert companion (Tedeschi & Calhoun, 2006) suggests:
 - We need knowledge of the process of PTG
 - We need human relationships (2013, p.23)
 - Relating, listening, being with, showing interest, empathy

5 Central Components of Interventions

(Tedeschi & Calhoun, 2013, P. 37-38)

- 1. Focus on listening;
- 2. Notice growth if the client approaches it;
- 3. Label it if there
- 4. Inquire about the possibilities
- 5. Choose the right words
 - Focus is on struggle with trauma/stress not trauma/stress

Spiritual Bypass

- John Welwood Psychologist and Buddhist teacher developed the term in the 1980's.
- "A tendency to use spiritual ideas or practices to sidestep or avoid facing unresolved emotional issues, psychological wounds, and unfinished developmental tasks"

Clinical Implications of Research

- Suffering as a Paradox
 - Not polly-anish
 - Not denial
- Expectations of Growth?
 - Expect
 - Ignore
 - Middle Path
 - Culture that believes in growth

Clinical Implications

- Importance of spiritual professionals
 - Intentional conversation
 - Assessment of religious and spiritual beliefs (Magyar-Russell et al 2007)
 - Positive and Negative God Images
 - Implicit assessment
 - Strengths and areas of distress (Pargamant, 2007)

Concluding Thoughts

- Stress & trauma may leave a gift that some of us fail to open (Werdel & Wicks, 2012)
- http://www.ted.com/talks/stacey_kramer_the_best_gift_i_ever_sur vived.html

Conclusion

"Even our misfortunes are part of our belongings" Antoine de Saint-Exupery, Night Flight, 1932

"As human beings, our greatness lies no so much in being able to remake the world... as in being able to remake ourselves," Gandhi

We are relational beings.

Goal: hold darkness & believe in possibility of growth.

Q&A

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