

Spirituality and Personal Values: Neglected Components of Trauma Treatment

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Occasional experience with disaster casualties raised questions about the neglect of spiritual factors in the appraisal of their condition. The experience is briefly outlined, reflections presented, and proposals generated for elaborating the WHO definition of health and well-being to take patterns of belief/value systems into account. The outcome, it is argued, should more closely approximate the reality of human reactions seen after catastrophe, indicate more of the support systems available sometimes to assist in the recovery of casualties, and encourage academic psychologists to reconsider the place of values in human behaviour.

KEY WORDS: Spirituality, religious attitudes, values, psychology, trauma, trauma treatment, human behaviour.

Introduction

Following McDonald (2000), spirituality can be defined as the term to cover religious attitudes, experiential dimensions, existential well-being, paranormal beliefs, and religious practices. At first sight it might seem to be entirely misplaced in a journal of behavioural science that by definition draws on physical rather than metaphysical phenomena. But the exclusive adoption of scientific method in the pursuit of objectivity (cf. Israel & Goldstein, 1944) has relegated the study of value systems to a nether region, leaving enthusiasts free to discuss only the operating systems of their computers but not those of human beings².

Earlier when psychologists were more comfortable with their parent discipline of philosophy, William James devoted a major work to religious experience. He invoked the concept of a 'religious self' that combined with those of a material self and a social self to be regarded as essential for coping with the human condition (cf. Lundin, 1996, ch.8). Then in 1931 Allport introduced the first of a sequence of scales in which the religious motive ranked with the aesthetic economic, political, social, and theoretical (Allport, Vernon, & Lindzey, 1970), and Parsons and Shils (1951) included belief/value systems in their matrix of factors influencing human behaviour. Then fifty years later Myers (1994, pp. 329-334) bravely offered a personal post-script in his textbook in an attempt to integrate some features of Judeo/Christianity with the findings of psychology. Since then the topic has languished except in times of extreme adversity when non other than an official publication of the United Nations on justice for victims (UNODCCP 1999, p 29) declared that after crisis events:

‘Meaning may be found in a new relationship with God. Meaning may be found in a mission to change laws to protect and prevent future victims. It may be found in a love for humanity. It may be found in a cultural

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² Despite the scholarship of Ruth Benedict (1940) in proposing a framework of values that the Allies might advance when securing a peace settlement with Japan at the end of World War 2.

consciousness of the fatalistic nature of the world and the role of individuals in meeting their fates. But, until victims conquer the meaninglessness, the senselessness and the absurdity of a world in which human beings are so cruel to one another, they will seldom be able to heal fully after the victimization.’

Empirical Experience

Admittedly the briefest acquaintance with ancient and contemporary history challenges the notion that religion necessarily brings peace and tranquillity. But religion is known to give comfort and strength to individuals in times of extreme adversity – even if sometimes at the expense of non-believers. The caveat came to mind when interviewing personnel involved in body recovery work and victim identification after the Mt Erebus air crash in 1979 (Taylor & Frazer, 1981). On that occasion a policeman and a health professional both working in the mortuary mentioned that they were fundamentalist Christians who were unfazed by what had happened. They said that they had expected God to express his wrath against New Zealand society for having departed from the paths of righteousness. The time was not right for me to question their moral attribution without risk of fracturing their rigid personality defences³.

But the importance of religious belief in the recovery from disasters came to the fore on three different occasions recently and obliged me to raise certain matters directly with clergy and colleagues in different settings. It also led me to reflect on the comparative neglect of explicit references at home here to spirituality and value systems in everyday life, in clinical practice, and in academic studies. The topic came first to prominence in Manihiki, one of the low-lying Cook Islands that had been overwhelmed by a 30metre wave during a cyclone in which 20 people were killed and many more injured (Taylor, 1999). It arose a second time in Tuvalu when a fire at night in a schoolgirls’ dormitory claimed 19 lives (Taylor, 2000), and a third time in Fiji where a politically motivated group of terrorists took Members of Parliament hostage.

In the immediate aftermath of their respective catastrophes, individuals in all three countries displayed the familiar range of post-traumatic anxiety reactions with symptoms of intrusion, avoidance, and arousal (cf. Young, Ford, Ruzek, Friedman, Gusman, 1998). But the reactions had to be appraised in their particular cultural and religious context because of the bearing those matters had on the bereavement and recovery processes (cf. Marsella, 1979; Department of Health, 1987; DeVries, 1996; Mental Health Commission, 2001 pp. 6-11). In the present instance the religious component commanded particular attention – if at times somewhat critically to question the psychological benefits that it conferred.

³ Similarly, following the attacks on the World Trade Centre in New York and the Pentagon in Washington DC on 11 September 2001, certain well-known fundamentalist preachers attributed the events to the departure of Americans from the paths of righteousness, and others seized the opportunity to promulgate dire prophecies of Armageddon (cf. www.beastwatch.com/).

Manihiki

In Manihiki the role of religion had to be respected but questioned, because representatives of all four of the recognised Christian churches there obliged the survivors to search their souls for the moral transgressions that had brought the tempest upon them in their remote island. In true early C 19th fundamentalist Missionary style the clergy, like the two New Zealand mortuary workers mentioned previously, interpreted the event as a punishment from a wrathful God for the transgressions of the community (Gutch 1974). They had yet to grapple with the necessary tension between religion and science, in which liberal theologians offered provisional explanations for physical events until supplanted by empirical facts, and *avant garde* scientists accepted subjective experience as a feature in the interpretation of events (cf. Geering, 1994; Spong 1998, ch.1). They had certainly not heard of *El Nino*, and they were unaware of it being a more likely explanation for their inundation than that from the book of *Revelations*.

In such circumstances it seemed sensible if controversial to raise questions about the way the clergy balanced their theological explanations with scientific facts. Controversial, because in any post-disaster setting it is not normally the function of trauma therapists to try to question the basic religious or non-religious belief system of any ethnic group. Rather in practice their job is to work within the given cultural parameters of a population to help to relieve symptoms and promote healing, no matter under what particular system of belief a community might be operating.

Tuvalu

Conversely in Tuvalu the clergy had already taken a liberal stand by asserting that the dormitory fire was not an act of God, a *Kole fakasola*. They declared that it had been a pure accident, a *fakalavalav*, without going so far as to mention the legal concept of *force majeure* that the insurance industry uses to attribute an unforeseen event to an act of God! But they did declare that the behavioural reactions of the bereaved were within the normal range, rather than a sign of madness, a *fakavalevale*. In offering such a supportive explanation they did not increase the emotional turmoil of their congregation by playing on their supposed guilt. Instead they used the scriptures to help the bereaved to come to terms with their grief. They also used their traditional *matafaga* service to advantage in which troubled members of the congregation spoke from the darkness of their church before the rising sun heralded the opportunities of a new day. But because there was a widespread belief in Tuvalu about the existence of ghosts and evil spirits associated with the dead, it seemed appropriate for me to ask the clergy to consider what it might do to exorcise them⁴.

⁴ Once earlier in my career I appealed without response to the clergy to account for their practices when they counteracted evil spirits Taylor (1975). At the time the film *Exorcist*, based on W.P. Blatty's book with the same title, had made its first box-office hit in New Zealand, and it induced a few bizarre reactions that brought a few people to psychiatric attention. The Anglican Church had also just 'cleansed' a vicarage in Kaikohe in which one of its priests had been murdered. Since then the clerical practice has not been too publicised.

In Tuvalu ghosts and spirits were said to arise from graves on the third day and come under the spell of the devil unless protected by the families of the deceased. Such beliefs were pre-Christian, and they were passed down through the generations by grandparents that were responsible for teaching the young to behave and not to roam at night. Like many primitive admonitions, the fear of ghosts carried through into adulthood⁵.

In the present instance the anticipation of malevolence was heightened because circumstances prevented the bodies from being returned to the care of the families in their home islands. It affected several adults as well as school children adversely. One man was so convinced of hearing a ghost call at night that he had his relatives come to sleep around him in the same way as his family when he was a child. Another was so terrified of working alone on his vegetable patch that he cut short his home-leave to return to his job abroad. Similarly a woman was quite unable to fulfil her duties at night in a village near the school, and she obliged her family to shift from the vicinity. Some pupils also regressed to childish behaviour, and they became fearful of using outdoor toilets unescorted at night.

The spectre of ghosts instilled such fear that there was talk of abandoning the school at which the victims were buried. Had that happened there would have been repercussions, because the country had no statutory welfare scheme, and without further education the children would have had more of a struggle to fulfil their obligation to try to get jobs abroad from which they could earn money to provide security for their parents in old age.

To their credit the clergy in Tuvalu were responsive, and in their pastoral work they put the malevolent spirits into theological context. One of them, at the behest of children that swore they heard the voices of ghosts over the grave, appealed directly to the deceased to rest in peace and not to cause trouble. Similarly the designers of a memorial that was built later at the school recognised the need for the pupils to feel able to approach the grave rather than to shrink away from it. Certainly a year after the event there was far less fear of ghosts and spirits expressed than around the time of the tragedy. Moreover by then the school roll had increased rather than decreased as had seemed likely soon after the tragedy.

Fiji

Whereas Manihiki and Tuvalu were Polynesian Christian countries, Fiji was Melanesian in which Christian, Hindu, and Muslim religions seemed to coexist. As elsewhere in the South Pacific, the early 19th century Missionaries took Christianity to Fiji, but the Indians that were brought later to work in the sugar cane fields took their religions with them. However, the religious differences were not raised in justification for either of two political coups that occurred in 1987 or for the third in

⁵ Here it should be mentioned that the fear of ghosts and spirits features in no less than seven of the 25 culture-bound syndromes mentioned in DSM IV TR (2000, pp. 898-903). But the fear is not altogether unknown in communities in the Western World, particularly after multiple murders have occurred. Currently in New Zealand attention has been drawn to paranormal phenomena said to be occurring in a Police house built near the site of an horrific massacre that occurred some 300 years ago (*The Dominion*, Wellington, 3 November 2001, p.4.).

May 2000. Yet a few leaders of the Christian Churches did align themselves publicly with the coup leaders, forgive their flock that had taken part in the rioting and looting in the streets, and express the desire for Fiji to declare itself a Christian country. More at issue, at least superficially, was the reluctance of indigenous Fijian groups to extend full political equality to the ethnic Indians and an underlying fear that despite the assurances of a revised Constitution they might lose control of their land.

Reflections

Despite the friction, all three religions were a source of personal strength for individual hostages and for their families from which they were separated. The victims said that their prayers and scriptural teachings helped them to put their traumatic experience into context and gave them some hope for the future. Personally, I could only wonder how any comparable group of Westerners might have fared under similar circumstances. My thoughts returned to the debility, despondency, and dread that overtook so many prisoners during the Koran War and led the Americans to introduce a moral code afterwards to help anyone else that might be taken prisoner (Kinkead, 1959, pp. 20-21). Has the lesson been forgotten?

Long ago the World Health Organisation acknowledged implicitly the underpinning of moral and social values in human behaviour by extending its definition of health from a simple statement of physical and mental well-being (see Ottawa Charter for Health Promotion 1986 update December 1997). Similarly practitioners in New Zealand had their attention drawn to the Maori fourfold conception of health, consisting of mental (*te kaha hinengaro*), physical (*te kaha tinana*), social (*te kaha whanau*), and spiritual factors (*te kaha wairua*) (Durie 1985). There has also been a trickle of relevant observations and research reported in the journals (cf. Gillard & Paton, 1999; Grant, 1999; Jordan, 2000; Smale, 2000).

But there is little evidence of many clinicians taking religious factors seriously in their treatment of trauma. Zeidner and Endler (1996) virtually ignored religion in their otherwise comprehensive (and compendious) volume on coping, except for quoting St. Augustine on their book jacket and mentioning in one line (p.139) that seeking or finding spiritual comfort or support was a coping strategy. Then although Ruff and Richardson (1999, p.331) gave the spiritual meaning in life a substantial position in their model of important domains clinicians should take into account when treating patients with mild brain injury, they make no elaboration in the accompanying text. Handbooks of clinical practice remain silent on the crucial topic.

Yet there are proponents, among whom Scott-Peck (1988) made spirituality the core of his search as a psychiatrist to build peaceful communities, and Herman (1992) the psychotherapist who said that that traumatic events 'undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis.'

At issue is the universal search for meaning after catastrophe to which Frankl (1959) drew attention after his wartime experience as a prisoner in Nazi concentration camps. The same search led Ursano, Kao, & Fullerton (1992) to appeal for 'clear logical thinking and quantitative measures (to be used) to further our understanding of

the mechanisms of meaning formation and the contribution of meaning to behaviour, illness, and disease' in the military after combat. It was taken further by Young (1994 ch.10) in her concern for civilian victims of violence. There she made clear that initially disasters shatter the lives of those directly involved, destroy the pathways survivors have made to meet their personal needs and their responsibilities, and bring sharply into focus the meaning and purpose of life. Convincement of that purpose induced Benson and Stark (1996, ch.8) to research the physiological underpinnings of religious belief in their troubled psychiatric patients. Then most recently Beit-Hallami and Argyle (1997) made a bold and comprehensive review of the field, and Argyle (2002) went on to suggest that 'Perhaps the best psychology can hope for is to study the causes, correlates and effects of religion, but may not be able to explain it'.

Long ago the clergy reached across to open a field that came to be known as pastoral psychology (cf. Hiltner & Menninger 1963 and now has several journals in the area – viz. *Mental Health Religion & Culture, Psychology & Christianity, Psychology & Judaism, Psychology and Theology, Religion & Health*. Whether or not in response, there came Division 36 – Psychology of Religion - of the American Psychological Association to explore the common ground between the two academic and professional disciplines⁶. Then most recently Miller (1999), with a professional grounding in both religion and psychology, did much to try to integrate the disciplines in a book published by the American Psychological Association, no less.

Comment

From the foregoing it is claimed that on experiential, clinical, and academic grounds belief systems are too important to be left aside for irregular attention. They should be reconsidered and reinstalled among the complex array of factors filtering human behaviour. Clinicians, trauma workers, and trauma casualties could benefit from the outcome.

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⁶ The same APA included 'Attend to your spiritual needs individually or within a spiritual community' among the advice for its practitioners that were facing 'compelling challenges' after the 11September 2001 terrorist attacks in America: see www.apa.org/practice/practitionerhelp.html - accessed 2/11/01.

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