Part V

Religion and spirituality across the lifespan
Spirituality
The missing component in trauma therapy across the lifespan

Heather Marie Boynton and Jo-Ann Vis

Introduction
Spirituality is a source of continual support, comfort and connectedness and a resource during difficult times for individuals of all ages. Trauma experienced in childhood or later in life, whether long term or short term, single incident or multiple events, has captured the attention of social workers and researchers for decades. Recently, the importance of spirituality in trauma, grief and loss has emerged. The ultimate goal for social workers and researchers is the desire to prevent or minimise posttraumatic effects that follow traumatic incidents (Raphael et al. 1996; van der Kolk et al. 1996).

Spirituality is one of the few phenomena that are integral across the lifespan, and it is related to physical and mental health, resilience, quality of life and overall wellbeing (Boynton 2011). Social workers will inevitably encounter individuals who are dealing with trauma and require spiritual support. While social workers are often trained in evidence-based trauma interventions and frameworks, spirituality is rarely discussed as part of these intervention frameworks.

Incorporating spirituality is a necessary approach to trauma treatment at all developmental stages of life. This incorporation has shown to promote improved outcomes and posttraumatic growth. It is imperative that social workers acquire a greater understanding of, and competence in, the area of trauma and spirituality. This chapter presents spirituality as integral to trauma in the salient areas of meaning making, coping and posttraumatic growth across the lifespan. It also discusses spirituality as a complement for common evidenced-based practices, such as Cognitive Behavioural Therapy [CBT] (Briere and Scott 2015), including Trauma Focused CBT (Cohen et al. 2012), Eye Movement Desensitisation and Reprocessing [EMDR] (Greyber et al. 2012) and Dialectical Behavioural Therapy [DBT] (Olenchek 2008).

Conceptualising trauma, grief and loss
There are a variety of traumas that can occur, including: the death of a significant other; abuse and violence; threats of injury or death to self or another; medical trauma; accidents; terrorism and war; natural and human-made disasters; and suicides. Traumatic events can be experienced directly or indirectly, and be linked to grief, loss, bereavement and mourning. These overlap
with interrelated processes, creating complex responses, and making it difficult to distinguish between them (Cook et al. 2007). The terms are used interchangeably in the literature with overlap between the concepts, yet there are distinguishing definitions.

According to McCann and Pearlman (1990), a traumatic event is something that is sudden or beyond the norm, where an individual perceives an inability to meet the related demands of the trauma. The trauma may be physically or psychologically threatening, and affect one’s sense of safety, security, survival or sense of self. A psychological trauma is described as a stress-related event involving intense feelings of distress, helplessness, anxiety, fear or disorientation, which challenge one’s cognitive structures and perceptions regarding worldview, meanings and purpose in life (Vis and Boynton 2008).

Hooyman and Kramer (2006) convey that grief is a universal human response to the loss of an important person in one’s life, or something of importance. It is a complex and individualised phenomenon encompassing a vast range of social and cultural responses and norms. They state that bereavement is the loss through death or separation, and that mourning is the social act or expression of grief. Complicated grief, also termed traumatic grief, can create intrusive, disturbing thoughts, images and memories that contribute to the pain, and to psychopathology. Given the complexity and interconnectedness of trauma, grief and loss, the word trauma will be used in this chapter with the understanding that grief and loss are incorporated.

Prevalence and symptoms of trauma

According to research, close to 70 per cent of individuals will experience one or more traumatic event(s) throughout their lifetime (Breslau et al. 1999; Calhoun and Tedeschi 1998; Saunders and Adams 2014). Significant problems can occur in the areas of affect, emotion regulation, behavioural responses, cognition, spirituality and dissociation. Janoff-Bulman (2006) professed that there is an experience of internal shock, with aspects of disintegration resulting from the psychological unpreparedness for the extremes of a new disrupted and altered reality. Various responses include confusion, preoccupation, rumination, dysphoria, pining, yearning and loneliness. Negative responses impinge on adaptation, disrupt daily functioning, restrain social activities and affect grieving responses.

Responses can differ in relation to development and individual context. Ogle et al. (2013) noted that in understanding the psychological impact of an event, it is vital to consider the developmental period in which it is experienced. Exposure to trauma in younger years may contribute to serious emotional and behavioural problems, and greater negative outcomes later in life (Goodman 2002; Ogle et al. 2013). Prior unresolved trauma influences stress reactions, and causes individuals to interpret future experiences as more traumatic and/or overwhelming. Difficulties in attachment, security, self-concept, self-esteem and spirituality can occur with developmental variances. Therefore, it is imperative to focus interventions on the mind, body and spirit across the developmental lifespan.

Spirituality: a missing component

Many of the models of trauma are pathology oriented, and previous frameworks are being challenged (Rothaupt and Becker 2007). The most researched models for various types of trauma treatment include CBT, DBT and EMDR, with CBT being the most researched therapy across the lifespan (Dinnen et al. 2015). All of these models incorporate skills and behaviours to manage distressing thoughts and impulses. Individuals are taught to utilise new skills in place of
maladaptive responses induced by trauma. Cognitions that are deemed to be dysfunctional are identified and addressed.

Newer models of treatment are incorporating cultural and contextual factors; however, what is often missing in the theoretical conceptualisations, definitions and symptoms related to trauma exposure are spiritual aspects. Trauma is an existential injury that can wound the spirit (Thompson and Walsh 2010) and alter one’s spiritual worldview and foundation of being. Trauma often creates a spiritual crisis or struggle, and affects one’s sense of self and spiritual connections. A need for spiritual rumination, existential cogitation, spiritual meaning making, as well as spiritual rituals, ceremonies, practices and activities often emerge. Tapping into, accessing and nurturing one’s authentic Self, spiritual passions, talents, skills and abilities contribute to overall wellbeing.

Spirituality is a multidimensional construct experienced by individuals in different ways, intersecting with religion and religiosity. It is shaped, formed and influenced through interactions with family, peers, community, sports, arts, cultural activities and the natural world. It is expressed through beliefs, narratives, rituals, activities and practices. Spiritual development is viewed to evolve like other developmental processes such as social, moral, emotional and cognitive aspects. Research has found that negative impacts from trauma occur in all of these developmental processes (Briere 2006; Ford 2002).

There are several definitions of spirituality in the social work literature that encompass the various dimensions and attributes, ranging from broad to succinct (Canda and Furman 1999; Crisp 2010; Sheridan 2004). Boynton (2016) described spirituality as a drive to find meaning in all life connections, purpose of life events, one’s life circumstances, existence in the universe and life purpose or destiny. It involves aspects of the mind including cognitions, beliefs, faith, hope, values, morals, identity formation, as well as the range of human emotions. Spirituality is associated with many virtues in life such as love, kindness, authenticity, integrity, fairness, compassion, honesty, loyalty and appreciation. It is experienced through the body via feelings and sensations, especially through the heart and core of the body.

Spirituality includes self-discovery, and an understanding of Self (the spiritual or divine aspect of oneself) (Burkhardt and Nagai-Jacobson 2002). Swinton (2001) characterises spirituality as a trifold experience. It is a quest for inner connectedness, which is intrapersonal, involving interpersonal social relationships reaching into the transcendent realms beyond self and others, making it transpersonal.

Spirituality is a domain of strength for individuals offering social, relational and psychological supports and resources (Koenig 2010; Rosmarin et al. 2011). It is an important factor in coping, resiliency, recovery and healing at all ages (Boynton 2016). It plays a critical role in how events are understood, experienced, managed and integrated into one’s worldview (Pargament et al. 2006). It is also an important component in posttraumatic growth [PTG], where individuals are transformed by one’s trauma experience. Individuals develop an awareness of personal strength while exploring and appreciating meaningful life possibilities, spiritual development and growth (Calhoun and Tedeschi 2006). Further positive post-trauma spiritual outcomes include a sense of closeness and nurturance in spiritual relationships, relaxation and peace from engaging in spiritual practices and rituals, as well as social support from congregations or spiritual groups.

Canda and Furman (2010) conceived spirituality to be at the heart of social work practice, empathy, compassion and care. Supporting this argument, social workers play an important role in assisting individuals to alleviate spiritual distress, struggles and crises. They are tasked with facilitating and supporting a positive spiritual outcome for clients. Therefore, spiritual competence to facilitate spiritual meaning making, nurture spiritual strengths and access the client’s spiritual resources is required.
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Bath (2008) outlined three pillars of trauma-informed treatment, which are feeling safe, self-regulation and connection in trusting relationships. The Child and Family Partnership (2010) also added agency and mastery, problem solving and executive functioning and meaning making including hope, faith and optimism. We propose that another necessary pillar of trauma treatment is spirituality.

Marrone (1999) identified four phases of trauma, consisting of cognitive restructuring, emotional expression, psychological reintegration and psycho-spiritual transformation. Spiritual transformation involves changes to central assumptions, attitudes and beliefs about death, life, compassion, love and a higher power. Spiritual relationships can be increased in number or strength; spiritual practices may evolve and increase; spiritual capacities may be heightened; and overall spiritual growth and development are possible.

Meaning making

Spirituality is a key component in the process of meaning making and interpreting one’s life circumstances. The attributions one employs regarding the causes and reasons for a trauma often fall into the spiritual realm. Individuals are tasked with managing spiritual struggles and crises around meaning making. Trauma can create changes in a belief of a benevolent higher power, a loss of faith and struggles regarding sense of purpose, which can result in anger, distrust and a negative spiritual worldview. Meaning making involves the reconstruction of a spiritual worldview, and understandings in terms of spiritual relationships. Meaning is ‘having a sense of direction, a sense of order, and a reason for existence, a clear sense of personal identity, and a greater social consciousness’ (Reker 1997: 710).

The process of transcendent meaning making involves delving into deeper intuitive understandings regarding the event. It also comprises reflecting on ultimate values and belief systems, and on one’s own existence in the world. Individuals who are able to construct positive spiritual or transcendent meanings experience less distress and fewer negative effects (Pargament et al. 2005).

In essence, meaning making is a natural evolutionary response following a traumatic experience that can damage or challenge confidence in one’s spiritual worldview, sense of self and identity. This ever-evolving process incorporates a new reality or worldview. Meaning making is both a restorative and creative response to traumatic, life-altering experiences. The various interplays between physiological, physical, sensory, spiritual, social and behavioural factors significantly influence how one interprets or make sense of an event. Calhoun and Tedeschi (1999) argue that meaning connected to trauma includes two steps. One is to find meaning in the event and why it occurred, and the other involves retaining or creating a meaningful view of life despite the event. Meaning has a significant bearing on how individuals perceive the event in the present and future (LeDoux 1996; Schacter 1996; Schulz 1998; van der Kolk and Fisler 1995).

Coping and spirituality

Spirituality is an important aspect of coping in trauma as individuals rely on their spiritual beliefs, relationships, rituals, ceremonies, spiritual practices and activities. Many adults believe that spiritual aspects and concerns are not applicable for children, yet spiritual concerns, distress and struggles are quite salient for them. Many individuals find their spirituality is important to them, and assists in transcending adverse circumstances. Spiritual activities and engaging with a spiritual community can offer comfort and support. Individuals of all ages enjoy personal spir-
ritual pursuits, such as writing, art, music, physical activity, various types of media, meditation, practicing mindfulness, focusing on the present or the positive and prayer. Spending time with pets and in nature, and/or collecting items from the natural world are other spiritual activities. It is evident that each person engages in practices that are suited to their own spiritual style. However, spiritual coping resources may be withheld or masked as spirituality is often deemed as socially weird and taboo (Boynton 2016).

**Implications across the lifespan**

**Childhood**

Children have robust spiritual lives and find spiritual coping practices, relationships and resources helpful in managing trauma (Boynton 2016). Youth with stronger spiritual resources and a sense of spirituality exhibit less delinquency, negative behaviours, emotional and psychological distress, school difficulties and psychopathology (Cheon and Canda 2010; Jackson et al. 2010; Mabe and Josephson 2004; Masten and Curtis 2000). Boynton (2016) revealed that traumatic events sparked and activated spiritual processes, behaviours and engagement in spiritual activities and in spiritual relationships for children. This was coupled with a catapulting of spiritual cognitions and a need for existential meaning making, resulting from spiritual rumination, questioning, reflection and analysis of the event, and on life itself. Children experiencing trauma are often viewed as growing up too fast, as they engage in mature spiritual reasoning. They are isolated as peers cannot relate, understand or even comprehend some of their spiritual cognitions experiences. This is even more of a concern when care givers are also impacted, or involved in their own traumatic meaning making struggles (Boynton 2016).

Many children believe in, seek out and communicate with an array of spiritual entities such as God, Creator, Mother Earth, Gaia, goddesses, guardian angels, spirit guides and animals (Boynton 2016). For the most part, children believe that spiritual entities are protective and caring, listen, watch over them and are ever present, guide them in their actions and communicate with them through the mind, heart and soul. Interestingly, Boynton (2016) found that children embrace and interact with spiritually symbolic objects, which provide children with a symbolic spiritual connection to a person or place, or a reminder of a spiritual relationship. Toys or personal objects representing nature or supportive relationships bring spiritual comfort, solace and reduce stress. During times of distress, children engage with these objects more frequently. Social workers can be cognisant of these aspects and nurture spiritual practices within traditional trauma interventions.

**Adolescents**

Cheon and Canda (2010: 123) stated that ‘adolescence is a particularly intense period of ideological hunger, a striving for meaning and purpose, and a desire for relationships and connectedness’. Questioning, challenging and integrating alternate worldviews, societal structures, values and beliefs are part of adolescent identity development and belief formation. Engagement in complex thinking and global reasoning further develop during this phase of life.

Adolescents also employ a variety of spiritual coping practices that can easily complement trauma therapies. Jackson et al. (2010) found that adolescents felt that love and forgiveness helped them to heal. Spending time alone, or sharing problems with others, and listening to the advice and wisdom of elders were helpful. Engagement in these positive activities has been found to increase mental health and wellbeing, and life satisfaction for adolescents (Cotton et al.
2009; Jackson et al. 2010; Kelley and Miller 2007). Alternatively, adolescents engaging in negative spiritual coping or those that have impaired spiritual functioning experience higher levels of stress, depression, anxiety and PTSD symptoms (Bryant-Davis et al. 2012; Kim and Esquivel 2011; Van Dyke et al. 2009). These individuals tend to engage in substance use, sexual activity and delinquent behaviours, and have lower scores on psychological and existential wellbeing scales, poor academic performance and reduced self-esteem (Bryant-Davis et al. 2012; Cheon and Canda 2010; Kim and Esquivel 2011).

When trauma occurs, adolescents can encounter deep emotional pain that can result in them acting out, which Anglin (2003) describes as pain behaviour. Conversely, this behaviour may be a normal response to existential and spiritual injuries associated with soul or spiritual pain arising from disconnection or meaning making struggles. Attig (2004) describes soul pain as a loss of a sense of rootedness in normality, and spiritual pain as suffering due to a loss of sense of transcendence, and a loss of joy and hope. A critical task for adolescents in trauma is addressing the roots of their pain. Meaning making involved in self-identity and sense of self can be difficult during this stage, and it is even more confounded if a youth is separated from family and community through trauma (Carriere 2008). This would be a crucial spiritual component to augment evidence-based trauma interventions.

**Adults**

As individuals move into adulthood, greater complexity occurs in relation to meaning making, faith development and spirituality. McNamara Barry et al. (2010) discuss that the adult stage of development is one where an individual advances in terms of physical, cognitive and psychosocial development. These scholars believe that these advances support religious and spiritual exploration. During adulthood one may be more likely to manage post-trauma effects. Social workers ought to assess whether an individual is processing a single trauma event, or working through cumulative trauma experiences.

Ogle et al. (2014) elucidate that multiple traumatic events increase the likelihood of impact and severity of trauma. The issue regarding cumulative trauma is probably the most concerning for older adults. They may have experienced and managed trauma well in childhood or mid-life, but the decline in the later years in cognitive and physical functioning can create re-emerging trauma symptoms (Ogle et al. 2013; Petkus et al. 2009).

The biggest challenges for adults exposed to trauma are rumination and engaging in self-assessment and evaluation concerning one’s full potential (Krause 2005). In Erikson’s stage development (Erikson 1959), both younger and older adults focus on the important events of relationships, parenthood and work. Energy used to manage the trauma effects may impede success in other developmental tasks. Adults may become frustrated or feel a sense of disillusionment in their inability to meet these stage demands. Outcomes such as forming intimate and loving relationships, and nurturing others may become impossible tasks for some, as they are expelling their emotional energy on symptom management.

In his model of development, Erickson (1959) deemed that the last stage of maturity occurs at age 64 and older. In this stage, it is theorised that individuals reflect on life and evaluate whether one’s life has brought fulfillment, and this is linked with meaning making. Older adults who can take meaning and weave the experience into their life review can create a reflective narrative that is more than loss and hopelessness, and is about growth and knowledge.

Within the last stage of development, seniors will both look back and have a sense of fulfilment, leading to wisdom, or a sense of despair, potentially leading to regret. Furthermore, a natural experience in aging is the increased likelihood of a loss of a loved one, as well as other
transitional losses such as retirement, loss of family home and a sense of purpose (Ogle et al. 2013). Through positive meaning reflection, older adults can feel a sense of accomplishment, increased psychological benefits and physical improvements (Petkus et al. 2009). Krause (2005: 502) questions whether older adults ‘will have greater difficulty finding a sense of meaning in life than older adults who have not encountered a traumatic event’. Trauma has the potential to create a negative view of one’s life during self-reflection, and present ‘undeniable evidence that things did not turn out as was hoped’ (Krause 2005:504). The importance of positive spiritual meaning reflection is vital at this stage and should be a key element of trauma therapies.

Ogle et al. (2013) noted that adulthood may be the period in life stage development where one’s experience of cognitive and social changes may be used to enhance psychological functioning following a traumatic incident. The authors postulated that emotion regulation skills improve in this stage, offering individuals new and adaptive skills to manage post-trauma exposure effects. Social supports were also seen as positive attributes to managing trauma effects, as well as relationship building and nurturing others. In this stage, resources in terms of developmental abilities and spiritual resources should be explored and utilised.

Summary

This chapter has argued the importance of incorporating spirituality within evidence-based trauma treatment across the lifespan. Spiritual meaning making and coping practices were presented as significant elements that should be part of evidence-based trauma therapies. It is believed that this would increase potential and capacity for post-traumatic growth. It is essential that social workers be trained and competent in the areas of stage development associated with trauma and spirituality across the lifespan in order to provide effective spiritually-sensitive trauma care.

References


