Spiritual Component of Patients Who Experience Psychological Trauma: Family Physician Intervention

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Susan, was referred to me by her primary care physician for counseling 30 years after her husband was killed instantaneously in an auto accident. The event was frozen in her mind as if it had just occurred. Susan was experiencing anxiety while driving, which was manifested by gripping the steering wheel so tightly her hand and shoulder muscles hurt, panic attacks, visual images of auto accidents, and intense fear.

It quickly became apparent that she was suffering from post-traumatic stress disorder. It also became evident that a large component of her struggle revolved around unresolved spiritual issues about the accident. She believed she was the reason for the accident; maybe God was punishing her. At the same time, she continued to feel angry with God for taking her husband. For 30 years she had kept such thoughts inside and believed she could not share them with anyone, especially anyone in her faith community.

The usual paradigm of addressing primarily the physical and mental symptoms in the treatment of post-traumatic stress disorder can be usefully supplemented by considering the spiritual response to psychological trauma. The spiritual response is certainly not the only way to understand the effects of trauma, but it is an important aspect of the trauma experience for some and is often overlooked by professionals. Consideration of spiritual dynamics can not only help physicians be more sensitive to those who are experiencing emotional trauma but also help them conceptualize the experience of trauma in a way that resonates with our patients.

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I am referring to psychological trauma in the broader sense, which includes events and situations that make persons feel helpless, overwhelmed, and disoriented. Family physicians are often at the forefront in dealing with those who have been traumatized or who are in crisis. In primary care settings, such patients do not always have symptoms that fit neatly into the diagnosis of post-traumatic stress disorder. Their symptoms might not even fit into the diagnosis of an acute stress disorder (disturbance lasts for at least 2 days and a maximum of 4 weeks). Fortunately, most patients will never develop post-traumatic stress disorder and will adjust to the trauma in a relatively short time. They are, however, undergoing a tremendous upheaval. Life events have turned their world upside down, and the horrific traumatization can result in severe questioning or loss of faith. Recognizing the magnitude of the physical, emotional, social, and spiritual components of traumatic experiences is essential to helping these patients as well as to intervening so that additional complications do not develop.

Treatment Issues

Possible steps for a family physician when assessing and caring for a person who has spiritual issues related to trauma may include the following:

First, especially for patients who exhibit signs of depression, anxiety, rigidity, or impulsive behavior, inquiring about a history of trauma, as well as learning of their spiritual history, is important. Asking about trauma could be a standard approach when a general physical examination is being carried out for a patient. At this time, the patient has more time to respond. It also puts the questions in the natural context of historical questions and gives the physician an opportunity to be respectful of the patient's needs during a physical examination if there has been a history of sexual abuse.

At this time, it is also natural to inquire about the patient's spiritual beliefs and explanatory models that might be important for health care. The *SPIRITual History* by Maugens[1]or the more recent HOPE assessment by Anandarajah and Hight[2] can be helpful. Appropriate questions can include, "How has your belief system been affected by the trauma you experienced?" If the patients answer that their spirituality has been a strength to them, then one might ask, "How has your spirituality aided you in dealing with this crisis (or trauma)?"

Second, it is important to emphasize that the physician seeks only to be sensitive and give the patients permission to verbalize their feelings. Listening, being present, and creating an atmosphere in which a patient feels safe verbalizing thoughts and feelings are important interventions for the patient.

Third, normalizing, educating, and reassuring are also essential interventions for the patient who is experiencing a spiritual crisis as a result of trauma. Many feel out of control, disoriented, off balance. Their normal systems for thought and belief might have been damaged or even shattered. Patients often experience relief when they understand that a period of destabilization is not unusual after trauma. Education about the symptoms of trauma is important so they gain some understanding of what is happening to them and what they might experience as they recover from the trauma.

Last, social support and social context have been found to be important factors in trauma recovery.[3] Community support groups, churches, synagogues and other religious institutions, chaplains, and religious leaders can be important referral sources for these patients. Involving family members in treatment can also be vital. Normalizing for the family members the patient's questioning, confusion, and other symptoms can be important as well as enlisting the family for emotional support of the patient.

The intensity of emotions exhibited by some traumatized patients could be a challenge for the physician. The patient's anger, rage, panic, distrust, irritability, terror, fear, and other emotions might feel overwhelming to the provider. It is important that the physician remain calm and be a soothing and nonreactive presence. The physician should not take personally any of the patient's emotional projections but get other professionals involved in the treatment. Pastoral counselors or other therapists experienced in dealing with patients who have been traumatized and are struggling with spiritual issues should be consulted or used as a referral source. Family physicians should be very cautious when caring for the patient who has experienced severe trauma but has not consulted other mental health professionals, especially if the patient needs more than basic supportive counseling. Assessing such patients for suicidal and homicidal ideation is important. Antidepressant medications can help modulate the intense emotions of persons who have experienced trauma.[4]

Conclusion

Trauma affects all levels of a person's physical, mental, social, and spiritual being. When the spiritual component is acknowledged, it resonates with patients and helps them feel understood, and additional treatment possibilities emerge for their recovery. Family physicians can play an active role in restoring patients' trust in others and in restoring the hope that there is assistance available for their suffering.

References

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