All things work together for good'?

Theodicy and post-traumatic spirituality

R.Ruard Ganzevoort

ABSTRACT

The idea that evil things may have a positive outcome is a classic way of making sense of negative events. It is even at the heart of conversion narratives. Its expression in Romans 8.28 is paralleled by many formal and informal statements about the teleological meaning of human suffering. In the catalogue of theodicy-models, such views can be labeled as pedagogical or greater-good interpretations.

In recent years, researchers have started to explore the positive outcomes of traumatic experiences. They find that posttraumatic growth is far more usual than has been acknowledged so far. Some even state that the normal result of trauma is growth, not pathology. An important factor in this posttraumatic growth is found in the complex of spirituality, religion, and wisdom.

This paper brings together the theological theories of theodicy and the psychological research of posttraumatic spirituality. How can these two fields inform one another and what does that mean in terms of 'healthy religion'?

Religion and suffering have a long, intimate, and paradoxical relation with each other. It has been said that suffering is the strongest impetus for religious questions, thoughts, and behaviors, but also its largest stumbling block. It is in times of crisis that individuals and societies turn to religion to fulfill their existential needs and answer their existential questions, even though these existential needs and questions can never be resolved. Religion does not remove the causes or consequences of our suffering. It cannot change the human condition of vulnerability and hence of suffering. What religion may do is offer a frame of reference from which we can construe a meaningful narrative about our suffering, for example in a promise of eternal life or a kingdom of God in which there shall be no more tears, or in seeing suffering as divine punishment that we

may avoid by living obediently. It cannot provide a conclusive explanation because every answer evokes only more questions and – taken to its extremes – carries unacceptable conclusions.

Even when religion cannot resolve suffering or adequately explain it, experiences of suffering can evoke deep and meaningful questions and longings and challenge the individual to consider his or her situation in the perspective of the relation with the divine. In suffering, our lives edge on the transcendent in that they reach and transcend the boundaries of their ordinary existence. This experience beyond the ordinary, more specifically this encounter with evil in its contingent or malicious shapes, invites us to see our experiences as related with the ultimate, the numinous, the divine and the demonic. For our ordinary existence we do not necessarily need a religious interpretation, except perhaps for the preservation of our mental and/or social structure, that is for our daily guidance. This need is magnified when we touch upon the extreme.

When we focus on traumatization, we are dealing with extreme suffering. It therefore can be expected that this dialectic relation of suffering and religion will be even more present. That expectation is the starting point for this paper. I will explore the positive and negative effects of traumatization on religion, with a special interest in posttraumatic spirituality. In return, I will discuss theodicy-models as religious responses to traumatization and their positive and negative impact.

If we want to study the relation between traumatization and religion, we have to be aware that both concepts apply to a range of phenomena, differing widely in both intensity and content. Religion as such does not exist, only the particular religious traditions and the myriads of individual religious constructions. Every individual life story offers a unique posture toward the divine and an evenly unique constellation of possible meanings of suffering, embedded in this person's biographical details. For some this religious dimension is central to the story, enacted in traditional or idiosyncratic religious behavior, for someone else it is equally central but left implicit, and for still another it is but a marginal part of the person's history. The interference with traumatization will not be the same for these different roles religion plays in the various life stories. Even the different religious traditions cannot be compared along the lines of formal dimensions, because these dimensions may be structured differently in the different religions. The Bible and the Koran, for example, have a different place in the configuration of the religious traditions. Religion then is a family resemblance concept that circles around the relation people construe with the divine.

A similar caveat should be made for the concept of trauma. Far from being a unified phenomenon, it stands for all those experiences that threaten our existence or integrity on a fundamental level. Again there are differences of intensity, but there is also a wide variety in the nature of traumatization. Natural disasters that disrupt entire communities are different from societies overthrown by wars and genocide, different again from acts of evil like terrorism or mass

killings in schools. All these events are on the collective plane, which distinguishes them from individual experiences like sexual and domestic violence, traffic accidents, exposure to criminal acts, or extreme bullying. According to some, medical issues like being diagnosed with cancer or HIV/Aids or the death of one's child could also qualify as traumatizing experiences. These different manifestations of traumatization differ not only in intensity, but also in the kind of damage that they do to the individual's life. And finally it matters whether traumatization occurred in childhood or adulthood, because the interference with a developing identity makes it structurally different. Some researchers distinguish between two types of trauma. The first type can be characterized as incidental traumatization. The second type is structural traumatization, occurring within and through structures of domination and oppression, and possibly resulting in more complex forms of post-traumatic disorders (Herman 1993). It is therefore problematic to arrive at a strict definition of trauma, and we will rest with a more general understanding of trauma as the overwhelming psychosocial injuries resulting from the confrontation with devastating events.

EFFECTS OF TRAUMATIZATION

If we try to review the effects of traumatization on religion, we easily embark on commonsensical distinctions between different kinds of trauma. This common sense has been influenced successfully by advocacy movements that claimed for example that victims of sexual abuse will endure life-lasting consequences, whereas even convicted perpetrators walk free after a relatively limited punishment. Something similar is assumed for parents mourning the loss of a child, a loss that is sometimes thought to be a pain that never subsides. Veterans on the other hand, suffering from their military experiences, are usually expected to recover from their traumatization within reasonable time. Perhaps this is overstated, and it may certainly be perceived differently in other contexts, but it may serve at least to caution against common presuppositions. In reality the severity, content, and consequences of traumatizing experiences will be different for every two cases, and our generalized remarks cannot be transposed automatically to the individual level. People with extreme experiences can certainly develop serious problems, but that depends on more than the severity of the violence. Among other variables, social support, style of attribution, and coping mediate the effects of violent experiences on trauma-symptoms (Gold, et al. 1994). Cultural and religious influences may also influence resilience to the effects of trauma (Doxley, et al. 1997, Maercker & Herrle 2003).

That being said, the negative effects of traumatization have been well documented. Some of the most common effects feature in the description of post-traumatic stress disorder. They fall into three groups of symptoms. The first group includes of reexperiencing the traumatic event through intrusive memories, flashbacks, nightmares and the like. The second group regards persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness. The third group contains persistent symptoms of increased

arousal. Reexperiencing and avoidance can be seen as complementary and mutually enforcing processes. The alternation of the two probably has a clear neurological basis, based in instinctual responses triggered by elements that remind of the traumatizing experience itself. This alternation makes it difficult for the person to move beyond the experience and meanings and keeps the traumatizing memory present. It can even be as if the person returns mentally to the moment of traumatization.

Research into the effects on religion have yielded ambiguous results. One study showed subjects diagnosed with PTSD to be more likely to report changes in religious beliefs, generally becoming less religious (Falsetti, et al. 2003). Traumatization was also found to decrease affect representations of God as loving, and strengthen representations as absent, or wrathful, but only in cases of severe traumatization or complex PTSD (Doehring 1993). A gender factor appears in the finding that sexual abuse is predictive for non-religiosity, but only in men (Finkelhor, et al. 1989). Within the specific group of victims of clergy sexual abuse, other researchers found distinct effects on spirituality and church attendance (McLaughlin 1994, Rosetti 1995).

These findings are put into perspective by other studies showing less or contrasting effects. Some researchers found only limited changes in religious convictions following traumatic events. Instead, the metaphysical religious assumptions seemed to have provided a framework for understanding and coping with trauma (Overcash, et al. 1996). Among Holocaust survivors and their offspring belief in God and in a better future was found to be stronger than in a control group (Carmil & Breznitz 1991). In the case of sexual abuse, a relation was found with transcendent religious experiences as well as with feelings of alienation from God, but not with conventional religious behaviour like church attendance (Kennedy & Drebing 2002). Religious practice decreased for conservative Christian women following sexual abuse (especially inside the immediate family), but increased for agnostics, atheists, and adherents of other religious faiths (Elliott 1994). This may be caused by the different role of the father-image: problematic for conservative Christians and a viable alternative for others. The analysis of the narrative construction of male victims of sexual abuse supports this hypothesis in that these men sought to construe religious counterstories that might offer meaningful alternatives (Ganzevoort 2002). Based on findings of an increase of post-trauma spirituality for a majority of a sample of sexually assaulted women, strongly correlated with well-being, it was hypothesized that traumatic events reduce well-being, invoking an increase in spirituality to restore well-being (Kennedy, et al. 1998). Obviously, these studies are too diverse in types and severity of traumatization, measures of religion, and outcomes to provide a meaningful synthesis. We are clearly only beginning to understand the different effects victimization may have on religion for different persons in different situations.

This brings us to the growing number of studies that focus on possible positive effects of traumatizing experiences. This occurs more often than has been

acknowledged in the past decades, perhaps due to a dominant clinical psychological interest in pathology rather than health. Whereas in exposed groups levels of posttraumatic stress disorder usually stay well below 25 % (Kleber & Brom 1992), posttraumatic growth may be more common than that. According to some, growth instead of pathology is in fact the normal outcome of traumatic stress (Christopher 2004). Congenial to 'positive psychology', researchers into post-traumatic growth are interested in the health promoting factors that may be called upon in coping with traumatizing events, in order to support coping efforts and resilience (Wilson 2006). Mental health research into trauma and related fields would benefit from the complementary approaches of stress-related growth, positive psychology, and the recognition of the role of spirituality and religion (Ai & Park 2005). The emerging concept of posttraumatic growth includes five dimensions: relating to others, openness for new possibilities, personal strength, spiritual change, and appreciation of life (Calhoun & Tedeschi 2006). Researchers note that the most significant growth may be experienced in the spiritual realm, although they tend to use rather simple measures for this dimension.

That posttraumatic growth and spirituality can be so closely related, should not come as a surprise. Religious traditions commonly share stories of suffering transformed into new life and wisdom. Thus in conversion narratives we usually find a transformation that is preceded by crisis experiences. Wisdom, however is not only a possible outcome, but also a possible source. It can guide believers in dealing with their suffering. Religious wisdom may therefore be an important factor in dealing with suffering and contribute to posttraumatic growth. It invites the person to acknowledge and manage the uncertainty of life and the human limitations (Linley 2003).

THEODICY AND THE RESPONSE TO TRAUMA

This brings us to the other side of the dialectical process, the religious response to trauma. This dimension is addressed in the psychological study of religious coping (Pargament 1997). Out of the many factors that may be involved, in this paper I will focus on the role theodicy plays in responding to suffering and here my primary frame of reference will be the Christian tradition. Theodicy may bridge the gap between psychology of religion and theology. The first usually neglects such issues of content (Furnham & Brown 1992), whereas the latter investigates theodicy with limited connection to the coping process. Obviously real life experiences, both individual and collective, are at the background of theodicy-studies, but the actual research does not connect theodicy empirically with the process of suffering and coping. Even the groundbreaking empirical theodicy-project of Hans van der Ven and his colleagues does not deal with actual suffering but only with attitudes toward different theodicy-models (Van der Ven & Vossen 1995).

Although the subject matter is probably as old as humanity, the discussion of the modern concept of theodicy is usually traced back to Lebnitz. It has been

popularized in the eighthies by rabbi Harold Kushner (1981) in his book *When bad things happen to good people*. Theodicies can be seen as attempts to reconcile three fundamental notions: God is omnipotent, God is all good, the world is a good place. The last one may be phrased more personally: my life is a good life and I am a worthy person. These three are in contradiction with one another in the face of suffering. Put differently: when suffering from trauma, people are confronted with the need to interpret the situation in such a way that these three notions are sustained. Because that is generally a rather complex task, people may choose instead to deny one of the three in order to construe a consistent narrative. They loose faith in either God's power or God's love, or in themselves and the value of their life.

A telling parallel for these three positions can be found in Ronnie Janoff-Bulman's (1992) psychology of trauma. She claims that in traumatization, three fundamental assumptions are shattered that ordinarily guide our life and our life story. The three are the meaningfulness of the world, the benevolence of the world and the personal value. In trauma the world is experienced as collapsing or disintegrating, people around are met with suspicion and fear, and the self is distrusted or even rejected. The many symptoms of traumatization can be interpreted from this framework: hyperalertness and avoidance signal that the world is not a meaningful coherent whole on which we can build. Distrust, fear, and isolation point to the experience that others may not be benevolent toward us. Shame and guilt focus on the contested or rejected value of the person.

The first assumption regards the meaningfulness of the world. The world we entered as a child is not a coincidental hotchpotch of people, events, and things, it is coherent and therefore solid ground. Things happen for a reason and can be understood if we try hard enough. This assumption is the basis for scientific knowledge, but is present everywhere. When we go to bed at night, we know that the sun will rise the next day. That is the reason we can understand, manage, and sometimes even change the world we live in. When this assumption is shattered in traumatization, the person gets lost in the world and looses control. Disorientation and dissociation may occur. The religious shape of this assumption is the notion of divine power. Every religion proclaims that life is not a random collection of moments and experiences. There is a larger story, a pattern of meanings that encompasses our life. This larger story, religion tells us, is created and sustained by God. 'He's got the whole world in his hand.' The meaningful coherence of the world is thus symbolized in divine sovereignty and providence. When this notion is shattered by traumatization, the trust in God's power becomes contested and we lose confidence that God preserves this world.

The second assumption deals with the benevolence of the people around us. What is at stake here is the interpersonal relations that are challenged in traumatization. In a positive context, the child learns to trust others, not without limitations, but as a fundamental stance toward others. Whenever we meet people, we ordinarily believe that they carry no negative intentions toward us, or we would not dare to buy bread or ask for directions. When this assumption is

threatened by traumatization we see an increase of distrust or even paranoia that comes from the perceived need to protect one's own life and from a loss of faith in the benevolence of others. The religious shape of this is the notion of divine love. Even when we experience that the world itself has negative elements, we cling to the belief that at least God is benevolent toward us. Fundamental assumptions, and especially religion, usually have a distinct resilience to contrasting experiences. Instead of being overthrown immediately by traumatic events, they can also function as a counterstory that helps us keep our heads above water. When traumatizing experiences are too overwhelming, the religious dimension may be afflicted as well and the person may loose faith in the benevolence of God.

The third assumption concerns the value of the person and is of course directly related to the other two assumptions. A person's self-affirming identity is shaped particularly by the tangible experiences of being known, carried, and loved. These experiences have their natural starting point when the newborn child is nurtured and nourished. Where these experiences are missing or conflated with experiences of neglect, abandonment, or abuse, identity development may be disturbed or arrested. The religious shape is the notion that God has an interest in this one particular person and not only in the larger universe. It may be actualized in prayer and in the expectation or experience that God responds to these prayers. In traumatization this notion can become questionable. The shame and powerlessness that are part of the traumatizing experience indicate that the person is incapable and unsupported. In cases of man-made traumatization, like violence, this is reinforced by the fact that the perpetrator and bystanders apparently find the victim unworthy of respect or protection. For the religious person, this may evoke the existential experience that God has abandoned him or her.

There are vast differences between people, between their religious backgrounds and the stories of God that inhabit their world of meanings, and between different shapes and contents of traumatization. Because of that, in every situation the three fundamental assumptions and their religious shapes are at stake in a unique way. In natural disasters the focus may be on coherence of the world and divine power and less on benevolence and divine love. In acts of violence benevolence and divine love may be pivotal and coherence and power may be less central. In orthodox-reformed churches the issues will be dealt with more under the heading of power than of love, whereas in liberal circles the dignity and responsibility of the person may be focal. [here a section on different theodicy-models might be inserted.] All this shows that these three assumptions (and the theodicy-attempts derived from them) offer a useful matrix for pastoral-theological interpretation. The God-images can be seen as a symbolization of the fundamental assumptions (Doka 2002).

A RESEARCH PROGRAM IN POSTTRAUMATIC GROWTH

As conclusion of this seminar, I want to present the research program we are developing. The program focuses on the narrative construction of posttraumatic spirituality for several reasons. First, we directly access the person's process of attributing meaning to events and of construing a meaningful framework for dealing with his or her life experiences. Instead of trying to isolate and objectify factors, we acknowledge the fact that spirituality and coping are personal constructions of meaning. This means that the person involved in the trauma-spirituality nexus is at the centre of the investigations. Second, the narrative approach allows us to study the changes and developments in the person's dealing with trauma and spirituality. As we elicit retrospective stories, we encourage the participant to disclose the various reconstructions of meaning that remain in the life story as archaeological layers. This offers a unique contribution to the study of religious coping (Ganzevoort 1998). Third, the narrative approach facilitates a hermeneutical interpretation of the interactions between the person's meaning system and the framework offered by the spiritual tradition in which (s)he might be positioned. Instead of focusing on official religious traditions, we attend to the 'ordinary theology' of how people try to make sense of their lives (Astley 2002).

The purposes of this project can be described as follows: *Developing a theory of posttraumatic spirituality by clarifying the personal narrative construction of meaning and its connection to coping processes, thereby contributing to more adequate care and counselling for persons experiencing traumatization. The* further relevance of this will lie in the implementation of these insights in the fields of care and counselling. Beyond that, religious traditions may benefit from the results by integrating knowledge about healthy religion in the training of clergy, thereby developing a preventive strategy.

The main research question can be formulated as follows: *How is posttraumatic spirituality narratively construed and what are the positive factors influencing a healthy or adequate role of spirituality in the coping process?* From this research question several subquestions can be derived:

- How do individuals experiencing traumatization construe a narrative account of their life experiences and what is the role of spirituality in their accounts?
- How do traumatization, spirituality, resiliency, and coping interfere with one another?
- What contextual differences influence the interactions between traumatization and spirituality?
- What are the spiritual resources and obstacles (both practical and symbolical) that can support or hinder people in coping with traumatization?
- What are the characteristics of healthy/adequate spirituality or religion as opposed to spirituality or religion that is abusive or reinforces traumatization?

- What approaches in therapy and pastoral care and counselling foster healthy spirituality, accounting for differences in culture, denomination, and type of traumatization?
- How can religion/spirituality be integrated more completely in the helping professions concerning traumatization?

As for research design, we will focus on four types of traumatic experiences in the study, all resulting from interhuman violence. By leaving out natural disasters, we focus on malicious acts from one person (or group) towards another. The four types envisioned are childhood sexual abuse, adult domestic violence, political violence or war, and criminal violence. The first two are from the personal domain, the latter two are non-personal in intention. Childhood sexual abuse and war are usually located in the more distant history, whereas adult domestic violence and criminal violence are usually from the more recent past in a narrator's life. This way we will have a 4 (countries) X 4 (types of trauma) design with each cell containing 5 participants and 80 overall, allowing various comparative analyses both per country/culture and per type of trauma and accounting for religious affiliation.

Inclusion criteria and background measures for the participants will include a measure of traumatization (e.g., trauma symptom checklist), post-traumatic growth measures, religious coping styles, styles of spirituality, God images and theodicy views, social support and interaction, and so on. These and other factors will be established using questionnaires with validated scales. They will be used for comparative purposes and as background for the narrative analyses. The central data to be collected will be narrative interviews in which the participants will be encouraged to describe their experiences of traumatization and its (negative and positive) aftermath, their religious development and trajectories, and possible interactions between these dimensions. We will analyse the narratives and questionnaires on content, structure, and narrative performance, aiming at the identification of characteristics of healthy/adequate religion and spiritual resources and obstacles. As we are in the opening stage of our project, we welcome comments.

REFERENCES

Ai, A.L. & Park, C.L. (2005) 'Possibilities of the positive following violence and trauma: informing the coming decade of research', *Journal of Interpersonal Violence. 20/2*, 242-250.

Astley, J. (2002) *Ordinary Theology. Looking, listening and learning in theology.* Aldershot (GB): Ashgate.

Calhoun, L.G. & Tedeschi, J.T. (2006) 'The foundations of posttraumatic growth. An expanded framework'. In: Calhoun, L.G. en Tedeschi, J.T. (ed.) *Handbook of posttraumatic growth.* Mahwah (NJ): Lawrence Erlbaum, 1-23.

Carmil, D. & Breznitz, S. (1991) 'Personal trauma and world view. Are extremely stressful experiences related to political attitudes, religious beliefs, and future orientation?' *Journal of Traumatic Stress. 4/3*, 393-405.

Christopher, M. (2004) 'A broader view of trauma: a biopsychosocial-evolutionary view of the role of the traumatic stress response in the emergence of pathology and/or growth.' *Clinical Psychology Review. 24/1*, 75-98.

Doehring, C. (1993) *Internal desecration. Traumatization and representations of God.* Lanham: University Press of America.

Doka, K. (2002) 'How Could God? Loss and the Spiritual Assumptive World'. In: Kauffman, J. (ed.) *Loss of the Assumptive World. A theory of Traumatic Loss.* New York: Brunner-Routledge, 49-54.

Doxley, C., Jensen, L. & Jensen, J. (1997) 'The influence of religion on victims of childhood sexual abuse', *The International Journal for psychology of Religion. 7/3*, 179-186.

Elliott, D.M. (1994) 'The impact of christian faith on the prevalence and sequelae of sexual abuse', *Journal of interpersonal violence. 9/1*, 95-108.

Falsetti, S.A., Resick, P.A. & Davis, J.L. (2003) 'Changes in religious beliefs following trauma.' *Journal of Traumatic Stress. 16/4*, 391-398.

Finkelhor, D., Hotaling, G.T., Lewis, I.A. & Smith, C. (1989) 'Sexual abuse and its relationship to later sexual satisfaction, marital status, religion and attitudes', *Journal of Interpersonal Violence. 4/4*, 379-399.

Furnham, A. & Brown, L.B. (1992) 'Theodicy. A neglected aspect of the psychology of religion', *International Journal for the Psychology of Religion. 2/1*, 37-45.

Ganzevoort, R.R. (1998) 'Religious Coping reconsidered. A narrative reformulation', *Journal of Psychology and Theology. 26/3*, 276-286.

Ganzevoort, R.R. (2002) 'Common themes and structures in male victims' stories of religion and sexual abuse', *Mental Health, Religion & Culture. 5/3*, 313-325.

Gold, S.R., Milan, L.D., Mayall, A. & Johnson, A.E. (1994) 'A cross-validation study of the trauma symptom checklist. The role of mediating variables', *Journal of Interpersonal Violence. 9/1*, 12-26.

Herman, J.L. (1993) *Trauma and recovery. The aftermath of violence - from domestic abuse to political terror.* New York: Basic Books.

Janoff-Bulman, R. (1992) *Shattered assumptions. Towards a new psychology of trauma.* New York: Free Press.

Kennedy, J.E., Davis, R.C. & Taylor, B.G. (1998) 'Changes in spirituality and well-being among victims of sexual assault', *Journal for the Scientific Study of Religion. 37/2*, 322-328.

Kennedy, P. & Drebing, C.E. (2002) 'Abuse and religious experience. A study of religiously committed evangelical adults', *Mental Health, Religion & Culture. 5/3*, 225-237.

Kleber, R.J. & Brom, D. (1992) *Coping with trauma*. Amsterdam: Swets & Zeitlinger.

Kushner, H.S. (1981) *When bad things happen to good people*. New York: Schocken.

Linley, P.A. (2003) 'Positive adaptation to trauma: wisdom as both process and outcome', *Journal of Traumatic Stress. 16/6*, 601-610.

Maercker, A. & Herrle, J. (2003) 'Long-term effects of the Dresden bombing. Relationships to control beliefs, religious belief, and personal growth.' *Journal of Traumatic Stress. 16/6*, 579-587.

McLaughlin, B.R. (1994) 'Devastated spirituality: the impact of clergy sexual abuse on the survivor's relationship with God and the church', *Sexual Addiction & Compulsivity. 1/2*, 145-158.

Overcash, W.S., Calhoun, L.G., Cann, A. & Tedeschi, R.G. (1996) 'Coping with crises; an examination of the impact of traumatic events on religious beliefs', *The Journal of Genetic Psychology. 157/4*, 455-464.

Pargament, K.I. (1997) *The psychology of religion and coping. Theory, research, practice*. New York: The Guilford Press.

Rosetti, S.J. (1995) 'The impact of child abuse on attitudes toward God and the Catholic church', *Child Abuse and Neglect. 19/12*, 1469-1481.

Van der Ven, J.A. & Vossen, H.J.M. (1995 ed.) *Suffering: why for God's sake? Pastoral research in theodicy*. Kampen: Kok Pharos.

Wilson, J.P. (2006 ed.) *The Posttraumatic Self. Restoring Meaning and Wholeness to Personality*. London: Routledge.