

ROLE OF FAITH AND RESILIENCE IN RECOVERY FROM PSYCHOTRAUMA

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SUMMARY

Role of faith & resilience in recovery from traumatic events is a common observation. Recent experience with the earthquake victims in NWFP & AJK clearly demonstrated the positive effects of faith & resilience. Faith in God Almighty was a major factor in strengthening resilience and promoting recovery from traumatic stress disorders.

Author suggests partnering media in resilience promotion and capacity building of the disaster affected population and developing psychotherapeutic techniques to enhance the natural resilience and strength in victims of psycho-trauma.

KEY WORDS: Faith, Resilience promotion, Psychotherapeutic techniques, Media.

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The devastating earthquake on the 8th of October, 2005 in Pakistan killed nearly 100,000 people and rendered 3.5 million to homelessness. Never in the history of Pakistan had the nation risen to the occasion in such an unparalleled demonstration of concern and philanthropy. The initial response was purely humanitarian and not organizational. The Pakistan Army worked beyond the call for duty in the difficult and mountainous terrain, with landslides and blocked access to the disaster areas to provide relief. A calamity of such a magnitude had never hit Pakistan in the past. The Government and the people together joined hands to take relief goods from Karachi to Khyber. EDHI Welfare Trust, numerous religious organisations including Pakistan

Islamic Medical Association's (PIMA) Alkhidmat, Jamatul dawa's Al-Rasheed Trust etc., are still working round the clock. Their work was exemplary. Islam as a religion teaches such devotion to service. These welfare organisations have worked in Palestine and Kashmir, as well in times of disaster, bravely surpassing the ordeals. The International community established bridges of relief supplies via helicopters. Volunteers and Rescue teams from eighty countries came together to help tackle the enormous task of helping the victims.

In the wake of the recent earthquake disaster, one thing that has come to light is that Pakistanis as a Nation have not only come together to help the victims, we have also all been humbled by the enormity and magnitude of the devastation and how the affectees have shown resilience and strength in the face of this adversity. For over a month after the main quake, tremors were constantly being felt in the region but the spirit of the people remained unshakable. Those who had lost loved ones, or homes, or had been injured and had lost limbs in their entirety or had lost use of their limbs or other body parts due to trauma and paralyses, though devastated and shocked by the loss, were by no means broken in spirit.

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And even in the face of such trauma and adversity, their sense of gratefulness and gratitude to God was overwhelming and inspiring. Instead of becoming resentful or loosing hope, they had sought refuge with God, religion, and faith, asking Him for help and at the same time thankful to Him for being alive, and may be even better off as compared to thousands around them. The underlying premise was that God gives and takes. He gave it to us before, He has taken what was His and He will, when He wishes, give it back as well. Such strength of faith and spirit is unheard of, and it is this very belief in God, the faith in religion and prayer that has given the victims of earthquake the resilience that is not only vital for their survival through a time like this but also crucial to help them bounce back and establish themselves as before the calamity. While one feels deeply gloomy & sad over the thought of thousands dead, wounded and displaced by a sudden stroke of ill luck, there is a flaming hope that shines through the dark skies. It is with this hope that Pakistanis are now braving these hours of trial and tribulation.

Similar behaviour responses were observed in the recent Tsunami. Rasheeda Bhagat¹ in one of her article "A wave to drown the tsunami" mentioned that the tsunami resulted in thousands of deaths and rendered many homeless or deprived from the resources they had. But there were few silver linings too. In Sri Lanka they did not have well-organized systems in place that can swing into action with alacrity and efficiency after such a disaster. The proud fishermen who told the Prime Minister that it is not food or clothes they need, but they require fishing boats and nets so that they can resume work at the earliest. The people for whom the sea was everything in that it gave them the only means of livelihood are today understandably petrified of those very waters. But most of them also know that sooner than later they will have to return to it to carry on with their lives. The fishermen's children studying in schools along the coast slowly returned to their classes, though their tender minds still coming to grips with what hit them. Thousands

have lost what neither the government's relief package nor fellow citizens' generosity or compassion can replace — their parents. But, then, children have the resilience and the capacity to bounce back that is far superior to that of adults. The people's compassion, their generosity, the resilience and their intrinsic capacity enabled them to forget artificial and man-made barriers such as caste, creed and status in community.

RESILIENCE IN TRAUMA

Little research has been undertaken to identify resilience in indigenous populations. Agencies/organisations, both local & international, providing support to affected populations may be doing an injustice if assistance is provided in ways that fail to complement their intrinsic capacities. Clearly, both the Relief Workers and the Research Scientists who are to confront this issue need to pay more attention to understanding the relationship between cultural, ethnic and religious characteristics and adaptation to natural hazard consequences in the context of hazard impacts.

A research project² on Resilience and Health among Salvadoran Refugee Women in Manitoba also identified that religious faith is also one of the strategies women use to cope with health problems. Women saw faith in God, as central to their lives. Prayer was used as a key coping technique for coming out of their problems.

Lothe & Heggen studied³ resilience related to childhood experiences of famine in Ethiopia. The participants were young Ethiopians who survived and coped with the devastating effects of famine. Significant resilience factors identified were faith and hope, having a living relative, and having memories of one's past roots. Exposure to famine and multiple early losses may have long-term effects on an individual's capacity to maintain resilience.

A study⁴ by Greeff & Ritman identified individual characteristics as a resource to enhance the resilience of a family dealing with the loss of a parent. Twenty five white single-parent families who had lost a parent between

last one to four years were identified and asked to state the personal qualities which helped the family. The qualitative results indicate that optimism, perseverance, faith, expression of emotions and self-confidence were prominent individual characteristics of resilience viewed as resources in promoting resilience in these single-parent families.

Resilience⁵ is the act of rebounding or springing back after being stretched, or recovering strength, spirit, and good humor. In clinical terms "resilience" is reserved for unpredicted or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk. If we can understand what helps some people to function well in the context of high adversity, we may be able to incorporate this knowledge into new practice strategies. Resilience maintains normal development despite the adversity, or can be a promoter of growth beyond the present level of functioning. Assessment of resilience in the victims of trauma is a crucial component in determining the way in which individuals react to and deal with stress. A broad range of features⁶ is associated with resilience; these features relate to the strengths and positive aspects of an individual's mental state. In patients with posttraumatic stress disorder, resilience can be used as a measure of treatment outcome, with improved resilience increasing the likelihood of a favourable outcome. Trauma⁷ leads to the breakdown of fundamental beliefs and assumptions about the world, such as the belief that the world is essentially just or benevolent, that people have control over their lives, or that bad things do not ultimately happen to good people. This assumption is suddenly shattered when this meaning world collapses in traumatic events. Hence traumatic events and circumstances can catastrophically destroy and disintegrate certain basic assumptions we hold about the world. Many systems of religious belief can contribute to resilience by sustaining a sense of meaning and purpose. For instance, the Oct, 8th earthquake in Pakistan and AJK, some of the naïve religious leaders inadvertently said that the earthquake

was to teach the evil a lesson and it was the wrath of God that led to the disaster. But interestingly, the majority of the survivors of the earthquake did not consider it as a wrath of God or punishment. On the contrary, their faith became stronger and they said "He gives and he takes. We bow to Gods' will and we will rebuild our lives with the grace of God." The balance seems to be that religious faith contributes more to resilience than to vulnerability.

Religious faith is clearly a major factor promoting resilience and has helped people overcome the adversities they face. A major example of resilience of human spirit that has triumphed was in the 1995 earthquake in Kobe, Japan, where people faced a similar fate and emerged more proud and joyous! The most recent example is of the refugees in the Afghan camps after 9/11. They were brave, solid in their resilience to survive and face the adversities as the "will of God". The author personally remembers how old and young men sat on the floor near their camps with their prayer beads (tasbeeh), sombre, proud and tall, without a frown on their foreheads. "They never ask for anything", said the Camp Volunteers and Aid Workers. In certain villages people preferred to starve to death rather than come for food and relief to the donor offices. "We take the food for them to their villages". The lady doctors in PIMA said that they painfully bring leftover bread pieces for nursing mothers as they used these for top feed for their babies. "The women are weak, febrile and anaemic. Their milk has dried up, they need top feeds" the doctor stated.

The Institute of Psycho Trauma Pakistan (IPTP), a group of Mental Health Professionals visited NWFP and AJK three weeks after the earthquake and since then has continued to visit the area regularly at six week intervals, along with other several groups of health professionals from the country. Psychiatrists from SAARC, South Asian and World Psychiatric Association, WHO, and Pakistan have deliberated in recent conferences about their work, plans and findings from their work and

experiences in the earthquake hit areas of Pakistan and AJK. It was clearly seen by the Mental Health Workers that Religious Faith was a major factor helping the victims of this disaster to carry on with life struggles, and make plans for future compared to the studies of the other disasters in the world. Hence Disaster Mental Health Management Programs must include Resilience Promotion and Capacity Building Techniques.

Use of electronic as well as print media as a resource is absolutely vital in building resilience. Showing daily progress in people's activities, self-sufficiency and films of individual strengths and resourcefulness of earthquake victims would be a positive reinforcement. It can include showing clips of video films and how a boy helped an injured sibling; young men walking through the mountainous terrain in harsh weather, carrying the seriously ill and injured relatives for miles to take them to the camp hospitals.

Electronic Journalism, though still in its infancy, was almost single-handedly responsible during this earthquake for not just presenting exceptional and efficient coverage of the disaster, but also for bringing the country together in this hour of need like never before. Psychiatrists must educate the media, by holding seminars and workshops to create awareness in the news reporters, that how sensationalizing news can be traumatic for the viewers/readers. Such events should be reported professionally not only to inform but to guide people how these traumatic events could be prevented, minimised, or handled.

For these reasons it is important to realize and appreciate the role that media can contribute effectively in the dissemination of information and news as well as in creating awareness and to educate the masses about the geographical and scientific facts behind such natural disasters. This will not only prevent fear from permeating into the psyche of our people

but will also empower them against forces that use emotionally charged statements like "it is the Wrath of God" to create unrest, fear, turmoil, confusion and in some cases even guilt regarding such events. Such influences affect and reduce natural resilience and strength of the people, which can be cultivated by providing the people with correct, factual information via the media. Media⁸ has been used to educate and reassure people about the normal psychological reactions to trauma, loss & grief – thus preventing stigma of mental illnesses. Partnering the media in resilience promotion and capacity building of the disaster affected population can result in positive outcomes.

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