

Surrendering Trauma to God: Can It Reduce Posttraumatic Stress?

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Abstract

Many religious adherents report utilizing their faith for coping with traumatic events, with most reporting that faith is a resource that aids in coping (Shaw, Joseph, & Linley, 2005). However, past research has not been able to identify specific mechanisms for how religious faith might aid after a trauma, with negative religious coping being positively associated with posttraumatic stress (PTS), while positive religious coping being generally unrelated to PTS symptoms. Recently, Steele & Lehmann (2018) argued that research on religious coping and PTS should utilize specific coping styles, rather than broad measures, to understand mechanisms and found that surrender and religious helping were two strategies that were negatively associated with PTS. This study aimed to further explore the role of surrender in PTS by measuring surrender with two scales, to better understand the effects. A sample of 336 participants were gathered from Amazon's MTurk. Participants completed the Brief Trauma Questionnaire, the Posttraumatic Checklist from DSM-5, eight sub-scales from the Religious Coping Inventory, the Surrender scale, and the God Control scale. Data were analyzed utilizing penalized regression, an analytic technique that more effectively accounts for multi-collinearity in estimation of regression coefficients. Findings showed no conceptual difference in the two types of surrender. In the model, surrender was strongly and negatively related to posttraumatic stress. Surrender may have potential utility for spiritually-integrated clinical interventions designed to reduce PTS symptoms, as well as theories linking religious coping with PTS.

Background

- Research on effects of religious coping on posttraumatic stress (PTS) has focused on two broad constructs: positive and negative religious coping (RC).
- Studies have shown that Negative RC generally is associated with increased PTS symptoms (Gerber, Boals, & Schuettler, 2011; Pargament, Feuille, & Burdzy, 2011). Positive RC, on the other hand, has been typically found to be unrelated to PTS symptoms (Pargament, Feuille, & Burdzy, 2011), though some studies have found a positive association, particularly for those with high exposure to trauma (Park et al., 2017).
- The finding that religious coping is associated with more, rather than less, PTS has been in stark contrast to the belief of many individuals that religion is a resource that aids in coping (Shaw, Joseph, & Linley, 2005).
- Although the perceived benefit of religious coping for trauma may be illusory, there may also be forms of religious coping that are not currently being assessed in relation to PTS.
 - For instance, a recent study suggested that two types of religious coping might be protective against posttraumatic stress: Active Surrender and Religious Helping (Steele & Lehmann, 2018).
- However, the construct of Active Surrender was questioned on a theological basis by Wong-McDonald and Gorsuch (2000), who developed an alternative measure to assess Surrender.
- The purpose of this study is to replicate Steele & Lehmann's (2018) findings and then determine which type of surrender (i.e., Active Surrender or Surrender) is more closely related to decreased PTS.

Method

Participants

Participants ($N = 336$) were recruited from Amazon MTurk. The average age was 37.3 ($SD = 11.9$). Gender: Female (55.6%), Male (43.2%), and Other (0.9%). Ethnicities represented in the sample included Caucasian (64.0%), African-American (15.7%), Asian-American (10.0%), Hispanic (5.1%), Biracial (3.0%), Native American (1.5%), and Other (0.6%). Religious affiliations included Catholic (26.2%), Protestant (20.5%), Agnostic (16.1%), Atheist (10.7%), No Preference (4.2%), Muslim (3.6%), Buddhist (2.4%), Mormon (2.1%), Hindu (1.5%), Other Christian (1.8%), Jewish (0.6%), Eastern Orthodox (Christian, 0.3%), Other (9.8%). Sample marital status included Married (47.0%), Single (36.4%), Cohabiting (8.1%), Divorced (5.1%), Separated (1.8%), and Widowed (1.5%). The sample included Veterans (15.6%) and Active Service Members (5.4%).

Measures

- Brief Trauma Questionnaire.** This 10 item questionnaire assesses traumatic exposure (Schnurr, Vielhauer, Weathers, & Findler, 1999). Two scales were developed using this measure: (1) Number of Exposure Types and (2) Number of Life Threat or Serious Injury Types.
- Posttraumatic Checklist - DSM-5 (PCL-5).** This 20 item scale assesses symptoms of PTSD (Blevins et al., 2015)
- Religious Coping Inventory (RCOPE).** This study included 8 scales, with 5 items each, from the full RCOPE: Punishing God Reappraisal (i.e. believing God is punishing you), Spiritual Discontent (i.e. believing God has abandoned or no longer loves you), Demonic Reappraisal (i.e., believing that events are the actions of the devil or demons), Passive Deferral (i.e., passively letting God take care of the situation), Forgiving (i.e., asking God to help with the struggle to forgive), Seeking Religious/Spiritual (R/S) Direction (i.e., seeking for God to direct one's life), and Religious Helping (i.e., offering religious help to others, such as through prayer).
- Surrender Scale** (Wong-McDonald & Gorsuch, 2000). This 12 item scale assesses surrender to the will of God.
- Conceptual Distinctions between Active Surrender and Surrender:**
 - Active Surrender* (Pargament, 1998) conceptualizes surrender as: doing what one is able and then letting God do the rest.
 - Surrender* (Wong-McDonald & Gorsuch, 2000) conceptualizes surrender as: a process of actively chooses God's will over one's own.
 - Active Surrender* only occurs in situations where one experiences lack of control, whereas *Surrender* involves submission in all one's actions.

Procedures

- The study was cross-sectional in design. Participants were linked to the survey from MTurk and provided with informed consent. Participants were administered the BTQ, PCL-5, RCOPE Subscales, Surrender Scale, and God Control scale, in that order. At the conclusion, participants were provided \$0.60 for their participation.

Results

Table 1.

Descriptive Statistics of Predictors

Variable	<i>M</i>	<i>SD</i>	<i>Alpha</i>	<i>r</i>
Punishing God Reappraisal	2.15	1.22	.94	.70
Spiritual Discontent	2.17	1.22	.94	.65
Passive Deferral	2.15	1.14	.92	.55
Seeking S/R Direction	2.64	1.31	.93	.46
S/R Forgiving	2.62	1.28	.93	.46
Demonic Reappraisal	2.14	1.20	.94	.58
Religious Helping	2.65	1.25	.93	.37
Active Surrender	2.83	1.34	.95	.25
Surrender	2.81	1.35	.98	.23

Note: *r* is bivariate correlation with PTS symptoms. S/R is Spiritual/Religious.

Table 2.

Full PTS Model Parameter Estimates

Variable	Estimate	SE	<i>t</i>	<i>p</i> -value
Intercept	1.139	0.115	9.90	<.0001
BTQ Threat/Injury	0.053	0.029	1.84	0.0667
BTQ Experienced	0.055	0.023	2.42	0.0163
Punish God Reappraisal	0.198	0.078	2.53	0.0120
Active Surrender	-0.186	0.053	-3.48	0.0006
Passive Deferral	0.104	0.064	1.64	0.1015
Seeking R/S Direction	0.146	0.058	2.53	0.0119
Spiritual Discontent	0.121	0.065	1.88	0.0610
Demonic Reappraisal	0.099	0.060	1.64	0.1018

Note: The above model only included non-atheist participants ($N = 300$). Overall model fit was significant, $F(8, 291) = 49.90, p < .001, R^2 = .58$. Model with only BTQ Measures was significant, $F(2, 297) = 101.12, p < .001, R^2 = .41$. Religious coping measures alone were significant predictors, $F(6, 294) = 55.25, p < .001, R^2 = .53$, and explained an additional 17% of the variance in PTS symptoms beyond the trauma measures.

Figure 1.

Scree Plot of Surrender Item Eigenvalues

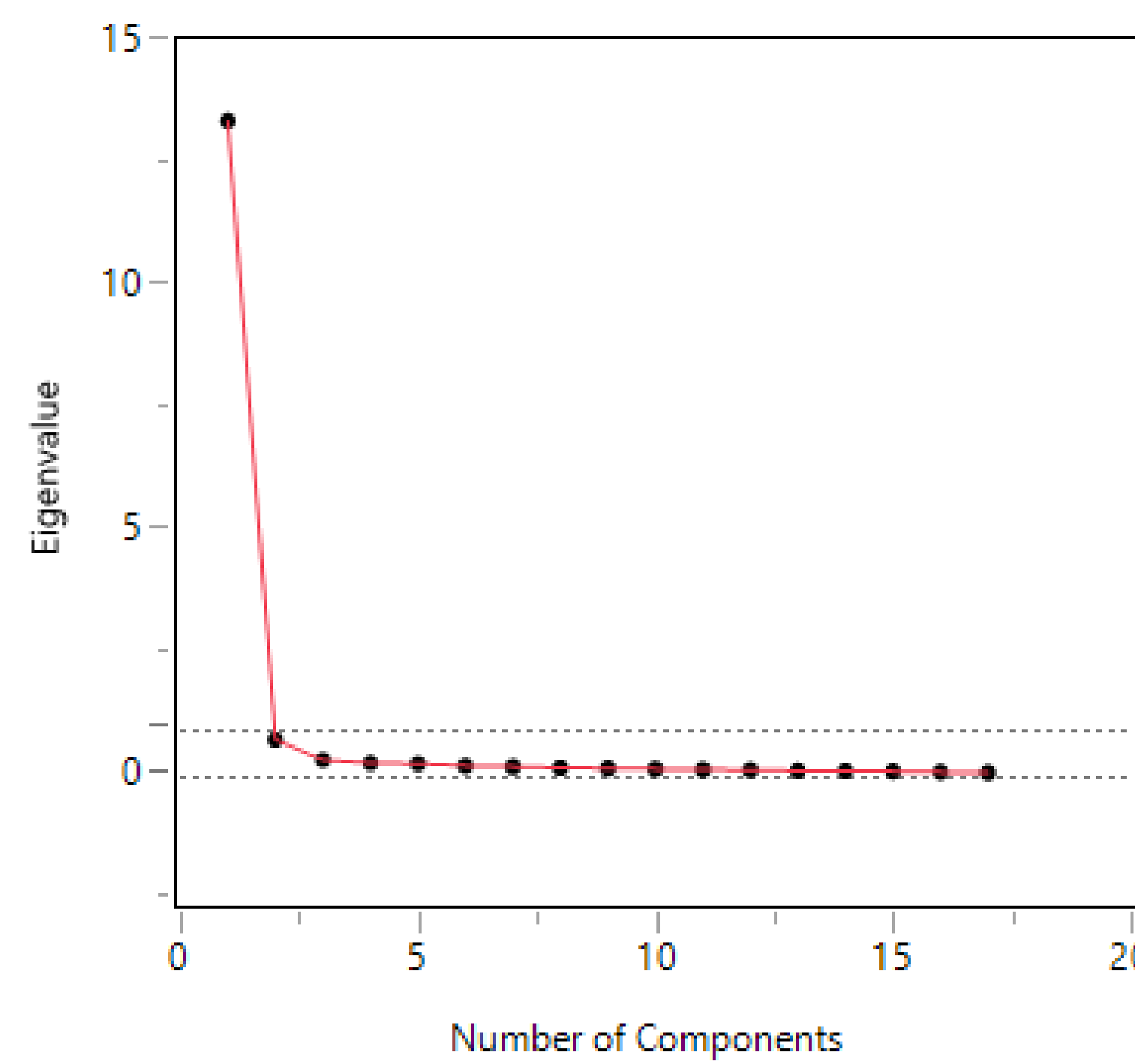


Figure 2.

Actual by Predicted Plot of Full PTS Model

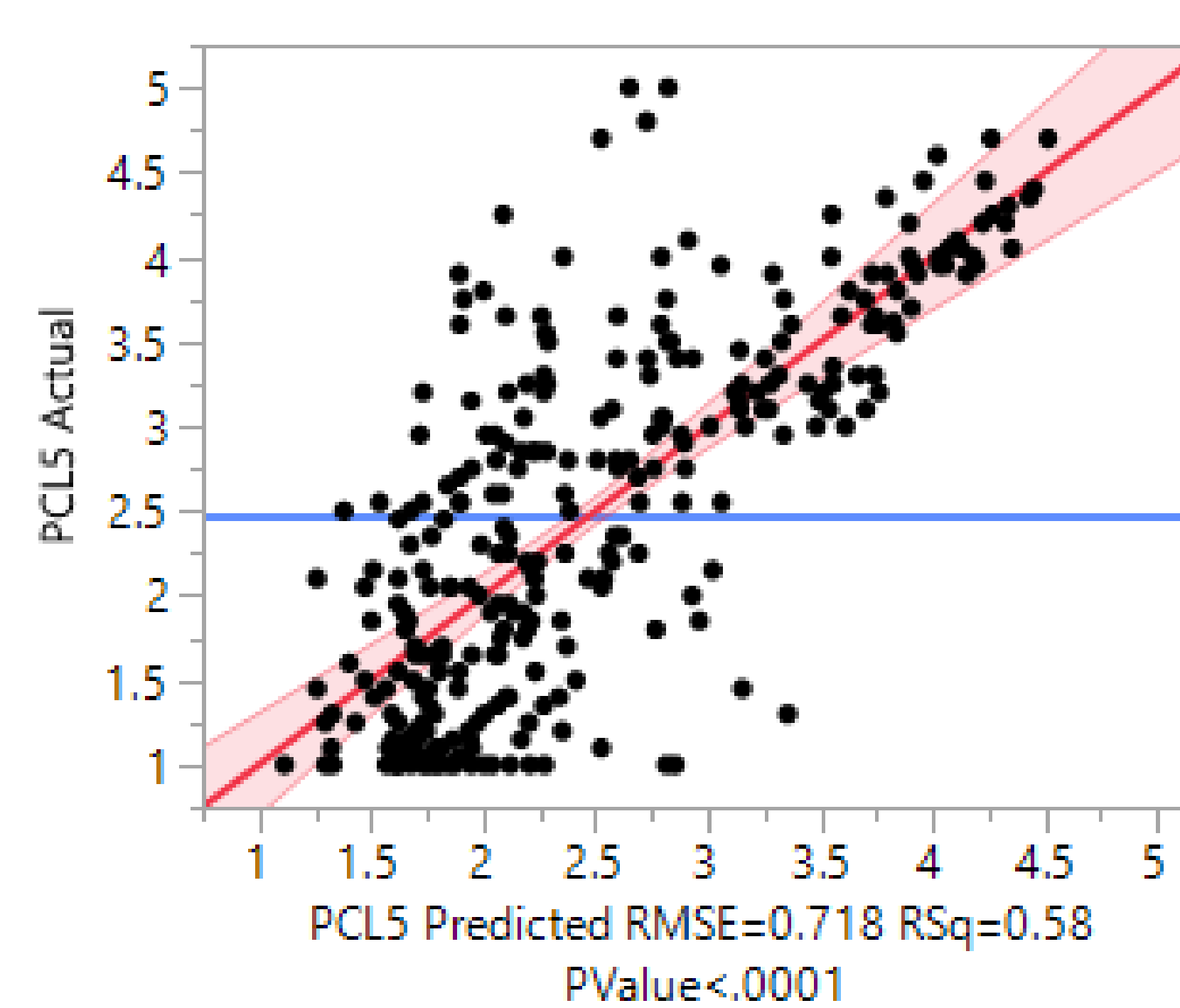
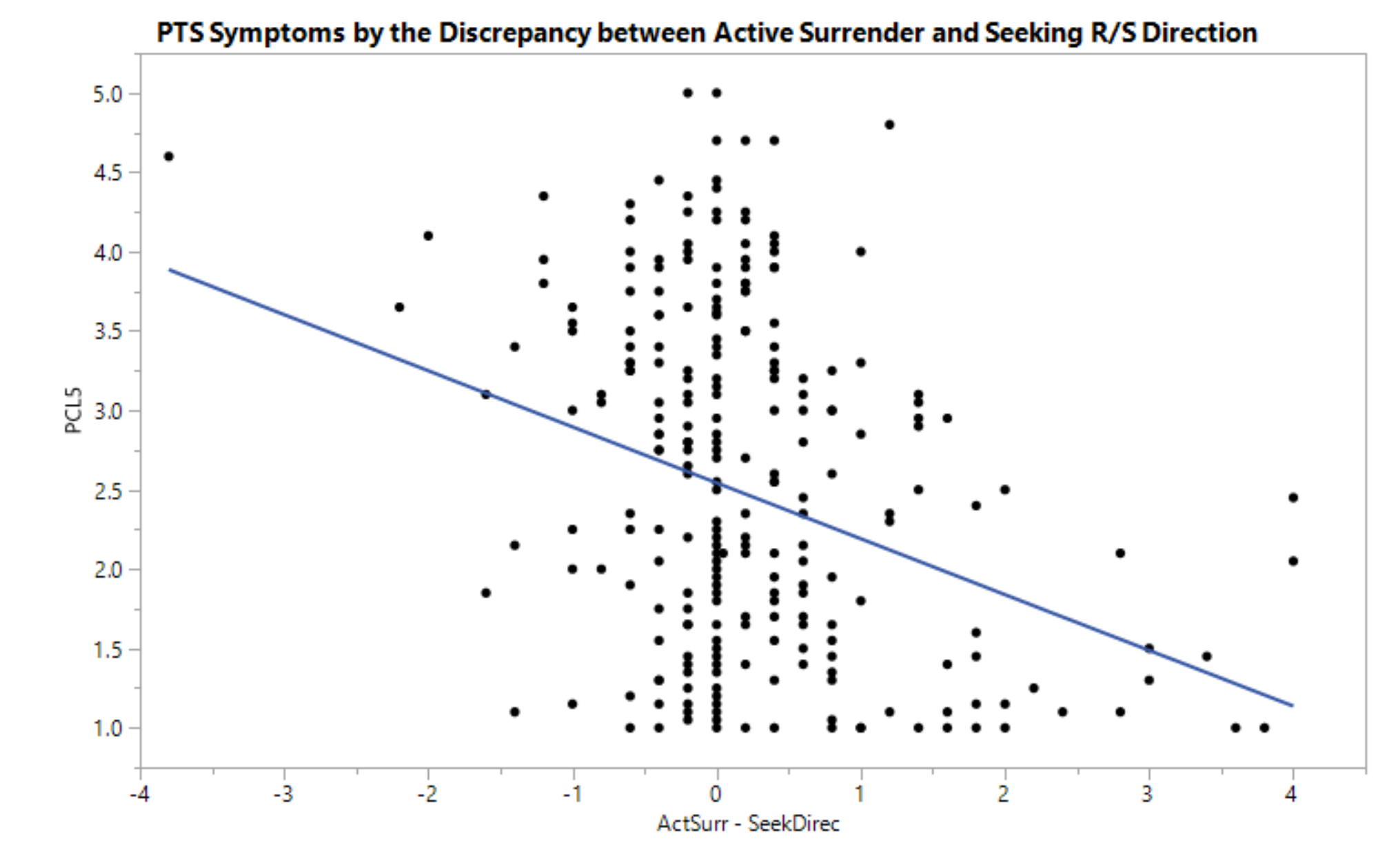


Figure 3. Discrepancy between Surrender and Seeking R/S Direction as Bivariate Predictor of PTS Symptoms



The difference between Surrender and Seeking R/S Direction was a predictor of decreased PTS symptoms, indicating that engaging in surrender more than seeking R/S direction is unique as a bivariate predictor of decreased PTS.

Discussion

- The model utilized in this study was highly predictive of PTS symptoms, explaining 58% of the variance.
- Religious coping is closely related to posttraumatic stress, as the six religious coping scales together explained 53% of the variance in PTS, which was greater than the trauma scales.
- Many religious coping styles were positively associated with PTS, suggesting that religious coping may exacerbate or contribute to PTS.
- This study replicated the findings of Steele and Lehmann (2018), corroborating that this model is useful for research on PTS.
 - The exception was that Religious Helping and Forgiveness were not predictors in this study.
- A factor analysis indicated that the two types of surrender measured in the study were indistinguishable constructs.
- Another factor analysis, only among those who were regular religious attenders, found two distinct but highly correlated factors.
- Given their common factor structure, it was not surprising that both were approximately equivalent in their association with PTS.
- The results confirm that surrender is negatively associated with PTS
 - Surrender is unique among the religious coping styles in that it may have a protective or ameliorating effect on posttraumatic stress.
 - Both types of surrender had this protective effect.
- An intriguing finding was that the discrepancy between surrender and seeking R/S direction was negatively associated with PTS symptoms.
 - Interventions focused on prioritizing surrender over seeking direction might be more effective than those promoting both practices.
- Implications of findings**
 - Clinicians should assess for religious coping, particularly beliefs that God is punishing or abandoning. These beliefs may be contributing to PTS and can be addressed by a group therapy intervention: Building Spiritual Strength (Harris et al., 2011).
 - Religious leaders ought to consider providing explanations of suffering during sermons and pastoral counseling.
- Study Limitations and Future Directions**
 - As the study is correlational, causal conclusions cannot be drawn.
 - Future research ought to evaluate whether increasing the use of surrender through clinical interventions will be associated with a decrease in posttraumatic stress.