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The impact of traumatic life events: Reactions and resilience – Part I

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The Impact of Traumatic Life Events: Reactions and Resilience – Part I

Abstract

The purpose of this article was to review the impact of traumatic life events on individuals in today’s world. The Bible has indicated that such events were the result of Adams’ sin. The article explored the scope of traumatic life events and the psychological impact they can have on persons exposed to them. Individuals vary in their response to experiencing trauma incidents which ranges from common to chronic posttraumatic reactions, such as Posttraumatic Stress Disorder. Resilience was also defined in relation to traumatic life events. Finally, several positive resilience behaviors were identified that can help individuals prevent and reduce the impact of encountering a traumatic life event.

The Impact of Traumatic Life Events: Reactions and Resilience

Traumatizing life events have been occurring ever since Adam’s choice to disobey God (see Genesis 3). In fact, the Spirit of Prophecy penned, “Adam was tested in a very simple manner, but his failure to endure the test opened the flood-gates of woe upon our world” (White, 1888, par. 5). Hence, from the world-wide catastrophic flood found in Genesis 7; to the volcanic destruction of Pompeii and Herculaneum in 79 AD; to the terrorist attacks of September 11, 2001; to the devastation caused by Hurricane Katrina in 2005; to the destructive earthquakes that struck Haiti in 2010 and more recently in Rio, Italy in 2016; to the 2004 Indian Ocean and 2011 Japan tsunamis – not to mention the countless number of wars and skirmishes that have occurred – provide a snapshot of evidence that testifies to the “woe” that humankind has experienced since the Fall. Unfortunately, the price that these disastrous events bring also include the potential development of psychological after-effects among those who experience them (Norris, Friedman, Watson, Byrne, Diaz, & Kaniasty, 2006; Neria, Nandi, & Galea, 2008). Therefore, the purpose of this article is to: (1) briefly describe the scope of traumatizing events; (2) define the common reactions that are associated with experiencing a traumatic life event; (3) describe resilience and its importance in the context of trauma; and (4) conclude with several suggestions that one can implement to help mitigate the negative impact of a

traumatic life event.

The Scope of Traumatizing Life Events

In order to understand the impact of a traumatizing life event one must first define what it is. In a nutshell, traumatic life events or “critical incidents” (as often referred to in the crisis intervention literature) are specific, unexpected, time-limited, events that involve loss or a threat to one’s physical and psychological well-being (Everly, Flannery, & Mitchell, 2000). Table 1 provide examples of traumatizing life events.

Table 1
Individual and Community Examples of Traumatizing Life Events

Individual	Community
Line of duty deaths and severe injuries	Fires
Severe injury accidents	Floods
Sudden or unexpected death of a relative, friend or co-worker	Earthquakes
Sexual abuse/assault	Hurricanes
Robbery and violent crimes	Tornadoes
Domestic violence	Multiple injury/fatality accidents
Child deaths, abuse and/or injuries	Terrorism
Homicide	Child deaths and/or injuries
Suicides and attempted suicides	Large scale environmental pollution
Any life threatening experience	High publicity homicides in the community
Religious betrayal	High publicity crimes of violence and sex
Observing or being aware of unethical acts	Community-wide disasters
Observing any of the individual or community traumatizing life events	Acts of War

The reality of such traumatizing life events can be observed in the statistical data collected to report the extent of their impact. For instance, in 2014 Guha-Saphir, Hoyois and Below (2015) reported that worldwide natural disasters killed 7,823 people, with an economic cost of \$99.2 billion and contributed to over 140 million people becoming victims. Furthermore, 2014 recorded 13,370 terrorist incidents in 93 countries, resulting in 32,685 deaths (Global Terrorism Index, 2015). In the United States, it has been estimated that 50% to 60 % of its citizens have been exposed to traumatic stressors (Ozer, Best, Lipsey, & Weiss, 2003), with about one fifth of individuals possibly experiencing such an event within any given year (Nandi & Vlahov, 2005). Raphael (1986) has suggested that at least 25% of the population may be affected, which in turn, may contribute to a 15-25% surge in demand for mental health services (Everly, 2015).

The Impact – From Common to Chronic Reactions to Traumatizing Life Events

As previously illustrated, experiencing traumatic life events is not surprising or uncommon. Although a large

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Resources

Journey to Wholeness:



A series that can be used in support groups or small groups as a resource to facilitate recovery

of breaking away from harmful practices and strengthening an intimate relationship with God in the Journey to an abundant life. Facilitator guides and participant guides can be purchased in our online store at www.AdventistRecovery.org

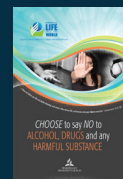
Journey to Life Newsletter:



This bi-monthly newsletter is available in English, Spanish, and soon in French as well. Print a free

pdf copy, download, or register to subscribe and receive it via email at www.AdventistRecovery.org

Choose Full Life Resources:



These are posters, calendars/bookmarks, booklets that can be used to share with others 10

Ways to Choose a Full Life embarking on a Journey to Recovery. For more information and to place an order please go to www.NADHealthMinistry.org and check out the online store. The Choose Full Life theme song is also available for download.

Unhooked:



This is a 28 part series produced by ARMin and Hope Channel,

highlighting different type of addictive behaviors, real stories, and experts comments on effective treatment. The ultimate goal is to bring hope for recovery in Christ. You can watch the series weekly Hope Channel or direct TV channel 368. The complete DVD with all episodes will be available for purchase in October. For previous episodes and more information go to: www.hopetv.org/unhooked or www.adventistrecovery.org

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number of people may be exposed to traumatic life events individual reactions will vary, are common and often transient, with the majority of people being able to resolve the trauma with limited or no disruption in their ability to function on a day-to-day basis (Bonanno, 2004; Shalev, 2002). As a matter of fact, Myers and Wee (2005) cited several research studies that posit full recovery from moderate stress reactions within 6 to 16 months for the majority of individuals who experience a traumatic life event. The commonality of such posttraumatic symptoms has led many disaster behavioral health responders to use the phrase, “you are experiencing normal reactions to an abnormal event” to help reassure trauma survivors that their reactions to the event are universal. Table 2 provides several categories that have been used to describe a subset of commonplace stress reactions after experiencing a traumatic situation.

Table 2
Common Stress Reactions after Experiencing a Traumatic Life Event

Reaction Type	Signs and Signals
Physical	Chills, thirst, fatigue, nausea, fainting, twitches, vomiting, dizziness, weakness, chest pain, headaches, elevated blood pressure, rapid heart rate, muscle tremors, shock symptoms, grinding of teeth, visual difficulties, profuse sweating, difficulty breathing
Cognitive	Confusion, nightmares, uncertainty, hypervigilance, suspiciousness, intrusive images, blaming someone, poor problem solving, poor abstract thinking, poor attention/decision making, poor concentration/memory, disorientation of time, place or person, difficulty identifying objects or people, heightened or lowered alertness, increases or decreased awareness of surroundings
Emotional	Fear, guilt, grief, panic, denial, anxiety, agitation, irritability, depression, intense anger, apprehension, emotional shock, emotional outbursts, feeling overwhelmed, loss of emotional control, inappropriate emotional response
Behavioral	Withdrawal, antisocial acts, inability to rest, intensified pacing, erratic movements, change in social activity, change in speech patterns, loss or increased appetite, hyper-alert to environment, increased alcohol consumption, change in usual communications
Spiritual	Anger at God, questioning of basic beliefs, withdrawal from place of worship, faith practices and rituals, seen an empty, loss of meaning and purpose, uncharacteristic religious involvement, sense of isolation from God, anger at clergy

Unfortunately for some people, undergoing a traumatic event, whether directly as a victim or vicariously as a witness, may place such individuals in a state of psychological crisis that impairs coping behaviors that can lead to increases in alcohol consumption, depression and/or the development of more debilitating mental health problems (Everly, Flannery, & Mitchell, 2000; Flannery, 1994; Keyes, Hatzenbuehler, & Hasin, 2011). Moreover, studies have consistently shown that the proximity of exposure to a traumatic event is linked to the development of a more chronic mental health problem known as Posttraumatic Stress Disorder (PTSD) (Galea et al., 2005; Norris et al., 2002).

PTSD has been classified in mental health circles as an anxiety disorder that can develop among children and adults after exposure to a traumatic life event, and is followed by characteristic symptoms of intrusive recurrent distressing memories or dreams of the event, avoidance behaviors, negative changes in thinking and mood, and hyperarousal/hypervigilance. Symptoms must occur for more than one month and need to be of sufficient severity to interfere in important areas of functioning in a person’s life (i.e., chronic absenteeism from work or increased risk taking behaviors). PTSD has been associated with several predictors which include having a history of prior trauma, prior psychological adjustment problems, a family history of psychopathology, perceived life threat during the

trauma, posttrauma social support, peritraumatic emotional responses, and peritraumatic dissociative experiences (Ozer, Best, Lipsey, & Weiss, 2003).

In regards to the prevalence rates of PTSD, meta-analysis research has estimated lifetime prevalence at around 7% (Ozer et al., 2003), with a 12-month prevalence among adults in the U.S. at roughly 3.5% (American Psychiatric Association, 2013). Ozer and her colleagues have also indicated that since 50% or more of the U.S. population is exposed to traumatic life events, only 5% to 10% will develop PTSD. Higher rates of PTSD are often common among professions with increased risk of exposure to traumatic events (e.g., veterans, police, firefighters, and emergency medical personnel), with the highest rates among survivors of interpersonal violence, such as rape, military combat and captivity, politically motivated confinement, and genocide (APA, 2013; Skogstad, Skorstad, Lie, Conradi, Heir, & Weisaeth, 2013).

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NEWS

In August 2016, United States Surgeon General Vivek Murthy initiated a call to action to end the epidemic of opioid abuse. In the midst of increasing use of opioids to medicate against pain, and resultant quadrupling of opioid-related deaths, the Surgeon General is calling for clinicians to join the efforts to become better educated on pain management, to screen patients for opioid abuse, and to be active in the conversations regarding addictions.

This is a opportune time for Recovery groups to demonstrate how the power of Christ can help to rescue those struggling with their addictions. Encourage your physician, nurse, and other healthcare provider to visit turnthetidex.org for more information from the Surgeon General, and to become involved in the Adventist Recovery Ministries.

SEND US YOUR NEWS

Recovery related news, pictures (protect anonymity of individuals in meetings) and upcoming recovery and awareness events can be sent for future newsletters. Please send these to Ray Nelson, Journey to Life Editor – adventistrecovery@gmail.com and/or Katia Reinert, Adventist Recovery Ministries Director – recovery@nad.adventist.org.

Director’s Message



The 2016 NAD Health Summit ended yesterday but I am still here in the town of Hope, British Columbia, Canada. It was a remarkable event. Although there were set-backs, trials and difficulties just prior to the event, all went better than expected. Some things were perhaps not as we planned, but reflecting back, I can truly say that the blessings overtook us.

It’s not always easy to see past the struggles and disappointments that meet us in this life. Even after the “incident” has become a part of history, the effects can remain with us for weeks, months, and even years. Perhaps you can recall some of these that have impacted your own life. I certainly have had my share. And yet, though some of those memories remain painful, I can also see how God somehow made good come out of the situation. I don’t understand how He did it. But I know only He could have done so.

Contemplating on the power and the promises of God can be an abstract process. But recounting the ways in which He brought victories and blessings to me, in spite of impossibilities, makes Him a lot more real – a lot more precious – to me.

But what if there really is nothing good that came from a situation? What if there really were no blessings? Not a single one. What if God Himself were to say “There is nothing I can do to change this. But I am with you.” Would only having His presence be enough?

That was the topic of one of the plenary talks at the Health Summit. I encourage you to prayerfully consider your response. Then visit the Adventist Learning Community website (adventistlearningcommunity.com) to view this presentation as well as many of the others from the Summit. I know you will not regret the time spent in hearing these informative and inspirational messages.

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