

Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare

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FROM POSTTRAUMATIC EMBITTERMENT TO WHOLENESS IN HEALTHCARE

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Abstract

Some of the most challenging aspects of ministry are the integrities of human suffering, illness, spirituality and wholeness in dealing with people who need pastoral mediation and healthcare. Trauma and posttraumatic embitterment can be demystified in a manner that can make a positive difference to the quality of people's lives. This unique perspective in dealing with victims, survivors and people who become more than conquerors cuts across the fields of crisis management, trauma relief facilitation and pastoral services, with reference to the role of people's spiritual context in bitterness. Forgiveness and restoration of health is explored to understand the effects of discourses in a wholeness context. To achieve this, a posttraumatic wellness coaching model is utilised. This model takes into consideration the meaning of illness and how people can grow from posttraumatic embitterment to gracious wellness. This model is multi-dimensional and based in a holistic systems thinking technique, and serves as an early intervention instrument to enhance healthcare, although it is focused outside the sphere of a biomedical context.

Keywords

Trauma; embitterment; posttraumatic embitterment reaction; holistic wellness; wellness; healthcare

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Introduction

Some of the most challenging aspects of ministry are the integrities of human suffering, illness, spirituality and wholeness in dealing with people who need pastoral mediation and healthcare. In this context, there is a growing need to demystify trauma and posttraumatic embitterment in a manner that can make a positive difference to the quality of people's lives.

Many people become embittered after traumatic, but non-life-threatening events, which causes them to become unwell. The unwellness filters into every aspect of the person's being and has a negative influence on physical health, relationships, cognitive functioning, and emotional, spiritual and financial wellness.

Collins (1988, 122) defines bitterness as anger and resentment in response to what appears to be a justified grievance. The bitter person often is intent on attaining revenge, develops ulcers, is hypercritical, and is rejected by people who dislike being around bitter people.

Bitterness sets in when a person is suspended in a place of anger owing to the emotional grievances they have suffered. The bitter person's unique experience of harm and the extent of their angry reaction to the original offence may appear out of proportion to the actuality of the circumstances, which argues for an authentic element to the development of bitterness. Embitterment can easily become all-consuming as soon as bitterness settles in. Embitterment is a most resolute frame of mind and heart that pollutes all perspectives and influences actions, destroying people from the inside out. Bitterness becomes the motivator that forces people to engage in irrational and self-defeating internal dialogue.

Ordinarily bitterness has a limited life span, since other, more progressive emotions will cause personal transformation and enlightened growth. By contrast, embitterment is the immersion of multiple emotions over a perceptible period of time. Embitterment should not be classified as a pathological disorder in all cases, however, since it is a complex reaction to adverse life events.

From a spiritual perspective, bitterness can easily take root when the human spirit becomes feeble and worn out. Unbroken fatigue can lead to spiritual weakness and discouragement. The effects of trauma and the ongoing burdens of life can overwhelm the body, mind and spirit. Proverbs 17:11 states that "the beginning of strife is as when water first trickles from a crack in a dam, therefore stop contention before it becomes worse and quarrelling breaks out" (The Amplified Bible 1987).

In Hebrews 12:15 there is a warning not to allow any root of resentment, rancour, bitterness, or hatred to shoot forth, because that root

will cause trouble and bitter torment, and the many become contaminated and defiled by it. Once bitterness breeds rebellion, the rebellion aggravates the feelings of helplessness and hopelessness that have crept in as a result of the trauma. The desire to give up can have life-threatening consequences (The Amplified Bible 1987).

Embitterment as a Complex Emotion

Embitterment is a multifaceted emotion, usually arising from a sense of having been insulted or let down, and entailing a sense of being a failure combined with a yearning to fight back and, simultaneously, a feeling of anxiety and destitution, which causes an individual to have fantasies of retaliation and aggression towards himself or herself and the environment (Linden and Maercker 2011, 49).

From his perspective as a psychiatrist, Linden (Linden and Maercker 2011, 1) describes posttraumatic embitterment disorder (PTED) as a response to an adverse, but not necessarily traumatic occurrence that a person identifies as unjust and demeaning. This affective response involves feelings of rage, powerlessness, negative disposition, tetchiness, restlessness, resignation, and in some cases, self-blame. Linden describes bitterness as a state-like emotion that people feel now, while embitterment is a continuing “state of being”.

Linden et al. (2007, 16) explain that the activating occurrence in PTED is a remarkable, negative life-changing incident such as conflict in the workplace, unemployment, death of a relative, divorce, serious illness, or an experience of loss or separation. The unwellness progresses in the direct context of the incident. The main characteristic is a protracted sensation of embitterment. Invasive thoughts, avoidance of situations or objects which are connected to the incident, anger, self-blame, depression, phobia, hopelessness, somatic symptoms, or suicidal inclinations are further symptoms.

PTED is defined as an adjustment disorder in which the activating occurrence is not necessarily an anxiety-aggravating or directly life-threatening provocation, but an extraordinary, yet normal adverse life event. Affected individuals see themselves as victims and perceive themselves as unable to cope with the traumatic occurrence and the aftermath of the incident. Although they realise that the adverse life event brought about the unwellness, and perceive their present undesirable state as a direct and lasting consequence of the event, they are despondent. They express hopelessness and they are uncertain of whether they want the emotional wound to heal. There is a diversity of unspecified somatic

objections such as sleep disturbance, loss of appetite, pain and phobic symptoms relating to the place or people connected to the incident (Linden et al. 2007, 17).

Embitterment demonstrates a relationship with aggression, fatalistic attitudes, helplessness and hopelessness and feelings of being “attacked” and victimised. This can give rise to remonstrance and open hostility, but also passiveness, seclusion, and retreat. In comparison to depression, emotional modulation is unhindered. Although these incidents happen in the everyday setting, the shared feature is that they are perceived as unjust, a personal insult and psychologically as an abuse of basic beliefs and values (Louw 2016, 194).

Embitterment demonstrates itself through various other emotions, for example revenge. Revenge is an adverse and destructive emotion, leading to deteriorating mental well-being. The negative effects on health include depression, an increased risk of developing psychiatric indisposition, reduced life satisfaction, moderated sleep quality and higher levels of emotional distress (Louw 2016, 178).

Revenge also damages physical well-being through amplified cardiovascular activity and subsequent increased risk of cardiovascular diseases. Physiological parameters, such as hormonal cycles and activity of the sympathetic nervous system, accompanying unforgiveness and grudge-holding are akin to the physiological patterns succeeding stress (Linden and Maercker 2011, 49).

The PTED versus PTSD Debate

From a biomedical perspective, there is significant debate among professional bodies regarding whether to classify PTED as an adjustment disorder or as part of posttraumatic stress disorder (PTSD).² Although PTED and PTSD are not new disorders, these terms seem to reflect modern-day diagnoses for susceptibilities that are as old as humankind.

Linden et al. (2007, 13) differentiate between PTED and PTSD by noting the significant difference in the type of critical incident experienced and the type of emotional reaction. In PTSD there must be an extraordinary, life-threatening incident which provokes panic and anxiety, whereas in PTED there is an ordinary life event that can happen to many

² Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war or combat, rape or other violent personal assault.

people in the course of life, such as separation, dismissal and unemployment. Although this is an ordinary life event, it remains exceptional, since it is not an everyday event for the individual. In PTSD anxiety is the principal emotion, and in PTED it is embitterment.

In the next section posttraumatic embitterment will be delineated further in terms of its identity as either a reaction or a disorder.

Posttraumatic Embitterment: Reaction Rather Than Disorder

People are complex in nature, and research has shown that people do not function in a linear manner. In a sense, people are more multi-faceted than a polished diamond. From every angle that a diamond is examined, deeper facets are visible and shine through. This is an important analogy to keep in mind when counselling an individual (Louw 2016, 67).

As indicated earlier, one of the characteristics of events occasioning embitterment is the abuse of a person's basic beliefs and values. Sartorius tells us that basic beliefs refer to personal constructs, personal theories of reality, internal world models, structures of meaning, assumptive worlds, or general value structures. He states that the remarkable reaction in PTED constitutes a disconfirmation of basic beliefs and values caused by the adverse life incident. The violation of basic beliefs and values leads to the interrogation of beliefs and values as a result of the contradictions between core belief and the adverse life incident (Linden and Maercker 2011, 248).

Is the Term “Trauma” Appropriate?

Trauma, including pain and suffering, is an inevitable part of human life. However, the effect it has on the lives of individuals varies, and certain individuals become embittered after these normal life events. As a result, people become unwell, and this unwellness affects every aspect of their being. This negative influence can be seen in their relationships with others, their physical health, financial wellness and cognitive functioning.

Abrams and Tutu (2014, 16) cite the view of Desmond Tutu that the traumas people have observed or experienced live on in their memories, and can cause them fresh pain every time that they come to mind, even years later. Tutu notes that “until people can forgive, they remain locked in their pain and locked out of the possibility of experiencing healing and freedom, locked out of the possibility of being at peace.” If they are unable to forgive, people remain tethered to the person who has harmed them.

Tutu's observation could apply equally to bitterness as a reaction to trauma and pain that limits the individual's quality of life.

Linden et al. (2007, 29, 62) believe that the term "trauma" is fitting in the context of PTED because the supposition is that the individual experiences and perceives the violation of their basic beliefs as traumatic. There is a disparity between the individual's beliefs and the violation of these by the incident. The individual does not define the significance and meaning of the incident impartially. This threat to the individual's deep-seated beliefs displays as a prevailing psychological shock to them.

Health and Wellness in the Healthcare Paradigm

Health is not an easy word to define, because it means different things to different people. For some it includes mental health, while for others physical and mental health are separate concepts. An observation of health includes the medical context as well as the individual within their sociocultural context, which extends to the family and social network as well as a wide selection of potential providers. Furthermore, different cultures may define health, healing and well-being differently.

Health and being healthy is a significant feature of a modern identity. The active involvement of the individual has been present in healthcare maintenance and illness prevention. There is increased emphasis on being a "healthy", "creative" or "spiritual" person.

In traditional cultures, healing is the restoration of balance within an individual's body; it includes restoring the balance between the community and the individual, and between the community and the universe at large (Louw 2016, 24).

Healing in the context of dealing with trauma does not involve reversing the incident or ensuring that what happened will never cause pain again. Tutu explains that healing involves the restoration of people's dignity and enables them to move on with their lives (Abrams and Tutu 2014, 23).

In healthcare a distinction is made between healing and curing. Dossey and Keegan (2009, 21, 91) define healing as "the emergent process of the whole system bringing together aspects of one's self and the components of body–mind–spirit–culture–environment at deeper levels of inner knowing." This leads to incorporation and balance, and each aspect has equivalent importance and value.

With this in mind, curing can be explained as the external medical process of effecting a conclusion in which the ailment disappears.

From this perspective, healing can be explained as the internal process through which an individual becomes whole. Healing takes place on various levels. It can take place at a physical level when, for example, a wound or broken bones heal. Healing also occurs on an emotional level when an individual recovers from the death of a loved one or appalling childhood trauma. Healing takes place on a mental level when people learn to reframe and restructure critical and unhelpful ideas about the world around them and about themselves which they held in the past. Spiritual healing manifests when an individual grows toward God, toward a deeper connection with nature, or toward inner harmony and a sense of connection (Louw 2016, 25).

The Zur Institute (n.d.) explains that health entails a cultivation of that which is preeminent in us in order for us to live life jubilantly, intentionally, ethically, and well. A healthy life involves associations with other people, finding personal meaning, and paying thoughtful attention to one's body, mind, and spirit, as well as to one's community and the world. This requires that the individual make choices that support their optimal well-being throughout every phase of life and through their attitude towards death and dying.

Healing after Trauma

Following trauma, a holistic approach for an early intervention model is appropriate to mitigate the unwellness stemming from posttraumatic reactions before any disorder settles in. In my practice, as well as through the work of Inter Trauma Nexus, I have observed that only 2% of traumatised people develop long-term psychological dysfunctions. By contrast, 98% of people recover from posttraumatic reactions, either spontaneously (75%) or with short-term interventions (23%). Effective holistic crisis intervention and trauma handling clearly reduces the development of long-term psychological dysfunctions (Louw 2016, 2).

In a community where trauma, health issues, crime and poverty are endemic, these statistics give hope. Unfortunately, modern society as a whole places too much emphasis on finding out what is wrong with the victim and treating victims as the architects of their own problems. We should urge counsellors to find a way of breaking the cycle of victim-blaming questions and to understand that trauma and stress form part of everyday life. Asking victim-blaming questions will provide the counsellor with erroneous answers. A healthier point of departure would be to ask, "What happened to you?" (Louw 2016, 7).

From this perspective, healing is an indistinct term that means something different to every person, despite attempts in the literature to delineate the concept. Healing may be an inappropriate word in the context of dealing with trauma and embitterment. A more appropriate term in this context might be “normalising”. When a person seeks help, the first step is to normalise the situation in which the individual finds themselves and present practical occurrences and risks. There is no sure-fire method for normalisation, since each individual is affected by trauma in a different way. The coping skills and resilience of each individual differ across their personal wellness–unwellness continuum.

I suggest that healing is an allegory that advocates that a wounded or traumatised person can develop toward wellness. In this context, healing as a metaphor is not a technical term, and therefore technical criticism is not appropriate in the holistic context in which wellness implies multiple levels of wholeness (Louw 2016, 59).

If wellness signifies overall well-being, it incorporates the emotional, physical, social, spiritual and intellectual aspects of an individual’s life. Each of these aspects of wellness directly influences the overall length and quality of a person’s life. Emotional well-being relates to a person’s capacity to cope with life effectively and to regulate emotions, and in that way to create fulfilling relationships. Physical well-being indicates fulfilment through physical activity, consuming nutritious food and clean drinking water and getting adequate sleep. Social well-being indicates a sense of connection and belonging in an effective support system. In a spiritual context, wellness entails a person’s awareness to express and experience a sound sense of purpose. Intellectual well-being relates to an individual’s aptitude for finding different ways to expand their knowledge and skills creatively, while occupational wellness denotes the experience of personal satisfaction within their workplace.

These different elements all contribute to wholeness, and most individuals cultivate these components throughout their lives, since life entails a continual process of growth and change (Louw 2016, 42).

Puchalski et al. (2014) define spirituality as a dynamic and intrinsic aspect of humanity through which people seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature and the significant or sacred. Spirituality manifests through beliefs, values, traditions, and practices.

The holistic wellness options allow opportunities for every individual, taking the individual’s background, culture and personality into account. Each individual is a vital, dynamic, multi-dimensional being, and a cookie-cutter approach is not in anyone’s best interest, as it will omit

vital aspects of the person's unique story and disable long-term posttraumatic growth. If a counsellor does not engage in accurate problem and need identification, their clients may demonstrate open aggression, prolonged protest, isolation, passiveness and retreat.

Unwellness, Illness and Disease

There are various terms and definitions that convey the idea of human unwellness. These terms are discussed in the section below.

“Illness” denotes the sociocultural milieu within which an ailment is present; people describe the “dis-ease” or illness episode in a manner that is personally and socially significant. Spirituality and religion play an important role in describing, understanding, and responding to disease within “illness”, where a person's illness can be a sign of community imbalance or sin.

“Sickness” is a notion that combines the biomedical model (disease) with the sociocultural milieu of the patient (illness). The clinical perception of disease refers to biological and physiological failing. The biomedical model focuses on diagnosing and treating disease.

“Disorder” denotes unwellness in terms of mental well-being. There is an inaccurate supposition that everybody who experiences trauma will develop a disorder. This misconception is promoted by the popular media, leading to a situation where people avoid seeking help out of fear of social stigmatisation.

Berkefeld and Braus state in chapter 2 of Linden and Maercker (2011, 105) that social pain and social exclusion make use of neural networks that overlap with those of physical pain. The brain may react to extreme social pain in a similar way to what it would to chronic physical pain. This principle is illustrated in the poetic example of the pain of a broken heart. This non-physical experience of pain needs to heal in a way similar to physically experienced wounds.

Warren, Amen, and Hyman (2013, 187) explain that there are no shortcuts that will make an individual healthy overnight. Health denotes wise choices made daily, despite the setbacks of life. Committing to healthy living will make all the difference in the striving towards wellness. Many fitness plans and diets use guilt as a motivator, but this will fail in the long run.

From a Christian perspective, taking care of the body entails spiritual stewardship, since the body is the dwelling place of the Holy Spirit (1 Corinthians 6:19). When God puts his Spirit inside a person, that person's body becomes a temple of God and a residence of His love; this

would imply that people are not the owners, but caretakers of their bodies. Unwellness usually follows from neglecting to make consistently good choices in taking care of the whole person; the subsequent unwellness manifests through illness, disease and other maladies (Louw 2016, 56).

People cannot create life, but their will is a key component in change. Change encompasses new thinking and learning to do things in unusual ways. In this context, unusual denotes a way that is different from what is customary in a person's life, family or even community. The change is vital, since the existing ways of thinking and doing are what contributed to the unwellness in the first place (Louw 2016, 57).

The Hope Factor

An individual's instinctive will to survive and thrive is what makes them resilient. One example of resilience is the manner in which an individual's body and brain is their unique biological apothecary. Their body can simulate the drugs they take. Resilience is the part of the hope factor that is an essential attitude for survival.

Resilience can be described as the ability to work with hardship in such a way that one comes through it unscathed or even better for the experience. This pliability involves facing life's snags with courage and endurance, refusing to give up. Resilience is the characteristic that allows a person or group of people to bounce back from misfortune, hardships and traumas. The emotional aptitude to rebound is entrenched in a tenacity of spirit; a willpower to embrace all that makes life worth living, even in the face of devastating odds. A clear sense of self and purpose enables an individual to be more resilient, because the vision of a better future is predominant (American Psychological Association n.d.).

Posttraumatic growth is a developing field of research, investigating why some individuals flourish after a traumatic experience. Such traumatic incidents inspire and motivate some individuals to engage in business, relationships and personal development more creatively. The work of Victor Frankl (1997) can be considered the origin of the posttraumatic growth school of thought. Frankl was a prisoner of war in a Nazi concentration camp, yet strove for meaning amidst war, hostility and victimhood. Frankl sought deeper meaning in his life as a result of, and not in spite of, past traumatic occurrences. His research illustrates the characteristics of an individual with an extraordinary sense that life has meaning in all circumstances. The example set by Victor Frankl teaches us that life has meaning in even the most humiliating and painful situations,

and suffering can be meaningful. Despair, however, entails suffering without meaning.

The despair displayed by embittered individuals suggests that they lack the concept of grace. The injustice and humiliation they have suffered leads to a sense of unfairness that overshadows their entire life. Since they received no mercy during their traumatic experience, they will not show grace to others. This absence of grace and mercy can be either subconscious or deliberate (Louw 2016, 163).

The Role of Forgiveness

Supporting a client through the process of forgiveness entails investigating the present and future instead of focusing time and energy on past experiences and events. The events that led to the unforgiveness will, however, nevertheless affect the present. Forgiveness is a self-investigative process that frees the forgiver from the burden of resentment (Louw 2016, 23).

Tutu explains that forgiveness is rightly the grace by which a person enables another person to get up with dignity, to begin afresh. The absence of forgiveness leads to hatred, bitterness, self-contempt and self-hatred that will eat away at a person. Irrespective of whether an individual internalises hatred or projects it outward, it corrodes the human spirit (Abrams and Tutu 2014, 23). Forgiveness is a goal within the therapeutic process, since it entails a decrease in the negative consequences following an incident and replaces these with more positive experiences (Linden and Maercker 2011, 199).

From a Christian perspective, the concepts of mercy and grace should be highlighted, since they validate the need for forgiveness and entail freedom from shame and guilt. If forgiveness is viewed as a gift from God, then this gift makes it possible for an individual to forgive others and themselves. In Romans 3:23–24, the Apostle Paul says, “Yes, all have sinned; all fall short of God’s glorious ideal; yet now God declares us ‘not guilty’ of offending him if we trust in Jesus Christ, who in his kindness freely takes away our sins” (The Living Bible 1971).

The most disabling stance that prevents people from accepting forgiveness from God is their inability to forgive themselves. This lack of self-forgiveness chains people to their past experiences and encourages them to nurture grudges against the people they resent, tying them to the very people they wish to be free of. Forgiveness allows people to embrace hope for the future and let go of the pain, regret and bitterness of the past (Louw 2016, 55).

Forgiveness is a complex theme because people forgive others, and themselves, in various ways. Unfortunately, people experience resentment and hold grudges in equally diverse manners.

Without forgiveness there can be no wellness, and in this context, I identified the need for a holistic wellness approach, focusing on an accountable, all-inclusive carefulness to enrich wellness that will lead to wholeness (Louw 2016, 62). This identified need led to the development of a model, termed the posttraumatic wellness coaching model (PTWCM). This model was designed to act as an early intervention model. It does not function within the biomedical context, but rather deals with posttraumatic reactions such as embitterment in various contexts such as the workplace, counselling relationships, healthcare practices, pastoral intervention and educational environments. The practical nature of this model highlights its applicability to people of different cultures, ages and levels of education, and the model can be applied in conjunction with other educational and therapeutic interventions.

This model entails a holistic system. Holistic systems thinking is described as an investigation that focuses on the manner in which the parts of a system interrelate, and interrogates the manner in which the system works over time within the context of other systems (Jackson 2011, 281). The aim of holistic systems thinking is to reinforce effects and balance processes where one tends to maintain the equilibrium of a specific system (Louw 2016, 42).

Within this context, holistic medicine is based on the concept of the whole person and includes a balance between the person's body, mind, spirit, emotions and environment. In this context, emphasis is placed on personal responsibility for health, and a variety of health practices, therapies and self-care fundamentals are used.

Jackson (2011, 281) indicates that holism prioritises the study of wholes over the study of parts, and focuses on ensuring that the parts are operative and relate to one another in order to serve the purpose of the whole. The holistic approach will require counsellors and managers to apply a variety of perspectives in dealing with the diverse, complex and changing situation that they are faced with. Through this approach it is possible to improve goal determination and achievement, ensuring fairness and promoting diversity. Holistic systems thinking will give consideration to efficacy, efficiency, elegance, emancipation, empowerment and emotion.

When assisting individuals who are embittered, the preferred method is coaching, since procrastination delays healing, and people put off doing the things that they know they should do because they expect a

painful experience. This expectation of pain is also prevalent when dealing with bitterness, because the individual is afraid of failing or discovering that they are less skilled than they thought.

When dealing with embitterment, development and change is inevitable, and in fact desirable. Many people experience change as a negative occurrence, because there is safety and comfort in stability and sameness. A coach will help the individual to adjust their thinking and methods while continually encouraging and motivating the individual through the process of growth (Farmer 2010).

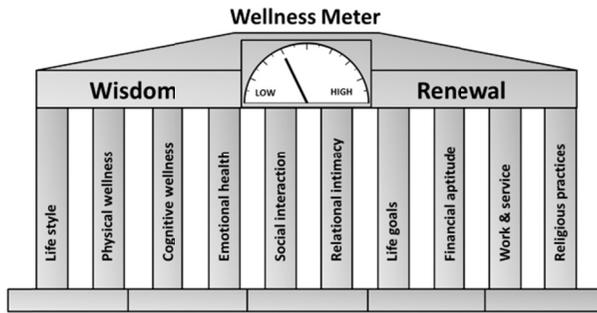


Figure 14.1 Wellness meter

In the model, the pillars are the areas that the solutions-focused coaching will focus on. They are: lifestyle; physical wellness; cognitive wellness; emotional health; social interaction; relational intimacy; life goals; financial aptitude; work and service, and finally, religious practices. The pillars are founded on various wisdom-based foundational concepts.

This model will enable the therapist to help the client to recover from embitterment, through a facilitation process. This facilitation approach contains five elements, namely empowerment, validation, connection, taking responsibility, and enhancing spiritual roots.

Empowerment is the first basic element. Since the individual will be in charge of their own healing process through managing the reactive effects of the trauma, bitterness and unwellness, the coach should empower them with the applicable skills and information that will ensure inclusive and participatory wellness activities.

The second element is validation. Traumatized individuals often lose focus and their support systems become overburdened with the accompanying bitterness and negativity. People who struggle with embitterment need validation of the importance of what happened to them

and the role that these events played in their lives. It is easier to deal with the fallout of embitterment when not travelling the road alone.

Connection is the third element. Trauma isolates its victims. The process of reconnecting with others tempers the embitterment and enhances the well-being and healing of these individuals. Disconnectedness and hostility form a vicious cycle that leads to alienation and more unwellness. Hope means looking forward to feeling better and is rooted in thoughtful gratitude and a reflective attitude.

Taking personal responsibility is the fourth element. This encompasses a sense of taking back control and refraining from blaming others. As soon as an individual is empowered to take back control over the various aspects of their life, they no longer need fear and bitterness, and they can embrace new experiences and new opportunities for wellness.

The final element that forms part of the PTWCM is spiritual roots. Religious practices include praying and reading the Bible, and these help people to feel more anchored. Serving the less fortunate involves doing something for someone else, and this opens the individual's eyes to look at others differently.

Conclusion

The posttraumatic wellness coaching model adds value to the lives of individuals by serving as a benchmark for wellness and unwellness within the various systems in a holistic context. When working with clients within a counselling or coaching context, measurable outcomes can be achieved in every session, and this means that both the counsellor and the client know where the helping process originated, where the client is aiming to go, and when they have achieved set outcomes. This makes the PTWCM a valuable instrument for assisting embittered individuals.

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