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Commentary on “A Spiritually Based Group Intervention for Combat Veterans With Posttraumatic Stress Disorder: Feasibility Study”

Diane Wind Wardell, PhD, RN, WHNP-BC, AHN-BC
University of Texas at Houston

The spiritual dimension of health is now beginning to be recognized as being able to provide support for health and healing, this after being virtually ignored and secularized out of biomedicine (Wardell & Engebretson, 2006). People are seeking out complementary therapies to supplement biomedical care to create a system that is more congruent with the human experience (Astin, 1998; Barnes, Powell-Griner, McFann, & Nahin, 2004). In a review of more than 1,200 studies on religion and health, the majority showed a significant statistical association between religious activity and better mental and physical health (Weaver, Flannelly, Stone, & Dossey, 2003). Religion may be thought of as formalized worship often incorporating rituals that provides a symbolic framework for living through which spiritual practice develops (Connelly & Light, 2003). Rituals and various forms of religious experience has long been associated with healing (Bullock & Trombley, 1999).

Many complementary therapies pose themselves within a spiritual and nonreligious orientation or tradition, yet questionnaires often combine many of the constructs of spirituality and religiosity. Spirituality in its deepest meaning is about totality, about the whole (Walach, 2007). The use of noninvasive strategies to enhance coping and health in those experiencing posttraumatic stress disorder (PTSD) is needed as this group has significant emotional and adjustment problems. Bringing a spiritual practice from cultural and religious traditions into a modern educational health program may support individuals in crisis. The mantras used in this study were seen as sacred and were selected from various religions and spiritual traditions, including Buddhism and Christianity.

Pilot studies to test the safety, feasibility, and potential efficacy of untested complementary spiritual interventions are needed. The design and conduct

of studies to meet the requirements of scientific vigor can be challenging when using behavioral interventions. Moreover, there is an inherent bias in study design when the intervention is offered to the usual care group after the completion of the study, as it implies perceived benefit.

The outcomes of this study are encouraging, as they indicated it was safe and feasible to offer this intervention to veterans with PTSD. In addition, it shows that the researchers' selection of questionnaires was sensitive to change as they showed moderate to large effect sizes. The participants were also moderately to highly satisfied with the 6-week program.

The study could have been enhanced with the inclusion of a qualitative component. That might have provided greater insight into how those with PTSD reflected on how repeating mantras helped them cope and deal with triggering events. This might have helped explain why the participants rated the experience and its effect on their symptoms or quality of life more highly than what the clinical evaluation indicated.

One of the strengths of this study is the standardization of the intervention and assessment by videotaping the classes to determine similarity. This guaranteed that the intervention was not only consistent but also deliverable by different individuals. This is important for conducting future studies.

One area of concern that the authors discussed was that all of the study participants were from previous wars and there were no participants from the current conflicts in Iraq and Afghanistan. Ways to engage this vulnerable population and strategic planning are necessary to enroll these veterans in future studies. Strategies for assisting those with PTSD in more

Author's Note: Please address correspondence to Diane Wind Wardell, PhD, RNC, HNC, CHTP, 6901 Bertner Ave., Rm. 793, Houston, TX 77030; e-mail: diane.wardell@uth.tmc.edu.

recently exposed veterans are certainly needed. The research environment might create additional stressors because of not only the additional time needed for attending classes but also the overwhelming coping strategies.

The results of this study are encouraging. Mantra repetition may help provide a way to improve well-being. Existential well-being was found to be an important factor in reducing suicidality in a recent study of veterans with PTSD (Nad, Marcinko, Vuksan-Aeusa, Jakovljevic, & Jakovljevic, 2008). Complementary therapies add another dimension to health care that appears support recovery.

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Diane Wind Wardell, PhD, RN, WHNP-BC, AHN-BC, is an Associate Professor of Nursing at the School of Nursing, Department of Integrative Nursing Care, the University of Texas Health Science Center, Houston. Her research interests include complementary therapies, spirituality, and women’s issues.