



Better To Not Be Alone: Relationships between Hurricane Related Trauma, Spiritual Support, and Social Support



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Introduction

- Despite an increase attention to the role of integrative medicine in physical illnesses, there has been little attention to the role of spirituality in psychiatric disorders and mental health in the rising trend of climate changes.
- Our current study focuses on factors that may affect symptoms of post-traumatic stress disorder (PTSD) of volunteers for disaster relief following Hurricane Katrina/Rita (HK/R) for disaster relief following Hurricane Katrina/Rita (HK/R). We hypothesized that, 1. The shortform PSSS-S2 would have an adequate one-dimensional structure in our H-K sample; 2. PSSS-S2 would be inversely related to Wave-2 PTSS, after controlling for Wave-1 PTSS and other disaster factors; and 3. Wave-2 perceived social support would be inversely related to Wave-2 PTSS.
- The variables of interest are potential effect of perceived spiritual support and perceived social support along with trauma symptoms, hurricane related stressors, and peritraumatic emotional responses after

Methods

- Wave-1 survey questionnaire was conducted approximately three months after H-K/R at five public universities in the Gulf Coast affected by the disaster.
- Wave-2 data were collected six months after H-K, but only two university could join this follow-up.
- Finally, a hierarchical multiple regression analysis was performed following preplanned steps (i.e., 1. Demographics; 2. H-KR stressors, Wave-1 PTSS, and PSSS-S2; 3. Wave-2 perceived social support) to explore the association of PSSS-S2 and perceived social support with Wave-2 PTSS, controlling for demographic, Wave-1 PTSS and H-KR stressors. PTSS stands for Post-traumatic stress symptoms. PSSS stands for perceived social support.

Results and Conclusion

Table 1.

Hierarchical Regression Final Model on Post-traumatic Growth (N = 484)

	Step 1		Step 2		Step 3		Step 4		Step 5	
	B	β	B	β	B	β	B	β	B	β
Gender	-5.22	-.08	-1.52	-.02	-2.18	-.04	-2.78	-.05	-2.67	-.04
Age	-.26	-.15**	-.015	-.08*	-.017	-.09*	-.019	-.10*	-.016	-.09*
Race	5.42	.09*	-1.69	-.03	-2.47	-.04	-3.77	-.07	-5.30	-.09
Peritraumatic negative emotions			0.45	.07	0.56	.09*	0.03	.00	0.09	.01
Peritraumatic positive emotions			1.83	.29***	1.48	.23***	1.15	.18***	0.98	.15***
Hurricane-related stressors			2.14	.21***	2.11	.21***	1.51	.15***	1.42	.14***
Days since hurricane			0.05	.26***	0.05	.27***	0.04	.21***	0.03	.17**
Gratitude					0.18	.04	0.47	.11*	0.40	.09
Hope					6.58	.17**	4.06	.10*	2.56	.07
Adaptive coping							0.91	.29***	0.87	.27*
Maladaptive coping							0.35	.09	0.17	.04
Trait Hedonic Media Motivations									2.04	.08*
Trait Eudaimonic Media Motivations									1.53	.08*
State Hedonic Media Use Motivations									-1.25	-.06
State Eudaimonic Media Use Motivations									1.80	.09
State Inspiring Media Use Frequency									0.85	.10*
R ²	.04		.23		.26		.35		.37	
F for change in R ²	6.71		28.58		10.28		31.66		3.85	

Note. For this analysis, Gender (Female = 0, Male = 1) and Race (White = 0, Non-White = 1) were coded as binary. *p < .05. **p < .01. ***p < .001.

- The Robust CFA results indicate good model fit. In our final regression model, Wave-1 PTSS ($\beta = .527, p < .001$) and other H-K stressors ($\beta = .154, p < .035$) were positively associated with Wave-2 PTSS. Being older, having experienced less PTSS in Wave-1, and perceiving higher rates of social support were negatively related with Wave-2 PTSS.
- The present study demonstrated the lasting nature of PTSS. as anticipated, the PSSS-S2 has the adequate one-dimensional structure in this H- KR sample, supported by confirmative factor analysis and model fit indices. Secondly, despite the reduced symptom levels, PSSS persisted among some volunteers, which is consistent with the literature.

Table 2.

Hierarchical Regression Final Model on Post-traumatic Stress Symptoms (N = 484)

	Step 1		Step 2		Step 3		Step 4		Step 5	
	B	β	B	β	B	β	B	β	B	β
Gender	-0.05	.00	2.26	.07	1.34	.04	0.92	.03	0.81	.03
Age	-0.16	-.18***	-0.07	-.08*	-0.04	-.04	0.02	.02	0.02	.02
Race	1.94	.07	-0.31	-.01	-0.35	-.01	-0.28	-.01	-0.46	-.02
Peritraumatic negative emotions			1.53	.47***	1.48	.46***	0.89	.28***	0.91	.28***
Peritraumatic positive emotions			-0.26	-.08*	0.06	.02	0.09	.03	0.08	.03
Hurricane-related stressors			0.99	.20***	1.02	.21***	0.77	.16***	0.75	.15***
Days since hurricane			0.01	.15**	0.01	.09**	0.00	-.01	0.00	-.02
Gratitude					-0.58	-.28***	-0.27	-.13**	-0.27	-.13**
Hope					0.05	0.00	-0.11	-.01	-0.17	.01
Adaptive coping							-0.08	-.05	-0.08	-.05
Maladaptive coping							1.07	.56***	1.06	.55***
Trait Hedonic Media Motivations									-0.22	-.02
Trait Eudaimonic Media Motivations									0.34	.04
State Hedonic Media Use Motivations									-0.74	-.08
State Eudaimonic Media Use Motivations									0.65	.06
State Inspiring Media Use Frequency									0.08	.02
R ²	.04		.37		.42		.61		.61	
F for change in R ²	7.45		60.46		21.83		113.71		1.08	

Note. For this analysis, Gender (Female = 0, Male = 1) and Race (White = 0, Non-White = 1) were coded as binary. *p < .05. **p < .01. ***p < .001

- Our findings imply the importance of deep interconnectedness among victims and volunteers, both before and after a disaster experience. Next steps could be medical and mental health practitioners assessing perceived social support of individuals who have been impacted by trauma.
- Further, encouraging pre-existing religious coping methods in clients with limited mobility might be useful in trauma.



Link to the Original Paper and Figures

References

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