

The Impact of Adverse Religious Experiences on Holistic Health: Implications for Patients and Providers

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OBJECTIVES

- Define Adverse Religious Experiences (AREs)
- Ascertain the effects of AREs on women's general health and well-being
 - Provide compassionate self and patient care by
 Discovering Self in order to prevent professional and
 caregiver burnout

Background & Significance





Vulnerable Population: Females



Need Trauma-Informed Nursing Science



Define Adverse Religious Experiences



Understand Adverse Religious Experiences and Effect on Women's Health

Purpose + Aims

DEFINE ADVERSE RELIGIOUS EXPERIENCES (ARES)

ASCERTAIN THE EFFECTS OF ARES ON WOMEN'S GENERAL HEALTH AND WELL-BEING

UNDERSTAND HOW WOMEN ADAPT AND COPE IN LIGHT OF ARES

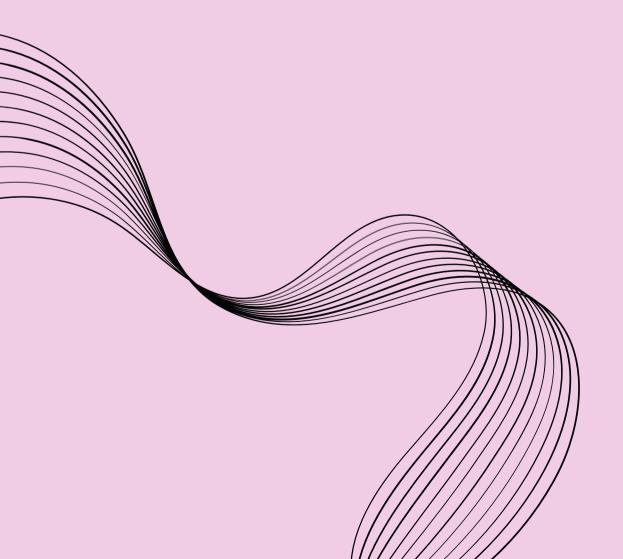
PURPOSE & AIMS OF LITERATURE REVIEW

DISCOVER THE
TYPES OF
STUDIES THAT
HAVE BEEN
DONE ON THE
HARMFUL
EFFECTS OF
RELIGION

IDENTIFY HOW OTHERS DEFINE ADVERSE RELIGIOUS EXPERIENCES

NAME THE
THEORETICAL
FRAMEWORKS
THAT
UNDERGIRD
THESE STUDIES

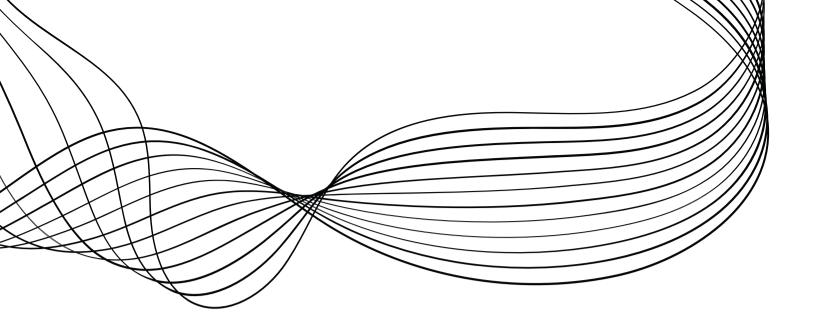
IDENTIFY THE
RESULTS OR
OUTCOMES
FOUND IN
THESE
STUDIES,
WHETHER
POSITIVE OR
NEGATIVE



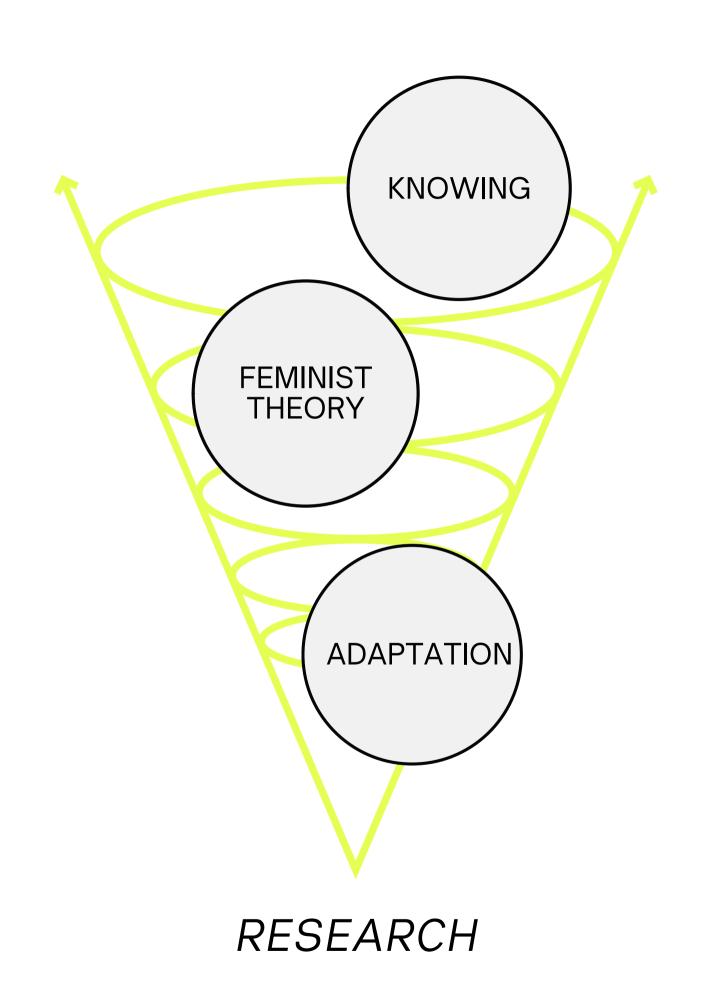
Philosophica Assumptions



MARTIN HEIDEGER-DASEIN



Conceptual Franework/ Theory

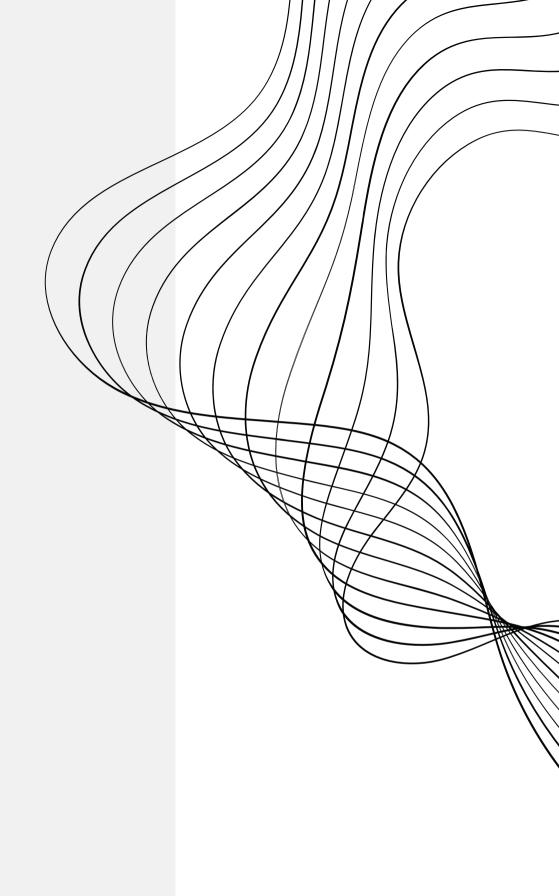


METHODS

QUALITATIVE RESEARCH STUDY

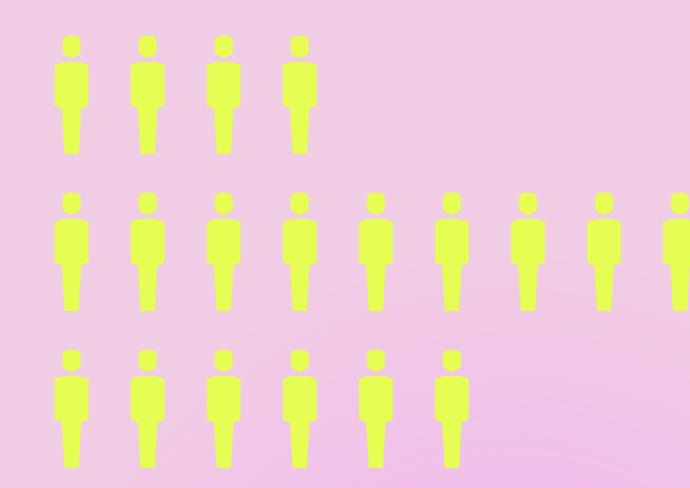
2 GROUNDED THEORY

SYMBOLIC INTERACTIONISM



POPULATION SAMPLE

- SAMPLE SIZE CANNOT BE PREDICTED IN GROUNDED THEORY
- PURPOSIVE SAMPLING
- RECRUITED FROM WOMEN WHO HAVE PROCESSED ADVERSITY WITH TRAUMA-INFORMED PROVIDER



DEMOGRAPHIC CHARACTERISTICS

Pseudonym	Age	Gender	Sexual Orientation	Race/Ethnicity
"Alex"	54	Female	Heterosexual	White/Caucasian
"Dora"	82	Female	Heterosexual	White/Caucasian
"Callie"	53	Female	Heterosexual	White/Caucasian
"Cassie"	39	Female	Heterosexual	Mixed Race
"Sarah"	40	Female	Heterosexual	White/Caucasian
"Elizabeth"	53	Female	Heterosexual	White/Caucasian
"Lorelai"	38	Female	Heterosexual	Black/African American
"Barbara"	65	Female	Heterosexual	White/Caucasian
"Samantha"	42	Female	Heterosexual	White/Caucasian
"Maggie"	43	Female	Gay/Lesbian	White/Caucasian
"Alice"	43	Female	Heterosexual	White/Caucasian
"Savannah"	30	Female	Bisexual	White/Caucasian
"Ella"	28	Female	Heterosexual	Asian/Pacific Islander
"Allie"	27	Non-Binary	Bisexual	White/Caucasian
"Allison"	38	Female	Heterosexual	White/Caucasian



PROCEDURE

Tell me about your negative experience with religion. (If probing was needed I would ask what happened, when, how much, and in what way was this negative).



Please tell me more about your experiences with religion and how it impacted your well-being.



How have your experiences influenced you? (If probing was needed I would ask, about their choices, life, health-physical, mental, spiritual, emotional, and sexual). What denomination or religious instituation were you in when this experience happened?



How do you relate to religion now?

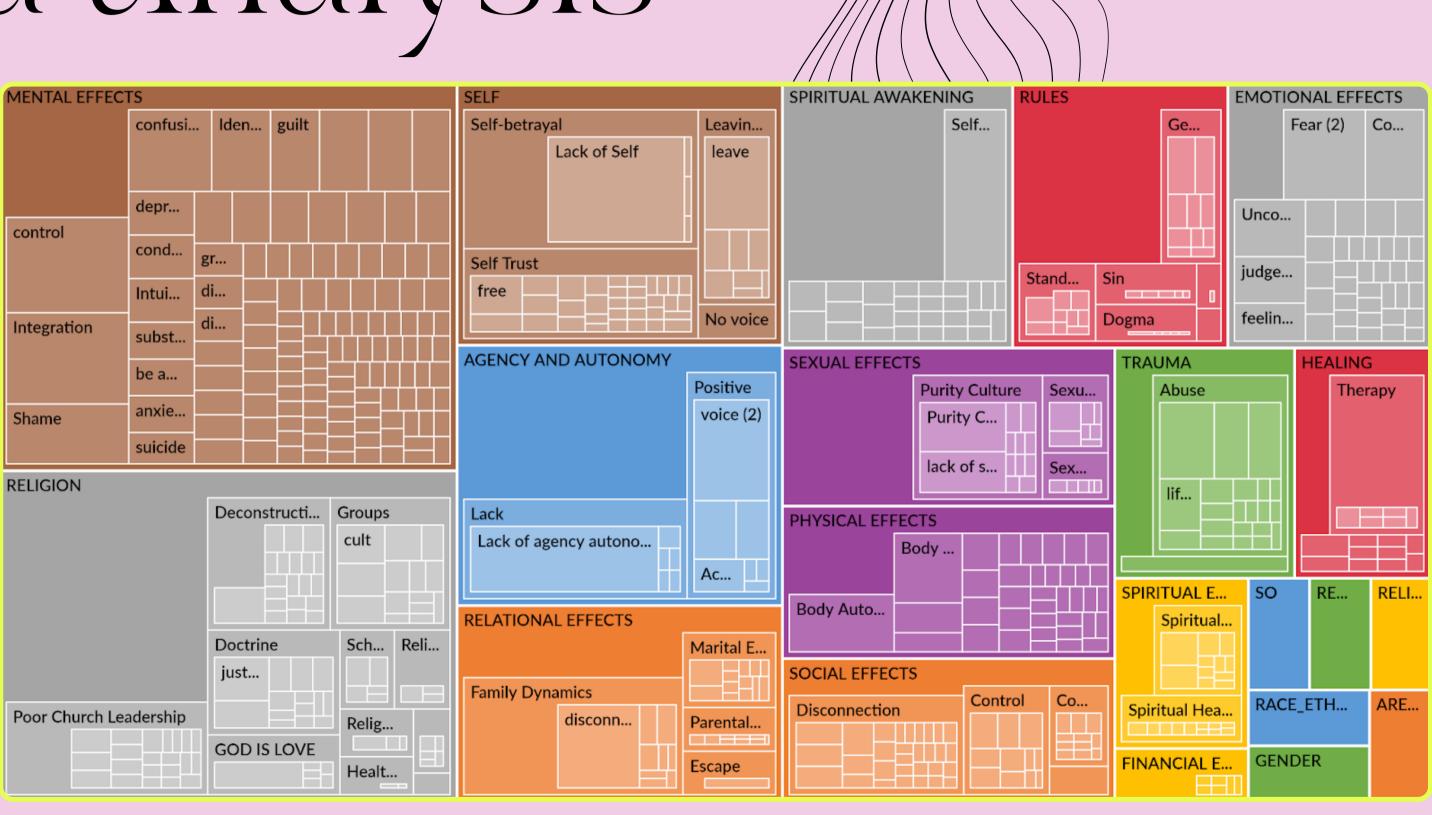


Is there anything else you would like to share about all of this?

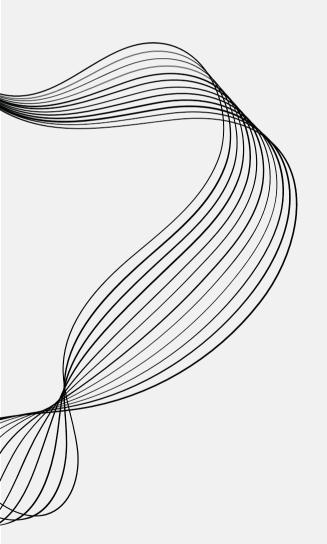


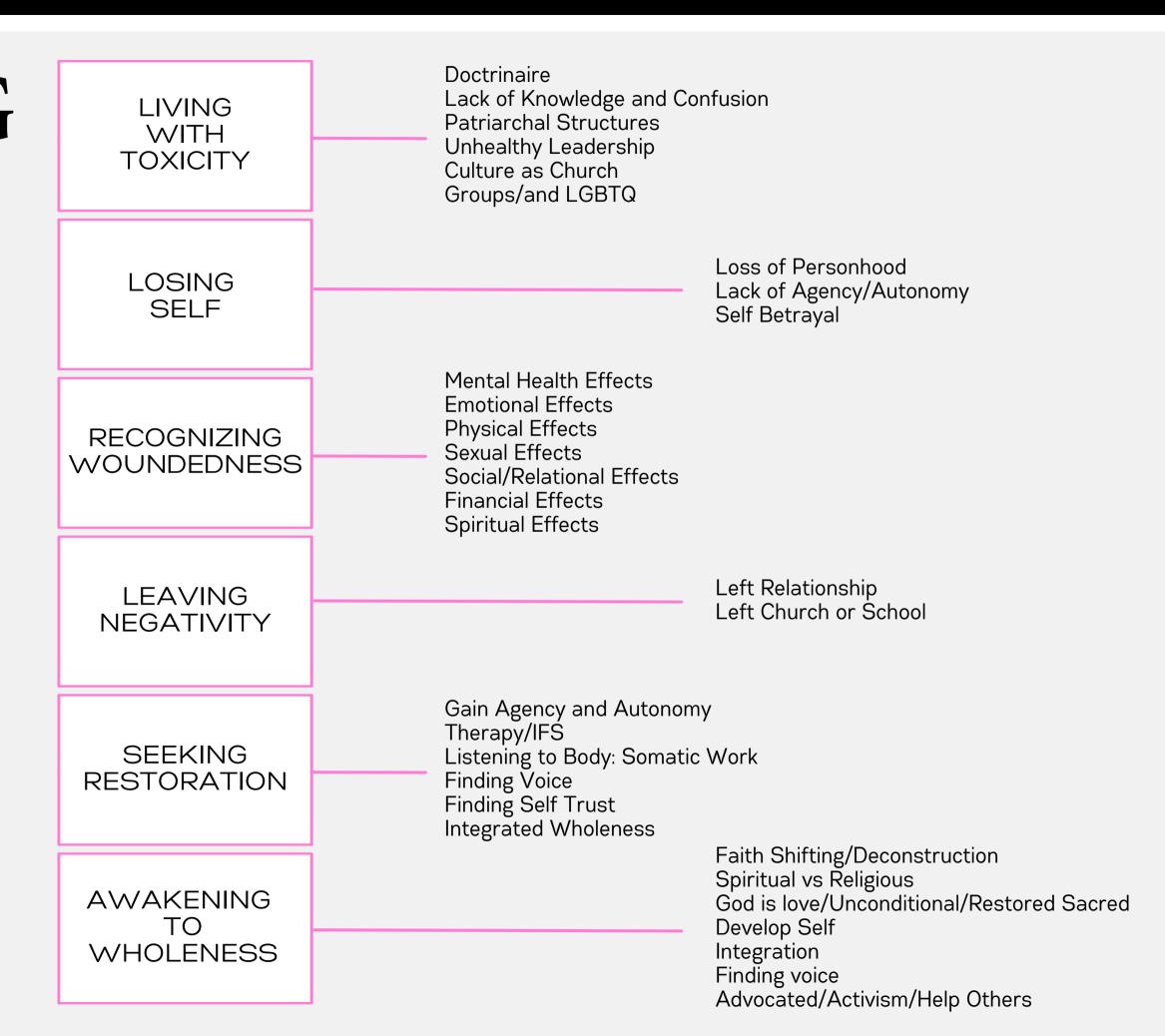


Data Analysis



DISCOVERING SELF--





INTERPRETATION OF FINDINGS



STAGES OF FAITH

Level	~Ages	Name	Characteristics		
Stage 1	3-7	Intuitive- predictive	Egocentric, becoming aware of time. Forming images that will affect their later life. Aware of the stories and beliefs of the local community. Using these to give sense to their experiences.		
Stage 2	6-12	Mythical- literal			
Stage 3	12-	Synthetic- conventional	Extending faith beyond the family and using this as a vehicle for creating a sense of identity and values.		
Stage 4	early adult	Individuative- reflective	The sense of identity and outlook on the world are differentiated and the person develops explicit system of meaning.		
Stage 5	adult	Conjunctive	The person faces up to the paradoxes of experience and begins to develop universal ideas and becomes more oriented towards other people.		
Stage 6	adult	Universalizing	The person becomes totally altruistic and they feel an integral part of an all-inclusive sense of being. This stage is rarely achieved.		

Source: http://changingminds.org/explanations/learning/fowler_stage.htm

HEALTH CARE PROFESSIONALS AND ARES

POLICY

(Economic Development, Food Policy, Urbaninzation)

COMMUNITY

(Rural + Urban Areas)

ORGANIZATIONAL

(Shift in the Workplace)

INTERPERSONAL (Family Size, Household Food Security/Dietary Diversity)

INDIVIDUAL

(Race & Genetics, In-Utero Dysadaptation, Maternal Short Stature, Breastfeeding Status, Low Maternal Education)

THEORETICAL

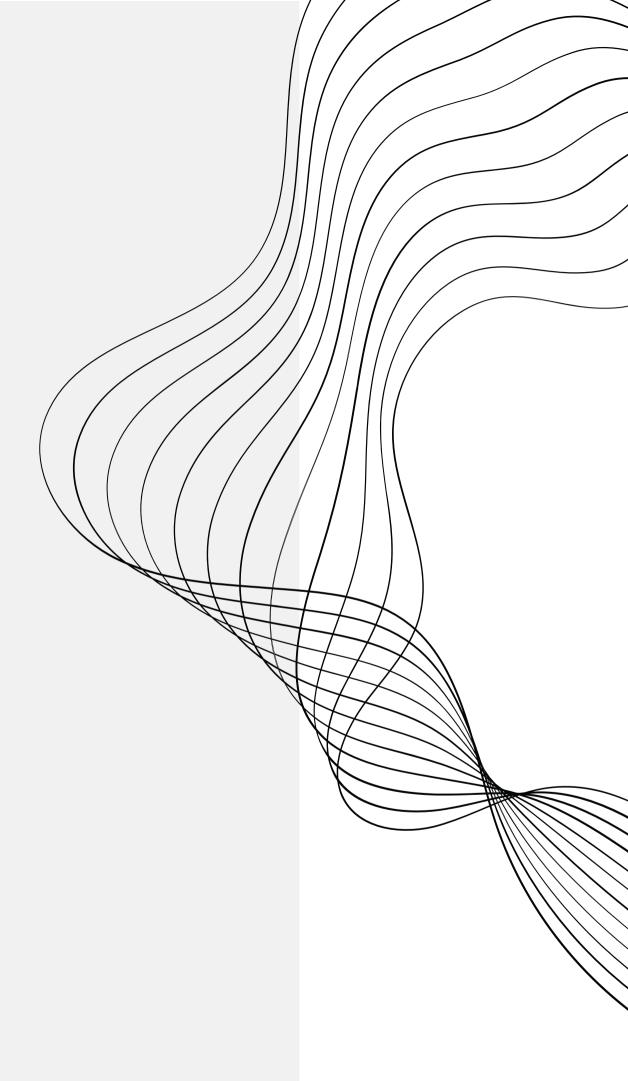
- Less new Ph.D. theories are being generated d/t Less Ph.D. nursing students
- Women as vulnerable need studied: rise in fundamentalist
- TIC/Holistic models of care needed
- Person-centered care
- Cultural competence

PRACTICAL

- Improving patient care/new clinical protocols
- Train healthcare/nursing staff on ARES
- Theory for adversity across sectors
 New technologies/social media utilized
- Influence women's health policy/train leaders to prevent AREs
- Nursing curricula
- Policy to protect against this type of trauma/abuse

PROVIDERS: COMPASSIONATE SELF CARE

- Know your AREs or other Trauma
- 2 Know Yourself
- Know your Dissonance
- Know your warning signs



RECOMMENDATIONS FOR FUTURE RESEARCH



Why did women not use the word trauma?

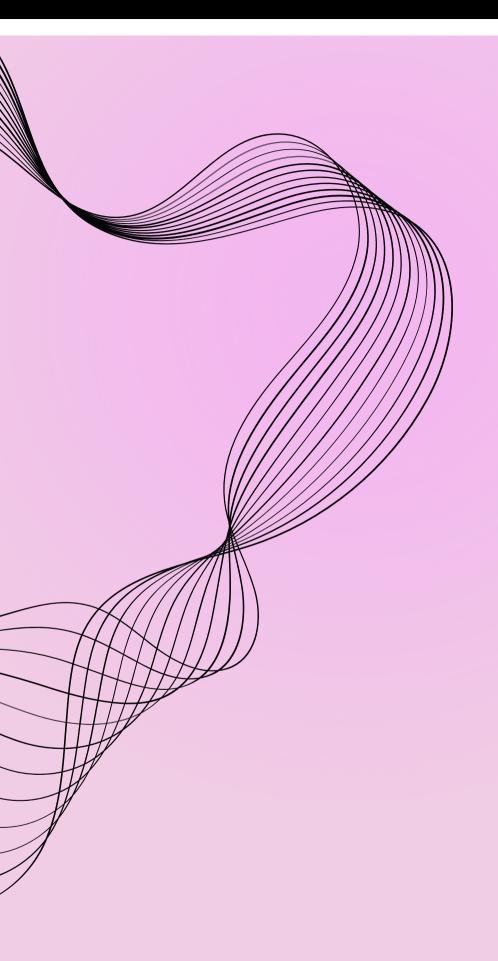
Develop a quantitative ARE screening tool

Research should now go beyond North America

Global Health

Health prevention/disease prevention opps

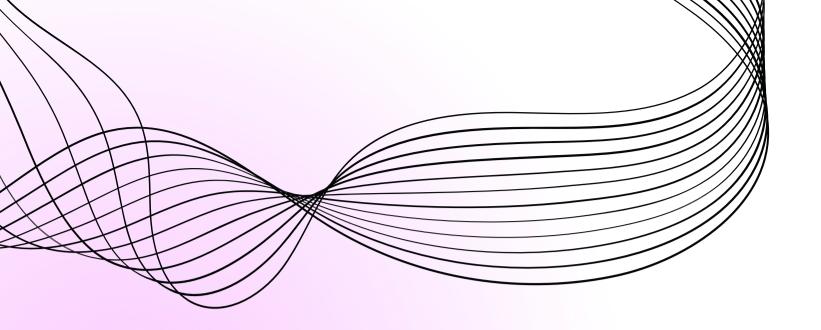
Research AREs amongst nurses, faculty and students (nurse heal themself)



Discovering Self From Adversity To Awakening

An Emergent Grounded Theory Towards Wholeness

THANK YOU FOR ATTENDING.



REFERENCES



HTTPS://DOCS.GO OGLE.COM/DOCUM ENT/D/1GZIJFBQY1 EVI5YQD3CMWHIB 5JW8RZ1VT/EDIT