

Effect of Self-Healing Program on Holistic Health and Wellness for Patients with Post-Traumatic Stress Disorders

Mervat Hosny Shalaby¹, Sabah Abo El Fetouh Mohamed², Samar Mabrook³

¹Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University

²Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Kafrelsheik University
dr.sabah2011@yahoo.com

³Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University

Abstract: post-traumatic stress disorders (PTSD) may result from exposure to any severe traumatic event, and can take various forms. It is prevalent, disabling and highly co-morbid with other disorders. PTSD affects behavior, and cognition. It also affects mood regulation, generates maladaptive action, and distorts thoughts. Aim: This study aimed to estimate the effect of Self-healing program on holistic health and wellness for patients with post-traumatic stress disorders. Design: The study followed a quasi-experimental design. Setting: this study was conducted in out patient's clinics of the Psychiatry, Neurology and Neurosurgery Center affiliated to Tanta University and out patient's clinic of Tanta mental health hospital affiliated to ministry of health at Tanta city. Subjects: A convenient sample of 50 clients constituted the study subjects. Tools: Tools used were, (I) Holistic Health and Wellness Survey, (II) : depression, anxiety stress scale (DASS) and (III): Life Events Checklist (LEC). Results: Clients(74%) suffer from trauma related to serious illness and sudden death of relatives or friends , while 90% of the studied clients have severe stress level , 22% have severe depression and 54% have sever anxiety level before the intervention program . A high statistic positive significant difference was found between patient's score of DASS before and after implementation of self-healing program. There is a significant negative statistic correlation between holistic health and wellness was found with depression, anxiety and stress. Conclusion: The holistic health and wellness total mean scores increased after implementation of self- healing educational program with high positive statistic significant difference between mean scores before and after implementation of self -healing program. Recommendations: apply training program for nurses about self-healing practices, focus on using these practices as one of routine practices with PTSD and use comprehensive treatment modalities in managing PTSD.

Keywords: self- healing, post- traumatic stress disorders, DASS.

1. INTRODUCTION

Post-traumatic Stress Disorder (PTSD) is a psychological disorder induces massive stressors ⁽¹⁾. Traditionally, PTSD is seen as a result of imminent danger which includes a risk of severe bodily harm or death. The criteria have widened in recent years to include witnesses of trauma. It also included close friends and relatives of someone exposed to traumatic events, or even those exposed to vicarious trauma in the line of duty ("DSM-5 Criteria for PTSD - PTSD: National Center for PTSD," 2014) ⁽²⁾.

While it is currently unclear how the scope of PTSD has changed over time, the ability to diagnose the disorder is rapidly increasing ^(2,3). Thus Traumatic or stressful events may include being a witness to or being involved in a violent accident or crime, military combat, or assault, being kidnapped, being involved in a natural disaster, being diagnosed with a life-threatening illness, or experiencing systematic physical or sexual abuse ⁽⁴⁾.

PTSD is prevalent, disabling and highly co-morbid with other disorders⁽³⁾. In the general population, prevalence has been estimated at 7.8%, with higher rates in trauma-exposed populations, in particular among survivors of interpersonal violence⁽⁵⁾. Research indicates that those who witness or are victims of traumatic or stressful events may experience a range of negative outcomes including symptoms of depression and anxiety along with PTSD⁽³⁾.

PTSD is marked by increased stress and anxiety following exposure to a traumatic or stressful event⁽⁶⁾, it is characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event⁽⁷⁾.

Evidence indicates that exposure to a traumatic event affects not only mental aspect of the individual's health but also physical and spiritual ones and ignoring the needs of any aspect can lead to stress, anxiety and depression⁽⁸⁾. In this respect, research in the field of mind-body medicine focuses on the complex interaction of psycho-emotional, social, spiritual, experiential, and behavioral aspects and their impact on health and the handling of disease⁽⁹⁾. In addition, based on American Psychiatric Association, post-traumatic stress disorder PTSD is a mental health state associated with impaired occupational and social functioning and overall quality of life^(10,11).

Over and above individuals with PTSD are more likely to magnetize in unhealthy activities, such as tobacco use, drug use, and alcohol misuse, and to have high rates of mortality. Moreover, posttraumatic stress disorder also has a negative effect on marriages, educational achievement, and occupational functioning⁽¹²⁾.

It has been noted that, re-living traumatic events increases stress and can be the origin cause of depression and suicidal ideations⁽¹³⁾. Untreated PTSD is associated with high rates of co-morbidity, disability, and poor quality of life⁽¹⁴⁾. In addition, to date, few pharmacotherapy have demonstrated appropriate efficacy in PTSD⁽⁵⁾. It is thus essential to improve the overall life functioning of those suffering from PTSD through holistic approaches for the purpose of living life more fully⁽¹⁵⁾.

Healing is an energetic and internal process that includes investigating one's attitudes, memories, and beliefs with the desire to release all negative patterns that prevent full emotional and spiritual recovery. The process of healing entails an active rehearsal of external situations so that one is able to view and acknowledge truths about one's life with the ultimate desire to employ one's energy for the creation of love, self-esteem, and health⁽¹⁶⁾. The essence of self-healing is to engage in activities and responses that promote well-being in mind, body, and spirit⁽¹⁷⁾. Self-healing occurs when the physical, emotional, and spiritual portions are lined up. Working every single day to nourish those three areas, result in realization and achievement of self-healing capabilities. The human body has adapted to live well and fight off disease provided nurturing as its needs⁽¹⁸⁾.

Massive amounts of biomedical research now indicate that a person's feelings, beliefs, attitudes, spiritual life, and physical well-being are neatly interlaced. In addition, researchers have found sophisticated links between the body and the mind and have established a common language between organs and emotional responses⁽¹⁵⁾. Moreover, Mind- Body therapy works on the subconscious emotional processes of the client and invigorates instinctive mental resources that are used to restore harmony and health⁽¹⁹⁾.

Regrettably, in Egypt there is little research to address particular strategies that intend to investigate and promote PTSD clients' own abilities and resources to manage their stress and anxiety. This research contemplates to propose a structured program that can detect and suppress stress, anxiety and depression in PTSD clients through training them in self-healing practices.

Aim of the study

This study aimed to evaluate the effect of Self-healing program on holistic health and wellness for patients with post-traumatic stress disorders

Research hypothesis:

Self-healing program will improve the healing process among patient with post-traumatic stress disorders and achieve better health and wellness

2. SUBJECTS & METHOD

Subjects

Research design:-

The design followed in this study is a quasi-experimental design.

Research setting:

This study was conducted at the following settings

1- Out patient's clinic of The Psychiatry, Neurology and Neurosurgery Center. This center is affiliated to Tanta University Hospital. The center provides services as the electroconvulsive therapy, labs, diagnostic Radiology, the intensive care department, the neurological diseases inpatient department, the Department of Neurological and Psychological diseases for the Children, inpatient male and female psychiatric department, and the Addiction department. The center provides health care services to Gharbya, Menofia, and KafrElsheikh governates. It works 7 days/week, 24hrs/day.

2- Out patients clinic of Tanta mental health hospital, this hospital is affiliated to Ministry of Health and provides health care services to Gharbya, Menofia, and KafrElsheikh governates.

Subjects:

The study subject was composed of a convenience sample of 50 clients selected from the previous settings for 6 months period. The study subjects fulfilled the following inclusion criteria:

- Age above 18 years old.
- Willing and able to participate in the study.
- Have history of traumatic life events (screened through trauma life screening questionnaire)
- Diagnosed with PTSD and Presence of symptoms of trauma persisting for more than one month(hyper arousal, avoidance, flash back, intrusion)
- Free from any chronic psychotic diseases

Tools of the study:

The data of this study were collected using the following tools:

Tool I: Holistic Health and Wellness Survey

developed by *Smith 2008* .It consisted of 75 items to assess level of individual health divided into 3 sections; body, mind and spirit. It with 25 items for each section. Each item was rated on a 5 point likert scale (1=strongly Disagree, 2= disagree,3= Mildly agree ,4=Agree, 5=Strongly Agree)

The total scores range between 75 and 375. The score ranges are grouped as follow:

75-124= Poor

125-174= Below Average

175-224=Fair

225-274= Good

275-324= Excellent

325-375 =Optimal

Tool II: Depression, Anxiety and Stress Scale

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1749-1759), Month: May - August 2019, Available at: www.noveltyjournals.com

The Depression, Anxiety and Stress Scale (DASS) is developed by *Lovibond. & Lovibond, (1995)*. It is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content

Scoring system

Scoring	Stress	Anxiety	Depression
Normal	0-14	0-7	
Mild	15-18	8-9	0-13
Moderate	19-25	10-14	14-20
Severe	26-33	15-19	21-27
Extremely Severe	34+	20+	28+

Tool III: **Life Events Checklist (LEC)**

The Life Events Checklist (LEC) developed by *Blake, Weathers, 1995*. It is a questionnaire that is intended for self-reporting events throughout an individual's life that could have been traumatizing. A respondent answers "yes" or "no" to 17 possibly traumatic events that either happened to the clients, were witnessed by them, or that they have learned about. The LEC questionnaire has proven to be reliable and has a good criterion of validity

❖ In addition a **Socio-demographic and clinical data Questionnaire was used**. It was designed by the researchers to elicit data about socio-demographic and clinical characteristics of the studied subjects such as sex, age, residence, Physical and psychiatric diseases

Method

1- Official permission to conduct the study was obtained from the responsible authorities.

2- Ethical Considerations:

- Consent was obtained from the clients after explanation of the aim of the study.
- Privacy and confidentiality was assured. Clients were reassured that the obtained information is confidential and used only for purpose of the study.
- Clients' rights to withdraw from the study at any phase were respected.

3- Tools of the study were translated into Arabic language

4- A jury composed of five experts in the psychiatric field assessed the study tools to examine validity of tools.

6- All tools were tested for reliability using Cornbrash's Alpha test and found to be ($\alpha=0.794, 0.957, 0.927$ respectively)

7- A pilot study was carried out to verify the clarity and applicability of the study tools and to identify obstacles that might be faced during data collection. The pilot study was conducted on 5 clients from psychiatric medicine center. Those clients excluded from the actual study subjects. After its implementation and according to its results, the necessary modifications were done.

8- The actual study was divided into **four phases:**

a- Assessment phase:

- All the study subjects (50 clients), were assessed for history of traumatic life events using trauma life screening questionnaire
- A pre-test was performed on all the selected subjects, using the three study tools through individual interview.

B- Planning Phase.

The researchers developed the self-healing program sessions based on the results of the assessment phase and literature review

C- Implementing Phase

The self-healing program sessions were implemented for the studied patients by dividing them into small groups. Each sub group composed of 3-5 clients. Each subgroup attended a total of 10 sessions. The time of each session was within 40-60 minutes. These sessions were scheduled 3 sessions per week. The study was conducted throughout 6 months from September 2018 to March 2019

Different methods and media were used including group discussion, role play, videos, demonstration and re – demonstration

The self- healing program **aims to** teach people useful ways to react to frightening events that trigger their PTSD symptoms (physical, emotional and cognitive) as the following:

The first session (Introductory Session), the researchers introduced themselves to the clients; obtained oral consent from them after explanation of the aim of the study and notifying them about the schedule of the program and establishing rapport. Second session, teach about trauma and its effects. The therapist helps people with PTSD look at what happened in a realistic way. Third and Fourth sessions, use relaxation and anger control skills to reduce PTSD symptoms by teaching a client how to reduce anxiety. Fifth and six sessions, provide exhortation for better sleep, diet, exercise habits and encourage socialization. Seventh session, Help people identify and deal with guilt, shame and other negative feelings about the event. Eight and ninth session, focus on changing how people react to their PTSD symptoms, through exposure. This technique helps people face and control their fear it exposes them to the trauma they experienced in a safe way by using mental imagery, writing, or visits to the place where the event happened. Tenth sessions, the researchers presented summary about the previous sessions and evaluated of the sessions via reapplication of study tools

Statistical analysis:

The collected data were organized, tabulated, coded using SPSS V19 and statistically analyzed using the mean, standard deviation standard error, unpaired student t-test, the linear correlation coefficient, Analysis of variance [ANOVA] tests Paired t-test and chi-square by SPSS V19 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. The level of significance was adopted at $p < 0.05$.

3. RESULTS

Table 1 represents the distribution of the studied patients according to their socio-demographic characteristics. The results illustrate that, 66% of clients were male; and that 54% of clients are in the age group ranging from 41-50 years with a mean age of 39.66 ± 6.51 . Regarding education 22% had secondary school education and 20% received University education. Married subjects constituted 52% of the studied clients. In relation to health history, 74% reports no physical illness.

Table 2 shows the distribution of the studied patients by their types of trauma. One can notice that 74% of them suffer from trauma related to serious illness and sudden death of a relative or friend. Those reporting being exposed to trauma related to fires and explosions represents 54% also 48% of them exposed to trauma related Great psychological suffering followed by 38% exposed to Transportation accidents (train or car crash) only 6% of the patients exposed to suicide attempts

Table 3 illustrates comparison of the studied patients before and after self-healing program in relation to their level of stress, anxiety and depression (DASS). It was noted that the majority (90%) of the studied clients have severe stress level , 22% have severe depression and 54% have sever anxiety level before intervention compared with only 1% of patients have severe stress , 5% have severe anxiety and no one have severe depression after implementation of self-healing program with high statistic positive significant relationship between patients score of DASS before and after implementation of self-healing program ($p=0.001^*$, 0.002^* , 0.001^* respectively)

Table 4 presents comparison between studied patients in relation to their range and mean of holistic health and their depression, anxiety and stress scale (DASS) before and after self-healing program. The results demonstrate that the holistic health and wellness range and mean increase after implementing the program with mean score of 85.0 ± 6.67 for body, 84.74 ± 4.94 for mind and 85.50 ± 5.84 for spiritual domain. While decrease in depression, anxiety and stress

(DASS) of the studied clients with mean score of 45.62 ± 7.83 . With high statistic positive significant relationship between patients mean of holistic health and wellness and DASS before and after implementation of self-healing program ($p=0.001^*$, 0.001^* , 0.001^* and 0.001 respectively)

Table 5 reveals correlation between holistic health and wellness with depression, anxiety and stress of the studied clients. The result represents that there is a significant negative statistic correlation between holistic health and wellness (in form of body, mind and spiritual domain) with depression, anxiety and stress ($p= 0.009^*$, 0.005^* and 0.001^* respectively). This means that when the level of holistic health and wellness increased the level of depression, anxiety and stress will increased and the patient status will improved.

Results

Table (1) Distribution of study subjects in relation to socio-demographic characteristics

		N	%
Sex	Male	33	66
	Female	17	34
Age	20 – 30	7	14
	31 – 40	16	32
	41 – 50	27	54
	Range : 24 – 50	Mean SD: 39.66 ± 6.51	
Education	Read & Write	18	18.0
	Primary	4	8.0
	Preparatory	7	14.0
	Secondary	11	22.0
	University	10	20.0
Marital status	Single	14	28
	Married	26	52
	Widowed	10	20
Health history	Positive	13	26
	Negative	37	74

Table (2) Distribution of study patients in relation to type of traumatic events exposure

Types of trauma exposed by studied subjects	No	%
1-Natural disasters such as floods and earthquakes	15	30
2- Fires ,explosions and serious accidents at home or at work	27	54
3- Transportation accidents (train or car crash)	19	38
4- Violence or physical abuse	7	14
5- Abduction or detention or Threat with weapons	9	18
6- Attempts at sexual harassment	13	26
7- participating or witnessed a war or revolutions	18	36
8- Serious physical diseases	3	6
9- Great psychological suffering	24	48
10- suicide attempts	6	6
11- A serious illness or sudden death for one of your relatives or friends	37	74

Table (3) Comparison of the studied patients before and after self-healing program in relation to their level of stress, anxiety and depression

Variable	level	Pre-intervention		Post-intervention		X ²	P-value
		N	%	N	%		
Stress	Mild	2	4.0	34	68.0	44.402	0.001*
	Moderate	3	6.0	15	30.0		
	Severe	45	90.0	1	2.0		
Anxiety	Mild	10	20.0	43	86.0	12.553	0.002*
	Moderate	13	26.0	2	4.0		
	Severe	27	54.0	5	10.0		
Depression	Mild	1	2.0	42	84.0	38.702	0.001*
	Moderate	38	76.0	8	16.0		
	Severe	11	22.0	0	.0		

Table (4) comparison between studied patients in relation to their range and mean of holistic health and their depression, anxiety and stress scale (DASS) before and after self-healing program

		Before	After	T. test	P. value
		Body	Range		
	Mean ± SD	56.72 ± 9.25	85.0 ± 6.67		
Mind	Range	25 – 75	69 – 100	237.537	0.001*
	Mean ± SD	59.90 ± 10.27	84.74 ± 4.94		
Spiritual	Range	29 – 77	69 – 92	159.408	0.001*
	Mean ± SD	63.24 ± 11.02	85.50 ± 5.84		
DASS	Range	33 – 59	45 – 72	95.510	0.001*
	Mean ± SD	61.34 ± 8.25	45.62 ± 7.83		

Table (5) Correlation between Holistic health with depression, anxiety and stress of the studied clients after the self-healing program

	DASS	
	r.	p
Body	- 0.260	0.009*
Mind	- 0.335	0.001*
Sprit	- 0.276	0.005*

4. DISCUSSION

Worthy of note that although traditional pharmacologic and psychotherapeutic interventions have shown some proven efficacy in the treatment of PTSD, residual symptoms and therapeutic efficacy remain problematic. So, exploring of integrative mind-body intervention patterns should be employed in the treatment of PTSD ⁽²³⁾.

Self-healing interventions focus on the interplay among mind, body, and behavior, with the target to use these interventions to affect physical functioning and promote health. Self-healing interventions help to prevent many emotional problems, reducing both symptom intensity and relapse rate, speeding up and enhancing recovery, as well as rendering distress and disability easier to endure ⁽²⁴⁾. Especially important is that interventions can significantly affect the presentation of post-traumatic stress reactions. Furthermore, it contributing symptoms relief, achieve general well-being and health outcomes for PTSD patients ⁽²⁵⁾. To achieve positive outcome of a healing process, the patients should adapt a

positive way of coping as self healing interventions and avoid negative and ineffective ways of coping such as alcohol or drug abuse, being in tyrannical or invalidating relationships, self-destructive behaviors such as blaming and shaming themselves, which has possible negative consequences like poor body image, and poor health.

This research is a modest contribution to the ongoing discussion about the effect of Self-healing interventions on holistic health and wellness for patients with post traumatic stress disorder. It was observed that their holistic health and wellness increased after implementing the self- healing program and decrease level of depression, anxiety and stress.

Regarding holistic health and wellness, the total mean score was increased after implementation of self- healing educational program and one can notice the major area for improvement was in physical domain (body) followed by cognitive domain (mind) then spiritual domain with high positive statistic significant relation between mean scores before and after implementation of self -healing program. This result may be explained through the content of self -healing session like enhancement of better sleep, diet, exercise habits and encourage socialization also, teaching a client how to reduce anxiety and handle guilt, shame and other negative feelings about the traumatic events. Finally the researchers teach people helpful ways to react to frightening events that trigger their PTSD symptoms through program sessions. Patients had begun to realize the value of elements such as faith, hope and compassion in the healing process. These practices help the patients raising the capacity to be orient of a situation in one's life, the ability to critically analyze that traumatic condition, and the ability to develop a new perspective and action for healing and modification.

This result in good agreement with other studies which have shown Important of self-healing results from both personal and professional stimuli and the need for change so that healing from trauma can begin (*Thorpe and J. Barsky 2010*)⁽¹⁶⁾ . On line with Brown & Ryan, 2003; Wall, 2005 suggest that using self-healing and self-awareness programs increase, sense of well-being because mindfulness was found to be a significant mediator within the relationship^(26,27) .

However, *Jeitschko et al.* 2009 funded that the subjective well-being of the more spiritual will be higher, but they may not be healthier than their parallels, while those whose spirituality and whose membership in a spiritual community provides a stronger ability to cope with stress and illness will have both higher levels of health and subjective well-being⁽⁸⁾ .

Regarding the level of patient's stress, anxiety and depression, the results indicate significant highly improvement in their level of stress, anxiety and depression after implementation of self-healing educational program especially stress level and there are significant relations between level of stress, anxiety and depression (DASS) and the level of holistic health and wellness of the patients . These results may be due to the using of self- healing interventions which concentrate on the fundamental interactions among mind, body, and behavior, which affect physical functioning and promote health through changing the way that people react to their PTSD symptoms, through exposure, deep breathing exercise, use relaxation and anger control skills, and mental imagery. These interventions help PTSD clients face and control their negative emotions through experienced them in a cautious and secure way by using mental imagery, writing, or visits to the place where the traumatic event happened.

Our finding are consistent with *Kemper & etal (2011)* who confirm that mind-body self- healing practices have a great effect to manage stress, anxiety and mental as well as physical benefits⁽²⁸⁾ . These results are more or less similar to *Bryant-Davis et al. 2016* who focused on using healing practices in form of social support and coping strategies in survivors with high PTSD⁽²⁹⁾ .

In the same stream, Susan L. Ray 2009 and James Lake 2015 stated the importance of healing practice and supportive relationship in reducing negative impact of PTSD as negative emotional and anger^(30,31) . In parallel with *Jenkins (2012)* existing evidence indicates that self- healing mindfulness-based therapies as meditation– relaxation1 approaches are effective in reducing PTSD symptomatology (stress , anxiety and depression), with preliminary evidence showing that reductions physical and emotional symptoms⁽³³⁾

These results Contradict with *Zeke Ogburn 2015 and Pitchford (2009)* applied these perspective to PTSD, calling for more research-informed activism in trauma healing treatment. Particularly, the need for more support systems for and community outreach to families, as well as more holistic and less stigmatizing models of treatment and intervention^(34, 35). PTSD is a consequence of modern life, and the negative emotion and other PTSD symptoms.

5. CONCLUSION

Based on the results it can be bring to an end that, the holistic health and wellness total mean score was increased after implementation of self- healing educational program and one can notice the major area for improvement was in physical domain (body) followed by cognitive domain (mind) then spiritual domain with high positive statistic significant relation between mean scores before and after implementation of self -healing program. Regarding the level of patient's stress, anxiety and depression, the results indicate significant improvement in their level of stress, anxiety and depression after implementation of self-healing educational program especially stress level and there are significant relations between level of DASS and the level of holistic health and wellness of the patients

6. RECOMMENDATION

Following recommendations are yielded from the result of this study:

- 1- apply training program for nurses about self-healing practices and focusing on using these practices as a one of best routine practices with PTSD
- 2- Use comprehensive treatment modalities and evidence-based treatments in managing PTSD to proven cognitive, psychodynamic, and humanistic remedies.
- 3- the treatment for PTSD should include support of the family and significant interpersonal relationship to achieve a great out come in healing from trauma
- 4- Future studies are required to further explore the impact different treatment modalities of PTSD in order to provide the best treatment approaches.

ACKNOWLEDGMENT

The researchers would like to express gratitude, thanks and appreciations to the administration of the study settings for their support and cooperation. Also, great thanks for all clients who participated in this study for their acceptance sincerely in fulfilling the data for the study

REFERENCES

- [1] *Bustamante L, Cerqueira R, Leclerc E and Brietzke E*. Stress, trauma, and posttraumatic stress disorder in migrants: a comprehensive review. *Brazilian Journal of Psychiatry*. 2018;40:220–225. doi:10.1590/1516-4446-2017-2290
- [2] *American Psychiatric Association*. *Diagnostic and statistical manual of mental disorders*. 5th ed., Washington, 2014; 285- 290.
- [3] *Maercker A and Hecker T*. Broadening perspectives on trauma and recovery: a socio-interpersonal view of PTSD. *Eur J Psychotraumatol*. 2016; 7: 10.340.
- [4] *Feder A, Parides M, Murrough J, Perez A, Morgan J, Saxena Sh, Kirkwood K, aan het Rot M, Lapidus K, Wan L, Iosifescu D and Charney D*. Efficacy of Intravenous Ketamine for Treatment of Chronic Posttraumatic Stress Disorder A Randomized Clinical Trial. *JAMA Psychiatry*. 2014;71(6):681-688.
- [5] *Rabie M, El-Sheikh M , ElSayed M , Fekry M and Saad M* . Post Traumatic Stress Disorder and Psychiatric Comorbidity among A Sample of Egyptian Adolescents after the Revolution. A Cross Sectional study. *Middle East Current Psychiatry journal*. 2015; 22(2):91-96.
- [6] *Sadock B , Sadock V, and Ruiz P*. *KAPLAN & SADOCK'S Synopsis of Psychiatry Behavioral Sciences/Clinical Psychiatry*. 11th ed. 2015, Lippincott Williams & Wilkins.
- [7] *McWhorter J, Brown L, and Khansab L* . A wearable health monitoring system for posttraumatic stress disorder. *Biologically Inspired Cognitive Architectures*. 2017; (22): 44–50
- [8] *Jeitschko Th, O'Connell S and Pecchenino R*. *Having Life More Abundantly:Caring for the Body, Mind, and Spirit*. Faith and Economics Publication. 2009.(53) 1 -33

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1749-1759), Month: May - August 2019, Available at: www.noveltyjournals.com

- [9] **Bussing A, Baumann K, Hvidt N, Koenig H, Puchalski Ch and Swinton J.** Spirituality and Health. Evidence-Based Complementary and Alternative Medicine Journal. Hindawi Publishing Corporation. 2014.
- [10] **Pukay-Martin N, Macdonald A and Monson C.** Cognitive-Behavioral Conjoint Therapy for PTSD: Application to an Operation Enduring Freedom Veteran. Cognitive and Behavioral Practice Journal. 2015; 22 : 458-467.
- [11] **Nielsen M , Rugulies R, Hjortkjaer C, Bültmann U and Christensen U.** Healing a Vulnerable Self: Exploring Return to Work for Women With Mental Health Problems. Qualitative Health Research . 2012 ; 23(3) 302–312 .
- [12] **CRANE P and WARD S.** Self-Healing and Self-Care for Nurses. AORN Journal. 2016; 5 (104): 387-400.
- [13] **Chan ES , Koh D, Teo YC, Hj Tamin R, Lim A and Fredericks S.** Biochemical and psychometric evaluation of Self-Healing Qigong as a stress reduction tool among first year nursing and midwifery students. Complement Their Clinical Practice. 2013;19(4):179-83.
- [14] **Polusny MA, Erbes CR, Thuras P, Moran A, Lamberty GJ, Collins RC, Rodman JL and Lim KO.** Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder Among Veterans A Randomized Clinical Trial. JAMA. 2015 ; 4 (5):456-65. doi: 10.1001/jama.2015.8361.
- [15] **Lemon J and Wagner B.** Exploring the Mind-Body Connection: Therapeutic Practices and Techniques. American Counseling Association Conference.2013:(55) 1-10.
- [16] **Thorpe K and Barsky J.** Experience before and throughout the nursing career healing through self-reflection. Journal of Advanced Nursing. 2001: 35(5), 760- 768
- [17] **Mancini F.** The power of self healing. 1st edition. Hay House Publication. January 2012. 27-63
- [18] **Kinney C, Rodgers D, Nash K and Bray C.** Holistic Healing for Women With Breast Cancer Through a Mind, Body, and Spirit Self-Empowerment Program. Journal of Holistic Nursing. 2003;21 (3) : 260-279
- [19] **Fortney J, Pyne J, Kimbrell, T, Hudson T, Robinson Ph, Schneider R, Moore W, Custer P, Grubbs K, Schnurr P.** Telemedicine-Based Collaborative Care for Posttraumatic Stress Disorder A Randomized Clinical Trial. JAMA Psychiatry journal. 2015;72(1):58-67.
- [20] **Raymond W Smith.** Holistic Health and Wellness Survey.2008. vol 1
- [21] **Lovibond, S.H. & Lovibond, P.F.** Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation. (1995).
- [22] **Blake DD , Weathers FW, Nagy LM, Kaloupek DG, Gusman FD, Charney DS and Keane TM.** The development of a Clinician-Administered PTSD Scale. Trauma Stress Journal . 1995;8(1):75-90.
- [23] **Kim S, Schneider S, Kravitz L, Mermier Ch, and Burge M.** Mind-body Practices for Posttraumatic Stress Disorder. journal of investigating medicine . 2013;61(5):827-34.
- [24] **Xia Wei G , Si G and Tang Y.** Editorial: Brain-Mind-Body Practice and Health. Frontiers in Psychology. 2017 ; 8 (1886). doi: 10.3389/fpsyg.2017.01886.
- [25] **Sood A.** The Global Mental Health movement and its impact on traditional healing in India: A case study of the Balaji temple in Rajasthan. Transcultural Psychiatry Journal. 2016; 53(6): 766–782.
- [26] **Brown K and Ryan R.** The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being. Journal of Personality and Social Psychology. 2003; 84(4): 822– 848.
- [27] **Wall RB.** Tai Chi and mindfulness-based stress reduction in a Boston Public Middle School. J Pediatric Health Care. 2005;19(4):230-7.
- [28] **Kemper K, Bulla S, Krueger D, Jane Ott M, McCool J and Gardiner P.** Nurses’ experiences, expectations, and preferences for mind-body practices to reduce stress. BMC Complementary and Alternative Medicine. 2011; 11:26.

- [29] *Bryant-Davis T, Ullman S, Tsong Y, Anderson G, Counts P, Tillman S, Bhang C, Gray A.* **Healing Pathways: Longitudinal Effects of Religious Coping and Social Support on PTSD symptoms in African American Sexual Assault Survivors.** *J Trauma Dissociation.* 2016; 16(1): 114–128.
- [30] *Ray S and Vanstone M.* The impact of PTSD on veterans' family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies.* 2009; 46 :838–847. doi:10.1016/j.ijnurstu.2009.01.002.
- [31] *Lake J.* The integrative management of PTSD: A review of conventional and CAM approaches used to prevent and treat PTSD with emphasis on military personnel. *Advances in Integrative Medicine Journal.* 2015; 2: 13-23.
- [32] *Lanius R and McKinnon M.* Mindfulness-based treatments for posttraumatic stress disorder: a review of the treatment literature and neurobiological evidence. *J Psychiatry Neurosci.* 2018; 43(1): 7–25
- [33] *Jenkins B.* **Concept Analysis: Compassion Fatigue and Effects Upon Critical Care Nurses.** *Critical Care Nursing Quarterly.* 2012;35(4): 388- 395. doi: 10.1097/CNQ.0b013e318268fe09
- [34] *Ogburn Z.* Best Practices for Treatment of Post-Traumatic Stress Disorder.2015 10.15760/honors.160.
- [35] *Pitchford D.* An Influence on Trauma Treatment. *Journal of Humanistic Psychology.*2009;49 (4): 441-446.