



Mental Trauma Affliction and Infliction: Punishment and Atonement for Sins?

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Article 5 of the United Nations Universal Declaration of Human Rights states “NO ONE SHALL BE SUBJECTED TO TORTURE OR TO CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT”.

It is widely acknowledged worldwide that trauma related afflictions and inflictions e.g. due to acquired brain injury, are becoming a major disease burden, producing increasing morbidity and mortality [1,2]. Most researches focussed on understanding the structural and mechanism components of the trauma dynamics e.g. in brain injury, for the care-receiver: aetiology, epidemiology, diagnostics, prognostics and recovery issues and sequelae [3,4], and for the care-giver: burden, coping, financial-infrastructure-support needs, and information requisition and utilisation [5]. A usually hidden but of immense significance is the emotional trauma suffered and the psychological pain endured by the care-giver and the care-receiver [6]. Apart from some cursory allusion on societal nonchalant-attitude [7], within some researches [3,4]; emotional trauma has been little studied. This discussion dwells on emotional trauma, and frames it within a setting involving religious beliefs and conviction. A discourse on such a sensitive domain is critical and timely since

much unnecessary suffering accrues from a societal-sanction paradigm validating and sensationalising punitive and negative convictions.

People of the monotheistic religions- Islam, Christianity, and Judaism, often subscribe to the notion of punishment for sins committed. Such attribution is atonement for sins, misconduct and wrong-doings [8,9]. Conversely, it is also recognised that trauma-induced suffering are divine challenges which expiate sins [10], and confer resilience, awakening, empathy and piousness in humans [11]. Every prophet endured huge challenges in life. Such dyad trait is sanctioned by God (Quran 36:36). It is man's prerogative to choose its interpretation. Then, why not select the positive construct i.e. challenges and not punishment? Circumventing negative impacts is also God's commanding guidance for a safer and happier life [11].

Substantial literature validates the enormity of burden shouldered by care-givers of chronic impairment and illnesses [12,13]. It is inhumane to further afflict and inflict more emotional and psychological pain on caregivers, by assigning atonement of sins to their misfortune. Exacerbating this diabolical situation is society's penchant to sneer and/or insinuate caregivers and care-receivers

as sinners, hence repentance should be invoked. Sadly, such seemingly mainstream smearing is also advocated by healthcare professionals. Moreover, some societies still maintain the traditional cultural belief of bad luck surrounding trauma affliction and infliction ...thus even meeting the care-givers and care-receivers is a taboo [14].

Enlightened civil and knowledgeable society [7] is characterised by humane traits such as caring and empathy [15]. It is insane to escalate emotional burden on care-givers and care-receivers, hence, lowering their wellbeing [16], and quality of life [17,18]. Long term care-giving and care-receiving of trauma related chronic illness and impairment imposed overwhelmingly arduous and burdensome routine [5]. Care-givers and care-receivers mind should not be riddled-haunted-entombed by emotional web of guilt feeling and supposedly divine life-disrupting prosecutions. God approves the right of every human being to be protected from victimisation [11]. Emotional pain can destroy care-givers and

care-receivers lives. Thus punitive perception needs urgent transformation through revolutionary mental epiphany. The stakeholders span across the gamut of society. Vehement objections are foreseeable. Committed result-oriented leadership is essential among politicians, polities, communities, clergies, societies, fraternities, care-givers & care-receivers, and activists. Perhaps a common message would be... trauma affliction and infliction is not sin atonement, but a challenge conferment. Within the echelon of leadership, the religious authorities stand out at the forefront. Ultimately sincere conversations between all stakeholders, based on knowledge strategies [7], should elicit actionable tactics to enhance restoration of care and empathy, worldwide. Else, to the chagrin of civil and caring individuals, continuing societal conviction-flagrance obviates addressing a real learning-transforming concern. Don't we care?

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