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### **A Metacognitive- Dialogical Model to Conceptualize and Approach PTSD**

Current approaches of cognitive nature employed in the treatment of trauma and PTSD are outlined and analyzed in the article. Their efficacy and merits are pinpointed, and provide the basis for further inquiry into metacognitive-dialogical possibilities in treatment.

The article introduces a theoretical model based upon and expanding the concepts derived from cognitive and metacognitive models applicable to the treatment of trauma and PTSD. The proposed paradigm integrates psychological and theological principles derived from both, empirical research done in the field of clinical psychology and Christian practices based on Scriptures. The article addresses areas that have been ignored in the psychological field, regarded as being unscientific—the theological notions derived from exegetical and hermeneutical efforts exerted in the interpretation of existing scriptural data on internal dialogues and rhetoric of the self, and the principles that empower a person by the activation and employment of purposive faith—defined in the context of this paradigm as a feedforward, control system superposed to negative feedback loops elicited by negative contingencies.

A theoretical analysis of metacognitive processes involved in the monitoring and regulation of internal dialogues, and the employment of internal rhetoric addressing negative styles of thinking in trauma and PTSD, are key dimensions in formulating a top-down approach in treatment. Focusing upon the metacognitive-executive functions gathered from the patient's dialogical deliberations associated with trauma and PTSD may foster a better disposition to face the challenges posed by the biased styles of thinking and negative feedback loops. This perspective may guide the efforts exerted in the employment of purposive, feedforward control systems that may superpose a hopeful and regulatory response style vs. traumatic aftereffects.

The integration of faith-based principles such as the practice of detached objectivity, the monitoring and regulation of anxious and stressful states of mind, and the appeal to scriptural assertions of positive nature acting as supportive elements in healing are proposed. The person's overt or tacit spirituality is taken into account, having in mind the theological explanations related to the theodicy question—theological construct that attempts to justify or vindicate God in relation

to human suffering. A person's explanatory styles of processing this dilemma— involving internal dialogues and rhetoric— seem to be related to the attribution of meaning allocated to traumatic events experienced and reflected upon. Thus, hope vs. despair, a sense of martyrdom vs. fight response, isolation and dejection vs. a sense of fellowship and support, are some of the dialogical aspects of such processing.

Beyond cognitive efforts aimed at the challenge and replacement of undesirable negative thoughts, emphasis is given to the development, elaboration, and consolidation of new metanarratives to be allocated in the ontological, structural basis of personhood. Then, from such top-down perspective, the person may be able to mindfully monitor, regulate, and purposefully decide on a better course of action intended to ward off his/her negative styles of processing. The paradigm involves the premise that such choice would be consistent with the person's ontological or substructural basis underlying his/her cognitive processes and overt behaviors affected by trauma and PTSD.

**Key words:** Metacognition; top-down executive control systems; detached mindfulness; purposive mindfulness; feedback control systems; feedforward control; internal dialogues; internal rhetoric; theological-psychological integration.