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STRUCK DOWN *AND* NOT DESTROYED:
A NEW WAY TO CARRY TRAUMA

“Struck Down *and* Not Destroyed”

BY: REBECCA L. WEYGANDT

SEATTLE PACIFIC SEMINARY

STRUCK DOWN AND NOT DESTROYED: A NEW WAY TO CARRY TRAUMA

REBECCA L. WEYGANDT

A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE REQUIREMENTS OF MASTERS OF
ARTS IN RECONCILIATION AND INTERCULTURAL STUDIES AT SEATTLE PACIFIC SEMINARY

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Date: *May 23, 2018*

DEDICATION

To my Mom, Christy Weygandt, and Rob Honcoop for being
supportive
hospitable
imaginative
and living graciously in the “*Ands*” of life.

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ABSTRACT

There seems to be an assumption in many Christian communities that suggest people should avoid the experience of pain and suffering. This is often communicated by encouraging those who grapple with difficult realities to have a positive perspective or attitude. As a future leader in the Church, I am concerned about the negative impact of this message on the emotional and spiritual health of people. I am specifically concerned about those who engage in the arduous work of reconciliation and peacemaking and how they can survive the inevitable pain and difficulty of this work over an extended period of time, when this is the message that is given so prevalent to them. Is there a theological perspective that addresses and gives insight into how people can experience these places of desolation without succumbing to despair or having to deny the reality of their grief?

In her book *The Very Good Gospel*, Lisa Sharon Harper writes, “The good news of my gospel doesn’t feel good enough... The best that human peace can offer is broken peace.”¹ This quote speaks to the reality of my experience of frustration and hopelessness in Christian peace efforts—the best we can do is still broken, and that doesn’t feel good enough. On the other hand, as a Christian, I theologically know that God’s shalom is perfectly enough, but we exist in the liminal space between our desolation and the knowledge of shalom.

So what do we do in the in between? How do we exist in this liminal space knowing that our efforts for peace are insufficient? How do we sustainably live in desolation— exist in the

¹ Lisa Sharon Harper, *The Very Good Gospel: How Everything Wrong Can Be Made Right* (New York, NY: Waterbrook, 2016), 2, 106.

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liminal space— without it breaking us? Must we accept our desolation and settle for broken peace? Is there anything redemptive to be gained through the experience of desolation?

The apostle Paul seems to address and understand the way in which we can experience desolation without despair. He says, “We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be made visible in our bodies” (2 Cor. 4:8-10 ESV). Therefore, I believe that it is possible for those who are in desolate places to experience life, and the answer may be that the goodness of our gospel is in its proximity to desolation. In times of desolation, people may not need the good news of the gospel to feel “good enough,” as Harper puts it. Instead, this thesis will propose an understanding of a gospel that is proximate to the pain of our world. A “proximate gospel” is a good gospel, it’s a shalom that meets us in our desolate places. The goodness of God stands in direct opposition to desolation, and yet remains proximate and sustaining. This thesis project will discover a new way for Christians engaged in the work of reconciliation and peacemaking to live in the desolation of human efforts and broken peace while still experiencing God’s ultimate shalom. Therefore, the purpose of this thesis project is to explore the question,

“What are the practices that empower Christian reconcilers and peacemakers, in areas prone to trauma, to carry pain differently and experience the reality of a God who is proximate in times of desolation?”

CHAPTER 1

Introduction: *Acknowledging the Depth of Pain*

You didn't listen to me
when I tried to explain
that I have scars so long,
so deep, you may never
find the ends of them ²

In my experience, the topic of trauma has been “othered” by the Christian Evangelical Protestant church—held at a safe distance as not to cause people to feel discouraged about their faith. For this reason, I believe it is important to humanize the Christian experience of desolation. Using my own integration of personal experience into this rigorous academic paper, this thesis project will read as a research-based work that is personally informed with accessible points of entry for readers, especially those experiencing despair, to further engage in narratives of trauma.

It was a normal Sunday morning for me. I had just returned from a trip to India, and I was back in the church congregation I currently call my own. The most visual difference out of my ordinary routine was that this Sunday I was using a crutch, per doctor's orders. It came time for the Pastor to invite the congregation to turn towards one another and say hello or introduce yourself to someone you do not know. I turned toward a gentleman sitting in the row in front of me. We shook hands, exchanged names and pleasantries; “Hi Carl, I'm Rebecca.”³ Then,

² Emily Curtis, *In the Absence of the Sun* (San Bernardino, CA: Emily Curtis, 2017), 1.

³ I changed his name for confidentiality reasons.

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naturally, the question came, “So uh, what happened?” he asked, pointing to my crutch. “I broke my foot while traveling,” I thought a short answer would suffice, seeing as I didn’t know him. Carl continued to press, “Where did you break it?” “You mean geographically, or like where on my foot?” He meant what bone I had broken, so I reached down and pointed to the proximal phalange of my fourth toe. Carl let out a sigh of release and looked at me with a smile, “Oh! So it’s really not that bad.” I cautiously told him that I was actually in a lot of pain. “But you’ll be fine!” That was my signal to wrap up the conversation and turn to someone else. What Carl did not know or care to realize was that he was stepping into my story of pain, which was much more than just a broken foot because the injury was sustained during a traumatic experience abroad; all he could see was a single dimension of my pain. His belittlement of my condition and the nonchalance with which he dismissed my story was hurtful, re-triggering even. Perhaps Carl responded in this way because of his own story of pain, or perhaps in order to be able to digest part of my story without getting too involved or messy. Either way, his lack of engagement came at a personal cost to me.

This story is revealing of a larger problem in the Christian Church; we have great difficulty when it comes to entering into stories of trauma without giving positive platitudes— “God wouldn’t give you more than you can handle”— or shallow hope — “It’ll be fine, you’ll see.” Engaging in this way with people who are suffering only further isolates their experiences and deems their painful story as merely something to get through rather than live in and grow with. The imagery of an iceberg is helpful to understanding this problem. If we think of the experience of trauma as an iceberg, only about 10% is visible above the water’s surface, while the other 90% is unseen below the water’s surface. In my experience, the church often only

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confronts the visible 10% of trauma. For example, “You look really sad, but we serve a good God. So choose joy!” It is not that this statement is untrue, but that it does not address the whole truth. In other words, symptoms of pain— like my broken foot— do not reveal the whole story of trauma. In my experience, the church has been unwilling to dive below the surface, and explore the depths of desolation found there. In other cases, if the church has acknowledged the existence of the other 90% of the trauma, it is often viewed with a flashlight; this metaphor captures how trauma is viewed in pieces— it is seen in part, but not fully understood. A flashlight, like positivity, is out of place in that mass of desolation. The church must be willing to dive into places of trauma with night-vision goggles, serving as empathetic lenses, that allow us to see what is below the surface without bringing our own agenda or outside perspective of positivity.

It is the contention of this thesis project that the problem of trauma met only partially and with positivity is perpetuated through a conglomeration of impoverished theology and a misunderstanding of psychological and social studies on trauma. Trauma is broadly defined as, “a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time.”⁴ Moreover, it is associated with serious injury to the body, not only in visible harm such as broken limbs, but also in the ways bodies remember emotional connections to traumatic events; such as, panic attacks and heightened anxiety. Dr. Bessel A. van der Kolk, a psychiatrist known for his extensive research in post-traumatic stress, says, “We have learned that trauma is not just an event that took place sometime in the past; it is also the

⁴ “Trauma,” *Merriam-Webster's Learner's Dictionary*, www.learnersdictionary.com/definition/trauma. Accessed February 10, 2018.

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imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive the present.”⁵ Often in the church, I have heard a strong emphasis on the soul, which subsequently negates the body. This definition of trauma necessitates an understanding that our bodies and souls are deeply connected. I have also heard theology presented as a wiping away of the past and a focusing on Christ in our present. A relevant example of this is a post that appeared in my social media feed: “There is one Healer. His name is Jesus. If we spend more time talking about our wounds than His wounds by which we are healed, we are living with less than He has for us.”⁶ To those experiencing trauma, this may sound like a spiritualized paraphrasing of a quote by author Laura Parrott Perry, “If my focus is on the wounds of the past, I will miss out on the blessings of the future.”⁷ Neither of these quotes address people whose bodies demand focus on their past wounds— carrying the past pain of trauma with them in their present life. The problem here is that the church tends to assume trauma from the past is a blindfold that prevents us from living into God’s plan for our future, rather than as a new prescription for our glasses that help us to more clearly understand our proximity to the full narrative of Christ.

A clear example of this problem is found at a church I attended previously. The church had a beautiful center that provided a multitude of care for those in need in the local community— mechanics, a grocery store, immigration lawyers, a clothing store, doctors, etc. When someone visits this facility, they are greeted by many friendly volunteers, and directed

⁵ Bessel A. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York, NY: Penguin Books, 2014), 21.

⁶ Anonymous, *Facebook Post*, 7 Feb. 2018. Accessed February 7, 2018.

⁷ Laura Parrott Perry, “The Fault In My Scars,” *Laura Parrott Perry Blog*, 6 Jan. 2015, lauraparrottperry.com/the-fault-in-my-scars/. Accessed February 7, 2018.

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towards the sign-in stations. Though it may sound wonderful on the surface, the reality is that every single volunteer working in the space wears a shirt that says, “Choose Joy.” The people who come to this space are humbly asking for help in the midst of their painful, and often traumatic, circumstances. For people living in desolation, it can take every ounce of fire in their bones to get dressed in the morning, let alone driving to a church to ask for help; and the first message they hear is to *choose joy*. This scenario is reminiscent of the problem; rather than further entering into people’s stories of desolation, the church offers a positive platitude as if this will help or perhaps heal those walking in the door. Conceivably, churches such as this lack a contextual understanding of the realities of trauma that seep into every inch of people’s lives.

On an interpersonal level, this continual bypassing of pain becomes incredibly dangerous for Christians involved in reconciliation and peacemaking efforts. Ignoring these deeper realities of desolation can lead to isolation, burn-out, and even self-destruction. The community of traumatized persons know well the liminal space in which we live between the ongoing risk of re-traumatization and a deeper theological understanding of God’s ultimate shalom. The space we occupy is held in tension between current realities and prophetic hope. People in this liminal space are being hurt by the church’s subpar response to trauma, just like the one I received— “Oh! So it’s really not that bad... But you’ll be fine.”

On the surface, insensitivity to pain may seem inconsequential. However, this insensitivity can trigger those grappling with trauma and leave them in the wake of their inconsiderateness. According Dr. van der Kolk, “Being traumatized means continuing to organize your life as if the trauma were still going on— unchanged and immutable— as every

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new encounter or event is contaminated by the past.”⁸ Therefore, belittling pain is not just a poor means of coping with the past; it is a means of rejecting the very present reality of the person who experienced trauma. A two-minute incident, such as my experience with Carl at church telling me I’d be fine, alters the physical and mental state of the traumatized person who is left to deal with the consequences. While the individual dismissing the pain can return to business as usual, the traumatized person may spend the rest of the day or week dealing with the physical repercussions of the comment or incident. Often times, a symptom of those who have experienced trauma is a heightened fight or flight response,

“The central function of the amygdala, which I call the brain’s smoke detector, is to identify whether incoming input is relevant for our survival...If the amygdala senses a threat...it sends an instant message down to the hypothalamus and the brain stem, recruiting the stress-hormone system and the autonomic nervous system (ANS) to orchestrate a whole-body response.”⁹

In traumatized persons, the amygdala is constantly on alert for threat, creating a hyper-awareness and responsiveness in the person’s body. This emphasizes the physical realities of being re-traumatized by insensitivity, and gives reasonable explanation for how bodies react to trauma even before one is consciously aware.

Christians in the field of peacemaking and reconciliation— areas with a high risk of trauma— are prone to have experiences of re-traumatization like my own. The consequence of this on their work and lives is crucial to understand; when the people of the church do not

⁸ van der Kolk, *The Body Keeps the Score*, 53.

⁹ *Ibid.*, 60-61.

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know the truth about the reality of trauma and suffering, those directly impacted— survivors of trauma— are prone to burnout, at best.¹⁰

Therefore, to break the cycle of re-traumatization by positive platitudes and shallow hope in the context of well-meaning Christian communities, this thesis project will explore the question, “*What are the practices that empower Christian reconcilers and peacemakers, in areas prone to trauma, to carry pain differently and experience the reality of a God who is proximate in times of desolation?*” It is my hope that by answering the above question, this thesis will provide theology and tools for Christian reconcilers and peacemakers to embody the text, “We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be made visible in our bodies” (2 Cor. 4:8-10 ESV).

¹⁰ Andy Crouch, *Strong and Weak: Embracing a Life of Love, Risk, and True Flourishing* (Downers Grove, IL: 2016), 133.

CHAPTER 2

Theology: *Death and Life*

she's
proof
that
heaven
and
hell
exist.¹¹

- *Proximate to the Pain of Christ* -

After my interaction with Carl at church, I no longer had the capacity to focus my attention on anything but my heightened anxiety. I went home not remembering what the sermon topic was, what songs we sang, or if I had participated in communion. And yet, I stayed in the service because I could sit and look at the cross, bringing my pain into proximity with Christ's pain.

As I have argued, the Evangelical church pushes traumatized people to focus on positivity. This could be due to an overly emphasized focus on the resurrection of Christ. However, traumatized people have naturally and uniquely become proximate to the narrative of Christ's suffering and death through their own narrative of pain.¹² These distinctive approaches to becoming proximate with the narrative of Christ are demonstrated through an

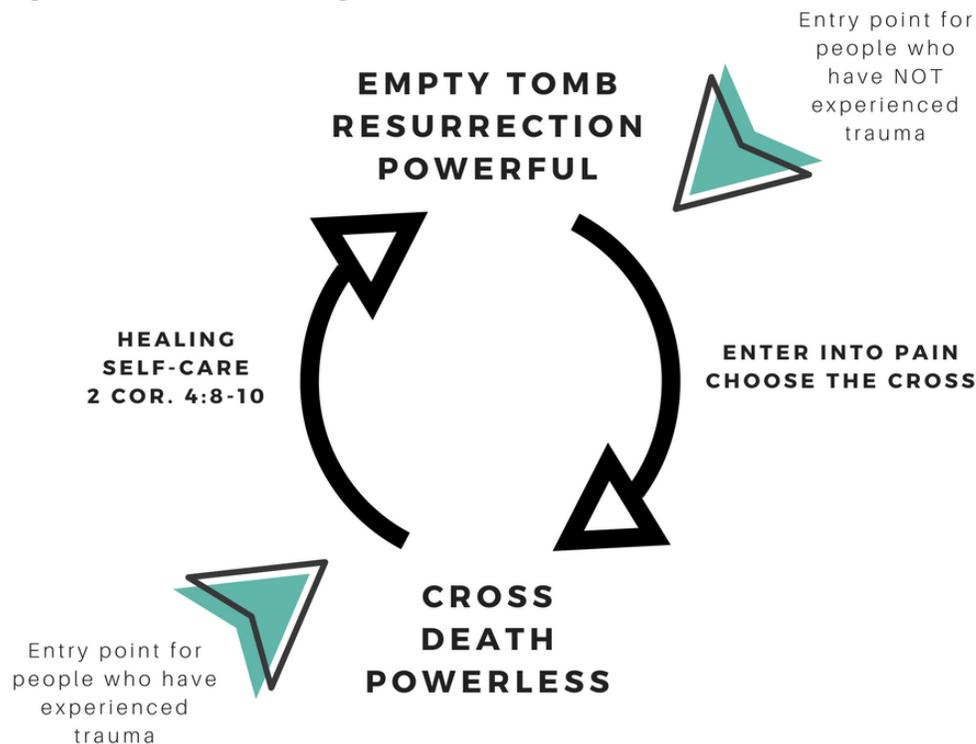
¹¹ Kiana Azizian, *Instagram Post*, 13 Sept. 2017, <https://www.instagram.com/p/BZAQRWaApBL/>. Accessed May 20, 2018.

¹² Robert J. Schreiter, *The Ministry of Reconciliation: Spirituality and Strategies* (Maryknoll, NY: Orbis Books, 1998), 5.

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adaptation of the figure *Cycle of Gospel Living* by Eric H. F. Law.¹³ Law created this figure to explore how Whites and People of Color enter the narrative of Christ's life, death, and resurrection in their particularities. I have adapted this figure to demonstrate how people who have experienced trauma, and those who have not, enter into Christ's narrative at different points. Below is my diagram adapted from Law:

Figure 2.1 Proximate Living



As explored in the first chapter, Christians in the work of reconciliation and peacemaking either have experienced trauma, or live and work in areas with a high risk of experiencing trauma. Dissimilarly, I have argued that much of the Evangelical church has not experienced trauma, nor are they exposed to a high risk of trauma, and therefore respond to

¹³ Eric H. F. Law, *The Wolf Shall Dwell with the Lamb: A Spirituality for Leadership in a Multicultural Community* (St. Louis, MO: Chalice Press, 1993), 74.

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the residual pain of trauma with positive platitudes and shallow hope. I argue that this is due to their lack of understanding the depth of trauma. This difference shows the distinction between where people enter into the narrative of Christ's life, death, and resurrection.

The above figure, "Proximate Living," shows the narrative of Christ's loss of power on the cross and descent into death, followed by his resurrection in power resulting in an empty tomb. I argue, via this diagram, that people who have experienced trauma enter into Christ's narrative at the point of the cross, death, and powerlessness; people who have not experienced trauma enter into Christ's narrative through the empty tomb, resurrection, and powerfulness. This figure visually explains why people who have not experienced trauma respond to pain with positivity— they understand Christ through the narrative of life and power. However, when people who understand Christ through the narrative of death and powerlessness are met by positivity, it feels shallow and disingenuous. Just like the interaction I had with Carl at church, his theology was formed by the power of the resurrection and therefore could not enter into my pain— understood truly through Christ's death.

This figure also shows the trajectory of how people who have experienced trauma can once again experience the life and power of the resurrection through healing, self-care, and embodying 2 Corinthians 4:8-10, which will be explored later in this chapter and with more detail in chapters 4 and 5. Though not the focus of this thesis project, it is important to note that similarly, people who have not experienced trauma (the positivity-toting Evangelical Christians I critique in chapter 1) need to intentionally enter into pain by choosing the cross in order to understand the depth of pain caused by trauma, and the full narrative of Christ. This is not to say that they should necessarily put themselves in harm's way to experience trauma—

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part of the nature of trauma is that it is not consensual. It is to say, however, that people can choose to learn more about trauma and become versed in empathy with traumatized persons.

What the figure does not reveal is that when someone experiences trauma— a type of death— that experience remains a part of them after the event ends. The figure is not meant to be linear, it is only to demonstrate where people enter into Christ’s narrative. Really, the figure could more appropriately be represented as a figure-eight because it would then reveal that even in life, death is still present as it is a continuation. Moreover, particularly through the lens of trauma, this figure could also be drawn as an outer circle— life— and an inner circle— death; representative of the traumatized person remaining in the middle of the two circles, always carrying death even while living. Theologian Shelly Rambo writes that trauma reveals this middle ground between death and life— death that remains while still living; she calls this a “theological territory of remaining.”¹⁴ Rambo continues, “Surviving is not a state in which one gets beyond death; instead, death remains in the experience of survival and life is reshaped in light of death— not in light of its finality but its persistence. Persons who experience trauma live in the suspended middle territory, between death and life.”¹⁵ This middle ground, the liminal space, is where traumatized Christians live as they continue to engage in the work of peacemaking and reconciliation— areas of desolation. This way of survival post-trauma is a constant pressing-in to both life and death simultaneously.

The conceptual middle ground is made manifest in the progression of Good Friday, Holy Saturday, and Resurrection Sunday. Part of the unique perspective of people who have

¹⁴ Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, KY: Westminster John Knox Press, 2010), 16.

¹⁵ *Ibid.*, 25.

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experienced trauma is their location in this middle ground— Holy Saturday. This positionality is a testament to the remanence of death.¹⁶ People who have experienced trauma have an ability to understand the depth of the pain in death on Good Friday, remain in the unknown of Holy Saturday, and still maintain a deep yearning for the promise of life in the Resurrection Sunday. Those who have been through trauma— who have become proximate to suffering at a personal cost— deeply and personally know the pain of Christ’s death. It is only through death on Good Friday and ambiguity on Holy Saturday that we are able to experience true life after the resurrection on Sunday. The resurrection without death is merely optimism and shallow positivity— where I contend much of the Evangelical church is situated.¹⁷ Theologian Jürgen Moltmann explains, “Genuine hope is not blind optimism. It is hope with open eyes, which sees the suffering and yet believes in the future.”¹⁸ Therefore, the only way the resurrection is rightly proclaimed is when death is made fully manifest. In other words, living in the life of the resurrection without understanding the reality of death is a false articulation of the true hope found in the resurrection. We are called to experience true life, made possible only through death. Thus, Holy Saturday “becomes the site of witness to the truths [of death] that are in danger of being covered over and buried [by false positivity].”¹⁹ Though not there yet, Resurrection Sunday then becomes an even sweeter promise because “[o]nly those who have suffered, those who carry around the memory of pain in their bodies, know how strong the yearning is for peace—and how far away peace can seem to be.”²⁰ The gift of the traumatized

¹⁶ Rambo, *Spirit and Trauma*, 62.

¹⁷ Adapted from conversation with Dr. Dave Nienhuis, Seattle Pacific University. March 1, 2018.

¹⁸ Jürgen Moltmann, *Experiences of God* (Minneapolis, MN: Fortress Press, 2007), 14.

¹⁹ Rambo, *Spirit and Trauma*, 48.

²⁰ Schreiter, *The Ministry of Reconciliation*, 53.

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person is that they have no choice but to live in Holy Saturday, constantly oscillating between experiences of the Good Friday death— re-traumatization— and still yearning for the promise of Resurrection Sunday— flourishing.²¹ Remaining in Holy Saturday attests to the relationship between life after trauma and the reality of faith; it is “a form of divine presence that is difficult to see, to feel, and to touch.”²² Due to the physical manifestations of trauma— difficulty accessing language, communication skills, and other impaired cognitive functioning— witnessing Holy Saturday is necessarily “a tenuous orientation to suffering that presses central theological claims about death and life in and against themselves.”²³ Witness of Holy Saturday is not a verbal proclamation or physical imitation, but rather is a way of living in the shadow of death— surviving in the liminal space where life and death meet. From this, we can understand the theological concept of remaining in the middle ground through the work and constant movement of the Spirit; the Spirit remains in life after death, bearing witness to Christ’s life, death, and resurrection. People who have experienced trauma inherently exist in the middle ground of Holy Saturday, and are living witnesses to the complicated relationship of always carrying with them death in life.

- *Carrying Death in Life* -

Though we have the theological knowledge of bringing our stories of trauma proximate with the narrative of Christ, remaining in the middle ground of carrying death in life, and

²¹ Adapted from conversation with Dr. Dave Nienhuis, Seattle Pacific University. March 1, 2018.

²² Rambo, *Spirit and Trauma*, 79.

²³ *Ibid.*, 42.

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witnessing to this positionality, the questions remain: *How do we carry this? How do we hold death without being overcome by it?*

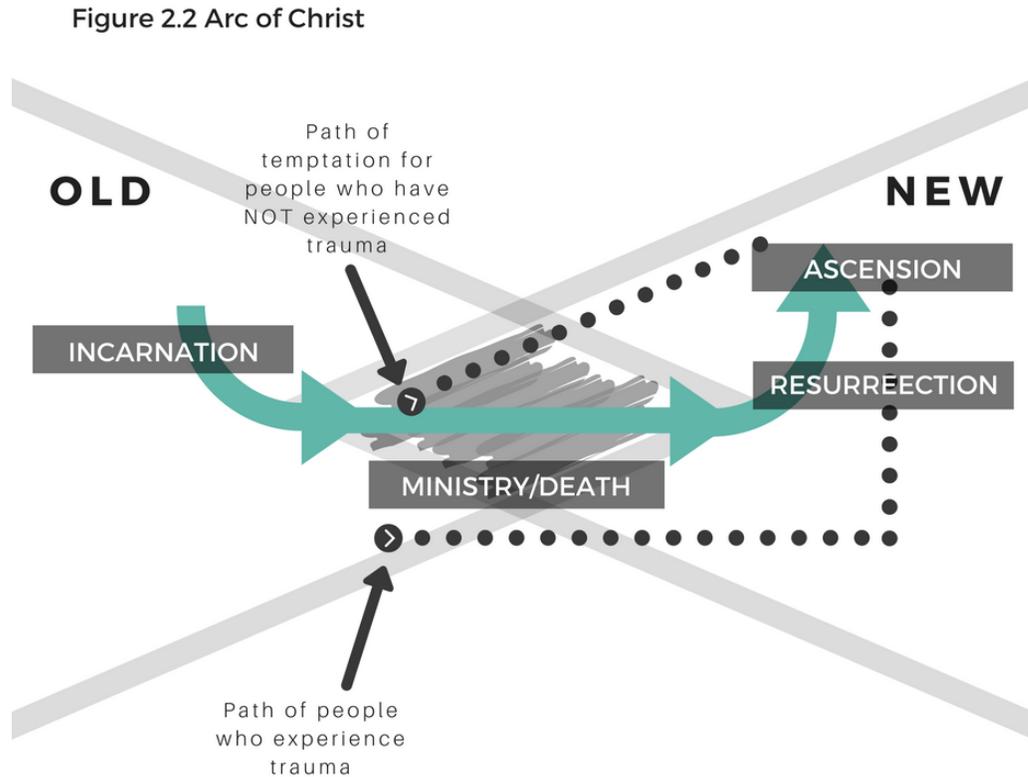
I've always had a liking to the phrase, "It's not an either/or, it's a both/and." This became a living reality for me when someone very close to me, Andy, was hurting.²⁴ He missed his wife and because of his Alzheimer's he could not remember or comprehend that she would return home the very next day. He looked at me with tears in his eyes and said, "This sucks," referring to his Alzheimer's, "I miss my wife." In that moment I knew that I had a choice; I could either respond, "*But* she'll be back tomorrow!" with a positive tone, or I could respond, "I know, that must be very hard for you... *and* she'll be back tomorrow" with deep sincerity and empathy. I chose the latter. In that moment I felt the gravity of the word "*But*" and learned the importance of strengthening our theological language with the word "*And*". "*But*" is what happens when people of the church use positivity to diminish pain; like in my experience of returning to church after a study abroad trip, Carl used a *But*-statement to say I would be fine despite my pain. To adequately enter into my pain, Carl could have taken the approach of using an *And*-statement to simultaneously acknowledge my hurt and the future promise of healing.

The Christian narrative is rooted in God's pouring out of grace through the incarnation of God's son Jesus. His mission was to usher in the reign of God on earth and reconcile Godself to creation; through death, Jesus remained faithful to this mission. Humanity is invited to live in *And*-statements through the *full* narrative of Christ's life, death, and resurrection; we are

²⁴ I changed the name of this person to Andy for confidentiality reasons.

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sinners *and* we are reconciled to God through Christ's atonement. The diagram below demonstrates the story arc of Christ, which we are called to follow.²⁵



This graph displays three parts: (1) the path of Christ's incarnation, ministry, death, resurrection, and ascension as seen through the horizontal turquoise arrows; (2) the old covenant before Christ and the new covenant because of Christ as seen through the overlapping angle-brackets (>); and (3) the different approaches to the resurrection as seen through the dotted lines.

The overlay of parts one and two exhibit the arc of Christ's life and humanity's unique positionality following in his path. We all live in the middle ground—the shaded area in the center of the graph— between the old covenant and the full realization of new life in Christ; we

²⁵ Adapted from conversation with Dr. Dave Nienhuis, Seattle Pacific University. March 1, 2018.

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exist in the middle time of *already, and not yet*. Glimpses of the coming Kingdom seep into our lives through the work of the Holy Spirit, and we still live in death. The third part of this diagram reveals two paths to the resurrected life. One path is the temptation of those who have not experienced trauma to take a short cut between Christ's ministry and death to the resurrection and ascension; this is based on their entry point demonstrated in Figure 2.1. The bypassing of death conveys shallow hope and a false articulation of the resurrection. The other path to the resurrection is where the traumatized person is situated— the long and necessary path of Christ, carrying death in life.

Western culture understands death in its finality; this emulates a *But*-statement, "we have life, but death will come." However, death is transformed in Christ by his embodiment of the *And*-statement through an acceptance of death— Christ knew he would die *and* live. This is demonstrated in scripture when Jesus is in the Garden of Gethsemane; "Then he said to them, 'I am deeply grieved, even to death; remain here, and stay awake with me.' And going a little farther, he threw himself on the ground and prayed, 'My Father, if it is possible, let this cup pass from me; yet not what I want but what you want'" (Matt 26:38-39 NRSV). This is counter-intuitive to the way many Evangelical Christians pursue the resurrected life by dismissing or avoiding death, as seen through the path of temptation to short-cut to the resurrection by way of shallow hope. Christ, on the other hand, embraced death and knew that it did not negate his life, but rather informed it.

Christ's posture applies to the theology of the middle ground already explored. In the liminal place, a person who has experienced trauma does not say, "Yes death happened, *but* now I have life!" This *But*-statement dismisses the pain of past death— trauma— and its

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remaining presence. More appropriately understood, the middle ground of Holy Saturday is an *And*-statement that holds both; “Yes, death happened. I carry death with me, *and* I have life.”

This type of *And*-statement is one that embodies the theological claim of being oriented toward suffering in life, holding death and life together as witness to the liminal space of Holy Saturday.

We carry death and life with “*And*s.”

- *A New Relationship with Death* -

For people who have experienced trauma, remaining oriented toward death is painfully natural— our bodies carry the death of trauma. Therefore, we must have safe places to interact with our own deaths and reestablish life. Father Robert J. Schreiter provides a theological lens through which we can engage in this reestablishment:

“The tomb gives us something to hold on to... The absence of the body from the tomb breaks again the relationship [of death alone] that burial tried to establish. Death is always a rupture of relationships, and grieving and mourning are a way of trying to reestablish relationships, albeit now in a different way [holding death and life together]. This is portrayed in a poignant fashion in John’s account of Mary recognizing that the stranger is Jesus. Jesus tells her not to cling to him— ‘Do not hold on to me.’ One cannot hold on to the dead; a new kind of relationship has to be established.”²⁶

Schreiter argues that the empty tomb provides a means of grieving for those who have experienced death. Grief allows new relationships between death and life to be established because it acknowledges the great loss and pain that accompany death, while creating a new way of life. This life is necessarily new because trauma— the death— disrupted the old self, and makes impossible the ability to return to the pre-traumatized self. As I cited earlier, bodies hold

²⁶ Schreiter, *The Ministry of Reconciliation*, 35.

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trauma and are physically altered to a new state of being because of the trauma; this is why Schreiter claims that reestablishing relationships is a different way of carrying life and death.

Schreiter goes on to use the story of Mary not recognizing Jesus and his instruction to her not to hold on to him as a way of understanding that traumatized people cannot hold on to death. I disagree with Schreiter when he says that we cannot hold on to the dead; traumatized bodies, not by choice but by physiology, hold on to death. This is why I have argued that people who have been traumatized live in the liminal space of continuously holding death in life. However, I would like to nuance Schreiter's claim to understand that it is not that traumatized persons cannot hold death, but that the death they carry must be held differently. Mary, upon recognizing Jesus, wants to cling to him as she once could. However, because a death has occurred she must reestablish a new kind of relationship with Jesus that does not negate his death, but now holds it in a new way. People who have experienced a type of death through trauma must do the hard work of reestablishing how they relate to that death in order to carry it differently and not be crushed, despaired, abandoned, or destroyed.

Persons who have been traumatized are called to a restoration of their humanity; not returning to their same self as before the trauma occurred, but rather to a new state of being in light of the trauma. The work of Schreiter still proves pertinent here in that he emphasizes the importance of accepting that our past impacts our present; we must engage with the past in order to gain new perspective on our present. This relates to the Ghanaian concept of *Sankofa*, which loosely means to look back in order to move forward.²⁷ Both Schreiter and the concept of

²⁷ Carter G. Woodson Center, "The Power of Sankofa," *Berea College*, <https://www.berea.edu/cgwc/the-power-of-sankofa/>. Accessed March 20, 2018.

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Sankofa accentuate that in order to move forward, we must acknowledge the full truth of the past— pain included. Schreiter explains that “[restoration] is not a denial or obliteration of the painful experience of injustice and violation; it is a transformation of the experience that will forever be a part of who we are... It is about addressing the past adequately so that we can go forward.”²⁸ Transforming our relationship to trauma does not relieve us of the ongoing physical manifestations of the trauma, but rather restores that which was taken from us— humanity. Experiencing a restoration of humanity creates a turning point in a person’s relationship with their trauma in which they are able to carry pain differently in a newly established relationship; acknowledging pain, rather than dismissing it or being overcome by it.

- *Healing Wounds* -

Although it feels like a long way off, my future hope for restoring the humanity of traumatized persons and learning to carry pain differently is that our lasting wounds of trauma would become “*healing wounds*” for others who have experienced trauma.²⁹ Schreiter explores the theology of healing wounds:

“The transfigured wounds of Jesus have not lost that quality of memory. The transfiguring wounds of Jesus’ crucifixion hold that memory in a special way. It is a memory that cannot be erased; it will always be part of him. But it is only such memory that can touch the trauma of memory in another. People are usually afraid to touch wounds, either for fear of hurting the wounded person or for fear of contagion. Jesus, however, invited others to touch his wounds. His wounds have become redemptive. They heal others; they are contagious through the spread, not of disease, but of alleviation of suffering... By uniting that suffering with the suffering of Jesus, by touching our wounds to his, suffering can bring us to a new place. Our suffering can become redemptive of ourselves and others.”

²⁸ Schreiter, *The Ministry of Reconciliation*, 17-18.

²⁹ *Ibid.*, 70.

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Christ in ultimate vulnerability—bearing wounds, with ultimate authority as God, invites others to flourish through restored humanity.³⁰ Just as our bodies hold trauma, Christ's body retained his wounds. These wounds acknowledge the death of Christ and bear witness to the liminal space where death and life coexist. Christ is resurrected with the marks of his wounds, which uniquely connect to the remaining trauma in others. Christ's wounds spread the distinctive and transformative reality of *And*-statements; Christ died *and* Christ lived. This reality provides a way forward for traumatized persons to carry death differently, and invites others to do similarly.

³⁰ Crouch, *Strong and Weak*, 19.

CHAPTER 3

Supportive Theories: *Death and Life Continued*

some memories never
leave your bones. like
salt in the sea: they become
part of you.

– and you carry them ³¹

Although I have specifically critiqued the Western Evangelical church’s participation in the minimization of pain with positivity, this happens in many spaces outside the church as well. Therefore, it is important to explore the ways in which psychological and sociological research supports my theological claims regarding the middle ground— a place of both life and death. There is theoretical support to understand that we must move beyond simply believing that *life is good* and *death is bad*; in order to carry death differently, we must embrace the complexity of death and life together. Acknowledging the reality of this paradox helps those who have experienced trauma to embrace a more holistic narrative of their experience in the middle ground of Holy Saturday.

In order to understand social theories of trauma that support my theological claims, I have organized these findings into a model designed by Andy Crouch in his book *Strong and Weak*.³² Crouch created a 2x2 diagram with an axis of authority and vulnerability to explore the paradox of needing both traits to be an effective leader; he asserts, “flourishing comes from

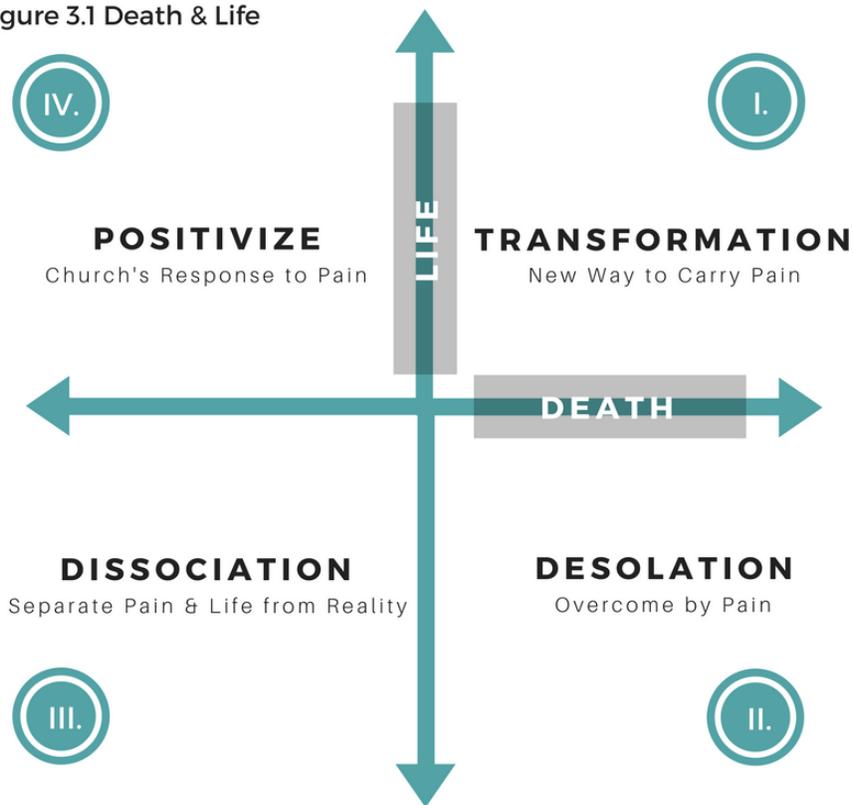
³¹ April Green, *Paper Wings: Illustrated Poems and Haikus* (San Bernardino, CA: CreateSpace, 2018), 40.

³² Crouch, *Strong and Weak*, 13.

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being both strong and weak.”³³ For his purposes, Crouch talks about vulnerability as “exposure to meaningful risk.”³⁴ This type of vulnerability is not applicable to the audience of this thesis project. I am writing to and about people who are past the point of exposure; those who have taken risks and experienced trauma, and now run the risk of diminishing their vulnerability as a means of protection—rightfully so. Therefore, as a visual aid for the contention of this thesis project, I have altered Crouch’s 2x2 diagram to explore the necessary paradox of holding life and death together in order to transform the way we carry pain.

Figure 3.1 Death & Life



³³ Ibid., 11.

³⁴ Ibid., 40.

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Each quadrant of this 2x2 diagram will be explored in-depth throughout this chapter. First, we will look at Quadrant IV: Positivize, situated low on the death axis and high on the life axis. Next, we will delve into Quadrant II: Desolation, located low on the life axis and high on the death axis. Then, we will explore Quadrant III: Dissociation, positioned low on both the death and life axis. Finally, we will examine Quadrant I: Transformation, where those who have been traumatized can learn to transform the way they carry pain by embracing both death and life.

- Quadrant IV: Positivize -

Quadrant IV is labeled *Positivize* because the word is defined as, “to make positive, or to emphasize a positive aspect.”³⁵ This is the quadrant in which I contend much of the Western Evangelical church is situated; emphasizing a positive aspect of a person’s trauma. We saw this in chapter 1 when Carl responded to my pain with, “Oh! So it’s really not that bad... But you’ll be fine!” He emphasized a positive aspect of the pain I was in. Kate Bowler, Theology Professor at Duke Divinity School and author of *Everything Happens for a Reason: And Other Lies I’ve Loved*, writes her honest account of people trying to positivize her cancer diagnosis. She attempted to listen for God as she questioned what this new diagnosis meant for her life, “But then [God’s voice] was drowned out by what I’ve now heard a thousand times. ‘Everything happens for a reason’ or ‘God is writing a better story.’ Apparently God is also busy going around closing doors and opening windows. [God] can’t get enough of that...It would be nice if

³⁵ “Positivize,” *Your Dictionary*, <http://www.yourdictionary.com/positivize>. Accessed April 2, 2018.

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catastrophes [and trauma] were divine conspiracies.”³⁶ Bowler continues her reflection on all the ways she has seen society positivize the experience of having cancer;

“Pale and puffy, the patients lean their heads on the hard edges of the seats beside them or sink onto the bony shoulders of their companions. Everyone looks up when a name is called, momentarily revived. There are wheelchairs everywhere and bald, wrinkled women in bright kerchiefs and someone coughing blood beside a mural that reads: LAUGHTER IS THE BEST MEDICINE! Lord, I hope not.”³⁷

Bowler even recounts one conversation where a cancer patient positivized herself; “‘I have known Christ in so many good times,’ she said, sincerely and directly. ‘And now I will know Him better in His sufferings.’ She meant it. And I could not imagine a world in which I could mean it.”³⁸ I deeply resonate with Bowler’s critique. There is grave danger in negating the full reality of the human experience and jumping too quickly into positivity.

From these stories, Bowler synthesizes her experiences into three types of *positivizers*³⁹: minimizers, teachers, and solutions people. According to Bowler, minimizers are people who try to minimize pain in relation to the larger narrative of life; “I shouldn’t be so upset, because the significance of death is relative [i.e. we’re all going to die eventually].”⁴⁰ Teachers are people who believe that pain and trauma are a means of learning some greater lesson in life; “this experience is supposed to be an education in mind, body, spirit.”⁴¹ Finally, solutions people are the type to diminish pain with blatant positivity, as if you can choose to not be in pain; “‘Keep

³⁶ Kate Bowler, *Everything Happens for a Reason: And Other Lies I’ve Loved* (New York, NY: Random House, 2018), xv-xvi.

³⁷ *Ibid.*, 100.

³⁸ *Ibid.*, 95.

³⁹ This is a word I created to describe a particular type of person who attempts to make positive, or emphasizes a positive aspect of another person’s trauma.

⁴⁰ Bowler, *Everything Happens for a Reason*, 116.

⁴¹ *Ibid.*, 117.

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smiling! Your attitude determines your destiny!’ says Jane from Idaho, and I am immediately worn out by the tyranny of prescriptive joy.”⁴² Each in their own unique way, minimizers, teachers, and solutions people bestow unwarranted positivity on the person experiencing trauma based pain. Ironically, and I hate to admit it, each of these types of positivizers are not entirely wrong. *To the minimizers*: people who experience trauma know just how relative death is because they have come face to face with it. *To the teachers*: people who experience trauma will inevitably learn from their experience, just as we all do in every life experience. Finally, *to the solutions people*: maybe you are flat out wrong! But I’m willing to gamble that there is truth behind the sentiment of choosing joy, not in that people necessarily have the choice to jump so readily into positivity; rather, the survival of traumatized persons depends upon their ability to simultaneously hold both death and life, pain and joy. This is why it is important that we resist the temptation of easy positivity in order that we may embrace the full scope of our narratives. This is incredibly challenging “when we live in a culture [or attend a church] that tells us to deny our grief [and be more positive].”⁴³

- *Quadrant II: Desolation* -

Quadrant II, Desolation, is the direct opposite of Quadrant IV, Positivize. This is the quadrant in which many traumatized persons are located when they do not have help or have yet to learn to carry their pain differently. This is a necessary quadrant and all traumatized persons will inevitably spend time here, suspended in God’s grace. However, the risk is in

⁴² Ibid., 118.

⁴³ Brené Brown, *Rising Strong: The Reckoning, The Rumble, The Revolution* (New York, NY: Spiegel & Grau, 2015), 145.

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remaining here. To continue living consumed by trauma— death— is taxing on a person’s body and soul. Again referring to the work of noted psychiatrist Dr. Bessel A. van der Kolk, “It takes tremendous energy to keep functioning while carrying the memory of terror, and the shame of utter weakness and vulnerability.”⁴⁴ The heaviness experienced in this quadrant is the lasting effect on a traumatized persons’ body and mind. Consequently, due to the imprint of trauma, it becomes increasingly difficult for a person to survive within the reality of their present.⁴⁵ Life in this quadrant is controlled by the belief that the trauma is still happening, “as [if] every encounter or event is contaminated by the past” because, explains Dr. van der Kolk, “[a]fter trauma, the world is experienced with a different nervous system.”⁴⁶ This physical change in the body that takes place due to trauma is a part of the lasting imprint that keeps people in the quadrant of desolation. In her studies on vulnerability, Brené Brown affirms the claim that people are not themselves in this quadrant. When people experience lasting trauma in their present without the ability to leave it in the past, they act from that space, which might be the best they can do in this quadrant.⁴⁷ Although living, true life is not experienced in this quadrant. Based on Dr. van der Kolk’s extensive research on trauma, he found that,

“If an organism is stuck in survival mode, its energies are focused on fighting off unseen enemies, which leaves no room for nurture, care, and love. For us humans, it means that as long as the mind is defending itself against invisible assaults, our closest bonds are threatened, along with our ability to imagine, plan, play, learn, and pay attention to other people’s needs.”⁴⁸

⁴⁴ van der Kolk, *The Body Keeps the Score*, 2.

⁴⁵ *Ibid.*, 21.

⁴⁶ *Ibid.*, 53.

⁴⁷ Brown, *Rising Strong*, 110.

⁴⁸ van der Kolk, *The Body Keeps the Score*, 76.

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This quote articulates the power of trauma if we remain in desolation. Trauma itself is a type of death, but remaining in Quadrant II is another type of death; death to the things of life—nurture, care, love, imagination, etc.

Quadrants IV and II create what Crouch calls the line of False Choice, “the world we often think we live in.”⁴⁹ This line represents a false dichotomy between the two quadrants as if we live in an *either/or* world— we must choose *either* life (IV) *or* death (II), but not both. As explored in chapter 2, our true reality is a world of *And-statements*, which we see from Christ’s example. Crouch argues that when we realize the existence of this false dichotomy, we must question how to resist it and lean into the “*And*s” of life. Therefore, we must reject the false notion of choosing either life or death, and choose to live into the true reality of death *and* life. However, before being able to move into Quadrant I: Transformation, we must first learn the dangers of its opposite.

- Quadrant III: Dissociation -

When rejecting the line of false choice, we run the risk of rejecting life and death altogether. This is the place of Quadrant III: Dissociation. In this space, people who have been traumatized disengage from both life and death as a means of self-protection.⁵⁰ Dr. van der Kolk suggests that, in addition to our fight or flight responses, trauma can also be represented in a complete failure “to engage in the present.”⁵¹ The issue with this, according to Brown, is that “[t]he opposite of recognizing that we’re feeling something is denying our emotions. The

⁴⁹ Crouch, *Strong and Weak*, 17.

⁵⁰ Brown, *Rising Strong*, 46.

⁵¹ van der Kolk, *The Body Keeps the Score*, 84.

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opposite of being curious is disengaging. When we deny our stories and disengage from tough emotions, they don't go away; instead, they own us, they define us... Hurt doesn't go away simply because we don't acknowledge it."⁵² In actuality, pain requires to be seen and felt. Therefore, if we choose to deny pain, it doesn't go away, but rather accumulates and continues to impact our bodies.⁵³ Brown explains that unacknowledged pain *stockpiles* until our bodies can no longer bear the memory of pain detained within.⁵⁴ This is a similar concept to what Dr. van der Kolk refers to when researching how the body holds trauma; bodies reveal pain through different physical and social outlets, such as: impaired communication, heightened stress levels, panic attacks, and difficulty in relationships.⁵⁵ The body will always tell what the mind may not want to.

Another problem raised in dissociation is that stockpiling hurt, and ignoring or denying pain ultimately limits the traumatized person to the confines of their pain. I imagine this quadrant as someone holding their trauma with clenched fists; *if I hold it tight enough and you can't see it, it must not be there*. This posture hurts the one clenching their fists: pain digs into their palms, nails into skin, and muscles tightening beyond sustainability. However, the posture is unnoticeable to others, unless they know the physical signs for which to look. The body takes a toll when holding pain in this way— independently and subconsciously. I believe this is what the great American poet and Civil Rights activist Maya Angelou meant when she wrote, "There is no greater agony than bearing an untold story inside you."⁵⁶ Certainly, there is nothing more

⁵² Brown, *Rising Strong*, 50, 59.

⁵³ van der Kolk, *The Body Keeps the Score*, 46.

⁵⁴ Brown, *Rising Strong*, 64.

⁵⁵ van der Kolk, *The Body Keeps the Score*, 13.

⁵⁶ Maya Angelou, *I Know Why the Caged Birds Sing* (New York, NY: Ballantine Books, 1969).

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painful than clenching trauma in our fists and denying its existence. As I have argued, we must learn to carry pain differently— with open hands. From her research findings, Brown suggests, “*Our job is not to deny the story, but to defy the ending— to rise strong, recognize our story, and rumble with the truth until we get to a place where we think, Yes. This is what happened. This is my truth. And I will choose how this story ends.*”⁵⁷ Notice how Brown uses an *And*-statement to hold her story with unclenched fists; *I carry in me the trauma that occurred, and it will not define me*. This brings us to the final quadrant of Figure 3.1.

- Quadrant I: Transformation -

In Quadrant I, we see both life and death fully realized. This quadrant is labeled *Transformation* because it reveals how traumatized persons must transform the way they carry pain. From his extensive research on trauma, Dr. van der Kolk has found that in order to engage in a journey of healing, people must embrace the full narrative of their experience without denial of pain or an imbalance of positivity.⁵⁸ This is why after being diagnosed with cancer, Bowler asked herself, “When will I realize that surrender is not weakness?”⁵⁹ In other words, embracing death is not defeat. Rather, embracing death brings us to the theology of the middle place— Holy Saturday— where we hold both death and life together. Bowler identifies herself as standing in this place of the in-between.⁶⁰

Being so proximate to death also means naturally becoming proximate to grief. Since the visceral reality of traumatized persons may be organized as if the trauma were still

⁵⁷ Brown, *Rising Strong*, 50.

⁵⁸ van der Kolk, *The Body Keeps the Score*, 27.

⁵⁹ Bowler, *Everything Happens for a Reason*, 86.

⁶⁰ *Ibid.*, 147.

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happening—as explored in Quadrant II: Desolation— healing comes through the body learning that the trauma has passed, and the imprint is what lingers in the present.⁶¹ This type of realization may result in a “a deep sense of loss.”⁶² Brown continues,

“During the process of rising, we sometimes find ourselves homesick for a place that no longer exists. We want to go back to that moment before we walked into the arena [before the trauma occurred], but there’s nowhere to go back to. What makes this more difficult is that now we have a new level of awareness about what it means to be brave [to hold death and life]. We can’t fake it anymore. We now know when we’re showing up and when we’re hiding out...”⁶³

We must learn to embrace death and the grief that accompanies it. Grief is a necessary part of the healing process. In order to hold life and death together, and exist in the liminal space of Holy Saturday, we have a responsibility to show up, as Brown puts it, and live into the full narrative— death, life, grief, joy— of our authentically whole selves.

When we go through our own grief, it impacts those around us as well and invites them to explore their own story of death, grief, and life. This is similar to the notion of Healing Wounds by Schreiter, explored in chapter 2. Bowler’s experience of community while struggling to understand her diagnosis exemplifies this concept.

“At a time when I should have felt abandoned by God, I was not reduced to ashes. I felt like I was floating, floating on the love and prayers of all those who hummed around me like worker bees... They came in like priests and mirrored back to me the face of Jesus. When they sat beside me, my hand in their hands, my own suffering began to feel like it had revealed to me the suffering of others, a world of those who, like me, are stumbling in the debris of dreams they thought they were entitled to and plans they didn’t realize they had made.”⁶⁴

⁶¹ van der Kolk, *The Body Keeps the Score*, 21.

⁶² Brown, *Rising Strong*, 5.

⁶³ *Ibid.*, 5.

⁶⁴ Bowler, *Everything Happens for a Reason*, 121.

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Bowler found that the weight of her grief and pain was carried by those around her because there was mutual connection in the experience of trauma. Her own suffering was coupled to the suffering of others, even that of Jesus. She realized that each person supporting her was also going through their own sense of loss and grieving what could have been— their hopes and dreams for the future, not yet articulated. For Bowler, embracing healing wounds was transformative for the way she carried pain. This did not diminish the trauma, make her cancer go away, or put a smile on her face. Rather, she was no longer weighed down by the isolation of her trauma; she was floating in the liminal space of death and life.

- *Conclusion* -

As mentioned earlier, persons who have experienced trauma will inevitably spend time in all of these quadrants. Crouch affirms this as a necessary part of the healing process, and affirms, “God’s grace is real and available in them all.”⁶⁵ The path to transformation— carrying pain differently— and moving towards healing is not linear. Some days may shed light on pieces of transformation, and other days it will be easier to go into desolation, dissociation, or even to jump past grief and into the ease that positivity offers and the church so readily supports. The concept of nonlinear healing is made clear through a story Brown shares of her friend who compares grief to surfing. I believe the same can be said about learning to carry pain differently: “Sometimes you feel steady and you’re able to ride the waves [Transformation], and other times the surf comes crashing down on you, pushing you so far underwater that you’re sure you’ll drown [Dissociation and Desolation].”⁶⁶ This constant push and pull of the

⁶⁵ Crouch, *Strong and Weak*, 24.

⁶⁶ Brown, *Rising Strong*, 147.

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ocean's tide is the liminal space of Holy Saturday, constantly navigating the undercurrents of death and life. This is the tension of transforming the way we carry the pain of trauma: to live whole-heartedly as Christ followers, literally, in the full arc of his embodied experience: life *and* death. Brown sums this well, "The middle is messy, [and] it's also where the magic happens."⁶⁷

⁶⁷ Ibid., 12.

CHAPTER 4

Moving Forward: *Carrying Trauma Differently*

p.s. sad birds still sing.⁶⁸

After completing my undergraduate studies in Intercultural Communications at Hope College, I moved to the Middle East as a high school teacher of Peace Studies. This was not my first time traveling abroad, but it was, however, my first time moving abroad. I was all settled into my new house with my three wonderful roommates— two Americans and one person from that region. The local woman, Maya, was concerned about my adjustment to the area because I was not eating or sleeping well, and had heightened stress levels from living and working in a conflict zone.⁶⁹ I will never forget the advice she gave to me: “Rebecca, the most important thing is to take care of yourself.” She knew that if I took care of myself, I would then be able to adjust more healthily to my new home; additionally, I would have a larger capacity to care for my students and others in my community.

This story is supported by the experience of Bishop Desmond Tutu when he learned that he developed prostate cancer during his time on the Truth and Reconciliation Commission in South Africa. He reflected, “It probably would have happened whatever I had been doing. But it seemed to demonstrate that we were engaging in something costly.”⁷⁰ This is especially important for people working in the field of reconciliation and peacemaking, those who come

⁶⁸ Faraway, *Sad Birds Still Sing* (San Bernardino, CA: CreateSpace, 2018), 162.

⁶⁹ I changed the name of my housemate to Maya for confidentiality reasons.

⁷⁰ Desmond Tutu, *No Future Without Forgiveness* (New York, NY: Doubleday, 1997), 133-34.

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face to face with trauma everyday— of their own and of others. Tutu described people in this type of work being much more like vacuums than dishwashers; they take in much more pain and devastation than perhaps realized, and must learn how to clean their filters. Therefore, this chapter is about recognizing trauma as a part of our stories and exploring new ways to carry the residual pain of trauma. This is a process of becoming, finding a new way to live more fully into the “*Ands*” of our full selves. The previously mentioned Dr. van der Kolk uses helpful language to move forward when he notes, “[W]hat has happened cannot be undone. But what *can* be dealt with are the imprints of trauma on body, mind, and soul... The challenge of recovery is to reestablish ownership of your body and your mind— of yourself.”⁷¹ Therefore, this is not a step-by-step guide, or a sure way to find healing. Everyone moves through the ebb and flow of trauma, grief, and healing differently according to their own bodily experience. Dr. van der Kolk states, “I approach it as an empirical question: Let’s see what works, and only the patient can be the judge of that.” The following methods of engaging in a healing process are predominantly drawn from Dr. van der Kolk’s research-based material. These practices of carrying the pain of trauma differently are ones that I have personally used, and have been proven helpful.

- *Name the Trauma* -

In my experience, it can feel easier to suppress pain than to acknowledge its reality. However, Dr. van der Kolk suggests that suppressing pain keeps your inner self at war because it uses such a large amount of energy to hide what is going on mentally after trauma. Physically,

⁷¹ van der Kolk, *The Body Keeps the Score*, 205.

it becomes harder to hide the effects of trauma as suppression of this information leaks out in visceral ways such as: “headaches, muscle aches, problems with your bowels or sexual functions.”⁷² Through these physical outpourings, the body is trying to communicate what needs to be addressed. Therefore, we must name the trauma and its impact on mind, body, and soul in order to engage with the mental and physical consequences. In the podcast *On Being*, Rachel Yehuda talks about the physical responses to trauma and how it impacts our very DNA. One of the things Yehuda emphasizes is that in order for traumatized people to experience glimpses of healing, they first have to name the trauma.⁷³

There are two distinct and equally important ways of engagement; (1) a cognitive understanding of trauma, and (2) stepping into the emotional impact of trauma. In my experience, I have tended to lean into the cognitive understanding of trauma, but this does not help the areas of my body that have physically stored the experience of trauma. Therefore, both cognitive and physical engagement are necessary because “[t]he fundamental issue in resolving traumatic stress is to restore the proper balance between the rational and emotional brains, so that you can feel in charge of how you respond and how you conduct your life.”⁷⁴

Thus, naming pain needs to address both the cognitive reality of the trauma and how the body is still physically holding the memory of trauma. Practically, for example, this can look like an anxiety attack in a coffee shop: name what is happening in your physical body—increased heart rate, shallow breathing, difficulty focusing, needing deep pressure of physical

⁷² Ibid., 235.

⁷³ Rachel Yehuda, “How Trauma and Resilience Cross Generations,” *Podcast: On Being*, 30 Jul. 2015, <https://onbeing.org/programs/rachel-yehuda-how-trauma-and-resilience-cross-generations/>. Accessed November 28, 2017.

⁷⁴ van der Kolk, *The Body Keeps the Score*, 207.

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touch, etc.— and then think about where this may be coming from— a feeling of entrapment, the particular social setting, a particular individual who subconsciously reminds you of your offender, etc. These two steps of naming the physical reaction followed by a cognitive exploration of what could be triggering it, is a practice of engaging the full body; this creates a clear connection between your body and mind. By building this connection, you allow yourself the opportunity to engage in a healing process. The acknowledgment of trauma is a mercy to yourself because it creates the necessary space for your full experience of that lingering pain.

- Invite Others In -

Another way of engaging fully in mind and body is to share your story within the context of a safe community. First, it's important to identify who is a part of this safe community— who is on your team? These are the people you can trust, who love and care for you, and will support you in the process. Dr. van der Kolk explains the importance of this type of safety, “In order to regain control over your self, you need to revisit the trauma: sooner or later you need to confront what has happened to you, but only after you feel safe...”⁷⁵ Establishing safety with others is a key component to being able to share your trauma.

Inviting these safe people into your story of pain can come in a few different forms, though not limited to these: asking for help, telling your story, and naming boundaries. Asking for help takes a keen awareness first that you need help and that there is someone safe to ask that from. As we experience and hold trauma differently, help may also look different for different people. Help may be as practical as a friend to go to the grocery store with, or

⁷⁵ Ibid., 206.

someone to hold your hand when having a panic attack in a public setting. Simply stating, “I don’t want to be alone right now,” suggests a shift away from carrying the heaviness of pain in isolation, to inviting someone else to see what is happening to your inner self. Dr. van der Kolk suggests, “[T]he most natural way that we humans calm down our distress is by being touched, hugged, and rocked. This helps with excessive arousal and makes us feel intact, safe, protected, and in charge.”⁷⁶ When we feel safe and loved, we are able to invite others into delicate spaces with us through practical and sensory help.

Another way to invite safe people into pain with traumatized persons is for those who have been traumatized to share their story; “Telling the story is important; without stories, memory becomes frozen; and without memory you cannot imagine how things can be different.”⁷⁷ Sharing the story helps to place the event of trauma where it belongs— the past— and invites others into imagining how things can be different in the present. Sharing stories of trauma requires great vulnerability, which is not easy. However, without vulnerability there is risk to staying silent. Silence in regards to carrying trauma reinforces feelings of isolation. When we invite others into stories of trauma it serves as resistance to the control of trauma over the physical body, and reclaims control of the self;

“Being able to say aloud to another human being, ‘I was raped’ or ‘I was battered by my husband’ or ‘My parents called it discipline, but it was abuse’ or ‘I’m not making it since I got back from Iraq,’ is a sign that healing can begin. We may think we can control our grief, our terror, or our shame by remaining silent, but naming offers the possibility of a different kind of control.”⁷⁸

⁷⁶ Ibid., 217.

⁷⁷ Ibid., 221.

⁷⁸ Ibid., 234.

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Healing, therefore, is not an end destination, but rather a constant process of engaging with trauma in order to restore control over the self. Naming it with others is a part of that process.

Finally, naming boundaries can play an important role in sharing a story of trauma and reestablishing control of the self. Boundaries have already contributed to who we share stories of trauma with— those recognized as safe. Boundaries also matter when others respond to your story of trauma or attempt to seek information you are not ready or willing to give. It is important to note that you are not obligated to share your story with anyone; inviting others into your story of trauma is hard and requires vulnerability. Therefore, when someone does not respond well, you can name your boundaries and have mantras to help you navigate that. A mantra could sound like, “When you say (insert positive platitude), I feel (insert harmful impact of their comment). So I’m not going to share any more of my story with you.” You do not have to put up with the Carl’s of the world; trauma is painful and exhausting enough without them.

As we have explored, naming trauma and inviting others into that space is not easy; “[T]rauma radically changes people: that in fact they no longer are ‘themselves.’ It is excruciatingly difficult to put that feeling of no longer being yourself into words.”⁷⁹ Therefore, it is important to not only engage cognitively, but also physically. We must engage physically in the process of healing in order to ease the ache of lingering trauma held within the body.

- Engage the Physical Body -

In order to hold experiences of trauma differently, you need to build an awareness of your inner self and engage thoroughly with the physical body. This requires an understanding to

⁷⁹ Ibid., 239.

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resist easy positivity and face the trauma, rather than running from it; it is coming in contact with places of pain in your inner self, befriending them, and embracing them with care. The initial awareness of the body and its feeling is crucial because awareness opens the possibility of rewiring habitual bodily reactions to triggers, and retraining the physical body to carry the memory of trauma differently.⁸⁰ Dr. van der Kolk claims, “Traumatized people need to learn that they can tolerate their sensations, befriend their inner experiences, and cultivate new action patterns.”⁸¹ Therefore, becoming aware of the inner self is essential, but it must be viscerally connected to the reality of the physical body in order to become a healing practice.

Just as establishing safety was a key component to inviting others into pain, the same is true for engaging with the body; “We start by reestablishing inner ‘islands of safety’ within the body. This means helping patients identify parts of the body, postures, or movements where they can ground themselves whenever they feel stuck, terrified, or enraged.”⁸² With safety as a foundation for exploring trauma held within the body, you can start to identify where particular pain, such as feelings of helplessness, is stored within various muscles of the body. Knowing where our bodies hold trauma allows us the possibility of addressing those areas specifically. According to research, “Some 80 percent of the fibers of the vagus nerve (which connects the brain with many internal organs) are afferent; that is, they run from the body into the brain. This means that we can directly train our arousal system [the reactive feelings to triggers] by the way we breathe, chant, and move...”⁸³ Meaning, bodily practices such as physical therapy,

⁸⁰ Ibid., 210-211.

⁸¹ Ibid., 275.

⁸² Ibid., 247.

⁸³ Ibid., 209.

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massage therapy, yoga, and breathing techniques can actually change the way our brains operate in regards to the memory and storage trauma.

Physical therapy and massage therapy connect traumatized bodies to a basic tool of lessening triggered arousal symptoms— touch. One of Dr. van der Kolk’s patients described the importance of touch in her recovery process;

“Just like you can thirst for water, you can thirst for touch. It is a comfort to be met confidently, deeply, firmly, gently, responsively. Mindful touch and movement grounds people and allows them to discover tensions that they may have held for so long that they are no longer even aware of them. When you are touched, you wake up to the part of your body that is being touched.”⁸⁴

This became a reality for me when I began to regularly see a chiropractor who I trusted; they were able to find storage places of tension and trauma in my body that I was cognitively unaware of until being touched. On the other hand, touch can be a difficult method of recovery for persons whose trauma comes from inappropriate touch, such as sexual assault. This echoes the importance of safety; only safe touch proves to be a method of recovery and signals to the healing process at work. Further, massage therapy as a part of the healing process can be a form of self-care; not because it is necessarily relaxing, though it certainly can be, but rather because it prioritizes the well-being of the body in conjunction with the well-being of the mind and soul. I remember after my own trauma feeling frozen inside of my own body; massage therapy was putting oil to my stiff joints and invited my body to participate in what my mind and soul were already doing in therapeutic counseling.

Another bodily practice shown effective in Dr. van der Kolk’s studies is yoga. In fact, his research states, “ten weeks of yoga practice markedly reduced the PTSD symptoms of patients

⁸⁴ Ibid., 218.

who had failed to respond to any medication or to any other treatment.”⁸⁵ Therefore, yoga must be taken seriously as a legitimate approach to learning to carry trauma differently. This technique is a means of “helping traumatized people learn to comfortably inhabit their tortured bodies.”⁸⁶ Yoga targets specific muscles in the body while focusing on balance and breath. Therefore, trauma informed yoga is not necessarily about doing all of the poses correctly, but rather helps participants to notice the synchronicity between body and breath. The various poses of yoga follow a pattern, attuned to the pattern of breathing, to create a flow of full body synchronicity between tension and release in the muscles; “The sequences are designed to create a rhythm between tension and relaxation—something we hope they will begin to perceive in their day-to-day lives,”⁸⁷ because “[noticing the rhythm of tension and relaxation] helps you anticipate the end of discomfort and strengthens your capacity to deal with physical and emotional distress.”⁸⁸ Yoga, therefore, is not only a way to reengage with your body in the studio; it also serves as a way to reengage with the rhythms of life.

Breathing patterns play a large role in the practice of yoga; these techniques can and should also be used outside of the yoga studio in everyday life. Similar to touch, breathing is a basic tool to calm the arousal system when it reacts to triggering stimuli. Controlled breathing helps engage the parasympathetic nervous system, which calms physical arousal. Therefore, breathing practices prove to be another way of rewiring how the brain tells the body to react to triggering stimuli related to trauma; “Learning how to breathe calmly and remaining in a state

⁸⁵ Ibid., 209.

⁸⁶ Ibid., 272.

⁸⁷ Ibid., 272.

⁸⁸ Ibid., 276.

of relative physical relaxation, even while accessing painful and horrifying memories, is an essential tool for recovery.”⁸⁹ Breathing through pain does not take away the memory of trauma, but it does help retrain the body to hold the memory differently.

- *Reclaim Imagination* -

As previously discussed in chapter 3, living with trauma can feel like a *line of false choice* between either ignoring pain and positivizing the event, or remaining in desolation, entirely overcome by the trauma. In order to move into *Quadrant 1: Transformation* of Figure 3.1 Death & Life, we must learn to reengage in our imaginations, living outside of the binary of false choice. This is supported by the theology of *And-statements* discussed in chapter 2; we cannot live in an “either, or, but” world— we experience life and death in “*And*s”. This way of being resists the binaries that trauma often presents. Trauma takes away imagination and playfulness from victims. Therefore, engaging in imagination is a way to regain what was lost; “Recovery from trauma involves the restoration of executive functioning and, with it, self-confidence and the capacity for playfulness and creativity.”⁹⁰ This is the beginning of learning to carry the pain of trauma differently, imagining that there is a different way to carry it.

A few months ago, a friend invited me to their home for a game night. They explained that the game we would be playing, *Starfinder*, is Role Playing Game (RPG) and if I were to attend I would need to make a character to embody through improvisation. I was very doubtful about the experience; honestly, it sounded a little too geeky for my taste. Despite my hesitation, they convinced me to join in and participate for just one evening. I figured the worst

⁸⁹ Ibid., 209.

⁹⁰ Ibid., 207.

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that could happen was that I would not like the game and would not go back in the future. However, in the four hours the group spent together, something surprising and incredible happened. I felt a joy and playfulness that had been neglected and sorely absent from my life since my experience of trauma;

“When we play together, we feel physically attuned and experience a sense of connection and joy. Improvisation exercises... are a marvelous way to help people connect in joy and exploration. The moment you see a group of grim-faced people break out in a giggle, you know the spell of misery has broken.”⁹¹

Since that first game, I have continued to play with this group on a biweekly basis as a part of my self-care routine and healing process.

The reason role playing and improvisation work well in addressing trauma is because they raise experiences and feelings otherwise kept in secret, and allow others to enter into those emotions and empathize with the characters and performers. In other words,

“Traumatized people are terrified to feel deeply. They are afraid to experience their emotions, because emotions lead to loss of control. In contrast, theater is about embodying emotions, giving voice to them, becoming rhythmically engaged, taking on and embodying different roles... In Tina Packer’s words: ‘Everything is about using the whole body and having other bodies resonate with your feelings, emotions and thoughts.’ Theater gives trauma survivors a chance to connect with one another by deeply experiencing their common humanity.”⁹²

Therefore, role playing serves as a uniquely safe space to explore your own trauma through an empathetic lens of embodying the experiences of a character other than yourself. One of Dr. van der Kolk’s patients reflected on his experience of embodying a character in a theatrical production and afterwards feeling a sense of release from his own pain because of the experience: “That night [after the performance] I had the first orgasm I’d ever had in the

⁹¹ Ibid., 217.

⁹² Ibid., 337.

presence of another person. And I know it's because I released something— some tension in my body— that allowed me to be more in the world.”⁹³ His participation in theater did not take away the experience of his trauma, but rather allowed his body to loosen its grip on the resonance of the traumatic memory.

- *Conclusion* -

Learning to carry pain differently does not change the experience of trauma, but rather changes the imprint left on the body from that trauma. Moving forward means practicing the difficult work of naming the pain, inviting others into that space, engaging with the physical body, and reclaiming imagination. It is crucial to remember that carrying the pain of trauma differently and being on a healing journey is not a linear process. The following quote makes this point clear:

“I have had several clients recently express frustration because they thought they were ‘over’ their grief, or that they SHOULD be okay by now... What I keep telling them is that while grief is not linear it also does not have to control their life. I know for me no matter how many years pass certain songs, dates, or even smells will instantly trigger that feeling of loss. I have learned to pause and breathe and let it pass gently. We as a culture are not taught how to handle loss, and often it hits us like a semi-truck. If you are grieving know that the acuteness will not last forever, that grief ebbs and flows and that you can be okay and sad at the same time.”⁹⁴

Dealing with trauma often feels more like a roller coaster than a steady incline. It is my hope that this revelation can serve as an encouragement to traumatized persons in all the various forms and phases of healing.

⁹³ Ibid., 348.

⁹⁴ Emma Shandy Anway, *Marriage and Family Therapist Intern* (Facebook Post), 7 Feb. 2018. <http://facebook.com/>. Accessed February 7, 2018.

CHAPTER 5

Conclusion: *This I Know to be True*

and here you are living
despite it all ⁹⁵

Through theology, psychology, and sociology, it has been the objective of this thesis project to answer the question: *What are the practices that empower Christian reconcilers and peacemakers, in areas prone to trauma, to carry pain differently and experience the reality of a God who is proximate in times of desolation?* Therefore, this chapter will bring together the conclusions I have found through a deeply academic and theological exploration of faith and trauma.

I have a dear friend and mentor named Susan Shadid. When I think of the words strength, vulnerability, and resilience, I think of her. She was the woman who offered me a job in the Middle East, picked me up from the airport, hugged me when I felt overwhelmed and broken down, and who I called in every emergency. I learned that Susan was able to be present in this way because of a mantra she lives by and taught to me: *“This I know to be true, [fill in the blank]; so fear, stand thee behind me!”* She embodies this everyday through her acknowledgement of trauma and ability to hold it in tension with life. For the purpose of this thesis project, I find it appropriate to adjust Susan’s phrase to say, *“This I know to be true, [fill in the blank]; so trauma, stand thee behind me!”* This small adjustment still acknowledges the

⁹⁵ Rupri Kaur, *The Sun and Her Flowers*, (Kansas City, MO: Andrews McMeel, 2017), 113.

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presence of trauma in our lives, but demands it to remain in its proper place— the past. With this in mind, the following statements are what I know to be true after researching the question of how reconcilers and peacemakers can learn to carry the pain of trauma differently and experience the reality of a proximate God.

This I know to be true: We must acknowledge the reality and depth of pain caused by trauma. As I have argued from my experience, much of the Western Evangelical church has come short in understanding the realities of trauma. The danger in this is that ignoring or belittling pain is harmful to traumatized persons because it rejects their sorely felt reality.

This I know to be true: Traumatized persons must resist the binary of life *or* death, and embrace the complexity of life *and* death. Theologically, this proves pertinent to the life of Christ who experienced both life and death together; even after the resurrection, the marks of death were still present on Jesus' physical body as shown by the piercings on his hands and side. Therefore, people who have experienced trauma are uniquely proximate to the narrative of Christ's suffering through their own experience of suffering. We can understand this paradox— life and death— through the example of Holy Saturday. This is a metaphor for the liminal space of survival, constantly pressing into both life and death simultaneously. There is a verse in the Old Testament that helps further demonstrate this duality: "When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you" (Isa. 43:2 NRSV). We will be in the water, rivers, and flames, and we will not be consumed by them. We will be in the places and spaces death occupies, and we will live. This does not come without a price; trauma changes a person's very DNA. Consequently, we must learn how to

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carry pain without being consumed by it. Glennon Doyle, an activist, philanthropist, and New York Times best-selling author, wrote,

“You can be shattered and then you can put yourself back together piece by piece. But what can happen over time is this: You wake up one day and realize that you have put yourself back together completely differently. That you are whole, finally, and strong— but you are now a different shape, a different size. This sort of change— the change that occurs when you sit inside your own pain— it’s revolutionary. When you let yourself die, there is suddenly one day: New life. You are different. New. And no matter how hard you try, you simply cannot fit into your old life anymore.”⁹⁶

Trauma will remain a part of us, but learning to carry it differently will allow us to become whole, in a new way.

This theological perspective is also supported by psychological and sociological theories. We looked at four common responses to trauma: positivize, dissociate, desolate, and transform. To positivize is to respond to trauma with positive platitudes that dismiss the reality of the harm done; this type of response is not helpful. While desolation is a necessary step in processing trauma, there is risk in remaining here; this space can become incredibly taxing on the mind, body, and soul. Similarly, dissociation comes at a cost; pain demands to be felt, so the body will reveal even what the mind refuses to. So in order to transform the way we carry the pain of trauma, we must embrace the full narrative of experiencing both life and death. As I was watching the last CNN Heroes award show, one individual caught my attention: Jennifer Maddox. As a police officer on Chicago’s Southside, she was named a top 10 CNN Hero for developing an organization to give kids safe spaces. In her interview with CNN, Maddox explained, “I experience trauma and take it with my every day.”⁹⁷ She acknowledges the reality

⁹⁶ Glennon Doyle (Facebook Post), 5 Feb. 2018. <http://facebook.com/>. Accessed February 6, 2018.

⁹⁷ Jennifer Maddox, “CNN Heroes,” *CNN Live Broadcast* (TV), 14 Dec. 2017.

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of trauma in her work and has learned to carry it in a way that does not leave her in desolation, but transformation.

This I know to be true: Traumatized persons must transform the way they carry the painful memory of trauma, and this will look different for each individual. Research shows that four types of transformation can help; naming the trauma, inviting others into your story, engaging with the physical body, and reclaiming imagination. To name the pain means to accept the reality of trauma and learn to feel how the body holds trauma. I used to believe the lie that self-care is all bubble baths and pedicures, but overtime I have learned that it is actually really hard work. It is difficult to step back into spaces of pain and name trauma, when everything in you wants to move past it. Self-care requires courage and a certain level of awareness to name, *this is what I'm thinking, this is what I'm feeling, and this is how my physical body is reacting to those stimuli.* Therefore, self-care is not a break from reality, but a deep understanding of your needs based on your reality. When we know our needs, we are able to invite others in. This means sharing trauma in spaces of safe community by: asking for help, telling your story, and naming boundaries. Outwardly sharing, however, is not enough. Self-care also requires engaging the physical body through establishing inner "islands of safety,"⁹⁸ practicing physical or massage therapies, yoga, and breathing techniques. These bodily practices have the possibly to change the way the brain interprets trauma, and therefore how the body responds to triggers of trauma. This allows space to reclaim imagination that was once lost due to trauma. Participating in imagination helps traumatized persons to regain the capacity for playfulness and creativity.

⁹⁸ van der Kolk, *The Body Keeps the Score*, 247.

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This I know to be true: We must have the courage to be vulnerable and exercise strength in ways that bring us face-to-face with our trauma in order to transform how we carry the remnant pain of trauma. Once trauma has occurred, its death will always live in our bodies. I have hope that through these things I have learned to be true, trauma will no longer consume us. Rather, we can see its presence and control it commanding, “All these things I know to be true; so trauma, stand thee behind me.”

In conclusion, we know that the work of reconciliation and peacemaking is costly, especially in areas prone to trauma. In order to sustainably continue in this work, we must understand the weight of trauma and learn how to transform the way we carry its lasting impact on mind, body, and soul. Trauma will happen, and through practices of self-care we can embody the Scripture, “We are afflicted in every way, [*and*] not crushed; perplexed, [*and*] not driven to despair; persecuted, [*and*] not forsaken; struck down, [*and*] not destroyed...” (2 Cor 4:8-10 ESV), and continue in the arduous work of reconciliation and peacemaking.

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