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THE PREVALENCE OF UNADDRESSED TRAUMA IN THE LIVES OF MINISTERIAL LEADERS AND PASTORAL CARE-ORIENTED STEPS TO GREATER SPIRITUAL AND EMOTIONAL HEALTH

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THE PREVALENCE OF UNADDRESSED TRAUMA IN THE LIVES OF MINISTERIAL LEADERS AND PASTORAL CARE-ORIENTED STEPS TO GREATER SPIRITUAL AND EMOTIONAL HEALTH

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ABSTRACT

Ministerial leaders carry an abundance of responsibility in innumerable areas while simultaneously managing life-threatening crises at the same time. They provide pastoral care for those they serve in addition to overseeing a plethora of areas such as discipleship, program development, fundraising, and conflict management. Pastoral leaders often keep unhealthy and unsustainable schedules and receive inadequate compensation particularly in comparison to their professional counterparts. The weight of the ministry alone lends itself to stress and burnout if the leader is not careful to maintain adequate self-care. If unaddressed trauma is present along with all of the stressors commonly found in the life of a ministerial leader, it can profoundly affect not only the leader but the church, ministry, or organization as a whole. Essentially, it can prove to be too much to bear and effect every area of a leader's life, to their demise as well as those they lead and the church, ministry or organization they serve. The overarching goal of this project is to answer the research question: What are pastoral care-oriented steps in caring for the unaddressed trauma in the lives of ministry leaders? The research question is answered through quantitative and qualitative studies as well as the utilization of biblical and theological resources to create a pathway to living and leading from a place of wellness through a pastoral care resource for ministerial leaders.

Dedication

This dissertation is dedicated to all who have begun the journey of trauma recovery and to all who by faith will begin it but are at present not certain they can make it.

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CHAPTER ONE

THE PROJECT INTRODUCED

Introduction

I entered full time ministry in 1984. It was not until 2013 that I became aware of trauma in my past and its effect on my life and ministry. I was raised in an extremely traditional Pentecostal home and church, and counseling—even biblical counseling—was not a part of our culture. When a problem arose, one of my parents may have "stopped by the church to talk to the pastor," but that was the extent of reaching out for help. There was a strong belief within our home and our church that most things could be solved by attending church services, at the altar, or in prayer.

When I was in my twenties, I received counseling from several licensed Christian counselors. However, it was not of a trauma-informed nature, particularly in the way that therapists and counselors are trained at the present time. In one such initial counseling session, I mentioned that I was adopted, and the counselor said, "okay," and moved on as if I had just said, "I take two teaspoons of cream in my coffee." Nothing further was asked or discussed about adoption over the course of our many sessions.

In 2013, at 47 years of age, I entered into eight months of therapy and recovery with a trauma-informed, licensed Christian counselor. After several sessions, she concluded that I was suffering from complex trauma. Unbeknownst to me, trauma had impacted my entire life including the way I led those under my care within the church and the other ministries in which I served. One way in which this trauma manifested itself was evidenced by the manner in which I reacted to people leaving the church, for any reason. Though an individual's reason for leaving

could be contextually valid, to me, it felt catastrophic and personal. An unfortunate biproduct of this is that I did not lead through transitions well and often terribly wounded those I was given by God to steward.

In addition to the trauma I had faced in my childhood as well as in my adulthood, there were the pressures of the ministry with which to contend. Although I had received theological as well as practical ministry training, I discovered that nothing entirely prepares an individual for what they will encounter in the ministry. Granted, I would not characterize the problems and pressures of ministry that myself or my family experienced as any more tumultuous than those experienced by any other minister or minister's family, there were times of intense stress. Those particular occasions would have been enough in and of themselves to produce depression or burnout and combined with the weight of the complex trauma I was already carrying, at times it seemed insurmountable. There were seasons that I grappled with deep depression and suicidal ideation. I was leading scores of people, and yet I was extremely wounded and unable to lead from a healthy place. At the time, I was completely unaware as to why.

Everything changed when I received the right kind of help. Until receiving care from a trauma-informed Christian therapist, I never realized that the poor handling of departures may have had something to do with unresolved wounds from being relinquished by my birth mother, later experiencing what is known in the adoption community as *secondary rejection*, with my birth mother, as well as experiencing the departure of my adoptive father and the crumbling of my adoptive parents' marriage in my teen years. Additionally, I was raised by parents whose own traumas went unaddressed and unhealed, which impacted not only them but those who surrounded them.

Receiving help for my wounds of abandonment and rejection as well as acquiring new ways of coping with ministry stressors changed everything for me in life, ministry, and leadership. Many people ask me what most prepared me for the role in which I now serve as the Director of Women's Ministries for the Peninsular Florida District of the Assemblies of God. Without hesitation I share that it was, indeed, counseling for unaddressed trauma. My only regret is not receiving the proper care sooner.

One testimony that reflects the impact of receiving the right kind of help for my trauma concerns the way I now handle departures in the ministry. It took me by surprise the first time I heard a team member make a comment in a meeting to others, saying: "I wish I could handle people leaving as well as Deanna does. She really knows how to help people who are making a transition with such grace and class." It startled me to realize that my greatest weakness in leadership had actually become a strength! Although I would not characterize myself as excited about transitions, I do not lose sleep over them and am able to handle them with graciousness and love. I cannot take personal credit for this, as I tried and failed on my own for 47 years. It was only after receiving the right help from a Spirit-led licensed professional counselor that this change was made possible in my life.

Having experienced the journey of discovering my wounds and addressing them, I can more easily identify others who are in the same place I once was. In the course of my years of ministry, and particularly the last eight years as a district director, I have encountered incalculable ministry leaders who are wounded.

When I first began my role at the district office, I imagined it to be vastly different from the local church where a leader encounters so many troubled individuals. I expected the process of leading ministerial leaders and their spouses to be different from being a pastor in a local

church and leading lay people. What surprised me most was witnessing ministerial leaders or their spouses who would have inappropriate responses to rather insignificant issues.[1] The magnitude of moral transgressions was also unexpected. I found myself privy to many more cases of pastoral burnout and moral failures. This necessitated a much greater need for focus and staying encouraged amidst many disappointments in this regard. A few of the ministers who fell morally were ones who most supported me in district work when I started out. I never imagined prior to this that these esteemed individuals had so much more to their backstory that had not been addressed. It was difficult at times to not get disillusioned, but fortunately I had received additional spiritual and mental help prior to assuming the district role that put me in better position personally to cope with—and lead well through—tragedies like these.

In carrying out my role of daily leadership, I have encountered countless ministerial leaders who struggle with depression, anxiety, and thoughts of suicide. The more I have spoken openly about my prior struggles, the greater the comfort level people have to approach me with their challenges. While I am delighted that my message has resonated with so many, it saddens me that so many people grapple with the same private pain I once did.

When engaging hurting ministerial leaders in conversation and getting to know them better, I often sensed that the root of their pain may be trauma from their past that had not been adequately addressed. When trauma is amalgamated with the wounds that ministry often brings, it proves overwhelming. In leading leaders for several decades, and now particularly on a district level, I have observed that far too many leaders' families or ministries do not survive the consequences of unaddressed wounds.

[1] For example, I encountered those who would call the office and have angry outbursts over things such as registering for an event or disagreeing with one of our policies.

When I engage with individuals in leadership who are in emotional pain, I often ask myself, "What would the healed version of this person look like?" This is not from a judgmental standpoint, or as one who sees herself as an expert. My approach toward sufferers is one of compassion and that of a fellow-traveler on a journey of recovery. I have a passion to help others discover the root of their pain, address it, and move toward a place of greater spiritual and emotional health.

The Problem

Ministerial leaders balance a plethora of roles in the church and community, often dealing with issues of life and death in the same day. They provide spiritual guidance and support for individuals and families, handling a myriad of issues including but not limited to conflicts, administrating programs, overseeing staff, buildings, and budgets. These leaders typically work long hours at a lower rate of compensation than other professionals of similar responsibilities, while at the same time struggling to have work-life balance. William E. Johnson III explains:

> Caught up in the daily demands and stresses of ministry, pastors are under tremendous pressure as they try to serve God's people in multiple roles in ministry. Often, they are called upon to be counselors, preachers, project managers, students, social activists and moral compasses for those they lead. Too often pastors are expected to perform duties with superhuman perfection. Life and ministry can get so crowded with obligations and emergencies that pastors' maintenance of a healthy lifestyle can become unbalanced or cease to exist. Too many pastors experience burnout within ministry because life's priorities are out of balance.[2]

[2] William E. Johnson III, "Pastoral Burnout of African American Pastors: Creating Healthy Support Systems and Balance" (DMin thesis, Liberty University School of Divinity, 2018), 1, https://core.ac.uk/download/pdf/213462654.pdf.

Living as though we are invincible will eventually take its toll. Wayne Cordeiro says, "We don't forget that we are Christians. We forget that we are human, and that one oversight alone can debilitate the potential of our future."[3]

From 2015 to 2016, Richard Krejcir served as lead researcher with the Schaeffer Institute of Leadership Development, conducting a major study involving 8,150 randomly selected ministers.[4] Krejcir shares:

> The data we collected has pointed to the causes and motivations of stress, burnout, and church dysfunction. Some of these include misguided leadership notions from clergy, laity, and church leadership, as well as a lack of awareness of what are the true calls and duties of a pastor. The statistics have not shown a significant variation. Many churches still place unreasonable requirements upon pastors. Pastors, in turn, are overworking themselves to appease congregational expectations while facing volunteer apathy, criticism, and a fear of change.[5]

Among other findings, Krejcir's research reflected that:

65% of pastors feel their family is in a "glass house" and fear they are not good enough to meet expectations.[6]

24% of pastors' families resent the church and its effects on their family.[7]

52% of pastors feel they are overworked and can't meet their church's unrealistic expectations.[8]

58% of pastors feel they do not have any good, true friends.[9]

34% of pastors battle discouragement on a regular basis.[10]

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[3] Wayne Cordeiro, *Leading on Empty: Refilling Your Tank and Renewing Your Passion* (Bloomington, MN: Bethany House, 2009), 13.

[4] Richard J. Krejcir, "Statistics on Pastors: 2016 Update," Church Leadership, last modified 2016, http://www.churchleadership.org/apps/articles/default.asp?blogid=4545&view=post&articleid=Statistics-on-Pastors-2016-Update&link=1&fldKeywords=&fldAuthor=&fldTopic=0.

[5] Krejcir, "Statistics on Pastors: 2016 Update."

[6] Krejcir, "Statistics on Pastors: 2016 Update."

[7] Krejcir, "Statistics on Pastors: 2016 Update."

[8] Krejcir, "Statistics on Pastors: 2016 Update."

[9] Krejcir, "Statistics on Pastors: 2016 Update."

[10] Krejcir, "Statistics on Pastors: 2016 Update."

35% of pastors battle depression or fear of inadequacy.[11]

27% of pastors stated they have no one to turn to if they are facing a crisis.[12]

Pastoral burnout is a major concern when it comes to the health of ministers, their families, and the church. The term "burnout" was coined in the 1970s by the American psychologist Herbert Freudenberger.[13] He used it to describe the ramifications of prolonged stress and high expectations in what is known as the "helping" professions (doctors, nurses, pastors, social workers, etc.).[14] Those who most often serve the public in a sacrificial manner often neglect themselves and end up being what is referred to as "burned out." Soon, they find themselves exhausted, listless, and unable to cope.[15] Johnson explains: "Burnout is a risk for persons in professions that call for their attention to focus mostly on others. Due to the difficulty of balancing self-care and the care of others, the helper's inability to remain emotionally invested in his work can cause a negative impact."[16]

Cultural shifts have taken place as well that are problematic when it comes to the health of ministerial leaders. In 2010 a research project was conducted by MacQuarie University in Sydney, Australia on the issue of ministry orientation and outcomes as well as clergy burnout and job satisfaction. The research shows that there have been changes in the mindset of people in today's society that has stripped ministers of the respected status they once held.[17] As a result, ministers tend to work much harder to try to gain respect and trust and move forward in leading

[11] Krejcir, "Statistics on Pastors: 2016 Update."
[12] Krejcir, "Statistics on Pastors: 2016 Update."
[13] "Depression: What Is Burnout?," National Center for Biotechnology Information, last modified June 18, 2020, https://www.ncbi.nlm.nih.gov/books/NBK279286/.
[14] "Depression: What Is Burnout?"
[15] "Depression: What Is Burnout?"
[16] Johnson III, "Pastoral Burnout of African American Pastors" 8.
[17] Maureen H. Miner, Martin Dowson, and Sam Sterland, "Ministry Orientation and Ministry Outcomes: Evaluation of a New Multidimensional Model of Clergy Burnout and Job Satisfaction" *Journal of Occupational and Organizational Psychology* 83, no. 1 (March 2010).

and growing their congregations.[18] Working hard is expected of any minister if they are to be a good steward of what has been entrusted to them; however, there is a difference between working hard and going to extremes. When you add going to extremes with possible unaddressed trauma, it is a recipe for the perfect storm that can result in burnout, emotional breakdown, or other negative consequences.

Nathan and Beth Davis serve as consultants for pastors in the areas of emotional and spiritual health. In their book, *Rebound from Burnout: Resilience Skills for Ministers*, they argue that the challenges for ministers are much greater than in secular occupations. They explain:

> Burnout in ministry remains fundamentally different than burnout in a secular occupation. In a secular occupation, most stress remains somewhat manageable (hence the abundance of books offering stress management skills.) However, a normal ministry lifestyle includes at least five times more stress and 100-500 times more crises than what the average secular individual experiences. Each minister not only experiences his or her own crises, but also the crises of everyone else in their congregation and greater community. And the minister feels much more affected than the casual observer of a crisis. Usually, the minister knows the individual in crisis well, and grieves over the crisis like everyone else in the immediate family. When the crises of others weighs down a minister, we say that he or she suffers from 'compassion fatigue.' However, compassion fatigue merely represents burnout caused by helping others in a crisis. And almost all the church member crises remain inherently unmanageable for the minister. Since a minister cannot manage the stress of another individual, stress management rarely works in ministry.[19]

Simply the weight of ministry leadership alone can lead to physical, mental, and emotional breakdown if the leader is not careful to maintain adequate self-care and soul care. If unaddressed trauma is present along with all of the stressors commonly found in the life of a ministerial leader, it can profoundly affect not only the leader but the church, ministry, or organization as a whole. Essentially, it can prove to be too much to bear and effect every area of

[18] Miner, Dowson, and Sterland, "Ministry Orientation and Ministry Outcomes."

[19] Nathan Davis and Beth Davis, *Rebound From Burnout: Resilience Skills for Ministers* (Springfield, MS: Nathan Davis, 2010), 4–5.

a leader's life, to their demise as well as those they lead and the church, ministry, or organization they serve.

Wayne Cordeiro planted a church that flourished and went on to pioneer additional outstanding churches. He was at the pinnacle of ministerial success when he found himself sitting on a curb in California, sobbing uncontrollably.[20] In the coming weeks, he was driving home from his office and felt his left arm go numb and struggled to catch his breath. He was convinced he was having a heart attack. Upon visiting a doctor who ran a battery of tests, he was diagnosed with panic attacks and burnout. Cordeiro argues that through his own crisis in personal, physical, and emotional health, he learned that merely identifying a problem was not the same as getting it addressed and resolved.[21] He explains:

> Unresolved problems are like unresolved debts. You know they're there, but you just can't bring yourself to deal with them. You ignore the symptoms and suppress the reminders until they ulcerate the inner recesses of your soul. They deplete energy and cause a low-grade fever in your emotions. It won't be long before an overwhelming sense of helplessness and entrapment overshadows you. Problems don't destroy you. Unresolved problems do. They are the nagging issues that create a breeding ground of fear. We feel compelled to live in the past and feel as if our hope for tomorrow is slipping away from us. Unresolved problems spawn chronic illness, work stress, relationship problems, and family breakdowns; any of these unwelcome life symptoms can trigger depression.[22]

Depression is a serious problem in ministerial circles. In a survey conducted by H.B. London for his book, *Pastors at Greater Risk*, it was discovered that 45.5% of pastors said they had experienced depression or burnout to the extent that they needed to take a leave of absence from the ministry.[23] Cordeiro explains that depression is no respecter of persons but is generally viewed differently inside the church.[24] He clarifies that "the silent 'terrorist' [depression] attacks

[20] Cordeiro, *Leading on Empty*, 23.
[21] Cordeiro, *Leading on Empty*, 36.
[22] Cordeiro, *Leading on Empty*, 53-54.
[23] H.B. London Jr. and Neil B. Wiseman, *Pastors at Greater Risk* (Ventura, CA: Regal Books, 2003), 20.
[24] Cordeiro, *Leading on Empty*, 44.

those outside of the church as well as within. Those outside, however, seem better able to accept its reality and find ways to cope."[25] Cordeiro notes that many Christians believe they should be immune to such things or that being filled with the joy of the Lord should be enough.[26] Some are advised to confess guilt, pray more, read the Bible more, or simply just to have faith.[27] It is also common for individuals in the church to be discouraged or shamed for resorting to taking medication for depression. While you would rarely if ever see this for someone taking a statin for high cholesterol or insulin for diabetes, it is commonplace to hear or feel disapproval for one taking an anti-depressant.

Many individuals, including ministerial leaders, bear the pain of more than one trauma and are wounded to greater degree when they face more than one trauma or repeated trauma. Valerie Rance explains the ramifications of prolonged or repeated traumas:

> Prolonged and repeated traumatic events seem to cause more serious psychiatric disorders in the victims. The severity of the effect of trauma does not just depend on the amount of trauma experienced. Traumatic factors such as type and context remain imperative to negative pathology. Trauma not only affects human beings socially, emotionally, and physically, it affects their spirituality. It can either promote spiritual well-being or decay.[28]

It is noteworthy that re-traumatization can occur when a sufferer is not believed regarding their trauma, or when they are dismissed in some regard, and should be avoided.

A study on denominational support for clergy mental health was conducted by a group of researchers at George Fox University in 2010. The researchers noted that up until that time, minimal research had been done to address what resources and services were provided to ministerial leaders to support their mental health. Noting the need for change, lead researcher

[25] Cordeiro, *Leading on Empty*, 47.
[26] Cordeiro, *Leading on Empty*, 44.
[27] Cordeiro, *Leading on Empty*, 45.
[28] Valerie Rance, "Biblical Personalities and Trauma: Towards a Theology of Wellbeing" (Paper presented at the 43rd annual meeting of the Society for Pentecostal Studies, 2015).

Bobby L. Trihub, asserts, "Given the important role of clergy in the church and the various mental health issues that commonly affect clergy, one must consider the impact of clergy mental health on the church."[29] It stands to reason that a healthier leader will beget a healthier church or ministry.

Scope and Limitations

It is not the intent of the research to engage in therapeutic examination, psychological inquiry, or clinical assessment. Rather, the research endeavors to utilize theological and biblical lenses alongside others who have previously engaged in the conversation to address a pastoral care approach to unaddressed trauma in the lives of ministry leaders. The project is limited to a theological and pastoral care perspective.

Additionally, the intent of the research is not to prove that ministerial leaders experience greater trauma than the general population. The purpose is also not to prove that ministerial leaders experience trauma any differently than the general population. The intent of this project is to identify the prevalence of trauma among ministerial leaders through a survey conducted by the researcher. While licensed professional counselors are available to help those who have experienced trauma, there may be resistance on the part of some ministers to pursue this type of help. Therefore, it is the intent of this project to speak to this issue.

The surveys within the project set out to discover whether traumatized individuals may have received quick scripture reference responses that appear to be scripted, or simplistic answers that fall short of fully addressing the suffering or needs of the individual. The intent of the project is to offer legitimate and effective help for traumatized individuals.

[29] Bobby L. Trihub et al., "Denominational Support for Clergy Mental Health.," *Journal of Psychology and Theology* 38, no. 2 (2010): 101.

In addition to researching the prevalence of unaddressed trauma, it is the intent of the project to research and discover findings regarding trauma that will be presented through a literature review. Part of the discovery regards how trauma may impact a leader's personal life as well as their ability to lead. Theological truth is presented first, concerning the wisdom of leaders receiving help for trauma they have suffered followed by a contextual review of the subject.

The Research Question

The overarching goal of this project is to answer the research question: What are the steps in caring for the unaddressed trauma in the lives of ministry leaders?

Goals and Objectives

In answering the research question, it is necessary to pursue the following goals and objectives:

The first goal of the project is to identify what percentage of ministerial leaders have suffered trauma that remains unaddressed by a licensed professional counselor.

The second goal of the project is to discover and dialogue with research regarding the implications of unaddressed trauma in the lives of individuals, ministerial leaders not being exempt from such.

The third goal of the project is to utilize Biblical and theological resources to create a pathway to living and leading from a place of wellness through a pastoral care resource for ministerial leaders.

Glossary of Terms

ACE:

The ACE study is a research project conducted by the Centers for Disease Control and Kaiser Permanente. It studied what are known as Adverse Childhood Experiences (also known as ACE's). This research project provided one of the largest bodies of research on childhood adversity, trauma, abuse and neglect and its impact on an individual's adult life, health, and well-being.[30]

Child Trauma:

Child trauma refers to a scary, dangerous, violent, or life-threatening event that happens to a child (0-18 years of age). This type of event may also happen to someone the child knows resulting in the child being impacted by seeing or hearing about the other person being hurt or injured.[31]

Complex Trauma:

Complex trauma events have been defined as chronic, interpersonal traumas that begin early in life.[32]

DSM:

The DSM is the Diagnostic and Statistical Manual of Mental Disorders that is produced by the American Psychiatric Association. It is the result of more than 10 years of effort by hundreds of international experts in all aspects of mental health and is an authoritative volume that defines and classifies mental disorders in order to improve diagnoses, treatment, and research.[33]

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[30] "CDC-Kaiser ACE Study," Centers for Disease Control and Prevention, last modified April 6, 2021, https://www.cdc.gov/violenceprevention/aces/about.html.

[31] "Center for Child Trauma Assessment, Services and Intervention," Northwestern University Feinberg School of Medicine, last modified 2021, http://cctasi.northwestern.edu/child-trauma/.

[32] Rachel Wamser-Nanney and Brian R. Vandenberg, "Empirical Support for the Definition of a Complex Trauma Event in Children and Adolescents," *Journal of Traumatic Stress* 26 (December 2013).

[33] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (Arlington, VA: American Psychiatric Association, 2013).

Gaslighting:

Psychological manipulation of a person usually over an extended period of time that causes the victim to question the validity of their own thoughts, perception of reality, or memories and typically leads to confusion, loss of confidence and self-esteem, uncertainty of one's emotional or mental stability, and a dependency on the perpetrator.[34]

Mental Illness:

A mental illness is a condition that affects a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.[35]

Ministerial Leader:

An individual who is serving in a ministerial or pastoral capacity.

Personality Disorders:

Personality disorders represent a lasting pattern of inner experience and behavior that deviates sharply from the expectations of a person's culture, as per the Diagnostic and Statistical Manual on Mental Disorders, Fifth Edition (DSM-5).[36]

PTSD:

Post-traumatic stress disorder is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic, shocking, dangerous, or scary event.[37]

Resilience:

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[34] *Merriam-Webster Dictionary,* s.v. "Gaslighting," accessed November 19, 2021, https://www.merriam-webster.com/dictionary/gaslighting.

[35] "Conditions," National Alliance on Mental Illness, no date, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions.

[36] "Personality Disorders," *National Institute of Mental Health*, no date, https://www.nimh.nih.gov/health/statistics/personality-disorders.

[37] "Post-Traumatic Stress Disorder," *National Institute of Mental Health*, no date, https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd.

Resilience is an individual's ability to adapt and rebound after a negative occurrence.

Soul Care:

Soul Care is the ongoing work of nourishing and nurturing one's soul. It is a partnership between the individual and the Holy Spirit.[38]

Spiritual Bypass:

Spiritual Bypass is the consequence of people involving themselves in religious beliefs or activities in order to avoid or prematurely transcend feelings and basic needs in their healing process.[39]

Trauma:

A deeply distressing or disturbing experience.[40]

Trauma-informed:

A person who is trauma-informed recognizes and responds to the signs, symptoms, and risks of trauma to better support those who have experienced trauma.[41]

Trauma-informed care:

The Trauma-Informed Care Implementation Resource Center defines trauma-informed care as care that shifts the focus from, "What's wrong with you?" to "What happened to you?"[42] A trauma-informed approach to care acknowledges that health care organizations and care teams

[38] Nicholas Cash, "What Is Soul Care?," Asbury Theological Seminary, January 17, 2018, https://prayer.asburyseminary.edu/what-is-soul-care/.

[39] Gabriela Picciotto, Jesse Fox, and Félix Neto, "A Phenomenology of Spiritual Bypass: Causes, Consequences, and Implications," *Journal of spirituality in mental health* 20, no. 4 (2018): 333.

[40] *Merriam-Webster Dictionary*, s.v. "Trauma," accessed November 28, 2021, https://www.merriam-webster.com/dictionary/trauma.

[41] Monique Tello, "Trauma-Informed Care: What It Is, and Why It's Important," Harvard Health Publishing, October 16, 2018), https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562.

[42] "What Is Trauma-Informed Care?," Trauma Informed Care Implementation Resource Center, no date, https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/.

need to have a complete picture of a patient's life situation—past and present—in order to provide effective health care services with a healing orientation.[43]

Trauma of Commission:

Traumas of commission are abusive behaviors—psychological, physical or sexual—directed toward a child.[44]

Trauma of Omission:

Traumas of omission occur when a child is neglected and parents are physically or emotionally unavailable.[45]

Summary

Peter Scazzero argues that "Christian spirituality, without an integration of emotional health can be deadly—to yourself, your relationship with God, and the people around you."[46] He goes on to explain:

> The spirituality of most current discipleship models often only adds an additional protective layer against people growing up emotionally. When people have authentic spiritual experiences such as worship, prayer, Bible studies, and fellowship—they mistakenly believe they are doing fine, even if their relational life is fractured and their interior world is disordered.[47]

It is imperative that Christians become emotionally mature, particularly ministerial leaders. Scazzero argues, "It is not possible to be spiritually mature while remaining emotionally immature."[48]

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[43] "What Is Trauma-Informed Care?," Trauma Informed Care Implementation Resource Center.

[44] Tim Clinton, Archibald Hart, and George Ohlschlager. *Caring for People God's Way: Personal and Emotional Issues, Addictions, Grief and Trauma* (Nashville, TN: Thomas Nelson, 2005), 7770.

[45] Clinton, Hart, and Ohlschlager, *Caring for People God's Way*.

[46] Peter Scazzero, *Emotionally Healthy Spirituality: It's Impossible to Be Spiritually Mature While Remaining Emotionally Immature* (Grand Rapids, MI: Zondervan, 2017), 272.

[47] Scazzero, *Emotionally Healthy Spirituality*, 386.

[48] Scazzero, *Emotionally Healthy Spirituality*, 19.

An abundance of ministerial leaders believe all is well because they have read the Bible, prayed, and worshipped, and yet unaddressed trauma impacts their everyday life and leadership moves unbeknownst to them. It is only in responding to trauma properly that ministers and those they serve will not be negatively impacted in some way. Rance explains that when it comes to trauma, response is paramount:

> Trauma and suffering will eventually touch each human life. This trauma can come in many forms, from a one-time holocaust to repeated blows. It can seem to originate from the hand of God or from humanity's evilness. Trauma can affect a person emotionally, physically, socially, and spiritually. How a person copes with these events will determine his or her emotional negative pathology or well-being.[49]

The future of ministerial leaders and churches depends upon addressing this vital issue of the effects of unaddressed trauma on ministerial leaders and their emotional health.

[49] Rance, "Biblical Personalities and Trauma: Towards a Theology of Wellbeing," 27.

CHAPTER TWO

THE PROJECT IN PERSPECTIVE

Introduction

Within the scriptures, the word for trauma is τραυματίζω, which according to Baur, Gingrich, and Danker implies the act of wounding—to wound or traumatize. This verb is found twice in the New Testament (Luke 20:12 and Acts 19:16) and once in the Old Testament Septuagint (Isaiah 53:3).[1] Regarding medicinal use of the term, the *Handbook of Trauma Psychology* states:

> The term trauma has been used in medicine since at least the late 17th century to describe physical injuries inflicted from an external source typically incurred from a weapon or accident resulting in extensive shock or damage to the entire body system. In this context, physicians and surgeons provided treatment for trauma usually consisting of surgically repairing the physical wound. This use of the word trauma of course continues in the present day in the form of trauma units in hospitals and other medical settings staffed by trauma surgeons and nurses who specialize in treating severe physical wounds.[2]

The impact of trauma often carries with it individual and corporate repercussions that last long after the event itself. In her book, *Spirit and Trauma,* Shelly Rambo writes in that regard, "Trauma is what does not go away. It persists in symptoms that live on in the body, in the intrusive fragments of memories that return. It persists in symptoms that live on in communities, in the layers of past violence that constitute present ways of relating."[3] The effects of trauma

[1] Walter Baur, F. Wilbur Gingrich, and Fredrick Danker, *A Greek-English Lexicon of the New Testament and Other Early Christian Literature* (Chicago, IL: University of Chicago Press, 1958), 824.

[2] Charles Figley, Bryan Reuther, and Steve Gold, "Handbook of Trauma Psychology; The Study of Trauma: A Historical Overview" in *APA Handbook of Trauma Psychology* (American Psychological Association, 2017), 2.

[3] Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, KY: Westminster John Knox Press, 2010), 1.

have no expiration date, and as much as sufferers may want to keep its ramifications undetected, it is difficult to do so.[4]

Trauma is not limited to circumstances such as car accidents, physical injuries or being victimized by a crime, although at times they may be scenarios that come to mind. A comprehensive understanding of trauma goes much deeper. Traumatic incidents include but are not limited to divorce, the death of loved ones, poverty, neglect, and abandonment. Robert D. Stolorow explains, "Trauma is constituted in an intersubjective context in which severe emotional pain cannot find a relational home in which it can be held."[5] When trauma sufferers do not have a relational home in which to hold their trauma, it is held in their bodies.[6] In his book, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Bessel van der Kolk explains that although sufferers may desperately want to quickly move on without addressing the trauma, it is impossible to do so without effecting the brain, body, and mind.[7] In that regard, the doctrine of the *imago Dei* has much to offer pertaining to humankind's responsibility of addressing trauma in light of being created in the image of the Creator.

The Creator

The Genesis account is clear in establishing God as the Creator of all things, carefully fashioning the earth and everything in it.

> Then God said, 'Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.' So, God created mankind in his own image, in the image of God he created them; male and

[4] Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (United Kingdom: Penguin Books, 2014), 1.

[5] Mark Floyd et al., "The Existential Effects of Traumatic Experiences: A Survey of Young Adults," *Death Studies* 29, no. 1 (2005): 55-63.

[6] van der Kolk, *The Body Keeps the Score*, 1.

[7] van der Kolk, *The Body Keeps the Score*, 1.

> female he created them. God blessed them and said to them, 'Be fruitful and increase in number; fill the earth and subdue it.'[8]

The Creator precisely designed man and woman—body, soul, and spirit. Scripture affirms this understanding in stating, "For by him all things were created, in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities—all things were created through him and for him. And he is before all things, and in him all things hold together."[9] The body is important to God, and the Word of God declares it to be the temple of the Holy Spirit and something to be honored.[10] In his book, *Wonderfully Made: A Protestant Theology of the Body*, John W. Kleinig explains:

> While our bodies could perhaps have been developed, long ago, by an impersonal natural process in an amazing series of unlikely accidents, the most likely and satisfactory answer is that they, like the whole world, were created by some supernatural beings. By rational reflection we may then infer that our bodies were created, but we cannot infer who made them. That can only be disclosed by our bodies' supernatural creator or by some other supernatural beings who witnessed their creation. Jesus teaches that this is so! Paraphrasing Genesis 1:27 and 2:24, he asserts this momentous truth about a husband and his wife in Mark 10:6-8—'From the beginning of creation, God made them male and female. Therefore, a man shall leave his father and mother and hold fast to his wife, and the two shall become one flesh.' So they are no longer two but one flesh.' When Jesus speaks of the beginning, he alludes to Genesis 1:1 and its declaration that God created the whole cosmos. We therefore receive our male or female bodies from God through our parents and ancestors, going all the way back to creation of the first man and woman. Their creation is both an initial act and in primordial time and a foundational act that lasts for all time.[11]

On the sixth day of creation, God designed humankind as the prototype for subsequent generations, to thereafter be conceived and birthed through the union of man and woman. Although each human being possesses a unique personal identity, components of human bodies

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[8] Genesis 1:26-28, New International Version.

[9] Colossians 1:16-17, English Standard Version.

[10] 1 Corinthians 6:19-20.

[11] The Barna Group, "20 Years of Surveys Show Key Differences in the Faith of America's Men and Women," Barna Updates, August 2011 the Barna Group, accessed April 8, 2021, https://www.barna.com/research/20-years-of-surveys-show-key-differences-in-the-faith-of-americas-men-and-women/.

required for the sustenance of life remain consistent in every individual and include but are not limited to organs such as the brain and heart.

> Regarding the Old and New Testament understanding of the mind, Kleinig explains: The New Testament occasionally uses *nous*, a Greek word that approximates what we now call the mind (for example, Rom 12:2). The Greeks regarded it as the organ for physical, mental, moral and spiritual perception. But the Old Testament has no technical term for the mind as we know it. Instead, it regards the heart, the central organ of the human body, as the seat of what we now call the mind, much as we now locate the mind in the brain. The heart is regarded as the organ for perception and understanding, thought and action, reflection and meditation, memory and enjoyment, imagination and calculation, invention and action, desire and volition. The symbolic use of this physical term presents us with a unitary, synthetic view of the whole person. In this view, the whole body with its respective organs is not only involved in perception and action but also in all mental and emotional activity. So when we think, we speak to ourselves, and when we speak, we think about for others to know what we are thinking. We have mindful bodies that interact physically and mentally with the world around them, receptive bodies that need eyes to see and ears to hear and a heart to understand what is presented to them (Duet 29:4, Isa 6:9-10).[12]

The more humankind discovers about how God designed the brain, the more it becomes evident that humans have yet to understand it's full complexity. Kleinig asserts, "Our world has many living wonders, many ordinary creatures that are all quite extraordinary. This array of wonders ranges from a simple cell to the supremely complex human body. From every point of view, each embodied person is the most amazing visible being on earth."[13] The biblical declaration of humankind being fearfully and wonderfully made (Ps 139) is made manifest through each person who has ever lived.

Creator God fashioned the brain with the understanding that when experiencing trauma, the brain which houses cells and neuropathways would react and change.[14] Accordingly, each

[12] John W. Kleinig, *Wonderfully Made: A Protestant Theology of the Body* (Bellingham, WA: Lexham Press, 2021), 12.

[13] Kleinig, *Wonderfully Made*, 14.

[14] Michele Rosenthal, "How Trauma Changes the Brain," *Boston Clinical Trials*, June 10, 2020, https://www.bostontrials.com/how-trauma-changes-the-brain/.

cell in the brain has the capacity to record traumatic memories, thus leaving those who have suffered traumatic experiences primed for threat and in a reactive state.[15] The Creator designed the exquisitely sophisticated human body in a manner that enables it to process the threat of potential injury as well as what would be required for restoration whether by supernatural or practical means, by way of spiritual breakthroughs, or scientific and/or medical advancements.

In the Beginning

The first trauma recorded in scripture occurred in the Garden of Eden when Adam and Eve listened and believed the serpent who told them, "For God knows that when you eat from it your eyes will be opened, and you will be like God, knowing good and evil."[16] The serpent convinced them that they were incomplete and would be lacking if they did not partake from the tree. Martin Kessler and Karel Adriaan Deurloo assert:

> Ironically, the serpent was right that seeing is knowing, but it was a serpentine knowledge that brought about alienation instead of deeper trust. On one level, they had been rudely outsmarted by a cunning reptile—a shocking humiliation! On another level, the humans experienced a cultural-historical development and covered their sexual nakedness with aprons of fig leaves.[17]

The actions of Adam and Eve produced an immediate consequence, in every sphere of life. This was both a trauma for the first man and woman, and traumatic for the universe as a whole. The greatest impact of the fall was God banishing Adam and Eve from the garden, shutting the gate to the tree of life where they would live separated from close, life-giving contact with him. Kleinig explains:

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[15] Rosenthal, "How Does Trauma Affect the Brain?," *Whole Wellness Therapy* (n.d.), accessed April 4, 2021, https://www.wholewellnesstherapy.com/post/trauma-and-the-brain.

[16] Genesis 3:5, New International Version.

[17] Martin Kessler and Karel Adriaan Deurloo, *A Commentary on Genesis: The Book of Beginnings* (New York, NY: Paulist Press, 2004), http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=587437.

> By its banishment from God's presence, the body is diminished and doomed to die. Much of its beauty and splendor is lost. The body that was once fully alive becomes a 'body of death' (Rom 7:24), a 'mortal body' (Rom 8:11). The body that was once righteous becomes a 'body of sin' (Rom 6:6), 'sinful flesh' (Rom 8:3). The body that was highly honored is now brought low (Phil 3:21).[18]

Prior to the fall, Adam and Eve lacked nothing. In the perfect state of creation, there was complete trust, with Adam and Eve viewing themselves as whole with no shame in their nakedness. The sudden awareness of their sin brought an instantaneous realization of lack and loss. Adam and Eve's loss of innocence due to their disobedience resulted in shame, insecurity, and temptation. Instantaneously, they felt a need to protect their vulnerability by constructing a covering for their bodies and hiding. Instead of turning to God to heal the trauma caused by their actions, they pursued their own solutions, which have affected humanity to the present day.

With the fall of humankind came the possibility of the impairment of human bodies, as well as certain, eventual physical death. Susan Windley-Daoust asserts, "The basic limitedness that is the human body is also created by God, a natural sign as well. But impairment—at least most of the time—is arguably not the direct will of God, but a consequence of our fallen world."[19] A sufferer of trauma may have many questions such as why they were specifically the victim of such, or whether God caused their trauma. Comfort can be taken in that trauma is a consequence of our fallen world, and not a punitive directive from God. Just as Matthew 5:45 explains that God causes the sun to rise on those who are evil as well as good, and that rain falls on both the righteous and unrighteous, so trauma happens to those who are good and evil.

Genesis 3:9 gives the pronouncement of an eventual, physical death for Adam and Eve: "By the sweat of your brow you will eat your food until you return to the ground, since from it

[18] Kleinig, *Wonderfully Made*, 33.

[19] Susan Windley-Daoust, *Theology of the Body, Extended: The Spiritual Signs of Birth, Impairment, and Dying* (Hobe Sound, FL: Lectio Publishing, 2014), 107.

you were taken; for dust you are and to dust you will return."[20] Bruce K. Waltke and Cathi J. Fredricks expound: "Ironically, transgressing the divinely ordered boundaries does not bring the man and woman the elevated lives they had hoped for but instead brings them chaos and death."[21] Brain trauma or physical death were not God's original intention for humankind; however, the first became possible, and the second definite, as a consequence of the fall.

The Understanding of Suffering in the Early Christian Church

Early Christians and the early church did not view Christianity as the way to prosperity, but as a journey of trials and tribulations. Leo D. Lefebure explains that "early Christians knew that life as normally lived in this world is profoundly unsatisfactory, marked by the suffering that comes impermanence, sin and death."[22] Sickness and diseases were rampant and the persecution, torture, and execution of Christians was commonplace.[23]

In the early second century CE, Ignatius of Antioch was arrested with the understanding that martyrdom surely awaited him. Rather than shouting "injustice!" from the rooftops, Ignatius viewed his experience as one of sharing in the sufferings of Christ, solidifying his identity as a Christian disciple.[24] His own words shed light on the early church's perspective in that regard. Before his death he penned these profound remarks: "Grant me nothing more than to be poured out as a libation for God while an altar is still ready, that becoming a chorus in love you may sing to the Father in Jesus Christ because God judged the bishop of Syria worthy to be found at

[20] New American Standard Bible.

[21] Bruce K. Waltke and Cathi J. Fredricks, *Genesis: A Commentary* (Grand Rapids: Zondervan, 2016), 95.

[22] Leo D Lefebure, "The Understanding of Suffering in the Early Christian Church", Journal of Dialogue and Culture, (October 2015), accessed January 1, 2022, 29, file:///C:/Users/Pasto/AppData/Local/Temp/The%20Understanding%20of%20Suffering%20in%20the%20Early%20Christian%20Church.pdf

[23] Lefebure, "The Understanding of Suffering," 29.

[24] Lefebure, "The Understanding of Suffering," 33.

the (sun's) setting having sent him from the (sun's) rising."[25] Like many of his early church counterparts, Ignatius viewed persecution and suffering as the consummation of true discipleship.

Unfortunately, the cry of many contemporary Christians—particularly those in the western context—is not that of accepting the mantle of suffering with which Christ operated. In fact, it can be suggested that Christians in the aforementioned context have no theology, or have an underdeveloped theology, of suffering, viewing God's utilization of pain or trauma in the life of a Christian as incongruent with his character. Clearly, these viewpoints do not represent the understanding of early believers. Saint Ambrose of Milan pairs well with the words of Ignatius for the purposes of this research:

> If the occasion demands it, a wise man will readily accept bodily infirmity and even offer his whole body up to death for the sake of Christ...This same man is not affected in spirit or broken with bodily pain if his health fails him. He is consoled by his struggle for perfection in the virtues.[26]

An unfortunate reality is that, in stark contrast with Saint Ambrose' view, an abundance of believers today cannot fathom that God's will and the suffering of humanity could possibly coincide in any way.

Trauma and the Bible

David M. Carr asserts that suffering and survival of suffering were written into the Bible, with the Jewish and Christian scriptures arising out of, and speaking to, catastrophic human trauma.[27]

[25] Lefebure, "The Understanding of Suffering," 34.

[26] Alexy Young, The Holy Fathers On Illness, Orthodox Christianity, (September 8, 2017), Accessed January 18, 2022, https://orthochristian.com/106274.html.

[27] David M. Carr, *Holy Resilience: The Bible's Traumatic Origins* (New Haven, CT: Yale University Press, 2014), 4.

Trauma has been present in the world since the very beginning of time with the first man and woman, carrying through to present generations. When examining the biblical text, trauma can be deduced from the infancy of the narrative with the first murder in the Bible occurring in Genesis 4 with the slaying of Abel at the hand of his brother. Shortly thereafter, the first rape takes place in Genesis 34. Trauma in the Bible does not end with the beginning of the book, however. From Genesis to Revelation, scripture is replete with suffering and trauma. For example, the book of Daniel is an account given of Daniel, a Jew of the royal family who was taken captive by Nebuchadnezzar when he was a teenager and subjected to his rule in Babylon. In addition to becoming a refugee as a result of his captivity, Daniel was thrown into the den of lions despite being a godly person in whom no fault could be found. The time frame of Daniel's ministry spanned the entire captivity which was is estimated to be at least 70 years. In Judg.19 a horrific tale of a Levite and his concubine is disclosed whereby the concubine was tossed outside her owner's home to a group of men where she was gang raped for an entire night, and thereafter retrieved by her owner, dismembered into twelve pieces and sent out to all of the areas of Israel. Many other instances of trauma such as genocide (Jos 1-12), infanticide (Psalm 137:9) and slavery (Ex. 21, Lev. 25, Dt 15, Eph 6, Col 3) are documented in Scripture.

Biblical traumas are parallel to the human experience. Writing in that regard, C. S. Lewis profoundly states that history is "largely a record of crime, war, disease, and terror, with just sufficient happiness interposed to give them [human beings], while it lasts, an agonized apprehension of losing it, and, when it is lost, the poignant misery of remembering."[28] Life is a series of simultaneous events that bring rejoicing and mourning. It is all too common that

[28] C.S. Lewis, *The Problem of Pain* (New York, NY: Harper Collins, 1940), 4.

families find themselves burying a loved one while at the same time welcoming a newborn baby into the fold.

Moses: An Example of Trauma in the Old Testament

Kristine Henricksen Garroway argues that scholars often overlook critical stages in the lives of biblical characters.[29] One such example is Moses. Garroway explains, "In changing our focus to examine the children and the childhoods of the characters in the Bible we can gain new insights into the biblical text."[30] She suggests that previous examinations of Moses' life overlooked a crucial portion of his development: his childhood.

The method of examination Garroway references is referred to as *Childist Interpretation*, a relatively new method of interpretation within biblical studies.[31] Childist's interpretation entails taking a deeper look into a Bible character's earlier years; however, it goes deeper than this. Garroway explains, "Other aspects of a childist reading engage in reasserting the voice of the silent other, giving them agency, and pointing out the value and vulnerability that an Ancient Near Eastern (ANE) child experienced within their society.."[32] As human behavior is influenced by the collective experiences of a person throughout their lifetime, it is important to look deeper into what transpired in the years prior to what is currently being called into question.

The book of Exodus begins in a quagmire of horrific practices such as slavery and infant genocide. Carr notes that the story of Moses revolves around collective trauma, whether in Egypt

[29] Kristine Henriksen Garroway, "Moses's Slow Speech: Hybrid Identity, Language Acquisition, and the Meaning of Exodus 4:10," *Biblical Interpretation* 28, no. 5 (2020): 1.
[30] Garroway, "Moses's Slow Speech."
[31] Garroway, "Moses's Slow Speech."
[32] Garroway, "Moses's Slow Speech."

or Babylon.[33] His individual life, Carr says, mirrors the vulnerability of his people.[34] In a sense, this story gives voice to the collective suffering of the people. Carr explains:

> On one level this story of slavery, genocide, exposure, and secret parenting works powerfully as individual drama, but this story would have resonated in a special way with exiles under forced labor in Babylon. The ancient figure 'Moses,' after all, could serve as another individual figure who symbolized the destiny of exiled Judeans as a group, much like the figures of Ezekiel, Jeremiah, and the suffering servant. By preserving and revising old narratives about Moses' endangerment as a baby and rescue from the Nile, these exiles could speak, from a safe distance, of their own suffering and hope.[35]

The story of Moses sets the foundation for the coming trauma, deliverance, and resulting realizations—not only of Moses but of his people. The life story of Moses begins with his birth, being hidden for three months, and thereafter relinquished in a basket in the Nile River.[36] Although the princess who discovered him would ultimately reunite him with his birth mother who would nurse him and have ongoing contact with him, identity would remain one of Moses' greatest challenges. Garroway explains:

> Understanding Moses as having a hybrid identity could be the best way to understand him. The identity formed in Moses's childhood is more than fuzzy; it is outright messy. He is a slave child of Israelite parents adopted by a princess and raised as a prince in the Egyptian court. One might liken the various aspects of his identity to a series of interrelated ink splotches. In some areas one can see distinct colors, while in other areas the colors overlap creating shades, and in yet other places, the colors are so blended they cannot be distinguished one from the next. Each color variation can be more or less pronounced at any one given place on the canvas. So too with Moses's identity; at some points his lineage is emphasized and at other times his age or relationship to various people comes to the fore.[37]

[33] Carr, *Holy Resilience*, 111.
[34] Carr, *Holy Resilience*.
[35] Carr, *Holy Resilience*.
[36] Exodus 2:1-10.
[37] Garroway, "Moses's Slow Speech," 7.

Despite the complexity of Moses' story, there is one consistent element that stands out within the entirety of his story, and that is language. Names are a method by which people are identified. Garroway explains:

> Looking at the way language operates in Moses's narrative, one can see how different social groups identify him. He is introduced as the son of two Levites (Exod. 2:1–2), but his name is not given. In the interaction between his sister and the Egyptian princess he is referred to as 'this child/infant' and 'one of the Hebrew children' (Exod. 2:6–10). Jethro's daughters call him 'an Egyptian' (Exod. 2:19). There is also the famous name-calling scene wherein the princess bestows a name on Moses (Exod. 2:10), an Egyptian name for an Egyptian prince. For the biblical writer this is not name bestowing, but name calling: Moses, the Egyptian. Without reconceptualizing his name, Moses, who was cast out by his people, would remain an outcast. What Israelite would follow the Egyptian? No, Moses would not do, instead the text explains, he is Moses (Hebrew) the one not cast out, but drawn in, 'for from the water I drew him out.' As each of these naming instances demonstrate, language is central to Moses's identity.[38]

Moses' identity was not Hebrew nor Egyptian, but both. The hybrid name and identity would forever place Moses between two worlds, seeking to discover the answer to the question, "Who am I really?"

Along with his hybrid name and identity, Moses was placed in a basket and relinquished in the river at three months old.[39] Relinquishment by a parent is a traumatic incident that forever alters the identity of a human being. Many people in the 21st Century have yet to become aware of the full impact of trauma as it relates to relinquishment and adoption. Dr. Nancy Newton Verrier, author of the book, *The Primal Wound*, explains:

> It has been noted by some clinicians in working with adoptees that they all have essentially the same issues whether they were adopted at birth or as teenagers. These issues center around separation and loss, trust, rejection, guilt, shame, identity, intimacy, loyalty and mastery or power and control.[40]

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[38] Garroway, "Moses's Slow Speech," 7.

[39] Exodus 2:3.

[40] Nancy Newton Verrier, *The Primal Wound: Understanding the Adopted Child* (Baltimore, MD: Gateway Press, 1993), 7.

Although Moses was an infant when he was subjected to the trauma of relinquishment, the impact on an adoptee is no less significant regardless of whether or not they can recall the relinquishment and subsequent adoption. Betty Jean Lifton explains, "This key experience [relinquishment/adoption] will lie buried in the child's psyche until the adoptee, at whatever age, is strong enough to claim it."[41] The timeline for identity issues arising from the trauma of relinquishment and adoption vary for every adoptee. Nevertheless, it is imperative for the adoptees' emotional and mental health as well as those who surround them, that post-adoption challenges be addressed. It is unfortunate that in Moses' day, there were none of the resources available that currently exist, nor the understanding of his struggle that may have been related to trauma.

Moses' identity issues were evident when he was tending the flock of Jethro his father-in-law, and God spoke to him and called him to lead the people out of Egypt.[42] Immediately, he responded with, "Who am I that I should go to Pharaoh and bring the Israelites out of Egypt?"[43] He blamed his speech impediment as the reason he could not obey what God asked of him. Garroway explains, "Moses' unique childhood and transition from Hebrew slave child to adopted Egyptian prince creates within him a hybrid identity. His hybrid identity, in turn, manifested itself in Hebrew language attrition, which causes him to protest that he is 'heavy of speech and tongue.'"[44] In ANE culture, the typical word *heavy* that referred to the mouth or tongue indicated speech that was stuttered, unintelligible, or that of a foreign language.[45] Childist interpretation requires an examination of Moses' speech challenges in relation to growing up in a

[41] Betty Jean Lifton, *Journey of the Adopted Self* (New York, NY: Basic Books, 1993), 47.s
[42] Exodus 3:1.
[43] Exodus 3:11, New International Version.
[44] Garroway, "Moses's Slow Speech," 2.
[45] Garroway, "Moses's Slow Speech."

slave house as well as a palace. His identity issues were a threat to the call of God upon his life. Garroway argues, "Moses's call narrative is unique in that he refuses his call not once, but repeatedly. Each of the refusals manifests a different struggle Moses has with his identity."[46] With his hybrid background and the necessity of communicating differently to groups of people, Moses was likely filled with confusion at times when asked a simple question and struggled in knowing the best way to respond. He was torn between two groups of people for the majority of his life. It was not long into adulthood that Moses was strong enough to claim what was buried in his psyche. On a return visit to his homeland and people, he quickly became enraged. Although many years had passed as he grew from boy to man, on the pages of the biblical text, only one verse separates Moses' adoption from his murdering of the Egyptian.[47]

Grace and providence are evident throughout Moses' life-story; however, this does not negate the complex and compounded traumas he endured. He was born in a hostile and violent environment; relinquished by his biological mother, albeit for good reason; reunited with his biological mother to nurse him; returned to his adoptive family; and then, by his own choosing, he returned to his biological family. It was evident that he faced identity issues, feeling as if he did not fit in in either place. Ruth Haley Barton explains:

> It appears that one of Moses' coping mechanisms was to repress his anger since he had nowhere to go with it. But he also used that anger to 'power up' in relation to others and to control situations that seemed out of control. One day his anger—anger that had probably been building up for quite a long time—got the best of him and everything exploded. On this day he 'went out to his people'—a poignant phrase! Because he was not free to live with his own people, the best he could do was a visit from time to time. My guess is that the longing to fully fit somewhere—to stay and be at home—was deep and profound. [48]

[46] Garroway, "Moses's Slow Speech," 8.
[47] Exodus 2:11-15.
[48] Ruth Haley-Barton, *Strengthening the Soul of Your Leadership: Seeking God in the Crucible of Ministry* (Downers Grove, IL: IVP Books, 2012), 36.

There is a glimpse of Moses' realization of his unaddressed trauma in the naming of his son. When he and his wife Zipporah produced their first child, they named him Gershom, meaning "stranger," "sojourner there," or "expelled one."[49] Indications were that Moses continued to ruminate on his own feelings of being a stranger or expelled one as Gershom's own experience as an infant was not reflective of his name's meaning. Barton explains:

> This was a profound admission. It had taken a very long time, but finally Moses was able to acknowledge what was underneath the behavior that had gotten him to where he was. He was finally able to admit that all his life he had struggled with his identity and he was mad as hell about it. People around him were confused about who he was because he was confused about who he was. His relationship with Zipporah was a case in point. After Moses helped her water sheep, she brought Moses home to meet her father and introduced him as Egyptian. Moses didn't even bother to correct her. He was so accustomed to being unclear about his identity and adapting himself to whatever situation he found himself in that he just kept quiet and let people believe what they wanted. But one day, after he had been in the wilderness for long enough for solitude to do its good work, he was able to claim his greatest pain and brokenness.[50]

Over the course of Moses' leadership journey, there were times that his reactions were justified or appropriate—and other times not. Although this can be said of any leader past or present, the point is that his reactions may have been informed by the impact of unresolved trauma in his life. What is currently known through research about the trauma implicit in relinquishment and adoption was not known in Moses' day. As one example, a research study done by the American Academy of Pediatrics in 2013, showed that reported suicide attempts are four times greater for adoptees than nonadoptees.[51] The same study revealed that teenage adoptees experience a greater risk for disruptive behavior disorders as well as anxiety, depression and somatic symptoms than

[49] Haley-Barton, *Strengthening the Soul,* 24.
[50] Haley-Barton, *Strengthening the Soul.*
[51] Margaret A. Keyes et al., "Risk of Suicide Attempt in Adopted and Nonadopted Offspring," *American Academy of Pediatrics* (October 2013), accessed December 1, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3784288/.

their nonadopted counterparts.[52] Furthermore, the same study showed that adoptees have increased odds of being diagnosed with substance use and other psychiatric disorders relative to nonadoptees.[53] A significant number of adoptees struggle with unresolved trauma as evidenced by the aforementioned statistics and it is quite possible that Moses was among those whose former traumas were causing present-day reactions. While some individuals implode (i.e. suicide) as a result of unresolved trauma, others may explode (i.e. angry outbursts, violence). Moses' unbridled outbursts that included name calling of those he led held personal consequences for him as God told him that as a result of his reaction, he would not be able to enter the promised land.[54]

Despite Moses' shortcomings, he is credited with leading the exodus of the Israelites out of Egypt and across the Red Sea where he received the Ten Commandments on Mt. Sinai. Like many survivors of trauma, Moses is an example of resilience and renewed purpose.

Jesus and the Cross: An Example of Trauma in the New Testament

No better example of trauma exists in the New Testament than that of the execution of Jesus. Prophesied in Isaiah 53:5, the ancient text provides valuable insight for this project as it pertains to the traumatic self-sacrificial suffering of the Messiah. "But he was wounded on account of our sins, and was bruised because of our iniquities: the chastisement of our peace was upon him; and by his bruises we were healed."[55] His wounds not only represent the story of humanity's redemption, but that of his own trauma.

[52] Keyes, et al.
[53] Keyes, et al.
[54] Numbers 20:11.
[55] Isaiah 53:5, Brenton LXX En.

The world was forever changed through the trauma of the cross. Serene Jones explains: "Christianity does not need to discern the relationship between trauma and grace from a blank slate; after all, it was founded on the story of the crucifixion and resurrection of Jesus. So, in a very real way its central story is one of trauma and grace."[56] Phil 2:6-8 declares that Jesus who is God "did not count equality with God a thing to be grasped, but emptied himself, by taking the form of a servant, being born in the likeness of men. And being found in human form, he humbled himself by becoming obedient to the point of death, even death on a cross."[57] The manner of execution—crucifixion—depicted in the latter portion of the aforementioned verses infers the worst kind of death or trauma. Additionally, the cross held trauma individually and collectively. Jones clarifies this duality: "The Bible is one long series of traumatic events and accounts of how people struggle to speak about God in the face of them. Two traumatic biblical events jumped out at me immediately—the crucifixion and the resulting trauma of those Christians who experienced it."[58] When reflecting on trauma, it is often the main victim of the trauma that is considered, however trauma impacts everything and everyone connected to it.

> The trauma of the cross was incomparable. Jones explains:
> It's hard to imagine anywhere in literature or in the annals of human experience a more traumatic event than the torture and execution of this man Jesus, and the event that was supported by the whole surrounding culture. James Cone's descriptions of what lynchings did to the black community in the United States aptly capture what the cross did in the first century. It was designed to terrorize the people who watched it and humiliate, shame and utterly destroy the person experiencing it. So, for Christianity—understanding trauma is not just a kind of secondary issue—it is rather the most central event of our faith.[59]

The word *crucifixion* comes from the Latin word *cruciare*, meaning *torture*.[60] Carr explains:

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[56] Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville, KY: Westminster John Knox Press, 2019), 20.

[57] English Standard Version.

[58] Jones, *Trauma and Grace*, 115.

[59] Jones, *Trauma and Grace*, 128.

[60] Jones, *Trauma and Grace*.

> The Roman Cicero describes it [crucifixion], as 'suma supplicum,' or 'the most extreme form of punishment,' and goes on to say, 'to bind a Roman citizen is a crime, to flog him an abomination, to slay him is almost an act of murder, to crucify him is—what? There is not a fitting word that can possibly describe such a horrible deed.[61]

Jewish historians describe crucifixions as the most horrendous death. Carr states that crucifixion was "empire-imposed trauma intended to shatter anyone and any movement that opposed Rome."[62] This is a classic example of collective trauma.

> Leonard Sweet argues that the trauma of the cross has never been equaled or exceeded: Part of the cruelty of the crucifixion was the emotional as well as physical torture. Yes, Jesus' physical agonies were beyond imagining. But the emotional agonies were even worse—the humiliation of being stripped naked, with all bodily parts and functions exposed for the humiliating gaze of the public, the mixture of blood, and sweat and urine and feces and refuse creating a nauseating stench, the smells of death that kept even the families of the crucified at a distance. But what cut even deeper were the emotional agonies of Jesus' spirit. The bible unabashedly testifies to Jesus' sense of total abandonment, defeat, rejection, and betrayal. In many ways, this was where Jesus was really crucified in Spirit. Not on the cross, but in the kiss. The cross crucified him in body. The kiss crucified him in soul. He was truly despised and rejected, a man of sorrows, acquainted with grief.[63]

The excruciating pain of the cross consociates Christ with those who suffer the anguish of any trauma. Christ facing the worst of human trauma on the cross carries a powerful connection to Hebrews 4:14-16:

> Therefore, since we have a great high priest who has ascended into heaven, Jesus the Son of God, let us hold firmly to the faith we profess. For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are—yet he did not sin. Let us then approach God's throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need.[64]

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[61] Carr, *Holy Resilience*, 147.
[62] Carr, *Holy Resilience*.
[63] Leonard Sweet and Frank Viola, *Jesus: A Theography* (Nashville, TN: Thomas Nelson, 2012), 234.
[64] New International Version.

Christ's incomparable suffering on the cross made the redemption of humankind possible, providing not only atonement on the cross of Calvary, but healing according to I Peter 2: "'He himself bore our sins' in his body on the cross, so that we might die to sins and live for righteousness; 'by his wounds you have been healed.'"[65] Salvation and healing were both provided in the atonement. (Isa. 53:4-6, Matt 8:16-17, I Pet 2:24)

The cross is representative of suffering, victory, healing, and redemption available for all humankind. Rambo exhorts ministers concerning the importance of trauma and the cross and being mindful of how they present suffering to their congregants. She explains: "For those gathered at Good Friday services, there is not just one cross. The distinctive crosses that people bear are all brought into the sanctuary. Out of their experience, these parishioners are paying attention to what the preacher has to say."[66] The truth is that one cannot embrace hope and healing until the reality of the cross is also embraced. Jurgen Moltmann explains, "Unless it apprehends the pain of the negative, Christian hope cannot be realistic and liberating."[67] Lament is the first biblical step in apprehending the pain of the negative and moving forward with hope.

Luke A. Powery is the dean of Duke Chapel and an associate professor of the practice of homiletics at Duke Divinity School. Powery's ten-year-old niece Christiana died of a rare disease that shortens the life-span of three out of one million children. Christiana's funeral was an occasion for Powery to experience firsthand the importance of ministerial leaders' discernment in leading through trauma and loss as well as the power of the Spirit's work through lament. Of this, Powery explains:

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[65] 1 Peter 2:24, New International Version.

[66] Shelly Rambo, "How Christian Theology and Practice Are Being Shaped by Trauma Studies," *The Christian Century*, November 1, 2019, https://www.christiancentury.org/article/critical-essay/how-christian-theology-and-practice-are-being-shaped-trauma-studies.

[67] Jürgen Motlmann, *The Crucified God* (Minneapolis, MN: Fortress Press, 2015), 219.

> There were those, even ordained ministers and preachers of the gospel, who appeared to be afraid to lament and allow the Spirit to groan through them, evidenced by their overemphasis on celebrating the fact that my niece was now in glory, in heaven, with God. They highlighted the hope of the Resurrection and Easter but ignored the lament of the Good Friday crucifixion. There were pleas for personal salvation to be heaven-bound through a sermonic 'altar call.' In front of my niece's casket, I wept not only over losing her but also over the loss of lament, the Spirit's song. There was no sense that the Spirit also manifests itself through laments and not solely through celebrations. The depth of expression found in the Spirit was absent. There was no sign of lament in this sermon. The sermon was disturbingly overwhelmed with celebrations for those who raised their hands to take the heaven-bound train. It was as if Christiana's life of love did not even matter and was not going to be missed. Why, even at a graveside service, are some Christian preachers afraid to lament and engaged in the sighs of the Spirit? I left that graveside wondering, 'Where was the Holy Spirit in that proclamation?'[68]

It is essential to refrain from rushing through the processing of the cross and its impact on the way to the resurrection. Lament is something for which space must be made in order to move forward. Frances Klopper explains:

> Through the ages lament has been a way of bearing the unbearable, of coping with suffering. It is difficult to write about lament because it is both communal and private; it speaks with political, social and religious voices; it calls God to account and at the same time it calls upon God for aid and relief; it accuses and it praises; it is deeply spiritual as well as subversive and political.[69]

In an effort to project a message that is predominantly victorious, lament may be overlooked rather than presenting an accurate and holistic picture of grief and healing. Moltmann explains: "The cross is not and cannot be loved. Yet only the crucified Christ can bring the freedom which changes the world because it is no longer afraid of death."[70] Just as individuals must embrace the cross (a traumatic event) in order to receive the freedom and healing that is theirs, there must also be a willingness to face what is not always pleasant in their own lives on the path to healing.

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[68] Luke A. Powery, *Spirit Speech: Lament and Celebration in Preaching* (Nashville, TN: Abingdon Press, 2009), 136.

[69] Frances Klopper, "Lament, the Language for Our Times," *Old Testament Essays* 21, no. 1 (2008): 3.

[70] Motlmann, *The Crucified God*, 155.

Mark Vroegop and his wife Sarah experienced the death of their daughter Sarah, who was stillborn. Sarah's death was the catalyst for the Vroerop's journey through lament, onward to healing. Vroegop was so affected by the biblical truth he uncovered and the significance of lament in his and his wife's healing process, that he subsequently wrote the book, *Dark Clouds, Deep Mercy: Discovering the Grace of Lament.* He explains:

> Finding an explanation or a quick solution for grief, while an admirable goal, can circumvent the opportunity afforded in lament – to give a person permission to wrestle with sorrow instead of rushing to end it. Walking through sorrow without understanding and embracing the God-given song of lament can stunt the grieving process.[71]

Finding a literal God-given song of lament is not a challenge, as at least one-third of the 150 Psalms are laments, and in fact, laments are the largest category of Psalms.[72] Additionally, there is the book of Lamentations in Scripture that chronicles the trauma, suffering and lament of the people of Jerusalem following the destruction of the city by the Babylonians. Vroegop explains the Scriptural definition of lament:

> Lament can be defined as a loud cry, a howl, or a passionate expression of grief. However, in the Bible, lament is more than sorrow or talking about sadness. It is more than walking through the stages of grief. Lament is a prayer in pain that leads to trust. Throughout the Scriptures, lament gives voice to the strong emotions that believers feel because of suffering. It wrestles with the struggles that surface. Lament typically asks two questions: (1) 'Where are you God?' (2) 'If you love me, why is this happening?' Sometimes these questions are asked by individuals. At other times, they are asked by entire communities. Sometimes lament reflects upon difficult circumstances in general, sometimes because of what others have done, and sometimes because of the sinful choices of God's people in particular. You might think lament is the opposite of praise. It isn't. Instead, lament is a path to praise as we are led through our brokenness and disappointment. The space between brokenness and God's mercy is where this song is sung. Think of lament as the transition between pain and promise.[73]

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[71] Mark Vroegop, *Dark Clouds, Deep Mercy: Discovering the Grace of Lament* (Wheaton, IL: Crossway, 2019), 18.

[72] Vroegop, *Dark Clouds, Deep Mercy*, 28.

[73] Vroegop, *Dark Clouds, Deep Mercy*, 27.

The majority of the laments found in Scripture follow a pattern.[74] Usually there are four fundamentals of a lament, and they are typically an address to God, a complaint, a request, and an expression of trust or praise.[75] It is essential to note that every part of a lament moves the sufferer toward God and the hope that is only found therein. An example of the expression of trust and praise can be found in Psalm 77:10-12, as the Psalmist declared: "Then I said, 'I will appeal to this, to the years of the right hand of the Most High. I will remember the deeds of the Lord; yes, I will remember your wonders of old. I will ponder all your work, and meditate on your mighty deeds." Although the Psalmist began the lament crying out (vs 1) and then came to a point of being too troubled to speak (vs. 4) he begins to remember the former works of the Lord in his life and cry forth with an expression of hope. The pattern of lament is a subtle reminder that there are no shortcuts to moving forward from trauma. It is something one must go *through*, not get *over*.

Spirit and Trauma

Physical bodies require oxygen not only to breathe but to heal. Oxygen is a critical component of numerous biological processes and actually has the ability to trigger a healing response.[76] In the same way, covering an emotional wound and not allowing it to 'breathe' is damaging. As such, when it comes to physical wounds, covering them forever does not promote healing. To allow a wound to breathe is to bring it out into the open instead of hiding it. The old adage, "time heals all wounds," is incorrect and incomplete. Although it takes time for wounds to heal, they do not

[74] Vroegop, *Dark Clouds, Deep Mercy*, 28
[75] Vroegop, *Dark Clouds, Deep Mercy*.
[76] Diego M. Castilla, Zhao-Jun Liu, and Omaida C. Valezquez, "Oxygen: Implications for Wound Healing," *US National Library of Medicine National Institutes of Health* (December 1, 2012), accessed November 5, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625368/.

heal by time alone. Burying trauma without adequate space for lament and processing only exacerbates suffering and delays healing. For some individuals, their trauma is fresh; and for others it may be a matter of revisiting a past wound in order to move forward. John Loren and Paula Sandford explain, "We go to the past—not to redo (and thus deny) what Christ has already accomplished, but to enable us to more fully respond to his already accomplished sacrifice."[77] Making time to process sadness and pain, remaining in God's presence, and inviting the Spirit to do a work of healing is imperative for sufferers of trauma.

A popular methodology for dealing with difficult circumstances that sufferers of trauma, grief, and depression have been ill-advised to follow is to "just snap out of it." J. Douglas Bremner, professor of Psychiatry and Radiology and the author of *You Can't Just Snap Out of It: The Real Path to Recovery from Psychological Trauma*, explains:

> One of the things that surprises me most is how poorly many professionals and lay people advise trauma victims. Despite the fact that we now have a large body of research literature on the disease, trauma victims are told to do the opposite of what my research and the research of others shows to be effective. In a variety of ways, victims are told to 'just get over it,' to 'put it behind them,' to 'snap out of it.' As my work demonstrates, you can't just 'get over it' because trauma can change the parts of the brain involved in memory, which can then result in those traumatic memories playing over and over again. As a result of this change, you can't just stop the memories of your own free will.[78]

The phrase 'snap out of it' is found in the Merriam-Webster's dictionary and refers to an individual's ability "to stop being in or to cause (someone) to stop being in (an unhappy condition or mood, a daydream, etc.)."[79] Unfortunately, one cannot merely snap out of grief or depression any more than they can snap out of diabetes. Surely it is less complicated to respond

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[77] John Loren and Paula Sandford, *Growing Pains: How to Overcome Life's Earliest Experiences to Become All God Wants You to Be* (Lake Mary, FL: Charisma House, 2008), 17.

[78] J. Douglas Bremner, *You Can't Just Snap Out Of It: The Real Path to Recovery from Psychological Trauma* (USA: Laughing Cow Books, 2014), 9.

[79] *Merriam-Webster Dictionary*, s.v. "Snap Out Of," accessed November 6, 2021, https://www.merriam-webster.com/dictionary/snap%20out%20of.

to a hurting individual with trite phrases, but in the end such tactics only delay healing for the sufferer. As Bremner discovered, many trauma victims are receiving nonsensical and ineffective advisements from professionals and lay people alike. In the church sector, a Scripture reference may be taken out of context and attached to such absurdity which may further traumatize the sufferer.

Healing is messy at times. Consider an operating room. Although a surgeon begins with a sterilized room, once the work begins on the patient, it is no longer a pristine environment. Blood and other fluids amalgamate and soil a myriad of items and attendants in the room. When the patient first awakens, they may initially feel worse than they did before the surgery. However, all of the messiness is required for the eventual healing to take place. Just as with a physical surgery, emotional healing from trauma is messy and complicated. Making one's way through such pain is a process that can feel like emotional clutter. To navigate the clutter and complications of trauma, Rambo argues for a theology of remaining. In Jesus' departing words to the disciples, he spoke of remaining, or as stated in the original Greek, μένω meaning to dwell, remain, or abide.[80] Rambo expounds:

> When Jesus speaks to the disciples about his leaving, he is addressing them as those who will not only remain after he has left them but will, in fact, survive his crucifixion. To remain—to menein—is to be one who survives Jesus and the horrifying events of the cross. The weight and severity of the death are conveyed in the references to remaining. Jesus tells the disciples that they will be survivors of his death. But the term menein conveys more than this. It also links to witnessing life reshaped through death.[81]

Jesus informs the disciples that he will be departing to prepare a place for them. He makes it clear in John 16:7 that He must leave to make room for the Advocate: "But very truly I tell you, it is for your good that I am going away. Unless I go away, the Advocate will not come to you;

[80] Rambo, *Spirit and Trauma*, 101.
[81] Rambo, *Spirit and Trauma.*

but if I go, I will send him to you." The Advocate is the Holy Spirit. The word *advocate* is found in the New Testament as the Greek word *παράκλητος* which also means intercessor, consoler, comforter, and helper.[82] It is the Holy Spirit, the Advocate, who helps those who have been traumatized to remain in Christ for comfort and healing. Jesus refers to the Holy Spirit as a helper four times in three consecutive chapters— John 14:16-17; 25-26; 15:26, and 16:7. One of the main functions of the Holy Spirit is to supernaturally lead and guide, helping in times of normalcy as well as through crisis. The Holy Spirit is to be an ever-present helper in the life of a believer.

Allowing oneself to experience and deal with emotions like sadness is consistent with scripture. Geri Scazzero explains: "Scripture does more than give us permission to express our sadness; it considers grieving losses as central to our spiritual growth. Sadness and loss form important threads in the tapestry of our lives."[83] As much as pain is avoided and even feared by many people, it is only through suffering that we understand the beauty as well as the full weight of a pleasurable moment.

There may be times that those who have encountered trauma desire to express the pain they are feeling but struggle to do so. The author of Romans explains in chapter 8 that the Holy Spirit helps with infirmities and weaknesses. He goes on to say that when an individual does know what to say— or how to pray— the Holy Spirit will make intercession for them with groanings. Praying in the Spirit, or speaking in tongues, is helpful in releasing pain as well as prayers to God when one is overcome with grief. At times, the feelings a traumatized individual

[82] *Thayer's Greek Lexicon*, s.v. "Parakletos," accessed November 6, 2021, https://www.bibletools.org/index.cfm/fuseaction/Lexicon.show/ID/G3875/parakletos.htm.

[83] Geri Scazzero and Peter Scazzero, *The Emotionally Healthy Woman: Eight Things You Have to Quit to Change Your Life* (Grand Rapids, Michigan: Zondervan, 2010), 102.

experiences are confusing and overwhelming. The Holy Spirit's intervention on such occasions is critical and serves to sort through the emotional clutter, bringing clarity.

Jesus explained to believers the various ways the Holy Spirit helps. One such instruction can be found in John 16:12-14 where he says, "I still have many things to say to you, but you cannot bear them now. However, when He, the Spirit of truth has come, he will guide you into all truth…"[84] One of the key functions of the Holy Spirit is to reveal truth. This is particularly essential when an individual's judgment is clouded by pain or anything that has the ability to deceive. Although people who are traumatized are victims who may have done nothing to entreat the trauma they endured, they can be deceived in the aftermath into thinking there is no hope or help for what they have suffered. The Holy Spirit has the ability to expose a wounded individual's false beliefs and provide guidance on the steps to healing.

In Psalm 51, King David lamented, crying out to God regarding his sin of adultery and murder. Among other confessions, he said, "Behold, thou desirest truth in the inward parts: and in the hidden part thou shalt make me to know wisdom."[85] David knew that unless he recognized and accepted truth down deep to his uttermost being, he would not be cleansed and changed. He was not seeking a quick fix or a superficial work, but transformation and healing. The Holy Spirit is essential to this type of encounter in an individual's life. The Spirit exposes unaddressed issues while simultaneously imparting upon an individual the ability to heal from the pain inflicted upon them as a result of trauma. One barrier to this healing, however, presents itself when sufferers decide to hold on to pain simply because they fear the ramifications of letting go. Pain can become strangely comfortable. There was a reason why Jesus asked the man who had

[84] New King James Version.
[85] Psalm 51:6, New King James Version.

an infirmity for 38 years, "Do you want to get well?"[86] When pain is all an individual has ever known, being healed forces an individual to face the unknown. However, the Spirit of God can aid a person in seeing beyond the fear of the unknown and embracing healing and a new season of life.

In *Theology for Better Counseling: Trinitarian Reflections for Healing and Formation*, Virginia Todd Holeman writes:

> The Holy Spirit surrounds the counseling enterprise. When Christians counsel, the Holy Spirit precedes them into the counseling room. No human counselor can be more interested in a client's well-being than the wonderful Counselor, the Holy Spirit. Christian counselors respond to the presence of the Spirit in their personal lives, rely on the Spirit's support and guidance in their work lives, and remain open vessels through which the Spirit of God can work as they recognize God's fingerprints in their clients' circumstances. Theologically, we would say that it is all God's grace that truly heals.[87]

Holeman notes that although a counselor must receive express permission from a client to approach their therapeutic path from a religious angle, the Holy Spirit requires no permission to attend a counseling session or work in an individual's life.[88] The work of the Holy Spirit cannot be underestimated in the healing process of those who have been traumatized. In a place of pain, people are often more open to hearing the voice of the Spirit. Lewis asserts, "God whispers to us in our pleasures, speaks in our conscience, but shouts in our pain: it is His megaphone to rouse a deaf world."[89] God is not the author of trauma. Lamentations 3:33 explains, "For he does not willingly bring affliction or grief to the children of men." While God does not delight in suffering, afflictions can nevertheless be utilized by God for both the sufferer's benefit and God's glorification. The first chapter of James explains that when people face trials of all kinds,

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[86] John 5:6, New International Version.

[87] Virginia Todd Holeman, *Theology for Better Counseling: Trinitarian Reflections for Healing and Formation* (Downers Grove, IL: IVP Academic, 2012), 31.

[88] Holeman, *Theology for Better Counseling*, 43.

[89] Lewis, *The Problem of Pain*, 59.

the testing of their faith develops perseverance and perseverance serves to make the person complete—lacking nothing. Though trauma sufferers may feel as if they have lost everything, the biblical text, coupled with contemporary medical practices, provide the partnership by which redemption and healing can take place in the lives of those who suffer.

Healing and Modern Medicine

While scripture frequently references physical healings performed by Christ and his disciples, there is no scriptural opposition to healing that may occur through consultation with a physician, or through the use of medications. Jesus referred to himself as the Great Physician. Luke, the writer of Luke and Acts, also holds the distinction of being a physician by trade. In fact, Jesus himself acknowledged that there are occasions when people need a physician. In Matthew 9:12, Jesus said, "It is not the healthy who need a doctor, but the sick."[90] Various scriptures such as Ezekiel 47:11-12, Isaiah 38:21, and Jeremiah 51:8 make mention of the benefit of medicines.

Although Jesus did not oppose physicians, he performed many miracles of healing. Some were instantaneous while others were not. Luke 17 records Jesus healing ten men with leprosy. He instructed them to go and show themselves to the priests. Although he did not heal them right away, scripture says they were healed as they went.

For countless individuals, healing is a journey, not a singular event. The initial stage of this metaphorical journey toward healing requires that the body provide signals indicating a problem. God created the body to speak, with an inner knowledge that something must be addressed. This step that begins the healing process provides an awareness from within of the need for specific care. In *The Theology of the Body and Modern Medicine: Informing the*

[90] New International Version.

Practice of Healing, Tara L. Seyfer and John M. Travaline explain the linguistics of the human body and the importance of this unique form of communication:

> Regarding the medical profession, while it is essential to tend to the body in seeking to heal it, it is just as critical to recognize that it is part of the nature of the human body to speak a language. Through one's body, the person can express love and faithfulness or can express usage of others and unfaithfulness. In expressing love and faithfulness the body speaks truth; truth involving, in a certain sense, God's plan for man as revealed in Genesis. When illness or trauma beset the body, the ability of the body to express the person is limited, even though the fullness of the person is still present. Illness and other afflictions of the body seem to turn a person in on himself, in order to preserve his energies for healing. This tendency, while appropriate to an extent, nonetheless can make it more difficult for the sick person to extend beyond himself to others. In attending to the sick person in order to restore wellness, the healer is able to help facilitate the restoration of the patient's expression of his person through the restoration of his body.[91]

The usage of modern medicine, including medications to treat emotional trauma, is for the restoration of an individual's expression of who God created them to be through the restoration of their mind, to the glory of God. Sayfer and Travaline conclude:

> Is it the essence of the physician's role to restore the body and to bring it back to a state of integrated wholeness. So it is precisely in and through the physicality of the body that the physician, like no other in our society, acts directly to heal, comfort and preserve the person. When the healer is mindful of the patient as a person created in the image and likeness of God, respect for their person and their body assuredly follow.[92]

Spirituality and modern medicine are not incongruent. Physicians employing techniques and treatment through scientific advancements to restore individuals to the God-given expression of their person are doing God's work.

[91] Seyfer and Travaline, "The Theology of the Body."
[92] Seyfer and Travaline, "The Theology of the Body."

Emotional/Psychological Healing

Miroslav Volf was raised as the son of a Pentecostal minister in Communist Yugoslavia.[93] Growing up, he lived through the trauma of war on a personal level, inclusive of being falsely accused of being a terrorist and enduring months of harsh interrogations by military officers, simply for being a theologian from Croatia married to an American woman.[94] His book, *The End of Memory*, focuses on the memory of wounds in the context of forgiveness. He explains the process of healing for one who has encountered trauma:

> Psychological wounds caused by suffering can be healed only if a person passes through the narrow door of painful memories. In other words, she must endure the pain of remembering each to reach a cure—one of Sigmund Freud's basic insights. An unexpressed traumatic experience is like an invasive pathogen 'which long after its entry must continue to be regarded as an agent that is still at work.' And healing is possible only when a person recalls a wounding event along with the emotional reaction that accompanied it.[95]

Recalling or remembering is a necessary ingredient within the healing process, but it is not the only one. It is critical to consider that memories are subject to distortion.[96] Memories can be inaccurate, but even if a memory were precise, it does not have the power to heal. Volf clarifies, "The means of healing is the interpretive work a person does with memory. So, salvation as personal healing must involve remembering, but mere remembering does not automatically ensure personal healing."[97] Healing from a psychological wound does require a basic understanding of what one is overcoming, but the healing is not contained in the memory.[98] Rather, healing takes place in connection with Christ. In the scriptures, there are no accounts of

[93] Miroslav Volf, *The End of Memory: Remembering Rightly in a Violent World* (Grand Rapids, MI: Eerdmans Publishing, 2006), 13.
[94] Volf, *The End of Memory*, 13.
[95] Volf, *The End of Memory*.
[96] Volf, *The End of Memory*, 57.
[97] Volf, *The End of Memory*.
[98] Volf, *The End of Memory*, 40.

accidental or coincidental healings, nor do we read of healings that take place as a result of an individual simply recalling an incident.

The limitations of humankind are accentuated by individuals who live with the reality of the effects of trauma to the brain. Windley-Daost explains, "God desires us to be whole, to be healed of the illnesses and injuries that are part of the inheritance of original sin in this world, or the next. But how and when that healing happens does not prevent the human person from embodying the natural sign that points to union with God."[99] In the midst of suffering, there is opportunity for the wounded to encounter Christ in a way they have not experienced before. In Isaiah 45:3[100], the Lord says to Cyrus, "And I will give you treasures hidden in the darkness—secret riches. I will do this so you may know that I am the Lord, the God of Israel, the one who calls you by name." As such with all humankind, there are treasures—growth, healing, increase, blessing—that only takes place because of a willingness to endure darkness. Allender explains:

> Peace that passes all understanding is possible, but more often than not, it is an occasional refuge that comes only after wrestling with the inner realities of our struggles with life and with God. Therefore, don't assume that resolving your turbulent emotions is the key to meeting God. It is actually within the inner mayhem of life that a stage is built for the intrusive story of His light and hope. The absence of tumult, more than its presence, is an enemy of the soul. God meets you in your weakness, not in your strength. He comforts those who mourn, not those who live above desperation. He reveals Himself more often in darkness than in the happy moments of life.[101]

Traumatized individuals—who courageously face their pain and are open to the Spirit's leading in pathways of healing—find grace and mercy. Christian theology and psychology are not necessarily incongruent when it comes to a trauma sufferers' journey to healing. Jones clarifies:

> The Christian tradition understands the grace of God as something that comes to us from outside. As we say in our faith traditions, we don't conjure up grace from

[99] Windley-Daoust, *Theology of the Body*, 108.
[100] New Living Translation.
[101] Dan Allender, *The Cry of the Soul: How Our Emotions Reveal Our Deepest Questions About God* (Colorado Springs, CO: NavPress, 1994), 7.

> somewhere deep inside of us. It's a gift of love that we receive from God. Our whole tradition is about people's own imprisoned stories being interrupted by a love that makes no sense intervening in our lives and having the capacity in that intervention to create a new path. Psychology talks about how therapists can help open up new paths in situations of trauma. In the case of a person who has experienced childhood trauma, for example, over time the therapist helps the person interrupt the pattern by presenting possible new ways of thinking. Well, isn't the whole story of Christianity about the world imprisoned by violence being massively interrupted by God's gift of love? We are unable to conjure up this love, but God gives it to us nonetheless. That's grace. Grace is a gift, it's a free gift from God that comes from outside, capable of breaking never-ending cycles of violence. The resurrection is like the portrait of this grace, because it's so clear in the resurrection that the love of God comes into the midst of violence and is not undone by it but creates another story.[102]

How does the grace of God come upon one who is traumatized? How does a person most often experience being "interrupted by a love that makes no sense?"[103] The gifts of God's grace and love often come by way of God's people. In ancient times, trauma may have been ascribed as a curse or punishment. Indeed, throughout history, theologians have wrestled with good and evil, attempting to make sense of trauma. But can one make sense of what is often senseless? Rambo suggests, "rather than trying to offer an explanation of what is taking place, theology needs to witness to what is taking place. This approach mirrors some of the critiques of talk therapy: theodicy is the work of theology's frontal lobe; theology needs to witness to the experiences of the sufferer."[104] Pastors and clinicians who are journeying with people in trauma recovery must remember that witnessing what is taking place happens through active listening. Paying full attention to a hurting individual is in itself a work of the Spirit that can foster healing. Something as elemental as listening to a person's story without judgement and with compassion can be a valuable tool in helping that individual move forward. At times, those who have experienced

[102] Jones, *Trauma and Grace*, 195.
[103] Jones, *Trauma and Grace*.
[104] Rambo, "How Christian Theology and Practice Are Being Shaped by Trauma Studies," *The Christian Century*, November 1, 2019, November 1, 2019, https://www.christiancentury.org/article/critical-essay/how-christian-theology-and-practice-are-being-shaped-trauma-studies.

trauma become accustomed to having their stories or feelings dismissed. Having someone listen with an open heart and validate the sufferer's experience through Spirit-led feedback is immeasurably beneficial. It could be so beneficial that it saves their life.

Redemption

John Murray explains that redemption is both accomplished and applied. Redemption is accomplished through the atoning work of Christ on the cross, making salvation available to all of humankind. Murray expounds: "The accomplishment of redemption is concerned with what has generally been called the atonement. No treatment of the atonement can be properly oriented that does not trace its source to the free and sovereign law of God."[105] Redemption does not end with the atonement and salvation. Rather, it is a progressive work in the life of the believer, making possible the abundant life that God desires and has made possible for all. Murray explains," When we think of the application of redemption, we must not think of it as one simple and indivisible act. It comprises a series of acts and processes."[106] Redemption is an ongoing work in the life of a believer, whereby God wastes nothing, utilizing every facet of their life for His glorification and the good of others.

The label of trauma is not one a survivor must wear for the entirety of life and *trauma victim* does not have to be one's identity. Lewis suggests, "If tribulation is a necessary element in redemption, we must anticipate that it will never cease till God sees the world to be either redeemed or no further redeemable."[107] When Lewis references this unceasing anticipation of

[105] John Murray, *Redemption Accomplished and Applied* (Grand Rapids, MI: Eerdmans Publishing, 1955), 2.

[106] Murray, *Redemption Accomplished and Applied*, 81.

[107] Lewis, *The Problem of Pain*, 73.

tribulation, he does not refer to a specific tribulation—or trauma as the case may be—never ceasing in the life of an individual. He is referring to a non-stop period of tribulation until God views the world as redeemed, or as unable to be so.[108] The nature of tribulation as it relates to this project is that painful circumstances are critical to redemption. For example, many people desire a miracle; however, no one wants a need. Nevertheless, a need is required for a miracle. The *need* for the trauma sufferer is that of healing and redemption for the pain suffered. This presents humanity with a troubling paradox: our innate desire for the miraculous is intimately intwined with our relationship to pain. The need for a miracle only exists as a result of the reality of pain.

Carrying the effects of unaddressed trauma for a lifetime is a heavy load beyond description, affecting an individual in every way. God's desire is that sufferers will not have to bear that load for a lifetime and that redemption will take place. Volf explains:

> What we have suffered weighs us down like a heavy load we long to have lifted; like an indefatigable enemy, it assails us relentlessly. The wreckage of history – a trail of shattered beauty, defiled goodness, twisted truths, streams of tears, rivers of blood, mountains of corpses—must somehow be mended. That the past must and will be redeemed is a conviction essential to the Christian notion of redemption.[109]

Healing is not the final step for a sufferer of trauma. There is a greater purpose beyond oneself for the pain endured, and that purpose is redemption.

It is the responsibility of every individual to heal. First, it is necessary to heal for one's own benefit—to experience the healing that is possible through Christ. Second, it is incumbent to heal for the sake of others, for unhealed trauma impacts not only the victim but those in relationship with them. Barton explains:

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[108] Lewis, *The Problem of Pain*.
[109] Volf, *The End of Memory*, 44.

> Only those whom God has freed at this level are prepared to lead others into freedom that they seek. Only those who have been brave enough to ride their own monsters of anger and greed, jealousy and narcissism, fear and violence all the way down to the bottom will find a truer energy with which to lead. Only those who have faced their own dark side can be trusted to lead others toward the light. This is where true spiritual leadership begins. Everything that comes before is something else.[110]

Trauma itself is not guaranteed to result in sufferers struggling with anger, greed, jealousy, etc.; however, trauma left unaddressed and unhealed is certain to leave a plethora of detrimental effects in its wake. The sufferer must allow the Holy Spirit to do a work of redemption, as redemption is not something that occurs by coincidence or force.

Volf sheds light on the process of redemption for the wounded. He explains:

> If salvation lies in the memories of wrongs suffered, it must lie more in what we do with those memories than in the memories themselves. And what we do with our memories will depend on how we see ourselves in the present and how we project ourselves into the future.[111]

Volf acknowledges that not all trauma inflicted can be dealt with so easily and that some pain will "insist on being at the heart of our identity."[112] There are rare circumstances in life that will be almost synonymous with one's identity without any conscious choice on the part of the individual. However, the more psychologically well a person is, the rarer those exceptions will be.[113] Redemption, even of one's most painful trials and memories, is part of the Creator's plan. Loren and Sandford explain, "The brokenhearted can be healed, and the depth of their woundedness can become the strength of their compassion and sensitivity for others."[114]

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[110] Haley-Barton, *Strengthening the Soul, 26*

[111] Volf, *The End of Memory*, 31.

[112] Volf, *The End of Memory.*

[113] Volf, *The End of Memory*.

[114] Loren and Sandford, *Growing Pains: How to Overcome Life's Earliest Experiences to Become All God Wants You to Be,* (Lake Mary, FL: Charisma House, 2008), 6.

Summary

The same God who created the entire world, including the human body, has provided a pathway to restoration and redemption in the aftermath of trauma. Although trauma is not new and has been present from the first man and woman to present day, the manner of treating trauma is yet unfolding. Resources purposed to provide a path to healing are available to help contemporary sufferers of trauma that were not available to countless generations of individuals, including many of the biblical witnesses to trauma. The canonical works of the Old and New Testament coupled with the resurrection power of the cross and the restorative power of the Holy Spirit, in addition to contemporary medical treatments for sufferers of trauma, enable individuals in the present to seek healing whereas in previous generations the road to recovery would have been greatly exaggerated by the lack of the aforementioned healing elements.

The Holy Spirit is ever-present and available to individuals who bring their pain forward to be addressed. Many present-day sufferers may find relief in the medicinal and psychological resources available in tandem with their spiritual journey as part of their healing. What is hidden will not heal, but when people allow their emotional wounds to be uncovered and addressed, they will find grace and mercy to help them in their time of need, as Hebrews 4:16 so eloquently expresses.

In addition to the psychological, medicinal, and biblical methodologies by which healing can take place, lament is essential in the healing process. However, caution must be taken in that regard. Although acknowledgement of the wound that was suffered is essential—lament—the continuous rehearsal of the traumatic experience in one's mind may prove to be detrimental to the healing process as memories do not always accurately convey the experiences of the past. To lament appropriately leads to a critical piece in the healing process, and is the acknowledgement

that a wound exists and needs to be addressed. It is important to resist rushing this process. The speed with which one heals is not as important as the fact that steps are indeed being taken to move forward. Although one who suffers trauma is initially a victim, they can move from victim to victor by utilizing the aforementioned resources in their journey toward healing.

CHAPTER THREE

THE PROJECT IN CONTEXT

Introduction

Trauma is experienced worldwide and is more common than people realize.[1] It can be physical, psychological, emotional, or sexual, and can occur at any age.[2] In his book, *Emotionally Healthy Spirituality*, Peter Scazerro explains, "Very, very few people emerge out of their families of origin emotionally whole or mature."[3] In agreement with the author, individuals are far more likely to experience trauma in their lives than to exist unscathed in that regard.[4] Heather A. Love and Chelsey N. Torgersen completed a research study at Kansas State University concerning traumatic experiences in childhood and discovered that in the United States, approximately 90% of people experienced one or more traumatic events in their lifetime, and two-thirds of children in America are estimated to experience a traumatic event before they reach sixteen years of age.[5]

Definitions of *trauma* are diverse and subjective.[6] Trauma can be a challenge to define; however, for the purpose of this project, *trauma* as it is described by the *Encyclopedia of Psychological Trauma* is an exposure to catastrophic life events such as combat, sexual assault, and natural disasters that may include physical or psychological elements.[7] Reyes, Ford, and

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[1] Elizabeth Fugate-Whitlock E, "Trauma," *Health Care for Women International* 39, no. 8 (2018): 1.

[2] Fugate-Whitlock, "Trauma."

[3] Peter Scazzero, *Emotionally Healthy Spirituality: It's Impossible to Be Spiritually Mature While Remaining Emotionally Immature* (Grand Rapids, MI: Zondervan, 2017), 11.

[4] Claire Barnes, "The Effects of Trauma on Religious and Spiritual Change." (MA Thesis, University of Toronto, 2015), https://tspace.library.utoronto.ca/bitstream/1807/69740/1/Barnes_Claire_201503_MA_thesis.pdf.

[5] Heather A. Love and Chelsey N. Torgerson, "Traumatic Experiences in Childhood and Adult Substance Use in a Nonclinical Sample: The Mediating Role of Arousal/Reactivity," *Journal of Marital and Family Therapy* 45, no. 3 (2019): 1.

[6] Kim Etherington, *Trauma, The Body and Transformation: A Narrative Inquiry* (London, New York: Jessica Kingsley Publishers, 2003). 22.

[7] Gilbert Reyes, Julian D. Ford, and Jon Elhai, *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: Wiley, 2013), 905.

Elhai explain that these events may not involve physical injury but "nevertheless may have a profound effect on a victim's body as a result of their psychological impact."[8]

Consequently, there may be those who are unaware that they have experienced trauma as a result of being oblivious as to the wide range of experiences thusly defined. Individuals questioned about their own experiences with trauma may resort to denying their proximity toward the subject entirely, quick to inform the inquirer that their lives are free from any trace of the matter. However, upon further inquiry, it may be discovered that they come from a home of divorce, or perhaps faced the death of one or both parents at a young age, were in foster care, or any number other qualifying life circumstances that are traumatizing in nature.

As was aforementioned, the definitions of *trauma* abound. This in part due to the expansive nature of the subject and the wide variety of circumstances that result in what can be classified as such. Perhaps most notably recognized as trauma are cases involving survivors of natural disasters. Given the social media presence that often surrounds these events, the traumatic occurrences in these situations are on display not shortly after the fact, but often in real time. Kim Etherington explains:

> We see children clinging to rooftops as swollen rivers sweep away their homes; we hear of road or rail accidents that injure children or kill their parents; earthquakes that demolish buildings where children are buried beneath the rubble. Trauma can result from catastrophes like these, which are outside our human control and leave a trail of devastation in their wake, particularly when the traumatic experience is minimized, denied and therefore left unprocessed and unhealed.[9]

Few Americans who watched the coverage of the Hurricane Katrina disaster will ever forget the images and sounds on their televisions but with the passing of time, the impact on those who were trapped in the Louisiana Superdome may receive less consideration.

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[8] Reyes, Ford, and Elhai, *The Encyclopedia of Psychological Trauma.*
[9] Etherington, *Trauma*, *The Body and Transformation*, 24.

Veterans who have served in combat war zones are subjected to trauma. While they are well-trained to set emotions aside on the battlefield, they often awaken upon their return to civilian life.[10] One of the greatest challenges for veterans returning to the homefront who struggle with PTSD is a lack of understanding concerning their experiences. Scurfield and Platoni explain: "Former combatants can return from deployment very resentful of civilians who have no clue, or even, seemingly, no care whatsoever of what it took out of you to be over there and what it ingrained within you—and which you have brought home with you."[11] For many veterans the reception they receive upon their return to civilian life and the distance they feel between friends and family members as a result of the lack of shared life experiences may exacerbate the mental issues they struggle with, making recovery a greater challenge.

Another type of trauma results when a person is exposed to a traumatic event they witness or experience involving actual or threatened death or serious injury.[12] Traumatic situations also include the sudden and unexpected death of a family member or friend.[13] Relational traumas are unfortunately widespread and include but are not limited to physical, sexual and spiritual abuse as well as neglect. Trauma often involves a betrayal of trust.[14]

Significant losses are traumatic events and are not limited to loss by death. Divorce is a significant loss and is often complicated. Through the dissolution of marriage, one loses someone they love or loved, but the person is still alive, yet separated from them and often not amicably. The loss of employment, a home, or other significant aspects of a person's life can be traumatic.

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[10] Raymond M. Scurfield and Katherine T Platoni, *Healing War Trauma: A Handbook of Creative Approaches*, (London: Taylor and Francis, 2013), 11.

[11] Scurfield and Platoni, *Healing War Trauma*.

[12] John P. Wilson and Terence Martin Keane. *Assessing Psychological Trauma and PTSD* 2nd Edition, (New York, NY: Guilford Press, 2004).

[13] Marzillier, John. *The Trauma Therapies*, (Oxford, England: Oxford University Press. 2014), 14.

[14] Etherington, *Trauma, The Body and Transformation*, 24.

There are traumas that may appear rather insignificant, however when they are repeated consistently, the trauma accumulates.[15] This can lead to the creation of what is known as a passively traumatic environment.[16] -

Although trauma is not new, a thorough understanding of the subject is still in its infancy when compared to the vast expanse of human history. One could hypothesize that the lack of previous study in that regard resulted from the negative stipulation assigned to those who were deemed as suffers of trauma. Certainly, embracing the label of one who was traumatized was not fashionable in ancient cultures. While contemporary individuals and groups typically view the designation or diagnosis of trauma as validation of legitimate suffering, previous generations tended to see such adversity as an indicator of an individual, family, or people group being cursed, abandoned, or punished for their sin.[17] As society has become more well-informed about the cause and effects of trauma, the result has been an increase in compassionate response for those who suffer in that regard. Furthermore, "the study of trauma and the rise of trauma studies have had a necessary impact on Christian theology. They have exposed glaring limitations in some Christian accounts of suffering and turned theologians in new interpretive directions."[18] It is necessary to expose the limitations of an understanding of trauma, for a failure to do so can result in individuals being retraumatized.

[15] Etherington, *Trauma, The Body and Transformation*.
[16] Etherington, *Trauma, The Body and Transformation*.
[17] David M. Carr, *Holy Resilience: The Bible's Traumatic Origins* (New Haven, CT: Yale University Press, 2014), 254.
[18] Rambo, "How Christian Theology and Practice Are Being Shaped by Trauma Studies."

Trauma and Gaslighting

There are victims of trauma who receive dismissive feedback, and some may be misguidedly convinced by influential voices in their lives that what they went through or are currently experiencing is/was not traumatic. In the field of psychology, the term for this is *gaslighting*. Merriam Webster's Dictionary defines *gaslighting* as:

> Psychological manipulation of a person usually over an extended period of time that causes the victim to question the validity of their own thoughts, perception of reality, or memories and typically leads to confusion, loss of confidence and self-esteem, uncertainty of one's emotional or mental stability, and a dependency on the perpetrator.[19]

The term *gaslighting* came about through George Cukor's 1944 cinematic film entitled *Gaslight*.[20] The movie tells the story of Paula and her new husband Gregory, who turns out to be abusive. Gregory begins by isolating Paula and using various tactics to make her believe she is insane. His main ploy is to dim and then brighten the gaslights and then insist to Paula that she is only imagining things. In time, Gregory chips away at Paula's self-worth to the degree that her sense of reality is distorted, and she is convinced she is crazy.[21]

Regarding contemporary use of the terminology, Paige Sweet, professor of Sociology at the University of Michigan and author of *The Sociology of Gaslighting* explains, "Today, gaslighting is an increasingly ubiquitous term used to describe the mind-manipulating strategies of abusive people, in both politics and interpersonal relationships."[22] In other words, gaslighting is a form of abuse. Darlene Lancer explains, "Gaslighting is a malicious and hidden form of mental and emotional abuse, designed to plant seeds of self-doubt and alter your perception of reality. Like

[19] *Merriam-Webster Dictionary*, "Definition of: Gaslighting," accessed November 19, 2021, https://www.merriam-webster.com/dictionary/gaslighting.

[20] Paige L. Sweet, "The Sociology of Gaslighting," *American Sociological Review* 84, no. 5 (2019): 1.

[21] Sweet, "The Sociology of Gaslighting," 1.

[22] Sweet, "The Sociology of Gaslighting."

all abuse, it's based on the need for power, control, or concealment."[23] Victims of trauma may be presented with questions such as: "Are you sure that what happened to you really happened?" Or they may encounter dismissive statements such as, "I'm not sure what happened to you is really classified as trauma." These tactics and others like them are utilized to try to convince a wounded individual that what happened to them didn't really occur or simply was not that bad. Gaslighting serves to further harm a sufferer of trauma, and when gaslighting happens at the hands of a trusted spiritual leader the catastrophic effects on the individual are exponentially worsened. The reason for this is the trust people place in a spiritual leader and the weighted value their words often carry, not to mention the power differential that is present.

Responses to Trauma

Trauma carries with it the possibility of impacting an individual's way of life including the way they view and respond to occurrences large and small. Wilson and Martin explain:

> The effects of trauma can produce changes in worldview, beliefs about human nature, patterns of intimacy, interpersonal relationships, and conceptions of oneself and personal identity. Trauma does not occur in a vacuum or an isolated state. It's effects are multidimensional in terms of posttraumatic psychological functioning, influencing motivation, goal striving, and levels of consciousness about the self in the world.[24]

Trauma may lead an individual into a season or even a lifetime of devastating loss and choices, or it can bring a new sense of purpose.

Trauma impacts every area of an individual's life, including but not limited to the physical, emotional and spiritual aspects of such. No part of a life that has been traumatized is

[23] Darlene Lancer, "How to Know If You're a Victim of Gaslighting," Psychology Today, January 13, 2018), https://www.psychologytoday.com/us/blog/toxic-relationships/201801/how-know-if-youre-victim-gaslighting.

[24] Wilson and Keane, *Assessing Psychological Trauma and PTSD*, 12.

untouched by the effects of trauma. Suffering in life is not optional, and individuals are not granted the decision of whether or not they will incur trauma. However, the responses of individuals to trauma and suffering varies greatly from person to person. Some individuals respond by drawing closer to God and others attempt to get as far away from God as they can. John Ortberg explains: "If you ask people who don't believe in God why they don't, the number one reason will be suffering. If you ask people who believe in God when they grew most spiritually, the number one answer will be suffering."[25] Rare is the person who welcomes adversity, and yet the majority of growth seems to take place during and subsequently after a period of hardship.

In his book, *Rewriting Your Broken Story*, Kenneth Boa shares how people can come to a faith crisis due to trauma:

> Maybe you were fourteen years old when your parents divorced. Up until that time, you didn't have much to worry about, aside from keeping up your grades. Next thing you knew, you were being asked to decide where you wanted to live! Now you're twenty-eight and alone. It's taken you this long to realized that you never quite recovered from the trauma that hit in your first year of high school. You lost the budding faith you had in God, relationships, and the goodness of people. You wonder if this is all there is for you and if you will always feel alone.[26]

Expeditiously turning to faith or returning to faith is the response of many people when encountering tragic circumstances. For example, it was reported that 14 million people registered for online prayer groups in Canada in the month after the 9/11 attacks.[27] A study conducted by the American Psychological Association (APA) shortly after 9/11 revealed that 48% of those

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[25] John Ortberg, *Soul Keeping: Caring for the Most Important Part of You* (Grand Rapids, MI: Zondervan, 2014), 175.

[26] Kenneth Boa, *Rewriting Your Broken Story: The Power of an Eternal Perspective* (Downers Grove, IL: InterVarsity Press, 2016), 1.

[27] Barbara Rubin Wainrib, *Healing Crisis and Trauma with Mind, Body, and Spirit* (New York, NY: Springer Publishing, 2006), 122.

surveyed used spiritual or religious involvement in response to the traumatic event they had endured.[28] Conversely, others who are in pain distance themselves from anything spiritual or religious, believing there to be no God or taking a deistic approach if belief in the divine is maintained.

It is easy to slip into more permissible addictions in an attempt to soothe pain rather than seeking help. Deborah van Deusen Hunsinger explains what can occur when the response to trauma is a refusal for help:

> If they do not actively seek help, a whole range of defensive patterns may develop. Rather than facing the pain directly, survivors may turn the intense traumatic energy against themselves. Many addictive behaviors have their source in unresolved trauma that is not consciously faced: substance abuse, workaholism, eating disorders, even rituals of self-mutilation can seem preferable to experiencing the buried pain of trauma. Shame, dread and helplessness are pervasive, alternating with numbness, depression, or a sense of emptiness. Their sense of agency is damaged; they often feel powerless and alone in a hostile world, wondering whether anyone cares if they live or die. Spiritual questions may become particularly intense with growing sense of disorientation or even meaninglessness.[29]

Although drug and alcohol abuse exist as a response to trauma among Christian leaders, addictions such as overeating and workaholism are not only more acceptable but in some cases, celebrated. The church at large reinforces the acceptability of both, encouraging leaders to overindulge at food events, as well as applauding their pastor for his or her over-scheduling themselves. Congregants marvel that by a miracle of God's grace, their leader manages to answer the phone every time they call, tend to every crisis, and be present for all the special events in people's lives within the church family. Additionally, some ministerial leaders serve churches and members who are unsupportive when they create boundaries in their lives or

[28] Wainrib, *Healing Crisis,* 124.

[29] Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids, MI: Eerdmans Publishing Company, 2015), 10.

margin in their schedules. Not every leader will be applauded for insisting upon a Sabbath day of rest each week, in keeping with biblical instruction. No pastor is going to lose his or her ministerial license for overeating or working too many hours in a week.

> Peter Scazerro explains the seduction of permissible addictions in response to wounds: In our culture, addiction has become the most common way to deal with pain. We watch television incessantly. We keep busy, running from one activity to another. We work seventy hours a week, indulge in pornography, overeat, drink, take pills – anything to help us avoid the pain. Some of us demand that someone or something (a marriage, sexual partner, an ideal family, children, an achievement, a career, or a church) take our loneliness away. Sadly, the result of denying and minimizing our wounds over many years is that we become less and less human, empty Christian shells with painted smiley faces. For some, a dull, low-level depression descends upon us, making us nearly unresponsive to all reality. Much of contemporary Christian culture has added this inhuman and unbiblical avoidance of pain and loss. We feel guilty for not obeying Scripture's commands to 'rejoice in the Lord always' (Philippians 4:4) and to 'come before him with joyful songs,' (Psalm 100:2).[30]

People respond to pain in assorted ways and lamentably, addressing it forthrightly is uncommon even among Christians and leaders.

Introduction to Childhood Trauma

From the womb and throughout an individual's life, the brain is highly sensitive.[31] The first signs of the brain appear in a fetus at approximately the two-week mark.[32] The tenth to twentieth weeks are of extreme importance for the fetal brain as this is the time period that a layer or nerve cell bodies, or "soma" are formed on the cerebrum which becomes the cortex.[33] To illustrate how critical this period of time is in fetal brain development and how sensitive the brain is, it is notable that when the bomb fell on Hiroshima, fetuses in this stage of development suffered

[30] Scazzero, *Emotionally Healthy Spirituality*, 122.
[31] Klingberg, *The Learning Brain*, 14.
[32] Klingberg, *The Learning Brain*.
[33] Klingberg, *The Learning Brain*.

brain injuries.[34] At birth, most of the brain's neurons are already in place, and at such time, a complex branching begins to form brain links and networks.[35] This process takes up to two years for some areas of the brain and as long as twelve for others.[36] Because the brain is still in formation, the earliest traumatic experiences an individual undergoes most often have the greatest long-lasting effects as childhood is the time when the brain is most rapidly growing.[37] Perry compares the cognitive development of a child to the construction process of a home:

> The fetal brain is developing so rapidly, it's like putting in the foundation of a building. In the first couple of months after you're born, it's like putting up the framing. In the first year, all of your interactions with others are adding the wiring and plumbing. All of these are really important parts of building the house. It's not fully organized yet, but most of the major characteristics of the building are put in place. A two-year-old child is not yet fully developed, but the foundational structures and systems are there, and these will be the basis for future development. With a house, if you do a bad job with the foundation, put in shoddy wiring and plumbing but decorate it with beautiful flooring and furniture, the core defects in the house may not be visible as you first walk through. But these early construction issues will lead to problems later on. The same is true with a young child. Really, every aspect of human functioning is influenced by early developmental experiences—both when there are consistent, predictable, and loving interactions and when there is chaos, threat, unpredictability, or lack of love.[38]

The foundation of anything from the formation of a human body to the building of a house is key to ongoing health and viability.

Every human being has a need for "safe havens and secure bases."[39] Christian counselors Tim Clinton and Ron Hawkins explain, "In a sense, the infant brain continually asks a key question: 'Is the world I'm living in a safe or dangerous place?'"[40] Traumas affect a person's

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[34] Klingberg, *The Learning Brain*.
[35] Klingberg, *The Learning Brain*, 16.
[36] Klingberg, *The Learning Brain*.
[37] Bruce Perry and Oprah Winfrey, *What Happened to You? Conversations on Trauma, Resilience, and Healing* (New York, NY: Flatiron Books, 2021), 29.
[38] Perry and Winfrey, *What Happened to You?*, 80.
[39] Ron Hawkins and Tim Clinton, *The New Christian Counselor* (Eugene, OR: Harvest House, 2015), 1077.
[40] Hawkins and Clinton, *The New Christian Counselor*, 1077.

secure base. The significance of this security cannot be overestimated. In *Child Psychology and Psychicatry: Frameworks for Clinical Training and Practice*, Skuse, Bruce and Dowdney explain:

> Children develop close relationships in the first year of life with a small number of regular caregivers. The pattern of these relationships provides the base from which a child makes new relationships with peers and eventually romantic partners. The security of the parent-child relationship also predicts the capacity of the child to self-regulate, explore the environment and learn. Where children have a secure relationship with at least one regular caretaker, their future well-being is optimized.[41]

Secure bases are built through the safe haven of at least one regular caretaker who is mentally healthy, and well attuned to a child's needs. Primary caregivers who are emotionally overwhelmed and self-absorbed can create trauma for a child and make a secure base impossible.[42] Belonging, being loved and receiving attention are central to an individual's secure base.[43] This is of paramount importance for when this is not a child's experience, the result is insecure attachment which affects their identity development. Robyn Latrice Gobin explains:

> Insecure attachment with the caregiver interrupts identity development because the conceptualization of oneself relies heavily on the child's perception of the attachment figure's responsiveness. A previously responsive, nurturing, "safe-base" suddenly becomes unpredictable and dangerous, and the child comes to expect similar treatment in future relationships. The experience of caregiver-perpetrated child abuse shifts the child's view of himself from valuable, competent, and worthy to insignificant and inept. These maladaptive self-perceptions, lack of attachment security, and shattered assumptions result in a myriad of difficulties that span psychological, social, emotional, and behavioral domains.[44]

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[41] David Skuse, Helen Bruce, and Linda Dowdney, eds. *Child psychology and psychiatry: frameworks for clinical training and practice* (Hoboken, NJ: Wiley-Blackwell, 2017), 5.

[42] Hawkins and Clinton, *The New Christian Counselor*, 1126.

[43] Perry and Winfrey, *What Happened to You?*, 75.

[44] Robyn Latrice Gobin, "Trauma, Trust and Betrayal Awareness," (PhD diss., University of Oregon, 2012), 19, https://dynamic.uoregon.edu/jjf/theses/gobin11.pdf.

Trauma does not have to occur daily in a home for it to affect a child. In unsafe homes, just the threat of trauma is an issue, making a child feel as if nothing is secure.[45] Conversely, children whose parents are consistent sources of comfort and stability have a lifetime advantage.[46]

What is puzzling for some is that a "tragic paradox" as Clinton and Hawkins call it, emerges, whereby the attachment figures (mother and father or other close caregivers) who are responsible to provide security for a child are often the source of their distress.[47] This can result in several responses, one of which is oddly, clinging even more so to the caregiver who has harmed them. Some children will cling tighter to the caregiver while others will act out in aggression.[48] Of this, Clinton and Hawkins say: "Both of these patterns, blind loyalty and angry defiance—can replicate themselves in adult relationships, where the individual finds herself trapped in abusive relationships or where the individual becomes abusive and controlling of others."[49] If traumas such as these are not properly addressed, the impact can be felt from generation to generation until someone decides to identify and stop the cycle. Scazerro often reminds students of his Emotionally Healthy Spirituality program that "Jesus may be in your heart but grandpa is in your bones."[50] There are people who may not realize that patterns rooted in childhood trauma or even their ancestors' trauma are affecting their current adult relationships.

[45] Hawkins and Clinton, *The New Christian Counselor*, 1126.

[46] Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (United Kingdom: Penguin Books, 2014), 112.

[47] Hawkins and Clinton, *The New Christian Counselor*, 1139.

[48] Hawkins and Clinton, *The New Christian Counselor*.

[49] Hawkins and Clinton, *The New Christian Counselor*, 1139.

[50] Peter Scazzero, "The 25 EHS Truisms," Emotionally Healthy Discipleship, last modified October 25, https://www.emotionallyhealthy.org/25-ehs-truisms/.

Traumas of Omission and Commission

Trauma occurs as a result of something done to a person—or something *not* done to a person. The latter type of trauma regarding what is not done is known as omission.[51] Omission in childhood trauma occurs when a child is neglected and parents are physically or emotionally unavailable.[52] When this type of trauma takes place, the result is often the lack of certain social skills and development within the child. These include normal social interaction, appropriate physical touch, and soothing and support in general. When this occurs, the child typically has difficulty learning how to regulate emotions and cope with stress.[53] Perry explains, "To the newborn, love is action; it is the attentive, responsive, nurturing care that adults provide."[54] When nurture is inconsistent or absent, it is traumatic for an infant. Perry argues, "A parent may truly love his child, but if he is sitting at a computer posting on social media about how much he loves his child while the infant is in another room, awake, hungry, and crying, the infant experiences no love."[55] Traumas of omission have been referred to as "the great unrecognized trauma."[56] While the infant is unable to verbally communicate at this stage of life, what has transpired is very much a reality and is buried in their psyche.[57]

Opposite of trauma that takes place with omission is what is known as commission. Clinton, Hart and Ohlschlater explain in that regard:

> The sibling of abuse by omissions, act of commission, is abusive behavior—psychological, physical or sexual—directed toward the child. Such abuse is the single most powerful risk factor for developing a mental disorder of any kind for

[51] Tim Clinton, Archibald Hart, and George Ohlschlager, *Caring for People God's Way: Personal and Emotional Issues, Addictions, Grief and Trauma* (Nashville, TN: Thomas Nelson, 2005), 7770.
[52] Clinton, Hart, and Ohlschlager, *Caring for People God's Way*, 7770.
[53] Clinton, Hart, and Ohlschlager, *Caring for People God's Way*.
[54] Perry and Winfrey, *What Happened to You?*, 75.
[55] Perry and Winfrey, *What Happened to You?*, 76.
[56] Clinton, Hart, and Ohlschlager, *Caring for People God's Way*, 7788.
[57] Clinton, Hart, and Ohlschlager, *Caring for People God's Way.*

> it creates longstanding attachment issues that distort one's core perceptions of self, others and the world.[58]

Acts of commission are purposeful acts that forever alter the life of the victim. Although healing from these traumas is possible, the impact on the victim's life is tremendous.

The Effects of Childhood Trauma

The CDC-Kaiser Permanente Adverse Childhood Experiences (also known as ACE) study is one of the largest bodies of research on childhood adversity, trauma, abuse, and neglect—inclusive of research pertaining to the impact of the aforementioned on an individual's adult life, health, and well-being. Groundbreaking discoveries, pertinent to this research, emerged from the study regarding the impact of trauma.[59]

The original ACE study took place at Kaiser Permanente from 1995 to 1997 and was comprised of two parts of data that was received from over 17,000 individuals who were surveyed. The authors of the study created a simple ten item questionnaire that focused on various adversities children may face. Participants received physical exams and completed confidential surveys regarding their childhood experiences and current health status and behaviors. The survey was designed to focus on the physical, mental, and social health of the adults.[60] The results of the study were astounding, as it was discovered how ACE's are connected to risk factors for disease as well as an overall effect on wellness throughout life. The first ACE study revealed a strong correlation between ACE scores and the nine major causes of

[58] Clinton, Hart, and Ohlschlager, *Caring for People God's Way*, 7797.

[59] "CDC-Kaiser ACE Study," Centers for Disease Control and Prevention, last modified April 6, 2021, https://www.cdc.gov/violenceprevention/aces/about.html.

[60] "CDC-Kaiser ACE Study," Centers for Disease Control and Prevention

death in adults.[61] Subsequent studies revealed a connection between ACE scores and risk for suicide, mental health problems, drug and alcohol abuse, and more.[62]

As a result of the study, it can be clearly deduced that childhood trauma doubles the risk of mental health conditions.[63] These findings are supported by additional studies, namely for the purposes of this research, the Environmental Risk Longitudinal Study which was funded by the Medical Research Council and published in the Lancet Psychiatry in the UK. This study of 2,232 children revealed that nearly one third of youth in the UK experience trauma during childhood or adolescence that doubled their risk of experiencing a range of mental health disorders.[64]
Jeffrey Young has accomplished an abundance of research in the areas of trauma and personality disorders. The bulk of his research centers on humans' early life experiences and the development of their core beliefs and the resulting impact on their mental health. Young argues that based on an individual's early life experience, a set of core beliefs are developed that are either healthy or unhealthy.[65] He notes that while unhealthy core beliefs stem from traumatic experiences that can occur anytime in an individual's life, they are most likely to take place as a result of childhood trauma.[66] In his research, he identified 18 maladaptive schemas (or core beliefs) that can occur within the first five years of life. Without the proper help, these schemas often lead to personality disorders.[67] This is a serious problem in adults when the prevalence of personality disorders is taken into account. The National Institute of Mental Health reports that

[61] "CDC-Kaiser ACE Study," Centers for Disease Control and Prevention
[62] "CDC-Kaiser ACE Study," Centers for Disease Control and Prevention
[63] Ingrid Torjesen, "Childhood Trauma Doubles the Risk of Mental Health Conditions," *British Medical Journal* 364 no. 854 (February 22, 2019).
[64] Toriesen, "Childhood Trauma."
[65] Clinton, Ohlschlager, and Hart, *Caring for People God's Way,* 4673.
[66] Clinton, Ohlschlager, and Hart, *Caring for People God's Way*.
[67] Clinton, Ohlschlager, and Hart, *Caring for People God's Way*.

9.1% of American adults have a personality disorder.[68] This statistic comes from diagnostic interview data from the National Comorbidity Study Replication.[69] Perry notes that an unstable foundation or "miswiring" of the brain leaves a person at risk for the rest of their life,[70] and that childhood adversity is responsible for 45 percent of all childhood mental disorders and 30 percent of adult mental health disorders.[71]

Despite a person's best attempts to hide the ramifications of trauma, the inner body has a way of revealing what is often concealed for what may be decades, or even a lifetime. When adults become ill, they typically look to factors like their environment, other sick individuals who may have exposed them, genetic pre-disposition, and diet. What is most often overlooked—and is, in fact, one of the biggest contributing factors to illness—is early emotional trauma.[72] Bessel van der Kolk, author of *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* explains, "While we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial."[73] There is a reason the brain fights so hard to bring trauma to the surface. The effort to conceal one's trauma can result in long-term psychological damage to an individual.[74] Often, self-destructive behaviors stem from the suppression of trauma, even amidst advice from well-meaning loved ones suggesting the victim let things go and move on.[75]

Van der Kolk founded a Trauma Center thirty years ago at the time of this writing, and research concerning trauma has been his life's work. He has treated thousands of children and

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[68] "Personality Disorders," National Institute of Mental Health, no date, https://www.nimh.nih.gov/health/statistics/personality-disorders.

[69] "Personality Disorders," National Institute of Mental Health

[70] Perry and Winfrey, *What Happened to You?*, 82.

[71] Perry and Winfrey, *What Happened to You?*, 102.

[72] Wiley and Karr-Morse, *Scared Sick*, 5.

[73] van der Kolk, *The Body Keeps the Score*, 1.

[74] Bremner, *You Can't Just Snap Out of It,* 656.

[75] Bremner, *You Can't Just Snap Out of It*.

adults who have been traumatized. His main focus, and that of the trauma center, has been to conduct research exploring the effects of trauma on various populations in order to discover what treatments may or may not be successful for them.[76] He explains, "It is amazing how many psychological problems involve difficulties with sleep, appetite, touch, digestion and arousal. Any effective treatment for trauma has to address these basic housekeeping functions of the body."[77] Many physical symptoms, both minor (breathlessness) and severe (heart disease), result from trauma.[78]

One of the greatest challenges facing those who are traumatized is the perception of a lack of safety within their own bodies. Van der Kolk explains, "Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from themselves."[79] Some of the most common physical effects of trauma that van der Kolk has witnessed in his practice are migraine headaches and asthma attacks.[80] He also treats many patients who have somatic symptoms but no clear physical reasons for such. Most frequently, these types of physical symptoms include chronic back pain, neck pain, fibromyalgia, migraines, digestive issues, irritable bowel syndrome, and chronic fatigue.[81] Suffers of trauma may not make the connection between their trauma suffered and their current physical symptoms.

A particularly helpful study in the field of trauma research, completed in Italy, concerns patients with an alcohol problem who had consulted with a local mental health department at a

[76] van der Kolk, *The Body Keeps the Score*, 2.
[77] van der Kolk, *The Body Keeps the Score*, 55.
[78] Bremner, *You Can't Just Snap Out of It*, 1015.
[79] van der Kolk, *The Body Keeps the Score*, 98.
[80] van der Kolk, *The Body Keeps the Score*, 99.
[81] van der Kolk, *The Body Keeps the Score*.

clinic in Southern Italy. The research indicated that childhood trauma is a predictor of trauma-related disorders and alcohol abuse.[82] Studies also showed a relationship between dependence on alcohol and its connection with PTSD and dissociation.[83] Research findings indicated that alcohol abuse is simply one component in a constellation of psychopathological responses to trauma.[84] This study revealed that people often become accustomed to being unable to express their emotions, and therefore revert to a non-verbal strategy such as drinking in order to psychologically numb themselves and avoid uncontrolled emotions.[85]

Relationships and Unaddressed Trauma

Trauma is uniquely linked to relationships. As such, most often traumatic occurrences take place in the context of meaningful relationships or result from the lack thereof. Trauma does not exclusively affect the person who was traumatized, but those who surround them.[86] The ability to connect on a healthy level with others is shaped by a human being's earliest relationships. Perry explains:

> We are a social species; we are meant to be in community—emotionally, socially, and physically interconnected with others. If you look at the fundamental organization and functioning of the human body, including the brain, you will see that so much of it is intended to help us create, maintain, and manage social interactions. We are relational creatures.[87]

Not only are humans created to be in community, but their very survival is dependent upon it. Perry explains, "The capacity to love is at the core of the success of humankind. The reason we've survived on this planet is that we've been able to form and maintain effective groups.

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[82] Giuseppe Craparo et al., "The Relationships between Early Trauma, Dissociation, and Alexithymia in Alcohol Addiction.," *Psychiatry investigation* 11, no. 3 (2014): 330-335.
[83] Craparo et al., "The Relationships between Early Trauma," 330-5.
[84] Craparo et al., "The Relationships between Early Trauma," 330-5.
[85] Craparo et al., "The Relationships between Early Trauma," 330-5.
[86] van der Kolk, *The Body Keeps the Score*, 1.
[87] Perry and Winfrey, *What Happened to You?*, 7.

Isolated and disconnected, we are vulnerable."[88] The old adage, "There is strength in numbers," is accurate. Strength is increased when there is purpose and meaning attached to the numbers—and with love, the entire dynamic changes. Perry goes on to say, "In community, we can protect one another, cooperatively hunt and gather, share with the dependents of our family, our clan. Relational glue keeps our species alive, and love is relational superglue."[89] Just as trauma is most often connected to relationships, healing and wellness are as well.

The need for connection and attachment never ends for a human being. Van der Kolk explains: "Most human beings simply cannot tolerate being disengaged from others for any length of time. People who cannot connect through work, friendships, or family usually find other ways of bonding, as through illnesses, lawsuits, or family feuds."[90]

Relationships are affected by the neural networks in our brain. Perry writes in that regard:

> Developmental trauma can disrupt our ability to form and maintain relationships. Whenever trauma or neglect takes place in the context of our caregiving relationships, there's a high risk that the neural networks involved in reading and responding to other people will be altered. When these 'attachment' capabilities are impaired, there will be difficulties with friendships, school, employment, intimacy and family; there is even risk for repeating transgenerational patterns of abuse.[91]

The impact of unaddressed trauma has the potential to affect a person's ability to form positive attachments to others. This has an effect on the development of close friendships or a romantic/intimate relationship that is healthy and mutually beneficial. A husband or wife may wonder why there appears to be an invisible wall in their relationship with their partner, where they are prohibited from attaining the closeness they so desire. A research project at George

[88] Perry and Winfrey, *What Happened to You?*, 76.
[89] Perry and Winfrey, *What Happened to You?*, 76.
[90] van der Kolk, *The Body Keeps the Score*, 117.
[91] Perry and Winfrey, *What Happened to You?*, 135.

Mason University revealed that PTSD is associated with impairments in relationship functioning and is linked to avoidant attachment, and deficits in emotional and physical intimacy.[92]

Regarding traumatized individuals and the effect of trauma on their relationships, Winfrey adds: "It's nearly impossible for some people to go with the flow, or get along. They blow up at their boss. They're not reliable as friends. They sabotage new relationships."[93] Perry clarifies that despite these actions, people really do want to be connected, but their ability to do so is impacted by trauma.[94] Despite their best endeavors, the impact of trauma most often reveals itself in some negative way due to what is buried in their psyche, and the brain being unable to deny the reality of such. Their actions are a natural by-product of the trauma.[95] Such individuals will often be incredibly frustrated that whatever it is they are feeling (often unidentified) cannot be quickly snapped out of as an act of the will.[96] This can lead to a deep sense of futility and inadequacy.[97]

Resistance to Addressing Trauma

It is not surprising that many people go through life with unaddressed trauma due to the fact that it is generally painful to confront the subject. Allender explains, "Emotion links our internal and external worlds. To be aware of what we feel can open us to questions we would rather ignore."[98] For some people, the pain they know is preferable to the unknown of what takes place in addressing wounds. Allender goes on to assert, "Perhaps a better explanation for why it's so

[92] Sarah B. Campbell and Keith D. Renshaw, "Posttraumatic Stress Disorder and Relationship Functioning: A Comprehensive Review and Organizational Framework," *Clinical Psychology Review* 65 (2018).
[93] Perry and Winfrey, *What Happened to You?*, 136.
[94] Perry and Winfrey, *What Happened to You?*
[95] Bremner, *You Can't Just Snap Out of It*, 656.
[96] Bremner, *You Can't Just Snap Out of It*.
[97] Bremner, *You Can't Just Snap Out of It*.
[98] Allender, *The Cry of the Soul*, 1.

difficult to feel our feelings is that all emotion, positive or negative, opens the door to the nature of reality. All of us prefer to avoid pain—but even more, we want to escape reality."[99] In an effort to do just that, there are times that trauma sufferers will experience what is known as dissociation.[100] When this occurs, there is a disconnection between a person's thoughts, feelings, memories, and actions which often impacts their own sense of identity.[101] They may even lose awareness of their immediate surroundings. At times, this happens because an event is too much for the person to bear, psychologically.[102] Miriam Taylor, a psychotherapist and author of, *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and the Body*, explains:

> For the victim, splits occur in the continuity of their experience, in the coherence of self, and in the stability of the ground. Their experience is decontextualized. For those around them, there is often denial, disbelief, alignment with the perpetrator, blame or overprotectiveness. Trauma draws us personally to things we would rather not know about ourselves, and we respond by blotting them out.[103]

Many issues factors into a victim's resistance to address trauma, both from without and within. A lack of support on the part of those who surround them lends itself to denial being the more attractive option rather than facing wounds. Fear is at the root of many decisions that victims make post-trauma[104] with hyper-vigilance and avoidance as two of the most common behavioral responses.[105]

A resistance to addressing trauma was researched by Freud in his early studies regarding hysteria (which is known today as chronic complex dissociative disorder and typically results

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[99] Allender, *The Cry of the Soul*, 2.

[100] Philip Wang, "What Are Dissociative Disorders?," American Psychiatric Association, August 2018, https://www.psychiatry.org/patients-families/dissociative-disorders/what-are-dissociative-disorders.

[101] Wang, "What Are Dissociative Disorders?"

[102] Wang, "What Are Dissociative Disorders?"

[103] Miriam Taylor, *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and the Body*, (Maidenhead, UK: McGraw-Hill Education, 2014.), 1.

[104] Taylor, *Trauma Therapy and Clinical Practice*, 91.

[105] Taylor, *Trauma Therapy and Clinical Practice*.

from trauma.)[106] Freud's theory was that resistance in his dissociative patients was rooted in the same issue that had created the problem in the first place.[107] In their research on *The Trauma-Self and It's Resistances in Psychotherapy,* Erdinc Ozturk and Vedat Sar explain:

> It is considered to be a universal phenomenon in psychotherapy today; all clients, despite their suffering, want to preserve the status quo. As a concept, resistance is defined today rather as the patients' resistance to knowing what is in their own mind i.e. a clinical phenomenon encompassing all of a patient's defensive efforts to avoid self-knowledge.[108]

In essence, the trauma survivor reacts with the trauma-self when making decisions about how to address their trauma or whether to address it at all. Holding on to pain is a reaction for some individuals simply because it is what they are accustomed to. Geneen Roth explains:

> If we lived in family environments in which we felt that things were just about to fall apart, or always in the process of doing so, if we lived with emotional or physical violence, if we lived with abuse or neglect, then what is most familiar and therefore most comfortable to us is discomfort. We are suspicious of things that are easy or fluid or comfortable. Without theater, we feel as if we are missing the essentials of being alive. And in fact, we are. We are missing the drama that defined being alive in our families. We don't know how to be alive without it. To us, suffering dignifies an experience. When something is hard, we know it is worth doing. If we have to struggle—we have a purpose—and winning the struggle gives us a feeling of accomplishment.[109]

A multitude of complications transpire when people fail to connect their unaddressed trauma to their current physical, mental, relational, or spiritual issues. In many cases, the resistance to address the trauma goes on for years until the sufferer hits a proverbial wall. In that regard, some people do nothing to address trauma until they are forced to through the loss of a marriage, friends, family, a job, a ministry, or something of that nature.

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[106] Erdinc Ozturk and Vedat Sar, *The Trauma-Self and It's Resistances in Psychotherapy* (Instanbul University, Turkey and Koc University School of Medicine, Turkey, December 7, 2016), 1.

[107] Ozturk and Sar, Vedat, *The Trauma-Self*, 1.

[108] Ozturk and Sar, Vedat, *The Trauma-Self*.

[109] Geneen Roth, *When Food Is Love: Exploring the Relationship Between Eating and Intimacy* (New York, NY: Penguin Books, 1991), 1102.

Even with a traumatic loss resulting from unaddressed trauma, people may fail to make the connection between their loss and the unaddressed trauma. For years, they may blame their "bad luck" on others or declare it to be something "sent by the enemy" as Christians might call it, referring to spiritual warfare.

Bremner explains the phenomenon of trauma suffers who manage to function without addressing their trauma:

> Some trauma survivors will put on a 'brave face', a false persona. On the outside, they are the picture of healthy, successful, mature adults, while on the inside they feel frozen in time, frozen in the grief and the pain of the event. This is a very common psychological response when the trauma is not adequately addressed at the time of the traumatic events. But this is just one possible reaction. People are extremely resourceful and will look for all kinds of ways to suppress the memory of the traumatic events – from drinking or taking drugs, to working night and day, to having affairs.[110]

Victims of trauma may sense the need to keep their story or the ramifications of such undisclosed, fearing judgment or pathologizing on the part of coworkers or friends. Scazerro argues that leaders who are emotionally unhealthy can go undetected for a while because it is usually not readily apparent upon first meeting people. However, as time progresses and one becomes more involved with an individual who is emotionally unhealthy, the reality of their need for help becomes apparent.[111]

Processing and Expressing Emotions

Sorting through and expressing emotions is one of the most important tasks human beings must do for emotional and physical wellness, and in fact is a life and death issue. A twelve-year study regarding the suppression of emotions and possible effects on health and wellness was done

[110] Bremner, *You Can't Just Snap Out of It*, 280.
[111] Scazzero, *Emotionally Healthy Spirituality*, 20.

through the University of Chicago and what is known as The General Social Survey (GSS).[112] The GSS is an annual study of opinions and attitudes among the US public that is conducted by the National Opinion Research Center (NORC). This particular study utilized a sampling of 737 adults age 18 and over, conducting interviews regarding emotional suppression. The analysis of this nationally representative sample, followed the same individuals for 12 years for mortality by cause of death, revealing significantly higher associations between higher levels of emotional suppression and all causes of death as well as cancer-related mortality.[113]

Processing emotionally weightier issues in life is of utmost importance. Dan Allender explains, "Our emotions connect our inner world to the ups and downs of life. Sometimes the connection is more than we can bear."[114] The ups and downs of life are normal and a reality for everyone. These alone can sometimes be more than one person can bear, but the addition of trauma to the customary ups and downs of life can render a person unable to cope.

The expectation of suppressing of emotions starts early in life and is exacerbated in the Christian community, due to many children being raised under the expectation of suppressing their emotions. They are encouraged by parents and Christian leaders to, "have a happy heart," in response to whatever happens or whatever they are asked to do even if it may in some cases be unfair or abusive. Geri Scazerro, author of *The Emotionally Healthy Woman*, explains:

> Children who are not allowed to express certain feelings, over time, conclude, 'Why feel those emotions in the first place?' Unwritten rules such as, 'a good girl always smiles in church,' and 'a loving person is never tense or suffering from unexplained depression,' create real barriers that stifle authenticity and spontaneity in relationships. Unfortunately, many church cultures reinforce this crippling approach, perpetuating a lifestyle in which we deal with distressing feelings in

[112] Benjamin Chapman, et al. "Emotion Suppression and Mortality Risk Over a 12-Year Follow-up," *Journal of psychosomatic research* 75, no. 4 (2013), 381-385.

[113] Chapman, et al, "Emotion Suppression and Mortality Risk."

[114] Dan Allender, The Cry of the Soul: How Our Emotions Reveal Our Deepest Questions About God (Colorado Springs, CO: NavPress, 1994), 1.

> muddled and undifferentiated ways. In fact, most Christians I meet today actually feel unspiritual for attempting to sort out the source of their feelings.[115]

Many children, even those who are reared in what could be characterized as traditional or healthy homes, have not been trained in properly sorting through or expressing their emotions. Parents with an authoritarian[116] parenting style often quipped were commonplace and communicated to children that their thoughts and expression of emotions were not welcome. Expressions such as, "Stop crying or I'll give you something to cry about!"[117] and "Children should be seen and not heard…"[118] worked to further develop the unhealthy suppression of emotions. Unfortunately, parents may have given little thought to how their children would be affected if they were raised hearing that it was best that they not be heard, or that crying made them weak or unacceptable in some way. Traumatized children may act out in such a way that is unfortunately and misguidedly viewed as defiance, aggression or rebellion when in fact what they are displaying are behaviors and symptoms resulting from trauma.[119] The suppressing of their emotions may prove to be deadly, affect their longevity or at the very least their quality of life.[120]

Peter Scazzero argues:

> To feel is human. To minimize or deny what we feel is a distortion of what it means to be image bearers of God. To a degree that we are unable to express our emotions, we remain impaired in our ability to love God, others and ourselves. Why? Because our feelings are a component of what it means to be made in the image of God. To cut them out of our spirituality is to slice of an essential part of our humanity.[121]

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[115] Geri Scazzero and Peter Scazzero, *The Emotionally Healthy Woman: Eight Things You Have to Quit to Change Your Life* (Grand Rapids, MI: Zondervan, 2010), 90.

[116] Amy Morin, "4 Types of Parenting Styles and Their Effects on Kids," Very Well Family, October 9, 2021, https://www.verywellfamily4 Types of Parenting Styles and Their Effects on Kids .com/types-of-parenting-styles-1095045.

[117] Tina Gilbertson, "Stop Crying Or I'll Give You Something to Cry About!," Tina Gilbertson LPC, Psychotherapist, Author, Speaker, May 4, 2013, https://tinagilbertson.com/something-to-cry-about/.

[118] Morin, "4 Types of Parenting Styles and Their Effects on Kids."

[119] Barbara L. Ward, "Trauma: It's not the soul of your life: RE-CONSTRUCTING CHILDHOOD TRAUMA AND THE ROLE OF STORY SHIFTERS IN GENERATING ALTERNATIVE NARRATIVES," (PhD diss., Vrije University, 2015), 56.

[120] Chapman, et al, "Emotion Suppression and Mortality Risk."

[121] Peter Scazzero, *Emotionally Healthy Spirituality: It's Impossible to Be Spiritually Mature While Remaining Emotionally Immature* (Grand Rapids, MI: Zondervan, 2017), 23.

Despite the Bible being congruent with people expressing their feelings and emotions, many individuals were never taught that there is a time to dwell in unrushed sadness. Geri Scazzero explains:

> Scripture does more than give us permission to express our sadness; it considers grieving losses as central to our spiritual growth. Sadness and loss form important threads in the tapestry of our lives. We are to grieve parents who were not there for us, severed relationships, lack of education, lack of job opportunities, divorces, deaths, disabilities, challenging children, chronic health limitations, and childlessness. To deny sadness is like trying to deny an arm or a leg; it is to amputate a vital and necessary part of ourselves.[122]

Taking the time to process feelings has never been intentionally taught to most individuals, but it is one of the most necessary ingredients of wellness. It is an important caveat that feeling or acknowledging one's feeling is not the same as following them.[123] Nevertheless, identifying an emotion or feeling is valuable in the process of moving forward.

Robyn Latrice Gobin completed a study on the subject of *Trauma, Trust and Betrayal Awareness* for the Department of Psychology at the University of Oregon. Gobin discovered through her research that the full processing of traumatic memories and emotions connected with them is extremely important for success in the process of trauma recovery. The research showed that failure to fully process leads to overwhelming and disturbing memories and flashbacks which are intrusive to daily life and normal activities and make recovery from trauma extremely challenging.[124]

In order to recover from trauma, is it necessary for many adults to unlearn what they were taught as children in regard to sorting their feelings and emotions. This is an important work,

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[122] Geri Scazzero and Peter Scazzero, *The Emotionally Healthy Woman: Eight Things You Have to Quit to Change Your Life* (Grand Rapids, MI: Zondervan, 2010), 102.

[123] Scazzero and Scazzero, *The Emotionally Healthy Woman*, 110.

[124] Gobin, "Trauma, Trust and Betrayal Awareness," 22.

even a sacred work – as an individual may be rendered unable to fulfill their God-given design and destiny due to a failure to process emotions and the ramifications of such.

Spiritual Bypass

Spiritual bypass first surfaced as a term approximately 30 years ago.[125] Spiritual bypass occurs when people involve themselves in religious beliefs or activities in order to avoid—or prematurely transcend—feelings and basic needs in their healing process.[126] *Prematurely transcending* refers to an effort to reach further stages of healing without actually going through them. For instance, this may happen when a person tries to skip through the stages of grief by covering their feelings up with Christian clichés. Many times, wounded individuals will exaggerate spiritual beliefs, emotions, and experiences over real needs, creating a way to bypass the difficult emotions that are present.[127]

> The American Counseling Association explains in regard to spiritual bypass: People who engage in this process of spiritual bypass may describe themselves in spiritual terms or may even report very strong spiritual or transpersonal experiences. However, what appears at first impression to be authentic spiritual maturity is in fact a way of remaining unopen to the demands of spiritual growth, namely the willingness to accept both positive and negative experience. Both theory and research have, in fact, concluded that people who consider themselves to be spiritual may be the most prone to spiritual bypass.[128]

Unfortunately, many counselors see clients who use spiritual bypass to avoid serious psychological problems.[129] A study was conducted in December of 2017 by Gabriela Picciottoa, Jesse Fox, and Félix Neto, researchers within the faculty of Psychology and Educational

[125] Jesse Fox and Gabriela Picciotto, "The Mediating Effects of Spiritual Bypass on Depression, Anxiety, and Stress," *Counseling and Values* 64, no. 2 (2019): 227.

[126] Fox and Picciotto, "The Mediating Effects of Spiritual Bypass," 49.

[127] Gabriela Picciotto, Jesse Fox, and Félix Neto, "A Phenomenology of Spiritual Bypass: Causes, Consequences, and Implications," *Journal of spirituality in mental health* 20, no. 4 (2018): 333–354.

[128] Fox and Picciotto, "The Mediating Effects of Spiritual Bypass," 227.

[129] Fox and Picciotto, "The Mediating Effects of Spiritual Bypass," 228.

Sciences at the University of Porto, Porto, Portugal and the Department of Psychology from Stetson University in DeLand, Florida. The results of the study concluded that while spirituality is an important aspect of wellness for many people, not all spiritual processes are healthy ones.[130] Research is growing in the study of spiritual bypass. Spiritual bypass by definition is "a defensive psychological posture cultivated by a tendency to privilege or exaggerate spiritual beliefs, emotions, or experiences over and against psychological needs creating a means of avoiding or bypassing difficult emotions or experiences."[131]

Studies in the *Journal of Spirituality in Mental Health* explain the following about spiritual bypass:

> Spiritual bypassers may read books on spirituality, engage in spiritual practices, visit spiritual teachers and gurus, go to spiritual retreats, be part of spiritual communities, but they do not care for and directly nurture their psychological needs, all the while believing that their spiritual work may deliver them one day from their psychological suffering. As some have theorized, by ignoring their psychological work they run the risk of stagnated emotional development and even greater psychological suffering.[132]

Spiritual bypass can result in many different outcomes including but not limited to repression, emotional alienation, exaggerated detachment, over emphasis on the positive, blind compassion, excessive tolerance, minimization or denial of the dark side of one's personality, overconfidence, the belief that everything is an illusion including suffering, and disregarding personal feelings and struggles as inconsequential or unimportant in the grand scheme of things.[133] Spiritual bypass usually occurs when a person adopts the polarized thinking that earthly issues are of little importance, and they must keep their mind on heavenly things. This often results in them

[130] Picciotto, Fox, and Neto, "A Phenomenology of Spiritual Bypass."
[131] Jesse Fox, C.S. Caswell, and Gabriela Picciotto, "The Opiate of the Masses: Measuring Spiritual Bypass and Its Relationship to Spirituality, Religion, Mindfulness, Psychological Distress, and Personality," *Spirituality in Clinical Practice* 4, no. 4 (2017): 274-287.
[132] Picciotto, Fox, and Neto, "A Phenomenology of Spiritual Bypass."
[133] Picciotto, Fox, and Neto, "A Phenomenology of Spiritual Bypass."

neglecting important relationships and other aspects of life. Spiritual bypass helps them avoid what they do not want to face, particularly dealing with old wounds.[134]

One form of spiritual bypass is what Scazzero refers to as, "using God to run from God."[135] Using God to run from God is simply when people utilize "God activity" to cover up painful areas that need to be addressed.[136] Scazzero explains:

> Few killer viruses are more difficult to discern than this one. On the surface, all appears to be healthy and working well, but it's not. This virus hides behind hours and hours spent reading one Christian book after another…engaging in endless Christian responsibilities outside the home…all that extra time devoted to prayer and bible study. You might wonder how such things could be anything but good for the soul. Such Christian activities become detrimental when we use them in an unconscious attempt to escape pain.[137]

Although there are challenges in trauma and in spiritual bypass being recognized by some in Christian circles, help is available. Acknowledgement on the part of the one who suffers is the first step to recovery. Acknowledgement is so crucial, for, as Scazerro says, "there is no greater disaster in life than to be immersed in unreality."[138] Having a trauma-informed pastor, counselor, or therapist is the second step. Ruth Haley Barton explains that what lies beneath the surface of our lives really matters. She argues, "Whether I know something is there or not is in some ways irrelevant. My awareness of it or lack of awareness of it doesn't make it any less real."[139] Whether trauma sufferers are aware of their problem or not, usually those around them are aware that something is wrong even if they cannot identify what it is.

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[134] Gabriela Picciotto and Jesse Fox, "Exploring Experts' Perspectives on Spiritual Bypass: A Conventional Content Analysis," *Pastoral Psychology* 67, no. 1 (2018): 65–84.

[135] Scazzero, *Emotionally Healthy Spirituality*, 22.

[136] Scazzero, *Emotionally Healthy Spirituality*, 22.

[137] Scazzero, *Emotionally Healthy Spirituality*, 22.

[138] Scazzero, *Emotionally Healthy Spirituality*, 117.

[139] Ruth Haley-Barton, *Strengthening the Soul of Your Leadership: Seeking God in the Crucible of Ministry* (Downers Grove, IL: IVP Books, 2012), 39.

Sufferers often endeavor to shortcut or circumvent a journey of healing in order to avoid an uncomfortable place that feels like emotional surgery. By doing this, they assume they are shortcutting to a place of peace. However, recovery from trauma requires going through the processing of pain in order to achieve the result of peace.[140] A person may be convinced in their own mind that if they directly addressed the wound, they would not be able to handle the pain. Therefore, they internally default to a spiritual strategy to help them avoid the process altogether.[141] One of the most attractive features of spiritual bypass is that it relieves people of personal responsibility to truly face their issues or seek a solution.

Consider some of Jesus' final words to his disciples in John 16:33: "I have told you all this so that you may have peace in me. Here on earth you will have many trials and sorrows. But take heart, because I have overcome the world."[142] Jesus let the disciples know that on this earth there would be many difficult days. Although there is a peace only Jesus can give, this does not negate the need to address trauma through many avenues provided including but not limited to spirituality.

Trauma and loss can be a catalyst for devastating physical, emotional, and relational ramifications or it can be an impetus for healing and redemption. If sufferers of trauma receive the necessary help to heal their wounds, their experience can serve as a powerful force for good in the lives of others. As 2 Corinthians 1:3-5 (ESV) says:

> Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God. For as we share abundantly in Christ's sufferings, so through Christ we share abundantly in comfort too.

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[140] Craig S. Cashwell, Philip B. Clarke, and Elizabeth G. Graves, "Step by Step: Avoiding Spiritual Bypass in 12-Step Work," *Journal of Addictions & Offender Counseling* 30, no. 1 (2009): 2.

[141] Cashwell, Clarke, and Graves, "Step by Step," 2.

[142] New Living Translation.

A survivor of trauma has the potential to be a tremendous comfort to other sufferers. People will relate to a fellow sufferer's experience and more readily engage with them than someone who has never encountered the pain of trauma.

Trauma-Informed Care

A variety of therapeutic approaches exist to care for those who are victims of trauma. Pharmacotherapy involves the prescribing of medications to help manage the symptoms brought on by trauma.[143] Medications do not cause a sufferer's pain to disappear, but do serve to lessen the effects, making a better quality of life possible.[144]

The most commonly utilized Behavior Therapy is exposure. Susanne M. Dillman, a psychologist who specializes in the area of trauma therapies explains: "In exposure therapy, one gradually faces one's fears–for example, the memories of a traumatic event–without the feared consequence occurring."[145] The goal of this approach is for the client to realize the fear they are feeling is unfounded.[146]

Another widely utilized approach in treatment of trauma is Cognitive Behavior Therapy (CBT).[147] The main focus of CBT involves efforts to change thinking patterns, and it has been proven effective in the treatment of many mental health issues.[148] The goal of CBT is for the

[143] Suzanne M. Dillman, "Common Therapy Approaches to Help You Heal from Trauma," *GoodTherapy* (blog), March 9, 2011, https://www.goodtherapy.org/blog/common-therapy-approaches-to-help-you-heal-from-trauma.

[144] Dillman, *Common Therapy Approaches*.

[145] Dillman, *Common Therapy Approaches*.

[146] Dillman, *Common Therapy Approaches*.

[147] "What is Cognitive Behavioral Therapy?," American Psychological Association, July 2017. https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.

[148] "What is Cognitive Behavioral Therapy?," American Psychological Association.

client to discover faulty ways of thinking and a reevaluation of situations in light of new ways of thinking.[149]

These approaches have been proven at least somewhat effective for many sufferers. To help someone with a trauma informed approach takes nothing away from therapies such as these. As new information concerning trauma is revealed on a consistent basis it is prudent for anyone helping a person suffering from trauma in a way that is trauma-informed. The issue is not that one who assists trauma victims must choose between a certain form of therapy or a trauma-informed approach. The hope is that all methods will be utilized in manner that is trauma-informed. Essentially, trauma-informed is an umbrella under which all other methods of treatment should function.

Caring for a sufferer of trauma from a trauma-informed approach involves an understanding of the impacts of trauma and the use of approaches that decrease the potential for revictimization.[150] Trauma-informed care utilizes strategies that foster a culture of safety, empowerment, and healing.[151] One of the characteristics of trauma-informed care is that it assumes the commonality of trauma amongst human beings.[152] Trauma-informed care assumes that one's patient, client, or congregant may have a history of trauma and act accordingly.[153] Trauma-informed care believes the one suffering, and it always consists of doing more listening than talking. An atmosphere of trust and compassion are essential for trauma-involved care. Trauma-informed care amongst physicians, clinicians, clergy, and family and friend relationships has the power to bring change. Van der Kolk explains:

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[149] "What is Cognitive Behavioral Therapy?," American Psychological Association.

[150] Kristina Hallett and Jill Donelan, *Trauma Treatment Toolbox for Teens: 144 Trauma-Informed Worksheets and Exercises to Promote Resilience, Growth & Healing* (Eau Claire, WI: PESI Publishing & Media, Inc., 2019), 37.

[151] Tello, "Trauma-Informed Care."

[152] Tello, "Trauma-Informed Care."

[153] Tello, "Trauma-Informed Care."

> Our capacity to destroy one another is matched by our capacity to heal one another. Restoring relationships and community is central to restoring well-being. Language gives us the power to change ourselves and others by communicating our experiences, helping us define what we know, and finding a common sense of meaning. We have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving and touching, and we can change social conditions to create environments in which children and adults can feel safe and where they can thrive.[154]

Since 2001, trauma-informed care has become a buzzword while not always being a reality.[155] Nevertheless, it is paramount to healing. In his work, Trauma Informed Leadership, Ronald W. Mandersheid explains:

> Previous trauma, particularly physical or sexual abuse, is clearly implicated in subsequent mental health problems for many persons. Thus, it is critical that clinical providers in the field be able to deliver excellent trauma-informed care. Less clear, however, are the requirements for trauma-informed leadership. Specifically, what are the necessary features of leadership that are required to organize care systems to respond effectively to major public health traumas?[156]

In light of Mandersheid's comments, it would be wise for individuals seeking assistance from a pastor, counselor, or therapist to ask the questions such as, "Do you provide trauma informed care?" and "What exactly does trauma-informed care mean to you?" and "Can you describe the concepts, content and objectives of trauma informed care within your practice?" When securing the services of a counselor or therapist, it is prudent to pose several questions of this nature prior to the first appointment whether by email or phone call. If they are not willing to answer these types of questions, it is probable they will be unable to provide the type of care that is needed for recovery.

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[154] van der Kolk, *The Body Keeps the Score*, 38.

[155] Perry and Winfrey, *What Happened to You?*, 217.

[156] Ronald W. Manderscheid, "Trauma-Informed Leadership.," *International Journal of Mental Health* 38, no. 1 (2009): 1.

The main thesis of Perry's book, *What Happened to You? Conversations on Trauma, Resilience, and Healing*, co-authored with Oprah Winfrey, focuses on an important shift in a fundamental question. Perry advocates for utilizing the question, "What Happened to You?" instead of "What's wrong with you?" when dealing with a trauma survivor.[157] This shift is a monumental one, from blaming the victim for what has occurred to placing blame on the trauma that was suffered.

Nothing is more important to trauma recovery than a person feeling safe in the presence of others. According to van der Kolk, it is the single most important aspect of mental health.[158] Bonnie Badenoch, author of *The Heart of Trauma: Healing the Embodied Brain in the Context of Relationships,* argues: "Who we perceive as being with us before, during and after an event is central to our ability to integrate the trauma throughout our embodied and relational brains."[159] Support is not merely being present, but allowing the traumatized individual to feel heard and validated. Badenoch further explains:

> When our systems protectively turn our minds and hearts away from the truth of the moment, there is an element of isolation from ourselves and others that may increase our sense of despair. However, when we come into contact with suffering in the presence of another, even when the depth of pain is very great, the very experience of relatedness—the nurturance we humans most need—prepares a space in which meaning, and hope may emerge.[160]

Sufferers of trauma may instinctively construct proverbial walls to protect themselves from further wounding, but a trauma-informed pastoral counselor or therapist is someone with whom they can safely emerge from behind the wall to enter a path toward healing. Becoming trauma-informed changes the way a person views situations and sufferers. Badenock explains, "How we

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[157] Perry and Winfrey, *What Happened to You?*, 17.
[158] van der Kolk, *The Body Keeps the Score*, 80.
[159] Bonnie Badenoch, *The Heart of Trauma: Healing the Embodied Brain in the Context of Relationships* (New York, NY: W.W. Norton & Company, 2018), 25.
[160] Badenoch, *The Heart of Trauma*, 10.

see one another transforms both the seer and the one being seen and is built on the multiple layers of unseen entanglement we experience as we constantly affect one another's neural firing patterns."[161] Whether they know how to express it openly or not, from the depths of their souls, people desire to be seen and to feel heard. This key ingredient is a catalyst for healing.

Soul Care

In addition to trauma-informed care for the traumatized, soul care is important—not just for those who have encountered trauma, but for every human being. Soul care is the absolute foundation for personal wellness.

The term for soul in the Greek New Testament is *psych*e, which refers to a person's inner life.[162] Timothy Clinton and George Ohlschlager explain, "The soul is the living bridge between the material and the spiritual realms of living. It is the arena in which God is encountered and desired."[163] Ortberg clarifies, "From birth to our final resting place ('May God rest his soul'), the soul is our earliest companion and our ultimate concern."[164] Soul care includes but is not limited to silence and solitude, prayer, worship, rest, and enjoying activities that are life-giving and refreshing. It includes a weekly Sabbath where nothing is accomplished in a 24-hour period of time aside from the aforementioned activities.

Humans were created for relationship with God. The Creator longs to commune with humankind on a moment-by-moment basis, speaking into every facet of their lives. If the voice of God speaking in an individual's life is honored and heeded, significant shifts will take place in

[161] Badenoch, *The Heart of Trauma*, 33.
[162] Timothy Clinton and George Ohlschlager, *Competent Christian Counseling: Foundations and Practice of Compassionate Soul Care* (New York, NY: Waterbrook Press, 2002), 124.
[163] Clinton and Ohlschlager, *Competent Christian Counseling*, 127.
[164] Ortberg, *Soul Keeping*, 23.

situations, including within the lives of those who have faced trauma. As Ortberg says, "Sometimes the soul gets sifted and shaped in places you could never imagine or ways you could never expect."[165] Jesus went to remote locations like the mountains or the desert to commune with God. This was also a pattern for other leaders whose individual stories comprise the biblical story. Moses spent 40 days on the mountain with God. Elijah spent 40 days and nights on Mount Horeb. Daniel met with God three times daily in prayer. Wayne Cordeiro explains, "Solitude is a chosen separation for refining your soul. Isolation is what you crave when you neglect the first."[166] Many of the issues present in relationships arise when private time with God—through which the soul is able to be restored—is neglected. There are times an individual has a complete unawareness of how they come across to others. Cordeiro explains, "Sometimes we get so busy rowing the boat, we don't take the time to stop and see where we're going…or what we are becoming." [167] It is easy to become detached, angry, bitter, or numb and not even realize it.

Soul keeping is incongruent with spiritual bypass. In soul keeping, one tends to their soul, or their psyche, rather than attempting to circumvent pain with spiritual platitudes. Soul keeping is tending to the very most real part of a person. Haley-Barton explains:

> When I refer to the soul, I am not talking about some ill-defined, amorphous, soft-around-the-edges sort of thing. I am talking about the part of you that is most real—the very essence of you that God knew before he brought you forth in physical form, the part that will exist after your body goes into the ground. This is the 'you' that exists beyond any role you play, any job you perform, any relationship that seems to define you, or any notoriety or success you may have achieved. It is the part of you that longs for more of God than you have right now, the part that may, even now, be aware of 'missing God' amid the challenges of life in ministry.[168]

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[165] Ortberg, *Soul Keeping*, 13.

[166] Wayne Cordeiro, *Leading on Empty: Refilling Your Tank and Renewing Your Passion* (Bloomington, MN: Bethany House, 2009), 70.

[167] Cordeiro, *Leading on Empty*, 71.

[168] Haley-Barton, *Strengthening the Soul of Your Leadership*, 8.

Tending to one's soul involves regular periods of silence, solitude, and responding to the voice of God on the inside. It encompasses living and leading from the place of oneness with God, out of an overflow of relationship with Him. This place of being sets the stage for healing and wellness. In that regard, it is impossible to live in a healthy manner without tending to one's soul.

Haley-Barton clarifies that soul keeping is not selfish or focused on self in an ungodly way:

> Spiritual leadership emerges from our willingness to stay involved with our own soul—that place where God's Spirit is at work stirring up our deepest questions and longings to draw us deeper into relationship with Him. Staying involved with our own soul is not narcissistic navel gazing; rather, this kind of attentiveness helps us stay on the path of becoming our true self in God—a self that is capable of an ever-deepening yes to God's call on our life.[169]

Soul care remains essential for wellness and is especially important when an individual is in trauma recovery. Cordeiro cautions, "Knowing the remedy doesn't necessarily complete the healing; the difference comes when we apply it."[170] Soul care can be written about, preached upon, and pontificated copiously, but until it is done, there will be no healing or long-term wellness.

Conclusion

Trauma is universal, and the response to it varies widely. Childhood traumas of omission and commission have an immense impact on the victim. It is important for sufferers to have people in their lives who will believe them when they do share their experiences, and respond in a non-judgmental, compassionate manner. Learning to process one's emotions is often new for adults as they were never introduced to such as children—and in some cases not permitted to

[169] Haley-Barton, *Strengthening the Soul of Your Leadership*, 13.
[170] Cordeiro, *Leading on Empty*, 87.

properly do so. Sorting through emotions is an important component of trauma recovery. Trauma happens most often in the context of relationships, but so does recovery.

There is frequently a resistance to addressing trauma, due to the pain of the recovery process. At times, spiritual by-pass is a culprit in keeping the sufferer in a place of pain instead of peace. Trauma informed care and soul care are both vital to the process of healing.

Literature on the topic of trauma points to the fact that traumatic life experiences that are unaddressed and unresolved will interfere with life and deter the healing process.[171] Recovery from trauma is possible and many resilient individuals do overcome and go on to have productive lives and to help others who are wounded. Being a survivor of trauma provides an incomparable opportunity to allow God's power and strength to redeem a tragic situation and utilize it for His glory and the good of people, pointing them to Christ, the one who redeems all things.

[171] Elisabeth A. Nesbit Sbanotta, Heather Davediuk Gingrich, and Fred C. Gingrich, *Skills for Effective Counseling: A Faith-Based Integration* (Downers Grove, IL: InterVarsity Press, 2016), 26.

CHAPTER FOUR

THE PROJECT NARRATIVE/FIELD WORK

Methodology

Four phases of research methodology were utilized for this project. The first phase of the project consisted of biblical and theological research employing the Bible, biblical commentaries, and Christian theological texts. The second phase of the project consisted of literary research consulting print and digital sources inclusive of academic journals and dissertations in related fields of study. The third phase of the project was conducted through anonymous surveys and a workshop titled *The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health.* Following the workshop, attendees were given the opportunity to participate in an anonymous survey in order to provide feedback regarding their own experiences with the subject matter discussed during the seminar. The Institutional Review Board at Southeastern University in Lakeland, Florida approved each of the questions posed in both surveys. The fourth phase of the project synthesized the information acquired through the three preceding phases in order to draw conclusions to the hypotheses presumed at the onset of the research.

Research Context and Participants

The research context for this project centered around churches and denominational and ministry-related organizations. Participants were recruited for the surveys and the workshop through social media groups geared toward ministerial leaders and by personal invitation from the

researcher or other ministerial leaders. The instrument used for data collection was Survey Monkey.

Narrative Description of Project Execution and Results

Survey #1

The project contained both qualitative and quantitative research methodology. Survey #1 consisted of fifteen questions and was entirely quantitative. It was a simple survey that did not require analyzation of any complexity. Percentages were reflected for each question and the Survey Monkey software provided all of the numbers for the researcher. The choice of method for Survey #1 was such due to the researcher's desire to acquire a percentage of ministerial leaders who have unaddressed trauma in their lives. As was aforementioned, Survey #1 was facilitated through Survey Monkey, and 217 ministerial leaders participated. The following outlines the survey questions and results:

Question #1: How long have you served in ministerial leadership?

(a) 1-10 years; (b) 11-20 years; (c) 21-30 years; (d) 31-40 years; (e) 41-50 years; (f) 51-60 years

21.76% (47) of participants have served for 1-10 years.

22.69% (49) of the participants have served for 11-20 years.

25.9% (56) of the participants have served for 21-30 years.

22.22% (48) have served for 31-40 years

6.02% (13) have served for 41-50 years

1.39% (3) have served for 51-60 years

One participant chose not to answer the question.

Question #2: What is your gender?

(a) Male; (b) Female

47.69% (103) of the participants were male.

52.31% (113) of the participants were female.

One participant chose not to answer the question.

Question #3: Do you believe you have experienced any type of trauma in your life?

(a) Yes; (b) No; (c) Unsure

83.33% (180) of the participants said they believed they had experienced trauma in their life.

8.80% (19) of the participants said they believed they had not experienced trauma in their life.

7.87% (17) of the participants said they were unsure of whether or not they had experienced trauma in their life.

One participant chose not to answer the question.

Question #4: Have you experienced any type of physical, sexual, emotional, or spiritual abuse at the hands of any individual during your life?

(a) Yes; (b) No

65.74% (142) of the participants surveyed reported they had been abused in one of the ways indicated.

34.26% (74) of the participants surveyed reported they had not been abused in one of the ways indicated.

One participant chose not to answer the question.

Question #5: Were/Are your parents separated or divorced?

(a) Yes; (b) No

33.95% (73) of the participants surveyed reported that their parents were separated or divorced.

66.05% (142) of the participants surveyed reported that their parents were not separated or divorced.

Two participants chose not to answer the question.

Question #6: *Were either of your parents, stepparents, or legal guardians an alcoholic, drug addict, mentally ill or incarcerated?*

29.30% (63) of the participants surveyed indicated that their parents, stepparents, or legal guardians were an alcoholic, drug addict, mentally ill or incarcerated.

70.70% (152) of the participants surveyed indicated that their parents, stepparents, or legal guardians were not an alcoholic, drug addict, mentally ill or incarcerated.

Two participants chose not to answer the question.

Question #7: Were you in foster care, adopted, or raised by someone other than your biological parent(s)?

(a) Yes; (b) No

6.94% (15) of the participants surveyed indicated that they spent time in foster care, were adopted, or had been raised by someone other than their biological parent(s).

93.06% (201) of the participants surveyed indicated that they had not spent time in foster care, were adopted, or had been raised by someone other than their biological parent(s).

One participant chose not to answer the question.

Question #8: When you were under the age of 18, did you experience any type of neglect or lack basic resources/necessities in your home?

(a) Yes; (b) No (c) Unsure

18.98% (41) of those surveyed indicated they experienced neglect or a lack of basic resources/necessities in their home when they were under the age of 18.

81.02% (175) of those surveyed indicated they had not experienced neglect or a lack of basic resources/necessities in their home when they were under the age of 18.

One participant chose not to answer the question.

Question #9: Would you characterize the home you grew up in as a loving, stable home with parents or guardians who loved and cared for you?

(a) Yes (b) No (c) Unsure

75.46% (163) of those surveyed indicated that they had grown up in a loving, stable home with parents or guardians who loved and cared for them.

24.54% (53) of those surveyed indicated that they had not grown up in a loving, stable home with parents or guardians who loved and cared for them.

One participant chose not to answer the question.

Question #10: Did you experience the death of one or more of your parents/legal guardians before you were a legal adult?

(a) Yes; (b) No

9.26% (20) of those surveyed indicated they had experienced the death of one of their parents/legal guardians before they were a legal adult.

90.74% (196) of those surveyed indicated they did not experience the death of one of their parents or a legal guardian before they were a legal adult.

One participant chose not to answer the question.

Question #11: Have you ever received biblical counsel or advice from a pastor regarding trauma you have experienced in your life?

(a) Yes; (b) No; (c) Not Applicable

42.33% (91) of those surveyed indicated that they had received biblical counsel or advice from a pastor regarding the trauma they experienced in their life.

50.70% (109) of those surveyed indicated that they had not received biblical counsel or advice from a pastor regarding the trauma they experienced in their life.

6.98% (15) of those surveyed indicated that the question was not applicable.

Two participants chose not to answer the question.

Question #12: Have you ever received biblical counsel or advice from a ministerial leader other than someone in a pastoral role regarding trauma you have experienced in your life (Sunday School teacher, life group leader, women's ministry leader, etc.)?

(a) Yes; (b) No; (c) Not Applicable

43.32% (94) of those surveyed indicated that they had received biblical counsel or advice from a ministerial leader other than someone in a pastoral role regarding the trauma they experienced in their life.

51.15% (111) of those surveyed indicated that they had not received biblical counsel or advice from a ministerial leader other than someone in a pastoral role regarding the trauma they experienced in their life.

5.53% (12) of those surveyed indicated that the question was not applicable.

Question #13: Have you ever received counseling from a licensed professional counselor or therapist for trauma you have experienced in your life?

(a) Yes (b) No (c) Not Applicable

48.15% (104) of those surveyed indicated they had received counseling from a licensed professional counselor or therapist for the trauma they have experienced in their life.

47.22% (102) of those surveyed indicated they had not received counseling from a licensed professional counselor or therapist for the trauma they have experienced in their life.

4.63% (10) of those surveyed indicated that the question was not applicable.

One participant chose not to answer the question.

Question #14: When you have spoken of the trauma you have experienced in conversations with spiritual authority figures, have they attempted to dismiss you with Christian "pat answers" or a quick scripture reference?

(a) Yes; (b) No; (c) Not Applicable

42.40% (92) of those surveyed indicated they have experienced a spiritual authority figure attempting to dismiss their traumatic experiences with Christian “pat answers” or a quick scripture reference.

40.09% (87) of those surveyed indicated they have not experienced a spiritual authority figure attempting to dismiss their traumatic experiences with Christian “pat answers” or a quick scripture reference.

17.51% (30) of those surveyed indicated the question was not applicable.

Question #15: How was professional counseling or therapy viewed in the home in which you grew up?

(a) It was viewed as something to be avoided; (b) It was viewed as something positive; (c) It was not mentioned/It was a neutral subject (d) Cannot remember

32.72% (71) of those surveyed indicated that professional counseling or therapy was viewed as something to be avoided in the home in which they grew up.

17.05% (37) of those surveyed indicated that professional counseling or therapy was viewed as something positive in the home in which they grew up.

38.25% (83) of those surveyed indicated that professional counseling or therapy was either not mentioned or viewed as a neutral subject in the home in which they grew up.
11.98% (26) of those surveyed indicated that they could not remember how professional counseling or therapy was viewed in the home in which they grew up.

Data Analysis of Survey #1

Survey #1 reflected a broad cross section of ministerial leaders with roughly a quarter of them serving in each category, except for those serving 41-50 and 51-60 years. The majority of the leaders surveyed, (70.35%) have served between 1-40 years. The survey is reflective of varying generations and experience.

While it may be erroneously assumed that a majority of ministerial leaders are unaware of trauma suffered in their own lives, the data revealed through the aforementioned finds that 83.33% of the ministerial leaders surveyed for this research believed they had been the victim of at least one traumatic experience. As such, the implications for this survey suggest that among the participants of this study, there is not a great lack of awareness regarding their own trauma.

Notable for this research is the percentage of individuals who identified as victims of past abuse. At 65.74% of the study group, this number is well over half of the ministerial leaders surveyed herein. Breaking that figure down by gender, 61.17% of men surveyed reported having been previously abused while 69.91% of women reported prior abuse. The survey indicates a majority of ministerial leaders have suffered abuse in their past; and, contrary to what some might expect, the percentages of men and women were not all that dissimilar.

Regarding separation and divorce—significant factors to consider in any study of trauma—the survey indicated that 33.95% of the ministerial leaders are products of families who

endured separation or divorce, slightly over one-third of the total number of surveyed individuals. The breakdown of that 33.95% is as follows:

26.03% of those serving 1-10 years come from divorced/separated homes.

31.51% of those serving 11-20 years come from homes of separation or divorce.

23.29% of those serving 21-30 years come from homes of separation or divorce.

13.70% of those serving 31-40 years come from homes of separation or divorce.

5.48% of those serving 41-50 years come from homes of separation or divorce.

0% of those serving 51-60+ years come from homes of separation or divorce.

At 31.51%, those with 11-20 years of ministerial experience are the group most affected by divorce or separation, trailed closely by those with 1-10 years of ministerial experience. On the other end of the spectrum, individuals with 31-60+ years of ministerial experience are those least impacted as a result of separation or divorce.

While the percentage of ministers who reported coming from homes of separation or divorce showed significant increase from 0% in the 51-60+ years of experience category, culminating in 31.51% in the 11-20 years of experience category, the 5.48% decline reported in the 1-10 years of experience category is promising and encouraging. Hopefully this statistic is a harbinger of a broader trend that will continue to reflect a decline of divorce and separation. Regardless, at present those who reported 1-30 years of ministerial experience may have a greater challenge in leading from a healthy perspective in the area of marriage and family if it was never modeled for them by their parents.

Pertaining to alcoholism, drug abuse, incarceration, and/or mental illness, Survey #1 reported that 29.30% of the ministerial leaders were raised in homes where a parent, stepparent, or legal guardian engaged in one of the aforementioned and/or was incarcerated at one time or

another. This number reflects well over a quarter of those surveyed. In light of this statistic, it is critical to highlight the importance of ministerial leaders possessing an awareness of genetic factors that could negatively impact them specifically in regard to addictions or mental health challenges as a result of those who precede them on their family tree. Furthermore, as it pertains to parents and/or legal guardians, Survey #1 revealed that 6.94% of ministerial leaders had spent time in foster care, were adopted, or had been raised by someone other than their biological parents.

All three of the circumstances discussed thus far pertaining to Survey #1 (divorce/separation, addiction/incarceration, adoption/foster care) represent traumatic situations the likes of which have, historically, not been acknowledged—or not taken seriously—by western Christianity. The temptation, and pattern, for many believers may be to exclusively focus on the redemptive aspects of, for example, foster care or adoption without acknowledging that for such to happen, an individual had to first experience the loss of their entire first family or the rejection thereby. Granted the percentage of individuals in Survey #1 who responded as being affected in that regard is relatively small, it is nevertheless critical that the trauma inherent in these situations be recognized and processed.

Regarding a fourth traumatic experience where childhood development is concerned, Survey #1 reported 18.98% of ministerial leaders faced neglect or a lack of basic resources and necessities from ages 0-18. This percentile, nearly 1/5 of surveyed individuals, reflects a small group raised in extremely challenging circumstances without the security of their basic needs being met.

While 75.46% of those surveyed said they would characterize the home in which they grew up as a loving, stable dwelling with parents or guardians who loved and cared for them,

24.54% of ministerial leaders reported being raised in unstable homes without loving and caring parents or guardians. With nearly a quarter of surveyed participants having endured unstable home lives, it is imperative for these individuals to be cognizant of how their experiences could impact their ministries. While it is not a guarantee, experiences such as those listed previously pertaining to unstable homes are indicative of potential challenges where familial leadership is concerned.

Whether the presence of a destructive parent or guardian or the absence of a parent due to death, the result is frequently the same for the child: trauma. Regarding the later, Survey #1 revealed that 9.26% of the ministerial leaders experienced the death of one of their parents or legal guardians before they were 18 years of age.

In light of the aforementioned sobering statistics, the survey posed a series of questions purposed to discover whether or not the individuals had received any help, counseling, or guidance in light of the trauma they had experienced. More specifically, the participants were asked if they had ever spoken to a pastor, lay leader (Sunday School teacher, life group leader, etc.), or professional counselor about their situation. Isolating only those who indicated they had suffered trauma, 50.70% claimed they had discussed it with a pastor, 44.37% indicated they had not, and 4.93% of them said it was not applicable to their situation. Regarding speaking with a lay leader, 52.82% of those who had suffered trauma indicated that they had spoken to someone in the capacity of a life group leader, Sunday School teacher, etc., 45.77% indicated they had not, and 1.41% said it was not applicable to their situation.

Of those who indicated they had suffered trauma, 61.27% of them have received professional counseling from a licensed professional counselor or therapist. 38.73% of them indicated they had not. While it is notable that over half of them have received help, the statistics

reveal that well over 1/3 of the ministerial leaders surveyed have not received any professional counseling for the trauma they have suffered. Put more poignantly, close to half of the ministerial leaders surveyed who identified as having experienced trauma have never received any help from the Church in the form of conversation with a pastor or lay leader, and almost a third have never had any professional counseling. This reveals a significant amount of trauma that remains largely unaddressed in the lives of ministerial leaders in a way that involves community. Although there is not a lack of awareness, there remains a lack of addressing the issue.

As indicated in previous chapters, one of the greatest obstacles to healing from trauma is spiritual bypass. Being that spiritual bypass often involves pat answers, spiritual platitudes, and glossing over traumatic situations with trite answers that sound spiritual, the survey was designed to reveal how many of our leaders may have experienced such. When asked the question, "When you have spoken of the trauma you have experienced, have some spiritual authority figures past or present tried to dismiss you with Christian 'pat answers' or a quick scripture reference?" 54.93% of those surveyed indicated that they have incurred dismissive comments, 35.21% of them said it had not happened to them, and 9.86% indicated this was not applicable. The findings from Survey #1 indicate quite conclusively that over half of all traumatized leaders encounter dismissive behavior which may contribute to re-traumatization.

Survey #1 was designed to reveal the participants' experiences with professional counseling or therapy in the home in which they grew up. Almost one-third of the participants revealed that professional counseling or therapy was viewed as something to be avoided in the home in which they were raised. Being that 62.17% of the leaders who suffered trauma sought

professional help, a significant number of traumatized leaders did receive the help they needed notwithstanding the manner in which they were raised.

Workshop for Ministerial Leaders

A workshop titled *The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health* was developed and presented in light of the information gleaned from the research for this project. Two workshop sessions were held: one for ministry leaders within the Tampa Bay area and one held over the course of a weekend retreat in Brooksville, Florida for ministry leaders from all around the state of Florida.

The purpose of the workshop was twofold: to raise awareness regarding ministry leaders and unaddressed trauma and to share biblical, pastorally oriented steps toward spiritual and emotional health. The attendees received a consent form and link to an anonymous survey on Survey Monkey and were invited to share their feedback regarding the workshop. Following the workshop, 27 leaders participated in the survey.

Survey #2

Survey #2 contained both quantitative and qualitative research. In addition to receiving statistical data regarding ministerial leaders and trauma, the goal of the research was to ask several open-ended questions of the participants purposed to encourage more in-depth sharing on the subject. As was aforementioned, the instrument for data collection was Survey Monkey.

The following consists of the questions presented to the participants and the findings obtained as a result.

Question #1: After attending "*The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health" workshop, would you say you had any misconceptions about the impact of unaddressed trauma prior to your participation?*

(a) Yes; (b) No

74.07% (20) participants responded affirmatively regarding whether or not they had misconceptions about the impact of unaddressed trauma prior to their participation in the workshop.

25.93% (7) participants responded that they do not believe they had any misconceptions about the impact of unaddressed trauma prior to their participation in the workshop.

Question #2: If you had a misconception prior to the workshop about unaddressed trauma and its effects, what was it?

Participants greatest misconceptions were focused on the percentage of ministerial leaders whose trauma remained unaddressed. One participant shared, "I didn't really believe that trauma really affected ministers in a big way. Personally, I put those issues in my past and worked hard to move forward, and when I began having issues in my personal life, I thought I was just weak. And after attending the workshop I realized I am not alone in this struggle." Another explained, "One of the misconceptions I held was that most ministers have already gone through some type of healing before they would go into the ministry. The statistics shared were shocking. The effects of trauma on the human body was also astounding. Finally, the idea that one can receive their healing via a licensed therapist or medication was eye opening. I always assumed that this was for 'weaker' people, but the perspective provided was honestly freeing."

Of her own wounds that remained unaddressed, one of the participants surveyed shared, "I guess I had convinced myself that once I become a Christian that over time life will just work itself out—you know, give it to the Lord and never speak of it again."

Question #3: Multiple choice.

(a) I believe I may be experiencing the effects of trauma of which I was previously unaware.

(b) I believe I have experienced trauma and I was already aware of it before participating in the workshop.

(c) I do not believe I have experienced trauma.

22.22% (6) of the participants surveyed believe they may be experiencing the effects of trauma of which they were previously unaware.

81.48% (22) of the participants surveyed believe they have experienced trauma and were already aware of it before participating in the workshop.

0% of the participants reported feeling as if they had never experienced trauma.

Question #4: I believe I would have been a different leader in earlier years of ministerial leadership had I properly addressed wounds in my life.

(a) Yes; (b) No; (c) Unsure

81.48% (22) of the participants surveyed responded that they would have been a different leader in earlier years of ministerial leadership had they properly addressed wounds in their life.

3.70% (1) of the participants surveyed believed they would not have been a different leader in earlier years of ministry leadership had they properly addressed wounds in their life.

14.81% (4) of the participants surveyed said they are unsure of whether they would have been a different leader in earlier years of ministry leadership had they properly addressed wounds in their life.

Question #5: *If you answered "yes" to the previous question, what specifically do you believe may have been different about you as a leader had you properly addressed wounds in your life?* Many participants surveyed acknowledged the effect their unaddressed trauma had on others they have led in the past. For example, one participant stated, "Had I properly addressed wounds in my life, I believe I would have been a stronger and more effective leader. I feel that I may have wounded others early in my years because I was also wounded. Hurt people hurt people!" Another participant explained that knowing better means doing better. They add: "If I had been aware of the trauma I experienced and received help for it, I believe I would not have hurt as many people as I did. I was unaware of this in my earlier years of ministry. Now the only thing I can do is go forward and do better now that I know." There was a plethora of changes respondents believe would have occurred had they only had the help they needed. Statements in that regard include: "I would be further along than I am now." "I would have had coping skills." "I would not have taken everything so personally." "I would have been more confident and less insecure." "I would have been more open to people." "I would have trusted people more and extended forgiveness quicker." Several participants responded that had they addressed the wounds in their own lives, they believe they would have been more gracious and empathetic with others.

Question #6: *I believe there needs to be more teaching in the church and in ministerial leadership about the effects of unaddressed trauma in the lives of leaders.*

(a) Yes; (b) No; (c) Unsure

96.30% (26) of participants believe there needs to be more teaching in the church and in ministerial leadership about the effects of unaddressed trauma in the lives of leaders.

0% of participants believe there does not need to be more teaching in the church and in ministerial leadership about the effects of unaddressed trauma in the lives of leaders.

3.70% (1) participant was unsure of whether or not there needs to be more teaching in the church and in ministerial leadership about the effects of unaddressed trauma in the lives of leaders.

Question #7: Have you been impacted in a negative way by people in leadership who you believe may have unaddressed trauma in their lives?

(a) Yes; (b) No; (c) Unsure

85.19% (23) of participants believe they have been impacted in a negative way by people in leadership that they believe may have unaddressed trauma in their lives.

7.41% (2) of participants believe they have not been impacted in a negative way by people in leadership that they believe may have unaddressed trauma in their lives.

7.41% (2) of participants were unsure about whether they have been impacted in a negative way by people in leadership that they believe may have unaddressed trauma in their lives.

Question #8: *If you answered yes to the previous question, how do you believe you have been impacted?*

Participants in the survey shared that being led by a leader whose trauma remained unaddressed resulted not only in misguided leadership but actually caused trauma in the lives of those they lead. One leader candidly expressed:

> I have definitely been led by pastors and leaders with narcissistic tendencies, possibly those who have been full blown narcissists. I also believe many of the leaders who have led me in the past may have had other personality disorders, although undiagnosed in most cases. I can think of two pastors' wives in particular who were at churches where I served. Both experienced sexual abuse when they were young. Both indicated they never received any professional counseling, but the way they addressed it was between them and God. There were major controlling issues with both of these women, and it played out in church life. The effects were felt throughout the entire staff and church, although I do not believe the root of this was understood by anyone in the church. Both church bodies were

> greatly impacted in a negative way by this. Both pastors appeared oblivious. Both women impacted mine and other staffers ability to lead freely.

Another one of the participants surveyed spoke of everything from anger issues to paranoia as a result of her leader's unaddressed trauma:

> I have worked with leaders who could not accept responsibility for their actions, control their tempers, make decisions from an objective viewpoint—and my very favorite—those who were clearly paranoid. I accepted criticism and blame for actions that were not my own, have had managers take credit for my work and or ideas, and asked for forgiveness afterward because they were afraid I would look better than they did. I have been berated for being honest about a mistake that I made because my director never wanted his team to look bad for any reason.

Other participants surveyed also referenced how unaddressed trauma impacted staff issues. One in particular remarked, "I worked with a Pastor who never dealt with any issues in our church staff. Everything was swept under the rug. He was always harsh with everyone and had so many walls up. I haven't seen or heard from him in years. I have always wondered what he is like as a leader now."

Lies and narcissistic tendencies appear to be a common challenge for many leaders navigating leadership life with an individual over them who has unaddressed wounds. One participant explained, "Currently, I minister with a leader who I believe has narcissistic behaviors. Until today, [participating in the workshop] I blamed myself for the ministry issues we have encountered. When we are in conversation, he will often place blame on me, without accepting responsibility for an issue that is occurring in the ministry." Another respondent concurred`, "I have seen his actions towards others and how he has been building up lies, not dealing with his own issues but more living in a lie story he has created."

Control issues were dominant in the participants' responses. As one example of this, a participant shared: "We served under a pastor who was very controlling and told us who we

could and could not speak to. We had to make a choice, so we chose to resign from our position." Behavior such as this appears commonplace for the leader with unaddressed trauma.

One participant shared a powerful analogy of their leader's wound "leaking" all over everyone who surrounded them. They explained: "Their wounds leaked all over everyone. Having to put up with and say nothing about their inappropriate anger and outbursts to situations, keep their secrets and help hide their lies in the name of loyalty, not being able to ask questions about anything as it was a challenge to their authority, [and] having to walk the line carefully because of their excessive need for control."

Participants in the survey shared many toxic traits concerning leaders they had served with, some of whom were working under the leadership of those who were extremely rude, self-seeking, threatened by other staffers and lay-leaders, verbally abusive, and belittling.

Question #9: Have you served under an emotionally unhealthy leader in the ministry?

(a) Yes; (b) No

84.62% (22) have served under an emotionally healthy leader in the ministry.

15.38% (4) have not served under an emotionally unhealthy leader in the ministry.

One participant chose not to respond to the question.

Question #10: *If you answered "yes" to the previous question, how did serving under an emotionally unhealthy leader impact you?*

Three of the respondents mentioned dealing with severe depression or anxiety as a result of serving under an emotionally unhealthy leader. A participant explained:

> Serving under an emotionally unhealthy leader put me under a severe stress and strain. I needed counseling myself just to be able to survive the season of ministry I was in. I can't imagine how much more effective I would have been as a leader had I not served under the weight of being led by an emotionally unhealthy person. I believe I did a good job fulfilling what I was called to do, but I definitely paid a high price for it, in body and mind.

Others surveyed expressed feeling worthless or believing that they could never measure up. One participant shared, “I felt like I was [a] second class saint, unworthy and unappreciated. I would never measure up—that something was wrong with me. It took me years to realize the person was just another manipulator that needs to put down in order to feel superior.”

Working with an emotionally unhealthy leader caused participants to feel uneasy or insecure on an everyday basis. One explained: “Serving under an emotionally unhealthy leader impacted me in a very negative way. I never knew what person I would be working with from day-to-day. I was corrected by him tossing out insults and a great deal of condescension. If there was a problem, I immediately thought that I was the cause of the issue.” Another participant concurred stating, “It was exhausting having to manage their emotions, figure out what they really meant or are feeling, and always be gracious and understanding for their poor behavior but not being able to call them on it. It was hard to not pick up the example that was being set. It was challenging to explain why I responded differently than they would to similar situations.”

Respondents reported a lack of trust in—or in some cases paranoia as a result of—their leader’s prior traumatic experience. A participant explained, “One thing that I noticed serving under the leadership of this leader, because of their prior experience with other people they were very protective of themself because of the hurt or trauma with other members of the church that being said they were very close minded and whenever you gave an idea or a suggestion you were always turned down.

Question #11: What was your biggest takeaway from the workshop?

Almost all participants spoke of the need for awareness, removing the stigma, and normalizing the receiving of help for trauma. One survey participant shared that the workshop provided terminology for some of the things they have experienced or witnessed throughout life and

ministry. An additional participant stated, “My biggest takeaway from the workshop was that trauma is extremely common in the lives of ministry leaders, and if not addressed it impacts literally everything they touch.” Another respondent shared: “There is hope in Jesus! There is hope if you can find a good Christian therapist (preferably)—if you can find one, if you can afford one, if you are willing to face it and do the work to heal.”

Other respondents spoke of the need to be more aware when leading others who may be traumatized. One participant shared, “I need to open my eyes to acknowledge that what looks like spiritual immaturity could actually be pain from a childhood trauma surfacing as ineffective ministry.” Another concurred, “I realized [through this workshop] that there is still a lot of work to be done. We need to focus on getting people help at every level. If we have healthy leaders then they can help others. If we have more knowledge, we can be aware and help others to get help.” Another participant added, “We as leaders should be asking more probing questions like, ‘What happened to you?’ versus ‘Why are you acting this way?’ [We need to] Stop adding trauma to traumatized people.”

Question #12: Is there anything else you would like to share about the workshop or your participation in it?

All of the participants who responded to this question were grateful for the information presented at the workshop. Some of the adjectives used to describe the workshop included “enlightening,” “eye-opening,” and “extremely helpful.” One participant stated, “It amazed me at how receptive and hungry the participants were to learn more about trauma-exposed people.” Another explained, “I appreciate the openness and candid discussion of issues that I have rarely heard talked about at all, much less in a ministry setting.”

One participant mentioned the desire for more male leaders to address trauma. They explained:

> I really appreciated it [the workshop]. I wish it had been addressed many, many years ago. I wish more male adult leaders took it seriously for their sake and their congregations. I wish good Christian therapists were more accessible. I wish more leaders were trained in how to spot warning signs of people who are predators in our congregations. I wish leaders were more willing to guard their flocks. I wish more preachers were screened before saying, 'you are free to minister.' What they think, believe, and how they treat people is unacceptable. I'm glad there is hope. I'm glad it's being addressed for everyone's sake. Thank you for being a voice in a less well-received topic.

Finally, a participant mentioned trauma being a possible indicator of a leader's longevity or lack thereof: "I believe this research explains so much about why so many leaders are the way they are and why a lot of them don't make it long term."

Data Analysis of Survey #2

Survey #2 reflected the thoughts of 27 participants in the ministerial workshop presented at two locations. Although there were 35 workshop participants, the data reflects the number of participants who followed up in taking the post-workshop survey.

The vast majority—just shy of three-quarters of participants—stated they had misconceptions about the impact of unaddressed trauma prior to their participation in the workshop. This is indicative of a need for greater awareness of this issue among ministerial leaders.

Twenty of the leaders shared their misconceptions on Question #2 regarding trauma and ministerial leaders. There was a profound lack of awareness pertaining to the existence of trauma among ministerial leaders and how much of it remained unaddressed as well as how far reaching the effects were personally and to all those who surround them. Most of the leaders surveyed

appeared to assume that those in ministerial leadership had already done something to address trauma that occurred earlier in life prior to entering the ministry. Yet, in Question #3, 22.22% of the leaders express that they may be now experiencing some effects of trauma having been previously unaware of it. It may be deduced that there are leaders who themselves are experiencing the effect of trauma while at the same time believing that unaddressed trauma is certainly a problem any minister would have taken care of prior to assuming a position of leadership.

An extremely high percentage (81.48%) of the leaders surveyed believe they would have been a different leader in previous years of ministry had they properly addressed wounds in their own lives. This statistic is telling regarding the leaders' understanding of the role unaddressed trauma played in the way they lived and led in their former years of ministry. A majority of the respondents mentioned the regret of not leading from a place of greater compassion or empathy; however, now that knowledge is increased in this area, there is a great desire on their parts to lead differently. It is notable that bringing awareness to leaders regarding this issue has the ability to literally change not only their emotional health but the methods by which they lead and the manner in which they address others.

> One respondent shared about leading from an insecure place:
> I have taken things too personally if someone quits the team or complained. I now realize that the way I process my perceived 'abandonment' or 'betrayal' is a direct result of my trauma and all the loss and abandonment I have endured in my childhood. The same is true of my desire to please people at all costs. This has affected my ministry in the past because I would be in a frenzy trying to please everyone under my leadership for fear of upsetting everyone. I now know that my actions were out of a response to fear of abandonment. I was afraid our ministry partners would quit if I didn't comply with their specific requests.

Now that this ministerial leader possesses an awareness of these issues stemming from her own trauma, she can practice greater awareness of not taking everything personally and lead from a healthier, more secure place.

The respondents were nearly unanimous (96.30%) in stating that there needs to be more teaching in the church and in ministerial leadership regarding unaddressed trauma in the lives of leaders. This signifies that it may be a welcome topic in many ministerial circles, particularly after a few statistics about the problem are shared and the need becomes known.

A high percentage (85.19%) of the leaders surveyed reported being negatively impacted by leaders who they believe may have unaddressed trauma in their lives. While having a greater understanding of why some leaders act the way they do is helpful, it is not enough. Participants in the survey spoke of mental, emotional, and spiritual abuse incurred at the hands of their leaders in the form of constant belittling, condescending remarks, narcissistic abuse, angry outbursts, paranoia, lying, demanding unquestioned loyalty, and controlling behaviors. Understanding the why is the beginning, but it is imperative for such behaviors to be addressed as they cause horrific personal and corporate trauma.

CHAPTER 5

THE PROJECT EVALUATED

Introduction

As has been made clear from the outset of this research, the purpose of this project is to discover the prevalence of trauma among ministerial leaders and to provide pastoral care-oriented steps to spiritual and emotional health. Quantitative and qualitative data for the project was compiled from two surveys of ministerial leaders from October 25, 2021 to January 24, 2022. The research instrument utilized for the project was Survey Monkey. Candidates were selected through social media advertisements and personal invitation as approved by Southeastern University's Institutional Review Board in Lakeland, Florida. A consent form was provided, and at the conclusion of the consent form, a link was included for leaders to participate in the surveys. Consent was given upon clicking the link, and the surveys were completely anonymous due to the utilization of a third-party agency.

The research from this project, utilized to create the workshop, has and will continue to bring awareness and encouragement to ministerial leaders and their families as well as those who care about their spiritual and emotional health. This evaluation is purposed to consider opportunities for growth pertaining to future iterations of the workshop in addition to providing insight for future endeavors designed to help ministerial leaders from a pastor care perspective who have faced trauma.

Analysis of the Process

The biblical and theological research of chapter two provided challenging insights on the impacts of trauma on individuals from the biblical text. However, trauma directly impacts the brain, and the effects of such have only surfaced in modernity. As there are no scripture references concerning the effects of trauma on the brain, it was a challenge to connect ministerial leaders and the impact of trauma in the context of scripture. While a plethora of individuals in the Bible were traumatized, and much truth can be extracted from those situations, references specifically to brain trauma are not found. Biblical literature about the functioning of the brain is non-existent. Therefore, the focus of chapter 2 centered around making theological connections between humankind, healing, redemption, and additional subjects related to the healing of body and mind.

Whereas chapter 2 was devoted to the biblical and theological aspects of trauma, chapter 3 provided an opportunity to share more recent discoveries pertaining to the medical sciences and psychological fields regarding the brain and trauma as well as the ramifications of unaddressed trauma. An awareness of the impact of trauma is growing worldwide, therefore an abundance of literature targeted not only for academia but lay people are proliferated. Discovering copious amounts of academic research on the subject of trauma was not an obstacle for chapter three.

Regarding the surveys introduced in chapter 4, the minimum goal for the number of ministerial leader participants for Survey #1 was 30. The final number of participants greatly exceeded the minimum requirements with 217 participants. The larger numbers of ministerial leaders participating provided a much broader spectrum of data for the first half of the research. This was a strength for the project.

As with Survey #1, the minimum goal for the number of ministerial leader participants for Survey #2 was also 30. However, although 35 ministerial leaders attended the workshops, only 27 participated in the survey. Securing participation for Survey #2 was problematic due to the impact of Covid-19. In order to participate in Survey #2, participants had to attend the in-person workshop. While a large number of ministerial leaders initially committed to attend the workshops, a significant portion made the last-minute decision not to attend as the workshops took place just as the Omnicron Covid-19 variant begin to spread, and infections were high. The lower numbers of participants for Survey #2 turned out to be a weakness of the project. In retrospect, it may have been a better choice to do the workshop exclusively online. Nevertheless, quality feedback was received particularly for the qualitative research questions that were presented. It is notable that some participants did not simply write a sentence or two but entire paragraphs sharing their insights on their personal experiences with trauma or serving under the authority of leaders who they suspected had been traumatized.

Results Achieved

The first goal of the project was to identify the percentile of ministerial leaders who have suffered trauma which remains unaddressed by a licensed professional counselor. This goal was accomplished through the findings of Survey #1 which reported that 45.25% of survey participants who had suffered trauma (of any kind) had not received professional counseling. Additionally, 38.73% of participants who identified as victims of physical, sexual, emotional, or spiritual abuse indicated that they had never received professional counseling for the trauma suffered.

The second goal of the project was to present and evaluate research pertaining to the implications of unaddressed trauma in the lives of individuals, trauma among ministerial leaders being of particular interest in that regard. This goal was accomplished through extensive research of previous studies and various academic texts in addition to the data gleaned from both of the aforementioned surveys conducted specifically for the project.

The third goal of the project was to utilize biblical and theological resources in creating a pathway toward living and leading from a place of wellness through the provision of a pastoral care resource for ministerial leaders. This pastoral care resource took the form of a workshop designed for ministerial leaders purposed to both bring awareness to unaddressed trauma and to provide an overview of steps toward greater spiritual and emotional health.

The research question presented at the outset of this endeavor inquired: *What are the steps in caring for the unaddressed trauma in the lives of ministry leaders?* The research presented herein in light of the question posed provides an overview of possibilities in that regard. Though not an exhaustive list of steps toward healing from unaddressed trauma, the research aimed to serve as a genesis event raising trauma awareness among ministerial leaders. Certainly, there are numerous benefits to a comprehensive list of steps in providing holistic healing for ministerial leaders in their recovery journey. The path to healing that includes the greatest expertise with trauma sufferers would most often be with a licensed professional counselor, being that these individuals have been trained in what tools are effective and may have a greater awareness of such. However, not everyone will seek professional counseling due to various reasons. Fortunately, effective help can also be received through trauma-informed pastoral care or other trauma-informed laypersons. Although counseling can be effective in addressing trauma, the church is often the first-place people turn to for help. There is a need for

pastors and lay leaders to be trauma informed. The research contained herein, and the studies conducted in that regard provide a valuable starting point toward moving a traumatized ministry leader toward health, particularly when there is a resistance to pursuing professional counseling.

Angela Roberts Jones, lead pastor of The Greenhill Church located in Clarksville, Tennessee argues for a structured method of pastoral care that is trauma-informed and utilizes Christian mindfulness (meditation on God's Word) that incorporates spiritual disciplines that enhance pastoral care and support to help individuals grow despite their traumatic experiences.[1] In addition to serving in pastoral ministry, Jones is a researcher on the subject of trauma and a trauma survivor. Additionally, the majority of the membership of The Greenhill Church includes active duty, retired, and former military, and their families, many of whom are trauma survivors due to serving in the War on Terrorism, Desert Storm, Vietnam and other deployments. Jones leads a pastoral care team that ministers to the emotional and spiritual needs of trauma sufferers in a trauma-informed way. Jones explains:

> Often, families and individuals who suffer from crises and traumatic events rely on the church and the pastor as first responders. However, beyond the point of relying on the church and the pastor, Christians must often depend on secular counseling for care, which often lacks a faith-based component. Because of this, the church and pastors require further preparation to provide faith-based and trauma-informed pastoral care and support for Christians who experience crisis and trauma.[2]

As Jones explains, a faith-based component is important to trauma recovery in the lives of Christians. Even if a ministerial leader or layperson elects to go to professional counseling, the incorporation of spiritual disciplines in their process of recovery is key to moving forward.

[1] Angela Roberts-Jones, "Enhancing Pastoral Care and Support by Providing Opportunities for Spiritual Growth and Transformation to Crisis and Trauma Sufferers" (DMin Thesis, Rawlings School of Divinity, March 3, 2020), 46, https://digitalcommons.liberty.edu/doctoral/2396/.

[2] Roberts-Jones, "Enhancing Pastoral Care and Support," 33.

Although it was not explored in the surveys, possessing strong community is critical for trauma survivors. The advantage of having close friends who are trauma-informed cannot be underestimated. Friends do not need to be trained therapists in order to be good listeners, or to encourage spiritual disciplines that help with trauma, such as lament, meditation, prayer, etc. Even if an individual is under the care of a therapist, friendships are still vital. Being that 42.40% of those surveyed indicated they have experienced a spiritual authority figure attempting to dismiss their traumatic experiences with Christian "pat answers" or a quick scripture reference, having a circle of friends who are trauma-informed and do not exhibit such behavior is paramount to their recovery. One of the greatest helps for those in the healing process is simply being listened to and validated. In their work on the connection between friendship, social support and health, Patricia M. Sias and Heidi Bartoo describe friendship as a 'psychological vaccine' against mental and physical illnesses. They explain: "Understanding the health benefits of friendships can provide individuals with a sense of safety, security, and support against life's unknowns. These feelings are similar to the sense of security we feel when we receive medical vaccines for proactive prevention of diseases."[3] The type of friendships that would provide this level of benefit would be ones that delve below the surface, with a real understanding of what is happening in an individual's life. Having open conversation about pain and weaknesses and a level of trust is essential to the type of 'psychological vaccine,' that Sias and Bartoo reference.

Synthesis Within Ministry Context

Over the course of serving as District Women's Director for the Peninsular Florida district of the Assemblies of God for the past 8 years, I have been exposed to and developed a multiplicity of

[3] Patricia Sias and Heidi Bartoo, "Friendship, Social Support, and Health. *In Low-Cost Approaches to Promote Physical and Mental Health,* ed. L. L'Abate (New York, NY: *Springer,* 2007), 455.

relationships with ministerial leaders in the Peninsular Florida District as well as on a national and international level. During this time, I have observed many people who I suspect may be impacted by unaddressed trauma. A question I often consider is as follows: What would the healed version of this person look like?

There are also many occasions whereby ministerial leaders reach out to me in order to discuss situations they are encountering in ministry, often with those in authority over them. Circumstances are described that include but are not limited to staff members being subjected to verbal and emotional abuse inclusive of controlling behaviors unbecoming for any human being, but particularly inappropriate for a Christian or a minister. Other leaders find themselves serving in toxic environments that are challenging to endure. A pastor who participated in Survey #2 shared, "Serving under an emotionally unhealthy leader in ministry impacted me in that [my pastor was] insensitive to the trauma both my wife and I experienced trying to get pregnant. They overworked me in the ministry and my personal life was almost non-existent." Serving under unhealthy leadership can be a factor in the lack of longevity in ministry assignments. As a participant in Survey #2 stated, "For us, serving under an emotionally unhealthy leader resulted in a very short-term assignment. We resigned after 8 months of working under this leader." Another workshop participant added, "I believe this research explains so much about why so many leaders are the way they are and why a lot of them don't make it long term."

Not only can serving under emotionally unhealthy leaders cause a ministerial leader to have a desire to quit, but it has the potential to disturb the very foundation of their faith. A participant in Survey #2 explained: "Serving under an emotionally unhealthy leader impacted me in that it somewhat warped my understanding of some of the gospel." Another participant stated, "Serving under an emotionally unhealthy leader made me question everything I believe, and it

has taken years for me to heal—and in some cases, I am still healing. I still don't trust easily, and I am reluctant to reach out to leadership for help because of that." It is possible that a preponderance of the deconstruction that is now so prevalent in Evangelicalism may be a direct result of people being exposed to an underbelly of ministry overseen primarily by unhealthy leaders. People may not be deconstructing from Jesus, but from sick leaders who have failed to address their wounds.

Due to the combination of the pervasiveness of these types of recurring experiences as well as the data obtained through the project research, I firmly believe in the importance of bringing awareness to the prevalence of trauma among ministerial leaders. The leading pastor potentially has unresolved trauma, and also has the potential to cause trauma for staff to resolve. Judging by the responses in Survey #2, there is a dire need. As several of the participants explained:

"I had been under the impression that few ministers had trauma of any kind in their past and certainly none that was unresolved."

"I didn't really believe that trauma really affected ministers in a big way. Personally. I put those issues in my past and worked hard to move forward. And when I began having issues in my personal life, I thought I was just weak. And after attending the workshop I realized I am not alone in this struggle."

"I was not aware of the high percentage of unaddressed trauma in ministerial leadership."

"I think I misjudged the prevalence of unaddressed trauma, not only among ministers but also among the general population."

"I did not realize the trauma experienced would affect how they responded to people or situations."

"I did not realize how unaddressed trauma can affect how I view people I am leading."

"I didn't realize the physical symptoms that can result from unaddressed trauma."

"I didn't understand that the body kept a record of unaddressed trauma and that you really can't hide from it."

As was previously mentioned, I often consider how different the lives of the ministerial leaders who shared these thoughts would be had they been informed of the impact of trauma at an earlier time in their lives. One of the participants in the workshop and Survey #2 explained: "It would have helped me understand how it affected me, and maybe helped me cope better. During the time frame it happened and the culture of the time—and my family upbringing—it was more of, 'everyone has problems,' or, 'suck it up buttercup and keep moving.'"

A workshop and Survey #2 participant shared that their earlier leadership experience would have undoubtedly been different had their trauma been addressed. They explain: "I would most likely have known what behaviors trigger negative responses from me and managed myself better in those areas. I used to shy away from 'needy' people, because I thought they were weak. I was, of course, seeing myself in them."

Several leaders who participated in Survey #2 mentioned that if they had possessed an awareness of trauma and its impact on their lives and the lives of those they lead, they believe they would have been stronger leaders who made better decisions in general. One leader pointed out that they believe had they addressed wounds in their life at an earlier time they would have been more equipped to handle conflict in the ministry.

A profound discovery made through interactions with workshop and Survey #2 participants pertains to the connections made as a result of realizing one may be traumatized. Individuals quickly made connections between their traumatic experiences and the resulting

impacts on their lives, ministries, behaviors, and outcomes. If such a shift in thinking quickly occurred after being exposed to a one-hour workshop, the potential impact of additional trauma education resources in this regard is fascinating to consider.

A lack of awareness regarding trauma and the impact of trauma can be just as detrimental with a leader who has not been traumatized but fails to acknowledge that those they lead may have different experiences. A lack of awareness to the plight of others can result in a lack of contextualization in communicating with others whether that be one-on-one ministry, preaching, or leading in general. A participant in Survey #2 who experienced personal trauma in their past explained this: "They [my former pastors] led from their experiences of being raised in a Christian home with both parents involved and loving them. There is often a disconnect between where they lead and where their congregation lives and works."

Several of the workshop participants expressed that the workshop was the first time they had ever participated in any discussion of trauma in a church or ministry context. One stated, "I appreciate the openness and candid discussion of issues that I have rarely heard talked about at all, much less in a ministry setting." Another added, "I greatly appreciated the information and resources shared. I already bought two of the books mentioned in the study."

Analysis of Potential Modifications

In hindsight, I would modify the number of questions posed in the surveys, particularly with Survey #1 which contained 15 questions. The first draft of the survey included twice that amount; however, due to concerns surrounding possibly overwhelming the participants, the decision was made to reduce the number. In retrospect, I believe the initial number of questions, or perhaps even extending beyond the initial number, would not have hindered the outcome of

the survey but perhaps would have made the research stronger. The reasons for this are numerous. First, Survey Monkey reported that the average time spent by respondents on Survey #1 was 2 minutes. Second, the majority of the participants were quite eager to respond to the survey. There were those who were so elated the subject was being addressed, they asked if they could pass the survey along to other ministerial leader friends. Furthermore, ministerial leaders with whom I was not acquainted reached out to me asking for permission to share the survey, believing the study to be of utmost importance. Additionally, in my own ministry-related travels over the months leading to the conclusion of the project, I was approached by many individuals who inquired about the results of the survey and expressed that they were so glad research was occurring regarding ministerial leaders and trauma. As a final note in that regard, I received no complaints or disparaging remarks whatsoever about the content, structure, or length of the survey. The overwhelming response was that addressing the subject of trauma among ministerial leaders was long overdue.

Regarding increasing the number of questions, it would have been preferrable to delineate types of abuse, for example, asking participants to categorize the types of abuse they had experienced whether they be physical abuse, sexual abuse, emotional abuse, or spiritual abuse. In hindsight, it would also have been preferable to include all of the questions on the Adverse Childhood Experiences (ACE) questionnaire in order to discover at a deeper level how the participants were impacted.

CHAPTER 6

THE PROJECT CONCLUDED

The Fingerprints of God

The need for the research contained within this project was apparent from its infancy. There was an outpouring of interest and support regarding the project's proposal, with many ministerial leaders expressing their appreciation for the manner of study. With the increase of support from other ministers and leaders of faith, the understanding of the need for such an endeavor continued to grow." This was interpreted as a clear direction from the Lord that his hand, indeed, was on the project.

During the Assemblies of God General Council 2021 held in Orlando, Florida, Michele Thompson, lead pastor of Rockside Church in Independence, Ohio, who also serves as the Ohio District Director of the Network of Women Ministers and serves on the National Lead Team of the NWM having oversight of the regional and network directors, inquired about this dissertation and its topic." Upon sharing about this project, her eyes welled with tears, and she responded, "This work is so important!" She asked if she could pray for me in that moment, for the anointing of God to be upon me in completing the project, believing for it to not only be a successful dissertation, but a resource that would help many people. Thompson was the first of a few dozen people who responded in this way, literally weeping with gladness that the need was being addressed. Many leaders who reacted similarly to Thompson explained that the subject was relevant to them, having personally experienced trauma themselves. Among those who reacted in this manner, there was a desire for resources designed for those who have experienced trauma—and a desire for the Church at large to be better equipped for ministry in that respect.

Some of the district and national Assemblies of God leader expressed the need to have a resource for helping ministers who have experienced trauma and may be on the verge of burning out or failing morally.

At the Assemblies of God Leadership Conference in Branson, Missouri in February of 2022, a leader who serves on a national level approached me and asked if we could talk. With tears streaming down her face, she said, "I've heard about your dissertation subject, and we need this. We need this desperately." She relayed that in previous weeks, a minister on their staff had to be dismissed. The minister was acting inappropriately which they believed originated from trauma experienced earlier in their life. Nevertheless, his behavior was unacceptable, and the church's pastoral lead team came to a decision to release him from ministry. She explained, "He had issues, but so do we. Our staff was simply not equipped when it comes to helping ministers who have endured trauma. I know we also made mistakes in our handling of this situation, and I want to get it right the next time." Upon completion of the project in invitation has been extended by this leader to have this topic presented as a workshop on trauma to help their church staff to be better prepared for the next time they encounter such a situation. She also mentioned, "I sure hope you're writing a book!" Her sentiments have been echoed by dozens of people who have heard about the subject of this project.

It is important to note that none of none of these interactions were self-solicited but were from individuals who voiced their convictions on their own accord

Unanticipated Findings

At the conclusion of the project, six unanticipated findings were uncovered.

The awareness of trauma by leaders

First, it was surprising to discover that the majority of the leaders interviewed were already aware that they had been impacted by trauma. Although there appeared to be an understanding and even an acceptance of what they had faced, this did not indicate a desire or commitment to address the wound.

The number of leaders with unhealthy parentage

Second, it was unanticipated that well over a quarter of participants (29.30%) indicated that their parents, stepparents, or legal guardians were either an alcoholic, drug addict, mentally ill, or incarcerated.

The number of leaders raised in unstable/unloving homes

The aforementioned statistic regarding unhealthy parentage goes hand in hand with a third unanticipated finding: almost a quarter of participants were not raised in a stable home where they perceived their parents to love and care for them. The lack of a secure home life in the lives of many ministerial leaders as they were growing up revealed a possible need for additional counsel and mentoring in the lives of up-and-coming leaders. With a lack of proper nurture in their early development, leaders may benefit from having seasoned leaders who are healthy and can fill some of the gaps in their life—through their knowledge and experience as well as their support. The help seasoned leaders could provide would include guiding the leader in developing strong spiritual disciplines, self-leadership, and a healthy marriage and family.

Men and trauma

The research for this project revealed a fourth unanticipated finding. The men in this study reportedly were just as victimized by trauma as the women. Although women may tend to open up and discuss their experiences more, the silence of men does not indicate a lack of woundedness. Robyn E. Brickel explains: "Both men and women experience trauma and abuse, but for men, such experiences are far less talked about. There has been a huge stigma for men to even admit to themselves they have trauma because they are supposed to 'be strong' and 'just man up.'"[1] There is a need for a safe place for men to allow pain to surface and sort through that which may be affecting them.

Ministerial staff and trauma

A fifth unanticipated finding were the large numbers (84.62%) of ministerial leaders surveyed who were impacted negatively as a result of having served under unhealthy leadership. After receiving the results of Survey #2, some of the findings were posted on social media for feedback and discussion. A ministerial leader read a post that included the percentage of ministerial leaders who had served under an unhealthy leader and sent me the following text: *"You can add to your dissertation that church staff are leaving for secular corporate jobs and finding themselves in healthier work environments led by people who do not know God at all."* For context, this leader previously served as the right-hand pastoral staff member to the lead pastor of an internationally known mega church. After enduring years in a toxic environment, he resigned with no other position secured, entering into a year of therapy and recovery from the emotional wounds he suffered. Some of the mistreatment he endured involved lying and manipulation by the lead pastor. Additionally, it was common for the majority of the staff to

[1] Robyn E. Brickel, "How to Help Men Break 'Man Rules' and Talk About Trauma," Brickel & Associates, LLC, April 4, 2018, https://brickelandassociates.com/break-man-rules-talk-about-trauma/.

work twelve to sixteen-hour days with no work-life balance. Vacation time was scarce and even if staffers managed to get such approved, they were still expected to answer a call from the pastor or a member of the pastoral lead team while on vacation. A failure to answer communication from the pastor or other lead team members on vacation could result in termination. He explained that there were mixed messages concerning work/life balance: "Although we were told to have boundaries and honor the Sabbath, it was impossible to because we were depended on constantly." Additionally, there was an unbiblical interpretation of honor and what it meant to honor the pastor. Most staff devotionals were about honoring the man of God. The staff heard more teachings on how to honor the pastor than how to honor God. It was expected of the staff to honor the pastor by never questioning him and by remaining loyal to him even when his actions were unscriptural or lacked integrity. All of this was continually reinforced by the citing of a popular book by a well-known Christian writer and speaker on the subject of honor. This book was utilized interchangeably with the Bible, as though it were on the same level as scripture. When staffers resigned, the pastor would sometimes tell the staff or others in the church that the departing staffer had mental issues and needed to leave.

After years of laboring in a toxic church environment, the staffer accepted a job in corporate America and is experiencing the peace that eluded him for years. He has found working for non-believers to be a more fulfilling experience, where leading from a place of health is a core value of the company. Finding a church to attend has proven to be one of his biggest dilemmas. The last time I spoke with him about the quest to find a place of worship, he said, "I don't care about lights. I don't care about smoke. I don't care about having a worship team that hits every note just right. I don't care about the church size. I just want an integral

pastor who cares about me and my family." Tragically, this staff member is only one of several who have recently exited this particular church and are now in therapy and recovery.

When the term PTSD is used, is expected in conjunction with surviving war or a natural disaster, not serving as a pastoral staff member. Sadly, in some instances such as the aforementioned, the latter is becoming the case. Patti Townley-Covert explains that this type of abuse in the church is not limited to lead pastors, explaining, "It can occur in any situation when someone in church leadership abuses his or her power over staff or volunteers."[2] Townley-Covert interviewed John Setser, author of *Broken Hearts Shattered Trust: Workplace Abuse of Staff in the Church*. When Townley-Covert sought clarity from Setser on what was considered abuse in a church/staff member context, Setser responded:

> Pastor abuse is not about a leader having a bad day and taking it out on a staff member. It's not being strict, demanding, opinionated, or picky. Abuse occurs when pastors or other ministers in positions of authority use power or influence to control, manipulate, or otherwise demean and exploit staff associates. It can happen over time or with one catastrophic event.[3]

The pastoral staffer who contacted me following the post on social media is one of many who reached out after the workshop, or upon hearing of my research, and shared their stories. Sadly, they are not rare, and awareness and help for these individuals is sorely lacking.

Resources are needed to bring greater awareness and help to those who suffer. At the conclusion of the project, a book was released that is sure to have impact in this area. The book is, *A Church Called Tov: Forming a Goodness Culture that Resists Abuses of Power and Promotes Healing* and is written by Scot McKnight and Laura Barringer. The authors address recent revelations of power, sexual abuse, and spiritual abuse in the body of Christ, and provide a

[2] Patti Townley-Covert, "Staff Abuse: Can It Happen Here?," Lifeway Research, October 13, 2015, https://research.lifeway.com/2015/10/13/staff-abuse-can-it-happen-here/.

[3] Townley-Covert, "Staff Abuse: Can It Happen Here?"

path to healing, safety, and spiritual growth. Hopefully, the book will be widely utilized by the church to identify areas of concern and avenues for healing.

The desire for private processing

A sixth unanticipated finding along the journey of completing the project was the desire amongst some ministerial leaders for private processing of trauma that involves no one but God and themselves. One of the ministers who attended the workshop commented, "My mother was in and out of mental institutions all the time when I was a kid. I never had any professional help, nor did I discuss it with a pastor or with any leader in the church and look at me…I turned out just fine!" Whether the leader is actually fine is inconclusive; nevertheless, she felt that handling things between her and God was all she needed to move forward. She was not alone in her view or course of action taken in processing her trauma as several leaders who participated in the same conversation concurred that they had made the same decision.

While healing from emotional wounds in the context of only oneself and God is possible, the fact is, the majority of people are not healed this way. God designed human beings for community, and it is in the context of this environment that emotional healing most often takes place. Scripturally, this principle in James 5:16: "Confess your sins to each other and pray for each other so that you may be healed. The earnest prayer of a righteous person has great power and produces wonderful results."[4] Although a wound is not sin, the same principle applies, that joining with others in confession and prayer can bring healing results. As Mathew 8:20 indicates, where two or three are gathered, Jesus is in the midst of the group. Ecclesiastes 4:9-12 describes the strength of community:

[4] New Living Translation.

> Two are better than one; because they have a good reward for their labour. For if they fall, the one will lift up his fellow: but woe to him that is alone when he falleth; for he hath not another to help him up. Again, if two lie together, then they have heat: but how can one be warm alone? And if one prevail against him, two shall withstand him; and a threefold cord is not quickly broken.[5]

While the desire to privately process does run deep with some individuals, God created humans for connection. Confessing not only sin but wounds to one another can bring accelerated healing versus going it alone. This truth was a focus of the workshop and the Q and A following, to clarify the value of recovering in community.

Recommendations for Future Study

Future studies, desired in connection with this project, are:

- A survey of ministerial leaders in greater depth to delineate various abuses suffered when under the age of 18
- A survey of ministerial leaders inclusive of additional options for therapeutic recovery of trauma including self-help workbooks, small groups within the church, and/or other recovery groups
- A survey of ministerial leaders in greater depth regarding abuses and trauma incurred by those in authority over them
- A survey of men with the goal of discovering what may help them to feel safe enough to open up, discuss, and process prior traumatic experiences
- A survey containing questions delineating whether trauma is experienced in greater numbers in various ethnic groups

[5] King James Version.

- A survey containing questions that determine whether trauma is experienced in greater numbers by various denominations
- A survey that focuses on trauma suffered exclusively by the spouses of pastors

Areas of Personal Growth Directly Related to the Project

Redemption became a reality for me personally after I completed my initial eight months of therapy and recovery in my forties. However, that redemption process was not limited to that time frame. Healing and redemption continued not only in the years following therapy but specifically throughout the completion of this project.

First, working on chapter three revealed the high cost of repressed trauma on the body and mind. Realizing the toll this can take on the whole self, I experienced a renewed determination to remain on the path toward spiritual, emotional, and physical health at all times. It is easy to get to a place where I begin to believe I am invincible. I Corinthians10:12 instructs, "So, if you think you are standing firm, be careful that you don't fall!"[6] It would be incredibly easy to fall into the trap of failing to properly process wounds through making space for lament, allowing wounds to breathe, and the like. The busyness of life and ministry beckons me to cut corners all the time with my spiritual, emotional, and physical life. In researching and studying for this project I was constantly reminded of the high price that is paid for the neglect of oneself. I set even stronger boundaries concerning my schedule, personal boundaries, and soul care.

Second, I became a better leader throughout the process of completing the project. For years following my recovery, I was able to share my personal experience with trauma but lacked greater authority in speaking to the issues that plagued not only myself, but millions of others.

[6] New International Version.

Working on the project enabled me to complete new research as well as discovering already established works that I could utilize in ministering to others in a more established, authoritative fashion.

Third, the completion of the project was extremely challenging for me as a writer. Having to prove every statement with research was not something I was accustomed to prior to completing doctoral work, and it felt almost emotionally paralyzing as I first began to write. Through the discipline of writing—whether it came easily or was hard-earned—and by relying on the Holy Spirit, I was able to break through barriers to a new level of writing I had not experienced before.

Considerations for Future Ministry

While I am uncertain at this time if a pastoral care ministry for leaders impacted by trauma will ever be a full-time endeavor for me, I do know it will be an important aspect of my future ministry. At this time, the following five areas are considerations for future ministry:

Bringing awareness regarding trauma-informed ministry

One of the first considerations for the future regarding unaddressed trauma—not only that which occurs among ministerial leaders but in the Christian community as a whole—is the need for greater awareness regarding trauma and providing pastoral care in a trauma-informed way. The research contained herein conclusively suggests that a significant number of traumatized individuals do not pursue help from a licensed professional counselor. Therefore, it is imperative to increase awareness in the Christian community at large in regards to helping others in a trauma-informed manner. While the hope is that individuals will seek professional help, it is a

reality that many will not, and it is incumbent upon the Christian community to be as prepared as possible to minister to them. While a believer who is not a trained counselor cannot be expected to administer help at the level of one who is licensed to provide care, they can nevertheless be prepared to help at a basic level. To have awareness at a basic level lends itself to help more than hinder wounded individuals, avoiding re-traumatization that is unfortunately so common.

One of the most valuable truths to bring to Christian leaders and the body of Christ at large is the need to approach everyone in a trauma-informed way. In assuming that everyone you meet or minister to has experienced trauma, there will be less people who are dismissed or fail to receive the help they need.

Publishing a resource for the general population

Upon completion of this project, immediate plans include the rewriting of the project in the vernacular of the laity on the same subject. The initial plan is to send queries to a few Christian publishing houses regarding possible interest. If the interest is not there, self-publishing will be pursued.

Honing the workshop resource

Having presented the workshop three times, it is evident there are adjustments to be made that reflect lessons learned from the experience. Specifically, the workshop presentation will be adjusted to ensure it lasts no more than an hour in duration, with a time allotment of 15-30 minutes for questions, to allow for a maximum 1 hour and 30-minute total workshop time.

Lead pastor/senior leader resource

Creating a resource for lead pastors or senior leaders to assist in living and leading from a healthy place is a consideration for follow up to this project.

Staff resource

The research of this project revealed that the majority of people believe they have worked for at least one individual (lead pastor or senior leader) who was emotionally unhealthy. This is a challenging situation for staff members to navigate. Following one of the workshops during the Q and A time, one of the questions posed is as follows: "What do you do when your leader is unhealthy? Do you stay? Do you go? If you do end up staying, how do you navigate it well?" A workshop or written resource could be developed on how to survive working for an unhealthy leader, and how to handle such situations in a God-honoring manner. Two recommended resources are the books *Necessary Endings* by Dr. Henry Cloud and *When to Walk Away: Finding Freedom from Toxic People* by Gary Thomas. However, as valuable as these resources are, some leaders may not sense God calling them to leave. Despite how a leader is being treated, they may not be sensing God's call to leave. Leaders need wisdom on how to respond when the person in authority over them is emotionally unwell.

Conclusions on the Project with SWOT Analysis

Strengths

One of the strengths of this project was the number of leaders who participated in Survey #1, providing a large sampling of ministerial leaders of which to assess. Additionally, in researching for the literature review portion of the project, it was discovered that a vacuum exists concerning research in this context. There are very little if any resources on trauma as it relates to ministerial

leaders, and this project reveals the need for such resources that do not yet exist in the numbers they should. In that respect, this project will provide valuable data for others.

Weaknesses

As was aforementioned, at present time, a lack of academic research exists on the specific topic of ministerial leaders and trauma. While a lack of research presents great opportunity, it also presents an obstacle as proving anything with contextual engagement or surveys from projects other than this one served as a virtual impossibility. Additionally, one of the weaknesses was the lower number of leaders who participated in survey #2. I would also add that, in hindsight, both surveys would have benefited by posing further clarifying questions that would have contributed significantly to the project.

Opportunities

The field is wide open for research to be gathered and a wide range of resources designed to address trauma and pastoral care for those who have been impacted. Surveys with additional questions as well as greater numbers of participants would provide additional insight to contribute to future resources.

In addition to print resource materials for ministers, additional components such as focus groups or retreats would provide additional opportunities to reach and help ministers.

A private group on social media designed to help ministerial leaders who may be recovering from trauma or having family members who are recovering may also be a valuable support.

Threats

One of the threats to greater awareness on this topic and resources being made available for such are the leaders who do not believe it is necessary and respond with dismissive attitudes and gaslighting of those who share their personal stories or express the need for help and healing.

During final work on the project, preliminary findings were shared along with some thoughts in that regard. There were several lead pastors who posted comments that revealed discomfort with the subject being addressed, particularly regarding the 85.19% of people who claim to be negatively impacted by an unhealthy leader. A lead pastor of one of the largest churches in the Assemblies of God quickly responded that these claims are "grossly overemphasized." Additionally, this individual claimed those who may possibly deconstruct because of exposure to the underbelly of ministry led by unhealthy leaders "just want a reason to be a victim so they blame 'oppressors' just like the CRT social justice warriors." In responding to this pastor, it was pointed out that the statistics shared in the post were researched-based as opposed to supposition; and rather than dismiss, blame, or gaslight those who have been hurt, the Church and its leaders must face our issues and seek to lead from a healthy place.

Interactions such as these show there is a long way to go in bringing awareness regarding the prevalence of unaddressed trauma and the need for health among ministry leaders. The greatest threats to further research on this topic and a push for further awareness are those who are convinced the need does not exist, or those who are unhealthy and resist exposure. Nevertheless, those who understand the importance of greater awareness and progress on this issue must press on. The health of the leaders of today and tomorrow—and the wellbeing of the entirety of the Church depend on this.

There will always be voices who rise up to defend the guilty powers-that-be, even when wrongdoings are proven beyond a doubt. Sometimes, the defense for a cover up is that when issues are revealed openly, Christian witness is negatively impacted by unbelievers who are watching. The truth is that the unbelievers already know. To reveal the wrongdoings is not telling them anything new, because they are already aware that the Church has issues. What they do not often see is the Church humbling herself and taking responsibility for what is happening within her own ranks. Silence and dismissal do the Church no favors. 1 Pet 4:17 says that judgment begins in the house God. When a minister is unhealthy or guilty of abusive treatment toward others, the answer is not for other ministers or the Church at large to respond with damage control, attack the wounded, and re-traumatize. The answer is to repent, get help, and become an agent of healing rather than one of pain.

Christians do not have to live in a world of illusions to love the Church. True love is not blind and does not turn a blind eye to the traumatized.

Conclusions on the Research Question

As was aforementioned and elaborated on throughout the dissertation, the Research Question for the project is: What are pastoral care-oriented steps in caring for the unaddressed trauma in the lives of ministry leaders? This question is answered through the dissertation from the perspective of pastoral care, primarily in the theological research portion of the project.

The first essential ingredient is the practice of lament. Space must be made for a trauma-sufferer to sit in the sadness as long as it takes to fully process a wound before endeavoring to move forward. Allowing the wound to breathe is the second step in placing oneself in position to heal. Just as oxygen triggers a healing response in physical wounds, so being open with an

emotional wound will set the stage for recovery to take place. Professional counseling is of benefit to the sufferer in creating a safe space for the wound to breathe. The third step in moving forward is practicing the presence of God on a daily basis, allowing the Holy Spirit to do a work of healing. The fourth step toward health is to recognize that at times there is need for medication, this not being incongruent with the Bible or healing by supernatural means. The fifth step in creating and maintaining health is to practice regular soul care, this being the absolute foundation for health of every kind. The sixth step in the recovery process if redemption, signifying that more is available to sufferers than mere healing. Redemption reflects the fact that more than one ever asks, thinks or imagines is possible through the power of God. Because of the finished work of Christ on the cross and the power of the Holy Spirit, a sufferer's pain can become a platform from which they minister from to declare God's power to the world.

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APPENDIX A

Invitation to Survey

Hello. My name is Deanna Shrodes, and I am a doctoral student at Southeastern University. I am currently writing my dissertation, the topic of which is: The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health. In order to discover more about how trauma is or is not affecting ministerial leaders, it is necessary to survey them. My hope is to get as many ministerial leaders as possible to take the survey in order to be able to have more data to work with. This survey will take approximately 10 minutes to complete. There is no compensation for your participation in taking the survey, however you will be helping ministerial leaders in the future whose lives may be positively impacted by what is gleaned from the research, and the resources that are created to help them. The following is the consent form and link to the anonymous survey. Thank you for your consideration.

APPENDIX B

The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and

Steps to Greater Spiritual and Emotional Health

Share the purpose/process of research
Share my story
The Research
My research thus far is based on a 15-question survey designed to discover more regarding ministerial leaders and trauma.

Never Assume Anything – Look for the Truth
Through my educational process, I have learned that it is important to never assume anything when you begin your research. The goal of a researcher is not to prove your assumptions right but to discover the truth. There were many things that surprised me along this journey.
When I sent the survey to some people to consider taking it, they would respond to me with, "I don't know if I'm your person to take this. I've led a relatively boring life, not much trauma. You might want to talk to so and so." I would quickly explain, I'm not seeking out traumatized people. I am seeking to know among an average group of ministers what the true prevalence of trauma is. Maybe it is bigger than I would imagine, maybe much smaller. Whatever it is, I want to know the truth. So I told every person who asked, "You are the perfect candidate for this survey because there is no profile of a person I am looking for, except one who is serving in a ministerial capacity."
First, I am going to share my findings with you regarding the prevalence of trauma and other issues surrounding that, and then I am going to move forward to sharing a few steps to greater spiritual and emotional health.

217 ministerial leaders participated in the survey.
103 were male (47.69%)
113 were female (52.31%)
The leaders have served in ministry for varying lengths of time:
21.76% (47 respondents) have served for 1-10 years
22.69% (49 respondents) have served for 11-20 years
25.9% (56 respondents) have served for 21-30 years
22.22% (48 respondents) have served for 31-40 years
6.02% (13 respondents) have served for 41-50 years
1.39% (3 respondents) have served for 51-60 years

My First Surprise
My first surprise came in asking ministerial leaders if they believed they had experienced any trauma in their life. As much as I tried to assume nothing, I will admit, I did come into this with an assumption that a lot of people may be unaware that they have been traumatized. I thought that maybe my research would enlighten them, or help them connect the dots. I was wrong.

I was shocked to see that **83.33% of the respondents believed they had experienced trauma in their life.** In my first question regarding trauma, my biggest assumption had already been proven wrong.

When it came to asking those surveyed if they had ever been physically, sexually, emotionally or spiritually abused, **65.74% said that they had been abused.** That is well over half of them. If you would like to know what the breakdown is of men vs. women:

61.17% of the men surveyed said they have been abused

69.91% of the females surveyed said they have been abused

When the ministerial leaders were asked if their parents were separated or divorced, **33.95% of them answered that they come from a home of separation or divorce.** This is a little over 1/3 of ministerial leaders surveyed who are coming from a home of separation or divorce.

When asked, "Were either of your parents or step-parents or anyone who served as your legal guardian an alcoholic, drug addict, mentally ill or incarcerated? 29.30% of them responded yes.

This is well over a quarter of our ministers surveyed that have been raised by a parent who was an alcoholic, drug addict, mentally ill or incarcerated at some time.

6.94% of those surveyed were in foster care, adopted, or raised by someone other than their biological parent.

Many people are unaware that there are aspects of trauma within all of these scenarios. Consider that for any of these things to happen, a child had to experience great loss.

18.98% of those surveyed faced neglect or a lack of basic resources and necessities when they were growing up (under the age of 18). This is almost 1/5 of ministers who were raised in an atmosphere of neglect with a lack of basic necessities.

75.46% of those surveyed said they would characterize the home they grew up in as a loving, stable home with parents or guardians who loved and cared for them. That is wonderful but that leaves 24.54% of our ministerial leaders who were raised in unstable homes without parents who loved and cared for them. That is wonderful BUT -- nearly a quarter of the ministers surveyed were raised in unstable homes with unloving or uncaring parents.

9.26% of the ministerial leaders surveyed experienced the death of one of their parents or a legal guardian before they were 18 years of age. This is nearly 10% of ministers experiencing the loss of their parent as a child.

These are all sobering statistics. My hope was, "Well, maybe since they know they were traumatized, they got the help they needed."

Let's take a look at this. I wanted to know 3 things from those surveyed who said they were abused:

1) Have they ever talked to a pastor about their situation?
2) Have they ever spoken to a lay leader (a SS teacher, life group leader, etc.)
3) Have they ever received professional counseling

Of those who said they had suffered trauma, 50.70% said did talk to a pastor. 44.37% said they did not talk to a pastor, and 4.93% of them said it was not applicable to their situation.

I'm not sure why it did not apply to their situation since everyone I have referred to here indicated they were abused, but this was the case. Nevertheless, this indicates that almost half of them have never spoken to a pastor about their situation.

Of those who said they had suffered trauma, 52.82% said that they spoke to someone such as a life group leader, or Sunday School teacher or someone else in that sort of capacity. 45.77% have never spoken to a leader such as this, and 1.41% said it was not applicable to their situation.

Of those who said they had suffered trauma, 61.27% of them have received professional counseling from a licensed professional counselor or therapist. 38.73% of them said they had not. This is wonderful that over half of them have received help, but that still leaves well over 1/3 of the ministers surveyed who have not received any professional counseling.

This means that almost half have never received any help from the church as far as a pastor or lay leader, and almost a third have never had any professional counseling.
One of the biggest problems with trauma is something called spiritual bypass. We are going to talk about that a bit more later but for now I will tell you it often involves pat answers, spiritual platitudes, and glossing over traumatic situations with trite answers that sound spiritual. I wanted to find out…how many of our leaders have experienced this?

When asked the question, "When you have spoken of the trauma you have experienced, have some spiritual authority figures past or present tried to dismiss you with Christian "pat answers" or a quick scripture reference?"
54.93% of those surveyed said this happened to them. 35.21% of them said it had not happened to them, and 9.86% said this was non applicable.

I was raised in an environment where counseling was not really a thing. Growing up in a very traditional classical Pentecostal home, it was believed, the answer to everything was simply, "go to the altar." Or sometimes if things were especially desperate my mom would stop by the church and talk to the pastor. But counseling was viewed as very suspect, or something that could lead individuals astray. When my sister who was also adopted was mandated by a court of law to talk to a licensed professional social worker, my parents didn't believe in that and got special permission for her instead to talk to our pastor. Honestly, that has always bothered me. I wanted to know, how did other ministers grow up and what was believed in their homes about counseling?

When asked, "How was professional counseling or therapy viewed in the home you grew up in?"
32.72% said it was viewed as something to be avoided
17.05% said it was viewed as something positive
38.25% said it was a neutral subject
11.98% said they could not remember

The Uniqueness of Ministerial Leaders

What is so significant about ministerial leaders and these statistics?

- Ministerial leaders balance a lot of roles, wear a lot of hats.
- Deal with life and death on a daily basis.
- Provide spiritual guidance and pastoral care
- Administrate offices, budgets and programs
- Fundraise
- Lead Staff
- Navigate ramifications of Covid 19
- Work long hours
- Typically have lower pay than other professionals

- Struggle to find work/life balance
- Try to do all this while some people periodically attempt to emotionally kill them.

Schaeffer Institute of Leadership Development Survey
8,150 Participants

- **65% of pastors feel their family is in a 'glass house' and fear they are not good enough to meet expectations.**
- **24% of family's resent the church and its effects on their family.**
- **52% of pastors feel they are overworked and can't meet their church's unrealistic expectations.**
- **58% of pastors feel they do not have any good true friends.**
- **34% of pastor's battle discouragement on a regular basis.**
- **35% of pastor's battle depression or fear of inadequacy.**
- **27% of pastors stated they have no one to turn to if they are facing a crisis.**

Trauma on Trauma

Ministry brings tremendous stress of it's own. Even if a ministerial leader did not suffer any trauma earlier in life, the pressure of ministry causes many to break down all on it's own. Imagine the weight of ministry trauma being placed on top of the weight of unaddressed trauma from earlier years? It is soul crushing. It is a wonder any leader survives this.

The Body Keeps the Score

Many people think they can push the effects of their trauma down and keep it carefully under wraps where it no longer has any effect on them. Unfortunately, that is not true, for the body keeps the score.

There is a groundbreaking book by Bessel van der Kolk aptly named, *The Body Keeps the Score*. Many studies have proven this true, including what is known as the ACE.

ACE STUDY

- Adverse Childhood Experiences (also known as ACE) study is one of the largest studies ever done regarding trauma, and surveyed 17,000 individuals.
- 10 questions regarding various adversities children face.
- Included physical exams/confidential surveys
- Focused on physical/mental and social health of adults.

The first ACE study revealed a strong correlation between ACE scores and the nine major causes of death in adults. Subsequent studies revealed a connection between ACE scores and risk for suicide, mental health problems, drug and alcohol abuse, and more.
Childhood trauma doubles the risk of mental health conditions.

An unstable foundation or "miswiring" of the brain leaves a person at risk for the rest of their life, and that childhood adversity is responsible for 45 percent of all childhood mental disorders and 30 percent of adult mental health disorders.

Additionally, one bit of research I came across was sobering…

The National Institute of Mental Health reports that 9.1% of American adults have a personality disorder.

- Approximately 10% of the people you lead may have a personality disorder. That's a rather high number.

- This is an important statistic for ministers and lay leaders alike to remember. Sometimes you may be dealing with spiritual warfare, other times a personality disorder, or both as you lead people in the ministry. That's just something to consider.

When people get sick…they often look to the wrong place!

Often it isn't their environment, others they have been exposed to, genetics, diet, etc. Much of it is early emotional trauma!

Bessel van der Kolk, author of The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma explains, **"While we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial."**

There is a reason the brain fights so hard to bring trauma to the surface. The brain is concerned with our survival. The effort to conceal one's trauma can result in long-term psychological damage to an individual, so the brain keeps bringing it to the surface – even if through other parts of the body.

Van der Kolk explains, "It is amazing how many psychological problems involve difficulties with sleep, appetite, touch, digestion and arousal. Any effective treatment for trauma has to address these basic housekeeping functions of the body."

Some of the most common physical effects of trauma that van der Kolk has witnessed in his practice are:

- Migraine Headaches
- Asthma attacks
- Chronic back pain
- Chronic Neck pain
- Fibromyalgia
- Digestive issues
- Irritable bowel syndrome
- Chronic Fatigue
- Somatic symptoms that doctors can find no diagnosis for

Trauma is also uniquely linked to relationships and affects everyone else around you!

A multitude of complications transpire when people fail to connect their unaddressed trauma to their current physical, mental, relational, or spiritual issues. In many cases, the resistance to address the trauma goes on for years until the sufferer hits a proverbial wall.

In that regard, some people do nothing to address trauma until they are forced to through the loss of a marriage, friends, family, a job, a ministry, or something of that nature.

Leaders who are emotionally unhealthy can go undetected for a while because it is usually not readily apparent upon first meeting people. However, as time progresses and one becomes more involved with an individual who is emotionally unhealthy, the reality of their need for help becomes apparent.

Many of us have worked for or been led by traumatized people who have not been healed.

Okay we've talked about the problem, let's talk about the solution ---

Steps to Spiritual and Emotional Health

These are not the only steps by far, but I am going to highlight some that are most important to know in addressing trauma and moving toward a place of health.

Be informed and on guard about gaslighting!

This is a popular term and you may hear it being thrown around more these days. Where does it comes from and what does it mean?
The term gaslighting came about through a movie that was released in 1944 entitled Gaslight. The movie tells the story of Paula and her new husband Gregory, who turns out to be abusive. Gregory begins by isolating Paula and using various tactics to make her believe she is insane. His main ploy is to dim and then brighten the gaslights and then insist to Paula that she is only imagining things. In time, Gregory chips away at Paula's self-worth to the degree that her sense of reality is distorted, and she is convinced she is crazy.

Gaslighting is when victims of trauma may be presented with questions such as:

- "Are you sure that what happened to you really happened?"
- "I'm not sure what happened to you is really classified as trauma."

These tactics and others like them are utilized to try to convince a wounded individual that what happened to them didn't really occur or simply was not that bad.
When gaslighting happens at the hands of a trusted spiritual leader the catastrophic effects on the individual are exponentially worsened. The reason for this is the trust people place in a spiritual leader and the weighted value their words often carry, not to mention the power differential that is present.
So when it comes to gaslighting, we need to be aware of what it is, and stand up to it and reject it when it is done to us, and as spiritual leaders we have to be careful never to do it to others we lead.

Resist Spiritual Bypass

Spiritual bypass first surfaced as a term approximately 30 years ago.

Spiritual bypass occurs when people involve themselves in religious beliefs or activities in order to avoid—or prematurely transcend—feelings and basic needs in their healing process. Prematurely transcending refers to an effort to reach further stages of healing without actually going through them.

For instance, this may happen when a person tries to skip through the stages of grief by covering their feelings up with Christian clichés.

One form of spiritual bypass is what Scazzero refers to as, "using God to run from God."

Using God to run from God is simply when people utilize "God activity" to cover up painful areas that need to be addressed. Scazzero explains:

Few killer viruses are more difficult to discern than this one. On the surface, all appears to be healthy and working well, but it's not. This virus hides behind hours and hours spent reading one Christian book after another…engaging in endless Christian responsibilities outside the home…all that extra time devoted to prayer and bible study. You might wonder how such things could be anything but good for the soul. Such Christian activities become detrimental when we use them in an unconscious attempt to escape pain.

Take Time to Lament

Lament is not something that is popular in the church or with most Christians. But the truth is that one cannot embrace hope and healing until the reality of the cross is also embraced.
Jurgen Moltmann explains, "**Unless it apprehends the pain of the negative, Christian hope cannot be realistic and liberating."**

Lament is the first Biblical step in apprehending the pain of the negative and moving forward with hope.

It is essential to refrain from rushing through the processing of the cross and its impact on the way to the resurrection.

Lament is something for which space must be made in order to move forward.
Finding a literal God-given song of lament is not a challenge, as at least one-third of the 150 Psalms are laments, and in fact, laments are the largest category of Psalms. Additionally, there is the book of Lamentations.

It is essential to note that every part of a lament moves the sufferer toward God and the hope that is only found therein.

For example, in Psalm 77, a Psalm of Lament, it moves toward an expression of trust and praise as the Psalmist declared:

An example of the expression of trust and praise can be found in Psalm 77:10-12, as the Psalmist declared:

"Then I said, 'I will appeal to this, to the years of the right hand of the Most High. I will remember the deeds of the Lord; yes, I will remember your wonders of old. I will ponder all your work, and meditate on your mighty deeds." Psalm 77:10

Although the Psalmist began the lament crying out (vs 1) and then came to a point of being too troubled to speak (vs. 4) he begins to remember the former works of the Lord in his life and cry forth with an expression of hope.

The pattern of lament is a subtle reminder that there are no shortcuts to moving forward from trauma. It is something one must go through, not get over.

Let the Wound Breathe

Physical bodies require oxygen not only to breathe but to heal.

Oxygen is a critical component of numerous biological processes and actually has the ability to trigger a healing response.

In the same way, covering an emotional wound and not allowing it to 'breathe' is damaging.

As such, when it comes to physical wounds, covering them forever does not promote healing.

The old adage, "time heals all wounds," is incorrect and incomplete. Although it takes time for wounds to heal, they do not heal by time alone.

John Loren and Paula Sandford explain, **"We go to the past—not to redo (and thus deny) what Christ has already accomplished, but to enable us to more fully respond to his already accomplished sacrifice."**

Making time to process sadness and pain, remaining in God's presence, and inviting the Spirit to do a work of healing is imperative for sufferers of trauma.

Jesus Loves to Heal and He's Cool With Medication Too

While scripture frequently references physical healings performed by Christ and his disciples, there is no scriptural opposition to healing that may occur through consultation with a physician, or through the use of medications. Jesus referred to himself as the Great Physician.

Luke, the writer of Luke and Acts, also holds the distinction of being a physician by trade. In fact, Jesus himself acknowledged that there are occasions when people need a physician. In Matthew 9:12, Jesus said, "It is not the healthy who need a doctor, but the sick." Various scriptures such as Ezekiel 47:11-12, Isaiah 38:21, and Jeremiah 51:8 make mention of the benefit of medicines.

Although Jesus did not oppose physicians, he performed many miracles of healing. Some were instantaneous while others were not. Luke 17 records Jesus healing ten men with leprosy. He instructed them to go and show themselves to the priests. Although he did not heal them right away, scripture says they were healed as they went.

For most individuals, healing is a journey, not a singular event.

Many individuals will be helped by a combination of counsel, prayer, and medications, even if just for a time.

Trauma-Informed Care

Trauma-informed care utilizes strategies that foster a culture of safety, empowerment, and healing.

Trauma-informed care assumes that one's patient, client, or congregant may have a history of trauma and act accordingly.

So this means, assume everyone you deal with may have a history of trauma. In this way you will always act in such a way as to help people rather than harm them.

Trauma-informed care believes the one suffering, and it always consists of doing more listening than talking.

An atmosphere of trust and compassion are essential for trauma-involved care.

Dr. Bruce Perry who is the foremost researcher and psychologist today on trauma says that **we need to ask people, "What Happened to You?" instead of "What's wrong with you?"** This shift is a monumental one, from blaming the victim for what has occurred placing blame on the trauma that was suffered.

Nothing is more important to trauma recovery than a person feeling safe in the presence of others.

We want our homes and churches to be safe places where people can heal from trauma.

Soul Care

In addition to trauma-informed care for the traumatized, soul care is important—not just for those who have encountered trauma, but for every human being.

Soul care is the absolute foundation for personal wellness.

The term for soul in the Greek New Testament is psyche, which is translated from the Hebrew word nephesh, which refers to a person's inner life.

Soul care includes but is not limited to silence and solitude, prayer, worship, rest, and enjoying activities that are life-giving and refreshing. It includes a weekly Sabbath where nothing is accomplished in a 24-hour period of time aside from the aforementioned activities.

If the voice of God speaking in an individual's life is honored and heeded, significant shifts will take place in situations, including within the lives of those who have faced trauma.

As **John Ortberg says, "Sometimes the soul gets sifted and shaped in places you could never imagine or ways you could never expect."**

Jesus practiced soul care!

- Jesus went to remote locations like the mountains or the desert to commune with God.
- This was also a pattern for other leaders whose individual stories comprise the biblical story.
- Moses spent 40 days on the mountain with God.
- Elijah spent 40 days and nights on Mount Horeb.
- Daniel met with God three times daily in prayer.

Soul keeping is incongruent with spiritual bypass. In soul keeping, one tends to their soul, or their psyche, rather than attempting to circumvent pain with spiritual platitudes. Soul keeping is tending to the very most real part of a person.

Ruth Haley-Barton explains:

When I refer to the soul, I am not talking about some ill-defined, amorphous, soft-around-the-edges sort of thing. I am talking about the part of you that is most real—the very essence of you that God knew before he brought you forth in physical form, the part that

will exist after your body goes into the ground. This is the 'you' that exists beyond any role you play, any job you perform, any relationship that seems to define you, or any notoriety or success you may have achieved. It is the part of you that longs for more of God than you have right now, the part that may, even now, be aware of 'missing God' amid the challenges of life in ministry."

Tending to one's soul involves regular periods of silence, solitude, and responding to the voice of God on the inside. It encompasses living and leading from the place of oneness with God, out of an overflow of relationship with Him. This place of being sets the stage for healing and wellness. In that regard, it is impossible to live in a healthy manner without tending to one's soul. Soul care remains essential for wellness and is especially important when an individual is in trauma recovery. Cordeiro cautions, "**Knowing the remedy doesn't necessarily complete the healing; the difference comes when we apply it."**

Soul care can be talked about but until it is done, there will be no healing or long-term wellness.

Resilience

One thing I want to say in conclusion is that I am in awe of the strength and resilience of ministerial leaders. Although many of them have gone through tragic circumstances, they have a passion to help others. Their hearts are not hardened through tragedy otherwise they would not have pursued serving in a ministerial capacity. Their resilience is amazing.

It's important to note that just because we are resilient doesn't mean we are healed. Resilience is great – but we need healing too.

Q & A

APPENDIX C

Southeastern University Adult Consent Form (Survey #1)

PROJECT TITLE: The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health
INVESTIGATORS: Principal Investigator, Dr. Christine Corbett, Southeastern University; Deanna Doss Shrodes, doctoral student, Southeastern University
PURPOSE: The purpose of this project is to reveal the prevalence or lack thereof of unaddressed trauma among ministry leaders. The research question for this project will be: How prevalent is unaddressed trauma in the lives of ministry leaders, what is the possible impact, and what are the steps to greater health for one who may suffer the common consequences of such?
PROCEDURES: You will complete an anonymous survey through Survey Monkey online that will ask 15 questions. These questions are designed to show whether you believe or whether you have experienced trauma. The study is designed to take approximately 10 minutes.
RISKS OF PARTICIPATION: Risks associated with participation in this research study include experiencing emotional or psychological triggers regarding things that have occurred in the past. To reduce the risks of such, recommendations will be provided for counseling services in the participant's local area, if they choose to contact the Principal Investigator for such.
BENEFITS OF PARTICIPATION: Although there is no compensation for participation in this project, directly or indirectly, it is the goal of the researcher that through this project there will be a greater awareness of the effects of unaddressed trauma in the lives of ministerial leaders, and that resources shared within such would help them move toward leading from a place of emotional health. Each participant is part of the success of this project.
CONFIDENTIALITY: The records of this study will be kept private. Participants will not be identified in any way. Research records will be stored on Survey Monkey software that is password protected with only the researchers and individuals responsible for research oversight having access to the records. Data will be destroyed two years after the study has been completed.
COMPENSATION: There is no compensation for participation in this project.
CONTACTS: You may contact any of the researchers at the following address and phone numbers, should you desire to discuss your participation in the study and/or request information about the results of the study.
Dr. Christine Corbett (Principal Investigator)
Southeastern University
1000 Longfellow Blvd, Lakeland, FL 33801
(863) 667-5000

Deanna Doss Shrodes (Co-Investigator)
PFDC
P.O. Box 24687
Lakeland, FL 33802
(863) 683-5726

Dr. Rustin B. Lloyd (Institutional Review Board SEU)
Southeastern University
1000 Longfellow Blvd.,
Lakeland, FL 33801
(863) 667-5000

PARTICIPATION RIGHTS: I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION: I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and the benefits of my participation. I also understand the following statements:

I affirm that I am 18 years of age or older.

I have read and fully understand this statement of consent. I understand that clicking or copying/pasting the link below and proceeding to the survey online indicates that I have given my permission for participation in this study.

APPENDIX D

Southeastern University Adult Consent Form (Survey #2)

PROJECT TITLE: The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Steps to Greater Spiritual and Emotional Health

INVESTIGATORS: Principal Investigator, Dr. Christine Corbett, Southeastern University; Deanna Doss Shrodes, doctoral student, Southeastern University

PURPOSE: The purpose of this project is to reveal the prevalence or lack thereof of unaddressed trauma among ministry leaders. The research question for this project will be: How prevalent is unaddressed trauma in the lives of ministry leaders, what is the possible impact, and what are the steps to greater health for one who may suffer the common consequences of such?

PROCEDURES: You will complete an anonymous survey through Survey Monkey online that will ask 11 questions. These questions are designed to show whether you believe or whether you have experienced trauma. The study is designed to take approximately 10 minutes.

RISKS OF PARTICIPATION: Risks associated with participation in this research study include experiencing emotional or psychological triggers regarding things that have occurred in the past. To reduce the risks of such, recommendations will be provided for counseling services in the participant's local area, if they choose to contact the Principal Investigator for such.

BENEFITS OF PARTICIPATION: Although there is no compensation for participation in this project, directly or indirectly, it is the goal of the researcher that through this project there will be a greater awareness of the effects of unaddressed trauma in the lives of ministerial leaders, and that resources shared within such would help them move toward leading from a place of emotional health. Each participant is part of the success of this project.

CONFIDENTIALITY: The records of this study will be kept private. Participants will not be identified in any way. Research records will be stored on Survey Monkey software that is password protected with only the researchers and individuals responsible for research oversight having access to the records. Data will be destroyed two years after the study has been completed.

COMPENSATION: There is no compensation for participation in this project.

CONTACTS: You may contact any of the researchers at the following address and phone numbers, should you desire to discuss your participation in the study and/or request information about the results of the study.
Dr. Christine Corbett (Principal Investigator)
Southeastern University
1000 Longfellow Blvd, Lakeland, FL 33801

(863) 667-5000

Deanna Doss Shrodes (Co-Investigator)
PFDC
P.O. Box 24687
Lakeland, FL 33802
(863) 683-5726

Dr. Rustin B. Lloyd (Institutional Review Board SEU)
Southeastern University
1000 Longfellow Blvd.,
Lakeland, FL 33801
(863) 667-5000

PARTICIPATION RIGHTS: I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION: I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and the benefits of my participation. I also understand the following statements:

I affirm that I am 18 years of age or older.

I have read and fully understand this statement of consent. I understand that clicking or copying/pasting the link below and proceeding to the survey online indicates that I have given my permission for participation in this study.