

Trauma-Informed Spiritual Care: Lifelines for a Healing Journey

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Abstract

The article describes how primary, secondary, intergenerational and collective trauma are intertwined in our lived experience, especially in times of severe stress, such as the current coronavirus pandemic. An argument is made for personal and collective mourning, and for developing an attitude of curiosity, openness, acceptance, and love toward oneself and others who suffer traumatic stress. The foundational lifeline of trust in God is nurtured by the faith and practice of the church through the witness of Scripture, worship, prayer, song, and mutual caring.

Keywords

trauma, spiritual care, Covid-19, Black Lives Matter, mental health, PTSD

In one way or another, many of us all over the world are coping with traumatic stress at this point in our collective life history—either through recent overwhelming losses, or through past trauma that threatens to be reactivated, through vicarious trauma as we witness the suffering of others, or perhaps through the sheer magnitude of the *current collective trauma*—the hugeness and profound uncertainty of it all. I believe that it is only as we learn to face our situation *together in*

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community that we can build the collective resilience and strength we need to turn “with [our] will intact to go wherever [we] need to go.”¹

As I meditate on the experience of trauma affecting people throughout the world, as country after country has become afflicted with the coronavirus, I find myself in danger of being swept out to sea—a kind of panicky feeling of a powerful undertow taking over. A second image—that of being in a very small boat surrounded by the vast ocean, afraid of being tossed into the raging sea and shouting for a lifeline—also lives in me. Sometimes, I see myself with the disciples in the storm on the Sea of Galilee, crying out for Jesus to wake up, for heaven’s sake, and save us from the mounting chaos. These images all point to something unimaginably huge that has come our way which requires us to find a trustworthy lifeline that will bring us securely to a place of safety and rest.

Hence, the word “lifelines” in the title *Trauma-Informed Spiritual Care: Lifelines for a Healing Journey*. The primary definition for the word “lifeline” appears in my dictionary as follows: “a line (such as a rope) used for saving or preserving life: such as a line along the outer edge of the deck of a boat or ship.”²

Though we are in the midst of a world-wide pandemic, it obviously has not affected everyone in the same way. The complexity of it staggers the mind. In every community, there are some who have been immersed in first-hand experiences of death for months (as in exhausted medical personnel), while others complain that their gym has closed, or that their eyes hurt from all the Zoom meetings they have to attend. Vast numbers of people are isolated from those they love. Just when people need one another the most, they are instructed to stay at home, and to distance themselves from neighbors, friends and loved ones. The enormous disparities between the rich and the poor are set in stark relief. Some people do not know a single person who has died from COVID-19, while others are coping with the devastation of losing multiple family members in a single week. When illness strikes, the grief and fear are immense, as people are forbidden to be with their loved ones in hospital during their time of need.

While the focus of my remarks will be from my own historical context, for that is the only one I know from the inside, I trust that there will be similarities to be found in other contexts. While it is crucial to be fully responsive to our own particular time and place, all of us the world over have been affected by *collective* trauma. It was here long before we were born. The particular historical, social and cultural context *in which each of us lives*, also *lives in each of us*. Trauma lives *in our bodies* even if the traumatic events we have experienced involve no bodily injury. It is for this reason that personal experiences of traumatic stress can easily be reactivated when collective trauma strikes.

In the early days of the pandemic, the storm seemed still to be outside me. But then the chaos threatened to come closer. Fears and anxieties began to pop up,

1. Stanley Kunitz, “The Layers,” in *The Collected Poems of Stanley Kunitz* (New York: Norton, 2002)

2 <https://www.merriam-webster.com/dictionary/lifeline>

sometimes related to my personal health and wellbeing, sometimes related to those I love and care for. But then, they spiked exponentially when George Floyd was murdered by a police officer in Minneapolis on May 25, 2020. It wasn't the first brutal murder of an African-American man by police in my country. And appallingly, it wasn't the last. But it seemed to be a decisive moment in our collective history. It struck such a deep chord in the collective body of which I am a part, a sense of living through a watershed moment. Alicia Garza, co-founder of the Black Lives Matter movement, wrote in early August 2020: "Everyone right now is longing for something different, something better. In the midst of all the grief and rage and pain, there's a hopefulness. There is a longing for who we can be."³

With these words, she gave voice to deep longings of our collective body, longings that can be painful to acknowledge because they emerge in the wake of grief and rage and pain. I do not believe that we can get to the hopefulness apart from *acknowledging* the depth of our collective grief, rage and pain and finding a collective *willingness* to face it together.

With the murder of George Floyd, COVID-19 suddenly became the backdrop for this other issue, seemingly more urgent, much more painful, with layers upon layers going deep in the collective psyche of my nation—the centuries-old wound that has never healed, the legacy of the enslavement of African peoples and their ongoing brutalization—which we try to sum up with words like *racism* or *white privilege*, but which so poorly convey the centuries of collective terror, grief and rage always present, even if festering just below the surface.

Trauma is triggered by "an inescapably stressful event that overwhelms people's existing coping mechanisms."⁴ It is no wonder that so many people around the world felt overwhelmed by this murder. Hopelessness set in for unimaginable numbers of people who have spent their lives trying to heal this deeply-ingrained collective trauma. The compounded effect of this brutal public murder coming when everyone's nervous systems were already taxed, makes it understandable that this would be the "proverbial straw" that pushed people into such a state of frenzied intensity: the urgent need to take action. Either fight or flee! Or else just freeze, so overwhelmed that you have to dissociate and make yourself numb. This urgent need to act was felt by vast numbers, exacerbated by weeks of feeling trapped or constrained by the "lockdown" orders of various governments around the world.

The urgent need to take action comes about as the autonomic nervous system goes on high alert; stress hormones are released and the body prepares itself to fight the danger or to flee from it. We experience an elevated heart rate,

3 Online article on Alicia Garza by Rachel Hartigan, published in the *National Geographic*, July 8, 2020 https://www.nationalgeographic.com/history/2020/07/alicia-garza-co-founded-black-lives-matter-why-future-hopeful/?cmpid=org=ngp:mc=crm-email:src=ngp:cmp=editorial:add=History_20200713&rid=67192388F48109F9D1726384F5AEC7BA

4 Bessel A. van der Kolk, "Trauma and Memory," in *Traumatic Stress The Effects of Overwhelming Experience on Mind, Body and Society*, ed. Bessel A. van der Kolk, Alexander C. McFarlane and Lars Weisaeth (New York: Guilford, 2007), 279

difficulty in breathing, rising blood pressure, and an inability to stay warm. Our brains and nervous systems are finely tuned to perceive threat whenever it draws near. The vagal nerve that runs from the brainstem to the gut sends messages primarily from the gut to the brain, whenever the body senses danger. This happens in less than a split second. Every single experience from your past is stored in your body with an exquisite inner alarm system in place, priming you to flee, to fight, or, if neither of those are possible, to freeze. The freeze reaction, now called immobilization, shifts your consciousness dramatically. A kind of quiet detachment sets in.

Such a dissociative state is a numbing reaction to the intensity of what would otherwise be overwhelming pain. It doesn't always occur, but when it does, it indicates a greater likelihood of suffering post-traumatic stress disorder (PTSD). Psychiatrist Judith Herman writes that, "Studies of survivors of disasters, terrorist attacks, and combat have demonstrated that people who enter a dissociative state are among those most likely to develop long-lasting PTSD."⁵ Fight, flight or freeze all happen automatically, which means that they are outside a person's conscious control.

Trauma is unbelievably complex. It is not a single thing, nor even a *single set* of things, that you can identify from the outside, saying: *yes*, this is clearly a traumatic experience; or *no*, that one is not. Trauma arises from a *subjective* feeling of threat that cannot be adequately processed. The felt sense in the body is I AM NOT SAFE or I DO NOT MATTER. The feeling of being overwhelmed cannot be predicted by the nature, magnitude or intensity of the triggering event. "A traumatic reaction needs to be treated as valid, regardless of how the event that induced it appears to anyone else."⁶

With an unresolved traumatic experience, you go through life expecting the worst to happen. Instead of a sense of adventure over new opportunities, you feel scared and uncertain, afraid that something terrible might happen. Neuroscientists remind us that "Neurons that fire together, wire together."⁷ Our brains develop a vast web of interconnected associations such that visual, aural, olfactory or other sensory cues in the world are wired together with the circumstances in which they first occurred, especially those circumstances that have a high emotional valence. When something reminds your neuro-circuitry of the trauma, symptoms can be unleashed, because of what has been wired together in your neural pathways. A. J. van den Blink writes that: "Painful life experiences get encoded in our brains and bodies and can be reactivated with great intensity by the right kind of trigger decades later, even if we believe we have dealt with them or have completely forgotten about them."⁸

5. Judith Herman, *Trauma and Recovery* (New York: Basic Books, 1997), 239.

6. Carolyn Yoder, *The Little Book of Trauma Healing* (Intercourse, PA: Good Books, 2005), 11.

7. Daniel Siegel, *The Developing Mind* (New York: Guilford, 1999), 26.

8. A. J. van den Blink, "Trauma and Spirituality," *Reflective Practice: Formation and Supervision in Ministry*, 28 (Decatur, GA: Journal of Pastoral Care, 2008), 38.

The hyperarousal of the nervous system is like being on permanent alert, always poised for danger. It is as if there is an inner tornado constantly swirling inside your body, wreaking havoc with stress reactions.⁹ Disturbing intrusive thoughts and emotions can be activated by events associated with the trauma but which are not consciously remembered. For example, you might become intensely afraid of dogs, but have no conscious memory that a dog was barking loudly when you were assaulted. It is as if the event is in the body's tissues, but not in your narrative memory.

Victims of trauma might struggle to make sense of their symptoms because they don't have access to the larger context in which those symptoms initially arose. Frightened by the irrationality of their thoughts and emotions, they may develop intense feelings of anxiety or shame. They become fearful not only of the traumatic event itself (which often remains outside their awareness) but also of their reactions to it. Unable to make sense of their reactions, they may fear that they are "going crazy" and do whatever they can to suppress the pain or avoid anything that might remind them of the traumatic situation. This numbing response entails a kind of constriction of awareness which can sometimes be severe. For some people, it is like losing a piece of themselves, splitting off the painful experience so completely from consciousness, and remaining unaware that they have done so, but becoming numb or dead inside.

The felt sense of being overwhelmed can arise after a single terrifying event or it can grow over a period of years when chronic stress exists, such as under conditions of poverty or oppression, or in childhood developmental trauma. Children who grow up with terrified or terrifying parents experience high levels of chronic stress. When they suffer neglect or abuse at the hands of those upon whom they depend utterly, they may hold a number of ACEs (or Adverse Childhood Experiences). The more Adverse Childhood Experiences children suffer, the more prone they are not only to later trauma, but also to major chronic illness throughout their lives.¹⁰

Daniel Siegel, a psychiatrist who has studied the neuroscience of trauma, teaches people to approach the painful sensations, emotions or memories with what he calls mindful presence.

The idea of mindfulness, developed originally in the context of Buddhist thought, has been shown to help people gain emotional resilience, even while living under trying circumstances. Here are the four elements he identifies: **C-O-A-L**: Curiosity, Openness, Acceptance and Love. Though I am using his acronym, I develop it in my own way.¹¹

9. Peter Levine, *Waking the Tiger: Healing Trauma* (Berkeley, CA: North Atlantic, 1997), 20

10 <https://www.cdc.gov/violenceprevention/acestudy/index.html>

11. Daniel Siegel, *The Mindful Brain* (New York: Norton, 2007), 15–20.

If memories of trauma begin to emerge, instead of clenching in fear and shutting down your emotional receptivity, get curious about what is happening in your mind and body. Ask yourself gently: When did I notice my anxiety starting to rise? Was it a thought or an image that sparked it, or perhaps a sensation in my body? Was it something that someone said? What are the actual sensations that I am experiencing in my body: a quickened breath; a tight jaw or shoulders; a knot in my stomach; shaking in my legs or hands? What is the overall “shape” of it? Does a metaphor come to mind? A word or phrase that captures it?

Are there certain thoughts that I hear myself repeating such as “I cannot bear this;” or “I’ll never get any relief;” or “This will never change because it has already happened and I cannot change the past.” Thoughts such as these, repeated over and over again, only serve to reinforce the traumatic cycle of suffering. Instead of *reinforcing the trauma* by thinking about your helplessness, ask yourself questions about what you are actually experiencing in the here and now. *Stay curious.*

Second, *stay open* to what is happening. There are good reasons (that you may not yet fully understand) for you to feel as you do. Trauma symptoms are not a sign that you are sick or crazy; they are your body’s way of speaking about its distress so that you can pay attention to it and heal it. Be open to what is happening without judging it. Judgments about what should be only reinforce pain without creating the emotional space needed for true mourning. Even a slight shift in thinking from “My husband *should* be here to walk our daughter down the aisle on her wedding day;” to “I *feel so sad* that my husband has died and will not be with us that day. It opens an aching hole of longing in my chest and *it hurts* to see my daughter’s pain on top of my own.” Shifting from judging what is happening to feeling what is happening could seem like a small shift, but experientially, it is huge. The “shoulds” keep us stuck whereas expressing our pain enables us to heal.

Siegel’s third characteristic is developing an attitude of *acceptance*. For whatever reason, you are feeling anxious. Accepting this fact instead of fighting against it paradoxically makes it easier to tolerate. Acceptance doesn’t mean it will always be this way. Nor does it mean that you are giving up or giving in. Instead, it is an attitude that says something like: “OK, this is where I am at. Right now, this is my experience.” A certain level of acceptance frees you to become aware of your actual surroundings in the present. You are here in this room in the here and now. You are not there and then in the place of terror. It shifts your brain into relaxation mode and restores a sense of agency and choice. It also helps you to acknowledge the crucial fact that you actually have survived the traumatic experience.

Finally, *love*. This is an attitude of kind compassion toward yourself that you would extend to anyone going through something frightening: a dear friend or spouse, or a child whom you love. This is the key element, learning to offer yourself loving attention. If you cannot manage this on your own, you will need to turn to someone who can be with you, offering you their loving attention, helping you to regulate your own nervous system with their presence and love.

When people are unable to find a way to settle their bodies or calm their nervous systems when feeling overwhelmed, they will need to turn to someone they

trust and ask them for help as they try to metabolize all the chaotic, overwhelming feelings. Those who learned early in life to keep themselves safe by not trusting others when feeling frightened and vulnerable, face a kind of Catch-22: they actually need the strength and calm presence of another person to self-regulate their own nervous system, but to ask for help requires that they acknowledge how frightened and alone they feel. This can actually increase the overwhelmed feeling because they believe that they are safe only when they do not admit how fearful they feel. They learned as small children to protect themselves by pretending or hiding their true feelings, by not showing up as their truly authentic selves.

One of the single most painful aspects of traumatic suffering is the experience of what one author has called “alarmed aloneness.”¹² It is a feeling that no one sees you, no one can be trusted, and that it wouldn’t matter to anyone whether you lived or died. You feel all alone in the world, overwhelmed and helpless. Allowing another into your inner world of fears, acknowledging your sense of helplessness, is the key factor in healing this sense of utter aloneness. This is what Robert Stolorow calls “finding a relational home,” for traumatic suffering.¹³ “Severe emotional pain cannot be endured, if it does not have a relational home, someone to hold what cannot otherwise be borne.”¹⁴

Besides primary trauma which happens to an individual, two other forms of trauma need to be mentioned—secondary trauma and intergenerational trauma—before we turn to the multiple collective traumas of our current world situation.

Secondary trauma is what you experience when you witness the primary trauma of another, often someone you care about, but not always; sometimes just hearing about what has happened to a stranger while listening to a news program can trigger secondary trauma. Witnesses to murder frequently experience traumatic shock or vicarious trauma. It is surely what happened to millions of people in the USA and also around the world as they watched the video clip of a white police officer kneeling on George Floyd’s neck for more than eight interminably long minutes. People poured into the streets in outrage around the world and the grief, fear and rage only increased as they were met by military force and brutal tactics of violence.

Secondary trauma especially afflicts those caregivers whose own unresolved and unhealed trauma is triggered as they listen to the suffering of those they care for. Whenever there is no acknowledgment of a caregiver’s own unresolved pain, she might find herself struggling with a compulsion to “fix” the other as a way of alleviating her own distress. Those whose work exposes them daily to the pain and broken-heartedness of others are especially vulnerable to secondary or vicarious

12 Sarah Peyton, author of *Your Resonant Self: Guided Meditations and Exercises to Engage Your Brain’s Capacity for Healing* (New York: Norton, 2017), private communication

13. Robert D. Stolorow, *Trauma and Human Existence. Autobiographical, Psychoanalytic, and Philosophical Reflections* (New York: Routledge, 2007), 10

14. Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel and Pastoral Care* (Grand Rapids: Eerdmans, 2015), 18

trauma. Weingarten names five career paths whose workers experience what she calls double jeopardy, whose personal traumas are constantly being re-triggered as they listen to the sad and frightening things that happen in the lives of those they serve: clergy, health workers, teachers, police, and journalists.¹⁵

All trauma involves witnesses. When those witnesses (such as those identified above) are awake and present—and able to stay present and truly hear the victims—the ones directly affected are able to process the event emotionally and move on. In fact, it is more important to notice what happens after a terrifying incident than it is to focus on the traumatic trigger itself. People who have a compassionate witness are able to process, literally to metabolize emotionally, their sense of overwhelm. The witness is the one who throws the lifeline. The volatile energy of the traumatic event doesn't get frozen in the victims' bodies but is able to move through them. The afflicted ones are held in the warmth of their caring witnesses, their relational home, where they can be restored to a sense of safety. As they find themselves being fully received by another, they begin to recognize and acknowledge that they actually survived the trauma.¹⁶

Intergenerational trauma occurs when your parents or grandparents (or even your more distant ancestors) experienced trauma of such great a magnitude that they could not adequately metabolize their terror, rage and grief. Immigration, poverty, suicide, physical or sexual abuse, alcohol or drug addiction, or the tragic loss of children at an early age; indeed, any unbearable family trauma will live on in the bodies of the children and grandchildren of those directly affected. Understanding something of the intergenerational transmission of trauma originally grew out of studies done of the children and grandchildren of Holocaust victims.¹⁷ "Symptoms described by offspring as related to hearing about the Holocaust corresponded to symptoms described by people who had lived through the Holocaust, both of which were associated with lower than normal cortisol levels."¹⁸ Anyone who has pondered their own family's history in any depth will intuitively grasp how this might be true. Bert Hellinger, originally a Catholic priest from Germany, then a missionary for 25 years in South Africa, and finally a trained psychologist, worked for decades, in safe, carefully-structured rituals, with the grandchildren of Holocaust survivors and the grandchildren of Nazis to help them acknowledge and bear witness to the unprocessed grief that has lived in their bodies all their lives, enabling them to engage in a process of conscious collective witnessing and mourning. His work addresses intergenerational family trauma as it intersects with the major collective traumas of the twentieth century.¹⁹

15. Kaethe Weingarten, *Common Shock. Witnessing Violence Every Day* (New York: New American Library, 2003), ch. 5.

16. Babette Rothschild names this—recognizing and acknowledging that they have in fact *survived* the trauma—as the *first essential key* to trauma recovery. See her book: *Eight Keys to Safe Trauma Recovery: Take-Charge Strategies to Empower Your Healing* (New York: Norton, 2010), x.

17. Weingarten, *Common Shock*, 120.

18. *Ibid.*

We have only to name some of these to imagine the vast scope of the collective trauma that lives in us whether or not we acknowledge it: the catastrophic immensity of the Holocaust; the bombing of cities throughout Europe and the nuclear bombing of Japan; unceasing wars since the end of World War II; famine; rape and sexual slavery; the sexual abuse of children (especially by trusted members of the clergy); the mass incarceration, public murder, and systemic oppression of people of color; 9/11 and the reactive wars perpetrated on the peoples of Iraq, Afghanistan and Syria, leading to a refugee crisis of unfathomable proportions; apartheid in South Africa, Israel/Palestine, and the United States; assassinations of political leaders around the world; assassinations by drones; torture as a matter of policy; war crimes; widespread electro-magnetic field pollution; the nuclear disasters of Fukushima and Chernobyl; climate change of catastrophic proportions; ocean pollution; the melting of the icecaps; massive extinctions of species and losses of biodiversity; fires that cannot be contained; hurricanes, earthquakes, volcanoes, tornadoes. Today, world-wide economic instability and the coronavirus encircle the globe.

It is impossible to acknowledge even a few of these accumulated collective traumas that live in our bodies and minds unless we can gird ourselves with a whole network of supportive friendships and daily practices. We need to gain an understanding of our collective history, particularly the catastrophic events of the twentieth century, in which genocide and ecocide became “normalized,” to receive a daily influx of poetry, song, and beauty, by which the human spirit can be uplifted; to gain the courage and resilience that comes from a “conspiracy of hope”²⁰ generated by the kind of nonviolent political action that is grounded in love for this world; to uncover a profound sense of belonging with our very own ancestors, with our actual neighbors, our religious and spiritual communities, and our extended and nuclear families. The greater the sense of belonging and vital participation in the communities that we actually belong to, the safer we will feel as we dare to acknowledge the level of pain, grief and fear that we are coping with.

The more we are able to give voice both to our longings and our hopes, the more we will be able to consent to enter into a depth of collective mourning. Profound mourning in collective gatherings paradoxically gives rise to hope. Mourning together reduces shame, opens our hearts to the sheer magnitude of our love for the world, and deepens our desire to act together in a responsive and responsible way, rather than in an outraged and reactive way. We need to have access to our ability to think clearly by staying connected to our pre-frontal cortex. This is impossible to do if we remain in an alarmed state of fight, flight, or freeze

19 Bert Hellinger, *Love's Hidden Symmetry* (Phoenix, AZ: Zeig, Tucker, and Theisen, Inc., 1998)

20 Dean Hammer, “The Lived Experience of a Psychologist Activist,” *Psychotherapy and Politics International* 18:2 (2020): 5, <https://onlinelibrary.wiley.com/doi/abs/10.1002/ppi.1536> “Given the challenging odds of the wager of our generation, we require a conspiracy of hope to galvanize a transformation of global consciousness and action”

reactivity. It is only as whole-brained and whole-hearted persons that we can think creatively and coherently about our situation.

The lifeline for collective trauma is collective awareness, collective mourning and collective action. We need to find ways to create collective healing modalities that will enable us to integrate the legacies of our past and to mourn together. Many of us watched in awe as the collective creativity of various cultures found ways to promote courage and resilience. I am remembering with gratitude the early weeks of the coronavirus outbreaks, when the people of Rome went out onto their balconies and began singing arias to their neighbors. It was so quintessentially Italian! They tapped into the collective wealth of the history of Italian opera, with all its tragedy and inexpressible beauty and sang to each other.

Then I noticed that many people began giving away their gifts for free on the internet. Webinars on every imaginable self-care topic, daily meditations and prayer, yoga classes, rich poetry exchanges; somehow the internet became our village green, our commonwealth, where we could go to be with others and not feel so alone. There we could gaze into the faces of others, seeing them eye to eye, without their faces half-covered with masks. Funerals and weddings, hymn sings and coffee hours sprouted up in those communities whose resources enabled them to meet on the internet.²¹

Martha Cabrera, a psychologist who worked in post-war Nicaragua (just after the devastation wrought by Hurricane Mitch), described her country as a “multiply wounded, multiply traumatized, multiply mourning country.”²² Perplexed by the apathy, numbness and sense of isolation among the people, she found ways to open up conversation about the losses that had been sustained but never talked about. She writes, “Unprocessed traumas and other wounds and grief explain much of the current lack of mobilization.”²³ A kind of collective numbness had set in because of all the accumulated, unprocessed pain. She set about to create intentional structured spaces that could hold the collective suffering of each community. She notes how personal and social change are inextricably bound together. Not only is the personal political, but the political is also personal. After months of holding restorative circles, where people began to speak openly about how the calamities of the war and the hurricane had affected them, she concludes “Our field work has led us to believe that we have to talk about that past, in fact our whole past history, if we want to heal ourselves.”²⁴

Our relational capacities can unleash tremendous power for healing and resilience, when we entrust ourselves to a process of mutual listening, speaking and caring, when we come into one another’s presence committed to speaking honestly

21. Once again, it is important to acknowledge the shameful disparities that exist between the rich and the poor all over the world.

22. Martha Cabrera, “Living and Surviving in a Multiply Wounded Country,” <http://www.envio.org.ni/articulo/1629>.

23. Ibid

24. Ibid

and courageously about what we have found to be true. When we join our community with open hearts and open ears, we join as humble participants, knowing that the whole is far greater than the sum of its parts. We are just one small part of the whole, but every voice matters. The eye cannot say to the hand, “I have no need of you,” nor again the head to the feet, “I have no need of you.”²⁵

A living faith functions as an indispensable lifeline. Anyone who loves Scripture will be uplifted by the stories that have sustained people of faith throughout the ages: stories of a trustworthy God who has delivered generations from every kind of devastation: from the ruin of the land (Jeremiah), from the intolerable oppression of enforced slavery (Exodus), and from countless personal afflictions (the Gospel narratives). The witness of Scripture is that our merciful God listens to the cries of his people.

Our relationship with God is alive at every level of trauma, both individually and collectively calling upon our faith (or lack of it) with each kind of traumatic trigger. If the scope of trauma’s impact is envisioned as an ever-widening circle of harm, “the gospel’s restorative power is understood to emanate outward as the presence and work of Jesus Christ mercifully address every kind of human misery and need.”²⁶ The lifeline of God’s grace is the one that undergirds and upholds us during every kind of trouble. When we entrust ourselves, body and soul into God’s and one another’s care, we can stay afloat in turbulent waters.

Those of us in the church can also turn to the lifeline of prayer. When a practice of daily prayer has been strengthened by a living faith over time, trust will deepen and new risks will be ventured. Those who turn to God in prayer in both prosperity and adversity know in their bodies (not just their minds)—in their whole nervous system, from their gut to their brainstem, to their limbic system, to their whole embodied self—that they have a “relational home” in God. They know they can take their sorrow, outrage and anguish to the One who has promised to take them to heart.²⁷

While collective trauma has the capacity to intensify or re-ignite individual unhealed trauma, so also collective restorative practices can have a profound healing impact on personal trauma. That which is most deeply personal becomes part of the communal lament of the people of God through the ages. Years ago, Walter Brueggeman reminded us that:

[The] public dimension of grief is deep underneath personal loss, and for the most part, not easily articulated among us. But grief will not be worked well or adequately until attention goes underneath the personal to the public and communal. My expectation is that pastors, liturgically and pastorally most need to provide opportunity

25 I Corinthians 12:21, RSV.

26 Hunsinger, *Bearing the Unbearable*, xii

27 Deborah van Deusen Hunsinger, *Pray Without Ceasing: Revitalizing Pastoral Care* (Grand Rapids: Eerdmans, 2016)

and script for lament and complaint and grief for a long time. No second maneuver after grief shall be permitted to crowd in upon this raw, elemental requirement.²⁸

Whenever we consent to descend into our collective grief with a community we love, within the secure boundaries of ritual space, hope and trust are paradoxically restored.

Those of us who have witnessed the power of the gospel in our lives and in the lives of countless people we love, its power to bring joy, freedom, justice, peace, wholeness, in a word, God's own shalom, need to embody the hope that the gospel has given us. We who have witnessed its power to bring deep refreshment in times of drought, creativity and new life when we least expect it, and the sheer grit to get through hard times, are called upon to be its witnesses. We are called upon to testify to the foundational lifeline of trust in a God whose faithfulness has carried generations of our forebears through trauma and tragedy. In the community of the church, we can share with one another the paradoxical comfort of participating in the sufferings and sorrows of our God as we have come to know him in Jesus Christ. We are given the spiritual solace of a relational home in God's love and in the mutual care of a whole community. We are also given countless opportunities for joining our voices in prayers of lament, in which our grief and rage and pain can all be expressed. By God's grace our collective mourning will melt the frozen numbness of our hearts and paradoxically restore a sense of agency and hope.

Robert Jenson, writes: "In historical fact and by manifest anthropological necessity, nothing but final hope ever sustains genuine suffering or enables creative historic action."²⁹ Nothing but final hope. If we are to be sustained through the suffering of traumatic experience, it is only because we have been able to ground our lives in hope. We are given access to this final hope when we entrust our lives to the God who created us, the One who has redeemed us, and the One who sustains us every day of our lives. Healing, whether physical, emotional or spiritual, is always set within the unimaginable reaches of God's salvation. It is through the promises of the Gospel that we have access to the One in whom we can place our trust.


The LORD is my light and my salvation;
whom shall I fear?
The LORD is the stronghold of my life;
of whom shall I be afraid?

28. Walter Brueggeman, "Truth-Telling Comfort," in *Truth-Telling as Subversive Obedience* (Eugene, Oregon: Cascade, 2011), 81–86, as cited by John Swinton in *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids: Eerdmans, 2007), 121. See also Cedric C. Johnson, "Unspeakable Things Spoken: Globalization, Imperial Trauma and the Development of African-American Identities," in *Healing Wisdom: Depth Psychology and the Pastoral Ministry*, ed. Kathleen J. Greider, Deborah van Deusen Hunsinger, and Felicity Brock Kelcourse (Grand Rapids: Eerdmans, 2010), 157–75, for a description and analysis of a whole community engaged in a transformative healing process as they confront horrific historic and ongoing trauma.

29. Robert W. Jenson, "Story and Promise in Pastoral Care," *Pastoral Psychology* 26:7 (1977) 113–23.

I believe that I shall see the goodness of the LORD
In the land of the living!
Wait for the LORD;
be strong, and let your heart take courage;
yea, wait for the LORD!³⁰

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Author Biography

Deborah van Deusen Hunsinger, PhD, an ordained minister in the PCUSA, is a Spiritual Director at Princeton Theological Seminary and Charlotte W. Newcombe Professor of Pastoral Theology *Emerita*. Originally trained as a pastoral counselor, Dr. Hunsinger taught courses in pastoral theology and pastoral care at Princeton Seminary for 25 years. She now offers trauma-informed spiritual care to both individuals and small groups.

30 Psalm 27:1–2, 13–14, RSV

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