Bearing the unbearable: 
Trauma, gospel and pastoral care

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Abstract
This paper examines trauma in light of the gospel of Jesus Christ. Given the profound and long-lasting suffering caused by trauma, how is it to be borne? Moreover, how do those in the helping professions bear the vicarious pain of listening empathically to the cries of the traumatized? Professor Hunsinger first examines trauma and details its psychological effects. Then she describes a process by which one can break out of the vicious cycle of trauma's impact. Finally, she places trauma in theological context, by claiming that all that is truly unbearable in this world can be borne only because Jesus Christ has already borne the full weight of sin and death on our behalf and for our sakes. The anguish of human trauma is endured as we mediate the love of God by providing a relational home for one another, a place where God's compassion is attested, prayers of lament are offered, and the worship of the people of God sustains us in hope.

Keywords
Trauma, pastoral care, healing, PTSD, suffering, cross

Traumatic loss lies at the very heart of the Christian imagination. The souls of those who call themselves Christian are indelibly stamped with the unbearable sorrow of this man, Jesus. After raising the hopes of many, Jesus died a shameful death, indeed an unjust and horrible death. What is more, his friends denied, betrayed, and abandoned him in his hour of need. He was tortured and executed as a common criminal, even though he had done nothing to warrant

1. This article served as the inaugural lecture for my appointment to the position of Charlotte W. Newcombe Professor of Pastoral Theology at Princeton Theological Seminary on September 27, 2010. It is dedicated to my beloved teacher, Professor Ann Belford Ulanov, of Union Theological Seminary in New York. Studying with her was one of the great blessings of my life.

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condemnation. Jesus Christ drank the cup of bitterness all the way to its dregs, and descended into the very depths of hell: how can such a terrible story be borne? Much more than an intellectual puzzle about so-called “theories of atonement” is at stake here. Believers who have survived trauma stake their very lives on the power of the gospel to heal.

Trauma: how can we give it the kind of disciplined attention that it deserves? Holding even a fraction of this suffering steadily in our attention can be challenging. Is it possible to talk about trauma without causing pain to those already bearing trauma in their bodies and souls? Daily through the media, we are bom-barded with stories capable of breaking our hearts, yet little attention is given to the impact of such accounts on its hearers. How can we bear these stories with an open heart? Indeed, how do we bear them at all?

Pastoral theology, as I understand it, is first and foremost a theology of God’s care for the world in Jesus Christ, in which we are invited to participate. This means that all pastoral care depends upon prayer, leads to worship, and trusts in the promises of God. Such an orientation leads us to confess that though we ourselves, with our enduring failures to love, cannot truly redeem traumatic loss, we cling in hope to the One who can and does. That One drank the cup of bitterness, died a death of anguish, and descends into every darkness that threatens to overwhelm us.

Those who study theology are called to ponder holocausts of every kind, from biblical “texts of terror,” to grueling historical or theological tracts, to the horrors of the evening news. How can we fortify ourselves, our students, or our children for the kind of world we live in? Whether painted on a vast canvas of national or international significance, or in a miniature of a single family or community, traumatic loss is ubiquitous. When it hits us personally, it changes our lives irrevocably: through the shock of an accident, a criminal assault or tragic death, or through the multiple and complex traumas that arise in relation to immigration, war, imprisonment, torture, domestic violence or sexual abuse, among others. Unacknowledged and unhealed, trauma often leads to further violence, either against oneself or others, and thus to more trauma. With knowledgeable intervention and wise support, however, trauma can be healed, and may even become “a catalyst for growth and transformation,” the turning point of a life, a sign and symbol of God’s goodness and care.

2. Serene Jones asks a similar question: “How can ministers craft sermons that speak to the plight of trauma survivors without retraumatizing them?” See Serene Jones, Trauma and Grace: Theology in a Ruptured World (Louisville: Westminster John Knox, 2009), 85.
As caregivers in the Church who seek to help others, how can we be sure that we will first, do no harm? How can we be a source of spiritual strength and practical support for the communities we serve? Moreover, as witnesses to the trauma of others or as persons afflicted by trauma ourselves, where do we turn for help? In this inaugural lecture, I want to set forth an understanding of the impact of trauma and inquire into the role of the gospel and the Church in its healing. I plan to address three basic issues:

What is trauma and how does it affect us?
How do we break free from the vicious cycle of trauma's impact?
How does the gospel with the pastoral care of the Church bring healing to the traumatized?

What is trauma and how does it affect us?

The twentieth century offered countless opportunities for studying trauma, but it was not until the 1970s that social and political ferment enabled its study to advance decisively. By the mid-1970s, hundreds of "rap" groups had been organized by Vietnam Veterans against the War where men could speak honestly about the horror of war. At the same time, women gained collective courage as they shared, among other things, their stories of rape, sexual abuse, or domestic violence. No longer willing to allow "denial, secrecy and shame" to render them mute, both men and women were able to transform what had previously been private suffering into powerful public action for social and political change.

In the 1970s and 1980s, crisis centers, rape hotlines, and safe shelters were established with painstaking effort in state after state.

At the same time, the Veterans Administration commissioned thorough studies of the war's impact on returning Vietnam vets. Subsequently, a "five-volume..."
study on the legacies of Vietnam...demonstrated beyond any reasonable doubt [the] direct relationship [of trauma] to combat exposure." With multiple vectors for social change converging, the American Psychiatric Association included a new diagnosis in their *Diagnostic and Statistical Manual* for 1980 called Post-traumatic Stress Disorder (PTSD). In their first attempt to capture its essence, psychiatrists described traumatic events as lying "outside the range of usual human experience," a definition that proved untenable since traumatic incidents of one kind or another are quite common. As psychiatrist Judith Herman writes, "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life." In fact, a simple, thumbnail definition of trauma might be: "an inescapably stressful event that overwhelms people's coping mechanisms." When people face "intense fear, helplessness, loss of control, and the threat of annihilation," and when these feelings persist for more than a month, PTSD becomes the chosen diagnosis. It is important to note, however, that witnesses to horrific events are also vulnerable to trauma. Watching helplessly as a loved one dies, seeing the Twin Towers fall to the earth, or listening in fear as one's mother or sibling gets beaten—such events can also trigger a traumatic reaction.

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11. Ibid.
12. Ibid., 33. "Norris (1992), in a study of 1,000 adults in the southern United States, found that 69% of the sample had experienced a traumatic stressor in their lives, and that this included 21% in the past year alone." Quoted in Bessel A. van der Kolk, MD, Alexander C. McFarlane, Lars Weisaeth, eds, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2006), 135.
13. Herman, *Trauma and Recovery*, 33.
15. N.C. Andreasen, "Posttraumatic Stress Disorder," *Comprehensive Textbook of Psychiatry*, eds H.I. Kaplan and B.J. Sadock (4th ed; Baltimore: Williams and Wilkins, 1985), 918–24, quoted in Herman, *Trauma and Recovery*, 33. Following the criteria for diagnoses can be dizzying since PTSD has so many close cousins, such as acute stress disorder, panic disorder, anxiety disorder, agoraphobia, etc. However, a synopsis of the seven criteria of PTSD are: (1) the traumatic stressor involves death, injury or serious threat (or witnessing or learning about such to another); (2) the response involves intense fear, helplessness or horror; (3) the person persistently re-experiences the traumatic event; (4) the person persistently avoids stimuli associated with the trauma and tries to numb general responsiveness; (5) symptoms of hyperarousal persist; (6) for a month or more; (7) and the symptoms cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning." See also http://www.psychiatryonline.com/content.aspx?id=3357&searchStr=post-traumatic+stress+disorder.
The subjective experience of feeling overwhelmed uniquely characterizes trauma and differentiates it from those situations that are experienced, perhaps, as exceptionally stressful but not as traumatic. Peter Levine elaborates:

Traumatized people... are unable to overcome the anxiety of their experience. They remain overwhelmed by the event, defeated and terrified. Virtually imprisoned by their fear, they are unable to re-engage in life. Others who experience similar events may have no enduring symptoms at all... No matter how frightening an event may seem, not everyone who experiences it will be traumatized.  

The imponderable factor here is that the nature of the triggering event in and of itself does not guarantee a traumatic reaction. One person may experience the event as traumatic while her neighbor, friend or daughter having the exact same experience may find it stressful, but not traumatic. This fact remains completely inexplicable until we realize that none of us ever actually has the exact same experience because our minds organize our experiences in a completely idiosyncratic way. Its meaning will be different for each person because our way of making narrative sense of our lives is utterly unique. Thus, feeling overwhelmed or immobilized is a variable that cannot be predicted by either the nature, magnitude or intensity of the triggering event. "Consequently," writes Carolyn Yoder, "a traumatic reaction needs to be treated as valid, regardless of how the event that induced it appears to anyone else." 

I want to underscore this point because I believe it is fundamental to competent pastoral care. Time and again, one hears people minimizing or discounting the anguish of others, essentially encouraging them to "get over it." Wanting those they love to be whole, they try to encourage them by rationally explaining why they should not be upset by so small a thing. Yet there is little that so completely obstructs the healing process as having someone offer the free advice to "get over it" or "put it behind" them. While such defense mechanisms—denial and minimization—on the part of friends or caregivers are understandable as human reactions to pain in those they love, they only injure the traumatized further, perhaps to the point of shaming them into silence and truly unbearable isolation. Yet, why are they not able simply to "get over it"? The various symptoms of post-traumatic stress have been aptly summarized by Judith Herman, as hyperarousal, intrusion, and constriction: "Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender." While each symptom originates in the triggering event itself, they all have an afterlife in the person's unfolding post-trauma history.

19. Ibid., 11. Emphasis in the original.
20. Herman, Trauma and Recovery, 35.
Any kind of physical or emotional shock has the potential to set certain physiological responses in motion. Typical responses include one’s heart beating faster, difficulty in breathing, rising blood pressure, and the constriction of one’s stomach. One’s thoughts may begin to race and the skin may become cold. These responses all stem from the autonomic nervous system putting the body on high alert in response to a perception of threat. The release of hormones mobilizes the body for fight or flight. When neither fight nor flight seem possible, the physiological response of the body is to freeze.21

In the freeze response, “the victim of trauma enters an altered reality. Time slows down and there is no fear or pain. In this state, if harm or death do occur, the pain is not felt as intensely.”22 There is a notable shift in consciousness, in which there is a subjective sense of detachment. Victims of sexual assault, for instance, sometimes speak of “leaving their body” and watching themselves from another point in the room: standing next to the bed or looking down from the ceiling.23 Metaphorically, it is as if the soul escapes the body to protect the person from the physical pain and the full emotional impact of his or her radical vulnerability.

Like the fight or flight response, freezing is also heralded by a flood of hormones. In 1844, David Livingstone described his subjective experience of being seized by a lion:

Growling horribly close to my ear, he shook me as a terrier dog does a rat. It produced a sort of dreaminess in which there was no sense of pain, nor feeling of terror, though I was quite conscious of all that was happening... This placidity is probably produced in all animals killed by the carnivore; and if so, is a merciful provision of the Creator for lessening the pain of death.24

The capacity of the mind to dissociate like this may reduce the immediate pain and horror of the event, but it does so at a high cost. Studies now demonstrate that “people who enter a dissociative state at the time of the traumatic event are among those most likely to develop long-lasting PTSD.”25

During a traumatic ordeal, the intense hyperarousal of the emotions often “interfere[s] with proper information processing and the storage of information in narrative (explicit) memory.”26 This means that memory of the trauma is often fragmented; it is not organized in a linear, narrative fashion as normal memories are. Instead, certain features associated with sensory data are vividly remembered such as a particular smell, sound, image or color. If a dog was barking when the

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23. Herman, *Trauma and Recovery*, 43.
25. Herman, *Trauma and Recovery*, 239.
person was assaulted, for instance, the sound of a barking dog might evoke subsequent feelings of terror or rage, yet strangely unaccompanied by an explicit memory of the assault. Or, alternatively, the memory of the assault may be explicit, yet strangely dissociated from the accompanying emotions. Bessel van der Kolk comments:

Although the individual may be unable to produce a coherent narrative of the incident, there may be no interference with implicit memory; the person may “know” the emotional valence of a stimulus and be aware of associated perceptions, without being able to articulate the reasons for feeling or behaving in a particular way. [Pierre] Janet [1859–1947] proposed that traumatic memories are split off (dissociated) from consciousness, and instead are stored as sensory perceptions, obsessional ruminations or behavioral reenactments.27

Such intrusive memories can be quite distressing, as aspects of the traumatic event are replayed in the mind over and over again, but without the full picture, without the experience of “normal memory” that enables a coherent sense of self-understanding.

After such an event, the hyperarousal of the nervous system keeps persons on a kind of “permanent alert,” where they may startle easily and sleep poorly.28 Subject to nightmares and intrusive flashbacks, they may begin to circumscribe their world to avoid anything that might re-trigger the feelings of helplessness, rage, fear, grief, panic, and shame associated with the event. Flashbacks are something like having nightmares while awake. Something triggers the memory of the trauma, perhaps the smell of alcohol, the sound of a particular footfall, a certain tone of voice or characteristic gesture. Indeed, anything can trigger a flashback because of the way the brain organizes data in a vast web of interconnected associations. Neurologists remind us that neurons that “fire together, wire together.”29 Two or more things are forever associated, “wired together” in the brain’s neural pathways. Suddenly, one is shaking and sweating in response to an ordinary everyday event.30 Yet, knowing that one’s response is out of proportion to what triggered it only increases a sense of powerlessness, anxiety, and shame. Because such experiences of intrusion are so frightening and because survivors can make little rational sense of them, they often do whatever they can to avoid these states or to deaden the pain by numbing it out in some way.

28. Herman, *Trauma and Recovery*, 35.
30. “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 that we have dealt with them or have completely forgotten about them.” A.J. van den Blink, “Trauma and Spirituality,” in *Reflective Practice: Formation and Supervision in Ministry*, 28 (Decatur, GA: Journal of Pastoral Care Publications, 2008), 30–47. See http://www.easternaapc.org/articlesofinterest.html, accessed July 30, 2008.
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.\textsuperscript{31} 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.\textsuperscript{32} Spiritual questions may become particularly intense with a growing sense of disorientation or even meaninglessness. Living in an unsafe world, survivors of trauma put themselves on constant alert, watching for danger.

While many victims suffer in silence, others will turn the intensity of their suffering outward. Feelings of rage may predominate. Wanting justice, fantasies of revenge may become an obsession. Sometimes narratives are created where the plotline of good versus evil has them perpetually in the role of the "good guy" with "the other" as the "bad guy." The enemy is typically seen as less than fully human. The traumatized begin to tell a predictable tale that seldom varies. Pastoral theologian, David Augsburger, challenges victims of trauma with a number of pointed questions: "Can I identify what I get out of rehearsing an offense over and over? Why do I insist on replaying the history of injury? How often have I told and retold the story of the offense to others to gain their support and validation of my role or position as victim?"\textsuperscript{33} When such desires for revenge are not consciously wrestled with, attacks on others may seem justified as a way of restoring a sense of dignity, respect, and honor or in the name of justice.\textsuperscript{34} In a chilling comment, James Gilligan, director of the Center for the Study of Violence at the Harvard Medical School, comments that "All violence is an effort to do justice or to undo injustice." Pain that is not transformed does not simply disappear. As Ann Ulanov writes,

Where we repress our grudge-holding, our wish to make someone pay for what has happened to us... that repressed shadow does not just go away. It goes unconscious and remains alive with instinctual impulses, emotions, but far out of reach of

\textsuperscript{31} Yoder, The Little Book of Trauma Healing, 33
\textsuperscript{32} Feeling helpless and alone in a potentially hostile world was Karen Horney's definition of neurosis. See Neurosis and Human Growth (New York: Norton, 1950). Serene Jones speaks repeatedly in her book on the damaged sense of agency of the traumatized and their need for experiences of empowerment. See Trauma and Grace.
\textsuperscript{33} David Augsburger, Hate-Work: Working through the Pain and Pleasures of Hate (Louisville: Westminster John Knox, 2004), 227.
modification by social or personal reality testing... We put onto others what we do not own in ourselves and identify them with this rejected bit of ourselves. The personal becomes social. But then this live bit of shadow menaces us from the outside.36

Instead of the trauma being "acted in" against the self, it is now "acted out" against others. The traumatized feel justified in venting their rage, yet such repeated venting only serves to inscribe the anger and sense of moral outrage more deeply in body and soul. It does nothing to bring healing or peace.

Freud describes "repetition compulsion" as a symbolic reliving of the trauma, as a way the traumatized express their suffering while yet failing to become fully conscious of it. Children who have been sexually abused, for example, may engage in ritual play that gives unconscious voice to the abuse. Those honored for bravery in war may suffer repetitive nightmares or else wreak terrible violence on their families as they struggle with mental pain.37 The combination of survivor guilt, depression, frozen grief, anguish, and rage act as a kind of seething cauldron beneath the surface, ready to burst forth in a symbolic re-enactment of the original horror, often with tragic results.

How do we break free from the vicious cycle of trauma's impact?

Is it possible to forge a path that seeks neither "oblivion" on the one hand nor "revenge" on the other?38 Is it possible truly to heal? Ann Ulanov describes the predicament of those who have constricted their lives in the aftermath of trauma:

We swap aliveness for restriction in order to feel safer, avoid pain, survive some blow that seems to us unbearable, that would destroy us. We fear we are empty inside so we cover it up with manufactured control, or made-up excitement, or self-promotion. The emptiness can never change if we refuse to experience it, and in the company of another. We need an other to depend on when we turn to face our deadness. Whatever we are afraid of, it requires our attention; we must go down into it, look around, not knowing if and how we will come out.39

38. Bessel van der Kolk dedicates his remarkable anthology, Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society, "to Nelson Mandela and all those who, after having been hurt, work on transforming the trauma of others, rather than seeking oblivion or revenge."
Three key phrases need to be underlined here: first, whatever we are afraid of requires our attention. Second, we need to experience it in the company of an other. And third, we take these steps not knowing if and how we will come out.

Those who seek to reclaim their lives after trauma need to face what has actually happened to them. It requires their attention. If their nervous system is in a hyper-aroused state, they need to find as much safety as possible. Only true safety will provide the emotional security needed to begin the healing process commonly known as mourning. Giving voice to all that they have experienced—the terror and helplessness, the sense of moral outrage and personal violation, the sorrow, hurt, anger, and grief—becomes the essential first step in piecing together a coherent narrative.

Yet none of this can happen apart from the lively presence of a caring other. Who is there that can bear the anguish of such a narrative, without minimizing or denying it, without giving advice or offering strategies to overcome it? Who can listen without offering empty platitudes or switching the focus to a similar story of their own? Who has the wisdom to refrain from asking intrusive questions prompted by their own anxiety, allowing the traumatized space to tell their story in their own way at their own pace? Who can offer a compassionate, caring presence, free of pity or sympathy, free of judgment, praise or blame?

Healing begins as the traumatized begin to piece together a coherent narrative, creating a web of meaning around unspeakable events while remaining fully connected emotionally both to themselves and to their listener. It takes courage even to begin such a conversation. Their feelings can be confusing and difficult to sort out. Often there seem to be no words that adequately describe the horror. Moreover, is it safe to trust the listener? Feelings of shame, fear of judgment, extreme vulnerability are common. Maybe talking about it will make matters worse.

Talking about it can, in actual fact, make matters worse. Any kind of direct processing of the traumatic experience needs to be balanced at all times with a sense of safety and containment. Anchoring oneself in the present, feeling safe with one’s listener, processing one small piece at a time, and mourning each of the profound losses involved, all these steps take time, patience, and exquisite self-care. Trauma specialists are trained to pay attention to signs of distress and deliberately slow down the process, remembering the maxim that “the slower you go, the faster you get there.”

The goal in talking about it is to stay fully connected to the feelings without becoming overwhelmed. Eye contact with the caregiver, slowing down the pace, taking a break from the past, returning to the present with clear focus on one’s bodily sensations, all help to put on the brakes.


42. Babette Rothschild writes, “I never help clients call forth traumatic memories unless I and my clients are confident that the flow of their anxiety, emotion, memories, and body sensations can
happening and why profoundly assists the healing process as well. This is why a clear conceptual understanding of trauma is important: understanding becomes a part of the holding environment that contains anxiety and increases a sense of empowerment.

Those who have courageously faced trauma give powerful witness to the risks involved. Will they choose life by facing the pain or will they shrink back once again into numbing defenses?

When I get into a crisis now, instead of saying, "Oh my God, I’m never going to heal," I see that it’s like layers, and the more I work with it, the more they keep coming around. And even though it’s like “But I was feeling good two days ago and now I’m shaking and crying and I can’t sleep,” I’m beginning to see that I’m not coming back to the same place. I’m coming back at a different level... When I reach the next level where the tears are, where the fear is, where the tiredness is, I have to trust...

For me the decision not to identify with the past was a decision, not just a change I went through in the healing process. I had to make a quantum leap that I was no longer going to have the abuse be the cause and my life be the effect... Right now you have to choose what standpoint you are going to live life from. And it’s a constant choice.

Trauma survivors need to choose life over death, not once but many times, reaching out with the fragile hope that the trauma can be healed or transformed, that the pain will abate, or that some kind of normalcy will return. Some try to take their lives. Tragically, many succeed, despairing that nothing can stop the eternal recurrence of the trauma. Each person needs the love, support, respect, and understanding of caring others. Those who grow through and beyond trauma do so in part by forging a spiritual framework for what is called post-traumatic growth. Not knowing if or how they will come out, they nevertheless are freed to take steps toward greater and greater freedom. It is to one such framework that I now turn.

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be contained at will. I never teach a client to hit the accelerator, in other words, before I know that he can find the brake.” See http://www.saskworld.com/bodymindspirit/edition21/17_article_r-othschild.htm, accessed July 10, 2010.

44. Ibid., 438.
45. Sometimes teens and children are overlooked. Where early attachment is threatened or ruptured, children are much more vulnerable to trauma throughout their lives. See the valuable work done by the National Child Traumatic Stress Network for helpful resources: http://www.nptsnet.org/ncts. I am indebted to Jennie Olbrych for this reference.
How does the gospel with the pastoral care of the church bring healing to those suffering from traumatic loss?

When we enter "the strange new world of the Bible," we are confronted with paradox and mystery at every turn. Here we behold a crucified Savior, a God who bears our grief and carries our sorrow, who heals by taking away the sin of the world, both the evil we suffer and the evil we do. It makes no rational sense. Looked at from outside the circle of faith, it is a complete conundrum. "Getting in" on this religion wrenches your mind inside out: is the cross of Christ sheer foolishness or is it the very power of God (1 Cor 1:18)?

At its core, the cross becomes gospel for the traumatized only if they are able to see there a divine love willing to bear what is unbearable for mortal, fallen human beings. God bears for us the full weight of both sin and death. If God in Jesus Christ descends into the worst hell imaginable in order to deliver us from the hells we inflict upon one another, then such a God is worthy of our trust. When we stand by helplessly witnessing the suffering and dying of those we love, we have a God to whom we can entrust them in life and in death. For Jesus Christ is not simply a human companion who comforts us by suffering trauma alongside us. As the creeds of the Church attest, he is known to us as the risen Lord, the very Wisdom and Power of God, through whom God will fulfill his purpose of redemption. Jesus Christ, the gospel attests, bears what cannot be borne by fragile, fallen human beings. He alone bears the sin of the world and he alone bears it away.

As the Lamb of God who takes away the sin of the world, Christ is known as that One who suffers for our sakes as well. On our behalf and for our sakes, he takes human depravity into his own divine heart in order to transform it, so that it no longer has the power to separate us from God. The powers of sin and death that have such a hold on us—and that are at the root of all trauma—are finally nullified. Not only the fear of death, by which human beings are made "subject to lifelong bondage" (Heb 2:15), but also the fear of eternal estrangement from the very Source of Life, is proclaimed to be overcome in Christ. Through Christ, we have access to all that we long for: the loving gaze of one who cherishes us, miraculous outpourings of grace, a steady anchor in times of distress, mercy on our weakness, forgiveness of our sins, and most basic of all, the lifeline of basic trust.

If salvation means forgiveness of sin and the promise of eternal life, then all our pastoral arts of healing have this promise as its telos. Healing, whether physical, emotional or spiritual, is always set within this larger context of the unimaginable reaches of God's salvation.46 If our hope is nothing less than the salvation of the world in Jesus Christ, it is also a hope held out for the perpetrators of trauma as well as for its victims. All those human beings from whom we normally seek to

46. See Deborah van Deusen Hunsinger, Theology and Pastoral Counseling: A New Interdisciplinary Approach (Grand Rapids: Eerdmans, 1995), 122. See also, Robert W. Jenson, "Story and Promise in Pastoral Care," Pastoral Psychology 26.7 (1977): 113–23. "In historical fact and by manifest anthropological necessity, nothing but final hope ever sustains genuine suffering or enables creative historic action."
separate ourselves by every conceivable means, those perpetrators of unspeakable horror—they, too, perhaps more than anyone, need to hear the gospel word of God's judgment and mercy. If One died for all, then he died for those who have brought the terrors of hell, not only upon others, but also upon themselves through their own actions.47

Indeed, whenever we affirm that Christ died for sinners, we affirm our solidarity with all who do harm, solidarity in sin as well as in our deliverance from sin. In confessing ourselves as sinners, utterly unable to save ourselves, we recognize that under similar circumstances of deprivation, terror or colossal historic evils, we, too, would be capable of monstrous crimes toward our fellow human beings. The cross of Jesus Christ is God's response not only to the terror of human trauma, but also the anguish of human guilt, bringing succor and healing to the one, and judgment, forgiveness and the "godly grief" of repentance to the other (2 Cor 7:10). When we affirm the resurrection and ascension of Jesus Christ, we affirm his power to bring every kind of evil to an end. "Though innocent, Christ suffers as if guilty and ends the logic of evil by taking our suffering onto his body, and not being destroyed by it nor by the death it inflicts. The abyss of love is revealed as stronger than the abyss of death, the power of love as stronger than the power of hate."48 This is an interpretive framework that no psychiatrist or therapist has to offer, no twelve-step program or self-help group can claim, but which can be preached and taught week after week in the context of ordinary pastoral care: that in overcoming the world, Jesus Christ saves us from both the guilt and anguish of human sin, as well as the terror and trauma of suffering and death.

These are words of hope to which the traumatized may cling. "Now hope that is seen is not hope" (Rom 8:24). Though our faith holds us fast to this hope, we know that many descend into their graves with nothing but hatred toward those who have harmed them or those they love. Forgiveness, though freely given by God, does not seem to be a human possibility for us in turn. Try as we might, it does not seem subject to our human will but comes, when it does, as a miracle of God.49 While not subject to our human will, forgiveness rarely happens apart from an active decision to forgive. One definition of forgiveness, given by pastoral theologian, David Augsburger,

is an act of laying aside one's rational arguments for repayment, my principled arguments for my being truly in the right and you being wholly in the wrong, and at last

47. "More recently has come an awareness of 'perpetrator-induced trauma' and its role in perpetuating the cycle of victimization and offending; severe offending can itself cause trauma in offenders." Zehr, "Doing Justice, Healing Trauma," 10. See also, Robert MacNair, Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing (Westport, CT: Praeger, 2002). For a compelling story, see Wendell Berry, "Pray without Ceasing," in Fidelity (New York: Pantheon, 1992), 3–60.
offering a full and complete pardon to the other, whether or not there are any believable signs of authentic remorse or repentance in the perpetrator. In granting the other person release, one receives one's own.\textsuperscript{50}

We have seen this miracle of forgiveness in the testimonies of those who appeared before the South African Truth and Reconciliation Commission. One that has stayed with me is the testimony of Ms Babalwa Mhlauli. Bishop Tutu writes, “When she had finished telling her story, she said she wanted to know who had killed her father. She spoke quietly and, for someone so young, with much maturity and dignity. You could have heard a pin drop in that hushed City Hall when she said, ‘We do want to forgive but we don’t know whom to forgive’.”\textsuperscript{51}

We see it in Marietta Jaeger-Lane who has worked tirelessly for both victims and perpetrators in the years that followed the kidnapping and murder of her seven-year-old daughter, Susie. Founder of Murdered Victim’s Families for Reconciliation, Ms Jaeger Lane continues to honor her daughter by offering testimony to end capital punishment for capital crimes.\textsuperscript{52} Such stories challenge us to consider those for whom we harbor ill will, those we are unable or unwilling to forgive. Sometimes, we can only lay them at the foot of the cross for God to judge, confessing our inability to fathom either the extent of the evil or its redemption. We can only point away from ourselves to the transcendent hope of the gospel we are called to proclaim.

If maintaining hope is the foundation of all healing, as psychotherapist Jon G. Allen attests, then the gospel has something fundamental to offer those afflicted by trauma.\textsuperscript{53} While ministry cannot replace the work of psychiatry or psychotherapy, it can nevertheless function as an indispensable part of the healing process.\textsuperscript{54} When human trust has eluded them, the traumatized desperately need an anchor, a point of reference, something or someone reliable in which to place their trust. Scripture attests again and again that by the power of the Spirit, God comes to those who cry out for help: “I called on Your name, O Lord, from the lowest pit. You have heard

\textsuperscript{50} Augsburger, \textit{Hate-Work}, 232.

\textsuperscript{51} Desmond Tutu, \textit{No Future without Forgiveness} (New York: Doubleday, 1999), 149.


\textsuperscript{53} Allen, \textit{Coping with Trauma}.

\textsuperscript{54} In the United States context, those diagnosed with PTSD will often turn for help to therapists especially trained in trauma. In other contexts around the world, imaginative rituals and collective healing processes have been developed. See, for example, the work of Martha Cabrera, “Living and Surviving in a Multiply Wounded Country,” describing her work in Nicaragua: http://www.google.com/#sclient=psy&hl=en&site=&source=hp&q=Martha + Cabrera%2C + %E2%80%9CLiving + and + Surviving + in + a + Multiply + Wounded + Country%E2%80%9D&aq=f&aqi=&aql=&gs_rfi=&fpb=1&fp=8d9c50a61d5b9175, accessed September 27, 2010.
my voice: 'Do not hide Your ear from my sighing, from my cry for help.' You drew near on the day I called on You, and said, 'Do not fear!'” (Lam 3:55-57, NKJV).

We thus facilitate healing when we help the afflicted cry out their sorrow, rage, and tears to God. Prayers of lament—crying out to God for deliverance—seem to be faith's only alternative to despair. Instead of protecting themselves against the pain, the afflicted are encouraged to go down into it, clinging to God’s promises as they do so. Listen to one such lament, in which the afflicted one directs her anguish toward God:

There comes a time when both body and soul
enter into such a vast darkness
that one loses light and consciousness
and knows nothing more of God’s intimacy.
At such a time, when the light in the lantern burns out
the beauty of the lantern can no longer be seen,
with longing and distress we are reminded of our nothingness.
At such a time I pray to God:
“O God, this burden is too heavy for me!”
And God replies:
“I will take this burden first and clasp it close to Myself
and that way you may more easily bear it.”...
If God leaves me unanointed, I could never recover.
Even if all the hills flowed with healing oils,
and all the waters contained healing powers,
and all the flowers and all the trees dripped with healing ointments,
still, I could never recover.
“God, I will tear the heart of my soul in two
and you must lie therein.
You must lay yourself in the wounds of my soul.”

These words of Mechthild of Magdeburg, mystic of the thirteenth century, echo down through the centuries, offering a startling image of healing through the palpable presence of Christ's own body. In her fervent prayer, Mechthild offers the wounds of her soul for healing through the intimate presence of Christ's broken body. Here we meet profound mystery. An image of union with Christ rises up from the depths and is given voice in her prayer. Only the full, living presence of a wounded Savior can heal her soul.

Psychologist Robert Stolorow speaks of the fundamental necessity of finding what he calls a "relational home" for traumatic experience. He writes, "Trauma is

constituted in an intersubjective context in which severe emotional pain cannot find a relational home in which it can be held. In such a context, painful affect states become unendurable...” Severe emotional pain cannot be endured if it does not have a relational home, someone to hold what cannot be borne. Ministers of the gospel of Jesus Christ who are rooted and grounded in the love of God provide just such a relational home for all those who groan for the redemption of the world. They offer a steady, sturdy, compassionate, and loving witness to all who have suffered trauma. In so far as they thus participate in Christ’s own compassion, they become witnesses to and mediators of Christ’s miraculous grace.

Conclusion

In recent decades, pastoral theology has turned more and more to the public, social, and political dimensions of both affliction and pastoral care. Ministers of the church attend not just to individual members of their congregations, but also participate in larger communities of outreach and care. Especially in the light of recent large-scale disasters, pastoral leaders need to respond with sensitivity to the needs of those who do not share the gospel narrative as the overarching context of the meaning in their lives. I believe that it is crucial for us also to address questions such as these, even though they lie outside the scope of the present article.

As leaders in their own church communities, pastoral leaders need to recognize the power inherent in their position to frame and interpret any traumatic event that has occurred. In so doing, they can either inflame the situation by escalating anxiety (through name-calling, rushing to judgment and blame, using us/them dichotomies, labeling dissenting views, or withholding or misrepresenting the facts) or decrease anxiety and facilitate healing by opening channels of communication among all parties involved. As they offer a secure holding environment to

58. See also the example in Hunsinger, “Keeping an Open Heart in Troubled Times: Self-empathy as a Christian Spiritual Practice.” The experience described there illustrates the importance of having one’s pain “witnessed,” as described by Weingarten in Common Shock.
59. Jeannette Sutton writes about the wariness that disaster coordinators have toward those providers of spiritual care who volunteer their assistance. “There has been unease about hidden agendas, the appropriateness of religiously oriented interventions, and concern for victims who might feel that contact with some minister-types is intrusive and assaultive.” “Convergence of the Faithful: Spiritual Care Response to Disaster and Mass Casualty Events,” Journal of Pastoral Theology 16.1 (Fall, 2006): 19. Through ministries of “presence” and “hospitality,” spiritual care providers in the public sphere offer comfort and reassurance while helping victims to draw upon their “own religious and/or spiritual resources in order to construct meaning out of chaos.” They respect personal boundaries, know how to work in an interfaith manner, and are responsive to training from the disaster assistance professionals such as the American Red Cross.
strengthen frayed bonds of trust, and as they call upon God to minister to the community in its pain, they offer space to the hurting to tell their story. In some cases, nearly everyone in the community has been hurt by trauma, but in strangely diverse ways. In this kind of situation, it is essential to refrain from moralizing or blaming, but position themselves in such a way that all persons can be heard. The community needs to gather in order to share their common grief which serves to counteract the fear, shame, isolation, and horror of what has occurred.

The pastoral care of the community finds its final locus in ritual, psalm, and song, in worship and the mystery of the Lord’s Supper. Personal trauma and loss are woven into the losses of the larger community as the liturgy unfolds. That which is most deeply personal becomes part of the communal lament of the people of God through the ages. Walter Brueggeman reminds 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 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.

By permitting an unrelieved descent into the raw emotions of grief within the secure boundaries of ritual space, hope and trust may be paradoxically restored.

As the Church gathers for worship, we are told of a God who is “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” (2 Cor 1:3b-4). In worship we find space both to mourn and to hope, as we wait with painful longing for the redemption of the

61. It is worth noting that ministers themselves are vulnerable to any trauma afflicting their community. Pastors and church leaders occupy a unique dual role, as those called to give pastoral care, yet at the same time as human beings who are themselves personally affected. Those in caregiving roles need to be exquisitely attuned to their own needs for care, especially when their immediate community is in crisis. Ministers’ families are vitally affected and need support as well. Presbyterian Disaster Assistance (PDA) consists of PCUSA pastors, elders, and mental health professionals who are trained in trauma and crisis-response, who offer companionship and support to church leaders in congregations affected by “human-caused disasters.” I am indebted to Katherine Wiebe, a Princeton Theological Seminary alumna who serves on the PDA, for this point.


63. Ibid., 19-41.


world. We find comfort in the midst of affliction when we are reminded that the One who descends into every human hell we create, and unwittingly or maliciously perpetuate, is the very One who sits at the right hand of the Father in glory.

The community that responds to trauma in these ways will, by the grace and power of God, find itself stronger, wiser, more compassionate, and more resilient. Its collective story will be one of overcoming adversity together rather than a story of shame, re-victimization, fear, and silencing. By reclaiming the essential practices of our faith—compassionate witnessing, communal lament, and public worship—we "enable people to continue to love God in the face of evil and suffering and in so doing to prevent tragic suffering from becoming evil."66 As John Swinton writes, "Loving God does not take away the pain that [trauma] inflicts, but it does transform it."67 May God work out our salvation by bearing what cannot be borne, by transforming our mourning into longing, our longing into lament, our lament into hope and, through the redemption of this beloved world, our hope into joy.68

Author biography

Deborah van Deusen Hunsinger began teaching at Princeton Theological Seminary in 1994 after many years as a practicing pastoral counselor. She is currently the Charlotte W. Newcombe Professor of Pastoral Theology. Ordained as a Minister of Word and Sacrament in the Presbyterian Church USA, Dr Hunsinger is interested in placing the healing resources of psychological insight, restorative practices, and compassionate communication in the context of Reformed theology. Author of Theology and Pastoral Counseling: A New Interdisciplinary Approach and Pray without Ceasing: Revitalizing Pastoral Care, Dr Hunsinger is currently co-authoring a book on transforming conflict in the Church.

66. Swinton, Raging with Compassion, 85.
67. Swinton, Raging with Compassion, 75.
68. I am indebted to colleagues George Hunsinger, Katherine Sonderegger, Katherine Wiebe, and Barbara Chaapel for valuable comments on earlier drafts of this article.