The Healing of Christ for a Traumatized World The Church's Mission in Healing Trauma

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ABSTRACT: The purpose of this essay is to establish the mission of the church in healing from trauma. Trauma is a biological reality wherein brokenness enters our bodies after a traumatic event and continues to affect our interactions with the world. Similarly, sin is a spiritual reality in which brokenness entered human nature at the Fall, and its effects influence our interactions with the world. However, the Good News is that Christ was sent to offer forgiveness for our sins, and this leads to a process of spiritual renewal in the Christian's life. It is in this manner that the church may conceptualize trauma therapy and trauma-sensitive ministry as a way of acting out Christ's mission of renewal for the brokenness of humankind. Therefore, it is the mission of the church to engage in trauma-healing work. This article details the model in which the sin nature and the trauma nature can be seen as parallel, then provides suggestions for practical application in the spheres of personal life, church ministry, and professional counselling.²

KEYWORDS: religion, spirituality, counselling, mental health, Christian counselling, spiritual interventions, religion and counselling, spirituality in counselling, psychology and spirituality, theology of healing, theology of trauma, trauma counselling

The argument presented in this article almost seems too simple to write on: 'Christ provides healing from trauma.' This is hardly a controversial statement. Rather, it is a statement that most Christians would consider obvious. However, applied scholarship on the topic is sparse. The motivation for writing this article arises out of an observed need: The need for caregivers who are equipped with skills in both psychology and theology.

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² Note: This article has been adapted from portions of the author's junior thesis, submitted to Vanguard College in 2020 in partial fulfillment of her Bachelor of Theology in Pastoral Care and Counselling. Adjustments have been made to suit the article better for shorter length.



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The Nature of Sin

There is a parallel between the nature of sin and the nature of trauma. Later, this assertion will become the basis of a charge for the Church to include a ministry of healing from trauma in its mission. Before this charge can be attempted, the parallel it is based on must be established. Like sin, trauma enters our human nature, influencing it and causing damage to our relationships with ourself, others, and the world. Obviously, sin and trauma are not equal; for instance, although Scripture speaks of guilt and atonement for sin, these concepts have no application when speaking of trauma that people carry with them. However, there are similarities in terms of the processes through which they occur and are experienced. The parallel discussed here lies solely in the idea that trauma 'sticks' with us similarly to how sin 'sticks' with us, although we would prefer to have neither. The Good News is that, because of the work of Christ, we are no longer slaves to sin. In the same way, although we carry the effects of trauma in us, we are not doomed to continue behaving according to the trauma; through regenerative healing work we can be free from its effects. This understanding provides a model through which Christians can conceptualize trauma work. To cultivate a Christian conceptualization of trauma care, we must understand the theology of sin and renewal.

The Fall: The Origin of Trauma

When Adam and Eve fell from God's grace, sin entered the human nature. When they were first created, Adam and Eve lived in a perfect world and were given meaningful work and authority over creation (Lawrence, 2010, p. 129). The Genesis 1 account of this act stresses how the incredible goodness of God was evident in creation even from the beginning (Morgan, 2013, p. 135). Adam and Eve were in perfect relationship with themselves, each other, and the world. Most importantly, they were in perfect relationship with God (Richter, 2008, p. 119). This intimacy and access to His presence was the essence of humanity's existence (Richter, 2008, p. 115). At this time they were given but one prohibition: "You must not eat from the tree of the knowledge of good and evil, for when you eat from it you will certainly die" (Gen. 2:17). Eating from this tree would grant them access to wisdom (Morgan, 2013, p. 136), and the ability to define good and evil in their own terms.

Adam and Eve then were visited by the serpent (Gen. 3:1). The serpent is Satan, the "great deceiver" (Youngblood, 2002, p. 9), who disguised himself as one of God's creatures, questioning God's command to Adam and Eve and tempting them to break it (Youngblood, 2002, p. 9). Adam and Eve fell for his scheme, and, for the first time, death and brokenness entered the world and entered mankind. At its core, the event was

the attempt to achieve freedom... to be free from dependence on God. Adam and Eve believed that eating the fruit of the tree at the middle of the Garden would elevate them to the status of God and

so they would attain absolute independence. That effort involved their whole being. Sin, then, by its very nature affects the totality of a person, because it seeks to effect [sic] the freedom of the whole person. (Smith, 1984, p. 345)

The result of their sin was twofold. First, their choice divorced Adam and Eve from their perfect relationship with God. From then on, they would carry the effects of this broken relationship within them, cut off from their perfect source and model. Consequently, Adam and Eve lost their quality of morally pure and perfect character. This was the second effect: as a result of separation from God, their nature changed (Smith, 1984, p. 350). Sin and wickedness entered the human nature, as Adam and Eve were suddenly able to define good and evil on their own terms. From this nature, humanity experiences guilt, shame, bondage, egocentricity, deceit (Smith, 1984, pp. 351-356), disgrace, and condemnation (Lawrence, 2010, p. 130).

In regards to relationships, the results of the fall are that of alienation: alienation from God (Gen. 3:23), alienation from one another (Gen. 3:16), and alienation from the created order (Gen. 3:17-18) (Smith, 1984, pp. 347-348). In regards to their nature, Adam and Eve received in their bodies something that was not there before: death (Smith, 1984, p. 350). This means death in the physical sense, but also in the spiritual sense, referring to the effect of being separated from God (Smith, 1984, p. 350), which cursed the human nature and introduced wickedness into it. It is out of this death nature that humanity sins.

Our Plight Today

Today, humanity lives in a state of sin that now compels us to turn from God and inflict hurt on one another. This is what Genesis describes as the foe "crouching at your door" (Gen. 4:7), and what Paul describes as slavery to "the law of sin" (Rom. 7:25). People naturally have some awareness of God, but because their relationship with Him is distorted by original sin, they reject Him (Rom. 1:19-21). As a result, "their thinking became futile and their foolish hearts were darkened" (Rom. 1:21). Humanity began worshipping idols and false gods to fill God's place (Rom. 1:23), and as we have seen, moral corruption followed the corruption of our relationship with God. Humans began to degrade their bodies with one another by committing shameful sexual sin (Rom. 1:24), and they became filled with wickedness, evil, greed, depravity, envy, murder, strife, deceit and malice (Rom. 1:29). They are gossips, slanderers, God-haters, insolent, arrogant and boastful; they invent ways of doing evil; they disobey their parents; they have no understanding, no fidelity, no love, no mercy (Rom. 1:29-31). Humanity knows that such things are evil, but because they have rejected God and live under the command of the sin nature, they approve of them instead. In other words, the Fall was not just an event that happened at one time, but it changed our human nature in such a way that we continue to live in a spiritual state of sinfulness. This sin nature has deep and lasting impacts, compelling us to act in ways that perpetuate our broken relationships with our selves, with God, and with others.

The Nature of Trauma

In recent history, psychology has identified certain aspects of trauma that provide an interesting parallel to what Scripture has already told us about the human state. Trauma is a quintessential human experience that has deep and lasting impacts. It is not just an event that happens and then

fades into the past, but the reality of trauma enters and changes our human nature in such a way that after that moment we continue to live in a biological state characterized by the trauma.

The Effects of Trauma

The effects of trauma on a person are deep and lasting. Van der Kolk (2014) gives this description of trauma regarding individuals with PTSD: "A person is suddenly and unexpectedly devastated by an atrocious event and is never the same again. The trauma may be over, but it keeps being replayed in continually recycling memories and in a reorganized nervous system" (p. 159). As Jones (2019) put it, "trauma leaves you with a wounded soul," resulting in things like "obsessive thoughts, acute anxiety, depression, dissociative states... and low-grade forms of misery lingering so long that they become normalized and cease to appear woundlike at all" (p. 13). Trauma is not just an event that lives in the past – it is something that lives in the body in perpetuity, keeping the self in the destructive reality of the trauma and affecting the way one relates to and interacts with the world on a fundamental level (van Der Kolk, 2014, p. 21; Harris, 2018, p. 47). It is difficult to overestimate the capacity of trauma for psychological, emotional, relational, and spiritual damage.

The physical effects of trauma are well-documented: Higher adverse childhood experience (ACE) scores are correlated with a higher risk of disease, including but not limited to heart disease, cancer, chronic obstructive pulmonary disease, obesity, emphysema, ischemic heart disease, premature birth, miscarriage, and low birth weight (Felitti et al., 2019; Harris, 2018, pp. 38, 40, 59, 105; van Der Kolk, 2014, p. 149). They are also correlated with overall reduced brain structure and functioning, especially in the prefrontal cortex, corpus callosum, hippocampus, and limbic system (Maté, 2018, p. 194; Harris, 2018, pp. 58, 61, 69). Finally, higher ACE scores are correlated with higher rates of learning and behavioural problems, juvenile incarceration, psychiatric care later in life, self-harm, financial problems, lower lifetime income, workplace absenteeism, depression, suicide, alcoholism, drug use, mood swings, attention problems, and sleep disturbance (Harris, 2018, pp. 59, 113; Felitti et al., 1998; van Der Kolk, 2014, pp. 24, 148, 164; Maté, 2018, pp. 192-193; Ziegler, 2011, pp. 55-56).

The psychological and physical effects of trauma are also intertwined. For example, one study examined the microbiology of immune system cells in women with "incest histories" (van Der Kolk, 2014, p. 129). In their results, they found an emotional reality played out biologically: The women had immune systems that had, through the exposure to past cellular toxins, become over-responsive to threat to the point where the body was so prone to mount a defense it would even attack its own cells (van Der Kolk, 2014, p. 129). In other words, on a biological level, the women were unable to feel safe because of the impression of past trauma still living in their bodies, and this caused harm to the body in a misguided effort to protect itself (van Der Kolk, 2014, p. 129). These documented physical effects have important implications: On both a physical and a psychological level, trauma becomes deeply implanted in our being, and inflicts wounds that will persist for a lifetime (Jones, 2019, p. 13).

Trauma Lives Inside of Us

In reviewing the biological realities of trauma, we find a scientific basis for the assertion that trauma does, literally, live in us. Literature on trauma focuses quite intently on this understanding. Rambo (2010) explains that "Trauma is what does not go away. It persists in symptoms that live on in the body, in intrusive fragments of memories that return... in the layers of past violence that

constitute present ways of relating" (p. 2). Jones (2019) claims that "Trauma lives in our bodies and our unconscious minds and actions" (p. xii). Lange (2010) describes a "traumatic character," or trauma nature, that is passed down from generation to generation (p. 6-7). Van der Kolk (2014) argues that "trauma literally reshapes both body and brain" (back cover), leaving an imprint on the very core of who we are (p. 21).

Furthermore, complex trauma is more than the sum of its biological parts. Boase and Frechette (2016) discuss how traumatic experiences pass through the core beliefs of a person, such as the assumptions that the self has dignity and that others can be trusted, and shatters them, leaving toxic beliefs in their place (p. 5). Van der Kolk (2014) speaks of how children with adverse childhood experiences develop a sense of self marked by humiliation, contempt, and learned helplessness (p. 30, 115, 129-130). Herman (1992) describes how complex trauma results in "characteristic personality changes, including deformations of relatedness and identity" (p. 119). The result is a woundedness of the soul that, if left unchecked, causes the devastation of the person (Jones, 2019, p. 13). Simply put, trauma is not an event that fades into the past, but a present reality whose effects reach down into the very core of who we are, changing our very human nature. Thus, what is needed in trauma therapy is something that can provide deep soul-transformation and break us out of this destructive prison.

The Solution

Thus far, we have presented the human problem of trauma: the inevitable experience of a deep inner brokenness that influences us against our wishes and causes damage to ourselves and our relationships with others. We find ourselves in need of a solution: How can we escape the power that trauma has over us? Harris (2018) gives some practical tips for regulating a dysregulated stress-response system, including "sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships" (p. 186). Van der Kolk (2014) argues that what is needed is for the body "to learn that the danger has passed and to live in the reality of the present" (p. 21). Research shows that trauma conditions such as PTSD are responsive to treatment, and that there is much hope for trauma survivors (de Munter et al., 2020). In short, we know how to help people heal from trauma: If trauma constitutes a destructive reality imprinted on the human soul, then what is needed for healing is a new, transformative reality from outside the person to be made manifest (Jones, 2019, p. xv). In this sense, there is another, perfectly powerful Source that humans can draw from to find soul-renewal: Jesus Christ, the Messiah.

Parallel Natures

It has been shown that, although the two are not equal (and, in fact, it would be dangerous to suggest as such), there are some similarities between the nature of sin and the nature of trauma. This is a delicate distinction to make. To reiterate: Those who are traumatized are in no way "guilty" for their traumatized nature. In contrast, all humans, as sinners, are responsible for their sin nature. The ways in which the two are of kind are limited, and the link is treatment-focused rather than a quintessential similarity. We list three similarities between the two here: In interpretation, in inheritance, and in escape.

Scriptural Interpretation

First, it is important to note the parallels between sin and trauma when considering Scriptural interpretation. If one does further research into trauma theology, it will become apparent that the field is dominated by liberal theologians who re-interpret Scripture in a way that is incompatible with approaches that value authority and inerrancy. These authors, including Boase and Frechette (2016), Jones (2019), Lange (2010) and Rambo (2010), are cited in this essay. Theologians from this school of thought pair a specific progressive hermeneutic, termed the "lens of trauma," with a pastoral theology aimed to acknowledge the persisting reality of trauma as something that is pictured in Scripture, primarily in the example of the cross. In this way, they picture "the Bible [as] one long series of traumatic events and accounts of how people struggle to speak about God in the face of them" (Jones, 2019, p. xi). They then offer concepts from Scripture which can provide trauma survivors comfort, including 'liturgy' (Lange, 2010), 'love' (Jones, 2019), 'witness' (Rambo, 2010), and 'lament' (Boase & Frechette, 2016). There is value in such readings of Scripture, although the liberal approach to theology is not espoused in this essay.

Inheritance

In the previous section on the nature of sin, we saw that Adam and Eve went through an encounter with death and an event of overwhelming loss, shame, and fear that fundamentally broke their relationship with God and each other, wounding their souls. This experience left a deep imprint on their nature, coming to live in them, and causing them to sin and act wickedly. Such a description of experiences may remind the reader of the biological phenomena of trauma, in which a trauma event passes through the person and results in changes to biology and self-concept which are damaging but persistent. In both cases, the nature is received as the result of a rupture event, and is carried forward by the person unwillingly even though it causes further damage. Furthermore, the sin nature was passed down from generation to generation (Lawrence, 2010, p. 130; Morgan, 2013, p. 140), until eventually the world was filled with evil (Gen. 6:5). This is similar to the way in which trauma is passed down through generations through processes such as epigenetics. In both cases, the nature will continue to be passed down through generations until something breaks the cycle.

Escape

The treatment-focused link between the sin and trauma natures is perhaps the most important similarity between the two natures, and it underlies the practical application section that follows. In both cases, the nature was received through a rupture event and persists unwillingly, causing further damage. The way to rid one's self from the nature is through a kind of renewal of the human spirit. In terms of trauma, the field of trauma-focused psychotherapy is well-developed, and there are many quality resources that the reader may be directed to learn more; the classic works by van der Kolk (2014) and Herman (1992) are considered seminal sources on the topic. As mentioned previously, this kind of renewal has to do with administering talk therapy and pharmaceutical therapy to help the body escape from the normal perpetuation of the trauma experience, allowing a new reality of safety to be inhabited instead.

The mechanisms for spiritual renewal are also well-documented. Scripture provides a way to achieve true nature-transformation: through the cleansing and restoring work of the Holy Spirit, which is available to those who have tasted resurrection in Christ Jesus (Eze. 36:25-27, John 14:16). In Christianity, conversion is not just a one-time event – it is the working of the Holy Spirit to change our very nature (2 Cor. 3:18), a nature that says 'no' to the compulsions of sin (Lawrence, 2010, p. 137). The Holy Spirit sets us free (2 Cor. 3:17), produces in us peace and joy (Gal. 5:22-23), and accomplishes the "renewing of [our] minds" that transforms us (Rom. 12:2). Over time, the Spirit produces change in our nature that makes us into the likeness of Christ (2 Cor. 3:18). Although our human nature is in bondage to sin and trauma (Rom.7:15-25), we can resist these compulsions by living according to the Spirit instead of according to the flesh (Rom. 8:1-13).

In comparison, it appears that what Scripture teaches us about the renewing of our sin nature is similar to what is needed to heal from trauma: a new reality marked by safety and wholeness, rather than the persistence of the rupture experience, to be embodied. It is with this similarity in mind that Christians can model their trauma work, perceiving it to exist within the mission of Christ to minister freedom and renewal.

Practical Outworkings: The Mission of the Church

This essay argues that there is a treatment-focused link between the psychological understanding of trauma and the theological phenomena of transformation. Therefore, in the same way that the mission of the church includes aiding people in finding transformation through Christ, it also includes aiding in the healing from trauma. This may be accomplished through both the spheres of Church ministry and of secular counselling and psychotherapy, and it has applications in one's personal life as well. For each of these three spheres we discuss the philosophy behind calling for ministry in that area, and practical tips for doing so.

Usage in Personal and Spiritual Life

Philosophy

The call of God on the life of each believer is that of transformation. The Christian journey is a highly personal one: Each individual is called to repent of their sins and find life in Christ (2 Pet. 3:9, Acts 17:30, Matt. 4:17, etc.). This is the important duty that everyone must complete before looking to do any sort of ministry or professional healing work. No matter what one has been through, whether we perceive our sins and traumas to be immense or almost nonexistent, each of us has an incredible healing journey to embark upon, with the help of Christ. In fact, every person has experienced some trauma at the hands of this world, and everyone has inherited a sin nature from the Fall. The progressive healing of this trauma, and the sin that causes it, is the gift of Christ that is available to every person.

The importance of this personal application is also especially true in the case of counsellors and pastors. This is because we, the caregivers, are also infected by the very illness we are trying to heal in others (Langberg, 2015, p. 30). Langberg (2015) pictures us "not as healthy doctors working with sickness," but as "sick doctors who are trying to grasp the nature and impact of a lifethreatening disease that has invaded our own souls, minds, and hearts" (p. 30). Christian caregivers are just as tainted by this sickness as their care seekers, and this has important implications in our ability to provide care. Namely, it is especially important for each of us to be devoted to Christ because it is our relationship with Him that transforms our nature and minds in an ongoing sense. Only through this can we have the whole, holy, and clear-minded thinking that allows us to effectively help our care seekers (Langberg, 2015, p. 30). Furthermore, if counsellors and pastors are to minister to others and share Christ with them, they must do so out of their own place at the feet of Christ. As Paul says, others can follow us as we follow Christ ourselves (1 Cor. 11:1). A Christian caregiver who offers the healing of Christ to their care seekers without being right with God themselves cannot offer anything with true power; they cannot offer something to others that they themselves do not possess.

Practical Suggestions

Individually, every person who endeavors to work professionally with people healing from trauma needs to commit a portion of their life, perhaps even their professional hours, to spiritual growth and personal healing. Psychological research has convincingly shown that the most important factor that predicts therapy efficacy is the quality of the relationship between the client and the counsellor (Stubbe, 2018). In other words, it is less important that the therapist uses some specific intervention or technique (although this is also essential) and more important that the therapist is able to build a warm, collaborative, and safe relationship with the client that leaves the client feeling that they will be able to change. This competency is not something that can be memorized as a list of techniques as much as it requires personal growth on the part of the therapist. It is a personal quality that must be cultivated in a disciplined manner. Thus, in many counselling education programs in Canada, the counselling students themselves are required to be in therapy for the duration of their program. This is also due in part to the fact that people who have healed are oftentimes more able to help others heal (c.f. Nouwen, 1972). In the same way, if relating to the client in a Christlike way is important to their healing, then counsellors who have done personal repentance work and cultivated a personal relationship with Christ will be more effective in their counselling practice. For this reason, it is argued that professional time can and should be devoted to personal and corporate spiritual development. Doing so enables the counsellor to be more professionally capable of treating trauma.

Much literature is available on the need for self-work in counselling, even from a secular perspective. For example, Geller (2017) has a wonderful series on cultivating therapeutic presence, which is based in neuroscience and teaches disciplines of mindfulness and attunement in order to cultivate a personal presence that is in itself therapeutic. From the Christian perspective, there are many resources available on the topic of spiritual formation, and any of them can help strengthen one's personal devotional practice. A popular place to start for those new to the practice is Richard Foster's *Celebration of discipline: The path to spiritual growth* (2009).

Usage in the Counselling Office

Philosophy

It is the position of this paper that it is good and helpful for Christians to bring their Christian worldview and practices into the counselling office. Even from ancient times, psychological maladies have been understood to somehow reflect the battle between good and evil in our world (Barlow & Durand, 2011, p. 7). Indeed, the oldest human understandings of abnormal psychology are supernatural ones (Raskin, 2017, p. 12), having to do with demon possession or the torment of evil spirits (Machado, 2019, p. 8; Barlow & Durand, 2011, p. 7). It makes sense, therefore, that the earliest mental health workers were religious workers who used spiritual means to treat the disorders (Barlow & Durand, 2011, p. 7; Machado, 2019, p. 10). Today, with the rise of the scientific discipline, some strains of psychology (such as Behaviourism) discourage the psychological study of anything which is non-objective. In this fashion, there are certain streams of psychology which may be opposed to the incorporation of a religious worldview. For instance, in some versions of Existential Therapy, religious convictions are seen as an unhelpful coping method that the client uses to shield themselves from actual growth (Yalom & Josselson, 2019). However, even in perspectives such as this, it is still understood that it would be considered unethical, or at least poor professional practice, to attempt to keep spirituality out of the session if it is a source of resilience and healing for the client. In general, the contemporary consensus of the psychology profession in regards to spirituality and religion (Christian or not) is that the counsellor should be comfortable with spiritual matters and willing and competent enough to incorporate them at a basic level. More and more, the field of psychology is recognizing that religion and spirituality is an important part of healing, including healing from trauma (Vieten & Lukoff, 2022).

Thus, if it is true that there is a spiritual reality to trauma and psychological health, then Christ has a very important place in counselling. Humans have a psychological element to them (Matt. 22:37), and attending to this element is important to our moral and spiritual health (Col. 3:2, Phil 4:8). In addition, understanding sin is necessary for understanding trauma work (Langberg, 2015, p. 31), because sin fundamentally underlies trauma (Langberg, 2015, p. 29). Thus, the counsellor works with sin and evil in their work every day (Langberg, 2015, p. 30). Therefore, incorporating a theological understanding of sin and the human nature can enable counsellors to attend to client's hurts with a depth of compassion, such as that seen in Christ.

Practical Suggestions

Christians can participate in God's mission to the traumatized through the counselling office. First, the most important principle in incorporating religion and spirituality into counselling is to match the client's tone and invitation. For more reading on how to assess the incorporation of religion and spirituality with a client, see Abrams (2023) and Vieten & Lukoff (2022). Some clients may never bring up religion or spirituality, in which case it would not be either ethical or useful for the counsellor to use such interventions in their treatment. Other clients may want prayer, Scripture reading, or discussions about God to happen in-session. These practices may be used as interventions in any counselling session, as a corollary support. In addition, some counselling modalities may allow for direct discussion of religious matters as the main therapeutic technique; for example, Existential Therapy (ET) tends to have a special affinity for the topic. One of the founding fathers of ET, Viktor Frankl (2014), wrote extensively on Logotherapy, a counselling modality that is influenced by religion and can be integrated with Christian values (Constantin, 2022; García-Alandete, 2023). When spiritual practices are used in session in this way, matching the client's pace and not turning into a preaching session, research shows that therapeutic outcomes are improved (Bouwhuis-Van Keulen et al., 2024). For a full discussion of practical techniques for incorporating Christianity into psychotherapy, readers are referred to McMinn (2012), Alders et al. (2019), Tan (2022), and McRay (2016).

Usage in Church

Philosophy: The ideal

Just as Christianity can be understood to be an integral part of psychology and counselling, psychology and counselling also play an important role in the mission of the church. In the words of one author,

The New Testament does, in fact, affirm the death and resurrection of Jesus as a cosmic victory over all the authorities and powers 'in heaven and on earth' – in other words, over the totality of evil forces which bind and enslave human beings, corrupt and distort human life, and warp, pollute and frustrate the very creation itself. That victory is an essential part of the good news. And applying that victory to every dimension of human life on earth is the task of Christian mission. (Wright, 1992, p. 33)

As Wright (1992) explains, the essential work of the good news is to triumph over the forces of evil which corrupt and enslave human beings (p. 33) – language which is reminiscent of the biological effect of trauma on the human body. It is in this way that the healing of trauma and victory over its influence is the mission of the church.

In the Old Testament, Israel was intended to be a light to the nations. They came out of an evil world filled with people who were vicious and abusive, inflicting all sorts of despicable violence against each other (Gen. 15:16; Copan, 2011, p. 159). Israel's mission was to be different than these nations (Lev. 20:26, Ps. 4:3). They were given a set of laws that would, theoretically, regulate human relationships and keep them from sinning (e.g. Lev. 19:1-37), and thus, keep them from perpetuating trauma. The result of them keeping these laws was that they would be a holy nation, a people set apart for God, and a testimony to His righteousness (Deut. 7:6, Ex. 19:5-6). However, the Law by itself, though righteous and good, was not enough because it did not have the power to actually fix human sin nature. As a result, Israel failed in their mission and instead became an example that points to the necessity of Christ. The good news is that the New Testament church is in continuity with Israel of the Old Testament (1 Peter 2:4-10; Romans 11:11-31; Johnston, 1954, p. 26), and so this mission to be a light in the darkness is now the Church's. Indeed, just as Israel was to follow God's law so that they would be His set apart people, the church too is to act in righteousness and be His holy nation (2 Cor. 6:16-18). The difference is that this time around, the Church has the gift of Christ's sacrifice, which sets us free from the bondage of sin (Romans 8:1-4). This mission can be lived out by every member of the church by taking seriously God's command to repent, be cleansed of our sins, and receive a new nature (Acts 2:38, Rom. 6:4-7).

This is what the church is supposed to be: a people set apart for God, noticeably different than the world, and with a King who is worthy to tell the world about (1 Pet. 2:9, Rom. 12:2, 1 Pet. 1:16, 2 Cor. 6:16-18). If this was genuinely heeded by every believer in the Church, imagine what kind of testimony that would be to the world: Living proof that we have a Power and a King who brings light, life, and healing to the world. Imagine if, when the world saw the church, they saw a

people who were characterized by their wholeness, free from intergenerational cycles of trauma, and fueled by spiritual power.

Philosophy: Limitations

Of course, just as Israel never truly achieved this, the church also fulfills its mission with varying levels of sufficiency. For example, it is Christ's intention that the church be whole and healthy (1 Cor. 3:3, 17; 1:10, 13). Doing so would enable its mission of healing, as supportive community is necessary in healing from trauma because of the important role of safe human connection (Onken, Craig, Ridgway, Ralph, & Cook, 2007, pp. 16-17). Unfortunately, issues such as pride, gossip, and divisions in the body persist in the church, sometimes as much as (or more than!) they do in the world. Thus, a discussion of the church's mission regarding trauma inherently must include a focus on self-reformation for the hurts itself has caused.

From social hurt caused by closed and judgmental communities to instances of physical and sexual abuse, the church itself needs to come to terms with the fact that it also has the capacity to perpetrate the very sins it condemns. This was touched on briefly in this essay, recognizing that the Christians are not "healthy doctors working with sickness," but "sick doctors who are trying to grasp the nature and impact of a life-threatening disease that has invaded our own souls, minds, and hearts" (Langberg, 2015, p. 30). The only response we can have to this reality is to continually strive to be better, and be respectful of the fact that for some people, their experiences may make it so that the church cannot be the source of healing for them. In such cases, the duty of participation in healing for Christians is even greater, but must be fulfilled with great humility and sensitivity, remembering that the institutional church is only one way of connecting with God.

There are other limitations to the claim that the church ought to be a centre of healing due to the fact that Christians often fall short of what we are called to be. Some Christians are under the understanding that prayer or spirituality itself is the only thing needed for healing, and that all "psychological" malady is in fact a spiritual problem. This conclusion is rejected with the strongest of vehemence. Religion and spiritual practices have an essential role in understanding and healing from trauma, but so do science and psychology. Human beings are wonderfully created beings with infinite nuance, including aspects of soul, spirit, mind, the unconscious, emotion, brain, and body. God inspires the work of scientists and psychologists to enable them to develop better understanding of our natural world, which in turn enables us to care for each other in more effective ways, thus fulfilling the mission of God to the hurting. There is a place in healing for prayer, Bible study, and Christian fellowship. However, there is also a place for psychotherapy, medication, and work with highly educated professionals. If either is hampered, then the healing process, which is good and holy in God's sight, is hamstrung. In no circumstances should a person seeking healing for trauma (or other psychological issues) refrain or be persuaded from engaging in psychotherapy with a secular mental health professional such as a psychologist or psychiatrist, including taking prescribed medications.

Practical Suggestions

In order to better fulfill our mandate to become mission-centers in the treatment of trauma, psychological knowledge can be incorporated into ministry practice. It can be argued that this is a necessity in our contemporary world, as studies show that churches function as front-line centres

for people seeking help with mental health issues (Heseltine-Carp & Hoskins, 2020; Hooley et al, 2020). Unfortunately, although churches receive up to 25% of all mental-health related help requests, they refer as little as 10% to mental health services (Heseltine-Carp & Hoskins, 2020; Hooley et al, 2020). Fortunately, churches are starting to recognize this and begin work on meeting the needs presented to them. At the most accessible level, Mental Health First Aid (MHFA) is an evidence-based intervention that can be easily offered as training for staff and congregants (Costello et al., 2020). The local church can also incorporate psychological knowledge into their overall church practice in order to make ministry more accessible to those with mental health needs – for example, see Grcevich (2018). Finally, some churches have begun establishing "Mental Health Ministries" as one of the "arms" of the local church alongside children's, youth, and worship ministries. Many resources are available on how to accomplish this, including guides by NCPD Council on Mental Illness (2009) and Pathways to Promise (2009). Organizations such as Hope for Mental Health (n.d.) and Sanctuary Mental Health Ministries (n.d.) also have curriculum available for churches to use in specialized small groups. Finally, the resources by McRay et al. (2016) and Stanford (2021) go through each mental health disorder according to the DSM-V and provide tips for Christian responses and/or pastoral care techniques for each. These are all examples of how churches can better step into their role as ministers to the traumatized, but many more creative applications are possible, with the inspiration of the Holy Spirit.

Conclusion

Trauma, it has been shown, is a painful reality. It is not just a thing that happens to us; it is something that has lasting biological effects in our bodies. It is in this way that trauma literally comes to live in us as a destructive and soul-wounding reality. Recovery from this cycle is not easy, but it can be accomplished through psychotherapy in which a new reality marked by wholeness and safety breaks through and is inhabited by the body. In the same way, human nature was deeply changed in the Fall, with sin coming to mark our spiritual nature and perpetuate itself as a destructive reality. Recovery from the cycle of sin is possible only though the sacrifice of Christ, which allows the Holy Spirit to live in us and produce spiritual transformation. Because of this treatment-focused parallel, the prerogative to minister to the traumatized lies within the church's mission. Christians can apply this understanding practically through their personal development, through professional counselling, and through the ministry of the Church. Through such therapeutic work, the church fulfills its mission to be a set apart nation, and to have victory over the forces of evil, sin, and trauma, through Jesus Christ.

The purpose of the church is not only to be a holy nation, but also to go out into the world and make disciples of all nations in the name of Jesus Christ (Matt. 28:16-20). Therefore, whatever we believe to be the purpose of the church must be directed outwards into the world as our mission field. Langberg (2015) contends that "the trauma of this world is one of the primary mission fields of the twenty-first century" [italics as they appear in source] (p. 9). She explains that

Our Head left glory and came down to this traumatized world. He became flesh like us; he literally got in our skin. He did not numb or flee the atrocities of this world or of our hearts. Will we, his body, also leave our spaces, our chapels and enter the trauma of terrified and shattered humanity in the name of Jesus? (Langberg, 2015, p. 9)

If the task of the church is to continue the work of Jesus, then the task of the church is also to go out into spaces of trauma and offer healing, in the tradition of Christ. This is the work of the psychological counsellor, and often especially so in intense cases of trauma. However, it is also the task of the Christian to go out into these places as well. We must leave our safe church walls and go to the hurting people in the world; this is the way of Christ.

References

- Abrams, Z. (2023, November 1). Can religion and spirituality have a place in therapy? Experts say yes. *Monitor on Psychology*, *54*(8). https://www.apa.org/monitor/2023/11/ incorporating-religion-spirituality-therapy
- Albers, R. H., Meller, W. H., & Thurber, S. D. (Eds.). (2019). *Ministry with persons with mental illness and their families*. Fortress Press.
- Barlow, D., & Durand, V. (2011). *Abnormal psychology: An integrative approach.* Belmont, CA: Wadsworth, Cengage Learning.
- Boase, E., & Frechette, C. G. (Eds.). (2016). Bible through the lens of trauma (Vol. 86). SBL Press.
- Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2024). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, *34*(3), 339-352.
- Constantin, A. M. (2022, June). An assessment of the compatibility of existential therapy with Christian theology and implications for Christian faith-based therapists. In *Proceedings of the 28th International RAIS Conference on Social Sciences and Humanities* (pp. 146-150). Scientia Moralitas Research Institute. 10.5281/zenodo.6945944
- Copan, P. (2011). *Is God a moral monster? Making sense of the Old Testament God*. Grand Rapids, MI: Baker Books.
- Costello, J., Hays, K., & Gamez, A. M. (2021). Using mental health first aid to promote mental health in churches. *Journal of Spirituality in Mental Health*, 23(4), 381-392.
- de Munter, L., Polinder, S., Haagsma, J. A., Kruithof, N., van de Ree, C. L., Steyerberg, E. W., & de Jongh, M. (2020). Prevalence and prognostic factors for psychological distress after trauma. *Archives of physical medicine and rehabilitation*, *101*(5), 877-884.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. and Marks, J. S. (2019). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 56(6), 774-786. Retrieved from https://www.ajpmonline.org/article/S0749-3797%2898%2900017-8/fulltext
- Foster, R. (2009). Celebration of discipline: The path to spiritual growth. HarperCollins.
- Frankl, V. E. (2014). *The will to meaning: Foundations and applications of Logotherapy*. Penguin Publishing Group.
- García-Alandete, J. (2024). The place of religiosity and spirituality in Frankl's Logotherapy: Distinguishing salvific and hygienic objectives. *Journal of religion and health*, 63(1), 6-30.
- Geller, S. M. (2017). A practical guide to cultivating therapeutic presence. American Psychological Association.

- Grcevich, S. (2018). Mental health and the church: A ministry handbook for including children and adults with ADHD, anxiety, mood disorders, and other common mental health conditions.
- Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. New York, NY: Houghton Mifflin Harcourt.
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror.* Philadelphia, PA: Basic Books.
- Heseltine-Carp, W., & Hoskins, M. (2020). Clergy as a frontline mental health service: a UK survey of medical practitioners and clergy. *General psychiatry*, *33*(6).
- Hooley, C., Wang, Y., & Hodge, D. R. (2020). Clergy-provided mental health services: A strategy for addressing disparities in scale-up efforts. *Advances in Social Work*, *20*(3), 778-800.
- Hope for Mental Health. (n.d.). https://hope4mentalhealth.com/
- Johnston, G. (1954). The Church and Israel: Continuity and discontinuity in the New Testament doctrine of the church. *The Journal of Religion, 34*(1), 26-36. DOI: https://doi.org/10.1086/484501
- Jones, S. (2019). Trauma + Grace. Louisville, KY: Westminster John Knox Press.
- Langberg, D. (2015). *Suffering and the heart of God: How trauma destroys and Christ restores.* Greensboro, NC: New Growth Press.
- Lange, D. G. (2010). *Trauma recalled: Liturgy, disruption, and theology*. Minneapolis, MN: Fortress Press.
- Lawrence, M. (2010). *Biblical theology in the life of the church: A guide for ministry*. Wheaton, IL: Crossway.
- McRay, B. W., Yarhouse, M. A., & Butman, R. E.n (2016). *Modern psychopathologies: A comprehensive Christian appraisal*. InterVarsity Press.
- Morgan, C. W. (2013). Sin in the biblical story. In C. W. Morgan & R. A Peterson (Eds.), *Fallen: A Theology of Sin* (pp. 131-162). Wheaton, IL: Crossway.
- Machado. (2019). Concepts of abmormality throughout history. In D. Dovois (Ed.), *Abnormal Psychology: Perspectives.* (pp. 1-23). North York, ON: Pearson Canada, Inc.
- Maté, G. (2018). In the realm of hungry ghosts. Toronto, ON: Vintage Canada.
- McMinn, M. R. (2012). *Psychology, theology, and spirituality in Christian counseling* (Revised Ed.). Tyndale House Publishers, Inc.
- NCPD Council on Mental Illness. (2009). Welcomed and valued: Building faith communities of support and hope with people with mental illness and their families. National Catholic Partnership on Disability. https://vlcff.org/classes/files/232_WelcomedValued.pdf
- Nouwen, H. (1972). *The wounded healer*. Random House Publishing Group.
- Onken, S. J., Craig, C. M., Ridgway, P., Ralph, R. O., Cook, J. A. (2007). An analysis of the definitions and elements of recovery: A review of the literature. *Psychiatric Rehabilitation Journal*, *31*(1), 9-22. DOI: https://doi.org/10.1002/jts.2490090103
- Pathways to Promise. (2009). *Mental health ministry: a toolkit for congregations*. Pathways to Promise.https://www.faithhealthtransformation.org/wp-content/uploads/2015/12/ Mental-Health-Ministry-Toolkit.pdf
- Rambo, S. (2010). *Spirit and trauma: A theoogy of remaining.* Louisville, KY: Westminster John Knox Press.
- Raskin, J. D. (2017). *Abnormal Psychology: Contrasting Perspectives.* London, UK: Macmillan International Higher Education.
- Richter, S. (2008). *The epic of Eden: A Christian entry into the New Testament*. Downer's Grover, IL: InterVarsity Press.

- Sanctuary Mental Health Ministries. (n.d.) *Equipping the church to support mental health and wellbeing.* https://sanctuarymentalhealth.org/
- Smith, D. L. (1984). With willful intent: A theology of sin. Wheaton, IL: BridgePoint.
- Stanford, M. (2021). *Madness and grace: A practical guide for pastoral care and serious mental illness*. Templeton Foundation Press.
- Stubbe, D. E. (2018). The therapeutic alliance: The fundamental element of psychotherapy. *Focus*, *16*(4), 402-403.
- Tan, S. Y. (2022). Counseling and psychotherapy: A Christian perspective (2nd Ed.). Baker Academic.
- van Der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* New York, NY: Penguin Books.
- Vieten, C., & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist*, 77(1), 26–38. https://doi.org/10.1037/amp0000821
- Wright, C. J. (1992). *Knowing Jesus through the Old Testament*. Downers Grove, IL: InterVarsity Press.
- Yalom, I. D., & Josselson, R. (2019) *Existential psychotherapy*. In D. Wedding & R. J. Corsini (Eds.), *Current psychotherapies* (11th ed. pp. 273-308). Boston, MA: Cengage.
- Youngblood, R. (2002). Genesis study notes. In Barker, K. L.; Stek, J. H.; Wessel, W. W.; Youngblood, R. (Eds.), *Zondervan NIV study Bible* (pp. 1-84). Grand Rapids, MI: Zondervan.
- Ziegler, D. (2011). *Traumatic expirience and the brain: A handbook for understanding and treating those traumatized as children.* Gilbert, AZ: Acacia Publishing.