Holy Hell: A Wesleyan Soteriology Applied to Posttraumatic Meaning-Making

by

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Thesis submitted in partial fulfillment of the requirements for the degree of
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ABSTRACT

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Abstract

This thesis examines the intersection of trauma, meaning-making, and Wesleyan theology, arguing that a Wesleyan soteriology offers vital resources for survivors of traumatic experiences in the work of posttraumatic meaning-making. The project begins with an analysis of the contributions and limitations of the biomedical approach to trauma care, with a focus on the neglect of spirituality and ultimate meaning. From there, the project engages scholars such as Ronnie Janoff-Bulman, Crystal Park, Carrie Doehring, and Kenneth Pargament to examine how traumatic experiences can destabilize assumptive worlds, global and situational beliefs, and spiritual orienting systems. In dialogue with Doerhing's framework of life-giving and life-limiting spiritual orienting systems, I advance the claim that, for a Christian, the measure of any spiritual orienting system cannot be therapeutic efficacy alone. Rather, drawing from the work of Warren Kinghorn and John Swinton, I contend that the measure of spiritual orienting systems—and their accompanying theology—is its capacity to form persons in Christlikeness on the road to New Creation.

Engaging with the work of Randy Maddox, Catherine La Cugna, Diane LeClerc, and David Wang, I contend that John Wesley's soteriology—described by Maddox as therapeutic salvation—offers a framework for posttraumatic meaning-making that engages the transcendent through participation in the Triune love of God, provides a telos oriented toward New Creation, and enables transformation at the level of affections and tempers. Through the power of prevenient grace at work in human lives, along with graced communities and graced practices—the means of grace, I maintain that Wesley's

therapeutic soteriology addresses both the wounds of the sin we have committed and the wounds inflicted by the sins of others, and thus creates a pathway for survivors of trauma to reclaim their identity as God's children and incorporated into the Body of Christ.

Dedication

To the students who trusted me with their broken hearts.

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Acknowledgements

The thesis experience is a paradox in that it is both unavoidably solitary and mercifully corporate. Though I spent innumerable hours by my lonesome in the library—sometimes pacing, sometimes staring at the wall, occasionally typing—I was never alone.

To Dr. Holton- thank you for taking me seriously when I had no idea what I was trying to say and helping me think aloud. Your seasoned wisdom, unrelenting expectations for excellence, and your kind "So how are we doing," at the end of every call has been a gift. I am better for having learned from you.

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All to you, Jesus.

Introduction

There she sat, weeping in the chair in front of me. It was the fall of 2020. Her tears flooded her protective mask, steaming her glasses. Sobs wracked her body. The tissue in her hand twisted and torn. The six feet of social-distance between us felt like a gaping chasm. The abuse began when she was young, a cousin. The self-harm began not long after. Though her mother knew, she ignored the abuse and instead shamed and punished her daughter for harming herself. I sat in silence, bearing witness to the unfurling story of years of abuse.

As she wiped her eyes and nose behind her mask, I did the only two things I knew to do as a pastor and university chaplain: prayed and referred. I silently prayed the Holy Spirit would guard me against saying anything that might cause further harm. The student left, a damp form for the counseling center clutched in her hand. Was that all that could be done in the pastor's office, pray and refer? Or was there a way to actively participate in whatever answer to those prayers God might extend in the life of this young woman?

These questions have persisted, following me into every similar encounter since, students coming to me, unwinding the bandages holding their heart together, trusting me as witness to their pain. A few were valiantly stubborn in their refusal to seek counseling or talk to a doctor, so engrained was the belief that prayer, and nothing else, could deliver them from the impact of their trauma. But most were willing to engage counseling, even medical interventions, acknowledging that counseling and medication could be effective tools in their recovery.

But it was also clear that they needed something from their pastor neither a counselor nor a pill could provide. They needed to know: *Where is Jesus? Is he with me?* As welcome as my assurances about God's persistent presence and faithful, quiet work in their lives through ordinary means of grace like counseling and medical care, they hungered more. They hungered for an encounter with God through the mysterious work of the Holy Spirit that was integrated with and yet distinct from counseling and psychiatric care. I needed more than practical tools. I needed theological clarity on how the Gospel is good news for these, the poor in spirit from traumatic experiences.

Whether through education, pastoral experience, or the disorientation of personal experience, most clergy are aware of the complicated nature of mental health challenges. Most are increasingly comfortable encouraging their people to seek care from mental health professionals. Yet many, like me, hold fast to the conviction that there is a unique contribution to be made by spiritual caregivers. They simply do not have clarity what that might look like. Clergy need a theological framework for journeying alongside survivors, one that both takes seriously the contributions and expertise of mental healthcare professionals and lays claim to the role theology plays in both coping and recovery. I contend that Wesleyan soteriology provides a robust framework for posttraumatic meaning-making by faithfully engaging the transcendent—the Triune God of Scripture, illuminating an eschatologically-sound telos, and empowering whole-person transformation.

In chapter one, I examine the biomedical approach to trauma studies, including a shared set of definitions for common terms. Because of the ubiquitous nature of trauma-speak in contemporary culture, clarity is essential. I provide a brief overview

of the various modalities and goals of trauma care in the field of psychology and psychiatry and what I perceive to be limitations in these approaches. While clergy do not need to be experts in trauma studies, a familiarity with the history, contemporary practices, and orienting goals of treatment can provide clarity on how the sciences and theology support one another and where theology can and must speak.

In chapter two, I engage theorists Ronnie Janoff-Bulman and Crystal Park on the function of assumptive worlds, and global and situational meaning in the human experience, specifically in the lives of those who have experienced trauma. I identify what I see as the deficiencies of Western cultural scripts in rising to the challenge of meaning-making in the face of extreme distress. I go on to note the contributions of Crystal Park, Carrie Doehring, and Kenneth Pargament on the potential role of religion and spirituality in posttraumatic meaning-making. I conclude that, while the theories and frameworks these scholars present are helpful, their measure of what constitutes life-giving spiritual orienting systems is thin. I suggest the appropriate measure of a spiritual orienting system is one of virtue: *who do I become?* In the context of Christianity, specifically in the Wesleyan tradition, the question is: does this spiritual orienting system help me become more Christlike?

In chapter three, I argue that John Wesley's doctrine of salvation offers a life-giving spiritual orienting system that leads towards Christlikeness for those who have experienced trauma. I construct the underpinnings for this claim through analysis of the distinctiveness of Wesley's doctrine which draws from both Western and Eastern doctrines of salvation. In conversation with Wesleyan scholar Randy Maddox, I categorize this Wesleyan doctrine as holistic and embodied, participatory, and ongoing—

and thus distinctly capable of empowering those who have experienced trauma to persist on the complex journey toward restoration and healing.

In chapters four and five, I present a Wesleyan approach to posttraumatic meaning-making informed by Wesley's doctrine of soteriology. I claim that an effective approach posttraumatic meaning-making must engage the role of the transcendent, offer an orienting telos, and provide a vision for transformation. I organize this framework around these three components and the practical pastoral questions they elicit: *who is God, what's the point of suffering and life, and now what is to come in this life and beyond?* I bring these questions into dialogue with Wesley's doctrine of therapeutic salvation and suggest practical application for both trauma survivors and supporting clergy.

Chapter 1

Trauma Studies: A Succinct Survey for Clergy

In this chapter, I examine the definition of trauma as outlined by medical and psychology experts and consider the holistic impact as described by these disciplines. Understanding the various definitions of trauma and its impact as the natural and social sciences describe will help us discern the unique role of theology—and, by extension, clergy—in caring for and accompanying those who have experienced it.

Because clergy swim in the Western waters of trauma speak, it is beneficial for them to be acquainted with the biomedical approach to trauma care. An awareness of the assumptions, goals, and modalities of the biomedical approach allows the spiritual caregiver to discern the ways in which these goals and commitments align with or differ from the assumptions and commitments of Christian spiritual formation as well as its ultimate goal: growth in Christlikeness. This section does not aim to provide full accounts of each perspective but rather to offer summative descriptions. Familiarity with these modalities at a high-level will serve as yet another tool for clergy in discerning their unique contribution theologically and pastorally.

I conclude the chapter by examining approaches to the relationship between science and religion drawing from Ian Barbour and John Haught. Having gained a cursory understanding of both the contributions and limitations of the sciences as it relates to trauma care, I will evaluate the various approaches to navigating the relationship between the sciences and theology and identify which approach I believe is most generative for this conversation.

1.1 Trauma: What is it?

The word trauma now has a ubiquitous presence in public discourse, particularly in the United States. Its use ranges in meaning from a car crash to sexual assault, wartime atrocities to a celebrity losing her luggage.[1] One needs only to look to social media platforms like TikTok or Instagram and the innumerable trauma-related hashtags to see the unchecked proliferation of the term. This colloquial use remains slippery and ill-defined. In fact, Holton and Snodgrass describe trauma as currently a "catch-all term for distress."[2] With no meaningful alternative terms available, people employ the word most readily available to describe their experience.

Nuanced, strategic, and informed language is needed to rescue us from this "vocabulary desert."[3] A shortage of terms to describe extreme distress and its accompanying impact result in one word carrying the load of defining a vast array of difficult experiences. Part of the problem with the difference between common and technical uses of the term trauma arises from the complex history of the scientific and diagnostics language of trauma. The experience of trauma is not new. Traumatic experiences such as war, rape, abuse, etc. have been present throughout human history in every culture. However, the scientific study of the impact of trauma, particularly on the psyche, is relatively recent.

In the United States, some researchers have suggested that symptoms mirroring what we now identify as posttraumatic symptoms were identified as early as the

[1] Constance Dalenburg et al., "Defining Trauma," in *APA Handbook of Trauma Psychology*, ed. Steven N. Gold, APA Handbooks in Psychology Series (American psychological association, 2017), 15.
[2] M. Jan Holton and Jill L. Snodgrass, "A Theoretical and Theological Reframing of Trauma," *Pastoral Psychology* 72, no. 3 (2023): 339, https://doi.org/10.1007/s11089-023-01063-1.
[3] Holton and Snodgrass, "A Theoretical and Theological Reframing of Trauma," 339.

American Civil War (1861-1865) and in Europe during the Franco-Prussian War (1870-1871).[4] Thus begins the record of formalized attempts to address the challenges experienced by combat veterans. In addition to these veterans, other researchers in Europe studied the psychological impact of railroad accidents.[5] In 1889 in Europe, French psychologist Pierre Janet published a scientific account of what he termed traumatic stress, "L'automatisme psychologique," a resource cited by Sigmund Freud in his 1893 paper on hysteria.[6]

Trauma studies surged less than twenty-five years later with the start of World War I. This unprecedented modern warfare manifested in what people then described as *shell shock*—also called war fatigue, soldier's heart, etc.—a condition that resulted in disruptive mental, emotional, and physical symptoms.[7] WWI dramatically brought the experience to the fore, forcing medical professionals to acknowledge the pattern.[8] Unfortunately, people's lack of understanding of these soldiers' experiences led to the demonization and ostracization of those suffering. In fact, many military leaders described the men who "succumbed" to this disorder as "undisciplined and unwilling soldiers."[9] Their symptoms were interpreted as character flaws, physical or mental weakness, a lack of courage, etc.

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[4] Matthew Friedman, "History of PTSD in Veterans: Civil War to DSM-5- PTSD: National Center for PTSD," 2023, www.va.gov, https://www.ptsd.va.gov/understand/what/history_ptsd.asp.
[5] Friedman, "History of PTSD in Veterans: Civil War to DSM-5- PTSD: National Center for PTSD."
[6] Lexi Pandell, "How Trauma Became the Word of the Decade," *The Highlight*, January 25, 2022, https://www.vox.com/the-highlight/22876522/trauma-covid-word-origin-mental-health.
[7] Gordon J. Turnbull, "A Review of Post-Traumatic Stress Disorder. Part I: Historical Development and Classification," *Injury* 29, no. 2 (1998): 87, https://doi.org/10.1016/S0020-1383(97)00131-9.
[8] Edgar Jones and Simon Wessely, "War Syndromes: The Impact of Culture on Medically Unexplained Symptoms," *Medical History* 49, no. 1 (2005): 55–78, https://doi.org/10.1017/S0025727300008280.
[9] Bessel A. Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Viking, 2014), 187.

In the United States, Post-traumatic Stress Disorder (PTSD) was not added to the Diagnostic and Statistical Manual of Mental Disorders until the third edition (DSM-III) in 1980. It took years of advocacy from doctors and therapists treating Vietnam veterans to achieve this inclusion.[10] The definition and description of PTSD was influenced heavily by the International Classification of Diseases (ICD) and its language around what they termed *overwhelming stress.*[11]

The most current version of the DSM—the DSM-V-TR—defines trauma as "exposure to actual or threatened death, serious injury, or sexual violence."[12] Exposure need not only come from direct experience but may come in the form of witnessing the event or learning of the event happening to a close friend of family member. In 2013, a fourth form of exposure was added to the DSM criteria (A4).[13] This criterion identified "repeated or extreme exposure to aversive details" of traumatic experiences as a part of a person's professional responsibilities as a potential risk factor for PTSD and posttraumatic stress.[14] This would include professionals such as first responders, police officers, certain military personnel, and others—those who regularly witness traumatic experiences or their aftermath as a part of their work responsibilities.

It is important to note that the DSM does not include psychosocial stressors such as divorce or job loss as qualifying traumatic experiences for a diagnosis of PTSD or Acute Stress Disorder.[15] While the stewards of the DSM have decided not to include

[10] Turnbull, "A Review of Post-Traumatic Stress Disorder. Part I," 87.
[11] Turnbull, "A Review of Post-Traumatic Stress Disorder. Part I," 88. The ICD would go on to add PTSD as a diagnosis in 1992.
[12] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, DSM-5-TR (American Psychiatric Association Publishing, 2022), https://doi.org/10.1176/appi.books.9780890425787.
[13] Anushka Pai et al., "Posttraumatic Stress Disorder in the DSM-5: Controversy, Change, and Conceptual Considerations," *Behavioral Sciences* 7, no. 1 (2017): 3, https://doi.org/10.3390/bs7010007.
[14] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 301.
[15] Pai et al., "Posttraumatic Stress Disorder in the DSM-5," 2.

these stressors as potentially qualifying traumatic experiences, from a phenomenological perspective, many people who experience divorce or job loss would fall within the bounds of the definition.[16]

In addition, the DSM does not recognize complex PTSD (cPTSD) as a valid diagnosis, a term first coined by Judith Herman in 1992.[17] Complex PTSD is defined by the international medical community in the ICD as "exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible."[18] In the case of cPTSD, there is likely not to be one singular experience that can be identified as the primary cause of the trauma. Rather, protracted abuse has cumulative effect with unique and profound impact. Examples of cPTSD include chronic childhood sexual or physical abuse, slavery, and ongoing domestic violence. Researchers did not find sufficient evidence to differentiate it from traditional PTSD nor to address its overlap with borderline personality disorder prior to the publication of the most recent edition of the DSM.[19] The decision of the DSM to exclude cPTSD imposes further limits on the definition of trauma for medical providers in the United States. Nevertheless, clergy

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[16] John Swinton, *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges* (William. B. Eerdmans Publishing Company, 2020), 49. In this work, I will use the term phenomenological in line with Swinton's use of the term in the above citation. He describes a phenomenological attitude as "a good way of founding a theological investigation that takes seriously the various descriptions of mental health challenges that are available, but in addition seeks to create new descriptions based on thick accounts of people's spiritual experiences."

[17] Judith Lewis Herman, *Trauma and Recovery*, Rev. ed (BasicBooks, 1997), 178.

[18] *International Classification of Diseases*, Eleventh Revision (ICD-11). World Health Organization (WHO, 2020.

[19] Hunter A Cutlip et al., "Unknown, Underserved, Underreported: A Case for Differentiation in Trauma Disorder Classification and Diagnosis," *Cureus*, ahead of print, May 17, 2023, 1, https://doi.org/10.7759/cureus.39157.

would benefit from familiarity with the experience of cPTSD in their support of individuals who suffered long-term, ongoing abuse.

The American Psychological Association (APA) presents a broader definition of trauma than that of the DSM. In 2018, the APA defined trauma as "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning."[20] According to this definition, qualifying traumatic experiences need not be limited to specific types of experiences. Rather, an experience is identified as traumatic based on an individual or a community's perception of the experience. The specific experience matters less than the impact the experience has on "psychic structure that attaches specific attributions to the event."[21] When an experience incapacitates a person from doing the work of meaning-making—the "arduous task of reconstructing an assumptive world"— people can describe that experience as traumatic.[22]

This broader definition reflects the work of Judith Herman who, in her seminal work *Trauma and Recovery,* offered a broader, phenomenological definition of trauma. She describes traumatic experiences as those which "overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."[23] According to Herman, the *type* of event is irrelevant; the *experience* of the event and the resultant *overwhelm* is the defining feature. As a result of this overwhelm, tools that, in the past,

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[20] Gary R. VandenBos, ed., *APA Dictionary of Psychology*, Second edition (American psychological association, 2015).
[21] Catherine N. Dulmus and Carolyn Hilarski, "When Stress Constitutes Trauma and Trauma Constitutes Crisis: The Stress-Trauma-Crisis Continuum," *Brief Treatment and Crisis Intervention* 3, no. 1 (2003): 29, https://doi.org/10.1093/brief-treatment/mhg008.
[22] Ronnie Janoff-Bulman, *Shattered Assumptions* (Free Press, 2002), 169.
[23] Herman, *Trauma and Recovery*, 33.

effectively processed and integrated painful or distressing experiences have become impotent, leaving survivors feeling powerless in the face of what they endured. The potency of the traumatic experience might exceed these tools' capacity to integrate it in the mind and body of the survivor for months or years.[24]

Other scholars propose a model of discernment as to the nature of someone's distressing experience based on a continuum: stress, trauma, and crisis. In this model, Dulmus and Hilarski assert that distressing experiences manifest and progress differently depending on a person's available tools to cope with and integrate the experience. First, the event is experienced as stress. Those with access to adequate tools such as social support, resiliency, and a non-neurotic personality type may be able to endure the experience, integrate it, and even make meaning from it in a short period of time.[25] Those who do not have access to such tools proceed down the continuum and might come to perceive the event as traumatic as the experience remains unresolved. It is important to note that whether a person has or doesn't have the tools needed to mitigate high-stress experiences is not indicative of a character flaw, a lack of resilience, or moral failing. Rather, it speaks to the disparity in social safety nets, relational support systems, various forms of biases, and other inequalities inherent in contemporary life.

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[24] Bessel A. Van Der Kolk, "The Body Keeps the Score: Memory and the Evolving Psychobiology of Posttraumatic Stress," *Harvard Review of Psychiatry* 1, no. 5 (1994): 253–65, https://doi.org/10.3109/10673229409017088, 258. The term *integrate* indicates accessing the experience with the "declarative memory"—conscious recall—instead of the "nondeclarative memory," the memory system that controls conditioned emotional responses, skills and habits, and sensorimotor sensations related to experience." An integrated memory lives in the past while an unintegrated memory exists in the eternal now. An unintegrated memory always feels like it is currently happening even it occurred five years prior as images, feelings, and sensory experiences do not fade over time.

[25] Dulmus and Hilarski, "When Stress Constitutes Trauma and Trauma Constitutes Crisis," 32.

One can distinguish this location on the continuum from stress by its severity and duration.[26] Various symptoms, such as hypervigilance and the inability to reconcile their experience with what they believed to be true of the world, demonstrate this persistent stuck-ness.[27] Ultimately, those who remain in the unresolved state of trauma progress to the final stage on the continuum: crisis. Practitioners identify this stage by "instability and disorganization due to an unresolved acute or chronic perceived stress," a state that might manifest through "pathological defense mechanisms."[28] A desperate urgency to resolve the distress that has become intolerable creates a crisis, which might manifest as harmful behavior toward oneself or others in an attempt to alleviate the suffering. Familiarity with this spectrum model provides yet another tool to help care givers, including clergy, discern appropriate care for those who have undergone high-stress and/or traumatic experiences.

1.2 Impact of Trauma

Because the effects of trauma are as various as there are flesh-and-blood individuals with varying resources and safety nets, clergy will best understand how these theories fit together most clearly by looking at the lives and stories of real survivors. These negative effects do not limit itself to one facet of a person's existence. Rather, the impact often reverberates in every aspect of a person's life—cognitive, social, emotional, physical, and spiritual.

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[26] Ann W. Burgess et al., "The Stress-Crisis Continuum: Its Ap- Plication to Domestic Violence," in *Battered Women and Their Families: Intervention Strategies and Treatment Programs*, 3rd ed, ed. Albert R. Roberts, Springer Series on Family Violence, v. 12 (Springer Publishing Company, LLC, 2007), 143.
[27] Dulmus and Hilarski, "When Stress Constitutes Trauma and Trauma Constitutes Crisis," 30.
[28] Dulmus and Hilarski, "When Stress Constitutes Trauma and Trauma Constitutes Crisis," 30.

Consider the experience of Rachel, a 20-something college student.[29] Rachel arrived the fall semester of her first year at a small Christian college ready for a fresh start, away from her difficult home life and the painful family relationships. She openly shared about her father's verbal and emotional abuse of her and her brother as well as his manipulation of her mother. As Rachel put down roots in the campus community, she began having flashbacks to scenes of sexual and physical abuse that were previously unavailable to her conscious mind. Vague impressions slowly hardened into clear memories.

With this door ajar in her psyche, additional memories of abuse pushed their way through. Sometimes a memory would emerge gradually, and sometimes it would burst forth all at once like a cartoon lightbulb flicking on over her head with no warning at inopportune times. These occurrences made the impact of Rachel's abuse increasingly apparent. Certain experiences caused her to sweat and experience shortness of breath, which sent her running from the room. Rachel regularly visited the emergency room seeking treatment for a variety of maladies, from abdominal pain to suspected seizures.

Alongside these physical symptoms, an array of emotional and social challenges surfaced. Rachel exhibited reactive responses to any perceived slight to herself or others, often pledging to take dramatic public action at what she perceived as systemic injustice. Most of the relationships she had established since arriving on campus withered quickly as students grew uncomfortable with her erratic behavior and what they described as her frequent "trauma dumping"—encounters where Rachel would share a disturbing experience of abuse without warning or context.

[29] A pseudonym is used to protect the identity of this individual.

Rachel's harrowing story illustrates the all-encompassing nature of trauma's impact. David Wang asserts that trauma "can unfold with a cascading effect throughout every stage of life, leaving its mark on brain development, stunting social, emotional, and cognitive functioning."[30] No part of person's being remains untouched. The standard maturing process—the development of the capacity for intimate relationships and nuanced, complex thinking—is hindered and can result in inappropriate behaviors. In an attempt to categorize how the experience of abuse as a child might negatively impact health, Kathleen Kendall-Tackett crafted model made up of four distinct pathways: behavioral, social, cognitive, and emotional.[31] These pathways can provide a helpful framework for clergy to understand the potential effects of trauma.

The behavioral pathway highlights what is perhaps the more visible impact of trauma: destructive behaviors. Such activities might involve substance abuse, eating disorders, high risk sexual behaviors, and more. According to David Wang, these "risky health behavior[s] increase vulnerability to chronic disease."[32] It is essential for clergy to remember is that harmful behaviors are a secondary issue; the primary issue remains the need to address the traumatic experience. Demanding sobriety without engaging the underlying contributing factors is unhelpful at best. It would also be unwise to attribute the increased health vulnerability to behavior alone and neglect the "cumulative

[30] David C. Wang, "Trauma, the Holy Spirit, and Spiritual Formation: Facilitating Recovery in the Mind, Spirit, and Body," *Journal of Spiritual Formation and Soul Care*, April 25, 2024, 1, https://doi.org/10.1177/19397909241247147.
[31] Kathleen Kendall-Tackett, "The Health Effects of Childhood Abuse: Four Pathways by Which Abuse Can Influence Health," *Child Abuse & Neglect* 26, nos. 6–7 (2002): 716, https://doi.org/10.1016/S0145-2134(02)00343-5.
[32] Wang, "Trauma, the Holy Spirit, and Spiritual Formation," 1.

disadvantage" from the impact of experiencing trauma as a child,[33] including socioeconomic status, access to adequate healthcare, etc.

Second, Kendall-Tackett describes a social pathway, which describes how trauma impacts interpersonal relationships. Trauma survivors often experience significant dysfunction in their relationships, which increases their social isolation. The frayed social web puts survivors at a higher risk of homelessness and revictimization.[34] Fragile social networks might mean, for example, an individual is forced to choose between remaining with a victimizer or living on the street. Kendall-Tackett also notes that survivors tend to favor two interpersonal styles—avoidant or intrusive— both of which complicate the establishment and maintenance of healthy relationships and deepen isolation.

Third in Kendall-Tackett's four-pronged model is the cognitive pathway defined as the "beliefs and attitudes that shape a person's day-to-day existence," which construct a person's "internal working framework."[35] When traumatic experiences damage an internal mental framework, survivors struggle to interpret both difficult personal experiences and the behaviors and motivations of others. As in the story of Rachel, some survivors become so accustomed to operating in a state of crisis, crisis feels safer than calm. Operating with mental framework that locks individuals into extended states of fear, suspicion, and insecurity takes a measurable physical toll both the long and short-term.[36] Suggestions to just 'think differently' prove unhelpful because the disorder resides

[33] Steven E. Mock and Susan M. Arai, "Childhood Trauma and Chronic Illness in Adulthood: Mental Health and Socioeconomic Status as Explanatory Factors and Buffers," *Frontiers in Psychology* 1 (2010): 3, https://doi.org/10.3389/fpsyg.2010.00246.
[34] Kendall-Tackett, "The Health Effects of Childhood Abuse," 719.
[35] Kendall-Tackett, "The Health Effects of Childhood Abuse," 722.
[36] Kendall-Tackett, 722. The author cites research on the impact of sustained increased levels of cortisol, a stress hormone, on the body which might include a weakened "immune system, slow wound healing, damage [to] the brain, and increase the likelihood of disease."

not in the thoughts themselves but in the lenses through which a person interprets stimuli and the subsequent thoughts.

Finally, Kendall-Tackett addresses the emotional pathway of the impact of traumatic abuse, focusing in on depression and PTSD. The statistics reveal a startling correlation between childhood abuse and these mental health challenges. For example, survivors of childhood abuse are four times more likely than peers who did not experience childhood abuse to develop depression in their lifetime.[37] In addition, survivors of child abuse are more likely to experience some degree of PTSD. While most of these survivors will not meet the "full diagnostic criteria" for PTSD, 80% will develop "post-traumatic symptoms."[38] The symptoms accompanying PTSD can be harrowing and widely impactful, including depression and various anxiety disorders, all of which negatively affect relationships, physical and emotional well-being, and the ability to cope appropriately.[39]

Kendall-Tackett's model elucidates the complex and interconnected web of trauma impact. The twang of a singular thread can reverberate throughout a person's entire life. However, I want to highlight a notable absence: a spiritual pathway. How might trauma impact a person's experience of spirituality, and what might be the implication for a person's life?

I return to the story of Rachel. The spiritual impact bubbled beneath the surface of Rachel's distressing physical, emotional, and mental symptoms. Rachel had arrived at school unabashed in her self-proclaimed agnosticism as a reaction against her abusive

[37] Kendall-Tackett, "The Health Effects of Childhood Abuse," 724.
[38] Kendall-Tackett, "The Health Effects of Childhood Abuse," 724–25.
[39] Kendall-Tackett, "The Health Effects of Childhood Abuse," 725.

clergy father. This stance was further complicated as memories of abuse resurfaced. Rachel's understanding of God and spirituality was entangled with her experience of violation and abuse.[40] How could she believe in a loving, powerful God when the person who ought to have protected her from harm and who had been charged by the church to educate her in the faith had inflicted such suffering? The traumatic experiences Rachel endured shackled her ability to engage with spirituality. Yet even as she proclaimed her rejection of God, she consistently ended her colorful diatribes with a quiet, "But I don't know. Maybe." Her longing to connect with God was palpable, but she could not imagine a way through the harm to reconnection.

While our focus will be on a specifically Christian spirituality, Swinton offers a broad definition of spirituality is instructive: "Spirituality relates to the way in which people understand and live their lives in view of their sense of ultimate meaning and value."[41] It reaches beyond the five senses in search of existential significance. No longer satisfied to ask, *what it this*, spirituality leads us to ask, *what does this mean?* While spirituality overlaps with religiosity—defined as participation in the beliefs, practices, rites, and rituals for a traditional organized religion—the two differ. However, both can profoundly impact individuals, as illustrated by Rachel's story.

Two primary problems arise from neglecting to engage with a person's spiritual life in posttraumatic care. First, it does not take seriously the lived experience of people suffering from the impact of trauma and the accompanying comorbidities. For many,

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[40] Some people suffer abuse perpetrated by the church, at both the local level or a broader, systemic level. Such abuse can take many forms, but the consistent factor is the weaponizing a person's faith against them. While Rachel was not abused by the church or church systems, the close association between her faith and her father's role as a Christian pastor complexified her experience of God and spirituality.

[41] John Swinton, "Why Psychiatry Needs Spirituality," paper presented at Royal College of Psychiatrists Annual General Meeting, Edinburgh, June 5, 2022, 1, https://www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/att89153-att.pdf?sfvrsn=73954aba_2.

spirituality is an essential component of their lived experience. When a traumatic experience disrupts a person's engagement with spirituality, the impact is real and can be profound. When a caregiver unilaterally decides that this experience is unimportant for a person's recovery, it can communicate a patronizing and supercilious attitude.

Second, the resistance to engaging a person's spiritual life ignores ongoing developments in neuroscience. Neuroscientists like Andrew Newberg suggest the existence of a distinct section of the brain that is "designed to receive religious and spiritual experiences."[42] In their research with Buddhist monks and Catholic nuns during meditation or prayer, Newberg and his colleagues consistently observed a shutting down of the posterior superior parietal lobe, a phenomenon that had the effect of breaking down the perception of the barriers "between 'me' and 'not me."[43] A Christian might describe this as a sense of unity and/or closeness with God. Those unconvinced by phenomenological claims of spirituality's importance in trauma recovery might find the discoveries of the natural sciences persuasive regarding the significance of spirituality in trauma care helpful. Clergy are uniquely positioned to accompany those suffering along this spiritual pathway.

In this brief summary of the history of trauma studies as well as the contemporary definitions of trauma and its impact, I noted the minimal attention to spirituality. In the second half of this chapter, I delve into the philosophical commitments and modalities of treatment that underpin this deficit. I conclude by identifying the nature of the relationship between science and theology that will inform the remainder of this work.

[42] Swinton, "Why Psychiatry Needs Spirituality," 2.
[43] Swinton, "Why Psychiatry Needs Spirituality," 2.

1.3 Biomedical Model:

The history of the biomedical model approach to healthcare reaches back to the ancient Greeks, gains strength through the paradigmatic shifts of the Enlightenment toward objectivity and reductionism, and today is the primary way of diagnosing and treating disease and disorder. But what *is* the biomedical approach to healthcare? The biomedical model is an approach to healthcare that is driven by the "epistemology of empiricism" in order to arrive at "nomothetical knowledge."[44] Researchers derive information from what is observable and measurable in the body. Clinicians generalize this information for use as both a diagnostic tool and a resource for treatment. This model is organized around several primary characteristics.[45] For example, all illness can be attributed to an observable physical disorder, defined as a "disturbance of biological functions of the body."[46] Experts consider the scientific processes they employ to observe, assess, diagnose, and treat these disturbances as neutral. This assumption of neutrality would extend to systems and agents of those systems.

The biomedical model defines health as the absence of illness. In Western medicine, providers' time is spent on treating disease rather than preventing it.[47] Drawing from the philosophical shifts that began with the Enlightenment, I argue that the

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[44] "Trauma and Mental Disorders: A Biomedical Approach," in *Trauma and Traumatization in Individual and Collective Dimensions: Insights from Biblical Studies and Beyond*, 1st ed., ed. Eve-Marie Becker et al., with Raben Rosenberg (Vandenhoeck & Ruprecht, 2014), https://doi.org/10.13109/9783666536168., 38.
[45] Karen Willis and Shandell Elmer, *Society, Culture and Health*, 2. ed (Oxford Univ. Press, 2011), 27–29. For a thorough explanation of these eight characteristics, see Willis and Elmer.
[46] Fredrik Svenaeus, "Illness as Unhomelike Being-in-the-World: Heidegger and the Phenomenology of Medicine," *Medicine, Health Care and Philosophy* 14, no. 3 (2011): 334, https://doi.org/10.1007/s11019-010-9301-0.
[47] This is less reflective of personal convictions of individual healthcare providers and more a reflection of medical systems—what receives compensation, what is measured, etc.

biomedical model is reductionistic in two ways. First, the biomedical model would claim that a "complex phenomenon is best understood by analyzing its physical parts in isolation."[48] Second, it would claim that the physical world is the "one causally potent level" by which a person can interpret the world.[49] Medical professionals understand disorder and disease at the lowest possible level of an organism, focusing on the affected parts. The body is a machine—a compilation of various parts functioning toward a common goal. Because the human body is understood to be a machine, caregivers treat disorder in the human body as a mechanical malfunction.[50] Caregivers see it as problem to solve, not an experience of which to make meaning. A caregiver is a "good healer " if they are perceived as "effective mechanics."[51] The biomedical model might consider environmental concerns but centers its focus on diagnosis and treatment on the individual.

This approach to medicine has provided us many gifts. For example, doctors can identify when a pancreas is no longer functioning and determine that a patient needs insulin based on generalized symptoms that they establish over time through scientific observation and testing. This approach has equipped medical providers with resources to identify and diagnose patients, including reference manuals that generalize conditions and their symptoms. In the United States, insurance companies use these established diagnoses to determine if a person qualifies for particular benefits, especially when ill and

[48] Elena Rocca and Rani Lill Anjum, "Complexity, Reductionism and the Biomedical Model," in *Rethinking Causality, Complexity and Evidence for the Unique Patient*, ed. Rani Lill Anjum et al. (Springer Nature, 2021), 76.
[49] Rocca and Anjum, "Complexity, Reductionism and the Biomedical Model," 76.
[50] Warren A. Kinghorn, *Wayfaring: A Christian Approach to Mental Health Care* (William B. Eerdmans Publishing Company, 2024). For a robust historical exploration of both the emergence of the machine metaphor and its impact on healthcare, particularly mental healthcare, see this resource.
[51] Swinton, "Why Psychiatry Needs Spirituality," 7.

unable to work. In theory, these institutions trust doctors to verify that an individual is ill and requires care.[52]

The biomedical approach also has significant limitations. Because of its foundation of reductionism, this approach can overlook the interactions between parts of a person's being. In fact, Ian Gold summarizes reductionism in psychiatry specifically as the claim that "neuroscience—primarily cellular neurobiology—and molecular biology will, on their own, eventually provide an exhaustive explanation of mental illness and form the basis for treating it successfully."[53] In practice, a doctor might attribute a patient's experience of psychosis primarily to a misfiring of neurons or chemical imbalance without serious consideration for social or environmental factors, or a history of traumatic experience.

In addition, the biomedical has a limited capacity to explain symptoms not clearly connected to an observable physical phenomenon. Many healthcare providers dismiss patients' phenomenological experiences, particularly social or emotional ones, as symptoms resulting from the *real* problem—the physical malady. Healthcare providers often do not consider experiences that cannot be observed, measured, and categorized as evidence in the diagnostic process. According to Fredrik Svenaeus, healthcare providers can detect and understand disease only from this "third-person perspective."[54] Medical professionals require the first-person perspective only to the extent that it helps them

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[52] Hilda Björk Daníelsdóttir et al., "Adverse Childhood Experiences and Adult Mental Health Outcomes," *JAMA Psychiatry* 81, no. 6 (2024): 586, https://doi.org/10.1001/jamapsychiatry.2024.0039. Theory does not always reflect reality. In this study, they concluded that "in addition to care delays, authorization requirements were associated with disease exacerbation, preventable hospitalization, prolonged hospital stay, and lower rates of disease-free survival."

[53] Ian Gold, "Reduction in Psychiatry," *The Canadian Journal of Psychiatry* 54, no. 8 (2009): 506, https://doi.org/10.1177/070674370905400802.

[54] Svenaeus, "Illness as Unhomelike Being-in-the-World," 334.

describe symptoms and locate the disorder, which inhibits a person's ability to tell the whole story of health or illness. Todd Ferguson describes this clinical world as one where "doctors' objective scientific analyses and diagnoses often eclipse or ignore a patient's subjective experience."[55] The implicit suggestion is that whatever cannot be located in the body is of little importance to diagnosis and recovery. This necessarily precludes experiences understood as spiritual in nature. Consequently, when caregivers focus almost exclusively on the flaw in the machine that is the body and do not resource a person in the task of posttraumatic meaning-making, the implicit message is that meaning-making is not essential to coping, recovery, and healing. This is not a moral judgment but rather commentary on how the biomedical model understands its role in trauma recovery.

Two primary assumptions define the goals of the biomedical approach. First and foremost, the biomedical approach aims for a cure, which it understands as the eradication of the disease. In the case of an injury, total restoration—understood as the return of all pre-accident functions—provides a more helpful description than cure. In many cases, a complete cure or total restoration is not a reasonable expectation. In such circumstances, the goal shifts to mitigating symptoms to reduce the disease or injury's impact on daily life.

Second, the aforementioned goal of curing positions the physician in a role of "doing to" rather than "being with."[56] Doctors may view the patient as a set of symptoms demanding attention instead of as a person experiencing symptoms in need of care. This

[55] Todd Ferguson, "I Am Not Myself: Understanding Illness as Unhomelike Being-in-the-World," *AMA Journal of Ethics* 14, no. 4 (2012): 316, https://doi.org/10.1001/virtualmentor.2012.14.4.jdsc1-1204.
[56] Jay Milstein, "A Paradigm of Integrative Care: Healing with Curing Throughout Life, 'Being with' and 'Doing To,'" *Journal of Perinatology* 25, no. 9 (2005): 566, https://doi.org/10.1038/sj.jp.7211358.

"doing to" approach inevitably places the patient in a passive role. The role of the doctor is to assess, test, and treat. The role of the patient is to comply.[57] Compliance requires actions like taking pills at appropriate dosages and intervals and attending treatments. Such care is vital to navigating disease and injury. However, at times, compliance might not feel like meaningful action in that it neither requires nor requests generative participation from the patient. It can perpetuate the lack of agency many survivors of traumatic experiences already feel. This "doing to" over "being with" is not indicative of a shortcoming in the individual medical provider. Rather, this it is indicative of a system that trains doctors to prioritize third-person diagnosis over first-person experience.

1.4 Modalities of treatment

To achieve cure, total restoration, or even the mitigation of symptoms resultant of a traumatic experience, doctors employ various modalities of treatment, including various types of therapies, certain physical treatments, and pharmaceutical interventions. This approach guides the treatment of patients formally diagnosed with PTSD and those who, though not formally diagnosed, experience significant mental health challenges due to unresolved high-stress situations or traumatic experiences. Medical interventions include both pharmacological treatments and therapies such as Repetitive Transcranial Magnetic Stimulation (rTMS) and Electroconvulsive Therapy (ECT). Pharmacologically, medical providers often choose selective serotonin reuptake inhibitors (SSRI) or selective

[57] Dorota Szawarska, "Curing and Healing: Two Goals of Medicine," in *Handbook of the Philosophy of Medicine*, ed. Thomas Schramme and Steven Edwards (Springer Netherlands, 2015), 4, https://doi.org/10.1007/978-94-017-8706-2_59-1.

norepinephrine reuptake inhibitors (SNRI) because studies show they offer the most benefit with the least disruptive side effects.[58]

Kinghorn states, "Insofar as mental illness is conceived as a brain disorder, then medications or other somatic treatments that directly target the brain (such as electroconvulsive therapy, ECT, or repetitive transcranial magnetic stimulation [rTMS]) appear the obvious choice for therapy."[59] The guiding assumptions indicate treatment. If healthcare providers locate the source of disorder primarily, if not entirely, in the brain, they naturally direct treatment toward the body through pharmaceuticals or other medical procedures.

While helpful to many, these medications do not treat all PTSD symptoms; they only assist in the "reduction of the active anxiety components of PTSD" but fail to address avoidant and negative symptoms.[60] Pharmaceutical intervention can help patients cope through symptom relief and stability, which can enable them to engage psychotherapy, but a reduction of symptoms should not be equated with recovery or healing. In sum, the unchecked optimism concerning the power of medication to resolve mental health challenges,—including those wrought by trauma—is problematic in that it neglects whole person experiences, stories, and meaning.

Prior to 2013, researchers viewed pharmacotherapy and psychotherapy as equally efficacious in treating PTSD. However, current research suggests that clinicians should consider "manualized trauma-focused therapies" as "first line treatments" because

[58] Christian Schrader and Abigail Ross, "A Review of PTSD and Current Treatment Strategies," *Missouri Medicine* 118, no. 6 (2021): 549–50.
[59] Kinghorn, *Wayfaring*, 58.
[60] Schrader and Ross, "A Review of PTSD and Current Treatment Strategies," 550.

evidence indicates that psychotherapy is more effective.[61] Diversity exists in the world of psychotherapy as well. Two common approaches are Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Although these approaches overlap, they differ in that Cognitive Processing Therapy (CPT) is rooted in cognitive theory, while Prolonged Exposure (PE) is based on emotional processing theory. CPT is defined as "evidence-based, cognitive-behavioral treatment designed specifically to treat PTSD."[62] The treatment involves engaging with the memory, followed by confronting distorted beliefs, with guidance from the therapist. In contrast, PE aims to alter fear structures that traumatic experiences have rendered dysfunctional.[63] PE includes signature components such as "in vivo exposure" and "imaginal exposure."[64] While symptom relief might not come as quickly as with pharmaceutical and other biomedical interventions, these therapies are geared at addressing the root causes of symptoms.

1.5 Relationship with Science

Having explored the assumptions, claims, goals, and modalities of the biomedical approach to trauma care, I now address the complex relationship between science and faith. This conversation is essential as it helps clergy locate themselves and their role in this work. Christianity does not speak with one voice on the relationship between faith and science, including psychology and psychiatry. Approaches to this complicated

[61] Schrader and Ross, "A Review of PTSD and Current Treatment Strategies," 549.
[62] "Cognitive Processing Therapy," in *Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians*, ed. Ulrich Schnyder and Marylène Cloitre (Springer, 2015), 189.
[63] Laura E. Watkins et al., "Treating PTSD: A Review of Evidence-Based Psychotherapy Interventions," *Frontiers in Behavioral Neuroscience* 12 (2018): 3, https://doi.org/10.3389/fnbeh.2018.00258.
[64] Watkins et al., "Treating PTSD," 3.

relationship range from uncritical acceptance to deep-seeded suspicion and outright rejection.

In his widely used book on pastoral care and counseling, first published in 1966, Howard Clinebell took a posture of uncritical acceptance toward the contributions of social science. He gives little space to psychiatric technology or severe mental illness because he viewed that issue as entirely beyond the purview of a pastor.[65] He suggests pastors refer these individuals to a medical doctor instead of offering them meaningful pastoral care amid their struggles. This is the quintessential "pray and refer" posture which assumes Christian theology and faith practices have no meaningful contribution to make to the care of those suffering from significant mental challenges, including those wrought by traumatic experience. Clinebell is an extreme example. Today, contemporary pastoral care literature is far more likely to take a more nuanced approach to the contributions of social sciences.[66]

In contrast, some clergy remain deeply suspicious of or reject entirely the contribution of psychology and psychiatry. Jay Adams, influential Reformed theologian and founder of the nouthetic counseling movement, asserted that many psychiatric patients were hospitalized because of "unforgiven and unaltered sinful behavior" and that the "Bible alone provided sufficient resources for counseling."[67] He claimed that the

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[65] Warren Anderson Kinghorn, "Medicating the Eschatological Body: Psychiatric Technology for Christian Wayfarers" (Th.D., Duke University, n.d.), 21, accessed July 6, 2024, https://www.proquest.com/docview/871701682/abstract/A85D9EC7C1CB4591PQ/1.

[66] The following are examples of pastoral care literature that welcome the insights of psychology but not from a posture of uncritical acceptance. Harold L. Senkbeil, *The Care of Souls: Cultivating a Pastor's Heart*, 1st ed (Faithlife Corporation, 2019). Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach*, Revised and expanded edition (Westminster John Knox Press, 2015). Karen A. McClintock, *Trauma-Informed Pastoral Care: How to Respond When Things Fall Apart*, 1st ed (Augsburg Fortress Publishers, 2022).

[67] Kinghorn, "Medicating the Eschatological Body," 37.

problem of "mentally ill" (quotation marks in original) was "autogenic," i.e. within them and was the result of the person "[attempting] sinful dodges in an attempt to avoid facing up to his sin."[68] While this perspective is extreme and undoubtedly in part reflective of the time, there remains a constituent of Christians who operate according to Adams' basic claims—that suffering of this natural can be fully attributed to sin committed by the one suffering. In the spring of 2024, well-known pastor, writer, and self-proclaimed Calvinist theologian John MacArthur went on record claiming that

> Psychiatry and psychology is finally admitting the noble lies that they've been telling for the last hundred years. And the major noble lie is there is such a thing as mental illness…There's no such thing as PTSD, there's no such thing as OCD, there's no such thing as ADHD. Those are noble lies to basically give the excuse to, in the end of the day, to medicate people. And Big Pharma is in charge of a lot of that.[69]

MacArthur's claim, disproved by decades of peer-reviewed, scientific research, perpetuates the notion that mental illness is always and only a spiritual problem, wrought by human sin and/or demonic powers. This perspective implies that psychology only serves to deflect from the real issue: sin.

Ian Barbour—American theologian and scientist whose work focused on the intersection between faith and science—observes that while the media insists on perpetuating warfare language to describe the intersection of science and religion, the reality is far more nuanced.[70] Barbour crafts a four-part typology to describe different

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[68] Jay E. Adams, *Competent to Counsel* (Baker Book House, 1970), 29.
[69] https://protestia.com/2024/05/01/john-macarthur-under-fire-for-questioning-mental-health-disagnoses-theres-no-such-thing-as-ptsd/
[70] Ian G. Barbour, *When Science Meets Religion: Enemies, Strangers, or Partners?*, Paperback edition, Religion/Science (HarperOne, 2000), 10.

approaches to the religion-science relationship: conflict, independence, dialogue, and integration. The conflict typology describes science and theology as standing in complete opposition to one another. Extreme suspicion characterizes the relationship between the two. No dialogue is possible. Few beyond the extremes of scientific materialists and biblical literalists insist on this binary approach.[71] In contrast, the independence category asserts that science and theology operate in separate spheres each with its "own distinctive domain and its characteristic methods."[72] While there is less tension in this typology than the conflict counterpart, it is not because the two fields take a more hospitable posture toward one another. Rather, they regard one another as irrelevant. Conversely, Barbour's dialogue category allows that science and theology can speak to one another. However, the dialogue between the two field would seldom if ever result in a "reformulation of religious beliefs or doctrines" by either field.[73] The disciplines can converse but with no measurable impact on either field. It gives the impression of a more charitable position than that of the independence type but with similar results. Barbour describes the final typology, integration, as "involving greater conceptual unity between the fields."[74] He imagines a systematic approach by which all issues between science and faith can be litigated in a methodical way. While Barbour does allow for mutual reformulation between science and faith, he does acknowledge that reformulation more often occurs in traditional theological concepts, an assertion for which he has been

[71] Barbour, *When Science Meets Religion*, 10.
[72] Mikael Stenmark, "Typologies in Science and Religion," in *Encyclopedia of Sciences and Religions*, ed. Anne L. C. Runehov and Lluis Oviedo (Springer Netherlands, 2013), 2310, https://doi.org/10.1007/978-1-4020-8265-8_1448.
[73] Stenmark, "Typologies in Science and Religion," 2310.
[74] Ian G. Barbour, "On Typologies for Relating Science and Religion," *Zygon*® 37, no. 2 (2002): 350, https://doi.org/10.1111/0591-2385.00432.

criticized. I share this concern as it runs the risk of relegating theology to the "fringes of science" unless integration happens on the terms of science.[75]

Many thinkers have responded to Barbour's typology with iterations of their own, among them John Haught. Haught responds to Barbour with a modified four-fold typology. While Haught's categories of conflict and contrast parallel Barbour's categories of conflict and independence, his third category—contact—diverges. Haught's contact category envisions a conversation between science and theology that allows for "interaction, dialogue, and mutual impact but forbids both conflation and segregation."[76] Unlike Barbour's systematic approach, Haught imagines generative interaction at points of contact between the two fields that rejects any attempts at an uneasy amalgamation or balkanization. Haught suggests that science and religion can "co-produce…a joint meaning that is more illuminating than either one can provide on its own."[77]

In this work, I am guided by Haught's contact category. I understand traumatic experiences to be a point of significant contact between the fields of psychology and practical/pastoral theology in that they can disrupt every aspect of a person's life: physical, mental, social, and spiritual. I will demonstrate that while psychology and theology have philosophical differences, there are points of significant overlap in outcome goals. Clergy and scientists who can engage in a fruitful dialectic while also acknowledging the distinct methodology and expertise of one another. This engagement requires a commitment of both parties to a posture of humility to mutually craft a space of shared learning and responsiveness. Clergy can acknowledge that all truth is God's

[75] Taeda A Smedes, "Taking Theology and Science Seriously without Category Mistakes: A Response to Ian Barbour," *Zygon: Journal of Religion and Science* 43, no. 1 (2008): 274.
[76] John F. Haught, *Science and Religion: From Conflict to Conversation* (Paulist Press, 1995), 18.
[77] Haught, *Science and Religion*, 18.

truth, including insights from psychology, and thus approach the conversation about the impact of and recovery from trauma with gratitude and curiosity. The psychologist or other mental health care professional can embrace the freedom from having to understand or explain every human experience and receive the wisdom of spiritual caregivers and clergy who navigate disorder of the soul.

Conclusion:

In this chapter, I presented an historical understanding of trauma alongside contemporary definitions, provided a comprehensive description of the holistic impact of trauma, and examined the biomedical approach to trauma assessment and treatment. I suggested that it is essential for clergy to be familiar with the dialect of trauma in contemporary society. This familiarity is intended not for diagnostic purposes but to empower pastors to discern their distinct role as pastor-theologian in trauma care.

Having noted the sciences' lack of engagement both with the role of spirituality and meaning-making in trauma recovery, I now turn to what meaning-making research is teaching us about trauma recovery. This sets the stage to examine the unique role the Christian spirituality might have in the arduous task of posttraumatic meaning-making, specifically Wesleyan soteriology.

Chapter 2

Traumatic experiences can hinder a person's ability to make meaning—reconstructing assumptive worlds. Traumatized individuals often find it impossible to reconcile their experiences with what they once thought to be true of the world. The biomedical world has embraced technological therapies as the primary solution to symptoms of post-traumatic distress. As a result of this focus on symptom reduction or elimination, the biomedical approach to treatment does not prioritize posttraumatic meaning-making. The field of psychology, however, increasingly demonstrates the importance of meaning-making in the ongoing task of healing and recovery from trauma. In fact, it has been suggested that meaning-making is essential to the recovery process and posttraumatic growth.

In this chapter, I first consider the universal function of meaning and the meaning-making process as well as the impact of traumatic experiences on that process. I note the underdeveloped engagement with the role of the transcendent in the literature and preview a theological account of the transcendent that I will expound in chapter four. I observe that meaning-making is often described as a way to understand what *is*, rather than what *could be*—that is, it fails to engage with the need for an ultimate *telos* or how addressing such a need might enhance the meaning-making process. I attribute this lack of development to problematic philosophical underpinnings and, once again, preview a theological account of human telos that will be articulated more fully in chapter four. I will suggest that psychology's anemic engagement with the role of transcendence limits its understanding of embodied posttraumatic transformation. I make my case for a theological account of posttraumatic transformation in chapter five.

I respond to the deficits identified by examining the role religious systems—both formal and implicit—might play in meaning-making after traumatic experiences. I pay particular attention to the claims about the role of transcendence, telos, and transformation in that process. Although the scholarship at the intersection of religion and meaning-making engages the concepts of transcendence and telos more extensively than the previous section, the problematic philosophical underpinnings from the previous section persist, albeit in new ways. This sets the stage for chapter three in which I suggest that a Wesleyan soteriology can be a life-giving theology, to use the framework of Kenneth Pargament. As such, this theology can assist in constructing a meaning-making structure that can bear the weight of those shattered by traumatic experiences.

2.1 Frameworks of Meaning-Making

We are born into environments already operating by certain *assumptive worlds*—"conceptual system[s], developed over time, that provides us with expectations about the world and ourselves."[1] These assumptive worlds might be compared to a soundtrack playing in the background of our lives, existing on the periphery of our consciousness while still guiding our interpretations of experiences and informing the meanings we discern. It is essential to emphasize the shared nature of assumptive worlds, expectations, and meanings. While the Western mind often champions independence, our assumptive worlds are deeply corporate. They are shaped by family and local community values, as well as by broader cultural and media influences.

[1] Janoff-Bulman, *Shattered Assumptions*, 5.

These shared assumptive worlds help establish not the *how* of life's events, but the *why.* This work hums quietly as the soundtrack to our lives, influencing our interpretations of and actions in the world, often in subconscious or preconscious ways.[2] This process might be compared to breathing or blinking—functions we perform automatically and rarely consider unless impeded. In fact, you cannot *not* breathe or blink. The only time we give much thought to either automated function is when the function is hindered. If my breathing constricts, it suddenly commands my full attention. Our interpretation of our experiences operates in a similar way. We cannot *not* operate by our assumptive worlds or eschew discerning meaning from them, and rarely do we think about our assumptions, expectations, or derived meanings. It is only when circumstances contradict those assumptive worldviews and ascribed meanings—like in the aftermath of a traumatic experience—that we must engage them directly. The once subconscious orienting assumptions demand our full attention.

Crystal Park—a professor of psychology focused on the study of how beliefs, goals, and values affect people's way of interpreting and managing stressful events—proposes a meaning-making model that distinguishes between the general assumptions and their personal applications, labeling them as global and situational meaning. Global meaning refers to individuals' "general orienting systems," while situational meaning describes how global meanings influence particular contexts.[3] Global meanings establish interpretive patterns that individuals use to derive situational meanings specific to their

[2] Seymour Epstein, "Controversial Issues in Emotion Theory," *Review of Personality and Social Psychology*, 1984, 65.
[3] Crystal L. Park, "Implicit Religion and the Meaning Making Model," *Implicit Religion* 14, no. 4 (2011): 405, https://doi.org/10.1558/imre.v14i4.405.

experiences. These interpretations become the unique situational meaning crafted and assigned by the individual.

Adding to this framework, Ronnie Janoff-Bulman—a psychology professor who specializes in trauma studies—suggests that people in Western societies operate under three primary assumptions—what Park might term global meanings: the world is benevolent, the world is meaningful, and the self is worthy.[4] Individuals apply these broad assumptions to interpret life events and make sense of their experiences. These assumptions can manifest in a multitude of ways. For instance, one might believe that good things happen to good people: being kind, considerate, and hard-working should ensure a secure job and healthy relationships. Similarly, one might believe that taking care of one's body will prevent chronic illness or disease.[5]

Janoff-Bulman's account of these assumptions exemplifies the distinctly American trait of unfettered devotion to the alluring trifecta of power, resources, and technology. This cultural script suggests that any problem can be resolved if you wield sufficient power, wealth, or technological innovation. However, the overwhelming impact of traumatic experiences exposes the limitations in the script, both at the cultural and individual level. Despite this, Western culture clings to these tools, as evidenced by the biomedical approach to trauma care. This raises a critical question: What happens when the global meanings by which we make situational meaning break down and the trinity of power, resources, and technology proves inadequate?

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[4] Janoff-Bulman, *Shattered Assumptions*, 6.

[5] While beyond the purview of this work, it should be noted Janoff-Bulman's framework does not account for the lived experience of marginalized populations, whose realities often contradict these assumptions. Her theory would be enriched by the witness of non-majority people groups that might call the universality of her claim into question.

Core schemas are durable, and necessarily so. They provide the constancy needed to operate in the world without perpetual disruption. Our "cognitive conservatism" inclines us toward obstinacy. We are incentivized to resist changes in our schemas by the stability they offer.[6] A shared ethos in the United States— an unwavering commitment to redemptive narratives—also contributes to our resistance to acknowledging and engaging dissonance in our core schemas.[7] There are potentially high-stakes social consequences for changing one's mind on any given issue. Accepting change in a core schema might result in painful shifts in relationships—both personal and professional—and even the loss of communities of support. In the context of religious communities, questioning a core schema that functions as an essential tenet of shared religious beliefs deepens resistance to the reevaluation process further still. The stakes are higher, the social implications greater, and the perceived spiritual consequences of utmost significance.

For these reasons and more, we resist significant change in our core schemas. This deep-seated resistance means that data that contradicts our core schemas must be particularly potent to prompt any renegotiation of meaning, global or situational. Traumatic experiences can be one such source of contradictory data powerful enough to induce a reappraisal of meaning.

2.2 Meaning-Making and Trauma

[6] Janoff-Bulman, *Shattered Assumptions*, 54.
[7] Shelly L. Rambo, "Beyond Redemption?: Reading Cormac McCarthy's *The Road* After the End of the World," *Studies in the Literary Imagination* 41, no. 2 (2008): 99–121. In conversation with Daniel McAdams, Rambo notes that Americans draw from redemption narratives, both sacred and secular, whether it be the promise of resurrection or the adage, "every cloud has a silver lining."

What happens when all you hold to be true about how the world—justice, truth, trust, love, even the presence and power of God—groans, cracks, and splinters under the immeasurable weight of suffering? When the stories with which we have narrated our lives unravel—or are shredded by the cruelty and abuse of others—and show themselves to be wishful thinking? What happens our view of self is dismantled and our understanding of our purpose in tatters?

When a person experiences trauma—an event that contradicts their worldview and upends their assumptions about how the world should and does operate—that person experiences discrepancy distress. People respond in different ways to this distress. For a time, they might be able to avoid the discrepancy or distract themselves from the distress. However, avoidance and distraction can only be maintained for so long. Eventually, one of two paths must be embarked upon: they can change the meaning of the stressor itself, or they can change their global beliefs.

Some experiences more easily lend themselves to the former. For example, a beloved teacher acts out of character by snapping at a student. The child's belief that the teacher is always perfectly calm and immune from difficult emotions is disrupted. How will the student reconcile this experience with their former beliefs about the teacher? For this child, the discrepancy distress can be resolved by changing the meaning of the stressor. The child might change the view of the stressor by recognizing the humanity of their teacher and their need for compassion. It is a disorientation, but one easily integrated into the child's understanding of the world. New information is assimilated into the child's core schema. In fact, this disorientation is necessary. It will continue over

time in varying degrees, as the child's self-oriented view of the world is challenged in different relationships.

However, if the aforementioned beloved teacher were to be arrested for assaulting a fellow teacher on the playground or for grooming or abusing the child, the magnitude of the disorientation would be great and the impact potentially devastating. Core narratives might include the beliefs that "school is a safe place to be," "grown-ups can be trusted," or even perhaps "I am good and worthy of love." These could unravel. The child is left unable to integrate their experience into their established worldview. The discrepancy distress would be significantly higher, likely impeding ordinary function. Fear, anxiety, avoidance, and other trauma-related symptoms might manifest. While this example imagines a child, adults are not immune from the reality of discrepancy distress.

Consider Janoff-Bulman's claim that individuals in Western cultures ascribe to three primary global meanings: the world is benevolent, the world is meaningful, and the self is worthy. A traumatic experience such as living through a mass shooting might disrupt those three core schemas. Can a person continue to believe the world is benevolent place when a person can commit heinous acts against other humans? What meaning can persist, when faced with the reality of human frailty and vulnerability? *Why am I the one to survive when others who were perhaps kinder or more generous or more righteous than I did not?*

I perceive two underdeveloped themes in Janoff-Burman's to which theology can speak. First, Janoff-Burman's work left me asking: where is the transcendent? Knowing that traumatic experiences disrupt core assumptions and deeply held meanings, and knowing that over 80% of American belief in the existence of "something spiritual

beyond the natural world," it is curious that there is little engagement with the role of transcendence.[8] She makes a brief reference to the potential impact of one particular belief—belief in a "God who rewards a moral existence"—on making meaning from experiences.[9] Much later in the book, the author acknowledges the ways suffering might be interpreted in various formal religions. However, these observations are included as anecdotes. The potential role of transcendence as a larger theme in the work of meaning-making is not engaged in a consequential way.

In his seminal work *A Secular Age,* philosopher Charles Taylor proposed the concept of the buffered self, a modern person for whom "the possibility exists of taking a distance from, disengaging from everything outside the mind," one who has the power to give "its own autonomous order to its life." [10] The existence of the transcendent and its intersection with our lives—something beyond what could be humanly explained acting toward us—was once assumed. Now, in a post-enlightenment world, it is assumed no longer. This is not to imply that the modern person must reject the existence of the transcendent but rather suggests that the option to do so now exists, in contrast to the premodern "porous" self.

Janoff-Bulman's work serves as an example in the field of the opt-in or opt-out relationship with the transcendent exemplified in the modern field of psychology. Historically psychology has positioned itself as a value-neutral discipline.[11] In his work

[8] Becka Alper et al., *Spirituality Among Americans* (Pew Research Center, 2023), 7.
[9] Janoff-Bulman, *Shattered Assumptions*, 11.
[10] Charles Taylor, *A Secular Age* (Belknap Press of Harvard University Press, 2007). While Taylor develops the concept of a buffered self, contrasted with a porous self, throughout his philosophical tome, he provides a pointed definition beginning on page 38.
[11] Brad D. Strawn, "Applications to Psychology and Psychotherapy," in *The Routledge Companion to John Wesley*, 1st ed., by Clive Murray Norris and Joseph W. Cunningham, ed. Clive Murray Norris and Joseph W. Cunningham (Routledge, 2023), 219, https://doi.org/10.4324/9781003037972-22.

Ontology and the Practical Arena, Don Browning calls such claims about the field of psychology weak, if not impossible. In fact, he describes "the notion of a purely abstract philosophical standpoint, divorced from any consideration or doctrine or commitment…to be quite ludicrous."[12] No one can stand nowhere. Janoff-Bulman serves as one example of this reality. The ambivalence in the field, exemplified in Janoff-Bulman, should not be interpreted as neutrality but interpreted as a claim, that transcendence is an opt-in experience. Christian theology, and specifically Wesleyan theology, offers an alternative account of the transcendent. In chapter four, I will argue that Wesleyan theology offers us understanding of the Transcendent that is expressed in the Triune love of God. We are invited into a relationship of mutuality with this Triune God that is love, a relationship marked by ontological and economic boundaries, embodied connection, and an ongoing "being-with."[13]

A second underdeveloped concept in this area of study, once again exemplified in Janoff-Bulman's work, is the role an ultimate orienting telos might play in the meaning-making process. Janoff-Bulman and others acknowledge that engaging the question of "why" a traumatic experience occurred is a natural and, for many, a necessary part of making meaning in the aftermath of the experience. The meaning-making process also engages the question of "how"— how must I respond to this experience to bring my assumptions, global beliefs, and core schemas into congruence with my lived experience and make meaning anew? However, she does not engage the question: to what end? To what end is meaning remade? Is there an ultimate purpose to which such work might be

[12] Douglas Browning, *Ontology and the Practical Arena* (Pennsylvania State University Press, 1990), 59.
[13] This technical language will be elucidated in chapter four.

directed? Is such a question relevant to the meaning-making process, and, if so, is that work the task of the trauma survivor alone?

As noted with the role of transcendence, this claim-by-silence concerning the role of an ultimate telos in meaning-making once more demonstrates the undercurrents of secularity and the impact of the modern "buffered self" in the field of psychology. Janoff-Bulman's lack of engagement is typical of the field's understanding, namely that discerning, engaging, and ascribing to a particular ultimate telos is non-essential to the meaning-making process. However, Wesleyan theology makes the claim that the ultimate telos of humankind—and all creation!—is not self-actualization, but New Creation life, beginning now and continuing into eternity. This will be substantiated in chapter four.

2.3 Meaning-Making and Religion

Crystal L. Park and others have explored the role of religion in the meaning-making process. The literature demonstrates that both a conception of the transcendent and an ultimate telos can play an important role in the meaning-making process through both traditional and implicit religious systems. In the subsequent section, I explore these claims in the context of the aftermath of traumatic experiences. I highlight ongoing gaps to which I believe Christian theology can uniquely speak.

Researchers in the field of meaning-making identify various internal and external needs important to meaning-making work. Examples of such needs include self-regulation, agency, control, certainty, identity, social validation and integration, comprehension, security, purpose, efficacy, values, self-worth, and awareness of our own mortality. A person need not have achieved all these things to engage in meaning-

making. Rather, the diversity of needs represents both the various approaches to posttraumatic care as well as the unique circumstances of the individual. Park asserts that religious beliefs are "uniquely capable of meeting the profound demands for meaning that arise in life."[14] For example, religious beliefs can provide a sense of both identity and belonging. Participants in religious communities often experience a sense of being part of a group. These communities frequently form smaller groups within the larger community to foster deeper connections. In addition, through myths, moral structures, rites, and rituals, religious beliefs can provide a sense of mastery and control. A creation myth, for example, might provide a sense of groundedness and hope in the power of God to create something out of nothing. While not without potential pitfalls, expectations to abide by certain moral standards can develop capacities for self-regulation and agency. For example, some religious communities abstain from alcohol. By abstaining, a person might feel empowered to resist a substance that previously served as an unhealthy coping mechanism.

Alongside formal religions, such as Christianity, Islam, and Buddhism exist what Park calls implicit-religious systems. Such a system is defined as a meaning system that "involve narratives or myths, behaviors, and a sense of connecting with something bigger than or beyond oneself" but are not associated with a traditional religion.[15] Examples might include science, humanism, environmentalism, or even sports fandom. I contend that a person's political affiliation might also function as an implicit-religious system. These systems are similar to formal religious systems in that they inform and support the work of meaning-making by meeting the needs associated with that work. These

[14] Park, "Implicit Religion and the Meaning Making Model," 409.
[15] Park, "Implicit Religion and the Meaning Making Model," 411.

affiliations can provide a sense of individual identity as well as belonging to a like-minded community. Some even offer a framework to discern right and wrong behaviors. That being said, how might a traumatic experience impact these meaning-making systems, both religious and implicitly religious? Conversely, how might those systems inform or serve to interpret the traumatic experience?

Pastoral Theologian Carrie Doehring suggests the impact of trauma on religious beliefs and vice versa may be discerned through the practice of *theological reflexivity*. Theological reflexivity involves assessing one's embedded theology—"precritical and often unexamined beliefs and practices that have become a habitual part of one's worldview and practices"—to determine if it can adequately account for traumatic experiences and their impact.[16] Doehring suggests that the person who has suffered, in collaboration with a spiritual care giver, can discern if the embedded theology is "life-giving" or "life-limiting," terms originating with Kenneth Pargament that we will examine further momentarily.

Let us consider what form the impact of a traumatic or highly stressful experience might take on spiritual orienting systems and embedded theologies. I suggest there are four primary expressions of impact: entrenchment, strengthening, transforming, or undermining/destroying religious beliefs. First, a traumatic or highly stressful experience might cause a person to become more deeply entrenched in their embedded spiritual orienting system. Consider the experience of Richard.[17] Following a chapel in which I oversaw the sacrament of communion, Richard sent a scathing email to the university president to whom I reported. Richard asserted that the way in which I explained the

[16] Doehring, *The Practice of Pastoral Care*, 18–19.
[17] The name Richard is a pseudonym.

sacrament to the student body effectively condemned to hell any student who had not repented of their sins according to *his* understanding of repentance. When I invited Richard into a face-to-face conversation about his concerns, his affect and body language communicated both righteousness indignation and disdain. He became agitated and aggressive as he reiterated to me that people would go to hell if I did not explicitly tell them to repent before they received the sacrament. He went on to say that his friend was currently questioning his faith, and I had potentially sent him to hell by allowing him to receive communion. Sensing a tender place, I inquired after this friend and asked if Richard was feeling fear. For a moment, Richard's anger cracked, allowing tears to rise to the surface. However, in the next moment as I inquired into Richard's underlying terror of God and God's judgment, Richard shifted his body, stopped the tears, and returned to his former stance of rage and detachment. In spite of further overtures of connection, Richard refused to meet with me again. While I cannot know for sure all that was at work in Richard's heart following the meeting, his subsequent behavior seemed to indicate that he would rather live in the rigid certainty of God's judgment than crack the door to deliberate over his embedded theologies.

Second, a traumatic experience might result in the strengthening or deepening of religious beliefs. Consider the story of Carrie, a student for whom I was the Campus Pastor during her time in college. Carrie experienced sexual abuse from a sibling for a span of many years. While her family was not religious or particularly spiritual, Carrie sensed the presence of the divine from a very young age, a presence she experienced as the presence of a divine parent. Carrie found solace in this divine parent and had a sense that her suffering was not unseen. As she matured, Carrie held fast to her experience and

came to believe that the divine parent she encountered was the God of the Bible coming to her through the Holy Spirit as Father. In college, Carrie chose to study Social Work so she could become an advocate for those who feel unseen in their suffering. She understood her vocation and life's purpose as an expression of her belief in and commitment to a suffering God who acts on behalf of the marginalized. In Carrie's case, her traumatic experiences became avenues through which her religious beliefs were deepened, and her capacity for meaning-making expanded.

Third, a traumatic or highly-stressful experience can also serve as a vehicle for the transformation for one's religious beliefs or spiritual orienting system. Consider the story of Levi. Levi grew up in the church and was very engaged. At home, his parents cared deeply about his education and encouraged Levi to constantly seek knowledge. Levi applied his parents' advice to his Christian faith by reading the works of significant Christian thinkers and theologians in middle and high school. Levi's reading opened his horizons to broader ways of thinking about and engaging with God than what his church was offering. The inconsistencies between belief and practice, the unwillingness of the pastor and leaders to engage in critical thinking and learning about matters of theology and practice, along with what Levi perceived to be overemphasis on emotionalism fostered cynicism and frustration in Levi. The embedded theology of his childhood began to show cracks.

At the same time, Levi's father's health declined. He passed away before Levi's senior year of high school. The church rallied around their family in the immediate aftermath in practical ways, but offered unhelpful condolences such as "your father is an angel now" and "bodies don't matter, and his soul is with Jesus." Levi's nascent but

vibrant theological critical thinking found these comments ignorant and hurtful. When Levi's grief, disappointment, and frustration burst forth in the form of anger, people in the church told him that his anger was inappropriate. Every expression of anger was met with a condition. "You can be angry, but you must also praise God."

Levi still chose to attend a Christian college but began his first year feeling detached from the Christianity of his youth. He was cynical toward the church and clergy specifically. In his theology and spiritual formation classes, Levi unleashed his cynicism, anger, and frustration. Required by a class to meet with a spiritual mentor, Levi refused to meet with a pastor and instead reached out to a theology professor whose intellect he respected. Levi withheld none of his anger, cynicism, or frustration. Instead of being met with discomfort, condemnation, or correction, Levi was met compassionate silence and empathy. Instead of being discounted, Levi's anger and frustration was validated and acknowledged. As his time in college continued, Levi continued to evaluate his embedded theology. Some beliefs were discarded entirely, while others were transformed and reconstructed. Much of this deliberation happened at the intellectual level. However, as Levi continued to receive empathy and belonging from his Christian community, Levi experienced the presence of Jesus in a way that transcended the cognitive and gave Levi a profound assurance of faith. While Levi's spiritual orienting system has indeed been transformed, the process of assessing and discerning which parts of his embedded theology are conducive to his ongoing healing and spiritual growth and which beliefs and practices need to be discarded will continue.

Finally, a traumatic experience might undermine or even destroy entirely a person's religious beliefs. Alex was raised in a devout Christian home. His family

attended a non-denominational church that espoused a very conservative theology. At the age of 15, Alex came to understand himself as bisexual. In an attempt to get help processing this realization, Alex told his parents. Their response was visceral: his mother collapsed to the floor sobbing, while his father aggressively asserted that Alex was just confused. Alex's suffering at his parents' response and his deepening isolation was exacerbated by a diagnosis for Obsessive Compulsive Disorder. Alex's OCD often manifested as scrupulosity, an expression of OCD defined as having "continuous doubts and uncertainties about sin and guilt as well as overwhelming needs to engage in excessive religious behavior."[18] Alex became consumed by the idea that God was disgusted with him and would send him to hell. His distress increased as his mother started leaving notes in his room about God's omniscience and judgement. In Alex's case, his religious beliefs received from his parents were a contributing source of trauma.

Like Carrie, I met Alex when he was a student at the university where I served as pastor. Alex's traumatic experience of ongoing harsh religious judgment, continual badgering from his parents about his sexual orientation, and near-constant anxiety had taken a toll. Instead of offering him solace, strength, and clarity, his religious beliefs caused harm and, ultimately, collapsed under the weight of Alex's suffering. Even so, Alex expressed terror at the prospect of reevaluating the core schemas provided to him by his religious background for fear of divine wrath. Alex felt trapped, not aided, by his religion. By the end of his time in college, Alex had rejected the faith of his upbringing.

[18] E. McIngvale et al., "An In-Depth Look at the Scrupulosity Dimension of Obsessive-Compulsive Disorder," *Journal of Spirituality in Mental Health* 19, no. 4 (2017): 296, https://doi.org/10.1080/19349637.2017.1288075.

These brief anecdotes demonstrate that there is no one way religious core beliefs function in the work of meaning-making following a traumatic experience. The point is made even more clearly by the fact that these four anecdotes all came from individuals practicing some form of Christianity. Nevertheless, each person arrived at very different outcomes—some beautiful and hope-filled and others laden with despair. What accounts for the difference?

We must recognize the complexity of individuality. Life experiences, support systems, the degree of discrepancy between one's global meaning and lived experience, along with personality, biology and acquired coping skills, all influence how religious beliefs function in the posttraumatic meaning-making process. However, there remains more to consider. Certain spiritual orienting systems are better equipped to facilitate meaning-making in the aftermath of trauma and severe stress. They are also better able to foster the development of essential coping strategies. In this final section, I apply Doerhing's interpretation of Kenneth Pargament's framework for assessing spiritual orienting systems to the previous vignettes and identify one potential shortcoming. This sets the stage for the remaining chapters in which I will present John Wesley's theology of theosis as a life-giving theology for those who bear the wounds of traumatic experiences as those who have been sinned against.

2.4 Life-Giving Spirituality

Kenneth Pargament, professor of psychology, focuses his research on the relationship between difficult life experiences (including but not limited to traumatic experiences) and religion. Specifically, he asks why stress leads some to turn to their

religious or spiritual orienting systems and others to turn away. Pargament proposed a four-fold model for assessing spiritual orienting systems to determine the capacity of spiritual orienting systems to rise to the challenges of high-stress and traumatic experiences. Doehring, following Pargament's model, succinctly describes these four criteria as differentiation, integration, flexibility, and "beliefs and spiritual practices related to the goodness of life/God's goodness that foster self-compassion and compassion."[19] Doehring asserts that spiritual orienting systems that foster these characteristics are *life-giving* while those that do not are *life-limiting*.[20] She goes on to say that Pargament's categories should be utilized in the context of rich personal narratives, not as a constrictive script.

First, Pargament's model asks, is this system differentiated and complete enough to bear the weight of suffering experienced? A life-giving theology would be one that allows and encourages nuanced distinctions in beliefs, values, and practices. It resists oversimplification and "shorthand summaries," and thus can bear the weight of the complexity of great suffering. Following his father's death, Levi examined his embedded theologies and found them to be based on a misrepresentation of God's redemptive work in and for the world. This discrepancy led him to a more deliberative theology capable of the complexity of life and death together.

Second, a life-giving theology is flexible enough to remain intact when buffeted by the typhoon winds of trauma but sturdy enough not to disintegrate into pure

[19] Doehring, *The Practice of Pastoral Care*, 120.
[20] Doehring, *The Practice of Pastoral Care,* xx, 33, 108. Doehring characterizes life-limiting theologies as those that perpetuate guilt, shame, a lack of self-compassion, or unjust systems. They also might encourage independence or stoicism that serves to deepen isolation. She specifically cites simplistic moral theologies that imply or explicitly state that bad things happen because a person is intrinsically bad as problematic. Such theologies might implicitly communicate that God is judgmental or absent.

subjectivity. In the case of Alex, the theology he was given was rigid and inflexible. This is the nature of many fundamentalisms, described by Pargament as including a "commitment to an inerrant set of teachings about God and humanity, and to an unchanging set of life practices." When Alex's questions about life and faith evolved, he discovered that his fundamentalist embedded theology could not expand to address his "out of bounds" questions. Nor could his embedded theology offer him a flexible enough framework to discern the relationship between his new questions and an integrated set of practices.

Next, a life-giving theology lends itself to integration, a holistic embodiment of beliefs and values in daily life. Pargament acknowledges that few if any of us have "airtight, comprehensive religious orienting systems;" therefore, inconsistency and fragmentation are a reality of contemporary life.[21] However, a theology that is inconsistent—a random assemblage of disparate religious parts gleaned from various sources—will lack the coherence needed to provide the stability of an integrated life. Distance between beliefs/values and practices can produce anxiety, insecurity, and confusion. In the story of Alex, his family's resistance to his attempts to craft a more deliberative faith ultimately pushed Alex toward a disjointed faith. Like ligaments that are so loose as to be unable to keep knee and ankle joints in place, Alex's inconsistent theology—the assemblage of ideas and practices from various spiritualities and religions—did not have a sturdy enough frame to offer any structure or support, which left Alex relying exclusively on his limited, subjective experience.

[21] Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (The Guilford Press, 1997), 351.

Finally, a life-giving theology fosters beliefs and corresponding behaviors that reveal and connect a person to the goodness of God. As a result, the person's capacity to demonstrate compassion for self and others is deepened. In the story of Carrie, her embedded theology did in fact connect her to the goodness of God and cultivated compassion in her toward herself and others even as she was trapped in an uncompassionate context. In such instances, the theology does not need to be discarded or deconstructed and rebuilt entirely. Rather, such theology can deepen faith development as a person matures. In contrast, the embedded theology of both Alex and Richard left them in various states of fear of God and unable to perceive or connect to the goodness of God. Neither Alex nor Richard was unable to demonstrate any degree of self-compassion. Their life-limiting theologies needed to be analyzed and rebuilt in order to form a connection to the goodness of God that compassion for self and others could bloom within them.

Pargament is quick to assert that his assessment of spiritual orienting systems is, and must be, unrelated to the veracity of any system's claims. His assessment concerns results—whether the systems beliefs, values, practices, and integration of these things are helpful or harmful to the practicer, whether the fruit is "bitter or sweet."[22] The question then becomes, what is *sweet fruit*? While it is a winsome metaphor, Pargament's terms are vague. By sweet fruit, does he mean therapeutic efficacy? A reduction or elimination of distressing symptoms? Self-actualization? Evaluating outcomes is important, but such evaluation does not get to the core of what makes a spiritual orienting system generative. For example, treating the symptoms of a physical illness may offer relief or comfort, but

[22] Pargament, *The Psychology of Religion and Coping*, 276.

such treatment does not necessarily address the root cause of the illness. Symptoms aid diagnosis but are not constitutive of the illness. In the same way, the "fruit" of a religious orienting system provides helpful information but is ultimately penultimate. It provides data but is not necessarily constitutive of the spiritual orienting system. Rather than only considering how a system makes someone feel, these penultimate questions should be followed by the ultimate question—*who will I become?*

Moving forward, I respond to this question by contending that John Wesley's doctrine of salvation and sanctification offers a life-giving spiritual orienting system through which people can become more like Christ, including those who have experienced trauma. In chapter three, I construct the underpinnings for this claim through analysis of the distinctiveness of Wesley's doctrine in contrast to Western and Eastern doctrines of salvation. In conversation with Wesleyan scholar Randy Maddox, I defend the claim that a Wesleyan soteriology is uniquely equipped to rise to this challenge by demonstrating how Wesleyan soteriology is holistic and embodied, participatory, and ongoing. It is thus distinctly capable of empowering those who have experienced trauma to persist on the complex journey of posttraumatic meaning-making, restoration, and healing.

Chapter 3

Having established the significance of meaning-making in navigating recovery from traumatic experiences and identified the necessity of theology's unique voice, I turn to the work of John Wesley. Though operating in the sphere of Western Christianity, Wesley was heavily influenced by the contributions of the Eastern church. As a result, Wesley crafted an interpretation of salvation that identified sin as both a power and plague. Thus, we need both forgiveness and healing from sin. The theme of healing runs so deep in Wesley's work that Wesleyan scholar Randy Maddox describes Wesley's soteriology as a doctrine of *therapeutic salvation*, a term I will define. Wesley offers an interpretation of God's salvific work that claims salvation is ongoing, holistic and embodied, and participatory. His interpretation is rooted in his conviction that God's intent is to renew all things toward New Creation, in part now and in fullness at the coming of Christ. I contend that, because of these traits, Wesley's soteriology is uniquely equipped to support the work of posttraumatic meaning-making. In chapters four and five, I will extend this claim by showing how Wesley's soteriology engages transcendence, telos, and transformation in such a way as to facilitate posttraumatic meaning-making.

3.1 Soteriology: Saved to the Uttermost

Scripture abounds with examples of individuals and communities crying out to God for salvation. Israel cried out to God for deliverance from slavery (Ex. 2:23-25). Hannah cried out to God for a son (1 Sam. 1:9-11). David cried out to God from the depths of a cave as he fled for his life from Saul (Ps. 57). While often employing similar

vocabulary, the faithful bring diverse needs before the Lord. Many cry out for salvation from their sins while others cry out for physical healing for themselves or others. Others, however, cry out for salvation from the impact of the sins committed against them. Oppression from violent, greedy rulers, abuse from duplicitous spiritual leaders, betrayal by friends, persistent dread after surviving acts of terror—all inspire cries to God for salvation.

God's saving action in both the Old and New Testaments is unmistakably holistic in nature. It implies deliverance from forces of evil, physical and spiritual well-being, emotional stability, and security in community.[1] Salvation language in Scripture communicates sense of whole-person-ness, both a present experience of God's good, life-giving intention for humankind *and* a future restoration of all things. God is acknowledged as the ultimate source of salvific power. Not only is God the ultimate source of salvation, but this is *multi-faceted* in that it encompasses salvation from the sin we commit *and* from the harm wrought against us by the sins of others.

To the contrary, specifically in many expressions of Evangelicalism, the common Christian parlance, of "being saved" signifies something very narrow indeed. To "be saved" is often shorthand for confessing your sins to God, asking for forgiveness, and having your status before God changed from sinner to forgiven. When a person disobeys God's commands, forgiveness is requested and received with the hope of gaining access to a disembodied afterlife called heaven. This narrow understanding is an oversimplified expression of a more complex view of salvation from leading Protestant reformers John Calvin and Martin Luther. These reformers placed particular emphasis on judicial

[1] Gerhard Kittel, Gerhard Friedrich, and Geoffrey William Bromiley, eds., *Theological Dictionary of the New Testament* (Grand Rapids, Mich: W.B. Eerdmans, 1985), 1132-1137.

metaphors by using a legal or forensic model of salvation with a focus on guilt and punishment. Salvation would mean change in status before God as judge on the merits of what Christ accomplished on the cross. This new status would free a person from guilt and therefore the eternal consequences of sin. This is not to say that reformers like Calvin and Luther were uninterested in change beyond status, i.e. in sanctification.[2] They were. Their reaction was against what they perceived a works-righteousness in the Catholic church resulted in a heavy-handed stress on the forensic aspect of salvation. This emphasis contributes to the thin understanding of salvation in contemporary— primarily evangelical—Christian circles.

Not only does this thin understanding of salvation fail to do justice to the depth and breadth of the Scriptural witness, but it also offers little if any solace to those who have been crushed by the sins of others and who lives are indelibly marked by traumatic experiences. The possibility of future, otherworldly deliverance does not staunch the blood pouring forth from traumatic wounds, metaphorical or physical. A promissory note to avoid hell means little to those enduring a hell of a life.

Over the last half century, this narrow understanding of salvation has been challenged by the revolutionary contributions of Liberation Theology from Latin America, and Black and Womanist theologians and biblical scholars such as James Cone, Howard Thurman, Willie James Jennings, Wilda C. Gafney, and others. Thurman testifies, "I can count on the fingers of one hand the number of times that I have heard a sermon on the meaning of religion, of Christianity, to the man who stands with his back

[2] For more on this oversimplification, see: Thomas Noble, "East and West in the Theology of John Wesley," *Bulletin of the John Rylands Library* 85, nos. 2–3 (2003): 370, https://doi.org/10.7227/BJRL.85.2-3.23.

against the wall…What does our religion say to them?"[3] What these theologians ask on behalf of the poor, the enslaved, the oppressed, and non-white, I ask on behalf of those who have endured traumatic experiences and continue to suffer the effects: what does our religion say to them? What salvation remains for these? For help answering this question, I turn to Anglican clergyman John Wesley.

3.2 Wesley's Wound

Early in his theological studies, Wesley developed an all-consuming desire to experience the assurance of salvation and to know the full transformational power of the saving work of Christ. His interest was not a mere academic exercise; it was deeply personal. Maddox suggests that, prior to 1738, Wesley's "driving passion" was to "conquer plague of sin and be conformed to the model of Christ."[4] For many years, Wesley labored under a heavy yoke of rigid spiritual disciplines in hopes of experiencing both assurance of salvation and a purging of all sin and selfishness within. He was to be disappointed. Not even obsessive stewardship of his time in prayer, study, communion, and continual confession could free him from his struggle. During his encounter with the Moravians on the ship to Georgia, Wesley's discomfort was exacerbated. He recognized a level of peace and assurance among with Moravians that continued to elude him. While Wesley and other passengers cowered in fear while a violent storm split the mainsails of the ship and sent waves crashing over the deck, the Moravians calmly prayed and sang as they were "not afraid to die."[5] Soon after his arrival, a Moravian pastor asked Wesley,

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[3] Howard Thurman, *Jesus and the Disinherited* (Beacon Press, 2022), 3.
[4] Randy L. Maddox, *Responsible Grace: John Wesley's Practical Theology* (Kingswood Books, 1994), 122.
[5] John Fletcher Hurst, *A PLAIN ACCOUNT OF HIS LIFE AND WORK* (Eaton and Mains, 1903).

"My brother…Have you the witness within yourself? Does the Spirit of God witness with your spirit that you are a child of God?"[6] Wesley found himself unable to answer with confidence and yearned all the more deeply for the assurance of the Spirit.

Thankfully, through a series of graced circumstances, Wesley found himself in a pew at an Aldersgate revival service during which, as he famously reported,

> "I felt my heart strangely warmed. I felt I did trust in Christ, Christ alone, for salvation; and an assurance was given me that He had taken away my sins, even mine, and saved me from the law of sin and death."[7]

The assurance which John had craved for so long filled his heart. This was no mere ecstatic experience; Wesley claimed an actual change had been wrought within him. Following this experience, Wesley initially claimed the experience of both "full salvation from both the penalty and the plague of sin."[8] Soon after, however, he confessed in his journal that his "wound was not fully healed."[9] He was not assured of his freedom from sin nor was his love for God and others made perfect in the shining instant of his encounter with the Holy Spirit. Though initially disappointed by the absence of immediate and total holiness of heart and life, the experience would allow him to be better able to distinguish between the "instantaneous restoration of our responsive participation in God (the New Birth) and the resulting gradual therapeutic transformation of our lives."[10]

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[6] Hurst, *A PLAIN ACCOUNT OF HIS LIFE AND WORK*.
[7] John Wesley, *The Journal of John Wesley*, ed. Percy Livingston Parker, THE TYNDALE SERIES OF GREAT BIOGRAPHIES (Moody Press, 1951).
[8] Maddox, *Responsible Grace*, 123.
[9] John Wesley, *The Works of John Wesley* (Zondervan, 1958), 1:106.
[10] Maddox, *Responsible Grace*, 123.

In 1745, Wesley penned a treatise in which he put to words his conviction of the holistic, transformation nature of salvation, both in the life to come *and* in our current, earthly experience. He rejection of any doctrine of salvation that focused on a changed status to the neglect of transformation is clear when he wrote,

> "By salvation I mean, not barely, (according to the vulgar notion) deliverance from hell, or going to heaven, but present deliverance from sin, a restoration of the soul to primitive health, its original purity, a recovery of divine nature, the renewal of our souls after the image of God in righteousness and true holiness, in justice, mercy and truth."[11]

Wesley employs vocabulary unusual for his time to describe salvation including deliverance, restoration, recovery, and renewal. These terms suggest that true salvation results in change far greater and more far reaching than a forensic change of status from sinner to forgiven. This language suggests that, in addition to forensic change wrought by salvation, salvation also ought to be considered as healing, a *setting right* of what has been corrupted or disrupted by sin. It is at this point that the influence of Eastern Christianity becomes apparent in Wesley's work, an influence identified and described by many Wesleyan scholars including Albert Outler, Theodore Runyon, and others.[12]

In contrast to the West where the dominating metaphor of salvation is judicial, the Eastern church centers metaphors of sickness, wounds, and healing. Sin is described as a

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[11] John Wesley, "A Farther Appeal to Men of Reason and Religion," W. Strahan (London), 1745, 2–3.; Kate Wild, "Vulgar and Popular in Johnson, Webster and the OED," *Proceedings of the 13th EURALEX International Congress*, 2008, 1211. Today, the word *vulgar* indicates something that is in poor taste, coarse, rude, or even explicit. However, the etymological background of the word tells us that by *vulgar*, Wesley would have meant something more along the lines of plebian, common, or low.; Wild, "Vulgar and Popular in Johnson, Webster and the OED," 1212. Other scholars have gone as far as to suggest that the term *vulgar* might have been associated with illiteracy. Thus, Wesley is not suggesting the notion of salvation merely as deliverance from hell was obscene or explicit, but rather that it demonstrated an uninformed perspective.

[12] See also the works of Randy Maddox, T.A. Noble, and Michael Christensen.

sickness from which humankind must be healed. The result of salvation-as-healing is "[becoming] fully human, with healed souls and natures, conforming to the image and likeness of God," a process described as *theosis.*[13] A new status is not imposed, rather a new character is formed as a person participates in the life of God through Jesus, the Incarnate One. The ultimate telos of salvation is to become fully human by which we mean restoration and conformity to the image and likeness of God. Salvation then, is not only a transformation of status before God but is also a transformation of the person. Wesley addresses the "human problem" by ["integrating] Western juridical concerns into a broader therapeutic emphasis more characteristic of Eastern Christian thought."[14]

Throughout his decades of pastoral work, Wesley strengthens his conviction that the nature of salvation is both ongoing and participatory, salvation being understood as both deliverance from the guilt of sin and healing from the wound or sickness of sin. He eventually goes so far as to characterize the essence of religion as a "θεραπεία ψυκάς—a term explained by Maddox as a "therapy by which the Great Physician heals our sin-diseased souls, restoring the vitality of life that God intended for us."[15]

It is important to note that, for the contemporary reader, the term *therapy* carries specific psychological and medication connotations. As we will see further on this chapter, Wesley takes seriously the contributions of medical science. He does not perceive science to be at odds with faith or Christian practice. Wesley's approach to the relationship between science and faith might be described using Haught's category of *contact* in which both science and theology speak to and mutually impact one another.

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[13] Sheila McCarthy, "Healing the Body of Christ: Liturgy, Trauma, and the Works of Mercy" (University of Notre Dame, 2015), 138.
[14] Maddox, *Responsible Grace*, 63.
[15] Maddox, *Responsible Grace*, 123.

That being said, Wesley does not (and cannot not) speak with the contributions of psychology from the nineteenth, twentieth, and twenty-first centuries in mind. It would be anachronistic to apply a contemporary definition of *therapy* to an eighteenth-century author. Wesley does not have a mental construct for therapeutic modalities that would emerge after his time, modalities such as like psychodynamic therapy, cognitive behavior therapy, dialectical behavior therapy, etc. Rather, he uses the term in accordance with its appearance in Scripture and other ancient texts, in which the term flexes between healing and caring for both body and soul. The healing language of the New Testament is particularly informative in that it refers both to physical, medical healing but also the "real healing that the Messiah brings... initiating the age of salvation."[16]

In the same way it would an anachronistic error to apply contemporary definitions of *therapy* to Wesley's use of the term, it also would be an error to suggest that Wesley has traumatic experiences—as contemporary society understands trauma—in mind as he describes the healing aspect of salvation from the wound of sin, wounds incurred by the sins committed by us *and* those committed against. Nevertheless, as I seek to demonstrate in this chapter, such an application is not a violation of the spirit of the doctrine, nor does it take too much theological license. In her work exploring an atonement theology for the abused and abandoned, theologian Diane LeClerc asserts that we unnecessarily limit our understanding of the work of the atonement when we reduce it to the "transactional and mechanical method of God forgiving the sin that would damn us."[17] Instead, she suggests that an interpretation of "salvation as healing, or therapeutic healing" is spacious enough

[16] Kittel et al., *Theological Dictionary of the New Testament*, 331–32. Consider stories of healing in passages such as Luke 7:21; Mark 3:10, 4:23; Matthew 8:17.
[17] Diane Leclerc, *Back Side of the Cross: An Atonement Theology for the Abused and Abandoned* (Cascade Books, 2022).

that the sinned against might find their place.[18] As in the biblical citations at the beginning of this chapter, salvation is deep and wide. LeClerc explicitly rejects any interpretation of her work that denies the need for psychological care and expertise. Rather, borrowing from Randy Maddox's interpretation of John Wesley, she employs the term *therapeutic* to indicate the healing action of God whose presence by the Holy Spirit intervenes in the lives of those who have experienced trauma. In light of the biblical witness and the contributions of Wesleyan scholars, it is not violation of the spirit of Wesley's to apply his soteriology to trauma survivors—those who have been sinned against.

Having identified Wesley's integrated understanding of salvation as both forensic and therapeutic and having shown that his soteriology can be appropriately applied to those who have experienced trauma, I now turn to three relevant characteristics of Wesley's view of salvation and the subsequent co-operative work of sanctification: holistic and embodied, participatory, and ongoing.[19]

Below, I structure the dialogue between Wesley and trauma studies by describing a facet of Wesley's soteriology, followed by an application of this facet to traumatic experiences.

3.3 Wesley: Holistic and Embodied Salvation

[18] Leclerc, *Back Side of the Cross,* chap. 9, Kindle.
[19] While heavily influenced by the Eastern church and its doctrine of theosis, Wesley uses the language of sanctification to describe the ongoing saving and making-holy work of the Spirit. I will follow Wesley's lead and use his vocabulary with the understanding that Wesley's doctrine of sanctification is informed by the doctrine of theosis.

In contrast to many of his contemporaries, the mature Wesley understands God's salvific and sanctifying intentions toward humankind to be holistic in nature. God was not merely interested in preparing souls for a disembodied afterlife. Rather, Wesley is increasingly convinced that God acts through the Spirit to bring forth New Creation life even now and would continue to do so in the age to come. This New Creation life manifests not only in guilty humanity being forgiven and made right before God, but also in disordered lives being set right. As Brad Strawn suggests, "Wesley's view of spiritual conversion and holy living affirmed the transformation of the whole person, including our mental, moral and emotional life."[20] Wesley preaches that God could and would—in graced cooperation with us—transform, not merely our status before God, but also our underlying motivations and patterned behavior. This stands in sharp contrast to most theological claims at the time that—strongly influenced by the Enlightenment—assert that change came from a clear-headed decision of the will.

In addition to his unconventional beliefs about the possibility of the transformation of motivations and patterned behavior inherent in salvation, Wesley comes to believe that salvation had implications for the spirit (soul), mind, *and* physical body. While Wesley readily acknowledges certain behaviors results in ill health, he does not teach that illness in the body or mind was necessarily a result of individual sin. Rather, he seems to believe that the powers of the sin and death at work in creation impact us down to our very cells. He writes, "the seeds of weakness and pain, of sickness and death, are now lodged in our inmost substance."[21] This assertion sets the stage for me

[20] Strawn, "Applications to Psychology and Psychotherapy," 212.
[21] Maddox, *Responsible Grace*, 124.

to elucidate Wesley's understanding of the relationship between what might now be called biomedicine and spirituality, which informs his approach to pastoral ministry.

First, Wesley approaches the reality of physical health in multi-faceted way. He teaches that God desires wholeness for the sick. This is not a charismatic prophetic declaration of an impending healing act of God, nor a statement concerning the sinfulness *or* sinlessness of the patient. Rather, it is a statement about God's intent to renew all things toward New Creation, whether that restoration takes place now in full or in part, or only in the New Creation. Wesley is assured that God, "the Great Physician [was] committed to the ultimate healing of both body and soul, and that some degree of physical recovery is available even in this life."[22] Wesley speaks boldly of God's intent but is careful to avoid making explicit claims about the expression and degree of that recovery.

Second, a fastidious student of the sciences, Wesley writes a medical handbook called *Primitive Physick* to resource pastors with basic remedies and treatments, especially for those who could not afford care from a doctor.[23] To the contemporary reader, this might feel like an inappropriate crossing of boundaries by a pastor into medicine. The emerging nature of the professionalization of certain vocations during Wesley's time, including medicine, in addition to the inaccessibility of affordable treatment by a doctor to the average parishioner, makes Wesley's decision to tend to the physical well-being of those in his pastoral charge more understandable to the modern reader. What Wesley's unusual contribution communicates is far more important than the

[22] Maddox, *Responsible Grace*, 125.
[23] Randy L. Maddox, "Wesleyan Theology and Moral Psychology: Precedents for Continuing Engagement.," in *Wesleyan Theology and Social Science: The Dance of Practical Divinity and Discovery*, ed. M. Kathryn Armistead et al. (Cambridge Scholars, 2010), 7.

specifics of his suggested treatments. This work demonstrates that Wesley sees the body as precious to God and a part of God's good creation, now and in eternity. It also affirms how Wesley understands the relationship between science and spirituality or faith: they are not opposed to one another but ought to work in tandem with one another to the glory of God and for the good of all people.

Third, in addition to medical treatments like medicine, Wesley promotes what contemporary society would term wellness. Ahead of his time, Wesley emphasizes the importance of "hygiene, diet, and exercise for recovering or maintaining health."[24] This emphasis speaks to what we will analyze more in the subsequent section, namely Wesley's commitment to the cooperative nature of salvation. God invites human participation in the redemption process, including how we care for our bodies.

Finally, and unsurprisingly, Wesley emphasizes the importance of prayer, both for direct healing and for the efficacy of medical interventions. Again, this speaks to Wesley's affirmation that God takes interest in the physical wellbeing of God's children, not merely souls.

3.4 Trauma: Holistic and Embodied

Having articulated the holistic and embodied nature of Wesley's soteriology, I turn to the whole-person impact of traumatic experiences. Interest in a potential correlation between traumatic experiences and negative health outcomes surged following the release of the Adverse Childhood Experiences (ACE) Study in 1998.[25] The

[24] Maddox, *Responsible Grace*, 125.
[25] Vincent Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine* 14, no. 4 (1998): 245–58.

study examined the relationship between these experiences and adult health behaviors and outcomes including drug abuse, risky sexual behaviors, severe obesity, and adult diseases such as cancer, lung disease, etc.[26] Researchers found a strong relationship between ACE scores and "multiple risk factors for several of the leading causes of death in adults."[27] The research demonstrated a correlation between adverse childhood experiences and social, emotional, and cognitive impairment, which could lead to engaging in health-risk behaviors. These behaviors can result in disease, disability, and/or social problems, and potentially an early death.

In the almost thirty years since the original ACE research was released, additional studies have repeatedly found a correlation between ACE scores and long-term health challenges.[28] Even when adjusted for material deprivation and poverty, current research continues to demonstrate an association between ACE scores and negative health outcomes.[29] High-levels of stress sustained over time can result in a "wear-and-tear" effect on the body. This effect might also contribute to "impulsivity, poor social ties, and future discounting, which stem from structural and neurodevelopmental changes in the brain and in turn promote adoption of health-risk behaviors," thereby increasing the person's vulnerability to poor health outcomes.[30] Research into the correlation between

[26] Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," 245.
[27] Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," 251.
[28] Ashleigh Hall et al., "The Association of Adverse Childhood Experiences and Resilience With Health Outcomes in Adolescents: An Observational Study," *Global Pediatric Health* 8 (January 2021): 5, https://doi.org/10.1177/2333794X20982433.
[29] Michelle Kelly-Irving and Cyrille Delpierre, "A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses," *Social Policy and Society* 18, no. 3 (2019): 449, https://doi.org/10.1017/S1474746419000101.
[30] Stan Sonu et al., "Adverse Childhood Experiences and the Onset of Chronic Disease in Young Adulthood," *Preventive Medicine* 123 (2019): 164.

high-stress or traumatic experiences and health outcomes will continue as advances in various fields, particularly neuroscience, continue. Even so, several conclusions can be drawn. We can assert that there is a correlative relationship between ACE scores and health outcomes. These experiences have the potential to have a whole-person impact that resonates through the body of the survivor long-term. We can also assert, however, that vulnerability is not the same as inevitability. Protective factors such as resilience, caring adults, and timely intervention can mitigate the impact of adverse childhood experiences on health outcomes.

While Wesley does not have the benefit of research like this, he demonstrates an understanding of the relationship between the fallenness of creation and the impact of the powers of sin on every facet of human existence, including the body and mind. It is reasonable to conjecture that Wesley would be unsurprised by the ample research identifying a correlation between traumatic experiences, which often comes as result of being sinned against, and potential whole-person impact. Likely, he would have attributed the correlation to the powers and principalities at work in creation that is yet groaning in labor pains for full redemption.

Not only does Wesley's understanding of the whole-person impact of the powers of sin and death on the whole person align with contemporary research on trauma-related health outcomes, but Wesley's suggestions on treatment also align with many present-day recommendations. Wesley affirms the important role of formal medical treatment, including medication as rudimentary as it was during his time. As mentioned above, Wesley is before his time in affirming the importance of what we would call wellness practices in the form of nutrition, exercise, and hygiene, a position also identified as an

essential facet of modern treatment. Naturally, Wesley makes explicit claims about the necessity of prayer not only for divine intervention but for the efficacy of any treatments.

However, this raises an important question: what defines efficacy in treatment? John Swinton calls into question the narrow biomedical definition of efficacy, or *what works*, as a reduction or elimination of certain symptoms. He proposes that a more appropriate definition of efficaciousness of the degree to which medication "works" is the measure to which they are "true to the purposes of the God who created them, the Spirit that inspires them and the Savior through whom sanctification and redemption are being wrought out."[31] Swinton's suggested measure parallels Wesley's conviction that humanity's true purpose is restoration in the image of God and likeness of Christ.

Swinton's rich definition affirms several things about the role medication might play in treatment. First, God has good purposes for humans for their flourishing and for the flourishing of the world. To the extent that medication better enables a person to participate with the Spirit in those purposes, the medication can be understood as *working.* Second, the Spirit is agent of inspiration in the act of taking medication and, as Swinton also claims, the only means by which medication is effective.[32] Finally, the measure of what "works" can be measured to the degree it connects us to Jesus, through whom we are being saved and sanctified. Swinton's claims are compatible with Wesley's insistence that God cares about our physical existence and experience, and his conviction that God's will for humankind is healing and ongoing formation into the likeness of Christ.

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[31] John Swinton, "Medicating the Soul: Why Medication Needs Stories," *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 24, no. 3 (2018): 303, https://doi.org/10.1093/cb/cby013.
[32] Swinton, "Medicating the Soul," 315.

3.5 Wesley: Participatory Grace

Alongside Wesley's conviction that salvation is a holistic and embodied transformation is his conviction that this process was participatory. It demands cooperation between God's initiating action of saving grace and human responsiveness. To fully grasp the significance of Wesley's claim on the participatory nature of therapeutic salvation, particularly in the lives of those who have been impacted by traumatic experiences, it is necessary to consider two counter streams of thought regarding the human will: Pelagian and Augustinian. The theological milieu in which Wesley is formed gave prime place to the power of the mind and will in a way reminiscent of Pelagius. In the 4th century, Pelagius asserted that, because humankind was "endowed at their creation with an intelligent will," they had the power within themselves to reject the wrong and "maintain natural righteousness."[33] Persons can and should *reason* their way to changed behaviors and thus to transformed lives. Though Pelagius was condemned as a heretic, his legacy elevating human potential and power found a hospitable environment in Enlightenment period. The influence of this perspective likely informs Wesley's compulsive and ultimately dissatisfying religious habits in the years leading up to his Aldersgate experience.

In contrast to Pelagius' ideas ran the Augustinian stream, personified in the Moravian community with which Wesley interacts in 1738. Augustine wrote at length about his own inability gain "rational control over his passions" and ultimately concluded

[33] Eugene Teselle, "The Background: Augustine and the Pelagian Controversy," in *Grace for Grace: The Debates after Augustine and Pelagius*, ed. Alexander Y. Hwang (Catholic Univ. of America Press, 2014), 3.

that humans were powerless to change their passions themselves.[34] Augustine concluded that only God could "implant…new affections" which might result in holy living.[35] In his encounter with the Moravians, Wesley initially experiences freedom and rest at the reclamation of God's action apart from human striving. However, as one Wesleyan scholar put it, "Wesley could not accept Augustine's deterministic conclusions," and became disillusioned by the "quietest tendencies" he observed among the Moravians.[36] He becomes increasingly ill at ease with what felt like an abdication of the vocation with which God had entrusted humankind at creation.

Ultimately, Wesley rejects both the hubris of Pelagius and what he saw as the passivity of Augustine's descendants. He seeks a third way, one that both recognized "the prevenience and indispensability of God's pardoning/empowering grace" and honored God's real gift of human freedom and will.[37] Ultimately, Wesley preaches and teaches what Wesleyan scholar Randy Maddox has termed "responsible grace." Responsible grace is grace that flows freely from God alone to humankind who must in turn respond to the gift of grace. Maddox suggests that the need for human response does not indicate a shortcoming or flaw in God's grace that requires supplemental action on our part. Rather, the necessity of response reflects a "quality of God's character: the God we know in Christ is a God of love who respects our integrity and will not force salvation upon us."[38] God is always the first actor, the One who steps toward us with hand outstretched.

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[34] Strawn, "Applications to Psychology and Psychotherapy," 213.
[35] Strawn, "Applications to Psychology and Psychotherapy," 213.
[36] Randy L. Maddox, "Wesleyan Theology and Moral Psychology: Precedents for Continuing Engagement.," in *Wesleyan Theology and Social Science: The Dance of Practical Divinity and Discovery*, ed. M. Kathryn Armistead, Brad D. Strawn, and Ronald W. Wright (Newcastle: Cambridge Scholars, 2010), 9.
[37] Maddox, "Wesleyan Theology and Moral Psychology: Precedents for Continuing Engagement.," 125.
[38] Maddox, *Responsible Grace*, 125.

We in turn respond to this divine invitation to walk hand in hand with God by stepping toward God in trust and obedience. This response is both simple and difficult, particularly when a person's capacity for trust has been damaged. Wesley would affirm that, though our response is required, the Spirit undergirds human intention with power that enables response.

In describing this divine-human cooperation, it is essential that we avoid the implication of two peers contributing equal parts to a shared project. The act of salvation and the ongoing transformative work of *therapeutic salvation* is God's work accomplished by God's power *and* it is work in which we have been invited to participate to make efficacious in our own lives. In an attempt to give clarity to this tension, Wesley makes the rare move of citing St Augustine when he says, "He that made us without ourselves, will not save us without ourselves."[39]

3.6 Trauma Recovery as Participatory

Wesley's understanding of the therapeutic work of salvation as participatory is significant to those who have experienced trauma in two primary ways. First, his soteriology preserves human agency. Agency is "the power and capability to produce an effect or exert influence." It is being able to affect change in your own life. That might look like specific behaviors or choices, or the simple act of expressing one's own thoughts and opinions. A person with a strong sense of agency does not feel controlled by

[39] John Wesley, "On Working Out Your Own Salvation, Sermon 85," Sermon, 1785, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-85-on-working-out-our-own-salvation/.

the whims and wishes of others but instead believes they have the power to make and enact decisions for themselves.

A traumatic experience can disrupt a person's sense of agency. For example, when a person is physically attacked and is unable to defend themself, their body might go into freeze mode, rendering them unable to move or speak. A child might experience ongoing abuse from a person in power over them. The power differential restricts the child's ability to act to stop or escape the abuse. In both these examples, and in countless others like them, the harmful encounters stymie the ability of the victims to act in their own defense. Their agency is hindered. That experience of stymied or shattered agency persists after the experience and can result in an all-pervasive feeling of powerlessness over one's life.

A significant component of the trauma coping and recovery process is reclaiming one's agency. This can be encouraged through careful re-tellings of their experience to a trusted listener who can receive their story. However, the solution is not to merely reassure the person of their agency and encourage them to use it. Care must be taken as, as LeClerc notes, "there is a high possibility that they are not free to choose another way of being because of the captivity they have endured."[40] The insistence that a person has agency, though well-intentioned, might serve to reiterate cognitive distortions that want to suggest the survivor shares blame for the traumatic experience because they didn't utilize their agency. The balance between affirming agency and acknowledging the ways in which someone's agency might have been obstructed is delicate.

[40] Leclerc, *Back Side of the Cross*, chap.9, Kindle.

It is to this delicate balance that Wesley's theology can uniquely speak. As noted above, Wesley rejects the extremes Augustine and his descendants that gave such heavy-handed attention to the impact of sin on human agency that determinism was the only reasonable conclusion. Wesley will not abdicate the entirety of human agency, even to the power of Sin. At the same time, Wesley rejects the inverse belief buffeted by the infinite optimism of the Enlightenment—that human agency was without bounds and was entirely free to act. Instead, Wesley opts for a third way in which the prevenient grace of God goes before humankind, enabling them to respond to God's overtures. God does not force or demand. Rather, God creates the conditions in which a person is free to enact their agency by receiving God's overtures or rejecting them.

These divine overtures are nothing less than the unconditional love of God expressed toward humankind, love which is marked by safety, consent, and mutuality. For an individual whose agency has been compromised, Wesley's doctrine of participatory grace and its stalwart preservation of human agency might open one pathway to encounter God. If what we have claimed previously is true, that the saving and sanctifying work of God heals and delivers us not only from the sins we have committed but also the sins that have been committed against us, it holds that this participatory grace can be a means by which a wounded child of God might both experience the recuperative and healing presence of God and also reclaim their own agency by cooperating with that grace through specific practices, namely the means of grace.

Second, Wesley's doctrine of participatory grace preserves boundaries. Though the matter of personal agency and boundaries overlap, they are distinct. The matter of

agency pertains to what a person believes they are capable of saying or doing. Boundaries are better understood as what a person can or will allow. Boundary violation is a significant component of traumatic experiences. A teacher violates a boundary with a student by making sexual advances. A family member violates a boundary with a fellow family member by restricting access to food or denying privacy. A spouse violates a boundary with their spouse by intentionally inflicting bodily harm on them.

The crossover with agency is evident: a person whose agency has been compromised might find it difficult to set and maintain appropriate boundaries. It is beyond their control. For example, someone who has been in an abusive intimate relationship in which their agency was stripped by a controlling partner might struggle to say no in subsequent relationships. Part of the rehabilitating and coping work needed in the aftermath of a traumatic experience is reasserting agency by setting and maintaining appropriate boundaries. This is difficult work that requires practice over time.

In the same way that Wesley's doctrine of participatory grace staunchly preserves human agency, it also fervently maintains a commitment to God's regard for boundaries.[41] God does not impose or force. God does not lure or manipulate. God does not even, according to Wesley, predestine someone for salvation against their will or knowledge. God invites. God woos. God perseveres. God awaits consent.

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[41] Kathryn Tanner, *God and Creation in Christian Theology: Tyranny or Empowerment?*, Repr. (Fortress Press, 2005), 85. Drawing from Tanner, I do not mean to imply that human agency only exists to "the degree God's agency is restricted." I do not understand God's patient waiting to imply the existence of competitive agency.

3.7 Wesley: Ongoingness

Though Wesley once hoped he would experience assurance of salvation and total deliverance from sin in an instant, his experience and study lead him to a different conclusion. Wesley concludes that while we are justified and receive God's pardon in a moment, deliverance from the plague (or power) of sin is an ongoing, gradual process in which we cooperate with the Holy Spirit in being formed in Christlikeness. This ongoing, cooperative process can be arduous and even painful in the same way recovery from a devastating illness or injury is difficult. This is where the metaphor of the wound or sin-sickness is particularly generative. Even the most minor of cuts cannot and will not heal in an instant. How much more so a gaping gash or broken bone? What deep-seated illness can be cured instantaneously by the mere swallowing of a pill? By leaning into this metaphor, Wesley communicates several significant theological and pastoral truths.

First, recovery of the body requires time and attention. In the same way, the recovery of the soul requires time and attention. As a wound requires daily care, recovery from the plague or wound of sin requires ongoing, consistent care. Second, recovery of the body requires the combined efforts of both expert (i.e. doctor) and patient. A doctor tends to and cleans wounds, performs procedures, and prescribes medicine in the form or pharmaceuticals or therapies. A patient must not only comply with the treatments, but they must also enact the prescription consistently. Similarly, the Christian trusts the Spirit to speak to their spirit, to convict of sin, to comfort, to reorient sin-distorted affections, and to empower for obedience. The Christian responds to the Spirit's work and puts themselves in the current of God's grace by participating in the means of grace consistently over time.

Third, the long and often grueling recovery process from a physical injury or illness can be exhausting and induce periods of despondency. The wounded or sick one might despair that any measure of relief or healing is possible. They cannot see the slow-and-steady stitching together of skin over a wound or the diligent combat of the white blood cells within. Discouraged patients need the witness of others who have struggled through recovery and achieved a new normal. In a similar way, those crushed under the plague of sin might be unable to imagine a future different from their current experience. Wesley personally knows the despair born of persistent sin-sickness and the haunting feeling that freedom was out of reach. He recognizes the necessity of the support of Christian community as well as the strength and encouragement that could be gathered by the witness of others on the healing journey.

3.8 Trauma: Ongoingness

Ongoingness is perhaps the distinctive characteristics of traumatic experiences. The effects of trauma persist. The experience refuses to remain in the past. A symptom of traumatic experiences is the sense that the event is "contemporary instead of remembering it as something that happened in the past."[42] Chronologically, the experience might have occurred five years ago, but the person's whole self—mind, body, and spirit—can experience memories and triggers as if the event just occurred.

Researchers have attempted to measure the ongoingness of traumatic symptoms through various studies engaging diverse arrays of populations with a range of experiences. In one study, 80% of rape survivors still complained of "intrusive fears" at

[42] Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Westminster John Knox Press, 2009), 29.

the one-year mark of their assault.[43] A different study confirmed the same, citing data in which the majority of survivors in the survey still suffered from "symptoms attributable to rape" two to three years after their assault.[44] Similar results were found in studies of populations with traumatic experiences other than rape. In a study of individuals who experienced a hostage situation, 75% were still symptomatic after six to twelve months. Almost half (46%) continued to experience symptoms six to nine *years* after the experience.[45] There was a significant correlation between the length of captivity, level of symptoms, and duration of recovery.

Beyond the ongoingness of intrusive thoughts or images, Bessel Van der Kolk suggests that traumatic experiences imprint on the mind, brain, and body of a survivor and has the potential to create ongoing consequences for "how the human organism manages to survive in the present."[46] There can be coping, growth, and healing over time but there can be no erasure. This reality is most poignantly and painfully seen in the lives of those who endured traumatic experiences as children. Being formed in coercive, controlling, or unsafe environments can create significant challenges to adapting to adult life. Herman summarizes well, "The survivor is left with fundamental problems in basic trust, autonomy, and initiative…still a prisoner of her childhood."[47] A person cannot outgrow their trauma with age. The impact persists.

If the impact is ongoing, how much more then must recovery be an enduring process over the course of a survivor's life? Judith Herman provides four broad tasks that

[43] Herman, *Trauma and Recovery*, 48.
[44] Herman, *Trauma and Recovery*, 48.
[45] Herman, *Trauma and Recovery*, 48.
[46] Van der Kolk, *The Body Keeps the Score*, 21.
[47] Herman, *Trauma and Recovery*, 110.

typically arise in the recovery process. She is quick to acknowledge that recovery is not straight-forward, and no framework can capture the immensity of healing from a traumatic experience. It is an attempt "to impose simplicity and order upon a process that is inherently turbulent and complex."[48] Nevertheless, she provides a flexible framework as a guide. The first three tasks include the establishment of safety, remembrance and mourning, and reconnection with ordinary life.[49] More recently, Herman added a fourth task: seeking justice. If trauma is inherently relational, healing must also be relational and thus include work toward truth, accountability, and restitution. These tasks require time and will likely reemerge over the course of the recovery and healing processes.

Wesley's vision of God's grace as a ministry of ongoing, therapeutic change might resonate with the battered hearts of those who have endured traumatic experiences. This grace provides a safe holding space to name sin—sins that have been committed against a person *and* personal sin if appropriate—and mourn. From that safe space, a person who has experienced trauma might gain the strength needed to partner with God in the healing process through various forms of treatment, from medical care to participation in the means of grace. Ultimately, Wesley's vision of the ongoing nature of the work of grace provides access to an eschatological vision, one that deals neither in the over-realized promises of instant cure nor in the despair of incurable woundedness that "risks condemning victims of trauma to a life of victimhood and undermines the power of ongoing resurrection that recognizes moments of growth amid suffering."[50] Rather, it

[48] Herman, *Trauma and Recovery*, 155.
[49] Herman, *Trauma and Recovery*, 155.
[50] Holton and Snodgrass, "A Theoretical and Theological Reframing of Trauma," 345.

identifies and embraces the complexity of ongoing life in the in-between—the Kingdom of God that has come and the Kingdom that is coming when all things will be set right.

Conclusion

In this chapter, I sought to demonstrate how Wesleyan soteriology—therapeutic salvation—is distinctly equipped to engage those who have endured traumatic experiences. Moving forward, I will employ Wesley's therapeutic salvation as a typography with which to compose a potential meaning-making model for those who have experienced trauma. I organize this framework around the challenges presented by the discrepancy distress that accompanies the shattering of a person's core schemas, which must be addressed in the meaning-making process. I engage these challenges with the tools inherent in Wesley's theology of therapeutic salvation: a thick understanding of and intimate access to and union with the transcendent, a sweeping, participatory telos as growth toward restoration in Christlikeness, and finally a path for posttraumatic transformation fueled Spirit-empowered agency.

Chapter 4

Having made a case in chapter three for John Wesley's doctrine of therapeutic salvation as an appropriate theological framework to engage those who have experienced trauma—those I have described as *the sinned-against*— I now offer one Wesleyan approach to posttraumatic meaning-making informed by this doctrine. As I suggested in chapter two, an effective approach posttraumatic meaning-making must engage the role of the transcendent, offer an orienting telos, and provide a vision for transformation. I organize this Wesleyan framework around these three components and the questions they elicit: *who is God, what's the point, and now what?* The final component—transformation—will be addressed in chapter five.

Before engaging these questions, however, I will examine the role of embedded theologies, including an analysis of several examples of embedded theologies. This preface will further demonstrate the necessity of the three questions I propose and provide context for the three-pronged structure I present. There is of course, no universal formula to circumvent the arduous, painful, and often circuitous process of posttraumatic meaning-making. However, I believe John Wesley's theology of therapeutic salvation can aid in the process of posttraumatic meaning-making and in the cultivation of Christlikeness in those who have endured the pain and disruption of a traumatic experience.

4.1 Embedded Theologies

> *Surely God sleeps sometimes, Gloria thought; the evidence of slumber was all around. Secretly since Mama's passing, Gloria wrestled with her father's unshakable belief in God, but sometimes she made peace with the notion that Mama's cancer had come while God's eyes were shut. Mostly God's eyes were open, but God blinks, there's a hurricane, or blink, there's an orphan.*[1]

The book *The Reformatory* takes place in Florida in the 1950s and, while fiction, brings to light a troubling era in American history. During this time, boys and male teens deemed problematic—the majority Black—were sent to reformatories at which they endured unimaginable abuse. Many died. Hidden graves are still being unearthed today.[2]

In the story, Gloria, a young black teenager, tries to make sense of her life experience: poverty and racism, the horrific death of her mother to cancer, a false accusation against her father that incites him to flee the state, and finally her twelve-year-old brother's encounter with the law and subsequent sentencing to a reformatory for boys hours from home. The onslaught of tragedies disrupts Gloria's embedded theology, the unexamined "beliefs and values instilled throughout childhood."[3] These theologies are made up of often unexamined beliefs and practices that have become a habitual part of

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[1] Tananarive Due, *The Reformatory*, 1st ed (New York: Simon & Schuster Books For Young Readers, 2023), location 227–28.

[2] Richard Luscombe, "'A Type of Justice': Florida Reform School Yields Evidence of More Graves," *The Guardian* (Miami), April 22, 2019, https://www.theguardian.com/us-news/2019/apr/22/a-type-of-justice-florida-reform-school-yields-evidence-of-more-graves. Over the past decade, researchers have uncovered dozens of unmarked graves on the property of Arthur G Dozier School for Boys, also known as the Florida School for Boys, in Marianna, FL. Through archeological discovery, along with testimony of survivors, historians have been able to confirm accounts of horrific abuse taking place over a century. While the book *The Reformatory* is fiction, it is based on this school in Florida.

[3] Doehring, *The Practice of Pastoral Care*, 19.

one's worldview and practices."[4] No matter our cognitive commitments to particular theologies, it is our embedded theologies that arrive first to the scene of our lived traumatic or high-stress experiences.

Gloria struggles to bring into agreement her many traumatic experiences with the faith in which she was raised, namely her father's "unshakeable belief in God." The lack of congruence between her embedded theology and lived experiences disrupts her core schemas. This disruption sets Gloria on a path toward a more deliberative theology—theology that emerges from the process of "carefully reflecting on embedded theological convictions."[5] Gloria's suggestion that God must sleep, or perhaps blink demonstrates the beginnings of the reflective process.

While Gloria's story is fictional, her experience, the unveiling and disruption of her embedded theologies, and the subsequent work of seeking a more deliberative theology is real, and universal among people of faith. We return to the story of Rachel, a university student I had the privilege of pastoring.[6] Rachel's father—a pastor and community leader—sexually abused Rachel for years, often with worship music playing in the background. Rachel's traumatic experiences violently displaced the embedded theologies of her early childhood, including the belief God was a good and loving Father. When I met Rachel, she had dug into the soil of her embedded theologies and uprooted every belief about God from her earliest years. In her mind, none of those beliefs could be salvaged.

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[4] Doehring, *The Practice of Pastoral Care*, 19.
[5] Doehring, *The Practice of Pastoral Care*, 19.
[6] Rachel is a pseudonym.

In the collapse following a traumatic experience, we grasp at whatever might slow our fall. Our embedded theologies are often the first thing our fingers grasp as we tumble, so deeply engrained are they in our minds and spirits. In Rachel's case, none of her embedded theologies could slow her fall. That is not always the case. Others might discover that, while some of their embedded beliefs are life-limiting, other embedded beliefs remain life-giving. They hold true and lead to wholeness and healing. In either circumstance, the survivor is tasked with slow and painful work of constructing a deliberative theology.[7] Rachel's traumatic experiences had laid bare the life-limiting embedded theologies of her childhood. But she was not content with her newly blank slate. In fits and starts, she sought a more deliberative theology that could bear the fruit of love, self-compassion, goodness, and connection to God. An honest assessment of our embedded theologies, as well as a willingness to engage the vulnerable work of pursuing a more deliberative theology, is vital in the cultivation and construction of a sturdy yet flexible, grounded yet resilient posttraumatic meaning-making framework.

Because embedded theologies are lived theologies, the questions I propose are lived questions. These questions are not abstraction. Rather, they are questions of desperation, tossed skyward by those ground into the dust by harm inflicted upon them. Only answers durable enough for the funeral home, the sexual assault exam room, or the offices of Child Protective Services will do. By answers I do not mean solutions as if there were a formula to resolve the devastating discrepancy distress resulting from the disparity between traumatic experiences and embedded theologies. Rather, only tools

[7] While survivors of trauma have unique challenges in constructing a deliberative theology, all people seeking a mature faith engage in this work in their own way. Normalizing this shared task might be helpful to survivors who often feel isolated from the community.

sturdy enough to endure the ongoing, back-breaking work of posttraumatic meaning-making will serve. I contend in the subsequent section that Wesley's theology of therapeutic salvation can be a source for such tools.

4.2 Transcendence: Who is God?

In 1742, Charles Wesley composed a hymn originally entitled "Wrestling Jacob" based on Genesis 32. In Wesley's hymn Jacob declares repeatedly that he will not God go "til I Thy name and nature know."[8] He is desperate to know God intimately and thereby understand who he himself is in relation to this God. As the wrestling continues, slowly God's true self is revealed to Jacob who declares, "pure Universal Love thou art: to me, to all, thy mercies move-Thy nature, and Thy name is Love."[9]

If we were to pose the question to John and Charles Wesley "who is God," they would answer unhesitatingly, God is love in both name and nature. Love is the defining aspect of the character of God. Charles' poetic words seem simple, yet they make a powerful argument about God's being. They declare that the *theologia* and *oikonomia* of the Triune God are consistent. Who God is and what God does align. For the Wesleys, this Divine truth is to be understood not merely as the love of God the Father but as Trinitarian to its core.

The doctrine of the Trinity has often been relegated to the attic of Christian life, deemed esoteric and thus irrelevant to spiritual formation. However, this doctrine provides the essential underpinnings to understanding John Wesley's doctrine of

[8] *The United Methodist Hymnal: Book of United Methodist Worship*, 7. print (United Methodist Publ. House, 1998).
[9] *The United Methodist Hymnal*.

therapeutic salvation and offers vital resources for posttraumatic meaning-making. To demonstrate this, we will first evaluate the claim that who the Trinitarian God is and what the Trinitarian God does are the same, perfect in consistency. I will bring the Wesleys into conversation with theologian Catherine Mowry La Cugna–a theologian best known for her work on the doctrine of the Trinity—and demonstrate how that claim concerning the theologia and oikonomia of God undergirds Wesley's doctrine of therapeutic salvation. Finally, I apply this claim to the experience of those who have suffered trauma and are engaged in the ongoing work of posttraumatic meaning making.

4.2.1 God's To-Be is To-Be-in-Relation

In her book *God For Us,* La Cugna approaches the doctrine of the Trinity through a relational framework. God exists in three persons—Father, Son, and Spirit. La Cugna asserts that the term "persons" should not be understood in the modern, individualistic sense. Rather, the persons of the Trinity exist in relation to one another; unity is located within diversity.[10] There are simultaneously boundaries between the persons *and* ontological interrelatedness. Drawing from the Eastern theological tradition, she describes this existence as perichoretic, "being-in-one-another, permeation without confusion."[11] The three persons exist in mutuality and interdependence with one another. This is Love.

While much of historically Western Trinitarian doctrine would put firm division between what we can say about the immanent life of God and the economy of God, La

[10] Catherine Mowry La Cugna, *God for Us: The Trinity and Christian Life*, 1. HarperCollins paperback ed., [Nachdr.] (Harper San Francisco, 2006), 271.
[11] La Cugna, *God for Us*, 271.

Cugna does not. God's being—the perichoretic union of Divine persons, unified in diversity and existing in mutuality—cannot be separated from "God's being for us," i.e. God's creating, saving, redeeming, and healing work in creation.[12] The love of God is ecstatic; it radiates outward toward creation out of the overflow of the love that exists between the persons of the Trinity, through Christ and by the Spirit. God's name and God's nature is Love.

Wesley would say that it is in experiencing the ecstatic love of the Triune God our healing from our sin-sickness begins. It is important to keep in mind that that by sin-sickness I mean not only the sins we have committed but the sins that have been committed against, including traumatic experiences. Holy Spirit facilitates healing from the impact of distorted loves that hinder our faculties from experiencing divine love. The experience of being loved by the Triune God introduces the possibility of participating in the Triune divine life.

This transformative encounter with the love of God is an encounter with the Transcendent contingent upon God's self-revelation. It is not an impersonal, generic encounter. Rather, it is a mysterious intersection with the transcendent Triune God that is intimate, participatory, and ongoing into eternity. Through Christ and by the Spirit, humankind is able to enter into the life of God that is at once both the inner (immanent) life of God and the economic life of God, i.e. the saving action of God at work in creation. As Peter wrote in 2 Peter 1:34, the power of Christ that is the Holy Spirit has given us "everything needed for life and godliness"…that we might become "participants in the Divine nature." Through participation in this Triune divine life, we—according to

[12] La Cugna, *God for Us*, 229.

Wesley—experience ongoing healing expressed as a restoration in the likeness of God. This is the work of therapeutic salvation, encountering the ecstatic love of God and being invited into the eternal process of being healed as we participate in the Divine Life of the Trine God. It is both participatory and ongoing.

But what about embodiment? In chapter three, I described Wesley's theology of therapeutic salvation as participatory, ongoing, *and* embodied. The experience with the Transcendent as described above, while intimate, is still an engagement with God who is wholly other. What is the access point to such an engagement? In a hymn composed for a series on the Nativity of our Lord, Charles Wesley answers this question. He writes,

> [God] deigns in flesh to'appear,
> widest extremes to join;
> to bring our vileness near,
> and make us all Divine;
> And we the life of God shall know,
> and we the life of God shall know,
> for God is manifest below.[13]

God in Christ condescends to human flesh, becoming the true union of Divine and human and thereby becoming the access point to an encounter with Transcendent. The Triune Transcendent God is paradoxically immanent in the incarnated Christ. He becomes the "means of communion with God and others."[14] Therefore, this transformative encounter with the Transcendent occurs *in and through* our bodies. Theologian Marcia Mount Shoop beautifully writes, a "Christological framework infuses

[13] Charles Wesley, "Let Earth and Heaven Combine," in *Our Great Redeemer's Praise*, ed. Jonathan A. Powers (Franklin, TN: Seedbed Publishing, 2022), Hymn #177.
[14] La Cugna, *God for Us*, 249.

bodies themselves with traces of transcendence," a mysterious mercy.[15] Such encounters should not be equated with instantaneous healing but understood as the ongoing foundational restoration of personhood by the Holy Spirit who is the "power and presence who brings about through theosis the real union of the creature with God."[16]

4.2.2 Transcendence Applied

In my pastoral experience, people sifting through the rubble of shattered meaning and deconstructed embedded theologies are uninterested theological treatises on the importance of the Trinity to Christian spiritual formation. Rather, they need a spiritual caregiver or shepherd to bring complex theological concepts into the soil and dust of their lived experience. John Wesley was one such shepherd, uninterested in the merely theoretical. He sought to make the arcane accessible. How then would Wesley communicate the relevance of God as Triune to those seeking a more deliberative theology in their ongoing work of posttraumatic meaning-making? Wesley's theology of love and therapeutic salvation speak to the particularity of traumatic experiences and their impact in four primary ways.

First, as established above, the persons of the Trinity are at once unique and interrelated. The persons are not a mass of indistinguishable parts but rather exist in mutuality and interdependence. For those doing the work of meaning-making in the aftermath of traumatic experiences, this is essential for two reasons. First, as noted in chapter three, the establishing and maintaining of boundaries is vital in the process of

[15] "Body-Wise: Re-Fleshing Christian Spiritual Practice in Trauma's Wake," in *Trauma and Transcendence*, by Mount Stroop Marcia, ed. Eric Boynton and Peter Capretto (Fordham University Press, 2020), 254, https://doi.org/10.1515/9780823280292-013.
[16] La Cugna, *God for Us*, 249.

reclaiming one's sense of self. Second, the mutuality and interdependence that mark the Triune life models a way back into communion with others that contrasts with the hyper-independence and isolationism that can emerge in the aftermath of traumatic experiences. If trauma is relational as Judith Herman claims, coping and recovery must be relational as well. This concurrence of boundaries and relationality creates a refuge of safety in which survivors can co-operate with the therapeutic, saving work of God. In addition, significance of the mutuality and interdependence that mark the Triune life extends beyond serving as a model. These characteristics of the divine life also mark the nature of the relationship between a person who participates in the divine life with the persons of the Trinity. Human personhood is not lost once a person enters into the perichoretic life of God. Self is preserved yet integrated into the mutual and interdependent Triune life.

Second, I noted in chapter hree that Wesley's doctrine of love and therapeutic salvation preserves human agency. This characteristic of Wesley's doctrine is uniquely visible in our participation in the Triune Divine life. By means of God's ecstatic love embodied in Christ and activated by the Holy Spirit, we are invited to participate in the Divine Life, not coerced. To those who would say that such a stance threatens the sovereignty of God and calls into question the sufficiency of God's grace, Wesley asserted that God's invitation to participation over coercion is not a "deficiency of God's grace…but a quality of God's character."[17] God is committed to respecting the capacity of humankind to choose participation. As a loss of agency is one of the many possible consequences of enduring a traumatic experience, the restoration and preservation of agency can be a key component in the work of posttraumatic meaning-making. In fact,

[17] Maddox, *Responsible Grace*, 155.

Bessel van der Kolk suggests that a reclamation and actualization of agency can produce resilience, yet another crucial piece of the coping and recovery journey.[18]

Third, Wesley's doctrine of therapeutic salvation does not describe a solitary event that occurs at one moment in time. Rather, it suggests an ongoing way of being with God, self, and others that begins now and continues on into New Creation. The ongoingness of this participation is of particular relevance to those navigating the aftermath of traumatic experiences because, as previously noted, a defining component of trauma is its nature of ongoingness. What stunning grace then to discover the steadfast ongoingness of the love that is God accompanying you along the way. By grace, resilience can grow. Tools can be gained. Capacities can be developed.

Finally, the embodiment of God in Christ has unique significance to the survivor of traumatic experiences. Such experiences can functionally erect a barrier between a survivor and their capacity to be present to their body. While we cannot live any life but an embodied life, our bodies can self-protect by disengaging from bodily experiences. When confronted by certain experiences that drag a past traumatic encounter into the present moment, some survivors experience disassociation—a mental disconnect from the body and surroundings—as a form of self-protection. Curt, a young man I pastored during his time in college, experienced almost continual disconnection from his body due to severe sexual abuse as a child.[19] Curt found himself engaging in unsafe behaviors as an attempt to feel present in his own body. To Curt, the Incarnation cannot be confined to Advent or Christmas hymns. Rather the Incarnation of Christ, God made flesh, can be the

[18] Bessel A. Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014), 355.
[19] Curt is a pseudonym.

touchstone for their lived experience. Because God took on flesh in Jesus, his embodied existence matters and can be redeemed through Christ and by the Spirit.

Who is God? God is love, in name and nature. Through Christ by the Spirit, we can enter into the Divine Life of God who is Love. But, *what's the point?* Where do we go from here? Is there an orienting telos that can support the lifelong work of meaning-making and the (re)construction of a deliberative theology?

4.3 Telos: What's the Point?

As we saw in Chapter Two, trauma research consistently indicates that having an orienting purpose as an essential tenet in the survivors' work of posttraumatic meaning-making. How might John Wesley answer a parishioner crushed by the ongoing impact of a traumatic experience who asks, "What's the point, pastor? Where is this all going?"

Tyler, a young man I pastored throughout his college career, was in trauma-focused therapy for cPTSD for an extended period of time.[20] He came to me in despair. "I've been in therapy for what seems like forever, and it feels like we will never reach the bottom of the pit of what I have suffered. There is no end. What is the *point* of all this? Where is this all going? Tyler was overwhelmed by the depth and complexity of his traumatic experiences. He struggled to imagine a future with a purpose—an orienting telos—for what he saw as a life shattered beyond repair.

Some might hear Tyler's questions as questions of theodicy. While some might find comfort or resolution through engaging theodical theory, such theories cannot answer the question, *what's the point?* Theodical questions face backward, toward the

[20] The name Tyler is a pseudonym.

past. The question of an orienting telos is eschatological. It seeks not an explanation for why something happened but direction toward an ultimate end. The questions face forward by asking, *what's the point? Where is this going? What shape might a new future take?* Can my broken story contribute or be integrated into God's story of overflowing, perichoretic, welcoming love?

Wesley's doctrine of theosis as expressed in his theological commitment to New Creation can support the lifelong work of meaning-making and constructing a deliberative theology by offering an orienting telos that is both cosmic and personal and is complex enough to bear the weight of the gap between the already and not yet of the Kingdom of God. It proffers both tools to *cope* with the impact of traumatic experiences and to *hope* for a transformed life.

4.3.1 Telos: Wesley's New Creation Vision

Throughout his ministry, Wesley consistently describes the ultimate telos of humankind as humankind's full restoration to the image of God wrought through salvation. To return to Wesley's definition of salvation in cited in chapter three:

> "By Salvation I mean, not barely, according to the vulgar notion, deliverance from hell, or going to heaven: but a present deliverance from Sin, a restoration of the soul to its primitive Health, its original purity; a recovery of the Divine nature; the renewal of our souls after the image of God, in righteousness and true holiness, in justice, mercy and truth."

Salvation is the radical gift of grace given by God alone. By this gift we can be transformed, starting now. The saving work of God is an act of New Creation, the ultimate end toward which all creation moves. A man of his time, Wesley initially

preaches and teaches that this New Creation act of God is for the individual. Salvation is both a relative and actual change in a person- wrought by God and enacted by the person's responsive participation. Over time, Wesley's understanding of the telos of God's New Creation work evolves beyond individual transformation; it entails corporate transformation, specifically socioeconomic change. True religion was social religion—holiness of heart and life lived out in community and in service to the world.

Wesley's understanding of God's telos as New Creation continues to expand until, in his later works, Wesley exuberantly preaches, "[God's] mercy is over all His works!" The true telos of God is New Creation transformation on the cosmic level. In his sermon aptly named "The New Creation," Wesley draws from the entire canon of Scripture to describe the fruition of God's telos: disruption in creation (i.e. hurricanes, floods, etc.) will be a thing of the past, violence will cease, animals will no longer need to kill to survive, scarcity of resources will be forgotten, all death, sickness, crying, parting with friends, and grieving will end.

Even as Wesley attempted to put to words the ultimate telos of God in New Creation, he did not deny the disorder, pain, sin, and grief of the present moment. He continually reminded his people that we live in a complex gap—between the promise of God's in-breaking New Creation word and the consummation of that work. We participate in God's New Creation work now with an eye toward God's telos of cosmic redemption, practicing holiness of heart and life in embodied, ongoing ways in the present as the Holy Spirit empowers us to do so.

John Wesley's conviction that New Creation is the orienting telos of human life can minister to those who have endured traumatic experiences by providing tools and

empowering the hands that wield them in the formidable task of posttraumatic meaning-making. First, Wesley's interpretation of the ultimate human telos exists at the intersection of the personal and the cosmic. This New Creation telos is vast enough to encompass the restoration and reconciliation of all things— things in heaven and on earth were created, things visible and invisible, whether thrones or dominions or rulers or powers—and yet small enough to be planted like a seed in a single human heart and bear fruit of healing and transformation. Second, this New Creation lens can bear the complexity of the tension between current unresolved trauma of this current age and the proleptic proclamations of New Creation for which we eagerly await.

4.3.1.1 Personal and Cosmic

Twenty-one-year-old Kelly Gildner was in her third year at her university where she served as the team captain of her university dance team and as an officer of her sorority.[21] On an autumn afternoon, Kelly grabbed her overnight bag, scrawled a quick note of an encouragement to a struggling sophomore sorority sister, and hopped into her car to make the seven-hour drive home to visit her parents over a long weekend. Kelly would never arrive. A few miles off campus, Kelly's car was struck by a speeding car. She died instantly.

The Gildner parents felt as if their world collapsed in an instant.[22] Their anguish was, and continues to be years later, profound. The disruption of meaning exists on two planes: the personal and the cosmic. First, their child—their unique, one-of-a-kind daughter—was dead, and in a shocking, horrific way. It was *her* clothes that they were

[21] The name Kelly Gildner is a pseudonym.
[22] The surname Gildner is a pseudonym.

forced to pack up and bring home from Kelly's dorm room, *her* unique scent still clinging to the fabric. The loss was inescapably and suffocatingly particular. Personal questions of significance, purpose, meaning, faith, and future possibilities for their individual and family life hung heavy over them.

And yet, the suffering and disruption of meaning was also cosmic. The unique loss of Kelly opened the door to loss on a universal scale. What does it mean to live in a world when twenty-something, starry-eyed ballerinas can be felled by one missed stop sign? Kelly is gone, and also somehow *all daughters* are gone. Such is the fragility of human life. The microcosm of Kelly's death is but a shadow of the macrocosm of all creation in which the powers and principalities of this present darkness roam. Thus, the questions take a cosmic bent. The questions of significance, purpose, meaning, faith, and future possibilities morph and expand, creeping over all creation. What meaning can be derived in a universe rife with tragic loss and unmitigated pain? What hope can there be of a restored future for all creation?

The best vehicle for engaging such questions, especially in direct conversation with those who have experienced trauma, is not a study but a story. For the Gildners, perhaps this story begins with Kelly's birth—a bright-eyed infant born of love who grew into a creative, kind, and effervescent young woman. Their telos was clear: raise this child faithfully to know and love God and allow the Spirit to transform them into Christlikeness along the way. With Kelly's death, that telos collapsed upon itself, leaving the parents adrift. Like so many others who have experienced trauma, these parents felt cut off from a world that had the audacity to keep turning after theirs had stopped. Adrift,

they experienced profound isolation, a sense of not belonging in communities that once felt safe and easy. They felt indelibly marked and set apart from humanity by their loss.

Precisely at this place, where the cords of their story—and personal telos—appear frayed and faltering, the breath of the creating Spirit of the Triune God stirs the strands. This Triune God has an expansive story of a world born out of the overflow of Divine love. In this story, the telos of humankind is clear: live in loving communion with God and participate in God's work as stewards and co-creators. But this grand story is disrupted by tragedy, the tragedy of creation not trusting the Creator. Thus, all creation was disordered: abuse and cruelty, greed and struggles for power, illness and disasters.

But there are no frayed and faltering cords in this story, because the Creator God does not and will not rest from creating and re-creating until all is made new—from cells to seas, from fire-ravaged forests to sin-sick, trauma-torn, human hearts. The arc of God's story is perpetually bent toward restoration, not by default but by the active, intervening hand of God who is unwilling to allow death to be the end. This does not mean that every story—from Genesis to Revelation—has a tidy, happy ending. Nothing escapes God watchful, merciful eye— saints and sinners, victims and perpetrators. Even when justice appears to be too long delayed, the Triune God who works beyond time works for and toward the good, to New Creation.

But cosmic restoration is cold comfort to people like Kelly's parents. What good is a promise of eschatological New Creation *in this moment*? What good is the promise of a future world without tears or sorrow or loss while a mother stares down a future void of her child's presence? Perhaps parents in Scripture asked a similar question. Eve lost one son Abel to violence and a second son, the perpetrator, to exile. Elizabeth, cousin of

Mary, so long denied a child, conceives and gives birth to a son only to see him called into a life of suffering that ended by murder at the hands of the State. And what of Maacah, wife of David and mother to Tamar, the daughter brutally raped by her brother Amnon? To witness both the rape of your daughter and to see justice denied her by her father-king? How searing the loss, how enraging the perceived silence from heaven.

And yet, these messy, uncomfortable stories are included in Scripture. They are not edited or softened. Victims are named and perpetrators are identified without apology. Unresolved abuse and ongoing suffering are not dismissed nor are they dressed up in the faux finery of spiritualization. These stories take up space in God's story; they belong. Through the mysterious workings of the grace of the Triune God—Creator, Redeemer, and Sustainer—frayed and tangled threads are integrated into the whole, becoming both more than what they are while maintaining their unique fingerprint. Inclusion without erasure. These stories are at home in the cosmic without surrendering the personal. The threads of Kelly's short life are not snipped out of the story for their brevity. Rather they are remembered and included in God's grand narrative that moves toward cosmic redemption.

Perhaps these texts of unresolved trauma, grief, and loss might inform both how we "read" the Gildner's situation and how they might wrest a transfigured telos from their experience. In her book *Texts of Terror,* Phyllis Trible proposes a hermeneutic for reading texts of abuse and suffering. She suggests two guides for the task: allowing Scripture to a mirror to our life and using Scripture in interpreting Scripture.[23] First, Scripture can reflect life in its entirety, both beauty and brokenness. This reflection is not

[23] Phyllis Trible, *Texts of Terror: Literary-Feminist Readings of Biblical Narratives*, 2. pr, Overtures to Biblical Theology 13 (Fortress Press, 1985), 2.

in and of itself transformative but, as Trible suggests, it can inspire insight which might beget repentance.[24]

Insight is not synonymous with information. Insight connotes discernment, a knowing that transcends fact. Could it be that by sitting with these and other haunting stories of abuse, loss, and violence in the presence of the Holy Spirit, people like the Gildners might gain transformative insight into their experience on the personal and cosmic level? Such insight might include an existential sense of communion and solidarity with other survivors, release from the sensation of profound isolation, or even a renewed sense of God's attention having witnessed how stories such as theirs are not forgotten or discarded.

This insight can be deepened by Trible's second guideline: interpreting Scripture with Scripture. Trible draws from passages such as the Suffering Servant in Isaiah and the passion narratives of the Gospels. The purpose is not to exact explanations or appropriate outcomes from these internal textual conversations. Rather, such conversations can add layers of meaning or reveal something new about the character of God. For example, as Kelly's parents sit with the texts about Eve or Hagar, Jesus' words of Luke 13 might offer insight and new revelation. Suffering, whether it be the direct result of evil doing or the result of a tragic accident should not be assumed to be an indictment on the victim. Such a text might be read in conversation with David's cries in Psalm 13 in which he asks "How long, O Lord? Will you forget me forever? How long will you hide your face from me?"[25] The echoes of these cries reverberate through the pages of Revelation and the cries of the martyrs who ask, 'Sovereign Lord, holy and true,

[24] Trible, *Texts of Terror*, 2.
[25] Ps. 13:1, NRSVA

how long will it be before you judge and avenge our blood on the inhabitants of the earth?'[26]

Though certainly not in the direct aftermath of their traumatic experience—when their ability to interpret, internalize, or make sense of Scripture may be limited—survivors like the Gildners can, in time, enter this intertextual discourse. In doing so, they may discover their own story reflected in its pages. If the traumatic experiences in Scripture belong in God's expansive story, perhaps they can borrow hope—and thereby a reimagined telos—from the cosmic story of which they now see themselves a part. This is not an attempt to wring out a happy ending by way of the resurrection. Future promises do not negate, nullify, or invalidate suffering. However, Trible does survivors a disservice by rendering the resurrection off limits for the work of posttraumatic meaning-making, particularly the task of reimagining and reconstructing an orienting telos in light of New Creation.[27] There is no New Creation life outside the incisive New Creation action of the Spirit in raising Jesus from the dead. It is, in fact, by that incisive New Creation act that the orienting telos of God for creation is snatched from the jaws of Sin and Death, making New Creation possible for us.

4.3.1.2 Capable of Complexity

In addition to being both personal and cosmic, a Wesleyan New Creation telos is, capable of complexity or, to borrow the language of Pargament, *spiritual differentiation.* Pargament defines spiritual differentiation as the "tolerance of complexity, avoidance of

[26] Rev. 6:10, NRSVA
[27] Trible, *Texts of Terror*, 2. Trible renders the resurrection off-limits when she describes an attempt to "seek redemption" in biblical stories of terror in the resurrection as "perverse" because "sad stories do not have happy endings."

simplification, openness to new ideas and information, and the ability to synthesize and incorporate disparate ideas" in matters related to spirituality.[28] A spiritually differentiated spiritual orienting system resists imposing simplistic answers on complex questions. Instead, it provides tools to hold disparate ideas or experiences in tension with one another and to weave them into an integrated whole. Such a system empowers a person to increase their tolerance towards ambiguity and to explore and embrace complex conclusions.

As we previously established, a traumatic experience can disrupt embedded theologies and demonstrate the need for a theology more capable of differentiation, an essential component of reclaiming or reimagining one's orienting telos. A New Creation perspective rises robustly to this challenge by faithfully engaging the painful gap between what we hope to be (i.e. eschatological promises of God for restoration of all things) and what currently is (i.e. Creation still experiencing the impact of the powers of sin and death).

A New Creation lens discards any notion that creation is disposable or that humankind lacks agency and therefore must wait passively for deliverance to a disembodied afterlife with no hope of healing or transformation in the present moment. At the same time, this lens also rejects the implication by some that New Creation has already arrived in its fullness and if a person is suffering, they haven't adequately activated their full human potential. Rather, New Creation theology operates like a bridge holding tension between the present and the future. New Creation has broken into the

[28] Kenneth I. Pargament et al., "Spirituality: A Pathway to Posttraumatic Growth or Decline," in *Handbook of Posttraumatic Growth*, 0 ed., ed. Lawrence G. Calhoun and Richard G. Tedeschi (Routledge, 2014), 131, https://doi.org/10.4324/9781315805597.

present through Jesus' life, death, and resurrection and continues through the Spirit, and yet it is not yet here in its fullness. Therefore, we continue to experience the disorder wrought by the powers and principalities as we await the culmination of all things when all things are made new and God is all and all. Alongside Abraham, we *hope against hope* that God will keep God's promises.[29] But even amid the wait, there are signs of New Creation life bursting into the present in the form of forgiveness, reconciliation, imaginations healed, and hope reawakened.

The Gildner family know the tension well. They are well-acquainted with the disparity between the current reality of disorientation and God's eschatological promise of restoration. Their suffering is valid. It is an appropriate response to their circumstances, and one that is welcome by God. Unlike others who are perhaps oblivious to the searing pain of this gap, the Gildners and those like them know the gap intimately. In fact, their whole-person knowledge of this gap—their *witness*—can be their gift to the church that so often clings to the edges in avoidance of this gap. Those who suffer are strengthened to reinterpret their orienting telos as they are held by the Triune God—Creator, the Eternally Crucified and Resurrected One, and Sustaining Spirit—who is intimately familiar with the gap of already but not yet.

Conclusion:

Having contended that both a Wesleyan view of transcendence—experienced in relationship with the Triune God of love—and a Wesleyan understanding of New Creation as an orienting telos can strengthen a person's capacity for posttraumatic

[29] *Holy Bible, NRSVue* (Zondervan, 2022).

meaning-making, we now turn to the most tender of topics: transformation. *Now what?* Is transformation possible for those who have experienced trauma and to what degree? While there can be no return to the "before" of traumatic experiences, is it possible to experience healing and newness in any measure this side of New Creation?

Chapter 5

In the previous chapter, I examined the role of transcendence and telos in posttraumatic coping and recovery in conversation with the theology of John Wesley. In this final chapter, I engage the question *now what?* Is there hope for posttraumatic transformation this side of New Creation and, if so, to what degree? This study advances Wesley's rejection of rationalism as the exclusive ground of transformation and his vision of sanctification as the healing of affections and tempers through the means of grace as a promising resource for posttraumatic transformation.

5.1 Transformation: Now What?

Rose[1] and I sat together on a log along the banks of an ambling Washington river. The air between us was heavy with the weight of her words—her account of both distant and recent traumatic experiences. I had come to the camp to preach to teenagers, but the Holy Spirit seemed to have shaken loose something within Rose, an adult sponsor. She expressed a desperation for transformation from her current state of suffering. "I know all the *facts* about trauma, how my assault was not my fault. I am not dirty, and God isn't mad at me. I know I need to change my mindset, to *think* differently, but I can't. I can't think my way out of this. I am stuck." Like many, Rose has an abundance of knowledge about trauma and the prescribed mindsets that might transform her experience. Yet, she feels stuck. Is she simply thinking incorrectly? Is she not pursuing change with inadequate fervor? Does she simply lack the strength of will needed to enact recovery?

[1] Rose is a pseudonym.

The traumatic experiences Rose endured, as well as a childhood shaped by socioeconomic vulnerability and multiple sexual assaults as an adult, exemplify the disruptive power of sin expressed through the sins of others against her. The impact of these experiences ripple into Rose's present in life-limiting ways. Many of the relationships in Rose's life are strained as a result of Rose's anger and paranoia. Rose tends to draw people close only to push them away, accusing them of any number of relational harms. These patterns are recalcitrant and difficult to change for two reasons. First, they meet a perceived need for self-preservation. To eliminate the behavior is to remove a coping mechanism that has served a necessary purpose. Second, her underlying motivations are difficult both to access and to address because they persist beyond the reach of reason. In Rose's experience, the focus of spiritual growth is more often than not intellectual: *think differently and you will be changed. Reason your way to righteousness. Internalize this information and transformation will follow*. But Rose's primary need is not a logical explanation of her experience. Nor does Rose need a detailed list of rational steps to take and behaviors to change. She needs an encounter with the God who is love.

5.2 Transformation: Beyond Reason

Wesley is no stranger to the idolatry of reason—that overly optimistic view of the human power to transform ourselves. He takes issue with his Anglican contemporaries who claim that people have the capacity to consciously reason their way to moral choices. These contemporaries—heavily influenced by Plato— believed that "the greatest obstacle to moral rectitude [was] the passional dimension of human life—those emotional reactions, instincts, and the like that are not a product of rational initiative or under fully

conscious control." Emotions are not merely unhelpful; they are considered impediments to the process of rational discernment and must be controlled.

Wesley disagrees with this assertion for two reasons. First, this claim does not take seriously the impact of sin as both power and plague on the entire person, including the mind.[2] Wesley does not accept that the mind is somehow exempt from the distortions of sin. It is not a neutral source of information. Second, Wesley remains unconvinced that reason is capable of enlivening the adequate motivation necessary for the transformation of heart and life. Knowing something to be a moral choice does not naturally produce the strength of will to enact the moral choice. Wesley declares that the rational persuasion of "the beauty and advantage of virtue and the deformity and ill effect of vice alone cannot resist, *much less overcome and heal***,** one irregular appetite or passion."[3] One cannot *think* their way to righteousness.

Wesley stakes his claim that mind and reason cannot transform us on the conviction that sin itself is not a rational choice. Our behaviors are less a conscious act of the human will—understood as the "conscious, rational self-determinative concept"—are more acts driven by motivation beyond personal awareness.[4] Action—whether holy or unholy—is the result of a person's *affections and tempers*. 18th century Wesley understands affections as a "transitory feeling state such as joy, excitement, sadness."[5]

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[2] This is not to suggest that emotions or thoughts are inherently sinful, but that the powers of sin distort human capacity and hinder our ability to align ourselves with God's purposes.
[3] John Wesley, "The End of Christ's Coming- Sermon 62," Sermon, December 9, 1758, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-62-the-end-of-christs-coming/. Italics mine.
[4] Brad D. Strawn and Warren S. Brown, "Wesleyan Holiness through the Eyes of Cognitive Science and Psychotherapy," *Journal of Psychology and Christianity* 23, no. 2 (2004): 121.
[5] Brad D. Strawn and Scott F. Grover, "JOHN WESLEY AND PSYCHOLOGICAL RESEARCH ON THE UNCONSCIOUS: TOWARD A RECONCEPTUALIZATION `OF WESLEYAN SIN," in *Wesleyan Theology and Social Science: The Dance of Practical Divinity and Discovery*, ed. M. Kathryn Armistead (Cambridge Scholars Publ, 2010), 132.

These feelings are not conjured but experienced through daily living. Wesley suggests that these affections ultimately serve as "motivating dispositions."[6] An affection becomes a temper as the affection becomes a consistent part of one's character and disposition. It is a "habituated or conditioned affection."[7] These tempers, unconsciously formed by the motivating dispositions of the affections, become the platform from which action is launched.

The question becomes: what factors inform these affections and the resulting tempers? Wesley understands human affections and tempers to be malformed by sin, and by sin we mean not individual human acts that go against God but the powers and principalities at work in Creation that groans in anticipation of God's final redemption. It is here that Wesley uses his strongest language of Sin as sickness, as that "loathsome leprosy" that "corrupts every power and faculty."[8] God does not hold us morally culpable for this sickness but as stated in chapter four, invites us to participate in our healing.

Wesley also claims that affections and tempers are shaped by our experiences, both in early childhood and throughout our lives. Wesley speaks often of the impact of godly rearing in the home, including the embodied example of parents. In his sermon "On the Education of Children," he highlights the necessity of training up children in the ways of God, to shape their affections.[9] He largely credits his mother's rigorous discipleship as the foundation of his personal formation. From this, we can infer then that, in a context of

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[6] Maddox, *Responsible Grace*, 129.
[7] Strawn and Grover, "JOHN WESLEY AND PSYCHOLOGICAL RESEARCH ON THE UNCONSCIOUS: TOWARD A RECONCEPTUALIZATION `OF WESLEYAN SIN," 132.
[8] John Wesley and Kenneth J. Collins, *The Sermons of John Wesley: A Collection for the Christian Journey.* "Sermon 21: Upon Our Lord's Sermon on the Mount, Discourse 1." (Abingdon Press, 2013).
[9] John Wesley, "On the Education of Children, Sermon 95," Sermon, July 12, 1783, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-85-on-working-out-our-own-salvation/.

unconditional and loving acceptance and in cooperation with the Holy Spirit, transitory affections can be habituated into holy tempers, which enable Christlike actions. In the same way, we can infer that the affections of those who do not experience appropriate care might be misshapen by a lack of direction and discipleship. In sum, Wesley claims that affections and tempers are shaped by our experiences, both in early childhood and throughout our lives.

5.3 Working Out of Wesley's Claims in Contemporary Psychology

Psychologist Brad Strawn draws parallels between Wesley's theory of affections and tempers and the language of contemporary Intersubjectivity Theory in which individuals develop "unconscious organizing principles…that are shaped and formed in the early childhood environment and influence all subsequent experience."[10] Wesley's affections and tempers—shaped by life experiences—operate similarly to these unconscious organizing principles. Action then takes place on the level of what cognitive science describes as *automaticity*—automatic and outside of conscious awareness.[11]

Using Wesley's framework and language, we might say that a healthy, secure environment can shape these unconscious organizing principles in healthy ways that encourage the development of Christlike motivational and behavioral patterns. However, unstable, erratic early childhood experiences in which a child learns to distrust their environment can also inform affections and therefore dispositional tempers. Traumatic experiences such as abuse, enduring a natural disaster, physical assault, etc. can introduce

[10] Brad D. Strawn, "Restoring Moral Affections of Heart: How Does Psychotherapy Heal?," *Journal of Psychology and Christianity* 23, no. 2 (2004): 145.
[11] Strawn, "Restoring Moral Affections of Heart: How Does Psychotherapy Heal?," 142.

pathological transitory affections. These affections can become tempers that are life-limiting in that they impede healthy choices.

We must take care at this point to acknowledge the complex nature of personal responsibility. In no way should a survivor of a traumatic experience be condemned for the ways in which what they endured shaped their tempers in unhealthy (and unholy) ways. These behaviors often serve as coping mechanisms for a person trying to survive. However, as EMDR therapy pioneer Francine Shapiro maintained, traumatic experiences can explain behavior, but they do not excuse it.[12] A person's experience as the sinned against can explain, at least in part, the development of unholy tempers that result in problematic behavior. This explanation can be an important tool in the work of meaning-making. However, it does not excuse it or exempt a person from participating in the work of their healing.

Wesley believes that the transformation of affections and tempers can occur when people were "experientially affected."[13] Maddox provides a simple yet powerful example of Wesley's claim: "Rational persuasion of the rightness of loving others is not sufficient of itself to move us to do so; we are ultimately inclined and enabled to love others only as we experience being loved ourselves." We do not (and cannot!) *reason* our way to loving God, neighbor, and self. As we are loved by God, we are made capable of loving others as God the Spirit provides us with the power and resources to respond and imitate that divine love. In the divine dance of being loved and responsively loving, we are transformed at the level of our affections and tempers. As a result, we are progressively

[12] Francine Shapiro, *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (Rodale Books, 2013), 245.
[13] Strawn, "Applications to Psychology and Psychotherapy," 214.

made capable of holiness of heart and life. Drawing from the claims of chapter three, this holiness of heart and life is nothing less than ongoing process of healing from now unto New Creation.

We see Wesley's claim—that transformation requires being experientially affected—exemplified in my stories of Rose and others who bears marks on their bodies and spirits of sins committed against them. Their past experiences have shown the world to be unsafe and that others—even God—are untrustworthy. Reading Scripture, hearing a sermon, or completing a Bible study declaring God's love for them is insufficient counterevidence to their lived experiences of suffering. Traumatic experiences can distort cognition in such a way that rational, thinking-based activities that typically might be helpful are rendered inert. Survivors must be "experientially affected" by God's love that their affections and tempers might be transformed and New Creation life might emerge. Rose needs to be experientially affected by God's love in order to experience transformation at the motivational and dispositional level—a healing of her affections and tempers and a reorientation of the habituated dispositions that are contributing to her suffering.

5.4 Grace That Makes a Way: Community

> Come, sinners, to the gospel feast;
> let ev'ry soul be Jesus' guest.
> Ye need not one be left behind,
> for God hath bid all human-kind.[14]

[14] *The United Methodist Hymnal: Book of United Methodist Worship*, 7. print (United Methodist Publ. House, 1998), "Come, Sinners, to the Gospel Feast" by Charles Wesley.

In 1747, Charles Wesley pens the words to the hymn *Come, Sinners, to the Gospel Feast.* It is one of many hymns written to communicate the depth and riches of the doctrine of prevenient grace of which John Wesley preaches so frequently. By prevenient grace, John refers to God's initiating action toward humankind to awaken souls to God's love. God hath bid *all* human-kind! No one is left out. Respond and find welcome in Christ! Wesleyan scholar Albert Outler beautifully interprets Wesley's doctrine of God's grace as "[anticipating] us at every turn…creating and holding open possibilities of health and growth and self-fulfillment."[15] Prevenient grace is God, the Divine Lover, running ahead, wooing the beloved unto God's self. God casts open doors and cracks open long-closed windows to let the Breath of God the Spirit flood the room with *what if* and *could it be.*

Is the grace of God anticipating Rose at every turn? The Giltners, Tyler, and the rest? Is God holding open possibilities for health and growth and self-fulfillment even for these? As if in response to our questions, Charles Wesley's hymn sings on:

> Come, all ye souls by sin oppressed,
> ye restless wand'rers after rest;
> ye poor, and maimed, disabled, and blind,
> in Christ a hearty welcome find.[16]

Come, Wesley seems to invite. Respond to the wooing grace of God and experience God's love. All ye souls oppressed by the power of the sins committed against you and crushed under the weight of tragedy, there is grace enough. Come however you can: running, walking, crawling. God has gone before, made a way, and holds open the door. Grace is making a way to transformation.

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[15] Albert Outler, *John Wesley*, Library of Protestant Thought (Oxford University Press, 1980), 182.
[16] *The United Methodist Hymnal,* "Come, Sinners, to the Gospel Feast" by Charles Wesley.

But the voices of Rose and the like cry out to us: *But I can't even crawl. I'm too broken. I cannot even respond to this prevenient grace.* Psychologist and Wesleyan scholar Michael Leffel notes that while Wesley consistently affirmed the necessity of experiencing the witness of the Spirit that we belong to God, Wesley also emphasized that the "healing effect of God's grace sometimes depends upon the mediating participation of others in loving community."[17] Scripture bears witness to the claim that the healing love of God can be mediated through the community of faith. Consider the story in the Gospel of Luke chapter five. A man is so broken, he cannot in his own power bring himself to Jesus, the only hope for healing. But, in the gap between what was possible and what was required, the broken man finds himself looking up into the faces of four friends who carry him to Jesus. When Jesus saw their faith—*the faith of the four friends*—Jesus healed the man, soul and body.[18] Through the community of faith, God in Christ holds open possibilities of health and restoration for a hopeless man.

As God in Christ incarnated God's love to humankind, the Body of Christ now incarnates God's love by the Spirit that those like Rose—those for whom the love of God might feel inaccessible or out of reach—might experience God's love. This is not a symbolic loving *like* God. The Body of Christ, the people of God, can become a mediator of the *real presence* of God "through whom God draws near and through whom we may participate in the presence of God's love."[19] In their embodied love for their sister Rose, the Body of Christ participates in the ecstatic love of God. The Body becomes a

[17] Michael Leffel, "Prevenient Grace and the Re-Enchantnient of Nature: Toward a Wesleyan Theology of Psychotherapy and Spiritual Formation," *Journal of Psychology and Christianity* 23, no. 2 (2004): 137.
[18] *Holy Bible, NRSVue* (Zondervan, 2022), Luke 5:17-26.
[19] Leffel, "Prevenient Grace and the Re-Enchantnient of Nature: Toward a Wesleyan Theology of Psychotherapy and Spiritual Formation," 137.

mediating agent of Triune Love and a means by which Rose might experience healing.[20] It can become a *graced community* as it mediates the love of God to survivors of traumatic experiences.

The biblical mandate to the Body of Christ to live together as a *graced community* affirms the findings of trauma researchers, who argue that safe community is essential—not optional—for trauma recovery. Judith Herman suggests that the "solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience."[21] It is notable that Herman employs the bold metaphor of antidote. It connotes a life-giving intervention in the face of otherwise irreparable harm, like antivenom dispensed after a deadly snake bite.

It is imperative that graced communities learn to express the love of God in ways that are life-giving to survivors. Many scholars suggest the metaphor of accompaniment as a helpful guiding metaphor.[22] Psychologist and theologian David Wang boldly contends that "the vast majority of trauma healing and recovery facilitated by the Holy Spirit is actually accomplished through mundane acts of kindness and accompaniment among the communion of saints."[23] In other words, the communion of saints becomes the mediating agent of God's healing and transforming love. These "mundane acts" are not to be confused with solution-seeking. Rather, these acts reflect a commitment to embodying the non-anxious presence of Jesus long-term. Shelly Rambo suggests that when a person

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[20] Herman, *Trauma and Recovery*. The social sciences affirm that, in the context of relation, safety can be established, and recovery begin. As Herman says, "Recovery can take place only within…the context of relationships; it cannot occur in isolation."[20] Safe relationships are essential for the coping, recovery, and healing processes."

[21] Herman, *Trauma and Recovery*, 313.

[22] Shelly Rambo, "Trauma, Transformation, and Transcendence," in *Conflict Transformation and Religion: Essays on Faith, Power, and Relationship*, ed. Ellen Ott Marshall (Palgrave Macmillan, imprint published by Springer Nature, 2016); Wang, "Trauma, the Holy Spirit, and Spiritual Formation."

[23] Wang, "Trauma, the Holy Spirit, and Spiritual Formation," 13.

accompanying another enters a situation with her "breath more stabilized," she can "provide a patterning of breath that can help another person find her breath again."[24] At a physical level, practicing the non-anxious presence of Jesus through stabilized breath alongside another can help the one struggling self-regulate.

Second, graced community must practice awareness of and a commitment to clear and secure boundaries. As noted previously, traumatic experiences often strip people of agency. A key part of recovery is the reclamation of agency, including in the form of setting and holding boundaries. Those who accompany survivors must express their love by holding boundaries as sacred. Maintaining boundaries would include being mindful of any developing codependency in which a survivor might begin to expect the accompanier to meet all their emotional needs. As one practitioner notes, one way to guard against co-dependency is to practice detachment, which he describes not as "cold, hostile withdrawal" but rather as "[choosing] to forego unrealistic expectations from others."[25] The graced community is never the solution; it is the mediator of the healing love of God.

Third, a graced community loves survivors well when they create intentional space for testimony, bear witness to trauma stories with unflinching eyes, and commit to remembering *with* survivors. Consider Sarah. Sarah was a university chaplain at one of her denomination's universities. Following a presidential transition, Sarah was unexpectedly and unjustly let go from her position. Public slander and institution-sanctioned lies followed. The humiliation, terror, and outrage at the injustice crushed

[24] Rambo, "Trauma, Transformation, and Transcendence," 159.
[25] Joshua Cockayne et al., *Dawn of Sunday: The Trinity and Trauma-Safe Churches*, New Studies in Theology & Trauma (Cascade Books, 2022), 75.

Sarah's spirit. She described her imagination as incapacitated. "There is no future, only blankness. Nothingness," Sarah said.

In response to her situation, a group of dear sisters of faith responded by holding a funeral for Sarah's job. Through a nuanced liturgy that made space for both celebration of the good gifts of the job as well as the grief of betrayal and injustice, the group created a container in which Sarah could safely process what she had endured and share her story on her terms. When she expressed fear and sorrow at the world forgetting her and what she had suffered, one friend interjected, "But Sarah, *we* will not forget." As these friends—this microcosm of the communion of saints—bore witness to the rupture in Sarah's life, they mediated the love and mercy of God to Sarah at the precise moment when both felt inaccessible to her. Their shared commitment to remember alongside her provided assurance to Sarah that, as she embarked upon the arduous task of renegotiating core schemas and making meaning from the detritus around her, she would be accompanied by these sisters. A community of faith—an embodied expression of the communion of saints—that is committed to accompanying those who have endured traumatic experiences can be a mediating agent of God's transforming love.

Finally, a graced community models mature spiritual behavior and faithfully participates in the means of grace. First, let us consider the role of modeling in transformation. Neuropsychology teaches us that we are "wired to imitate."[26] A baby mimics facial expressions, mirroring mommy's smiles and frowns. A toddler attempts to imitate daddy's writing by scribbling on the tabletop with a crayon. We learn by mimicking others. The same is true in Christian community. We can, without realizing it,

[26] Strawn, "Applications to Psychology and Psychotherapy," 221.

begin to imitate the mature spiritual behavior of those in our faith community. In the same way our affections and tempers are shaped by early childhood and life experiences, they can be reshaped by ongoing engagement with a Christian community and the accompanying activation of mirror neurons.

This reshaping can be of particular importance to those whose affections and tempers have been disordered and malformed by traumatic experiences. When a person observes healthy, life-giving patterns and behaviors in the context of a safe faith community, the Holy Spirit can initiate change through the workings of the brain. For someone like Rose, the persistent love of a community in place of rejection or abuse can activate mirror neurons and engender the possibility of changed behaviors. Observing other Christians practice the virtues of love described in First Corinthians 13—patience, kindness, humility, and more—might awaken in Rose the possibility of change as the Spirit works through holy imitation. With this hope awakened, prevenient grace provides Rose with the empowerment and strength to respond to and cooperate with the Spirit.

The individuals in this graced community model partnership with the Holy Spirit for their own sanctification and healing, for the good of their sister in Christ Rose, and as witness to the in-breaking Kingdom of God. This partnership is expressed both as a posture as well as particular practices. It is a posture of trusting, responsive love embodied through faithful engagement with what Wesley described as the means of grace. In my next section, I contend that Wesley's means of grace, when practiced in the context of a graced community, can be *graced practices*—conduits of the healing, transforming love of God for those who have suffered the devastation of traumatic experiences.

5.5 Grace That Makes a Way: Practices

John Wesley understands the means of grace to be the "outward signs, words, or actions, ordained of God, and appointed for this end, to be the ordinary channels whereby he might convey to men, preventing, justifying, or sanctifying grace."[27] He repeatedly emphasizes that these practices were not salvific in and of themselves. Rather they are practices that put oneself in the flow of grace by which the Spirit might bring about transformation, *actual change*, in this life. Wesley preaches that salvation—and resultant transformation—did not indicate "a blessing which lies on the other side death…[or] something at a distance" but rather "a present thing; a blessing which, through the free mercy of God, ye are now in possession of."[28] Wesley remains convinced that God through the Spirit can and will bring about change to our disordered and malformed affections and tempers as we cooperate with the Spirit through the means of grace. As I have repeatedly contended, as much as this implies healing from the impact of the sins we have committed and transformation of the life-limiting patterns those sins create, it also applies to those suffering from the sins committed against them and the equally life-limiting patterns the traumatic experience introduces.

Wesley claims that consistent participation in the means of grace over time can result in transformation at the core level of our beings, including at the unconscious level. This aligns with ongoing research on neuroplasticity—the "constant, moment-by-moment

[27] John Wesley and Kenneth J. Collins, "Sermon 16: The Means of Grace," in *The Sermons of John Wesley: A Collection for the Christian Journey* (Abingdon Press, 2013), 73.
[28] John Wesley, "The Scripture Way of Salvation, Sermon 43," May 22, 1758, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-43-the-scripture-way-of-salvation/.

remodeling occurring in neural pathways in response to environmental stimuli."[29] Through observation and imitation, new neural pathways can be opened and strengthened, which can result in previously foreign behaviors becoming natural habits. As Sarah, Rose, and the rest observe and participate in the means of grace, the Holy Spirit can bring about transformation through the natural functions of the brain.

Wesley organizes the means of grace into the two primary categories, namely the general and the particular. He understands the general means of grace to "denote certain attitudes and practices which pervade the Chrisitan life" such as obedience to the Lord's commands, self-denial, and taking up one's cross.[30] The particular means are broken into two subcategories: the instituted and the prudential. The instituted means of grace include practices instituted in Scripture such prayer, searching Scripture, participating in the Lord's supper, fasting, baptism and Christian conferencing.[31] The prudential means include things not explicitly instituted by Jesus such as small group gathering, visiting the sick, "doing all the good we can," reading devotional literature across the centuries of Christianity. Wesleyan theologians Diane LeClerc and Mark Maddix describe the prudential means as practices "designed to meet the person at his or her point of need."[32] The spaciousness of the prudential means indicates humble trust in the Holy Spirit to work in unique ways with particular people in all cultures and contexts.

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[29] Tamim Khaliqi, "Can Virtue Be Taught? Neuroscience and Moral Formation," *Dignitas* 28, nos. 3–4 (2021): 4.
[30] Henry H. Knight, *The Presence of God in the Christian Life: John Wesley and the Means of Grace*, Pietist and Wesleyan Studies, no. 3 (Scarecrow Press, 1992), 3.
[31] "Means of Grace and Forms of Piety," in *The Oxford Handbook of Methodist Studies*, 1st ed., ed. James E. Kirby and William J. Abraham, with Ted A. Campbell (Oxford University Press, 2011), 283, https://doi.org/10.1093/oxfordhb/9780199696116.001.0001.
[32] "Finding the Means to the End: Christian Discipleship and Formation Practices," in *Spiritual Formation: A Wesleyan Paradigm*, ed. Diane Leclerc and Mark A. Maddix, with Diane Leclerc (Beacon Hill Press of Kansas City, 2011), 75.

While an analysis of the role each type and subtype of means of grace in posttraumatic meaning-making and transformation would be helpful, that task is beyond the purview of this work. I will focus on the two instituted means of grace—the Lord's supper and baptism—and suggest how they might be vehicles of posttraumatic transformation.

5.5.1 The Lord's Supper

Wesley's Western contemporaries, by and large, reduce the role of the Lord's Supper to a justifying sacrament (i.e. judicial). It functions to affirm their change of status before God. In contrast, Wesley insists upon the acknowledgment, if not the *centrality*, of the therapeutic function of the Lord's Supper. He understands it to be an empowering, transforming sacrament through the work of the Holy Spirit. He invites to receive, not *only* those who met the requirement of "prior fitness or assurance" but *also* those who desired to receive God's grace but did not necessarily feel assured of God's love or acceptance.[33] Wesley describes the action of the Lord's Supper upon recipients in his sermon on the subject:

> As our bodies are strengthened by bread and wine, so are our souls by these tokens of the body and blood of Christ. This is the food of our souls: This gives strength to perform our duty, and leads us on to perfection.[34]

This image is one of nourishment and sustenance. In other writings, Wesley describes converts as receiving "medicine to heal…sickness" upon the Holy Spirit's

[33] Maddox, *Responsible Grace*, 186.
[34] John Wesley, "The Duty of Constant Community, Sermon 101," Sermon, 1787, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-85-on-working-out-our-own-salvation/.

movement upon them and their grace-empowered responsive acceptance.[35] Wesley's interpretation of the Lord's Supper as primarily an act of therapeutic grace is of particular relevance to those bearing the wounds from traumatic experiences. Through regular participation in the Lord's Supper and the experience of the real presence of Jesus therein, wounded ones like Rose, Sarah, and the Giltners can receive this food for their souls—the medicinal work of the Holy Spirit. La Cugna describes a sacramental life as one in which "God's grace and presence are concretely efficacious in transforming us from death into life, from impersonal life into triune life, from the household of the slave to the household of freedom and joy."[36] The reliability of the liturgy, the sensory experience of the bread and cup, along with the corporate sharing of the sacrament can craft a space in which Rose and the rest can receive assurance of God's love, provision, and ultimately the transforming, empowering presence of Jesus by the Holy Spirit.

In addition to serving as an essential vehicle of God's therapeutic and thus transforming grace, the Lord's Supper also serves as means of grace that supersedes the boundaries of time. As an act of remembrance, the Lord's Supper connects us to the past through Jesus' act. In doing so, it reassures us that our past—with all its pain, hurt, and loss—is not forgotten but integrated and held. But the Lord's Supper does not stay in the past; it also grounds us to the present moment while drawing our eyes to the future of eschatological hope. The act of receiving the elements takes place in this present moment, conveying to us the sustaining grace of God. It is a *kairos* moment in that it

[35] John Wesley, "The Mystery of Iniquity, Sermon 61," Sermon, 1783, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-85-on-working-out-our-own-salvation/.
[36] La Cugna, *God for Us*, 404.

takes place in the "now that is our new possibility of fulfillment."[37] The softness of the bread and the vibrancy of the wine on our tongue root us to the now-ness of the present in which Jesus is present. Finally, as the sacrament holds our past and roots us to the moment, it also lifts our eyes to a future of eschatological hope in which all things will be made new. Neither the pain of the past or the suffering of the present will get the final word. Through God, love will get the final word.

In receiving this sacrament, the Gildners can be assured that their daughter is not forgotten. Their scars are seen and welcomed to the table. At the same time, they can receive the sustaining grace of the Holy Spirit to enable them both to cope and participate in their own healing. As their participation proclaims Jesus' death until he comes again, they can look to that future day in which death shall be no more. And someday, as the therapeutic love and grace of God works healing within them and new meaning is made, perhaps they will bear witness to others to the tenacious hope of the Gospel.

In a similar way, Rose and Sarah—both having experienced harm from the sins of others—can trust that the injustice of the past is not erased at the table. Rather, it remembered, believed, and held mercifully. They can receive the sustaining grace in the moment both to persist in the face of intrusive memories and physical symptoms and to persevere in the re-making of meaning. Finally, they can, by the Spirit, catch a glimpse of what *could* be. Their imaginations for the future can be reawakened to the possibility of newness in this life and in the life to come.

[37] Lewis E. Rhodes, "The Sacrament of Wholeness," *Review & Expositor* 66, no. 1 (1969): 64, https://doi.org/10.1177/003463736906600107.

Through the means of grace of the Lord's Supper, survivors of trauma can experience the integration of their past, present, and future. God's transforming grace is not bound by time but supersedes it for our healing and restoration.

5.5.2 Baptism

In the New Testament, baptism is described using the metaphor of death and resurrection.[38] The descent into the water represents our death to sin and to our old way of life while the ascent out of the water represents our participation in the resurrection of Jesus. Many pastors, with the best of intentions, have drawn from this metaphor in their care for those who have experienced trauma to say, *because of what Christ has done, we don't have to live in the past; we can walk in newness of life! Jesus is risen!* While these assertions are certainly true at face value, they do not take into consideration the ongoingness of the impact of trauma. In fact, they can come across as dismissive and even condemning as these statements can carry undertones of blame: *You are struggling still because you haven't died to sin. You haven't forgiven. You haven't let it go.* Spoken aloud or not, these implications can be deadly.

Many scholars have called this interpretation out as problematic particularly for those who have been sinned against, resulting in traumatic experiences.[39] Practitioners have leaned into the insights of Holy Saturday and crafted practices to engage the liminal

[38] See Rom. 6:4 and Col. 2:12.
[39] Shelly Rambo, *Spirit and Trauma: A Theology of Remaining*, 1st ed (Westminster John Knox Press, 2010); Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma*, (Baylor University Press, 2018); Rob James and Becca Stevens, "Behold, the Human Being: Hans Urs von Balthasar's Theology of the Paschal Triduum and the Self in Dementia," *Theology* 126, no. 2 (2023): 103–10, https://doi.org/10.1177/0040571X231160504; Alan Edmond Lewis, *Between Cross and Resurrection: A Theology of Holy Saturday* (Eerdmans, 2003); Preston Hill, "Christ's Body Keeps the Score: Trauma-Informed Theology and the Neuroscience of PTSD," *TheoLogica: An International Journal for Philosophy of Religion and Philosophical Theology* 7, no. 1 (2022), https://doi.org/10.14428/thl.v7i1.64223.

space between death and resurrection.[40] This work is essential. However, I fear that in our justified concern about careless commandeering of resurrection language for posttraumatic pastoral care we have given up too much ground. If we are unable to talk about partaking in the death and resurrection of Jesus in this life and in the life to come, an essential means of grace is cut off. Drawing from John Wesley and Catherine LaCugna, I suggest three fruits of the sacrament of baptism as interpretive partners in pastoral care for those who have experienced trauma: healing, identity, and inclusion.

First, Wesley understands baptism in much the same as he understood the Lord's Supper, that its "defining purpose [was] not to bestow our judicial pardon" but was therapeutic in nature.[41] As stated in chapter three, this therapeutic language reflects the Eastern theological understanding of sin as disease in need of healing, a description to which I have added the sins committed against us. While Wesley does not deny the judicial function of baptism, he centers the therapeutic and transformative function. Baptism, to Wesley is the initiation into holiness. Wesley's language of initiation is key. At no point does Wesley suggest that baptism—partaking in the death and resurrection of Jesus—confers *immediate* and *entire* deliverance from sin or the impacts of sin. He repeatedly affirms that baptism marks the *beginning* of God's transformative work that, by cooperation with grace, would continue into deeper freedom and healing by the Spirit.

In the case of Rose, Rose felt trapped by the ongoingness of trauma's impact in her life. While she could cognitively affirm Christ's death and resurrection and her own participation in that through her baptism, this knowledge did not translate into emotional

[40] Leclerc, *Back Side of the Cross*. LeClerc and Peterson offer a number of liturgies that facilitate an engagement with Holy Saturday through the experience of trauma.
[41] Maddox, *Responsible Grace*, 187.

or physical relief, nor did it quell the intrusive thoughts and ruminations. Unlike the Lord's Supper, baptism is not a repeated sacrament. However, Rose could benefit from a regular liturgy in which she is reminded of her baptism through water applied to her forehead or hand. The ongoingness of the liturgy can serve as a physical reminder that though her ongoing liminal experience between death and life is real, it is not final. Christ is the firstfruits from the dead. Our woundedness persists but so does the healing power of the Spirit symbolized in the imposition of water. Our participation in baptism, as well as in ongoing liturgies of baptismal remembrance, remind us that what is true of Jesus will be true of us in ever-increasing degrees into the New Creation.

In addition to being a sacrament of therapeutic healing, baptism regrounds our identity as those made in the image of God. It transforms us by namely us rightly. We are Christian. La Cugna describes baptism as the "incorporation into God's name" and as such it is "pledge that in the final victory over sin, all creatures shall be named, and their true identity disclosed, by God who alone has the ultimate power to name, to actuate personhood, to have dominion over."[42] To be named rightly is to have one's identity as a child of God who is made in God's image snatched back from the jaws of the powers and principalities. As Creator, God alone has the power and right to name us, and that name is Beloved.

Traumatic experiences often disrupt a person's sense of identity.[43] Because of the ongoingness of the impact, as well as the social isolation they might experience,

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[42] Catherine Mowry La Cugna, *God for Us: The Trinity and Christian Life*, 1. HarperCollins paperback ed., [Nachdr.] (HarperSanFrancisco, 2006), 405.

[43] Herman, *Trauma and Recovery*, 136. For example, when describing the potential traumatic impact of captivity, Herman says, "All the psychological structures of the self—the image of the body, the internalized images of others, and the values and ideals that lend a person a sense of coherence and purpose—have been invaded and systematically broken down."

individuals may feel defined by their experience. A traumatic experience can become the primary lens through which persons see themselves and thus become the orienting story of their lives. In the story of Sarah, the traumatic experience of unjust firing, ongoing slander, and continuing interference with subsequent employment disrupted her understanding of self and orienting story of identity. Where once Sarah was known as a trusted pastor, she was now known as an untrustworthy heretic, dangerous. The same is true in the case of Rose. Rose understood her identity to be sullied or "spoiled."[44] Descriptors like *victim, dirty, unwanted,* and *worthless* plagued her. Both Sarah and Rose need the reclamation of their identity as beloved children, made in the image of God, and coheirs with Christ. In Colossians two and three, Paul asserts that by virtue of our baptism, our lives are hidden with Christ in God.[45] We are secure in our true name, given to us by God. Through presence of the Spirit in the sacrament of baptism, baptismal remembrance liturgies, and practices like guided imaginative prayer, those like Rose and Sarah might experience freedom from the false identities acquired through traumatic experience and regain access to their true identities as beloved children of God, made in God's image.

Finally, the sacrament of baptism can bear fruit of inclusion. Wesley asserts that baptism makes us members of the church. While our contemporary ears might associate this language of membership with formal membership in a local church or denomination, Wesley refers to spiritual membership in the church universal, that is, Christ's Body. This is not mere metaphor. This membership is a spiritual reality that takes on flesh in

[44] Swinton, *Finding Jesus in the Storm*, 26. This term originated with Erving Goffman but it expanded upon by Swinton who applies it to labels in the mental health field.
[45] *New Revised Standard Version, Anglicised* (Division of Christian Education of the National Council of the Churches of Christ in the United States of America, 1995) Colossians 2:9-12; 3:1-4.

communities of Christians. La Cugna describes baptism as the "sacramental and ontological act that transforms solitariness and separateness into communion."[46] This is change not merely or even primarily in status, nor is it metaphor; it is a real change in one's very being and one's being-in-relation.

This transformation rescues us from the isolation that is the fruit of sin and incorporates us ontologically in the community of faith on the basis of our baptism. Following the traumatic death of their daughter, when the flurry of activity surrounding her final arrangements had passed, when all the paperwork had been completed and her dorm room emptied, and the decisions made about what to do with her things, the Giltners had to learn to navigate an excruciating new normal. Quickly they realized how much their relationships with others had changed. Because few people in modern Western society experience the loss of a child, bereaved parents like the Giltners can experience significant isolation.[47] The ongoingness of the impact of their traumatic experience, coupled with crushing grief, is beyond the comprehension of many. Few people possess the capacity to be present to that degree of suffering. Instead, they pull back from relationship with surviving parents. These parents, feeling alone in their unfathomable loss, might withdrawal socially. This exacerbates feelings of isolation and has the potential to activate other mental and physical challenges.[48]

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[46] La Cugna, *God for Us*, 404.
[47] Marilyn J. Field et al., eds., *When Children Die: Improving Palliative and End-of-Life Care for Children and Their Families* (Institute of Medicine, National Academies Press, 2003), 601.
[48] Field et al., *When Children Die*, 586. "Parents of children and adolescents who die are found to suffer a broad range of difficult mental and physical symptoms. As with many losses, depressed feelings are accompanied by intense feelings of sadness, despair, helplessness, loneliness, abandonment, and a wish to die. Parents often experience physical symptoms such as insomnia or loss of appetite as well as confusion, inability to concentrate, and obsessive thinking. Extreme feelings of vulnerability, anxiety, panic, and hyper-vigilance can also accompany the sadness and despair."

But that is not how the story went for the Gildners. They stumbled under the weight of their suffering but did not fall. Why? Because as they fell, they were caught. They were entangled in the bonds of love of their baptismal community, their local church. Jim and Lynn, a couple a generation beyond the Gildners, reoriented their own lives to include the Gildners as much as possible. On Sundays, they made sure they did not sit alone in the pew their daughter once occupied. Every other day of the week, from bike rides to wine tastings, from spur-of-the-moment road trips to quiet dinners just the four of them, Jim and Lynn enveloped the Gildners in the most ordinary of ways. Jim and Lynn lived out their baptismal vows to be the Body of the Christ, mediators of the grace of God, through their faithful accompaniment. By virtue of their shared baptism, all of them—Jim, Lynn, and the Gildners—were and continue to be transformed out of their isolation into communion in the one Body by the one Spirit into one faith and one baptism.[49]

Conclusion:

This chapter brings John Wesley's theology of transformation into conversation with the realities of traumatic experiences. Through the traumatic experiences of Rose, the Gildners, and Sarah, I sought to demonstrate the inadequacy of reason, willpower, or cognitive strategies to affect transformation at the core of our personhood. I contended that transformation must take place at the level of our affections and tempers—our motivating dispositions that have been informed by the powers of sin and our lived experiences, both good and bad. Trauma can deform these unconscious patterns. But, in

[49] *New Revised Standard Version, Anglicised, Ephesians 4:4-6.*

conversation with Wesley, I maintained that these affections and tempers can be reformed as we are experientially affected by God's love.

Prevenient grace—the grace of God that anticipates us at every turn—creates the conditions in which transformation can occur. Through graced communities that seek to faithfully mediate God's healing love and graced practices—*the means of grace*—the therapeutic salvation of God initiates healing and restoration until the dawn of New Creation. Two instituted means of grace, the Lord's Supper and Baptism, serve as channels by which those who have endured traumatic experiences can be nourished, restored to the identity as a child of God, rightly named by God, and included in the ontological reality that is the Body of Christ, the church, all the power of the Holy Spirit.

Conclusion

How lovely it would be if this thesis were to conclude with a litany of resolutions, of neat and tidy endings to each story therein. How heartening it would be to conclude with a parade of happily ever after antecdotes! Alas, the impact of traumatic experiences will not be dismissed so easily. The impact makes messes on the carpet, chews up your good shoes, and bites at your ankles after a shower. Rachel was forced to leave her university and has spent the last two years navigating a dozen or more mental health treatment facilities. Alex has yet to reengage his faith in any meaningful way. At least he is on speaking terms with his parents. Carrie graduated college and reestablished a relationship with her mother. She then fell pregnant from an on-again, off-again toxic relationship, married a man who was not the baby's father five months postpartum, and divorced him six months later. And yet, she is full of joyful gratitude for the holy gift of God—a son who now illuminates her life. Rose persists in unhealthy relationship patterns, straining her bond with her local church in ever-increasing ways. It is a mixed bag at best.

And Sarah? I am Sarah.[50] Weeks before my final term at Duke and as I entered into the thesis discernment process in earnest, my position as a Campus Pastor at a university in my denomination was eliminated, the role restructured. As is sometimes the case, the public story was a smokescreen clouding a deeper reality—systemic deception, toxic leadership, manipulation, and lurid abuses of power. All in the name of Jesus.

How does a person write a thesis on trauma in the wake of the most traumatic experience of their life? Many days, it felt as if I were writing each word with blood for

[50] Sarah's story is an account of my own experience.

ink, my wounds being so very fresh. And yet, I discovered it was not my blood, but the blood of our eternally crucified and resurrected Jesus. For me and with me, His wounds have bled.

I claim no scarless resurrection. Yet, I am being resurrected and made new by the grace that has anticipated me at every step. I am learning the perichoretic steps of the Divine dance of love, reawakening to the New Creations telos of God that cannot be derailed by the sin of any man, and delighting in the flashes of transformation beginning to glimmer from onyx shadows. This is my witness. All I can say is, thanks be to God.

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