

Trauma and the Body: An Introduction to Three Books



by EDWARD T. WELCH

We are resilient people, or so it would seem. Children bounce back after feeling devastated by a third-grade friend who publicizes a secret crush. Undone at first, they barely remember the event two days later and are back to confiding in the town crier. We make a mistake on the basketball court and our team loses. By the next month, we rarely think about it, though when we do, observers might notice the slight cringe.

The ability to keep going is not only reserved for these more everyday events. We can be raised on an alcoholic's lies, unpredictable violence, being cursed at daily, and feeling utterly isolated during the critical years of our early life. When we refer to those parts of our past, we might seem unmoved by them, even as friends gasp at the retelling. Then we go off to our jobs at which we can be quite successful.

We are, indeed, resilient. We *can* keep doing the essentials of life even when carrying what seem to be unbearable burdens. But these heavy burdens—these *traumas*—do exact a cost. They intrude into our present and disrupt our relationships. Unless we do something, they will continue to disrupt and isolate.

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An added complexity of past traumas is that they do not always announce themselves in the present. Old memories can be spotty. The connection between past events and present struggles can be vague. As a general rule, survivors would rather leave traumatic intrusions either unexamined or explained by current events and relationships.

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These traumas come in many forms. What unites them is that they typically have some connection to death. For example, those who have witnessed the unexpected death of others can still see the details of the events and can identify that something changed within them. But death includes more than end-of-life events. It also gathers in all kinds of victimization, abuse, battering, oppression, evils—all echoes of the satanic. How we come to terms with these past pains is, indeed, a perennial concern for counselors, pastors, and all believers; and it is on this that I want to set our sights. I will do this by considering a few pieces of the massive literature on the topic.

Before considering this secular literature, we know this: Scripture invites trauma survivors through scores of portals. Open at random to the psalms and you find descriptions of dire suffering by which the psalmist gives the sufferer words to speak to the Lord. Israel faced a destitute wilderness, neighboring nations that could exterminate them if they lost one battle, and life in exile. The New Testament epistles were written to a church rejected and facing death. We will categorically miss these if we are waiting for the word *trauma* to appear. But if we look for satanic opposition in its varied forms, then the human experience of trauma appears everywhere. My consideration of some of the secular literature is not a result of Scripture's silence.

As a way into the trauma literature, I have chosen three books. My focus will be on the most recent of the three, *The Body Keeps the Score*:

Brain, Mind, and Body in the Healing of Trauma, by Bessel van der Kolk.¹ This book, in one stop, gives you access to the significant discussions within the field, including the recent emphasis on how the body “remembers” trauma. But this book is one of a long line that includes notables such as Judith Herman’s *Trauma and Recovery*² and Antonio Damasio’s *The Feeling of What Happens*.³ I will begin with these two. Then I will offer an extended discussion on van der Kolk.

I have chosen books that, I believe, have useful content. My goals are to understand and learn from experienced people, and to think Christianly about non-Christian literature. I will not specialize in critique.

Judith Herman: *Trauma and Recovery*

Judith Herman is a psychiatrist who established the modern work of trauma care. She has broadly studied various kinds of trauma—war, illegal captivity, child abuse, battered women, and sexual victimization in adults—and demonstrated their shared aftermath. She is careful and compassionate in her in-depth descriptions and she proposes useful guidelines for counselors. She is also prescient in her assessment that trauma studies will always be controversial and politicized because they take up the cause of the weak and oppressed and hope to expose the strong, who are usually the ones who have power.

Descriptions of trauma. Herman’s descriptions remain standards in the field. Trauma, especially on-going trauma, changes a person’s body and soul. A survivor’s world is now thoroughly unsafe, which leaves the person hyper-attentive and always on alert. The past intrudes through nightmares, flashes of old memory, and unpredictable and unruly physical experiences⁴ in which victims “perceive their bodies as having turned against them” (p.86).

¹ Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014).

² Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992, 1997, 2015).

³ Antonio Damasio, *The Feeling of What Happens: Body and Emotions in the Making of Consciousness* (New York: Harcourt, Brace & Co, 1999).

⁴ Herman cites being unable to relax, pacing, crying, screaming, gastrointestinal disturbances, headaches, choking sensations, and other chronic somatic experiences.

Chronic abuse, Herman observes, brings “surrender.” With no way out, a survivor goes limp. I first saw this in a woman who went from one cruel foster home to another. It was best, she thought, to be silent—as anonymous as possible—and go along with the family code. Once out of the foster system and into a reasonably secure marriage, she was marked by passivity because she lived with a visceral sense that any personal initiative could be met with further subjugation and then being sent away. Life could have no room for mistakes or disappointing others. Disappear rather than be scrutinized. Just say “yes” to anyone who is possibly stronger than yourself.

Herman goes on to observe that traumatic experiences often leave their victims with vivid, though disconnected, memories. Whereas most of us can tell a relatively coherent story of our lives, and we have a sense of who we are, trauma fractures events and leaves our sense of self in pieces, as if “flowing and spilling” (p.109) rather than solid and predictable. Everyday life can feel unreal.⁵

Herman reflects on the sheer amount of trauma that some people can experience. A woman who was raped, is raped again by three men, and then finds herself in a seeming unending series of abusive relationships in which the stories begin to sound the same. These patterns raise a question: Is this woman actually pursuing degrading relationships? Herman obviously warns us against such conclusions, and she offers some possible reasons that can help us understand what may be happening in this woman’s life.

- Chronically abused women want someone to depend on, and abusers can seem strong and in control, if not dependable.
- Human beings look for ways to have relationships, and when there are no other possibilities, we can forge relationships with abusers. This is evident in how many women who have been abused by a family member continue to have a bond with the abuser, but feel abandoned and unloved by others who might have been able to rescue her.
- Victims whose only option was to surrender to a past perpetrator are more likely to extend that survival strategy to subsequent dangerous

⁵ This experience is one reason for self-injury. It makes the present feel more real.

situations.

- Abuse is familiar to the abused in an otherwise confusing world, and *familiar* is usually better than *confusing*.
- Abusive situations are an opportunity to re-do old abuse, but in a way that victims perceive they might regain control.

These are only a few of the possible reasons that abuse recurs. As we consider these reasons biblically, we acknowledge that those in authority—familial, religious, or political—can “destroy and scatter” (Jer 23:1), leaving people wandering and without direction (Ezek 34:6). This wandering can leave the weak and oppressed with less discernment in distinguishing good and evil, and, without discernment, they can even be caused to sin (Luke 17:2).

Stages of recovery. Herman’s book then recommends stages of recovery that unfold in a therapeutic relationship that is compassionate but primarily professional, and marked by clear boundaries. Victims, she writes, first need a relationship in which the injustice is acknowledged or “witnessed.” She recognizes that these therapeutic relationships will have their challenges, where victims will waver between desiring protection and fearing abandonment, moving toward and moving away. Herman also recognizes that therapists will bring their own struggles to the relationship. It’s best, she writes, if therapists receive proper support and supervision.

The goal is for therapists to contribute to a growing, open, and safe relationship. From this platform, therapists and survivors can consider how to create a safe living environment if dangers remain. Herman believes that there can be little growth if victims remain unsafe. Once safety is established, it is time to go slowly through the details of the past events. The purpose is to assemble the past shards into a more meaningful story. Herman also has some hope that being immersed in the memories of past events will lessen the hold of those events as a previously un-integrated patchwork of memories become more available and real. In this, Herman has sympathies with “flooding” and exposure therapies in which past events are entered—even relived—with a reliable guide who can help the trauma survivor integrate those events. “Truth-telling,” for Herman, is a fundamental principle that she believes has restorative power in itself (p.181).

As the loss of love, innocence, and even moral integrity are discovered

and acknowledged, this stage of remembering includes mourning losses. Mourning replaces revenge, guilt, and shame. Only then, Herman believes, can survivors fully accept responsibility for their own recovery and growth, and forge new directions.

Herman identifies “reconnection” as the next stage of recovery. The goal is to face one’s fears and learn how to engage with others. Victims of sexual violence have learned that the strong can do whatever they want. If survivors are going to have growing, mutual relationships they must regain power, which will mean making conscious decisions to take risks. One way

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to enter this stage is to learn physical self-defense, which can symbolize a new resolve to take a stand against abuses of power. “Helplessness and isolation are the core experiences of psychological trauma. *Empowerment* and *reconnection* are the core experiences of recovery” (p.197).

She identifies three parts to this stage. Reconnection with the self includes a careful examination of abuse-inspired patterns, renouncing them, and setting new and better goals. Reconnection with others includes strategies for speaking about abuse to those who were involved. It also sets out to learn the rudiments of wise relationships. Reconnection then extends to connecting with others who share similar stories.

Having a mission, Herman writes, is a natural expression of reconnection. It means that a survivor turns outward in a way that stands for others who are powerless and weak. Our true humanity is most apparent in our compassion.

A brief response. *Trauma and Recovery* is committed to speaking for those who have gone through the valley of the shadow of death, and we always hope to accumulate more of these words. Compassion compels us to

know the present and past experience of survivors, and our own limitations remind us that this knowing is never complete. We always want to learn more about a victim's inner world. This is one way we image the Lord. He is a "compassionate and gracious God" (Ex 34:6). Though he knows us thoroughly, he constantly invites us to pour out our hearts to him. As recipients of his compassion, we are keen to know each other more deeply, in a way that opens us to the complexities of another person and encourages them to say more.

As the words pile up, many of them are variations of fear. If we miss this, we might think that Scripture is less substantial than secular observations. If we miss this, we miss an opportunity to see Scripture go electric.

The Lord knows that we are weak mortals, living in an unpredictable world where injustices abound. In response, the Lord persuades us to live in the grace he gives us today. Here we find formal similarities to secular themes, though the similarities are skin deep. Where secular help ends with present-tense self-management strategies, Scripture invites us into today because the personal God who is with us, opens our eyes to a mission, and gives us the power we will need when tomorrow comes.

The helpful warning from Herman, repeated in van der Kolk, is that fear can take guises such as anger, over-dependence, and constantly testing the genuineness of a counselor's or friend's care. If we miss that these behaviors are linked to fear, we will be impatient and miss opportunities to comfort. We can easily imagine how the body of Christ could react in ways that are unhelpful, as we can focus on behaviors that might seem prickly and miss the destructive victimization that undergirds them.

The stages Herman suggests are familiar, though here we would add many other colors. A safe relationship, telling the story, anticipating possible bumps in the counseling relationship, a movement toward how to live wisely in the present, a renewed purpose and mission—these are all what we would expect. However, Herman's "empowerment" would be deepened by biblical wisdom: we are most strong when we are trusting in the powerful triune God who comes close, is full of compassion, defends the cause of the oppressed, leads us into a fruitful and full life in the present, and assures us that, very soon, the Righteous Judge will make all things right.

Antonio Damasio: *The Feeling of What Happens*

In this book, Antonio Damasio lays out the details for how the body has much more to say than we tend to hear. It extends even into our identity and sense of self. Though Damasio does not focus on trauma, he offers useful insights on how we experience our bodies, and his work aids the trauma literature's focus on emotions and feelings. Damasio is a neurologist interested in questions about consciousness—that is, how we come to an awareness of ourselves and our surroundings. He is especially focused on how the human brain can move us from *having* feelings to *knowing* that we have feelings. Much of what it means to be human depends on that smooth transition. If we don't know our own feelings (and people who have experienced trauma often don't), we can't do anything about them other than avoid them, and we can't grow in empathy that enters into someone else's feelings.

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Damasio introduces us to a woman he calls S. She is social and engaging, normal in all respects. As a neurologist, he is examining S because she has a rare condition in which the body has trouble metabolizing calcium, and her amygdalae (symmetrical structures in the temporal lobes of her brain) have calcified. The amygdala seems to be especially important in mediating emotions.

Over time, Damasio noticed that S “approached people and situations with a predominantly positive attitude” (p.64). Others said that she was too eager and too forthcoming in casual relationships, and this led to her being victimized by a number of different men. A casual observer might say that she didn't know how to pick her men. But there was more going on, as there usually is. Her neurological deficit was such that she did not possess the experience of fear. She didn't have any reliable signals to help her realize:

“Ah yes, I remember a man who acted like this to me and things did not go well, so this time I am going to stay away.” To make matters more difficult, S did not have an awareness of this deficit, which meant that she would be less inclined to take steps to change.

This story illustrates that disturbances of the body and brain affect our understanding of ourselves. For example, S thought all was well in her life. But because her brain disease blocked her ability to feel fear, she misjudged people and places. When we lack proper self-understanding, it affects our relationships and even our wisdom. There are situations when the body contributes relatively quiet background noise to daily life, but there are other situations when it gets loud and noisy, creating difficult-to-understand challenges. In S’s case, the background noise, which was caused by a physical problem, even masked the challenge it created.

Now imagine someone who might have the opposite problem: the brain and body produce a heightened experience that we normally identify as fear or anxiety. For most of us, fear or anxiety fluctuates according to our situation, but imagine fear that becomes the everyday, physical background noise of life, unrelated to circumstances. Such a life would naturally be characterized by hyper vigilance and caution in relationships. Even more, without the ability to rest and be physically calm, *there can be no relationships*.

Damasio goes on to identify other emotions that are mediated by and even caused by the brain. These include background emotions such as feeling down, tense, edgy, calm, and fatigued. *His important contribution is that he links these background experiences to our sense of self.* They orient us to life. They determine what we attend to and what we miss. They interpret how we live. For example, the background noise of “being down” orients us to what is hard and painful but not to what is good. Good events are not assimilated into our understanding of our world or ourselves. These background feelings arise, Damasio suggests, from a matrix that includes our past and our brain peculiarities—to which we would add our faith and beliefs.

One other story is useful before we move from Damasio’s interest in consciousness to van der Kolk’s interest in trauma. One of his patients, David, experienced severe damage to his temporal lobes from encephalitis when he was forty-six-years-old. This damage eliminated his ability to form

new memories. So though he was fully conscious and seemed engaged with people, he could not remember a face, voice, or conversation.

David's situation demonstrated at least two things. First, even without ongoing memory, he developed preferences. He "knew" who could help him get a cigarette, though he was not aware of this knowing. He "knew" who would be friendly and agreeable, and he would show a preference for them, though he was unaware of these preferences. In other words, his body knew things that he did not consciously remember. This too is a key insight for the trauma literature: past experience can influence present decisions even when we are unaware of the past.

Our body "remembers" events and people.
This remembering informs how we feel.
And how we feel shapes who we are.

The second observation is not fully identified by Damasio, but it is well known. People with this type of memory problem often retain knowledge from before the disease, but it does little to help in the present. David knew his name and the names of family members (though they were now unrecognizable). But ask him a question such as "Who are you?" or "Tell me about yourself?" and his comments would be superficial or he would ignore the question. Without memory for his present feelings and without an ongoing storyline of himself, personal awareness was compromised, which meant that his relationships could never surpass a comment on fleeting events, which would then disappear. Our body builds our sense of self more than we realize. It "remembers" events and people. This remembering informs how we feel. And how we feel shapes who we are. This has clear implications for people who have experienced trauma.

A brief response. If Damasio were a biological reductionist who believed that our course of life is built solely on visceral experiences, then we would take issue and offer evidence that we are more than that. His aim, however, is narrower. He is toying with the riddle of human consciousness

and is making a case for the way consciousness, self-awareness, and everyday decisions might emerge from the feelings of the body.

Depression is an accessible example. Depression can certainly color one's view of self, the world, and the future. Sometimes it seems to *insist* on a particular view of self, the world, and the future. But an interpretive tug-of-war like this is nothing new to us. We experience competition for our views on these every day. In the face of this commotion, we submit to Scripture and the help of our church community in the hope of discerning who we are and how we live before God. Damasio might not believe in Scripture's hegemony, but I believe he would approve of an intentional life that can both acknowledge and transcend the emotional substrate of our lives.

Van der Kolk: *The Body Keeps the Score*

Van der Kolk is a good listener. His approach is rooted in simply listening to and learning from his patients. During his psychiatric residency, his mentor, Elvin Semrad, “actively discouraged” students from reading psychiatry textbooks during their first year (p.26). Instead, he wanted them to live with patients and know them. Listen, he said, for love and loss. Here one found the real locus of human suffering. He wanted his students to bear that load, help patients find words and bring events to awareness, without which there could be little room for growth. Theories, in other words, would be built from listening carefully to patient experiences.

Listening. This beginning attracts our attention. Secular observations can have their origins in one of two places. They either begin with a theory and set out to verify that theory, which is common in science. Or they listen to people and gradually erect theories that can quickly flex and change with new observations. Most science is a combination of the two approaches—we both listen and have theories—but we might anticipate that theories that purposefully begin in the realm of observation and then work their way up to model-building would be more compatible with a biblical framework. Lundy Bancroft's useful observations on angry men come to mind.⁶ The problem with predetermined theories is that they can focus our attention

⁶ Lundy Bancroft, *Why Does He Do That? Inside the Minds of Angry and Controlling Men* (New York: Penguin, 2002). His suggestions for how to help are effective because he listened to so many angry men and the people who were close to them.

on some events and keep us from seeing others.

Instead of starting with predetermined theories, van der Kolk listened and *then* tried to help. While his colleagues assumed that biological psychiatry would rid us of mental illness, van der Kolk noticed that there was more to human suffering than biology, and that the usefulness of medication was limited. Midnight stories from restless patients aimed him in a different direction. In those late-night conversations, his diagnosed patients began to talk about alcoholic parents, assaults, molestations, and events that made some sense of their hallucinations or apparent delusions. These past experiences, he said, rarely saw the light of day during medical rounds.

Van der Kolk noticed that there was more to human suffering than biology, and that the usefulness of medication was limited.

When he met women who were admitted for electroshock therapy in order to treat intractable depression, he listened to stories of marriages gone bad, struggling children, and guilt from abortions. He noticed that some of these women felt better by simply speaking of these painful experiences. Some would then forgo electroshock.

Other observations followed. Van der Kolk's time in a veteran's hospital helped him understand the experiences of trauma from war. For example, Tom was an articulate veteran who had a fine resume, job, and family, but he felt dead inside. The onset was an ambush in Vietnam that took the life of his friend. In retaliation, Tom went to a neighboring village and went on a rampage that included raping women and killing children. These memories are so dark they would trap anyone. Numbness, relentless guilt, intrusive memories and flashbacks, and angry, yet seemingly unprovoked, outbursts became normal for him.

The experience of trauma. Van der Kolk's observations support Herman's descriptions and build on them. Past trauma leaves traces in the

present. More often it appears as though life has stopped. While others move on, trauma roots you in the past—in memories of events where the world revealed its menacing ways. It is unsafe, unpredictable, and pulls you toward death. You are fragile and no match for the danger that has come upon you and awaits you.

Whatever good happened since the trauma is absent from a survivor's autobiography. The traumatic experience speaks too loudly, and to see both bad and good might leave you more vulnerable to being damaged again. Better to deem everything bad and unsafe. As *The Body Keeps the Score* suggests, to feel safe in our world is perhaps one of the most important aspects of our emotional wellbeing (p.79), and there are many who never feel safe and are always on alert. Trauma can diminish the capacity for joy and intimacy. How can you ever trust again? Learning a new way of doing relationships is hard when safety and predictability are your goals.

If you give the Rorschach Test⁷ to traumatized war veterans, the ambiguous inkblots suddenly take the form of horrific events. Imagine what it would be like to see horror and death all around you based on events from the past. Or consider traumatized children's interpretations of pictures from the Thematic Apperception Test.⁸ Whereas children from stable homes see a father and son working together on a car, traumatized children might see a mangled father with blood spurting everywhere (p.107). How could such a child be calm enough to sit still and learn in a classroom? Now extend this to a child about to move into adulthood. How can such a person have aspirations, goals, or dreams? All these must be accompanied by an ability to imagine something good, and the personal agency to get there. Trauma obstructs such

⁷ The Rorschach Inkblot Test is a projective psychological test consisting of ten inkblots printed on cards (five in black and white, five in color). The test was created in 1921 with the publication of *Psychodiagnostik* by Hermann Rorschach. (<https://psychcentral.com/lib/rorschach-inkblot-test/>; updated October 13, 2018). People without trauma in their backgrounds interpret these inkblots with far less negativity.

⁸ The Thematic Apperception Test is a type of projective test that involves showing respondents ambiguous pictures of people and asking them to come up with an explanation for what is happening in the scene. The purpose of the test is to learn more about the respondents' thoughts, concerns, and motives based on the stories they create to explain the vague and often provocative scenes depicted. (Source: www.verywellmind.com/what-is-the-thematic-apperception-test-tar-2795588; updated May, 2, 2018)

imaginations and a sense that we can make a difference in our world.

Van der Kolk's experiences with traumatized people, like Herman's, are instructive. Though many of us have some experience with trauma or we love someone who has gone through trauma, we rarely have listened to so *many* different stories of trauma. With experience, we understand more

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accurately and we might be able to anticipate what is ahead for survivors. We might have words to identify feelings and reactions that have not yet been named and connected to the past. *The Body Keeps the Score* gives us more experience.

The body remembers. Van der Kolk's primary interest is how the body responds to trauma and how those responses persist. In this way, he moved Damasio's persuasive arguments about consciousness and the body toward the experience of trauma.

As a way to understand this, consider some of the connections between events in your life and your body. As counselors, we often see that the unusual experiences of life are extensions of more common experiences. For example, the unusual experience of schizophrenia is built on fears, guilt, and shame that are common to us all. This principle is one way that we bring more severe and unusual experiences within Scripture's purview, and it is a warm up for van der Kolk's various observations.

Here are a few personal and common observations.

- I watched a movie that brought me to tears—a physical experience. Only after a discussion with my wife was I able to track down why the movie provoked such emotion. It was a response to an experience from my past.

- My wife and I had a tiff that was interrupted by a friend's visit, so we were unable to bring resolution to it that day. The following day was too busy to meaningfully connect. By the third day, I experienced—I felt—distance from my wife without remembering the precipitating event. I was quiet, uninterested in being close to her. I felt numb to the relationship. When I finally remembered the connection to the earlier quarrel, the emotions vanished. It can be helpful when we see the link between present experiences and past events.

These suggest that bodily responses to present situations do not necessarily follow on the heels of conscious thought, and there are times when those unpredictable feelings are worth investigating.

Van der Kolk embellishes observations such as these. He introduces *alexithymia*, which means not having words for feelings. It can be a consequence of traumatic events in which survivors have learned to detach themselves from painful physical experiences. It can also appear in children whose emotions—pleasure, fear, affection—were never met with empathy but with neglect or anger. Without anyone to identify these children's emotions or even respond appropriately, the emotions have no words or recognizable shape, and without words these emotions can neither be understood nor receive meaningful help.

Here are two other personal illustrations.

- My daughter is repelled by mint. When she was two-years-old, she sucked down most of a tube of mint toothpaste and has avoided mint ever since. She does not remember the event but her body does.
- When I am in a stretch of intensive speaking, I often get sick toward the end. I enjoy the work, but my body feels the intensity of it all and often decides that it has had enough.

Our bodies can be busy registering daily events without our conscious awareness.

Moving back to *The Body Keeps the Score*, van der Kolk's observations are recognizable. They lean hard on the body's known responses to danger. He builds on those familiar reactions of fight or flight in the face of danger. Both he and other trauma researchers then add to these reactions. Before

fight or flight, we yell for help. In other words, our first instincts in dangerous situations are social. When help is not available, we resist or run, fight or flee. When there is no escape and the perpetrator can overpower us, we surrender (i.e., collapse, freeze). If the danger continues, we might detach ourselves from the physical trauma that our bodies experience: our bodies may experience pain, but we feel numb. In the future, this dissociation will inhibit our capacity for pleasure because detachment does not discriminate between good feelings and bad, especially when good feelings might have coexisted with the horror of abuse.⁹

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Trauma, therefore, can distance us from our bodies. We simply don't feel at home in them. With less familiarity with our emotions, these unpredictable physical experiences leave us feeling less than sane.

Van der Kolk is especially interested in the stages of collapse and dissociation because they bring so many later problems.

- Those who froze or surrendered during danger have the added trauma of believing that they should have acted, and they feel both guilty and dirty that they did not. These survivors don't understand that the current impact of this collapse is a physical mechanism that can be very difficult to override. But simply explaining the physical mechanism is not always helpful. For example, a woman who did what her lecherous father asked her to do still felt guilty, even though it was obvious that it was not her fault. There could be no yelling for help, no fight or flight. Most helpers would protest her guilt at this point, which van der Kolk did. This intervention, however, at least for her, was unhelpful. She said that van der Kolk's efforts to relieve her of this guilt only made her feel more alone and misunderstood. In other words, we should proceed carefully when

⁹ Good feelings such as a positive response to a momentary kindness by a perpetrator, or sexual arousal.

trying to help someone who experienced this type of trauma.

- The numbness of collapse feels lifeless. A social event such as a party, when others seem alive, accentuates this numbness, so you avoid birthday parties or family dinners. On the other hand, dangerous situations can make you feel alive so you pursue them. Drugs, risky sex, cutting, and dangerous hobbies are appealing. Pain, panic, or even rage—those responses of fight and flight—at least make you feel alive and energized. They make you feel like you can do something.
- Collapse disorganizes memory. It makes the brain less adept at processing and remembering. It leaves a patchwork of nightmares, intrusive images, and free-floating terror that seem to have no beginning, middle, or end.

Collapse is most evident when there has been physical or sexual assault, but it can be stretched to include children who have been neglected or received consistently harsh treatment. For them, trauma was not a series of events but a normal experience of daily life.

Van der Kolk has a particular interest in these children. Love, he demonstrates, brings resiliency to life; abuse and neglect set children on a course downward. Such children bring their hyper-alertness to classrooms that value self-regulation and listening. They want attention because they have had none, but they pursue it without empathy or skill in reading their classmates' reactions. They might disrupt the world around them because extreme stress brings focus and could make them feel less internally chaotic. As they persist in their disruptive and oppositional ways, they become less popular and more isolated. Broken relationships become the stuff of everyday life and, without relationships, life descends into ruins.

Recovery. When van der Kolk turns toward treatment recommendations, his emphasis is on survivors taking ownership of their present life. Agreeing with Herman and many others, he is persuaded that this movement toward personal agency begins with a safe relationship. For helpers, this means that we listen to the person, we are trustworthy, and we don't over-react to the person's over-reaction.

In this relationship, survivors need courage to find words, which can

be hard to find when memories are sketchy and they no longer feel like themselves. If there are secrets, bring them into the light. Otherwise, they thrive in darkness and leave people feeling dead.

Van der Kolk's primary contribution is in how he hopes to re-educate the body. Before discussing the past, survivors must learn to manage feelings in the present. When feelings overwhelm, survivors must learn how to slow down and calm their bodies. This is a critical step toward regaining some ownership of a body that seems to have gone rogue.

Once survivors have some skill in being able to relax their bodies,

Van der Kolk's primary contribution is in how he hopes to re-educate the body.

they then listen to their bodies. They become aware of the body that they have been separated from. Van der Kolk prefers mindfulness as the way to become more physically aware, but his basic ideas are to be alert to the body's changing landscape and the connection between thoughts, events, and physical feelings. He does not endorse flooding and other ways of keeping the traumatic memory in mind because he is more interested in how survivors can live in the present than how they can unseat the past. As survivors learn more about themselves and their bodies, they can begin to experiment with what is helpful, and they can learn ways to experience life and love in the present.

Since he is interested in body awareness and learning to control physical reactions, van der Kolk is cautious about medication. Medication might calm or numb the body, but it is not a cure and can interfere with the goal of learning how to live well in the midst of physical discomfort. He would prefer a good workout, yoga, massage, or dance. He advocates for EMDR (eye movement desensitization and reprocessing) as a way to make memories more manageable. I will say more about this in the next section.

Reflections on Trauma and the Body

I will respond especially to Herman and van der Kolk¹⁰ and consider broader strokes rather than dive into details.

A biblical approach to trauma is different in every way than Herman's and van der Kolk's approaches. Our lives and our counsel begin and end with Christ and him crucified, risen, and reigning, and the Spirit dwelling within us. This shapes what we say and why we say it. Our lives are no longer merely about more prudent self-management, but are resting in Christ and growing in wisdom. Yet, we also expect that thoughtful care

Scripture is very descriptive and does identify reasons behind our hardships—but it never intends to be encyclopedic in the particulars.

and love for trauma survivors, offered by anyone, will have many points of contact with a biblical approach. In fact, if there were not multiple points of contact, we would be suspicious of either their findings *or* our own. We expect that tested and careful secular approaches would bear some resemblance to Scripture because God's Word "works." It leads us into a path that has fewer stumbles and fuller life. When unbelievers look for ways to improve a broken human life, we anticipate similarities. Yet we expect Scripture to go much further as it reveals a world that lives before the active God.

Descriptions. Biblical counseling is eager to hear descriptions of complex problems, and here both books are especially valuable. There are endless variations of victimization, and each survivor experiences his or her own unique consequences. Herman and van der Kolk are both careful and compassionate students who listen well to their survivor-teachers, and we are the beneficiaries. Every case study in both books is useful for Christians and, as we listen, they expand our own understanding.

¹⁰ Damasio functions more as a bridge between the two, and he does not include counseling recommendations, so I will not include him here.

Does this suggest that Scripture is deficient? Within biblical counseling we desire to protect the sufficiency of Scripture. Sufficiency does not mean, however, that Scripture identifies all the details of a life beset with weaknesses. Scripture is very descriptive and does identify reasons behind our hardships—Satan, sinful perpetrators, bodies that groan and wait for full redemption—but it never intends to be encyclopedic in the particulars. If it were, we would have no reason to listen to survivors. Instead, the wisdom

Trauma breaks life into pieces. When those pieces become reorganized around the person and work of Jesus, a new story begins to emerge.

literature makes it clear that we are complicated people with complicated circumstances. Wisdom listens to people and studies creation. The resulting forms of help are anything but formulaic; Scripture does not intend to give a script for all of life's problems. A script would lend itself to a style that would trust in the script rather than the God who is in possession of all mysteries. We are to live humbly before him.

Stages of help. Both Herman and van der Kolk offer familiar outlines for our help: patient and kind love, attention to wise living in the present, an awareness of the ways a traumatic past can quietly hijack our emotions and reactions, involvement in a community, and renewed life missions. The details vary but these are staples of all help.

Within these ways to help, Scripture stands out in at least two places. First, it adds depth to how survivors can live well right now. *Today*, in Scripture, is when we receive the grace we need for whatever we face. The Spirit gives courage to counter our fears with faith, obedience, discernment, and purpose. He gives us power to grow as we identify ways that the past contaminates the present. When today's relationships break down, or we either lash out or withdraw, we seek out wise people who can pray and guide us.

A second place Scripture is notably rich is in the way it takes a disintegrated life story and gradually wraps it into God's larger story. This means that we are

brought into the story of Christ himself, where he takes on our story and we take on his. The integration of survivors' stories is a critical matter for those who help. Both authors observe that trauma breaks life into pieces. When those pieces become reorganized around the person and work of Jesus, a new story begins to emerge that can ground survivors during the inevitable times of emotional chaos.

Further comparisons between the authors' approaches and Scripture are not critical here. But I will note one small difference between Herman and van der Kolk. The two authors are colleagues who share many details and even language about stages of recovery. One minor difference is that Herman emphasizes a psychodynamic model that prefers to go into the details on trauma in a way that makes old experiences vivid and re-felt. Van der Kolk is more committed to the present and prefers that the past story come out more naturally, though in a way that brings secret matters into the open. We would probably have more affinity to van der Kolk's approach and his emphasis on learning how to live in the present.

The body. It is van der Kolk's work on the body that especially gets us thinking. Whereas Herman certainly identifies the physical and emotional storms that follow trauma, van der Kolk specializes in them. Here is a place in which we are prepared to hear more because we are embodied people and we want to understand more of how body and brain function and dysfunction affect our daily lives.

For those who are familiar with trauma, van der Kolk's observations might have been on the tip of your tongue, but he was able to find the appropriate words. Survivors are not at home in their bodies. They can feel as though the body has a mind of its own. In response, van der Kolk believes that we can have some control over our bodies, though it will take practice.

For us, this can open a new line of questions as we speak to survivors.

- How does your body typically feel? Search for as many words and images as you can. "It feels as if..." Do you have any ideas why you would feel that way?
- When does your body feel foreign to you? What do you do then?
- When does your body feel lifeless, numb, even dead? What do you do then?

- When does your body feel agitated, as if you need to flee, and impossible to quiet? What do you do then?
- How does your body feel right now?
- Do you ever connect your unfamiliar emotions back to traumatic events? Has it ever been *helpful* to track your emotions back to those times?

Questions like these would be especially important for those who self-harm, because they are looking for ways to quiet an unquiet body.

What we do with the answers can be left to our wisdom and creativity. Learning how to aim for physical calm would likely be among our goals. Van der Kolk recommends yoga. He is not making inviolable laws for us to follow, but he is saying that the body awareness, relaxation, and the more deliberate pace that accompany yoga can be useful.

As I mentioned earlier, he also recommends EMDR. In this unusual technique, participants recall traumatic events and then make bilateral eye movements in response to a therapist's direction. It is low-tech, non-invasive, and without problematic side effects. Van der Kolk believes that this works better than medication, though it is more effective with adult-onset trauma than childhood trauma. The pragmatist in van der Kolk is on display here. He is driven by what could help—even if he doesn't know why it helps. He believes that EMDR, for some, might bring a sense of coherence to the disjointed sensations and images of past events.

Might biblical counselors pursue EMDR training and incorporate it into their help? My own experience is that Scripture brings the coherence that is sometimes claimed for EMDR, and the riches of the Word and prayer make this technique less compelling. But, as a matter of personal freedom, I would not stop a survivor from trying it. To advise “no,” I believe, is to press Scripture into details in which we have freedom to decide. Better to give the congregant this freedom and then, regardless of the decision, help the person re-tell more and more of the past, present, and future around Jesus. This is what is of primary importance.

To conclude, these are the parts of the two books that are of most interest to biblical counselors. Certainly both have other things to offer, but they are somewhat less relevant. For example, van der Kolk devotes large

sections to details of brain function and how the traumatic brain functions differently than brains that have not gone through traumatic assaults. But these details are not critical for us to engage. It is enough to know that van der Kolk has done his homework well. What is important in the specifics of anatomy and brain chemistry is that they suggest long-lasting changes in the traumatized brain. Both books suggest that, for those willing to do the work, the person (and his or her brain) responds to wise initiatives and active engagement with renegade feelings. We can, indeed, do something to help.

Helpful Resources with Unintended Sympathies

These books are a sample of the present resurgence in trauma studies. Herman and van der Kolk, in particular, can add descriptive texture to a biblical counselor's understanding of the effects of certain past events, especially the ongoing effects of being sinned against. Van der Kolk also challenges us to reconsider the complexities of our bodies.

With reliable secular literature such as this, we expect therapeutic directions that are biblically recognizable, which is what we find. For example, this secular material shows evidence of humility, patience, and kindness. Whenever these appear, we expect to find *something* good happening. This literature also has recurrent themes of openness, a trustworthy and respectful relationship, a call to action when there has been injustice, fractured life shards that need some kind of meaningful assembly, wise living in present relationships, and alertness to fears that intrude into places they don't belong.

All these have unintended sympathies for pieces of biblical reality: we were created to live in relationships, and we can be scattered and destroyed by the sin of those who wield abusive power. Though the body may indeed keep score, what we have that is unique is the personal God, revealed in weakness, who comes close to victims, judges perpetrators, and is making all things new. We have "the secret and hidden wisdom of God" (1 Cor 2:7). Supremely, we have Jesus, a Savior who has overcome all the evils of the world.

The Journal of Biblical Counseling

(ISSN: 1063-2166) is published by:

Christian Counseling & Educational Foundation

1803 East Willow Grove Avenue

Glenside, PA 19038

www.ccef.org

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