

# Witnessing the Body's Response to Trauma: Resistance, Ritual, and Nervous System Activation

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**Abstract** This essay describes the body's states of nervous system activation after trauma—focusing on intimate partner violence and sexual assault against women—as signs of resistance and posits that caregivers should attend to these phenomena as the body's way of communicating. Trauma triggers nervous system responses, and understanding these responses helps caregivers to read the body language of survivors and thus avoid retraumatizing them in pastoral care. Fundamentally, rather than being seen as symptomatic of a disorder, the aftereffects of trauma should be seen as a survivor's witness to the profound harm experienced as well as to the image of God in the survivor. This approach offers ritual and social ways of addressing this harm.

**Keywords** Trauma · Babette rothschild · PTSD · Peter levine · Ritual · Nervous system · Womanist theology · Memory

## Traumatic Memory

Would you erase the most traumatic memories of your life if you had a chance? Recent neurological research indicates that medicine is already available that seems to reduce or even erase the memory of traumatic events (Brunet et al. 2008; Brunet et al. 2011; Nader 2003). Based on trial studies, treatment with the drug propranolol seems to work by stopping a protein from replicating when a traumatic memory is activated. This has the effect of erasing the trace of the traumatic memory. This research is in an early stage, but if long-term memory can be transformed in this manner it might make us wonder if memory is objective in any real sense. Is it important to preserve the memory of trauma in order to faithfully preserve someone's life experience, or is it more important to reduce suffering at any cost?

This essay is a reflection on trauma studies from the standpoint of the body, memory, and symptoms of trauma. Dominant forms of trauma such as intimate partner violence and sexual assault of women are the specific trauma at issue in this presentation. I argue that traumatic symptoms can be understood as implicit indicators of resistance to trauma and are thus reflective of a survivor's will to live. Indeed, reflection on the shattering effects of trauma indicates that they include an element of violation, and the body's responses to violations are

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themselves meaningful (Rambo 2010). The implications of this argument are that survivors of trauma have their experience misread when they hear their symptoms described as psychiatric disorders alone—they are more like self-protective functions that have outlived their utility.

In this essay I proceed by giving a brief history of trauma studies, explain some of the current state of the field in regards to trauma, and then propose that a “somatic experiencing” approach to trauma is one of the most helpful methods of interpreting the meaningful and even spiritual nature of the body’s communication after trauma. Although a variety of forms of trauma will be discussed, the trauma of intimate partner violence and sexual assault—each predominantly trauma against women—will be in the foreground since these are among the most widespread forms of trauma (Cooper-White 2012). This exploration will not evaluate important links between trauma and race or trauma and class or trauma and sexual orientation, although this an important area of research as well. The rationale for this article is that the prevalence of violence against women makes this an urgent topic to be understood in both church and academy, especially since violence is severely disruptive to persons (Poling 2003; Neuger and Poling 2013).

### History of Trauma in Psychiatry

According to Bessel van der Kolk, trauma has been a shifting category in the field of psychiatry for a century or more, emerging for a brief period of time only to be silenced again. During World War I, Charles Samuel Myers coined the term “shell shock” to describe what happened to some soldiers as the result of their experiences in battle (van der Kolk 1996/2007, p. 48). The interwar period was dominated by the thought of Abram Kardiner, who defined “traumatic neurosis” with categories that described the symptoms of trauma as the body’s attempt to protect itself (van der Kolk 1996/2007, p. 57). In 1974, Ann Burgess and Linda Holstrom were the first to discuss “rape trauma syndrome” and analyze how flashbacks among rape survivors were similar to those of war victims (van der Kolk, p. 61). Sarah Haley (1974) and Herman (1992) were influential in the development of the definition of the term Post-Traumatic Stress Disorder (PTSD) in the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (American Psychiatric Association 1980). The earlier definition of PTSD had required a one-time identifiable trauma such as a war accident or sexual assault, and it was separated from the diagnosis of dissociation; over time, however, the definition of PTSD has been considerably broadening away from a single-event model. As van der Kolk (1996/2007) tells it, the history of the concept of trauma in psychiatry is one of progressive realization and also dismissal as clinicians alternated between definitions that took account of the real harm that had happened to people and alternately pathologized them for having something wrong with them that had caused the harm, such as learned helplessness or masochism.

### Traumatic Expressions and Trajectories

Trauma is the perception of imminent threat to one’s person or livelihood that results, as Jon Allen (2005) suggests, in the subjective experience of feeling “afraid and alone” (p. 34). Acute Stress Disorder (ASD) is the range of normal reactions to trauma that follow a crisis event—this could include nightmares, headaches, flashbacks, numbing, distance from one’s body, an increased use of drugs or alcohol, or other responses. ASD reflects the body’s normal reaction to the stress of a meaning-shattering event, and all responses are normal in the month after trauma.

Post-Traumatic Stress Disorder (PTSD) is when these normal bodily reactions persist beyond a month, and the main criteria for PTSD include (1) hyper-arousal—feeling jittery or easily startled, (2) re-experiencing—flashbacks of uncontrollable memories, and (3) numbing—the body not seeming real and the person losing track of time and awareness of their personal feelings. Once two of these categories are present for 90 days a person is said to have PTSD, and these three aspects may cycle into one another or be expressed together. Disorders of Extreme Stress Non-Specified (DESNOS) is another clinical category that reflects long-term stress without a clear precipitating cause and better describes trauma relating from early abuse (van der Kolk et al. 2005).

As Allen (2005) suggests, trauma is in the eye of the beholder in that certain events seem to “trigger” past anxieties without a clear cause and may flare up years after the event (p. 21). I have compared this late-occurring trauma to the dock from the tsunami in Japan that rolled up months later on the Oregon coast. Important keys to trauma therapy include *believing the client* and *helping them to experience safety* and *self-regulation* before revisiting the trauma memory in any detail. The interpretation I am making of trauma symptoms may actually help survivors to make sense of their suffering that persists. There are several factors that seem to lead to a worsened trauma prognosis and others that seem to ameliorate trauma.<sup>1</sup> On the one hand, “single-blow trauma”—something that occurs once and then the traumatic threat passes—especially if it occurs in a context where a community immediately embraces a survivor—tends to lead to lessened symptoms (Allen 2005, p. 6). It also seems to make a difference to have a supportive other nearby during or shortly after the trauma (Levine 2010). Early and repeated exposure to trauma from caregivers seems to make trauma worse (Allen 2005).

Physiologically, trauma raises the levels of certain chemicals in the body and thereby puts the body system into high alert, the so-called ‘fight or flight’ response that will be discussed further later. When the body is activated in this way, high cortisol levels course through the body, making it hard to process information, eat, sleep, be sexually aroused, and even salivate. Ideally, after a time, when the threat has passed, the very same cortisol should shut down the fight-or-flight response (Rothschild 2000). Unfortunately, in PTSD the cortisol fails to shut down the body’s fight or flight response, leading to ongoing activation.

Treatment for trauma therapy includes a balance of establishing mental safety by teaching a person to regulate their moods and to remember the traumatic event without entering the fight or flight response, which is called “clearing” the trauma (Shapiro 2010, p. 189). Clinical modalities for healing trauma include Cognitive-Behavioral Therapy (CBT) for helping persons evaluate their fears and automatic thoughts after the trauma, Mindfulness for helping persons observe and regulate their own mental reactions, and Exposure for helping persons revisit the memory of the trauma from a safe base (Shapiro 2010). Trauma feels “eternally present,” so trauma therapy helps a person to establish a “dual awareness” that can sense a difference between the present and the past by visiting the site in memory without necessarily needing to go back to the trauma on an emotional level (Rothschild 2000, p. 129).

### Reading the body’s Signs of Resistance

An important branch of trauma care has moved towards “somatic therapy,” a method that places the body at the center of trauma care rather than focusing on conversation about trauma (Shapiro 2010, p. 1010). In this method, the bodily symptoms of PTSD have meaning and must be “read.” From

<sup>1</sup> In making this claim I do not speak to the experience of trauma suffering in general but only to the likelihood of developing PTSD.

this vantage point, trauma therapy needs to respond to the body's communications and move with them, remaining centered on the client rather than on the therapist's particular method. My claim takes this a bit further—trauma symptoms should be read as forms of resistance against the initial violations that occurred, responses that have now outlived their original context. Understanding these symptoms as resistance helps people value their own self-preservative instinct and makes it less likely that they will blame themselves for the effects of trauma in their lives (Davis et al. 1996).

Babette Rothschild's important book *The Body Remembers* makes somatic trauma therapy accessible as she explains the neurochemical processes of trauma in detail and, as her title suggests, indicates that the body is a crucial site for reading the experience of trauma. She distinguishes between "implicit" and "explicit" memories, maintaining that implicit memory is long-term bodily memory while explicit memory is short-term memory that is capable of recall (Rothschild 2000, p. 29). While a person might not remember trauma explicitly, their body remembers and thus activates a "trigger" through the senses—an image, a feeling on the skin, a sight, or a familiar smell. These triggers can bring back terrifying memories that remain perplexingly vague. In these circumstances, a person will need to learn their own bodily cues, both to regulate traumatic triggers and also to revisit memories that have initially seemed too overwhelming to process. Rothschild argues that the body knows the truth of what has happened to it and thus will serve to guide the client and the therapist through the process.

In addition to providing a thorough introduction to the role of the senses, Rothschild offers some important guidelines for trauma therapists by emphasizing the importance of following the client's lead and building practices of self-awareness into the trauma care. She slows down clients who feel they have to address the trauma all at once and encourages caregivers to explore the 'lesser' traumas first in order to establish safety, all the while reading the body language of clients to gauge how therapy is progressing. She calls this "titrating" trauma care or "putting on the brakes" and suggests that this is an activity that the clients should learn to control (Rothschild 2000, p. 111; Rothschild 2003). Her primary ethical concern is that therapists have become too focused on their particular style of counseling, and in attempting to clear the trauma too quickly they retraumatize clients.

Levine describes what occurs when various aspects of the nervous system are activated, and this analysis helps explain Rothschild's caution about progressing too quickly in trauma therapy. Reflecting on the various activations of the nervous system raises questions about who is the "self" or multiple "selves" affected by trauma. Following from the work of Steven Porges (2001), Levine describes different elements of the nervous system as follows:

- (1) enteric nervous system (ENS): The oldest aspect of the nervous system, rooted in the gut and associated with "freezing" or complete immobility in the face of danger, including a reduction in breathing and becoming limp. Levine (2010) notes that this component of the nervous system has been called a "second brain" since ninety percent of signals travel from this nervous system to the brain than the other way around (p. 121).
- (2) sympathetic nervous system (SNS): This next-evolved aspect of the nervous system is responsible for the fight-or-flight response, and it causes coldness or clamminess in the limbs and rapid pulsation of the heart seen at the carotid artery at the neck (Rothschild 2003). In this activation, the body is primed for quick action and may run or demonstrate considerable strength. People are not capable of learning in this state of activation since long-term memory cannot consolidate in this state.
- (3) parasympathetic nervous system (PNS): This is the most recently evolved aspect of the nervous system, which is capable of pro-social behavior, imagining what is in the minds of others, and sleeping, salivating, and being sexually aroused. This activation is seen in warmth in the hands and face and steady, deep breathing. People may not be ready for rapid action, but they can think about feelings, consolidate new memories, and remember concepts.

Levine's discussion of the different aspect of nervous system activation helps explain Rothschild's caution about progressing too quickly in trauma therapy. A plausible explanation from Porges's research is that when people's traumatic symptoms worsen in therapy they are experiencing uncontrollable activation of the ENS or SNS and are unable to process traumatic memory. For this reason, it is important to help persons attend to their own nervous system reactions, teaching processes like meditative walking or standing, "safe place" meditations, or regulated breathing in order to help them return to PNS functioning (Naparstek 2006). If a therapist attempts to revisit trauma with a client when the client is in fight-or-flight mode, then the client may not even recall the counseling session; if the client is in "freeze" mode the therapist may not be able to get the client to talk to them and be aware of the present.

Among the crucial insights of Levine's work is that each aspect of the nervous system evolved to protect people from the injury of violation and thus should be valued as maintaining and communicating certain survival skills. This links people to animals. The "freeze" response that is visible when threatened animals become immobile and fall on the ground, enter shallow breathing, and seem to 'space out' not only fools predators, it may even protect animals from the psychic effects of fear (Levine 2010). The "fight-or-flight" response is evidently helpful in warding off danger as it puts a great deal of bodily energy at a person's disposal in a short period of time. Levine noted that animals who returned to PNS activation after being in one of these states often shook their limbs and seemed to release their body's energy through shivers and shudders, a response Levine also witnessed among trauma survivors.

What are the consequences of differing nervous system capacities? It is important to educate legal experts and the judicial system about these aspects of experience since courts tend to blame victims of sexual assault for "freezing" or, alternately, for "fighting" and making things worse if the person attempted to ward off the attacked (Rothschild 2000; Brison 2002). In each case, it is helpful to identify these systems as evolutionary developments that help people ward off trauma and its effects. Nevertheless, viewing these self-states as hierarchical because they are evolutionary would likely be a misunderstanding since each aspect of the nervous system is crucial to survival and provides important messages that can be "read."

In the next section I explore some consequences of ENS, SNS, and PNS activation for theological anthropology based on trauma, namely, that the originally self-protective function of nervous system activation reflects God's image. This can also be said theologically, as Wendy Farley (2005) does in her book *The Wounding and Healing of Desire*, where she argues that we can begin with the cry, "Why am I being hurt?" and then "track it backwards, through and beyond names and images to the silent mystery that is the fountain of every good. However obscured the divine image may seem, the desire for good—even if it is only the desire that I not be hurt—remains in us like a silver thread that leads us back to genuine self-knowledge. The desire for our own good is the incognito of the holy desire that radiates unceasingly from the divine image" (p. 21). She goes on to describe how the "hatred of suffering" can be a way to return to God, who desires union with each person (pg. 21). Based on Farley's argument that the desire for self-protection shows the image of God in a person, it is justifiable to expand our theological imaginations and explore how the body's instinctive responses to trauma could be seen as echoes of the grace of God, images of God's Spirit at work.

### **The Spirituality of Freezing, Fight-or-Flight, and Resting**

If indeed various states of nervous system activation are meant to help protect persons from trauma, they could also be read from the standpoint of theological anthropology, following Wendy

Farley. From this vantage point pastoral theologians could be called upon to bless these responses to the violation of injustice: the desire to freeze, fight or flee, or experience rest and contentment.

### Enteric Nervous System and the Spirituality of Freezing

In his article entitled “The Soul as Coreness of the Self,” Donald Capps (1994) reclaims the “gut” as being the source of the core of the person, and in doing so he argues in behalf of the ancient Hebrew practice of localizing the affections within the body (p. 91). In this sense, he argues that the “gut” should be seen as the source of the most profound knowledge rather than the head or heart, as in the term “gut knowledge.” Indeed, Levine (2010) argues that the gut provides signals to the brain at a nine-to-one ratio of the brain’s signals to the gut, so this is indeed an important source of knowledge.

As noted earlier, ENS activation leads to a freeze response, so there is a biological basis for this apparently lifeless and helpless position. For this reason, blaming the victim of sexual assault who has ‘frozen’ is entirely unjustified (Rothschild 2000). As Rothschild (2000) notes, this is literally a situation of “speechless terror” since this ENS activation bypasses the Broca’s center, that aspect of the mind responsible for speaking (p. 22). If this state leads to further victimization, how could it be blessed or how could there be a “spirituality of freezing”?

First, just as animals freeze and seem to fool their prey by their near-coma state and by so doing seem to preserve energy they may need later in order to resist or flee, the freezing response in humans seems to encourage animal attackers to move on. Although ENS activation seems lifeless from the outside, there is tremendous energy stored here, and when people return to SNS and PNS activation they often pass through tremors, shaking, falling on the floor, moaning, or screaming. In these situations it is helpful to bless all responses and encourage the body to move through them as it will. Although it is complex, the body’s freeze response is originally meant to ward off suffering.

The language of the “depths” or the “pit” evoked frequently in the Psalms (e.g., 130:1) speaks to the profound nature of ENS activation, and this language has been explored by scholars and theologians working from a feminist perspective to explain how this space is one of trauma and transformation (Rambo 2010; Keller 2003). The freeze response reflects the coreness of the self, the gut perceptions, both in the sour stomach and the gut-wrenching fear, but also the gut-warmth that comes, as Margaret Farley suggests, from just relationships and the free sharing of the self (Farley 2006). ENS activation honors the possibility that there may be long seasons of inactivity in a survivor’s return from trauma and also honors these responses as part of the person’s survival skills rather than as pathology, since this activation can include a consolidation. Accompanied by the caregiver, the survivor can gradually welcome the outside world by including other experiences and expressing signs of safety.

It is possible that the desert saints included a form of ENS spirituality when they contemplated for long periods of time, and modern-day mystics often experience changes in self-states (Farley 2005). Given our culture’s lack of patience (Capps 1995), it is little wonder that ENS activation seems to be frightening or dreadful to caregivers and wider society today. It is important that this experience not be mistaken for inactivity, since tremendous energy is stored and used in the body during this form of activation.

### Sympathetic Nervous System Activation: The Spirituality of Fight and the Spirituality of Flight

“But Jael wife of Heber took a tent-peg, and took a hammer in her hand, and went softly to [Sisera] and drove the tent peg into his temple until it went down into the ground—he was lying fast asleep from weariness—and he died” (Judg. 4:21).

In her book *Aftermath*, philosopher Susan Brison (2002) argues that women should be taught self-defense since increasing their capacity to fight attackers tends to lead to less violent outcomes when they are the victim of sexual assault; in this sense, the tremendous energy activated by the SNS should be available to women as they attempt to protect themselves from violence. Women are frequently socialized to be dependent, not to take up space, and even to starve themselves, with the result of these socialization processes being that they are less able to defend against trauma (Brison 2002). Since one in three women will be survivors of sexual assault and one in four women the survivor of intimate partner violence, this approach seems justifiable (Brison 2002; Cooper-White 2012). Reading the body's fight response as part of the *imago Dei*, as part of that self-protective and other-protective desire to prevent violation and hurt, the SNS activation that leads to defensive and self-protective violence is a distinctive force of spirituality that must be honored. In SNS activation, the tremendous release of cortisol and the energy it catalyzes is a testimony to the desire for justice for oneself and for others.<sup>2</sup>

SNS spirituality is exemplified by the energy of fighting or fleeing, emblemized by the story of Hagar leaving an abusive and exploitive situation and heading into the desert without a plan but under God's ultimate protection. If the energy required for the fight response is clear, the flight response is no less dramatic, especially given the safety concerns of those battered by intimate partners (Cooper-White 2012; White 1995). In the interpretation made by Delores Williams (1995), Hagar is a central figure that symbolizes the capacity to exert agency in the midst of oppression, first as a "surrogate" for other families and then when their protection was removed. She is also the only woman in Scripture with the capacity to name God (p. 2). By striking out into the wilderness and caring for her child in the process, she becomes an image of the spirituality of flight for women who attempt to leave abusive situations and also to continue to protect their children.

Through this lens, the flight response within SNS activation is seen as a reflection of the tremendous power of the Spirit, who makes a way for those traveling from fear and in hope of spaces where they will be protected. The energy of SNS activation that helps survivors strike out in self-protective aggression is the same energy that helps them flee, and if this flight is met with communities of shelter, such as safe houses and anonymous shelters, women can, despite barriers of socioeconomic status, begin the process of separating from patterns of violence (White 1995).

### Parasympathetic Nervous System Activation: A Spirituality of Rest

The rest provided by PNS activation is its own spirituality, a reflection of the soul at peace with God and experiencing what the mystics describe as "consolation" (Gallagher 2007). It is in the experience of PNS activation that people are able to engage in relationships through imagining the minds of others and through erotic connection with others (Siegel 2012). PNS activation speaks to the capacity for relationship building that is a key aspect of community, and researchers suggest that this self-state is the first resource that people use when faced with a conflict—they attempt to build shared understanding based on hearing from others and imagining what is happening in their minds (Allen 2005). Then, if this attempt at relationship building fails, the person turns to SNS or even ENS activation.

In some sense, the PNS reflects the body at rest and serves as a counterpoint to the SNS, which regulates activities of digestion and sexual desire. In traditional trauma theory, the PNS and SNS have been juxtaposed as having complementary functions. The PNS is in itself a form

<sup>2</sup> Although the quote from Judges above does not necessary describe a situation of self-protective violence, it does exemplify a woman's use of violence for the liberation of her people.

of spirituality since the erotic, broadly considered, includes that which shapes our desire and how we are shaped by it. Integrating the relational and erotic, since PNS activities are so often relational in a basic sense, means that erotic and sensual responsiveness is a key aspect of spirituality and a form of embodied knowing (Nelson 1978). From this vantage point, the erotic lives of trauma survivors should be addressed by pastoral caregivers so that the survivors can return to a preferred range of sexual expression.

People who have been profoundly traumatized are often not able to experience PNS activation for very long or on their own effort, and they need a community of supportive others who are able to bear witness to their trauma and also, in gentle ways, invite them into the present moment (Beste 2007). Such invitations can include a welcome to the simple pleasures of a deep breath or a quiet meal, along with the accompaniment of presence.

### **Theodicy and Trauma Symptoms: Is it Enough to Bless?**

If the activation of certain nervous system responses leads to heightened levels of cortisol—this chemical no longer shutting off the stress response as it should but actually worsening it—then the body seems to reinforce a sense of suffering long after the trauma has passed (Rothschild 2000). In these circumstances, simply “reading” the body’s nervous system as a form of resistance to the trauma may not be enough. Indeed, a series of crucial questions may be raised about the thesis presented thus far. If symptoms that originally served to protect a person from trauma now outlive their utility, this could lead a person to question not only why this trauma happened to them, the quintessential theodicy question, but also to add an element of anthropology—to ask how people could be ‘designed’ so that the effects of trauma persist after an event. Grappling with the effects of trauma must account not only for the initial self-protective response to the trauma, which could be reframed as a sign of self-defense, but also for the effects of trauma that persist long after the traumatic stressor has ceased. The question could be expanded, if symptoms continue long after the traumatic stress, to ask why the body itself becomes a sort of enemy after the trauma.

The trauma of violence against women is an inexcusable crime. The analysis set forth here is not meant in any sense to justify the trauma by explaining its causes. Rather, it seeks to read the marks of trauma in compassionate ways that do not blame survivors for their paralysis or fear.

The persistence of trauma symptoms long after the precipitate cause can lead to a progressive shrinking of a person’s experience, especially if the survivor limits engagement with potential “triggers,” those events that may spark any of the three PTSD symptoms—hyperarousal, re-experiencing, and/or numbing. Firmly opposed to any experience that would lead to arousal or fear, the person may limit the geographical scope of their travels or may avoid familiar places associated with the trauma, attempting to not see, smell, hear, taste, or touch anything that would pertain to the traumatic stressor (Rambo 2010). Additionally, personalized rituals can be developed such as handwashing or good luck charm activities that bear similarities to obsessive-compulsive behavior and are attempts to ward off the trauma (Cromer et al. 2007). From this vantage point, life can be rearranged in order to avoid triggering trauma symptoms.

### **Ritual Responses to Trauma**

In these circumstances, a pastoral care response to trauma involves finding a way to bless and find a place for the appropriate nature of trauma symbols. In her theological discussion of child

abuse, Jennifer Erin Beste (2007) argues that persons who have faced severe interpersonal harm must have a community of supportive others who are able to express God's love to them, repairing basic aspects of their emotional lives such as the capacity to separate the past from the present. This article proposes a community of support that would be able to operate within PNS functionality, able to teach self-calming behaviors through regulated breathing, yoga, guided imagery, music, and art and other forms of processing that could allow for a firm and still awareness.<sup>3</sup> These could be combined with a nutritious and well-prepared meal accompanied by a cup of lukewarm water, given the fact that tepid temperatures do not disturb the body's chemical balance.

Since trauma survivors are sometimes not able to recover complete regulation of their nervous systems on their own, they require a community of "witnesses" who will surround them with the sources of regulation (Rambo 2010). Among the chief resources of Christian caregivers and spiritual caregivers in hospitals and other settings is that of embodied rituals that can restore a person to an entire sense of self while blessing the survival skills associated with the activation of each nervous system.

In what follows, I describe a ritual designed to bless the experience of self-states associated with nervous system activation and to help persons find an appropriate place for these responses. In this ritual, the role of the body as *resistant to trauma* is emphasized, as is the knowledge gained from traumatic experience. This ritual draws together the emphasis from somatic experiencing therapy on the body as the site of knowledge embedded in resistance against trauma with a spirituality related to each nervous system.

#### Ritual Format

These series of prayers could follow after a day of teaching at a workshop for Christian and Jewish trauma survivors. Participants could be encouraged to engage as they felt comfortable but also to leave the ritual space if necessary. The ritual provided here offers something particular that recent rituals for trauma survivors do not, namely, a blessing for the originally self-preservative intentions of the body's response to trauma (Procter-Smith 1990; Rogers 2002).

Retreatants begin with five minutes of three-six breathing (breathing in for three seconds with hands held at the diaphragm and breathing out for six seconds with hands held at the diaphragm). Then they are invited to calculate their pulse, jotting it down on a piece of paper—this activity reinforces their capacity to regulate their own bodily systems, and they may experience further relaxation when they return to the pulse later in the workshop and mark it. If participants feel uncomfortable sitting they may stand with a low center of gravity and sway gently from side to side, even pushing lightly against a partner's hand if they wish.

#### Order of Service:

Leader: O God, Out of the desert of despair and dry valleys of desperation you bring us.

Participants: Hear the voice of our prayer and no longer let us be speechless.

L: May your entire self listen to the voices we raise, God, and may you be moved by our witness.

P: While we felt afraid and alone, we now join voices together with a spirit of courage, knowing that this very same courage brought us far along the journey.

First reading: Psalm 130.

<sup>3</sup> Yoga and post-Traumatic Stress Disorder: an interview with Bessel van der Kolk, *Integral Yoga Magazine*, n.d., <http://www.traumacenter.org/clients/MagInside.Su09.p12-13.pdf>

Prayer of Blessing for the Power to Freeze: The prophet Isaiah claimed that “in quietness and trust shall be your strength” (30:15). We praise you O God for the ability to hide, for stillness and for the ways that numbness protected us from the injury of overwhelming fear. We thank you for the ability to “go inside” when all the world was unsafe and for the sense that in an inaccessible inner darkness we guarded things that were precious to us but that would be damaged by a cruel world, secret thoughts, the powers of our minds. We thank you for the great knowledge that comes hard-earned from the experiences of pain and for the ways that we have learned to let our core self guide us, being supported from deep within. We bless you for the power to freeze.

Release the Gifts: Having known abject terror, we thank you for those who have allowed us to take our time and gradually return to the land of the present-time. Now that we are in a safe circle, we place this ability to freeze in its place, close at hand, among the gifts of deep contemplation and the wisdom of winter. And we thank you for the range of feelings that come from being awake and engaged in the world. We place the immobility of freezing back in its rightful place and allow warmth to return to our core, heating us with the breath of our abdomen, deep inside.

We give thanks for the animals that “play dead” and escape, and for the knowledge that is expressed in their bodies as they shake and wake up, knowing in our limbs that same kind of wisdom. May we return to the soul of things, to our guts, where we can grow and be safe and free. Warmly radiating from the center of us, may our hearts be aligned with gut-wisdom.

[Participants are encouraged to rise, walk around the room, shake their limbs, and return when ready.]

Second reading: Psalm 139.

Prayer of Blessing for the Power to Fight and Flee: God, you heard the cries of the Hebrew people in bondage and you guided them safely into a new place and you used the energy of their witness to help them flee and fight oppression. We give you thanks for the tremendous energy of the heart that springs forth in terror when fear arises; we give you thanks for the strength that is released when we defend our inherent dignity against violation based on your image within us. We thank you for the knowledge of self-defense and release, the freedom that comes from knowing our power and using that power to resist the evil of both oppression and control. Bless the limbs that have been toughened and scarred from fighting. Bless the feet that have fled and have felt the travail of exhaustion.

Release the Gifts: The prophet Isaiah promises that those who are tired will be borne up on wings like eagles, experiencing God’s sustaining power. May that same power help us to calm our hearts, to keep our power close by even while we rest for a time from diligent self-preservation. May we feel a profound love that soothes our hearts, returning warmth to our hands and erasing the furrows from our brow so that we can rest both our fighting hands and our running shoes, all the time keeping them close at hand.

We thank you for the gazelle that escapes the lion and for the buffalo that charges its hunters, and we find place for this incredible strength of heart and limb, breathing deeply through our hearts and calming its rhythm, even as we warm our hands, palms, fingers, feet, soles, and toes. Tensing and shaking out the hamstrings as we sit, we feel the strength of legs that have learned to run and can kick and arms that can both rest and fight.

[Again, participants are invited to rise and walk in slow circles in the retreat space, shaking tension from their hands and feet, and visiting with each other briefly.]

Third Reading: Psalm 17

Prayer of Blessing for the Power to Rest: God, you created us for safe and life-giving relationships. We thank you for the connections we make that are filled with both love

and justice, mutuality in both power and place, and knowledge that comes from the deep sharing of linked lives. We thank you for the embodied rhythms of sleep, rest, and sexual desire, for the share pleasures of foods close to the earth and good water, for the knowledge that comes from using our minds to build connections to others and to nourish them in ways that lead to a flourishing of justice.

Releasing the Gifts: We hold this rest lightly, knowing that it may be stressed again, but having peace that it is a place to which we can return, given the wisdom of the mind and the kindness of friends. We give thanks for the crow that learns and remembers, returns to perform the same tasks, and with its decade-long recall for the human face makes connections to others. We thank you for those fearless ones who have remembered trauma and refused to allow societies to forget. For the gifts of the fully awake present, engaged in the capacity to remember, rejoice, lament and bless, we give you thanks and praise.

[Participants are invited to write a note of blessing for a fellow retreatant.]

Closing benediction:

May God bless your life-saving stillness, your freedom to fight or flee, the contentment of rest, creativity, and reflection, and your ability to mend the world. We give thanks for the knowledge gained in your bodies and we restore it to its proper place, ready to be used again when needed. May God strengthen your capacity for Holy Desire, beginning with the desire for your own love and self-protection.

[Participants are encouraged to leave the workshop in an attitude of reverence.]

Given the analysis of somatic therapy, it is important that the offering of the ritual prayers be done with careful attention to the physical and somatic experiences of those attending, with careful intention not to use male images for God or metaphors of rule and lordship (Procter-Smith 1996) but also to attend to the physical experience of participants. If possible, the ritual should take place somewhere other than the church and should be officiated by a woman clergy rather than a man. In terms of ritual experience, it is also important that facilitators understand and explain the dynamics of prayer, including the notion that prayer is not the same as magical thinking or creating a miracle that means instant recovery.

## Political Responses to Violence Against Women

Given the prevalence of violence against women in terms of battery and sexual assault, it is clear that interpersonal and ritual responses alone are inadequate. In addition, caregivers need to be involved in political and social responses that advocate for justice for women. At the national level, supporting legislation such as the Violence Against Women Act can assist the funneling of necessary resources to this important life-saving cause.<sup>4</sup> On a communal level, supporting local safe shelters where women can flee to confidential spaces helps at a quite practical level. Likewise, preaching about the crime of intimate partner violence and sexual assault, giving both statistics and a face to these issues, helps spread an important social message. Finally, placing cards for domestic violence shelters in public restrooms allows women to have access to needed information apart from their partners. Ministers should not counsel couples with violent histories together since shared information can be used in future incidents, and clergy should not counsel victims to remain with the abuser in order to save the marriage (Cooper-White 2012). As Cooper-White (2012) helpfully argues, the violence has already ended the covenant. Likewise,

<sup>4</sup> Library of Congress, Bill summary & status, 103rd Congress (1993–1994), H.R. 3355, <http://thomas.loc.gov/cgi-bin/bdquery/z?d103:H.R.3355>.

education about sexual assault should take place in communities and college campuses, including Take Back the Night events in which stories are told and vigils are held for survivors in order to disrupt the “rape culture.”<sup>5</sup> Again, giving clear statistics about the prevalence of sexual assault and its criminality from the pulpit and other official settings is very important.

## Conclusion

The field of pastoral care and counseling has long viewed the person as a “living human document” that is of equal importance to the texts of theology and its traditions and, by implication, is also interpretable (Dykstra 2005). Also, images of the caregiver as “midwife” or “gardener” stress the embodied nature of care (Dykstra 2005). This exploration links the corporeal with the textual; what is ‘said’ through the responses to trauma in particular bodies can be understood as a form of interpretable text. In order to provide safe and effective care, this means that caregivers need to become adept at reading the trauma survivor’s body. This is an important part of care since these bodies often speak silently but refer to stories of horror available to those who will attend to them.

This essay began with the question of whether you would erase your most traumatic memory if given the opportunity; this is too personal a question to answer for anyone else. Nevertheless, even if people would understandably choose to erase their own traumatic memories, I believe that pastoral caregivers are transformed by attending to the traumatic memories, to the violence and violation that has happened in survivors’ histories. At the same time, the bodies of trauma survivors witness to their attempts to resist violation and thus testify to the image of God. This image is fundamentally expressed in the person’s desire for self-preservation, so what is being attended to is not only suffering but the body’s very agency.

Understanding how nervous system activation works to protect the body can help caregivers to understand the symptoms of PTSD as reflections of the body’s resistance against violation. This form of reframing is not meant as a justification for abuse but rather as a way to muster the energy needed both to shelter the self and actively resist domination. When caregivers can witness to the importance of these signs of resistance, they can help women who have suffered violence to honor their own bodily reactions as at least in part a blessing and also work to find a more circumscribed place for these reactions in their lives. In order for such care to be effective it should be combined with political actions such as speaking from the pulpit about violence against women, sponsoring anti-violence legislation, and creating confidential community shelters. In this work it is important to attend to the distinctive form of suffering that comes from being the target of violence simply because of one’s gender.

Understanding the nature of nervous system activation means adjusting the care that is provided in pastoral counseling towards a practical model of accompaniment. Since the activation of different nervous system centers results in disparate experiences of the self with different capacities, it is important that persons who have been traumatized are given the tools for self-regulation rather than exposed to the same feelings of terror and helplessness they felt at the time of trauma without the tools to lessen the intensity of the experience (Rothschild 2003; White 1995). The gift to the field of pastoral theology from trauma studies is an awareness, born out of much experience caring for survivors of trauma, that each moment is a moment of bodily existence. Helping persons to understand the experience of their various self-states thus brings help to those who have experienced the flooding or overwhelming emotions caused by trauma and have felt captive to them.

<sup>5</sup> Take Back the Night, <https://www.takebackthenight.org/>

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