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# Christ's Body Keeps the Score: Trauma-Informed Theology and the Neuroscience of PTSD

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Abstract: Recent findings in neuroscience and psychology indicate that "the body keeps the score" of PTSD. Concurrently, trauma-informed theology to date has deployed pneumatology to interpret divine relation to trauma in the Christian narrative of salvation. Yet, in Christian theology the divine person of the Holy Spirit has no assumed human body. This raises an important question as to whether a bodion as to whethertractq0 G270.7 en4( )-1393(t)] T tETathow1



psychological trauma. Trauma is an important public health topic that appears a strong candidate for a science-informed approach given neuroscientific breakthroughs in the study of posttraumatic stress disorder (PTSD). Trauma has also been a lively topic of discussion in recent research from AT (Stump 2018; Panchuk 2018; Rea 2019; Hill and Sartor 2022). While these approaches from AT have shed light on challenges that trauma presents to Christian theology, and have even offered alternatives to the dominant approaches in trauma-informed theology influenced heavily by literary theory (Hill forthcoming), this is only half the picture. Since trauma is a psychological phenomenon, it needs a science-engaged approach, in addition to an analytic approach.

The specific aim of this article will be to examine the scientific viability of dominant approaches to trauma-informed theology today. In particular, some influential trauma-informed theologians to date have emphasized pneumatology as a near exclusive reference for interpreting God's relation to trauma within a Christian narrative of salvation (Rambo 2010). Alongside this proposal, recent



further exploration of how Christian theology speaks meaningfully to trauma survivors in the real world.<sup>3</sup>

### 1. Soteriological Narratives in Trauma-Informed Theology

It will be useful first to trace the development of the trauma-informed theology under investigation. In the last 30 years, the study of trauma has moved off the psychoanalytic couch, making its way into literary theory and Christian theology. "Trauma theory" began in the mid-1990s as a multidisciplinary attempt from literary theorists and clinicians to probe how trauma affects human self-understanding (Caruth 1995; Caruth 2014). Literary scholar Cathy Caruth was particularly influential in summarizing a traumatic event as a "missed" or "unclaimed" experience. Caruth describes trauma as a wound that results from an event of such terrifying magnitude that the event was too much to process in the moment of its initial happening. The terror was too great to be assimilated. As a result of surviving what was unbearable, the memories of past terrors haunt the human psyche seeking to be processed or "claimed." Reflecting on this elusive aspect of traumatic memory, Caruth concludes that

though the traumatic events are over, the terror continues to wound the mind in the present, creating a "double-wound."

From these conceptualizations of trauma, literary theorists have developed a hermeneutical framework that is now called "trauma theory." The basic premise of trauma theory is that hermeneutical possibilities are opened up by recognizing that there is an important difference between suffering (which has ended, it is in the past) and trauma (which persists, it is suffering that remains, it is in the present). As Freud put it, the threat of trauma is continually felt by survivors "as contemporary experience, instead of . . . remembering it as something belonging to the past" (Freud 1961, 12).

The work of Shelly Rambo has taken up trauma theory as a conceptual framework for assessing the coherence and rhetorical potency of theological assertions. In particular, Rambo draws from Caruth's double-wound concept in order to distinguish trauma from ordinary suffering: "Studies in trauma suggest that trauma has a double structure . . . an inability to fully process an event means that it returns. This return distinguishes trauma from suffering." (Rambo 2003, 108)

for redemption narratives, Rambo suggests that a theological account of trauma must be able to assess the persistence of violence beyond an initial event. This would require moving past an isolated focus on the cross to assessing the soteriological significance of Christ's

(*paradidonai*) his spirit during the final conscious moments of his crucifixion, Rambo sees two possibilities: either Christ is handing over some part of himself “upward” to the Father, or Christ is handing over his spirit “downward” to the human community.<sup>5</sup> Since *paradidonai* simply means “handing over,” either option is viable. To select between these two options, Rambo focuses on the following question: *who* is the recipient of this “handing over” at the moment of Jesus’ death? As Jesus breathes his last breath and releases an exhale of death, who is receiving what Jesus is handing over?

Drawing from biblical scholarship on John (Brown 1970), Rambo opts for the second option proposing that this exhale is released by Jesus *downward* upon the witnesses of his crucifixion:

Between passion and resurrection, we encounter this breath in the context of death. Jesus gives up his spirit, his breath, on the cross . . . This unleashed breath—this exhale—is no longer contained within the body of Jesus; it is handed over at the moment of death . . . Instead, the focus of the text is on the witnesses’ bodies, their turnings, and their movements . . . this release of breath . . . is carried on . . . in the bodies of those who move in the aftermath of death[(J)-3(esu)6(s)-108(gives)-97(u)-5(p)3( )-108(h)-



in the approaches of theorists and theologians. Neuroscience has recently clarified much of this neglected research. It is therefore important to survey the clinical background of trauma studies to contextualize the approach of theorists and theologians before moving to the neuroscience of PTSD.

The clinical study of trauma waxed and waned throughout the 1900s. It was not until 1980 that the treatment of outspoken Vietnam veterans led the American Psychiatric Association to canonize traumatic stress with the diagnosis "Post Traumatic Stress Disorder" (APA, 1980). The medical treatment of combat trauma in the late 1900s opened up doors for parallel diagnoses in such atrocities as domestic violence, childhood sexual abuse, and political captivity. Trauma has come to be defined as "an inescapably stressful event that overwhelms one's coping mechanisms" (van der Kolk, McFarlane and Lars Weisaeth 2007, 279). During a highly stressful event of overwhelming violence in which one is powerless to fight or flee, human persons are able to survive



Instead of these "left brain" areas, the "right brain" is overstimulated during trauma, especially a subcortical portion of the brain called the limbic system which is responsible for organizing social relations and assimilating sensuous input from the body (van der Kolk 2014, 44-45, 56-57). In particular, during a traumatic event the hippocampus and thalamus are severely compromised within the limbic system, while the amygdala undergoes extreme hyperarousal. The hippocampus is responsible for providing spatiotemporal awareness; the thalamus is responsible for processing one's bodily senses in an orderly fashion; the amygdala is responsible for registering potential threats in one's environment, much like a smoke detector. During a traumatic event, the brain's "smoke detector" (amygdala) goes on overdrive and high alert while the brain's "timekeeper" (the hippocampus) collapses, causing a timeless terror that is exhaustively stimulated in isolation from any narrative orientation (van der Kolk 2014, 60-70). At the same time, the brain's "cook" (the thalamus), which normally registers and integrates sensuous experiences, goes offline and opens the floodgates to an overload of fragmented sensory data that remains unprocessed and intrusive (van der Kolk 2014, 70-71).

The effect of this is significant in that it means that "Trauma is not stored as a narrative with an orderly beginning, middle, and end" but rather as "flashbacks that contain fragments of the experience, isolated images, sounds, and body sensations that initially have no context other than fear and panic" (van der Kolk 2014, 135). Traumatic stress provokes a fight-or-flight response in the human "mammalian brain" which, if rendered ineffective, reverts back to a total dissociative freeze in the "reptilian brain" (MacLean 1990). In such an immobilized state of dissociation,



assumed human body to experience trauma and that this individual human body was that of the crucified Christ. Given the neuroscience of PTSD, there is sufficient reason to believe that if soteriology requires that God experiences posttraumatic stress then this requires a body to keep the score and that Christ's body may be the most suitable candidate for this experience.

If Good Friday and Holy Saturday are interpreted as frames of reference for God's experiences of traumatic stress and posttraumatic stress respectively, these will correspond much more accurately to concrete experiences of trauma if they refer to a

persons.<sup>7</sup> That is, neuroscience indicates that the rationale for traumatic stress (such as the crucifixion) causing subsequent posttraumatic stress is the physiological substrates of a single agent's human body (and its coping mechanisms during violence). PTSD at base means a *single human organism* feeling terror and feeling terror's return.

If trauma-informed theologians do not allow the science of PTSD to place constraints on their proposals, then the entire exercise is in danger of what recent

of the cross (if, indeed, the crucifixion truly was an event that properly "traumatized" Christ, which can never be definitely proven).<sup>8</sup> While this raises questions about how Christ's posttraumatic psyche relates to his dead body in the intermediate state and how this relation can map onto the embodiment of PTSD, I think these questions are easier to answer than Rambo's account of posttraumatic indwelling, and in any case, they seem more pertinent for traditional soteriology.<sup>9</sup>

A Christological account of trauma on Holy Saturday could help tie a theological approach to trauma more closely to the concrete phenomenon of trauma as it is normally experienced by real human beings according to neuroscientific studies of van der Kolk in terms of physical organisms and their neurological substrates. Shifting from pneumatology to Christology therefore promises a more accurate approach to trauma for theologians who want this approach to reflect the real dynamics of PTSD in the embodied human experience as indicated by neuroscience today.

Simply put, because the body keeps the score of trauma from a psychological and neuroscientific perspective, the *body of Christ* keeps the score of trauma from a theological perspective.

neurobiology of trauma as Rambo has suggested through the Spirit's indwelling of Christ's disciples raises more questions than answers. However, Christ clearly has the kind of body needed for traumatic experiences and his own body was the organism that underwent the trauma of the crucifixion and therefore he can experience posttraumatic stress on Holy Saturday in a way more consistent with the findings of neuroscientific studies of PTSD. As the gospel of John attests and theological exegetes of church history has underscored, there is something salient and significant in the fact that even in his glorified post-resurrection state, Christ's body continues to bear the scars of his crucifixion (John 20:27), and the wounds of the Lamb are not absent from his heavenly rule (Rev. 5:6). Even for Rambo this important Christological reflection warrants consideration in future trauma-informed theology, since there is something worth considering in the fact that in Christ's resurrection appearances, he is "resurrecting wounds" in the afterlife of his own embodied trauma (Rambo 2017).<sup>11</sup> I agree with this most recent assessment of Rambo, and I hope that a SET (and ASET) approach as exemplified here can bolster further research along these Christological lines for the future of trauma-informed theology.

## Conclusion

The neuroscientific studies of PTSD demonstrate that the alterations in consciousness that occur as a defense mechanism during an event of overwhelming violence are the result of measured interruptions in the interconnections of the brain-body network meant to adapt to stressful circumstances. As a result, the phenomenon of dissociation, and the "double-wound" it creates in survivor experience, is always connected to the dysregulation of *a single human body* and the physical substrates that correspond to psychic states of social awareness. For this reason, theologians who employ traumatic suffering as a conceptual framework for analyzing Christian theology—in particular, the soteriological events of the triduum and Holy Saturday—can more accurately reflect the dynamics of posttraumatic stress in the real world if reference is made to traumatic suffering as an embodied event in the Christian story for a single physiological organism. For this reason, in contrast to what trauma-informed theologians like Shelly Rambo have suggested,

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<sup>11</sup> It is important to note that the latest research from Shelly Rambo highlights the importance of Christological reference for trauma-informed theology. My science-engaged evaluation of Rambo should only be taken here in reference to her seminal work *Spirit and Trauma* (2010). More engagement with her most recent research is needed to assess the impact of the current argument for latest publications in the field, something which I hope to undertake in my future research.



Christology is a more obviously fitting locus in Christian theology for assessing traumatic stress in soteriology than pneumatology or indwelling. Christ's body keeps the score of PTSD from a SET (and ASET) perspective.

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