Pastoral care to those suffering from traumatic memories

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Harvard psychologist and memory researcher Daniel Schacter defines memory as ‘providing connections between the present and the past’. Fundamental in Schacter’s definition are the ingrained cognitive links that make us who we are. For each of the polarities of good and evil that inhabit memory, one cannot be fully human without them. In a world that flaunts its utmost resilience to create new ways to tear itself apart, clergy are most often the ones scrambling to keep up with the ever-changing constructions of experienced-trauma by people in their ecclesial communities. The difficulty in pastorally addressing trauma is not necessarily the trauma in and of itself, but the survivor’s autonomic memory that creates, stores and constantly replays the traumatic event in their mind for the remainder of their life. It is a cognitive impossibility for the human brain to forget a traumatic memory.

In such times of desperation, pastoral care becomes more important to a survivor. However, few, if any, clergy are ever taught how to handle the unstoppable storage of trauma in a survivor’s memory — the same remembrance that irrevocably ties the survivor to the exact trauma they long to forget. In contrast to the ineradicable responses to traumatic memories such as ‘forgive and forget’ and ‘it’s time to move on’, cognitive research suggests that any attempts by the survivor to avoid or forget traumatic memories (the most frequently attempted coping mechanism) only further ingrain the unwanted memory into the forefront of their consciousness. It is thus important to note two major cognitive processes during a memory’s solidification process from short-term to long-term, that greatly influence a survivor’s post-trauma life.

First, during the event of the trauma, as the victim’s brain is autonomically forming a short-term memory, one of the most crucial and permanent physiologically — and psychologically altering moments occur: the memory is assigned an emotional context. Once assigned that emotion and its context of the place(s), person(s), reaction(s) and object(s) involved in the trauma are indelibly linked to that memory. And these indelibly linked emotions, when triggered post-trauma, show absolutely no reactionary difference in transporting a survivor back to their original trauma, even when compared against image-based memories.

Second, the climax of memory retention is reached as the brain’s chemistry biologically changes when experienced-trauma is solidified into long-term memory. And the human brain has no choice in this matter. For better or worse, the human brain is biologically changed by the retentive process of autonomic memory. Thus, if solidified memories biologically change the human brain, and those changes which individuals are helpless to control play a significant role in shaping identity, the next crucial movement is to pastorally figure out how to cognitively, theologically and emotionally assist a survivor with their ingrained traumatic memories. I will briefly explore three themes that provide a responsive framework to this reality.

Set proper expectations
The irony is that memory is generally bad at its purposed function: ‘remembering’. The percentages of memory’s general accuracy range from only 65 per cent on the high end to 15 per cent on the low. These percentages plummet to a dismal 9 per cent accuracy when it
comes to a survivor correctly recalling their trauma. Only some aspects of the most extreme moments of trauma are actually remembered. These particular extremes become the most frequently recalled moments and end up being the survivor’s full ‘memory’ of the trauma. The problem is that the less extreme moments, which still occurred during the trauma, and are no less important to a truthful and accurate memory, go unmentioned and quickly become inaccessible to recall. This process is called Retrieval Induced Forgetting, and suggests that over time traumatic ‘memory’ is really only a shell of the original event.

In response, clergy must first help the survivor set realistic expectations for their memory. As all survivors are aware, trauma cannot be unexperienced or forgotten. A survivor must take a memory for what it is: an identity-shaping, inaccurate at best, ingrained tool of images and emotions that are very real and yet can be extremely misleading. With this definition I am not suggesting that survivors do not remember the experience, feelings and ramifications of their trauma. They most certainly do! What I am suggesting is that the process of memory retention is so unpredictable that post-trauma healing cannot be encapsulated in cognition alone.

An often overlooked safety net that many survivors shut themselves off to is that social support remains one of the strongest predictors to recovery from a traumatic event. Despite the survivor’s existential pull to avoidance by not wanting to relive their trauma in any form because of its intensity, embarrassment, or the like, immediately talking about the trauma increases the victim’s likelihood of future stability. Whether professional or lay, continuing to verbally reevaluate and process the trauma will give much needed structure and shape to the survivor’s future semantised, or built upon, memories. This way the traumatic memory, still present and functioning in its rightful, unminimised form, is imbued with a different perspective by other ingrained memories gained over time. The survivor is then able to assign a broader context to the trauma within their life’s narrative.

The goal for this cognitive process must not be ‘overcoming’, such that one views the trauma as never actually happening; nor displacing trauma’s impact in a survivor’s attempt to adaptively ‘pass’. Healing through trauma is about integration. I call this work of integration a cognitive embodiment of traumatic memories; defined as the full integration of the complexities of trauma’s internal and external interactions, and reactions, as the baseline measure for a survivor’s new ‘normal’ identity and existence. Such a definition depicts the multiple realities that are needed as a survivor continually evolves in their self-awareness through this new lens.

Grasping the process of cognitive embodiment begins with the survivor’s difficult decision to acknowledge trauma’s reality and impact. No amount of cognitive or theological gymnastics can undo reality. The survivor’s life has irrevocably changed; and so have their identity, relational functionalities, worldview, memory and the emotional and spiritual cognition of how they processes information and stimulus. I understand how these statements might come across as hopeless. But they surely are not. Only with ‘acknowledgement’ can reality find its bearings.

Reflecting on her own life, Nancy Eiesland has come to understand that simply acknowledging experienced trauma must never be considered a defeat. In fact, it is in the acknowledgment of reality that a survivor is able to profoundly claim a hard-won battle against living a life not terminally overrun by factors out of their control. There is, however, a very real threat that acknowledgment can easily slip into an over-identification with trauma; shaping the victim’s worldview solely around their negative experience. Thus, room must be provided for the survivor to manoeuvre through extremes within their healing process, as the longview of cognitive embodiment understands one’s post-trauma identity will take on a variety of meanings as the survivor’s life progresses and changes. In this light, Eiesland sends a clear message that ‘fixes’ will never occur through an intense frenzy of work; and will never culminate in a survivor’s quick and glorious reveal on the other side. What setting proper expectations for cognitive embodiment will do is give the survivor safety to find a path to the Crucified’s suffering and ultimate integration of trauma as means to a reshaped post-trauma identity.

Practicing the cruciform

For 2000 years, the divine symbol of Christian suffering has been the cross upon which Christ hung. Before and since, the ubiquity of agent-produced evil has not ceased to be an active and shifting presence throughout the whole of humanity and its structures. In opposition to the contemporary Western worldview where evil is a ‘thing’ to be righted and overcome, scriptural references to evil are situated without separation between their confrontation and derivation. Scripture highlights the persisting interconnectedness of evil’s horizontal and cosmic impact throughout all of humanity. To understand Scripture’s impact on contemporary evil, the New Testament thought world saw ‘religion’ not as a spiritual enterprise as many do today, but ensonced into all facets of daily life. John Walton suggests such worldviews are consistent as far back as the Ancient Near East where there was no such word as ‘religion’. The only similarly suitable dichotomy would have been the realms of spiritual (heavenly) and physical (earthy). Thus, when anything went array in the physical realm, those in the first century believed the cause related to satanic interference (1 John 3.8–10). Such interference pertained to not only relational (Mark 8.32–33), verbal (Matthew 5.11; James 4.16), and physical (2 Corinthians 11.23–27) social interactions, but...
to institutions as well. Scripture saves its most poignant naming of evil as religious leaders (Mark 12.38–40), their elitist hierarchies (Mark 10.13–16; 1 Corinthians 11.20–22), and bureaucracies (Matthew 21.12–13), none of which resemble mandated Godly reverence (Jeremiah 7). Until recently, modern theological scholarship has in many cases left the New Testament thought world behind, insisting that divine suffering must be explained through one of three questions: Did God kill his Son? Did God abandon Christ on the cross? or Did God actually kill himself?

I argue that each of those questions, individually and as a group, are missing the fullness of their implications to those suffering from trauma. The crucifixion is trauma; and therefore this scriptural precedent needs to be contextualised to a much greater extent than the common advice for a survivor to ‘pray for healing because Jesus died to defeat sin’. I never want to minimise the impact of Christ’s crucifixion or the power of prayer. Yet it is through the cruciform process — Christ’s death, resurrection and ascension — that those searching for healing can find intensely practical pastoral care. I offer a brief narrative of the events shaping the cruciform.

During Jesus’ prayer in Gethsemane he embodied the immanent bloody, torturous, spat-upon and unimaginable painful reality, regardless that he did not want to partake in any of the forthcoming evil (Matthew 26.38; cf. Hebrews 5.7–8). During Jesus’ betrayal he acknowledged what must happen in that moment while simultaneously making a decision to submit to the difficulty that lay ahead (Matthew 26.50). Then while hanging on the cross Jesus embodied, literally, the trauma forced upon him while offering divine hope to another sharing in that torture (Luke 23.43, starting at v. 38 for the broader context). After, in Christ’s ascension he did not avoid or forget his temporal trauma, but is able to act as humanity’s High Priest through remembrance of the crucifixion (Hebrews 4.14–15; 6.10a). Finally, as Christ’s resurrection validated death’s defeat, the proof of his embodied remembrance of the torture was physically scarred into his body by the nail holes in his hands and feet, and the puncture of the spear’s blade in his side (John 20.26–27).

The cruciform demonstrates that Christ did not ‘forget’ or attempt to ‘ignore’ or ‘move past’ the experienced trauma in his temporal, resurrected, or ascended states. Rather he fully integrated his temporal trauma within God’s larger eschatological narrative. Christ offered this as an example for how humanity can also embody the reality of their own experienced-trauma (John 13.15). Survivors have scars, and that cannot be denied. Yet the integration process toward healing through traumatic memories begins when, like Christ, the temporal scars are embodied into the survivor’s new narrative based in God’s love (1 Peter 5.10).

Such a result is no different to how the divine Incarnate adapted the cruciform to integrate trauma through, (a) acknowledging reality; (b) integrating that reality into the overall arc of his life; (c) letting his integrated trauma lead the way to a reshaped post-trauma identity; and (d) allowing his reshaped post-trauma identity to not minimise the impact of what he went through on the cross, but embody the trauma, and its memories, with God’s love to create a full understanding of life’s experiences. This model of healing can still be used today, especially in conjunction with the aforementioned insights to the inner-workings of human cognition, producing more holistic ends to the healing process. The cruciform also launches a survivor’s healing work toward another movement; living into a reality of temporal hope.

Reality of hope is not the same as hope-escapism

In recent years, cognitive research has revealed that a survivor who centers their post-trauma identity on the not-yet ends up negatively impacting their present reality. Whether direct or indirect, a survivor pinning their conclusionary outlook on the eschaton can potentially lead to ‘hopeful-escapism’, or avoiding present reality. Eschatological hope is a theology of hope, indeed. But in many scenarios with persons healing from trauma, eschatological hope cannot stand on its own. It needs to be intertwined with tangible temporal hope.

The teenage girl who was raped, brutalised and physically scarred from an attack of unsubstantiated evil feels very little affinity to being told that in heaven her bodily scar will be removed, virginity restored, and personal and communal knowledge of love made right. The same is true for those with life-altering disabilities who are told they will one day dance on two legs in heaven with all the saints. Such disconnected theologies must be undone. Present acts of justice, activism, counseling and time-given to adjust to their new normal are all measures which can continue providing and refilling the survivor’s temporal hope until the eschaton, not because of it. I humbly contest that even with a reshaped temporal identity based in a hope of eschatological perfection, the elephants in the room are still temporal traumatic memories and their indelibly linked emotions.

Even if the survivor’s pain does lessen over time through this lens of eschatological reshaping of temporal identity, the survivor still has to figure out how to live with their relationally and reactationally triggered responses until their physical death. Therefore the process of practicing hope must inseparably be combined with embodied temporal works that provide hope done for hope’s own merit, to one day be continued, but not necessarily dependent upon, its continuation in the new creation. I am convinced that billions around the world who are outside of the Church are intensely looking to find their whole by way of those practicing hope in the world. Such hopeful acts of pastoral care in trauma through a proper set of expectations, practicing the cruciform, and working to realise hope in the here and now, can become more than a process of healing, it can one day become a survivor’s reality.