

TRAUMA-INFORMED DISCIPLESHIP

Ps 55; Ps 147:3; 2 Cor 1:3-11; Is 53:5; Mk 15; Jas 1:19; Rom 12:15

INTRODUCTION

WHY DOES THIS CONVERSATION MATTER?

1. People matter to God, and hurting people matter to God in particular (Ps 34:18).
2. Faithful pastoral practice matters deeply to God (Ez 34; Jer 23; Jas 3:1; 1 Pt 5:1-5; Acts 20:28), and unfortunately a lack of understanding with regard to the subject of trauma in particular has led to much pastoral malpractice, which has harmed the reputation of Christ, has wounded and weakened the church, and has contributed to the shipwreck of faith for many.
3. Many people carry a great deal of confusion, shame, and hopelessness with regard to their psychological life, experiences, relationships, and emotional responses, often contributed to by a lack of information and/or bad information (the Enemy being a purveyor of lies and the hiddenness of darkness). Christ came to bring freedom and life abundant to all, and my prayer is that this conversation will contribute to increasing experience of the truth, light, healing, and freedom purchased by Jesus in his death, resurrection, reigning, and sending of His Spirit — the one who was “traumatized for our transgressions . . . and by His wounds we are healed” (Is 53:5 LXX), for the glory of God.

TWO EXTREMES TO BE AVOIDED

1. The Gnostic/Pelagian Heresies: Trauma isn't really a thing, it's all in our heads — and/or just godless, humanistic, psychobabble used to make excuses for bad behavior. We just need to trust God more, pray harder, try harder, memorize more Scripture, and just stop it.
2. The Antinomian Heresy: Because I have experienced trauma/difficulty/suffering in my life, I am not responsible for my actions, am helpless and incapable of change, and am entitled to endless excuses and accommodation by all in perpetuity.

A CAUTION TO CONSIDER

There are many factors that can contribute to one's experiences and responses to trauma (e.g., physical environment, physiology, age, temperament, family of origin/generational trauma, cognitive/existential paradigms, spiritual warfare, past experiences, etc.), and so it is important to consider trauma both objectively and subjectively, and to work backwards from a person's responses rather than attempting to randomly assign “objective” traumatic value to experiences as we might imagine them. In other words, some people can experience horrific violence, danger, loss, etc., and not experience involuntary trauma responses, while others can experience things that we might not see as particularly awful, but for whatever reason may result in involuntary trauma responses for them. Our task is to be quick to listen, slow to speak, and slow to react, and to pursue Spirit-led discernment and divine wisdom as we seek to minister Christ's compassion, grace, and healing truth to those who suffer in our midst.

TRAUMA IN THE BIBLE

- A. Terms: Noun forms: **τραῦμα -ατος, τό**; “wound”; cf. Lk 10:34; LXX: Jer 10:19; synonym - **μῶλωψ -ος, ὄ**; “wound”; cf. 1 Pt 2:24; LXX: Is 53:5; Verbal forms: **τραυματίζω**; “to wound”; cf. Lk 20:12; Acts 19:16; LXX Is 53:5; Ez 30:4
- B. Concepts: Job 9:17, 24:12; Jer 51:52; Lam 2:12; Mic 1:8-9; Ps 55; Ps 147:3; 2 Sam 13:19-20; 2 Cor 1:3-11; Mk 14-15
- C. In terms of scriptural usage, the terminology and conceptual language of “trauma” is used both objectively and subjectively, and to denote both physical wounding and more holistic experiences of inflicted suffering (i.e., spiritual/relational/psychological wounding).

CLINICAL DEFINITIONS: TRAUMA AND TRIGGER

- A. APA Dictionary of Psychology: “Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place.”
- B. SAMHSA: “An event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm, resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.”
- C. Trigger: A stimulus that sets off a memory of a trauma or a specific portion of a traumatic experience (e.g., physiological, intrusive thoughts, involuntary, distressing emotions, etc.).

CLINICAL CONTINUUM OF TRAUMA (INTENSITY, DURATION, IMPACT ON FUNCTIONING)

- A. Stress
- B. Distress
- C. Traumatic Stress (defined by involuntary reaction to distressing events)
 1. Type 1 (single, acutely distressing event)

- 2. Type 2 (prolonged exposure to distressing events/situations over time)
- D. PTSD
- E. Delayed PTSD
- F. Complex PTSD

CLINICAL EFFECTS OF TRAUMA (INVOLUNTARY AND BROADLY ASSOCIATED)

- A. Spiritual Impacts of Trauma
 - 1. Shaken belief system, doubt
 - 2. Loss of meaning/purpose
 - 3. Deep sense of shame, unworthiness, self-blame; “I am uniquely damaged/broken/unlovable/alone”
 - 4. Existential isolation (abandonment)
 - 5. Difficulty forgiving oneself, others, God
 - 6. Demonic foothold (Eph 4:26-27; 2 Cor 10:4-5)
 - 7. Can manifest both in extreme withdrawal responses and in hyper-engagement, perfectionism
- B. Physiological Impacts of Trauma
 - 1. Alters brain structure and function (fear, memory)
 - 2. Nervous system dysregulation-persistent state of hyperarousal (physiological symptoms of anxiety)
 - 3. Chronic illness — headaches, digestive issues, sleep disturbance/fatigue, heart disease, cancer, diabetes, obesity, autoimmune disorders, chronic pain
 - 4. Immune system modulation
- C. Emotional Impacts of Trauma
 - 1. Intrusive memories — involuntary flashbacks, nightmares, bodily sensations, reactions to triggers
 - 2. Hyperarousal
 - 3. Emotional dysregulation — intense mood swings, anger/rage, difficulty regulating emotion in general
 - 4. Detachment — numbness, dissociation, feeling shut down, blunted “positive” emotions
 - 5. Cognitive issues — difficulties with memory, concentration, focus
 - 6. Mental health conditions — PTSD, chronic depression, anxiety disorders
 - 7. Persistent, exaggerated negative beliefs/expectations about oneself, others, the world
- D. Relational/Social Impacts of Trauma
 - 1. Attachment issues: Extremes of Avoidance/Withdrawal or Intense pursuit of relationships
 - 2. Avoidance of people, places, contexts that are triggering
 - 3. Risky/Compulsive behaviors-substance abuse, self-harm, sexual and other compulsions, often as forms of self-medication (“positive” and “negative”)
 - 4. Difficulty trusting others/feeling safe; Hypervigilance
 - 5. Challenges with intimacy, physical and emotional
 - 6. Reenactment-recreating familiar, painful, or abusive dynamics from past relationships

PHYSIOLOGY OF TRAUMA

- A. The process by which our bodies respond to danger is designed by God, and as such is a good (Gen 1-2), though fallen, means of protection from harm and survival (Gen 3:7-10).
- B. Our five senses take in sensory data — sights, sounds, feelings, smells, and tastes.
- C. These sensations are instantly organized and interpreted by the brain’s limbic system (activated prior to the frontal cortex, which is responsible for reasoning, planning, decision making).
- D. If danger is perceived, the limbic system activates the sympathetic nervous system, surging hormones such as adrenaline and cortisol to prepare the body for action, again, before the frontal cortex is activated. Activity in the frontal cortex is significantly diminished.
- E. Typical trauma responses: Fight, Flight, Freeze, Fawn, Faint.
- F. Traumatic memories are processed and encoded in the posterior cingulate cortex and amygdala rather than the hippocampus and neo-cortex, as fragmented, sensory based experiences for quick retrieval.
- G. If not consolidated through the hippocampus and neo-cortex, traumatic memories are not filed away as strictly past events, but as raw emotional and sensory data, which can cause the brain to feel as though the danger is still ongoing in the present (hypervigilance) and/or is always close at hand.

THEOLOGY OF TRAUMA

- A. The righteousness, holiness, power, and goodness of God and the goodness of all of God's creation, particularly humankind, created in God's image and likeness (Gen 1-2).
- B. The reality of the Enemy, and its perpetual, crafty machinations to deceive, to distort, to enslave, and to destroy God's good creation, and in particular those created in God's image (Gen 3).
- C. The fallenness of every aspect of God's good creation, including the divinely created mechanisms by which we process the world around us, discerning what is truly good, evil, safe, and dangerous, and enact our responses in kind (Gen 3). The enemy seeks to leverage our fallen world, our fallen minds and bodies, our own sins and the sins of others against us to gain a foothold in our minds and psyches from which to torment and ultimately to destroy us (Eph 4:27-28, 6:1-10; 2 Cor 10:4, 1 Pt 5:8-9). Because we all live in a fallen world and are each subject to the bondage and attack of the Enemy (Eph 2:1-3; Heb 2:15), we all experience affliction, grief, wounding, suffering, and even various degrees of trauma (Jn 14:26; 1 Pt 5:9; Rom 8:22; Gen 3).
- D. The full humanity and deity of Jesus Christ, who has suffered like us in every way, yet without sin, and who has overcome sin, death, and the devil in His perfect life, death, resurrection, ascension to the right hand of God (Heb 2:14-15; Col 2:15; 1 Cor 15:55-57), and in the sending of His Holy Spirit for our regeneration, healing, empowerment, freedom, and new creation, resurrection life (Titus 3:5; 2 Cor 3:17, 5:17; Rom 8:11). In His resurrected body is the first fruits of the new creation (1 Cor 15:20-23), which we become when we are united to Him by faith (2 Cor 5:17). His atoning death, verified in His resurrection, has made provision for our healing of body, mind, soul, and psyche (Mt 8:16-17).
- E. Jesus Christ, having suffered in every way we have (yet without sin), is a gentle and compassionate high priest (Heb 4:14-16; Mt 11:28-29), as well as an impartial judge of all of our thoughts, motives, words, and actions (Rom 2:1-11; Lk 8:17). In Christ alone is our hope for forgiveness and cleansing (1 Jn 1:9), and His Spirit conforms us more and more into the likeness of His son as we persevere to the end through suffering (Rom 8:17-30, 12:1-2; 2 Cor 3:17-18), even as we continue to battle against the Enemy and the powers and principalities of darkness (Eph 6:1-10).
- F. Healing can be miraculous/immediate (Lk 8:26-39); or a more lengthy, winding process that makes use of regular means, including the individual and corporate means of grace (Eph 4:9-16), as well as common grace techniques and interventions common to humankind (1 Tim 5:23).
- G. God promises not to burden us beyond what we can bear, and to provide the resources we need in Christ to endure in righteousness even in the midst of great hardship (1 Cor 10:13). Though our specific circumstances may be unique, the fact of our suffering is not (1 Pt 5:9; 2 Cor 1:5). We walk by grace through faith in the power of the Spirit (Gal 3:1-6), and we make no allowance for the flesh (Rom 13:14), even when we have experienced trauma.
- H. While God does not promise complete healing in this life (1 Cor 12:7-11), He does promise complete healing in the age to come (Rev 21:1-4), and promises us abundant life in the meantime (Jn 10:10), in the midst of trials and suffering. We walk by faith in the almighty God, not entitled or naively triumphalist, nor without hope and despairing in this life. By faith we accept trials and suffering as the gracious providence of God even as we labor for their eradication, that they might achieve their full purpose for us in this life and in preparation for eternity (Jas 1:2-4; 2 Cor 1:3-11; Rom 8:17).

CARING FOR THE TRAUMATIZED IN CHRIST'S NAME: COMPASSIONATE PRESENCE, PRAYERFUL LISTENING AND DISCERNMENT, SPEAKING THE TRUTH IN LOVE; BUILDING A COMMUNITY CULTURE OF HEALING AND CARE

- A. By God's grace, we can avoid normalizing/minimizing, undermining, spiritualizing, or calling wounded people to greater shame and self-effort, but rather can commit ourselves to point the wounded and hurting always to Christ, our ever present and compassionate high priest (Ps 34:18; Heb 4:14-16).
"That happens to people all of the time/You are overreacting/making a big deal out of nothing"; "This trauma stuff is psychobabble — trust God and move on"; "Your past is under the blood of Christ — just believe and don't let it bother you"; "You should be over it by now"; "You should really do more of x, y, and/or z," etc.
- B. By God's grace we can be quick to listen, slow to speak, slow to react (Jas 1:19); we can seek to be people of understanding who are able to plumb the deep waters of the soul (Prov 20:5), and we can work together to build a culture of grace that invites people to truly know and to be known deeply without shame (Gen 2:25), as we non-anxiously incarnate the compassionate presence of Jesus to and for one another without needing to immediately judge or fix. By God's grace we can weep with those who weep (Rom 12:15), and can practice together our biblical theology of lament (Ps 88) as in hope together we acknowledge the brokenness of the world and groan for ultimate redemption (Rom 8:22-25).
- C. By God's grace we can be honest about our own wounds, propensities, and limits, and can intentionally seek out understanding and healing for ourselves so that we might be better equipped to care for (and not to further wound) others (Mt 7:3-5). If it is generally true that hurt people hurt people, how much more important is this for those called to lead and to shepherd others?
- D. By God's grace we can seek to understand the complexities and nuances of our own and of one another's stories, prayerfully listening to God and to one another and seeking to discern what might be beneath desires/motives/behaviors (Jas 1:5; Heb 5:14; Phil 1:9-10), without superimposing a simplistic theology of sin over every case.
- E. By God's grace we can seek to make intentional use of the means of grace and of the means of common grace the LORD has made available to us for our sanctification, growth, and healing (Eph 4:11-16), and putting on the full armor of God can stand firm together against the enemies schemes (Eph 6:1-10).
- F. By God's grace we can learn to speak and to receive the truth in love (Eph 4:15), which requires gentleness, compassion, and courage, as we seek to practice the one another's, to bear one another's burdens, and for each to carry their own load (Gal 6:1-5).
- G. By God's grace we can learn to recognize where our limits are in being able to care for others, and when to enlist the support of a small group, of more experienced church leadership, and/or of Christ-centered, vocational mental health workers (1 Cor 12).

- H. By God's grace we can disavow all Gnostic heresies that would divorce our physical/psychological/emotional/relational lives from our practices of discipleship, and can restore a balanced, biblical understanding of embodiment, deliverance, and healing to the regular disciple-making ministry of the church (Mt 22:37-40).

CONCLUSION: JESUS CHRIST, THE WOUNDED HEALER, AND HIS BODY (Job 5:18; Hos 6:1; Ps 147:3)

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