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The Wounded Body of Christ: Social Trauma in Pastoral Care

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Introduction:

 It was a frigid evening as I stepped off the inter-campus bus and onto the familiar brick pavement of our campus, shivering as I went. On days like this when it was so cold it almost hurt, I would not refuse help to speed up the walk across campus. Soon, I was approached by a gentleman who kindly offered me assistance, which I gratefully accepted. I felt an instant connection with this gentleman that could not be immediately explained. As we talked, I could sense that he had a kind heart but was struggling, feeling alone. At one point, I asked him what he thought were the best and worst parts of the campus experience. He shared that it was lonely being a student of color on campus. Extending my hand, I said, "I hear you. I can understand, to some extent, how you feel." And I did, because being without sight has opened my eyes to see struggles that others cannot see, to feel connections with others who feel the same. Though this gentleman did not express it, he and I both knew what it was like to walk into the room and be "the only one," to be treated differently, to be "colored" first or "disabled" first. We were two strangers, yet we sensed each other's struggles in a way that could not be understood by others around us. Giving his hand a gentle squeeze, I said: "Hang in there." I offered some encouraging words before we departed, still strangers but kindred spirits, having helped one another in a special way.

 I believe the connection that I felt with this gentleman walking across campus was actually not so strange. There was something we were both feeling, a deep struggle that is challenging but makes us stronger, that we did not express in words. My body and spirit felt it. Although I cannot say what he felt in his spirit, it seemed we connected from the moment we encountered each

other that evening. I call this solidarity. Perhaps you have experienced this feeling before, that kindred connection with someone when you know you have a similar experience of navigating this complex world. Perhaps you have heard it from people who are challenged by life in a world where they are treated differently. Increasingly, I have felt myself drawn to make these connections of solidarity, to listen to the stories of the people whom we call "other" - because I, too, am called other. Yet, to achieve true solidarity, there is so much I have to learn. There is so much I have to explore beyond my own story.

My story was part of the inspiration to examine the threads of this roughly woven quilt, but it is only one square among the patchwork of other testimonies. These stories led me to ask some fundamental questions. How is navigating a world in which our differences are brought to the forefront every day of our lives, as experienced by the gentleman I met walking across campus, a form of social oppression? What is social oppression, and at what point does it become social trauma? Why is it necessary to engage such a painful topic? I cannot promise to answer these questions, though I will address them. Perhaps all who read this will end up with more questions than answers. Perhaps the readers will experience pain, anger, a deep sense of solidarity, an examination of conscience, or something else entirely. Nevertheless, I invite my readers to embark with me on the journey of examining social trauma in our world today - a journey that is not individual, but communal; a journey that requires us working together as fellow human beings, to turn from disharmony to unity, from uncontained brokenness to redemptive healing. Healing is possible, but it begins with you and me, here and now, in our consciousness, our bodies, and our spirits.

Recently, I had an awakening in which my eyes were opened to the sociocultural implications of our world today, specifically a greater awareness of oppression. Part of this awakening was recognizing my simultaneous experience of privilege and oppression, and the oppression of others. It also brought about a painful, reflective, and revelatory growth in that I began to recognize my own complicity in social structures of sin. I had to acknowledge the uncomfortable truth of my white privilege, but also my own marginalization as a person without sight. Since this awakening occurred, I feel deep empathy and solidarity for others who are marginalized, and have had several reciprocal healing encounters that could not have occurred without this awareness of social oppression.

In this paper, I will take an interdisciplinary approach to exploring the problem of social oppression and subsequent social trauma. I will examine social trauma from theological, psychological, sociocultural, and pastoral perspectives. The purpose of this paper is not only to facilitate a deeper understanding of social trauma, but also to develop a theological and pastoral framework of tools for healing that will be useful to pastoral ministers. My main argument is that pastoral care providers should be equipped with a level of awareness and preparation to minister to people who have experienced social trauma. Social trauma is one type of oppressive suffering that contradicts Christian solidarity by wounding and dividing the Body of Christ. Ministers who are trauma informed will not only recognize the ways in which trauma has wounded the Body of Christ, but also help to facilitate healing from those wounds.

This paper is divided into four sections. The first two sections examine social trauma from a psychological perspective, providing some background information that explains what social trauma is and why ministers should be equipped to respond. The first section explains terminology relevant to social trauma as well as the psychological, theological, and pastoral implications of not being aware of social trauma. This section incorporates a combination of original and academic research. The second section describes the theory of social trauma through the perspectives of body-centered and clinical psychology, which provide insight as to why ministers may not be aware of social trauma. The two theories discussed are Eve Carlson's theory of traumatic stress and Resmaa Menakem's discourse on trauma as a bodily response. Using these theories, I begin to develop some pastoral insights on healing. In the third section, I explore the problem of social trauma through the theological concept of solidarity, using Scripture, Catholic teaching, and liberation theology. This theological framework of solidarity was particularly constructive in developing my pastoral response. In the final section, I propose my plan for a pastoral workshop that is designed to educate pastoral care providers about social trauma and offers several tools for solidarity as a response for healing.

Acknowledgements:

I humbly acknowledge that I am a novice in the area of social trauma. This paper had not the capacity to accommodate the full breadth of this topic; however, I believe it is worthwhile and necessary to devote several years of comprehensive study toward this topic. I am grateful to many people for the success of this project. I am grateful to the authors, both black theologians

and trauma therapists, whose work inspired my direction. I am grateful to the individuals who agreed to be interviewed. Thank you for your openness and vulnerability, and for the insights you shared, which added a level of richness and authenticity to the work. I owe gratitude to a wise colleague for the time she spent with me refining this topic, and for readily offering honest feedback. I am grateful to the colleagues and instructors who challenged me but also offered encouragement and support. Above all, I would like to thank those whose prayers and words of support kept my morale up while undertaking this emotionally and academically daunting research.

Section 1: Descriptive-Empirical Task

I. Introduction:

In this paper, I argue that pastoral care providers should be equipped to minister to people who experience social trauma. Social trauma is pastorally problematic because it contradicts Christian solidarity by wounding and dividing the Body of Christ. In this section, I will attempt to explain why social trauma is problematic by exploring two questions: (a) What is social trauma? and (b) What are the harms of pastoral care providers not being equipped to minister to people who have experienced social trauma? The first question explores concepts relevant to social trauma, interwoven with original research in the form of qualitative, one-on-one interviews with people who have experienced social trauma as well as ministers who have encountered this in their ministry. I address the second question regarding pastoral harms from psychological, theological, sociocultural, and pastoral perspectives.

II. What is Social Trauma?

In this section, I explain terms relevant to the concept of social trauma including social oppression, social trauma, microaggressions, discrimination, and intersectionality. The definitions are coupled with interviewees' experiences.

Social Oppression: Social oppression is defined by Zurcher and Snow (1981) as "a concept that describes a relationship of dominance and subordination between categories of people in which one benefits from the systematic abuse, exploitation, and injustice directed toward the other". Any situation in which the organization of social life enables those who dominate to oppress others has elements of social oppression (Zurcher and Snow 293). Edmund and Bland (2011)

defined social oppression (which they termed societal abuse) as follows: "a form of active abuse that refers to the disadvantages an individual or group experiences as a result of unjust social structures". Edmund and Bland contend that social oppression is the root cause of most types of abuse. It is perpetuated by society through dominant culture or the tendency to accept abusive behavior toward marginalized groups (Edmund and Bland 1). Examples of social oppression include racism, colorism, sexism, classism, ableism, heterosexism, displacement, and religionism, as well as age, socioeconomic background, or immigration. Most of these forms of oppression were mentioned by my interviewees, some of whom experienced multiple oppressions. Manifestations of social oppression may include overt or covert discrimination, lack of accommodations or services, lack of access to health care, inadequate social policies to protect against abuses, negative images and stereotypes in the media, denial of victims' pain and victim-blaming, or, in extreme circumstances, human trafficking, forced dislocation, and genocide (Edmund and Bland 1).

Social Trauma: Some forms of oppression are traumatic and can lead to stress symptoms (such as minority stress and post-colonization stress disorder), which result from struggling with social oppression and marginalization, as well as the imposition of dominant culture as mainstream and superior (Edmund and Bland 1). The broad category of social trauma itself is not well established or clearly defined in research. For the purposes of my study, I define social trauma as a type of traumatic stress that builds up in the body as a result of any type of social oppression. Social oppression does not always result in trauma, but there is a strong association.

My interviewees described traumas occurring from single events and those occurring from the cumulative effects of daily experiences. Some have experienced emotional trauma in addition to social trauma. One person of color described the trauma of what it means to be a black body in America - namely, the tendency to harm oneself, not to mention the effects of intergenerational trauma and epigenetics. Though many traumas both in the ministerial and non-ministerial interviews were due to racism or ableism, several ministerial interviewees discussed sexism in the church. One interviewee's profound experience with sexism and being denied a position for which she was well-qualified was her most significant social trauma. The same interviewee discussed heterosexism and how it created a large divide in her church. This shows how social trauma can impact both individuals and communities. In this regard, many ministers spoke of the

importance of being aware of structural and systemic traumas, such as 9/11, gun violence, bombings, natural disasters, communities who are socially and economically disadvantaged, and church divisions.

Intersectionality: Intersectionality refers to intersecting identities that result in multiple types of social oppression (Bryant-Davis 138). The term intersectionality, introduced by black feminist Kimberle Crenshaw, refers to "the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, classism, and sexism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups" (Merriam-Webster Dictionary).

Microaggression: According to the Dictionary of Social Sciences, a microaggression is a "statement, action, or incident regarded as an indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority" (Dictionary of Social Sciences). Microaggressions may occur through interpersonal exchanges or environmental messages. They may be manifested as verbal or physical actions intended to cause harm, but often occur as insults that are nonverbal, subtle, and unintentional (Forrest-Bank and Cuellar). The microaggressions interviewees experienced include: assuming a person of color is a maid; asking intrusive, irrelevant questions; having below expectations standards; equating disabilities with brokenness; social exclusion, such as not acknowledging one's presence or not allowing someone's voice to be heard; being patronizing; making assumptions or judgments about aspects of one's different ability; grabbing or handling a blind person; talking more loudly to a person without sight; petting a service dog without permission; not allowing one agency; and calling a person of color by the name of another colored student.

Discrimination: Discrimination is defined by the Dictionary of Social Sciences as "the unequal treatment of groups based on their particular identities - generally racial and ethnic groups but also extending to any nearly distinguishable identity category, including age (ageism) and gender (sexism)." Discrimination is different from prejudice, which refers to individual attitudes rather than to social actions or structures (Dictionary of Social Sciences). A common example among my interviewees was wage discrimination: people of color or people with disabilities being paid

less than men or younger, more inexperienced white employees, or people of color not being paid properly after submitting paperwork correctly and in the same format as a white colleague. Workplace discrimination was also common among my interviewees and included: segregating someone because of a service dog; imposing expectations or limitations on a person with disabilities out of one's own hostility, ignorance, or fear; and not engaging people with disabilities beyond making sure they are not a danger to themselves. Regarding anticipated discrimination, one interviewee admits she is surprised when it does not occur. Anticipated discrimination caused other interviewees to change their behaviors to avoid reinforcing stereotypes.

Where Do You Stand: Privilege and Oppression

Privilege and oppression are important realities for compassionate, committed pastoral care providers to comprehend in order to be successful in responding to the needs of the larger community in their work (Kujawa-Holbrook and Montagno, 45-58). Privilege refers to a situation in which one group has something that is denied to another group because of the group they belong to rather than their actions. Privileged groups such as males, whites, financially stable people, able-bodied people, and heterosexuals can afford to be oblivious because society is structured to their benefit. Privilege is not based on individual characteristics, but instead occurs when the group one belongs to is more esteemed or powerful than other groups. Privilege generally allows people a certain level of respect, acceptance, and inclusion in the world, to operate in a wide comfort zone. It grants social permission to act on perceived superiority without having to worry about being challenged (Kujawa-Holbrook and Montagno, 45-58).

Oppression happens when one privileged group has power over another group (Kujawa-Holbrook and Montagno 45-58). Oppression, like privilege, is a reality that occurs between groups of people in society rather than individuals who happen to belong to privileged groups (Kujawa-Holbrook and Montagno 45-58). It is important for people in privilege to recognize their own complicity in oppressive structures and overcoming the difficulty of understanding what one has not experienced (Kujawa-Holbrook and Montagno 29-44). Interviewees in both categories indicated that people in privilege would have to make adjustments and open their eyes to social trauma. One minister pointed out how privileged communities tend to downplay

situations of social oppression because confronting their meaning-making systems and perception of reality causes them to react defensively to maintain the status quo.

III. Social Trauma: What Are the Harms?

Statistics Pertaining to Social Trauma:

Before delineating specific harms, I offer some general statistics to demonstrate the harmful impact of social trauma. There are five billion people of color in the world (Kujawa-Holbrook and Montagno 13-28). There are five thousand living languages, so more people speak English as a second language rather than as their primary language. In the U.S., 40 percent of bias crimes are against blacks, and 13 percent are antiwhite crimes. The highest growth in hate crimes in recent years are against Asians and homosexuals. Every hour someone commits a hate crime. Every day, eight blacks; three whites; three gay, lesbian, or transgender; three Jews; and one Latino become hate crime victims. Every week a cross is burned. 30 percent of Hispanics and African-Americans live in poverty, compared with 12 percent of European Americans. The paychecks of African-Americans are half as much as whites. Statistics show a growing diversity trend, but hate crimes and discrimination are not shrinking by any means. As the U.S. population grows increasingly diverse, the need for a greater awareness of difference within a dynamic of privilege and oppression is a challenge facing all people of faith in this changing context (Kujawa-Holbrook and Montagno 13-28).

In addition, marginalized groups tend to have higher rates of poverty, homelessness, and incarceration, not because they commit more crimes but because they are prevented from enjoying the same benefits as the dominant group. The US Census Bureau reported that in 2000, the poverty rate for African-Americans (22.1 percent), Latino/as (21.2 percent), and American Indian or Alaska Native (25.9 percent) was triple the poverty rate of white Americans (7.5 percent) (Edmund and Bland 1). In a study of 210 Black, Hispanic/Latino, and Asian undergraduate college students, microaggressions were positively correlated with ethnic identity and with psychological distress. Overall, racial microaggressions have a damaging impact on the emotional health of minority young adults (Forrest-Bank and Cuellar). Microaggressions are more difficult to interpret than less subtle forms of discrimination, creating confusion with the

recipient about the intent and how to respond. Thus, the complex dynamics of microaggressions may cause greater psychological distress than blatant discrimination (Forrest-Bank and Cuellar).

Furthermore, microaggressions contribute to minority stress among non-dominant groups. Studies have shown the nature and frequency of microaggressions among people with disabilities. One study yielded a taxonomy of disability microaggressions, and 99 percent of a large sample of people with disabilities reported experiencing at least one physical disability microaggression in their lifetime. Regarding sexual minorities, several studies have found a relationship between reported experiences of homonegative microaggressions and negative mental health outcomes. One study found that sexual orientation microaggressions negatively impacted mental health by increasing depression, anxiety, suicidal ideation, self-destructive behaviors, and substance abuse (Conover and Israel).

The Wounded Body: The Theological Harm of Social Trauma

Social trauma is one form of oppressive suffering that wounds and divides the Body of Christ and therefore contradicts Christian solidarity. Theologically, the concept of Christian solidarity is rooted in our understanding that we are one Body in Christ, a theme consistent in the New Testament. The "we" is inclusive of all people - young and old, Christian and non-Christian, liberated or enslaved, rich or poor. To be "one body" means to be united, as brothers and sisters in community, dependent upon one another for the whole body to function. Our harmony is disrupted when members of this body do not function properly. Finally, "in Christ" means that we are, as one people, united in the promise of saving grace and the hope of the Resurrection.

In 1 Cor. 12:12-26, Paul writes that when one member of the Body of Christ is hurting, the whole body hurts. This is why the oppressive suffering of social trauma is problematic: because it demonstrates a fundamental theological flaw in the way we are living out who we are, the Body of Christ. We are a hurting body, a marked body, bleeding with the torn flesh of division and disharmony. We are a broken body, a wounded body, a crucified body with punctures in our hands and thorns in our side, a body divided against itself. We are a wounded body that needs healing, and each of us who strives to live in Christ is called to work toward this process of healing. At the same time, we cannot heal without an awareness of what the wounds on the body are and why they are present. This is the reason pastoral ministers must be aware of the harms of social trauma. Perhaps, if we all work together, some of the bleeding wounds on the Body of

Christ will become scars, stories of pain from the past that will be retold as lessons for how not to hurt, and how to love.

The problem of social trauma is not merely an abstract theological idea to be discussed philosophically without any action being taken. Social trauma must be addressed in the concrete, particular manifestations of today, with a sense of urgency that is rooted directly in theology, Scripture, and Christian tradition. This sense of urgency is demonstrated well by the United States Conference of Catholic Bishops in their 1979 pastoral letter on the evils of racism. Unfortunately, the deep-seated racism in our society addressed in this document three decades ago are just as relevant today. As the bishops argued, the sense of urgency has "yielded to an acceptance of the status quo" and a dangerous attitude of indifference. Christian teaching proclaims that all people, as children of God, are brothers and sisters; thus, racial discrimination is a serious injustice that has "severely weakened our social fabric and deprived our country of the rich contributions of many of its citizens". Regarding our responsibility to one another, the USCCB states: "The absence of personal fault for an evil does not absolve one of all responsibility. We must seek to resist and undo injustices we have not ceased, least we become bystanders who tacitly endorse evil and so share guilt in it." Furthermore, God's word proclaims the liberation of all people and our responsibility for one another. Because we are all brothers and sisters, one human community in solidarity who bears the image of God, oppression is a distortion of human nature, so the sin of those who make the Body of Christ oppressive is significant. In conclusion, "There must be no turning back along the road for justice.... For we are children of the age to come, when the first shall be last and the last shall be first, when blessed are they who serve Christ the Lord in all His brothers and sisters, especially those who are poor and suffer injustice" (USCCB).

The Wounded Body: The Psychological Harms of Social Trauma

From a psychological perspective, we examine how social trauma hurts individual members of the Body of Christ by considering its symptoms. The symptoms of social trauma my interviewees described occurred on emotional, somatic, relational, and spiritual levels. Emotional symptoms include numbness, depression, anxiety, grief, anger, and shame (Bryant-Davis 138; Edmund and Bland 1). The three most common emotional symptoms among interviewees were tension (often in the chest or gut), anger, and anxiety. Some mentioned having pent-up anger, not

knowing how to express anger, or having anger manifest as tension, physical symptoms, or irritation or frustration disproportionate to a situation. Other symptoms were feeling isolated, wanting to cry more, withdrawing into oneself, numbness, and feeling others' distress. Somatic symptoms, or symptoms of psychological distress felt in the physical body, may include migraines, nausea, and body aches. I asked interviewees to recall how they felt in their bodies when traumas occurred. Some reported not being physically in shape, weight gain, physical upset, breathing problems, trauma-induced illnesses (kidney disease, diverticulitis), stress leading to weakness, gut feelings, blood pumping, or tightness in throat when distraught.

Relationally, people may experience distrust of members of the dominant group or of their own marginalized group (Bryant-Davis 138; Edmund and Bland 3). Many interviewees reported difficulty in relationships, such as trust issues, being guarded or using intuition to try to determine people's intentions. One interviewee reported fighting a constant battle between not succumbing to others' assumptions about her while still trying to maintain relationships. Another described the battle between kindness and integrity, versus maintaining her independence or sense of self. One interviewee said that as a minority, building healthy relationships with non-minorities requires good communication and walking with them to teach them how to be in relationship with people differently. Healthy relationships also involve honesty, allowing one to have agency, and working through mistakes.

On a spiritual level, people may question their faith in God, humanity, or both (Bryant-Davis 139). However, the interviewees who spoke about faith seemed to be strengthened by it. Some interviewees spoke about trust in God, and remembering that God is their shield especially during times of shame or pain. One realized that it was okay to be assertive, because Jesus was kind but not always nice. Others mentioned uniting the suffering of Christ with their suffering, because He, too, was marginalized.

The Wounded Body: Sociocultural Harms of Social Trauma

Marginalized groups often have difficulty accessing services, especially when the staff represent the dominant culture. Some common barriers include: discrimination by staff or others in charge; cultural barriers such as language, customs, or food; conflicts over values; and trust issues. Another barrier is the fear of being discounted - namely, allegations of discrimination or other forms of oppression are often dismissed by the larger society as "playing the victim". Other

providers may have conveyed this attitude or blamed the individual for their problems based on stereotypes about race, class, socioeconomic background, or sexual orientation. There may also be a fear of being judged, especially if one was excluded or judged based on misperceptions about aspects of their intersectionality. In addition, safety issues may occur due to interpersonal violence, language barriers, the conscious or unconscious bias of providers, or cultural values being pathologized. Lastly, people from marginalized groups may fear losing their autonomy, in that providers may try to impose their own customs, values, or rules and restrictions due to lack of trust rooted in their own stereotypes (Edmund and Bland 4-6).

The Wounded Body: The Voices of Ministers

Most of the ministers I interviewed suggested a lack of awareness of social trauma among ministers. Most emphasized the importance of education and awareness, being psychologically informed in ministry. To be trauma-informed, one chaplain said, is to meet people where they are at with love. The following are paraphrased reasons indicated by interviewees to be aware of social trauma:

- Jesus was aware of social oppression, having experienced it himself, so dismissing these experiences is dismissing recognizing Jesus.
- Ministers have a responsibility to respond to problems they recognize.
- Listening must be paired with action.
- Pastors should be one of the main resources for help because many people turn to the church when lost or in trouble.
- Ministers must be culturally competent to avoid accidentally perpetuating harm.
- A minister should learn to be an ally.
- People in privilege should be advocates or followers who amplify the voices of marginalized groups.
- Systemic oppression impacts the church and larger community.
- Jesus calls us to show partiality to those who are oppressed.

The following are harms indicated by ministers:

- People may feel they do not belong to the church community or cannot be understood instead of feeling affirmed.

- People may feel inhibited, or perhaps not able to live as human beings made in the image of God.

- Social trauma cripples and diminishes the community because we cannot fully live when we miss the opportunity to see how others navigate the world.

- Oppression causes people's spirit to be squished when they are not allowed to be their authentic selves.

- A lack of awareness does not allow us to help one another and be the Body of Christ.

- People are receiving inadequate support from the community or feeling judged, or have withdrawal or isolation.

- People begin blaming God or associating their treatment in the church with how God would treat them.

- There is a tendency among pastors to focus on themselves not doing racist things, rather than addressing systems or structures.

The following are theological insights from the ministerial interviews:

- We need to be scarred healers rather than wounded healers.

- Our God suffers with us.

- The rich Gospel stories tell us how Jesus walked with the "other".

- We should weep when sad things happen, but find the promise of the Resurrection as Christian disciples.

- Love God and neighbor as yourself.

- God may be compelling us to use our gifts and skills to show that people who are marginalized are children of God.

- Social trauma inhibits our ability to be in right relationship with God.

- There is not one person God does not love so treat everyone with dignity and respect.

Cultural Competence in Ministry: A Personal Perspective

Cultural competence is the ability to recognize and respond to various aspects of cultural differences, as a long-term engagement (Kujawa-Holbrook and Montagno 29-44). It is important that care providers develop cultural competence in order to be aware of different cultural or linguistic perspectives and to employ appropriate care giving strategies (Edmund and Bland 6). Yet, what if a minister is not culturally competent to deal with social oppression? My

experiences in pastoral care strengthened my belief that pastoral care providers should be given the tools to minister to people who are socially traumatized. In pastoral care, we are accustomed to ministering to people with physical trauma. We pray for them, we listen to their stories, we offer encouragement and hope. In some ways, social trauma is not so different. On the other hand, it requires a somewhat different set of personal, cultural, pastoral, and professional skills of cultural competence.

When I encountered a situation in which I thought a patient was being socially oppressed, my cultural competence and my awareness of sociocultural constructs were just beginning to develop. Throughout this encounter, I felt unprepared to handle what seemed to be an incident of social oppression. I felt as though I was stumbling through a maze, with little support, and came out with more questions than answers. Sometimes, having the insight to determine whether an incident is a case of social oppression, and advocating for the patient, are just as crucial as listening and prayer.

Throughout our two visits, the patient spoke frequently of her pain, which she felt was not being managed well. I quickly concluded that the inadequate pain management was a manifestation of implicit racism that research has proven to occur with African-American patients in healthcare. I could not help noticing that the nurse, a young white woman, did not seem to listen deeply to the patient. I also noticed that the patient was not given water, even after she asked twice. The patient wept, saying she just wanted someone with compassion and understanding. I held her hand, listened to her, and prayed with her. I also did something else, which, in hindsight, was somewhat misguided. I asked her directly whether she felt her pain was not being managed because she was African-American, to which she agreed. I then tried to assure her I understood by saying: "That's not fair, you shouldn't have to be treated that way". I apologized for what she was going through, and she hugged me. She then left, portable IV stand in tow, to get her own glass of water. I walked out behind her, wondering whether I had actually done any good.

At the time, I did what I thought was right. I took the next step of advocacy, consulting my supervisor, who suggested I contact the patient's nurse. The nurse reported that the patient had "drug-seeking tendencies". I was firmly reprimanded by my colleagues for what they perceived as "putting my own research interests first" and "planting the seed" in the patient's mind that she was being treated unfairly. Instead of making my own assumptions, they pointed out, I should

have allowed the patient to name the problem herself. It took a long time to let go of the pain of that situation.

Perhaps this was a case of social oppression, and the nurse was a well-intentioned person whose actions were subconscious. Or perhaps my overflow of compassion toward the patient, and my sympathy for her feeling she was not being heard, led me to form misguided conclusions. My intention was to try to be in solidarity with the patient by showing that even as a white chaplain, I understand that racial injustice still occurs. However, I recognize now that listening to the patient's story fully would be a more fruitful act of solidarity than naming for her what I assumed was happening. There are few things more powerful than listening to the words of the marginalized themselves, letting them speak their truth. Though my sense was that the patient felt validated, there are also other aspects of a ministry of accompaniment that more effectively demonstrate solidarity. One aspect of solidarity is affirmation of humanity and one's experiences. What if, instead of saying "You don't deserve to be treated this way," I instead said: "You deserve to be treated with compassion and respect". These small changes would have directed the conversation to the centrality of the patient's experience. Above all, this experience taught me that chaplains need to be trained in the precarious balancing act of social ministry: navigating sociocultural constructs, being a listener and an advocate, feeling the patients' thorns without making oneself bleed, accompanying a patient in their darkness and loneliness but helping them to see even just a small spark of light.

IV. Pastoral Implications: Coping with Social Trauma

Because of the multiple levels of symptoms, coping with social trauma requires physical, psychological, and spiritual energy and effort. Individuals must have knowledge of the strategies they can use and the types of responses those strategies might evoke. Ways to empower people with social trauma include implementing cultural competent caregiving, recognizing the impact of oppression and wellness, and tending to spiritual needs (Edmund and Bland 7). The interviewees mentioned multiple ways of coping. One of the most common coping strategies among interviewees was solidarity with other minorities, bonding through shared experiences of discrimination, or solidarity with others who understand. One non-sighted interviewee felt that dealing with microaggressions of their own has allowed minorities to have greater sensitivity to her challenges. Other aspects of coping include: humor; not "sweating the small stuff"; owning

one's feelings while realizing that others have to do the same; having a support system consisting of people who empower, love, and hold you accountable; radical acceptance and feelings of belonging; telling others; resilience; holistic resources; self-care; determination; self-awareness; friendship, reciprocity; and recognizing common humanity. One interviewee spoke of her service dog as a significant coping mechanism, because the dog created some much-needed space for her but also transformed her from a shell of a person to a fully functioning individual. There were few interviewees who did not mention the importance of education and awareness, which motivated them to educate others.

In regard to healing, most seemed hesitant that it could happen. Some said healing would not occur until we reduce the stigma around various differences and have a conversation about different needs. One referred to healing as a journey, in which healthy and unhealthy steps are both part of the natural process. One interviewee compared healing from social trauma to chronic illness - a doctor implements treatments for coping and having good quality of life, but in some cases one may never completely heal. Social trauma may always be a cross one has to bear, but finding some peace or joy despite this brings an element of healing.

Solidarity: A Step Toward Healing

The problem of social oppression can be viewed through the lens of solidarity. Solidarity is the bond that links humans of every age, race, nation, and worldview as people living in relationship with God. Thus, a person living out the call to solidarity is anyone striving to live in right relationship with God and one another. For ministers, this means helping to heal the Body of Christ in whatever way they have been called. The Gospels demonstrate that the life and ministry of Jesus was devoted to fighting social oppression. Thus, social oppression (and subsequently, social trauma) directly contradict Christian solidarity. From a pastoral perspective, solidarity happens on a fundamental spiritual level in that individuals can tell whether ministers are connecting in their hearts and spirits with what they are sharing. Solidarity means helping people to process the pain of their bleeding wounds so that they become scars from which they can learn and grow. A lack of solidarity could lead the abused to become the abuser; in other words, a hardening of the heart in such a way that, because they were not taught to recognize their wounds or given the much-needed compassion, guidance and understanding, they came to inflict the same pain on others that they experienced.

Related to solidarity, some skills that ministers identified in ministering to people with social trauma include: patience; listening, honoring, being catalysts for change; addressing social trauma and brokenness publicly; having adequate counseling understanding but also knowing when to make a referral; education; helping people find their inner strength and the answers within themselves; encouraging self-expression; showing the love of Christ; praying together; being present; being non-judgmental; speaking out on social justice matters; negotiation skills when there is a communal hurt; interpersonal skills; awareness of the holistic impact of trauma; and applying theology to praxis. The following are coping strategies suggested by ministers: Self-care and personal awareness to facilitate greater empathy and compassion; self-love and self-acceptance; prayer, open heart and mind; hope in the midst of chaos; professional boundaries; debriefing; family, faith, and friends; journaling; and having grace for oneself. Most importantly, sharing experiences of social trauma as an act of solidarity may help others to heal.

Section 2: Interpretive Task

I. Introduction

The first section of this paper introduced the pastoral problem of social trauma. In it, I argue that pastoral care providers should be equipped to minister to people who have experienced social trauma. I began with an explanation of social trauma and related terms, as well as the harms of pastoral care providers not being equipped to minister to people who experience social trauma. The purpose of the second section is two-fold. First, I will explore the reason for the pastoral problem of social trauma - namely, the lack of awareness of social trauma among pastoral care providers. Next, I examine social trauma through the lens of two psychological theories of traumatic stress, which are more in alignment with social trauma than traditional trauma models. The two theories I utilized are Carlson's theory of traumatic stress as applied to Robert Carter's race-based traumatic stress (Carter 20) and Resmaa Menakem's discourse on trauma as a bodily response in his theory on race-based trauma (Menakem 9). Whereas Carlson's theory compares the criteria for traumatic stress with traditional models, Menakem's discourse provides insights into possible techniques for coping, healing, and pastoral responses.

The first most powerful step to healing is recognition. It is crucial that mental health professionals be provided with models that facilitate understanding of and guidance in

recognizing and treating social trauma. The awareness of social trauma among mental health professionals impacts pastoral ministers as well, since effective trauma-informed ministry requires an interdisciplinary exchange with mental health professionals to facilitate a basic understanding of social trauma and other types of stressors that impact mental health. In a world where trauma-informed ministry is becoming increasingly necessary, pastoral care providers and mental health professionals must work together to address the problem of social trauma, which is damaging to both individuals and communities.

I would like to clarify my intentions with the use of these theories. I acknowledge that Carter's and Menakem's specific emphasis was race-based trauma, and that Carter's application of Carlson's theory, as well as Menakem's discourse, are grounded in this area of study. Indeed, some aspects of their work are specific to racial oppression so cannot be generalized to the broader category of social trauma. However, because both authors' work is so invaluable, I chose to utilize aspects of their theories that could be applied to the broader category of social trauma. This was not done to trivialize the devastating impact of race-based trauma, but rather to show the value in the groundbreaking work of two of its experts. It seems that little to no research has been conducted on the broader category of social trauma; therefore, I intend to utilize aspects of these theories of race-based traumatic stress that apply to this broader category.

II. Social Trauma Theories

There are two categories of trauma: post-traumatic stress disorder and traumatic stress. Traditional models of assessment for trauma among mental health professionals pertain to post-traumatic stress disorder (PTSD), whose main criterion is physical danger or threats to one's life. However, this model is not sufficient for understanding traumatic stress. This is demonstrated in Robert Carter's (2007) theory of race-based trauma. According to Carter, the mental health impact of racism is not captured or considered in modern psychiatric theories or models of assessment. Traditional theories or assessment models provide mental health professionals with no guidance in recognizing the often subtle and indirect incidents of racism, and little guidance in assessing the specific effects of racism that lead to psychological distress or traumatic injury. Therefore, there is a need to help mental health professionals assess and recognize the specific effects of racial oppression (Carter 16). Carter applies Carlson's theory of traumatic stress as a

model for measuring the traumatic stress induced by racial discrimination. I argue that the same issue of an inadequate model applies to other types of social oppression that are likely to produce traumatic stress. Thus, Carlson's theory of traumatic stress can be applied to other types of social oppression.

Though PTSD and traumatic stress share similar symptoms, the criteria for traumatic stress differ significantly from the criteria for PTSD in the Diagnostic and Statistical Manual DSM) (Carter 22). The symptoms of social trauma and other types of traumatic stress are better described in models pertaining to traumatic stress, such as the two theories below. I will compare the standard criteria for PTSD with the criteria for social trauma as outlined in Eve B. Carlson's (1997) theory, to demonstrate why types of traumatic stress (such as social trauma) cannot be measured using the traditional PTSD model.

Theory 1: Theory of Traumatic Stress

Criteria for Traumatic Stress:

Criteria for PTSD	Criteria for Social Trauma
Physically dangerous or life-threatening event, causes intense fear, helplessness, or horror	**Emotional pain: sudden, uncontrollable, negative events**
Reliving the event or intrusive memories	Relives the event or has intrusive memories
Avoidance thoughts or behaviors	Avoidance or psychic numbing
Hyperarousal or sleeplessness	Hyperarousal or sleeplessness
Criteria A-D present	Criteria A-D present
Chronic (3 mo.) or acute (1-3 mo.) symptoms	N/A

Whereas in PTSD the first criterion is physical danger, the first criterion for traumatic stress is emotional pain, which involves three elements: suddenness, uncontrollability, and negative

appraisal. First, it is more difficult to adapt to an event that occurs suddenly than one that occurs over time. Secondly, the belief that one has control over events serves as a form of protection. Regardless if an event is predictable, it will be traumatizing if it is experienced as uncontrollable. It is not possible to know when or how one may encounter specific incidents of social oppression or their emotional or psychological impact (Carter 34).

Lastly, Carlson indicates that some events are traumatic because they are appraised as negative stressors (Carter 34). Once the stressor is appraised as negative, the person may adopt coping strategies and experience traumatic stress when these coping strategies fail (Carter 32). However, events that are not appraised as negative do not produce harm. The stressor may occur in the form of one significant insult, or the process may be more prolonged and subtle with one "last straw" encounter that can either be major or minor but that raises the stressor to a traumatic level. For example, with race-based trauma, it may occur as a single event or as a series of emotional blows. Others may report that paper cuts or scratches grew over time into gaping wounds, which resulted in their traumatic stress injury. The three types of exposure to a traumatic stressor include: memorable (either with single or repeated events that have a lasting impact), covert and subtle, and insidious exposure. The experiences that produce traumatic stress may be direct or subtle. They can be interpersonal, such as microaggressions or verbal assaults, or systemic and structural. They may occur at the institutional level as stereotypes or assaults, or may occur through cultural oppression (Carter 80).

One similarity is that the three symptoms associated with traumatic stress are equivalent with Criteria B-D of PTSD - avoidance, intrusion, and arousal (Carter 32). Traumatic events are so painful that the person relives them several times, but at the same time works to psychologically avoid the painful memory (avoidance). This leaves them with a pervasive feeling of vulnerability. Re-living the event may manifest as some of the symptoms discussed in the first section, such as anger, generalized anxiety, depression, irritability, somatic symptoms such as bodily discomfort or headaches, or difficulty with interpersonal relationships and trust (Carter 80). Regarding the length of time the symptoms last (whether acute or chronic) is not applicable in the theory of traumatic stress, namely because traumatic stress, unlike PTSD, is not rooted in a single experience but is a chronic, pervasive phenomenon.

Unlike the standard model of PTSD, the model of traumatic stress requires consideration of emotional and cognitive processing, personal history, and recognition that social oppression can

be stressful and traumatic (Carter N.P.). There is concern among researchers that shifting the emphasis from the standard PTSD model to the traumatic stress model would inflate the prevalence of trauma, but also trivialize the suffering of those diagnosed with PTSD after life-threatening, extreme, or catastrophic events. However, this should not preclude researchers from examining further events not rooted in physical trauma that may align with the model of traumatic stress (Alessi et. al.).

Trauma Vs. Stress:

There is a significant difference between a daily stressor and a traumatic event. A stressor is an event in the environment that is appraised as being either positive or negative. A trauma is caused by unmanageable stress, either as a single event or a series of uncontrollable daily stressors, which then leads to various symptoms associated with trauma; however, not all stressors are traumatic (Jordan NP). Every stressor should not be treated as a trauma, but neither should an event that is traumatic be treated simply as a stressor. In situations where social oppression is deemed stressful but not traumatic, it is more appropriate to use a stress-based framework rather than a trauma theory. For example, the minority stress theory predicts that minorities have a higher prevalence of PTSD compared with their counterparts because socially disadvantaged populations are exposed to excess stress, including traumatic events (Alessi, et. al.). While minorities may be exposed to unique stressors, they may also have unique strengths and resources stemming from their identity. The link between minority stress and mental health is complex and likely affected by many factors (Alessi, et. al). Terrence A. Jordan, in his study of race-based trauma, links a person's specific memorable encounters with oppression to psychological and emotional reactions that may evoke harm. Ongoing experiences of discrimination such as microaggressions can compound stress and trigger ongoing stress responses (Jordan NP). Studies of the general population, including research conducted by Norris (1992) and Bresmaau (2002), all demonstrate a similar pattern in that people of color had significantly higher rates of PTSD (20 to 40 percent) than the average individual. Regarding these elevated incidences, Norris noted that the historical marginalization of people of color may have affected their psychological functioning in ways that were not well captured by individual measures.

The helping professional must be clear that social trauma is not a mental disorder; rather, this condition with its symptoms is an emotional injury resulting from external conditions of social oppression. A disorder indicates a physical or emotional abnormality that results in illness, whereas an injury is a hurt inflicted upon an individual that is damaging and is a violation of their rights. The psychological and emotional effects of social trauma may disrupt normal functioning and cause a person to be harmed and ill, but these effects may not reflect a pathological process typical of a mental disorder. The category of traumatic stress can be used to integrate the situational (external) and dispositional (internal) elements in the context of an individual's history and life experiences. Once these individuals can recognize that they have been traumatized, with the guidance of a caring minister or helping professional, they will then have the potential to heal (Carter NP; Menakem 9).

Theory 2: Trauma as A Bodily Response

The concept of trauma as a bodily response is explained by Resmaa Menakem in his book *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. Menakem, MSW, LICSW, is a therapist with decades of experience currently in private practice in Minneapolis, Minnesota, who specializes in trauma, body-centered therapy, and domestic violence prevention. He was a trainer for the Minneapolis police department, studied under Dr. Bessel van der Kolk (author of *The Body Keeps the Score*), and trained at Peter Levine's Somatic Experiencing Trauma Institute. Unlike standard theories of trauma, Menakem does not utilize a clinical approach with criteria or a diagnosis. Using a body-centered approach to psychology, Menakem's theory provides insight into why race-based trauma occurs, the individual, communal, and intergenerational implications of unhealed trauma, and strategies for coping, strengthening, and healing.

Perhaps the most fundamental aspect of Menakem's work is that racism (and other forms of social oppression) begins in the body rather than the mind. Menakem argues that traumatic stress is a bodily response - specifically, the accumulation of traumatic stress occurs in the body, but healing also starts in the body. According to Menakem, trauma is the body's protective response to an event (or series of events) that it perceives as dangerous, whether the danger is real or imagined. Menakem explains that the body's senses of safety and danger are stemming not from

cognition or logic, but from physical, visceral sensations. The body either feels safe or it does not, and it would do anything to establish or recover that sense of safety or danger.

In addition, trauma occurs not only due to physical events, but also to events pertaining to our thoughts, behaviors, words, beliefs, or values. Menakem explains that trauma is at its worst when it lasts for a long time, has unknown causes, is deeply meaningful, and impacts a large area or number of people. The cumulative effects of repetitive, unhealed trauma on the body are highly negative (Menakem 41). Trauma can lead to especially high levels of stress chemicals in the body, which can be detrimental to one's health, resulting in symptoms such as increased illness and less resilience (Menakem 44). Therefore, according to Menakem, trauma responses do not begin with the emotions, though they can be triggered by emotional and social stressors (Menakem 44).

The Soul Nerve and Lizard Brain:

The two concepts most central to the understanding of the physiological response to trauma are the soul nerve and the lizard brain. Our deepest emotions are connected to a system of nerves that connects our bodily structures with our brain. This system, often known as the vagus nerve but which Menakem calls the "soul nerve," is connected to a part of our brain that does not use cognition or reasoning to navigate the world. This part of the brain, known for its reptilian sole concern for safety, is called the lizard brain. The soul nerve and lizard brain may embed a traumatic response in our bodies. This trauma response may manifest as fight, flight, or freeze, or as a combination of constriction, pain, fear, dread, anxiety, or other sensations and experiences. This trauma then gets stuck in the body until it is addressed, causing detriments to one's holistic well-being.

The soul nerve communicates through vibes and sensations, not only between parts of the body, but also between one person and another. The soul nerve reaches into most parts of the body, including the heart, lungs, throat, stomach, liver, spleen, pancreas, kidney, and gut (both the large and small intestine). It is the largest organ in the autonomic nervous system, which regulates all of the body's basic functions. The largest part of the soul nerve goes through the gut, which has 100 million neurons, more than our spinal cord. The soul nerve does not connect to the thinking brain, but instead connects to the lizard brain (the brainstem). When the body is settled, when it has an emotional response, when it has a physical response, when it is

traumatized, when it is energized, those are all the soul nerve at work. The soul nerve is where we experience love, compassion, fear, grief, dread, sadness, anxiety, empathy, loneliness, hope, caring, disgust, despair, and other human emotions (Menakem 145).

Clean Pain and Dirty Pain:

According to Menakem, there are two kinds of pain: clean pain and dirty pain (Menakem 18). Clean pain is the type of pain that will mend and further one's capacity for growth. It is the type of pain we experience when we know exactly what we need to do or say, when we want to avoid doing it, but then we do it anyway. Clean pain also happens when we have no idea what to do or say, but have the courage to step into the unknown and do what we feel is right. Experiencing clean pain allows us to engage our resilience and use our body's integrity in a way that dirty pain does not. Dirty pain is the pain of avoidance, denial, and blame. Dirty pain happens when we respond from the most wounded parts of ourselves, become cruel or violent, or engage in physical or emotional avoidance (Menakem 19).

Communal Implications:

Social trauma is not only damaging for the individual, but also for the community. Menakem's discourse on trauma explains some of these communal implications. When a person with an unhealed trauma chooses dirty pain over clean pain, they may try to push their trauma onto another human being by using violence, rage, coercion, betrayal, or emotional abuse. This only increases the dirty pain, while often creating trauma in the other person as well. When one settled body encounters another, there can be a deeper settling of both bodies. However, when one unsettled body encounters another, the unsettledness tends to compound in both bodies. This effect can multiply exponentially in families and large groups. Over an extended period of time, unhealed trauma can become part of someone's personality. Trauma that gets passed on to other bodies can become the family norm, and when transmitted further, could become a culture (Menakem 47). In this way, both trauma and healing can create ripple effects that have the ability to hurt or heal whole communities (Menakem 131).

One aspect that is important for understanding the process of healing from trauma, both communal and individual, is resilience. Resilience is built into the cells of our bodies. Like trauma, resilience can ripple outward, changing the lives of families, communities, and

neighborhoods in positive ways. Also like trauma, resilience may have an intergenerational impact (Menakem 54).

III. Pastoral Applications

The pastoral problem of social trauma is that pastoral ministers lack the awareness and preparation to provide adequate care to people who have experienced social trauma. This is partially due to the limited guidance offered to mental health professionals by traditional models of trauma. The theories above are two of the few that provide an appropriate foundation for explaining traumatic stress. My explanation of traumatic stress theories may seem geared toward mental health professionals. In a way, this is deliberate. In order for ministers to become aware of the harms of social trauma, there must be an interdisciplinary exchange with mental health professionals to provide basic education and training in recognizing the mental health impact of traumatic stress. The mental health impact of social trauma is one among many harms of this pastoral problem; however, the psychological perspective is crucial for understanding both the significant impact of social trauma, as well as understanding models or assessments with which to measure this and other types of traumatic stress. Furthermore, I argue that a training program should be put in place for ministers that can be adapted to various institutions, which teaches them to recognize manifestations of social oppression and traumatic stress. This training program should help ministers to become more aware of social issues and the potential for traumatic stress. When ministers recognize social trauma, they should accompany individuals to the extent that they are able, but also know when to refer them to a mental health professional for treatment. Lastly, ministers, like mental health professionals, should advocate for institutional and organizational guidelines for social oppression and discrimination.

In addition to delineating the holistic symptoms/impact of social trauma on individuals, Carlson's and Menakem's theories provide an understanding of the emotional and physical aspects of trauma responses as well as the individual and communal implications of unhealed trauma. An awareness of what social trauma entails will enable pastoral ministers to recognize aspects of social oppression and/or traumatic stress in a client's story. Without proper awareness or education, social trauma may not be recognized in a socially oppressed individual. In addition, the minister would be able to better understand the implications of unhealed trauma for the individuals and/or communities they encounter.

Whereas Carlson's theory primarily focuses on the criteria of social trauma, Menakem's discourse provides some valuable insights regarding healing from trauma that can be easily applied to pastoral care settings. The first is resilience. The idea of resilience is very much an essential theme in pastoral care. Resilience is a healthy tool both spiritually and emotionally, for it allows those who are traumatized to move through clean pain and utilize spiritual resources. Perhaps, by example, others in their family or community will begin to develop this resilience.

Another important coping strategy is what Menakem calls "settling the body". The essential factor in trauma is speed; therefore, healing requires slowing the body down. The ability to settle or activate one's body is essential for healing from trauma. In pastoral care, one way to teach clients to settle their bodies may be through simple centering exercises that involve body awareness, breathing, or a simple mantra or prayer. Menakem also discusses the importance of "safeguarding" or protecting the body from the effects of traumatic stress. Safeguarding the body requires adequate self-care: getting adequate sleep and nutrition, exercise, and enjoying simple pleasures. Strengthening the growth routine is a healthy form of protection when life is especially stressful. Self-care for body and soul is crucial for our health and sanity and is an essential part of being human (Menakem 163).

Yolanda Dreyer identifies other aspects that are helpful in coping with trauma. First, resilience facilitates hope, which helps people who have experienced trauma to develop skills, gain knowledge, see themselves as survivors rather than victims, and find creative solutions to problems. One coping strategy mentioned by some interviewees in the first section of the paper was humor. Humor can provide a balanced perspective, broaden one's focus, enable flexible and creative thinking, and enable people to confront their fears without denying the pain or anxiety. Another coping strategy mentioned by interviewees was having a support system, which in some ways was equated with solidarity. Relationships in which people feel safe counteract the effects of stress and trauma. Strong social support networks contribute to the resilience and mental health of people affected by trauma and facilitate recovery (Dreyer 483). A central aspect of healing after trauma is finding meaning in life. Spirituality can support people in their search for meaning and contribute to their sense of well-being and connection with others. Dreyer argues that healing may be possible, but that recovery may not be because it requires returning to one's original state before the trauma. This is interesting to note, since some of my non-ministerial

interviewees were hesitant about the possibility of healing. It would be worth exploring how the answer might change if interviewees were made aware of this distinction (Dreyer 484).

As ministers, we are aware that suffering is an inevitable part of the human experience. Sometimes the suffering is redemptive, sometimes it is oppressive, but suffering for the sake of itself is not part of God's plan. Social trauma is one among many forms of oppressive suffering. Regardless of the type of suffering, ministers must try to be aware of how the individual is moving through their pain in a spiritual sense - that is, whether or not their spiritual movements are healing. In this regard, Menakem's explanation of clean and dirty pain would be particularly helpful for ministers. Fully experiencing clean pain will help us to grow and mend our trauma. The body will then be able to effectively "settle," increasing room for growth and allowing for a freer self with greater access to energy that was previously constricted (Menakem 19). It follows, then, that if clean pain facilitates the freedom of emotions that were previously constricted, the healing may be holistic in that any spiritual constrictions would be removed. A minister must consider how the effects of clean or dirty pain would manifest themselves spiritually. For instance, a person experiencing clean pain may be developing a more fulfilling and fruitful prayer life, whereas someone constricted by dirty pain may find that their prayer life is an area of struggle. A person moving through clean pain may speak of God's presence or support, whereas dirty pain may cause someone to feel uncertain of God's presence or less able to trust in God. If a person is engaging in dirty pain, how can we help them to move toward clean pain? What coping strategies could they develop to broaden their capacity to experience clean pain rather than dirty pain? Dirty pain is never redemptive suffering, neither for the person experiencing it nor for others impacted by their pain. Dirty pain is why the abuser becomes abused, why socially oppressed groups turn against one another, why hearts are hardened and people continue to be harmed. Clean pain is part of the answer. Clean pain will not prevent social trauma from happening, but it may make a significant difference in the response of the oppressors and the oppressed. On the same token, ministers must be aware of their own clean and dirty pain, because someone whose heart is blocked by dirty pain will not be able to effectively recognize trauma or provide guidance in moving through clean pain.

Though ministers may accompany people through both clean and dirty pain, they must, in recognition that holistic healing requires interdisciplinary efforts, know when to make a referral to a mental health professional. The boundary between pastoral care and counseling - that is,

providing pastoral care to an individual but knowing when to refer them to a mental health professional - should be established as a crucial part of pastoral care training. In order to recognize the potential for or occurrence of social trauma, ministers must be aware of the social context of the people to whom they minister. Social trauma is both individual and communal, so too should the pastoral response focus on both the individual and the wider community, to whatever degree is possible. In addition, continued processing and developing coping strategies are necessary, because the potential for social trauma is ongoing in socially oppressed individuals or communities.

Section 3: Solidarity

I. Introduction

In this paper, I argue that pastoral care providers should be equipped to minister to people who have experienced social trauma. The essence of any pastoral problem is that it reveals a contradiction of a fundamental aspect of Christian theology and praxis. Social trauma is no exception. Social trauma contradicts Christian solidarity, which is inherent to our way of living as the Body of Christ. Therefore, it is essential that pastoral care providers become equipped to minister to people who have experienced social trauma, to facilitate healing from the disharmony it causes to individuals and communities. In this section, I demonstrate how the concept of solidarity offers valuable insights for a theological and pastoral response to social trauma. First, I offer an exegesis on the Magnificat through the lens of solidarity. Second, I reflect on solidarity as it pertains to the Body of Christ through the lens of Catholic teaching as well as solidarity in liberation theology. Finally, I discuss pastoral implications of the Scriptural and theological components of solidarity, drawing connections for a pastoral response to social trauma.

II. The Magnificat: A Scriptural Exegesis

Background:

Known as the Magnificat in Western Christian tradition (from the Latin "my soul magnifies," the Canticle of Mary (Lk. 1:46-55) is foundational to Christian teachings on social justice. In fact, this passage represents the Social Gospel, and reflects the social covenant in both the Old and New Testament. Regarding the background of Luke, some distinctive characteristics of this

Gospel provide clues about its date, history, and authorship. Luke's Gospel narrative is thought to consist of selective material from Mark, as well as oral and written sources called L (Schaberg N.P.). Luke is precise about the historical and political context of the story of Jesus, marking specific events with references to Roman and Jewish rulers. The Gospel is dated approximately 85-90 CE, between the Collosians and Pastoral Letters. Tradition dating back from the second century CE attributes the authorship of this Gospel to Luke, a physician and companion of Paul on his journeys (Schaberg N.P.).

The Magnificat is one of the four hymns in Luke's birth narratives (Lk. 1-2), the other three being Zechariah's Benedictus (Lk. 1:68-79); the Gloria in Excelsis (2:14); and the prophet Simeon's Nunc Dimmitus (2:29-32). In it, Mary follows a tradition of Jewish women singers: Miriam, Deborah, Hannah, and Judith (Johnson 12). The Magnificat is stylistically similar to many of the Old Testament Psalms and Jewish hymns. There are two parts to the Magnificat: the first praises God's mercy, and the second reflects God's victorious deeds for the oppressed. The two parts of the song are linked by a sense of God's faithful compassion, by the joy that results in the lives of those who are liberated, and the fact that Mary herself is a member of an oppressed group who will experience God's redemption (Johnson 13).

Themes in the Magnificat:

Several themes in the Magnificat are relevant to Christian solidarity. First, the Magnificat is a song of joy. It begins with the joyful cry of a peasant woman (v. 46): a joy built on hope in God's promise of everlasting life, of one who knows that the conditions of her marginalization and the marginalization of all oppressed people will one day be reversed. It is in this spirit of joy that Mary magnifies the greatness of God, for she feels God's solidarity with her in the promises he has made. Another theme in the Magnificat is lowliness (from the Greek 'pain, misery, persecution, and oppression'". Mary's self-characterization of lowliness is not a metaphor for spiritual humility, but is based upon her experience of social oppression as an impoverished, marginalized woman (Johnson 13). The wording of the Magnificat shows God's solidarity with Mary, for his merciful response to her lowliness was to raise her up, to offer her a place in the plan for the divine promise to her ancestors (Johnson 13). This reflects another theme, reversal, in which the lowly are lifted up and the mighty cast down (v. 52-53) (Jengen 75. The reversal in the Magnificat is not a vertical reversal, putting those on the bottom on top and vice versa, but

rather horizontal, establishing justice and dignity for all. In reversal the Magnificat envisions a human-centered anthropology, a new way of loving the God present in each person, not one person over the other but all persons in solidarity with one another (Sell 36).

Solidarity in the Magnificat: Scriptural Foundation and Challenge

The Magnificat reflects the theme of solidarity with the oppressed implicitly woven throughout the Scriptures. In the Old Testament, solidarity was expressed in God's covenant with his people. The strong bond that God established with his people and his merciful response to the cries of the troubled reflects divine solidarity. In Mary's Magnificat, divine solidarity is expressed in the liberating activity of the God who hears the cries of poor, oppressed people, thus upholding the covenant made to the Israelites generations ago. Mary sings of God's mercy (v. 50) and his covenant promise "to Abraham and his descendants forever" (v. 54). In other words, the Magnificat is a narrative of divine solidarity manifested in God's promise of liberation of all oppressed people.

The prophetic message in the Magnificat challenges Christians to reflect this solidarity by confronting all social, economic, and political systems, which try to claim absolute authority or goodness (O'Meara 4). In light of this, the social, economic, and political dimensions of the song cannot be ignored. Mary's song praises God for the kind of salvation that involves concrete transformations: lifting up the hungry, poor, and oppressed. Thus, people in need in every society hear a blessing in this canticle, which rings true with solidarity for oppressed people (Johnson 15).

Mary: A Model of Solidarity

While the image of Mary as meek and mild could represent a partial understanding of her character, the Magnificat presents a particular challenge to this image. To some degree, she simultaneously embodied the qualities of being silent and articulate, receptive and engaged, contemplative and an active participant in the community. The Mary of the Magnificat sees herself as humble, fully embraced in God's love, the strength of God's love becoming her strength (Sell 35). Though Mary's assent to Gabriel demonstrates her saying "yes," her story also represents the right to say no. Mary takes on the divine "no" to all the conditions of oppression as her own. She stands in solidarity with divine outrage over the degradation of divine life and with

the promise to repair the world (Johnson 12). Therefore, Mary becomes a companion in hope (Johnson 15; Jengen 74). Her solidarity with the oppressed expresses a sisterhood with all the poor and oppressed, a "cohumanity" to which the whole church is invited (Jengen 75).

III. Solidarity: A Theological Framework

Mary's story in the Magnificat demonstrates the theological ideal of Christian solidarity with those who encounter social oppression. The concept of solidarity explains why pastoral ministers should be aware of and equipped to minister to people with social trauma, and offers insights for a theology of healing. The conceptual seeds of solidarity lie in the earlier Christian concepts of charity and friendship, the responsibility of individuals toward one another (Beyer 13). As seen implicitly in the Magnificat, a Scriptural foundation for solidarity is the understanding of God's love, expressed in the Trinity and Jesus' command to love one another (Beyer 10). It is because of this love that all people are granted justice on the grounds of our common humanity (Jengen 74). The dignity and worth bestowed upon us by God's unconditional love cannot be removed. Therefore, love is the cornerstone of justice. Whereas our culture measures people's value by what they do, justice seeks to put the meaning back into the words of love proclaimed in the Gospel (Beyer 12).

In addition, Catholic Social Teaching points to the possibility of a more inclusive solidarity across genders, classes, races, and nations. This is demonstrated in the theology of the Body of Christ (1 Cor. 12:12-26). We are all one body with many parts, each with a different function, so all the parts need one another (v. 12-14). Solidarity encourages mutuality because the oppressed have their own spiritualities, abilities, and perspectives to those who seek to empower them. This passage reflects God's preferential option for the poor in that the "less presentable" parts are treated with greater care (v. 22-24). Those who are marginalized are often treated as less than, outcasts, or burdensome. However, just as we extend greater care to parts of the body deemed "less presentable," those who are on the margins also deserve special concern. In the same way, God extends special care and kinship to those who are oppressed. As the Body of Christ, we are called to be in harmony and have the same concern for one another (v. 24-25). The final verse offers what I consider an insightful approach to true Christian solidarity: "If one part suffers, then all the parts suffer with it; if one part is honored, all the parts share its joy". Catholic Social

Teaching issues a call to action to both oppressed and oppressors: for the oppressed to support one another, and for the conversion of oppressors. This is how communities of solidarity are formed. In this way, solidarity is the key to overcoming social evils (Beyer 18-20).

Solidarity in Liberation Theology:

   The two essential teachings in the Scripture passages discussed above (i.e., the Magnificat and the Body of Christ) were liberation of the oppressed and the preferential option for the poor. The preferential option for the poor is significant to the Catholic teaching on solidarity; thus, this idea was the catalyst for the link between the Catholic teaching on solidarity and liberation theology (Beyer 15). In his 1987 encyclical Solicitudis Rei Socialis, Pope John Paul II was inspired by the work of Latin American liberation theologians, which shaped his understanding of solidarity (Beyer 14). In addition to Latin American liberation theology, solidarity is a central component in black and womanist theology. The common element in black and womanist liberation theologies is Jesus' solidarity with oppressed people. M. Shawn Copeland, a black womanist theologian, is one among many to emphasize that Jesus himself was marginalized. Just as the Magnificat is the story of Mary standing in radical solidarity with those who are oppressed out of her experience of marginalization, the Gospels demonstrate how the ministry of Jesus was influenced by his experiences of oppression. Jesus understood and revealed Himself to be sent to those who were oppressed, sick, downtrodden, or outcasts. Indeed, he is the incarnation of divine compassion for those who are exploited and suffering (Copeland 107-128). According to James Cone, one of the most well-known black theologians, true Christian solidarity involves making the conscious choice to stand with the oppressed. When we fail to stand with the oppressed, we fail to stand with God, because God walks hand in hand with the suffering. For this reason, Jesus' life and ministry of solidarity is an important model for anyone striving to live out the Christian call.

   Another aspect of solidarity in liberation theology is M. Shawn Copeland's theology of Eucharistic solidarity. In her book Enfleshing Freedom: Body, Race, and Being, Copeland invokes the Eucharist to orient us to the sacramental call to Christian solidarity. Some themes in Copeland's Eucharistic theology include accompaniment through the perspective of the death and resurrection, incarnational Triune love, and identifying with the oppressed. First, Copeland describes how social oppression and other structures of sin contradict Eucharistic solidarity.

Because the Eucharist signifies the mystical Body of Christ, it is counter to sin. Therefore, any type of social oppression is evil because it insinuates the reign of sin (Copeland 107-128). The exploitation that happens with social oppression is an attempt to defile the sacramental nature of a human body as part of the Mystical Body of Christ; thus, it directly contradicts Eucharistic solidarity.

According to Copeland, the embodiment of Eucharistic solidarity is manifest in the death and resurrection of Jesus. Eucharistic solidarity orients us to the cross, where we grasp the enormity of suffering and our complicity in it, so that we may stand up for integrity and justice in the face of injustice (Copeland 107-128). Eucharistic solidarity calls us to a special kinship with the hurting, suffering Jesus, the one who gave of his body for us and died for our sake. At the same time, Eucharist calls us to solidarity with the resurrected Jesus, in whom we find the promise of the eternal hope of the resurrection - namely, the promise that our compassionate God will end all structures of sin and death, so that one day, the mystical body of Christ will be gloriously transformed, united in perfect harmony (Copeland 107-128). In the meantime, Eucharistic solidarity calls us to live out the death and resurrection of Jesus in daily, concrete ways, by accompanying those who are suffering but also ministering in ways that show the love of Christ and the hope of the resurrection.

Another aspect of Eucharistic solidarity is love - the triune love of God, embodied in our incarnate God, broken in bread for us. In Copeland's view, the Eucharist demonstrates the Incarnation of Jesus and his sacrificial love, so it illustrates in an accessible way the meaning of solidarity for Christians. Specifically, it calls us to show the love of God in concrete acts of compassion and solidarity in our present reality. The radical love and acceptance that solidarity requires is evident in the following statement: "As his body, we embrace those with love and hope who, in their bodies, are despised and marginalized, even as we embrace with love and forgiveness those whose sins spawn the conditions for the suffering and oppression of others". Lastly, in order to fully realize the unity of the people of God that the Eucharist intends, Christians must live in solidarity with the marginalized members of Christ's broken body. Otherwise, the Eucharist becomes an empty gesture, a ritual of routine without engaging heart, mind, or praxis. As we can see, an intentional and conscious commitment to Eucharistic living initiates a change of direction in the personal and social living of an individual and the community. With the spirit of Triune, incarnate love, the recognition of our complicity in

suffering, and the hope of the resurrection, we are especially called to embrace those who are marginalized, but also to invite those whose sins contribute to the conditions of oppression toward the journey of love, forgiveness, and transformation (Beyer 15; Copeland 107-128).

IV. Pastoral Implications: Responding to Social Trauma

This section demonstrates how the theme of solidarity in Scripture, Catholic teaching, and liberation theology offers a framework for pastoral care providers to minister to people with social trauma. I contend that the Magnificat serves as a model of radical solidarity. The Magnificat demonstrates that solidarity demands courageous response: concrete actions for justice, love of neighbor, and the preferential option for the oppressed. With its promises of divine liberation, mercy, and love, this passage may offer hope to those who are experiencing social trauma. The Magnificat speaks of a liberation that is yet to come, so that even in the midst of oppression, we continue to cry out to a God who hears us and will one day liberate us from the binding chains of oppression.

A particularly valuable insight from the Magnificat is Mary's strength. Though Mary's consent to God does exemplify her obedience, it also demonstrates that she is a woman of strength. Mary's strength shows in her courageous "yes" to God's plan for her life, in the steadfast hope for God's promises of liberation, her joy in the midst of her struggles as a marginalized woman, and her divine "no" to conditions of oppression. It is the paradoxical strength of surrendering oneself fully to God while boldly refuting the conditions of social oppression. Mary's strength serves as an invaluable model for pastoral ministers of how to respond to people experiencing social trauma. It takes a great deal of strength to learn to recognize social trauma, to accompany an individual or community through the pain of it while also being a source of hope. A minister who models Mary's strength surrenders herself or himself fully to God, while refusing to surrender to the oppressive conditions of the world, standing in solidarity with those who are socially traumatized, and speaking out, as Mary did. Perhaps, in modeling Mary's strength through a ministry of solidarity, ministers may help those who experienced social trauma to find their own inner strength, their voice to speak out against the conditions of oppression that caused them so much pain, and the ability to recognize the inner beauty and light within themselves.

Another aspect of solidarity in the Magnificat is listening, looking beyond the surface to discover the story that lies within. Mary's Magnificat reminds us of our duty as Christians, as ministers, to listen to the stories of oppressed people, for they know of God's liberation from the conditions that oppress them. Traci West, a black feminist theologian, challenges us to look beyond the stereotypical image of Mary and instead to listen to the words she speaks - words of simultaneous joy and outrage that form a story of solidarity with oppressed people. West argues that the way we allow Mary's speech to be heard is through attentive listening. Attentive listening could "allow Mary to have liberative significance in the midst of restrictive intentions and could allow the listener to be affected by her message" (West 102). If we truly listen to Mary as West describes, we will see a strong woman who is marginalized yet has fully surrendered herself to God's mercy and his promises of liberation - a woman, in other words, who stands as a beacon of hope for people who are oppressed. Some people who have experienced social trauma may have been the victims of misuse or abuse of Scripture passages, where the Bible was abused in such a way that it became a tool for further oppression. Therefore, the use of passages such as the Magnificat, which facilitate an understanding of who God is and of his special concern for the oppressed, may be healing for people who are socially traumatized.

The teaching on the Body of Christ (1 Cor. 12:12-26) articulates a praxis of inclusive solidarity. This passage describes both the preferential option for the poor, and the recognition that all people have gifts to offer. Theologically, the preferential option for the poor means that God loves all people equally, but that he has a special concern for those who are particularly in need. In one of her essays, M. Shawn Copeland tells a powerful story of looking down from the window of her apartment complex, where she had been typing her theological essay, to see a woman searching through the dumpster in the street below. Although God had the same deep, abiding love for the theologian as for the woman searching through the dumpster, ∴ concern and the need for intervention for the woman scavenging for food would have been greater in that moment. In ministry, the preferential option for the poor means being attuned to the needs of the flock, because some individuals' needs will be more urgent than others. Every individual deserves love and compassion, but not all members of the community are in need of a pastoral care intervention. However, it is important to keep in mind that everyone, including those who are oppressed, has gifts to offer. From my personal experience of social oppression, I can say that one of the best ways to be in solidarity with people who are oppressed is not to pity them,

but to recognize and appreciate the gifts they have to share. To be pitied is incredibly disheartening, and only worsens the experience of oppression or trauma. On the other hand, it is incredibly empowering to have one's gifts acknowledged, not to be weighed down by everyone's pity but to be lifted up and celebrated. Recognizing a person's gifts may also strengthen one's sense of individuality for people with social trauma, by acknowledging that they are children of God first, with their own beauty and inner light, and are not defined by their experiences of trauma. This could be very healing, since a significant part of traumatic stress is the constant battle to maintain one's identity in the midst of discrimination. A crucial component of solidarity is showing the love of Christ - a love that involves not only loving words, but also loving actions. Catholic teaching holds that love is the cornerstone of justice. Therefore, to be in loving solidarity with people who have experienced social trauma means advocating for justice in the face of injustice, resisting the binding chains of oppression.

The themes of love, resistance, and the preferential option for the poor are also relevant in liberation theology, but one of its unique aspects is the emphasis on Jesus as a marginalized person. In ministry, we may be implicitly comfortable with a white European or white American Jesus, friendly and mild-mannered. It is difficult not to do so when this version of Jesus is portrayed in the stained-glass windows of many churches. As such, we may find ourselves trying to model our ministry after this image of Jesus. Yet, liberation theology tells us that our Savior was not clean and unblemished, nor was he nice. Jesus was oppressed because he was a man of color and a Jew, marginalized because he was the poor son of a carpenter, persecuted because he broke the Sabbath to heal the sick, seen as an outcast because he communed with sinners and tax collectors. Jesus bore the marks of oppression on his face and body, the wounds in his hands, feet, and side. Thus, he identifies strongly with others who are socially traumatized.

The emphasis on the marginalized Jesus in liberation theology is deliberate. Often, it would not be feasible for people who have experienced trauma to identify with a sweet, analgesic Jesus who knows no pain. However, if we bring to the table the marginalized Jesus who endured the worst kind of suffering, a God who suffers with us, that may strengthen their sense of God's solidarity with them. In a ministry of liberative praxis, spiritual solidarity with people who are socially traumatized would involve being open to the person's image of God, engaging in prayerful conversation about what experiences led them to embrace that image, and discussing the marginalized Jesus.

A second aspect of solidarity in liberation theology is accompaniment. This is described beautifully in M. Shawn Copeland's discourse on the death and resurrection of Jesus in her theology of Eucharistic solidarity. It seems this approach to accompaniment would be a useful framework for ministers who are trying to establish solidarity with the socially oppressed. In order to fit an ecumenical context, I propose a three-stage process of accompaniment aligning with the Paschal Mystery. These stages would be used by the Christian pastoral minister as a guide for accompanying the person to whom they are ministering. The first stage, dying to ourselves, involves recognizing our own complicity in structures of sin, listening deeply to someone, and accompanying them through the darkness. Dying to ourselves does not mean compromising ourselves or losing sight of who we are, but rather allowing God to work through us to minister to an oppressed person. The second stage, Resurrection, involves finding hope in God's promises. The final stage, ascension, involves finding one's inner strengths and support system so that they may go forth into the community with a renewed sense of strength. It must be noted that the framework of the Paschal Mystery would not be compatible when ministering to people of different faiths, though perhaps the general concepts from each stage could be helpful. I would, however, collaborate with ministers of other faith traditions in adapting this or other explicitly Christian aspects of my pastoral response to an interfaith setting.

According to Monica Coleman, a womanist theologian, one aspect of ministering to people with social trauma is self-care. Rest and replenishment are necessary components of our bodies' health. This is part of liberative womanist praxis that is least appreciated and least discussed by ministers. We need time apart, solitude with ourselves and nature, and sacred space to reconcile our place and way of being in the world. We must seek the healing and balance we so desperately need, and encourage those in our care to do the same.

What would a ministry of solidarity look like for people experiencing social trauma? A ministry of solidarity involves many things. It involves awareness of the needs and struggles of individuals, but also the gifts each person has to offer. It involves awareness of the enormity of suffering in the world, confronting one's own complicity in suffering, and accompanying those who have experienced trauma by helping them in whatever way we can to navigate our darkness. It involves looking into the face of an oppressed person and seeing the marginalized Jesus. A ministry of solidarity involves empowerment, helping each person find their own inner strength, not only to speak out against the social conditions that threaten to wreak havoc on their well-

being, but also to maintain their sense of self. True Christian solidarity involves aware, attentive listening, the willingness to take the next steps of advocacy and support, eating at table with oppressors and oppressed, and rejecting the conditions that create social trauma in the first place. Most of all, love is the foundation and the cornerstone of solidarity - love through justice, and love through concrete acts of compassion. True solidarity involves tender love for the bruised and hurting body of Christ, but this love must be born of the awareness of the ontological problem of oppression, as well as a fierce desire for liberation of oppressed people.

Section 4: A Pastoral Response to Social Trauma

I. Description of the Pastoral Response

Social trauma is a form of oppressive suffering that is damaging on many levels. Building from a theological framework of solidarity, the pastoral response is rooted in practices of solidarity. Pastoral care providers should be equipped to minister to people with social trauma because it contradicts Christian solidarity by wounding and dividing the Body of Christ. I propose a plan that not only educates pastoral ministers about social trauma, but also equips them with tools of solidarity to respond.

As a pastoral response, I developed a five-session workshop that will take place over at least three to four days. Ideally, the workshop would occur in a large space that would accommodate a great deal of movement, sacred spaces for prayer, and outside areas such as water or walking paths. Ideally, the workshop would occur over 3-4 days in a retreat environment, though the format can be flexible. The workshop would encourage growth and being challenged, debriefing, self-care, openness, and empowerment of oneself and others. The workshop will include large and small group activities, as well as regular debriefing sessions. Two teams are required for the success of this workshop. The ministry team will be responsible for coordinating and facilitating activities and attending to practical details. The spirituality team will be responsible for conducting prayer services, praying for intentions throughout the retreat, and meeting with individuals to offer support through listening or prayer as needed.

This workshop will be a combination of contemplative reflection/prayer, education, and interactive sessions. It consists of five sessions, each with five activities. The first session addresses social trauma using academic research and examples of social trauma gathered from

qualitative interviews. In this session, participants will consider where and how they have encountered social trauma. The second session examines social trauma using Resmaa Menakem's psychological theory of trauma as a bodily response, before moving to interactive activities. The third looks at social trauma from a theological perspective and considers solidarity as a theological response. Participants will reflect theologically on social trauma using Scripture and personal experience. The fourth session consists of interactive activities intended to teach tools of solidarity. The final session includes an assessment of ministers' gifts as well as the evaluation.

The goal of this workshop is that ministers will be able to implement practices of solidarity as a pastoral response to the problem of social trauma.

The outcomes are as follows:

> 1.) Pastoral ministers will be able to name a time they have encountered social trauma either personally or in their ministry and identify three harmful effects of that trauma.

> 2.) Pastoral ministers will be able to share two theological insights they gained from this workshop and describe how these insights contribute to their framework for a pastoral response to social trauma.

> 3.) Pastoral ministers will be able to name three tools of solidarity that will be helpful in their ministry for responding to people with social trauma.

> The qualitative evaluation for this workshop consists of written and oral components that align with the goals and outcomes. After a month, there will be a meeting with those who attended the workshop to discuss how what they learned has impacted their ministry.

II. The Pastoral Response: A Workshop on Social Trauma

Session 1: Introducing Social Trauma

ACTIVITY 1: WHAT IS SOCIAL TRAUMA?

- Introduce the goals and outcomes
- You will form small groups that come together several times during the workshop.

Large Group Questions:

1.) What compelled you to come to this workshop? What do you hope to take away?

2.) Have you ever encountered the terms social oppression and social trauma? What do you think of when you hear those terms?

- Define social trauma and related terms
- Explain oppressive vs. redemptive suffering

(See Appendix B)

ACTIVITY 2: SCENARIOS

- In your small groups, consider these scenarios from qualitative interviews. Why might these be examples of social trauma? What thoughts or feelings came up for you as you read these scenarios?
- Share with the larger group one scenario or one aspect of your group's conversation that stood out to you.

ACTIVITY 3: ENTERING INTO THE JOURNEY

- Think about some times you may have encountered social trauma, either personally or in your ministry. What happened in this situation? Did it involve yourself or anyone close to you? How did you respond? What feelings, emotions, thoughts, prayers, or sensations arise for you? What do you need in this moment?

Small Group Questions:

How has this encounter with social trauma impacted your life and ministry? Why do you think it is important for ministers to identify where they have encountered trauma?

ACTIVITY 4: WHERE DO I STAND?: PRIVILEGE AND COMPLICITY

- Describe privilege and oppression

(See Appendix B)

A privilege walk will determine where each person stands on the continuity from privilege to oppression. The facilitator will be inclusive and include types of oppression that go beyond race, gender/sex, and class.

Large Group Questions:

Where do you stand? How do you feel about where you stand?

- Complicity: Those ministering to people with social trauma must demonstrate radical openness to our own complicity in structures of social oppression, which involves honest self-examination. It can be very uncomfortable and painful, but freeing once we see the bricks we have been living behind, illuminating to have our eyes opened to the light of awareness.

- As a large group, we will create a list of structures of oppressive suffering in our society today.

Small Group Questions:

What is your own complicity? How do you feel after realizing this? What do you want to do about it?

Break: Meal, Rest, and Networking

Self-Care Exercise: Contemplative Walk

This quiet, reflective walk is a chance to rejuvenate due to the heavy nature of the topic of social trauma. You may either pair up with someone or walk on your own. Process, reflect, unwind.

ACTIVITY 5: DEBRIEFING

- Take some time to process and reflect on the day with your small groups. The spirituality team is available to listen or pray with you as needed. Please feel free to reach out for any additional support you may need.

Session 2: Social Trauma: A Theoretical Examination

ACTIVITY 1: PSYCHOLOGICAL THEORY: TRAUMA AS A BODILY RESPONSE

- Soul nerve, lizard brain, and settled bodies

(See Appendix B)

ACTIVITY 2: INTERACTIVE UNDERSTANDING: THE SOUL NERVE AND LIZARD BRAIN

- Do an exercise pertaining to the soul nerve.
- Do an exercise pertaining to the lizard brain.

You are walking down the sidewalk on a beautiful sunny afternoon. Someone says hello to you, but you cannot recall their name. Which part of the brain would you be using? Thinking brain or lizard brain?

You are walking down the street on a dark, foggy night. The street lamps are dim, so all you can see are shadows. Suddenly, you notice someone approaching you very quickly. Without warning, your heart begins to race, your breath quickens, your body tenses, and you lift your heavy bag for protection. Then you realize it is just your neighbor going for a run, and just as quickly, your body relaxes. Which part of the brain was initially activated - your thinking brain or lizard brain?

ACTIVITY 3: INTERACTIVE UNDERSTANDING: SETTLING THE BODY

- Guide the group in one of Menakem's meditations/activities to settle the body.

Harmonize Bodies:
Take a moment to look at the people next to you. What do you observe (silently)? In this activity, one person will start to hum, then is joined by another person. Keep going around the circle until everyone has joined the humming. Hum together for a few moments. Then simply sit in silence and breathe together. Now, take a moment again to look at the people next to you. What do you feel in your body now compared to when the humming first began? What do you observe about the people next to you compared to before the humming exercise began? What was the experience like of humming together? Breathing together?

ACTIVITY 4: CLEAN VS. DIRTY PAIN

- Explain clean pain vs. dirty pain

- In your small groups, share one example of clean pain and one example of dirty pain you have encountered. How does dirty pain worsen social trauma? How might learning to work through clean pain impact the way we deal with social trauma today, both as individuals and in our culture? What are some ways to move from dirty pain to clean pain?

ACTIVITY 5: THE GOD WHO SUFFERS WITH US

- This activity will happen in a prayer setting. You are invited to reflect on what you are experiencing right now. If it helps to write it out or hold a peace object such as a rock or a cross, you may do so. There will be a hand-washing station where you may have your hands blessed in holy water. There will be stations around the room to pray privately with a minister. After a while, the whole group will gather in a circle. In the center of the circle will be a table with a lighted candle and a prayer vessel. You may speak your intentions aloud, hold them in the silence of your hearts, or write them in the prayer vessel.

Prayer: God, help us work through our pain. Please rid us of any dirty pain, and help us to move through clean pain so that we may unite our suffering with the suffering of Jesus Christ, the God who suffers with us.

Closing Prayer: We are all wounded healers. We know we are hurting, and we know the Body of Christ is hurting. God, may you help to heal and restore us. Be with us through our pain, that we may be able to accompany others in their suffering. May we respond always in the spirit of your compassionate, merciful love. May we be open to your healing presence. May we receive any healing graces offered to us at this time.

Self-Care Exercise: Rest and Heal
A much-needed time to rest and recharge. This is your self-care time. Take a walk, read, pray, journal, do artwork, do something sensory such as playing with clay or sand, talk or pray with somebody, or anything else that you consider healthy personal self-care..

Break: Share a meal and connect with others

ACTIVITY 6: DEBRIEFING

Session 3: Social Trauma: Problem and Response

ACTIVITY 1: SOCIAL TRAUMA: A THEOLOGICAL AND PASTORAL PROBLEM

Large Group Question:

What do you think Christian teaching would say about social trauma?

- Data will be presented from qualitative interviews regarding the theological implications of social trauma.

(See Appendix A)

Large Group Question:

Do you think ministers should be aware of and equipped to minister to people who experience social trauma? Why or why not?

- Data will be presented from qualitative interviews regarding the pastoral harms of not being equipped to minister to people with social trauma.

(See Appendix A)

ACTIVITY 2: SOLIDARITY: A THEOLOGICAL RESPONSE

- Solidarity and the Body of Christ
- Practical solidarity
- Love and justice

(See Appendix B)

ACTIVITY 3: SOLIDARITY AND THE BODY OF CHRIST (1 COR. 12:12-26)

- Read the Scripture passage as a large group.

Small Group Questions:

What does this passage tell us about the treatment of people who are marginalized?

- Preferential option for the poor

(See Appendix B)

Large Group Questions:

Reflecting on this passage, who is marginalized in your community? How could you practice the preferential option for the poor toward those who are marginalized in your community?

ACTIVITY 4: RADICAL SOLIDARITY IN THE MAGNIFICAT

- Read the Magnificat as a large group. Reflect on this Scripture passage.

Small Group Questions:

How does the Magnificat pertain to social trauma? What examples of marginalization do you see in the Magnificat that could be socially traumatic? How does Mary model solidarity in the Magnificat?

- Mary's "yes" to God was not due to submissiveness; rather, it represented a "yes" to the divine promises of liberation, and a "no" to all the conditions of oppressed people. Mary's Magnificat demonstrates something more than empathy; it demonstrates a willingness to stand in solidarity with those who are oppressed, by one who herself was marginalized.

- What are some conditions of oppression God is calling you to speak out against or respond to? How is God calling you to model solidarity in your ministry?

Large Group Questions:

Reflect on one take-away from the Magnificat, and respond in the following sentence: "If I do this ... then...".

ACTIVITY 5: PERSONAL EXPERIENCE

What does solidarity mean to you?

Think of a time you have experienced solidarity. How did you feel in your body and in your spirit?

Think of a time you offered solidarity to another person. What feelings, emotions, bodily sensations, or thoughts arise for you as you recall this situation?

Session 4: Solidarity: A Pastoral Response

ACTIVITY 1: OPPRESSION SENSITIVE PASTORAL CARE

- Roadblocks: power imbalances, patterns of disconnection

(See Appendix B)

Large Group Questions:

Can you think of other roadblocks?

- "People of faith today are called to respond to a world that is groaning under the weight of injustice and broken relationships. Our differences and our interdependence are intended to be a source of strength and a gift from God. The reign of God ... will be built on the transformation of hearts - new life, not just reordered life." - (Kujawa-Holbrook and Montagno)
- Indicators of oppression sensitive pastoral care

(See Appendix B)

Large Group Questions:

Which of these resonate with you? Are there any indicators you would add?

ACTIVITY 2: SPIRITUAL SOLIDARITY: THE IMAGE OF GOD AND THE MARGINALIZED JESUS

- All people are made in God's image and likeness. Each of us has an image of God that speaks to us. A ministry of solidarity involves having an open heart and mind to whatever image of God speaks to the people you minister to, and to the experiences that led them to embrace that image. An individual's image of God often deeply influences their spirituality; thus, the minister's willingness to explore that image with them, and the effort to better understand their spiritual journey, is a type of spiritual solidarity.
- What image of God speaks to you? What is it about this image that resonates with you? What experiences led you to embrace this image?

Large Group Activity:

Take some time to depict your own image of God. You may draw, use clay, write, or whatever you choose. Then, walk around the room and share your image of God with five other people. Ask one another the questions above.

Next, some representations of the marginalized Jesus will be displayed. Take several moments in reflective silence to walk around and explore these images.

Small Group Questions:

Have you encountered a representation of the marginalized Jesus prior to this activity? What comes to your mind when you imagine the marginalized Jesus?

Large Group Questions:

What did you learn from this experience? How do you think the marginalized Jesus would be helpful in ministry to people with social trauma?

- Liberation theology emphasizes Jesus' solidarity with oppressed people; namely, Jesus Himself was marginalized. Jesus endured social oppression, perhaps even social trauma; therefore, he identifies strongly with others who have had these experiences. The Gospels demonstrate how the ministry of Jesus was influenced by his own experiences of oppression. Indeed, Jesus is the incarnation of divine compassion for those who are exploited and suffering.

ACTIVITY 2: A THEOLOGY OF ACCOMPANIMENT: A JOURNEY THROUGH THE PASCHAL MYSTERY

- Accompaniment means being deeply present to someone and walking with them on their journey through darkness and light, joy and suffering. One way to describe accompaniment is through a theology of the Paschal Mystery. This theology is adapted from M. Shawn Copeland's approach to the death and Resurrection in her theology of Eucharistic solidarity. Ideas from Copeland's theology were used to develop a pastoral approach to accompaniment. The three stages of this framework are intended as a guide for Christian ministers for how to accompany a person who is experiencing social trauma. Adaptations would be necessary for an interfaith context.

Stage 1: DEATH

Accompany the person through suffering. Listen, not just to the words the person is saying, but the meaning behind those words, to the story they are trying to tell. This stage involves dying to ourselves by admitting our complicity in suffering, surrendering ourselves and the other person to God. Dying to yourself does not mean compromising yourself or aspects of your identity, but rather allowing God to work through you to minister to the other person.

Stage 2: RESURRECTION

Talk about the person's strengths and resources. Reflect on the promises of the hope of the resurrection, that Jesus will liberate the oppressed.

Stage 3: ASCENSION

Ask the person about their support system and their needs. This prepares the person to go forth, not as if they can be completely healed from the ministerial encounter, but that they may continue the journey feeling strengthened, feeling that they can move forward. If appropriate, you may share a prayer, Scripture, or an image of God. The minister's "ascension" is thinking about how you will advocate for justice in light of this encounter. The mystery in accompaniment is the wonder of how God will continue to work in both you and the person you ministered to after that encounter.

This activity will be a metaphorical representation of the accompaniment journey. From one end of the room to the other there will be aspects of the Paschal Mystery praxis of accompaniment. Each small group will walk the metaphorical journey using a scenario. The group will start at one end of the room, and respond to the scenario at each of the three stages. Once your group has gone through each stage, you may move on to the next, until you have reached the other end of the room.

ACTIVITY 3: NEEDS MAP

- It is important that we are attuned to the needs of ourselves, our communities, our loved ones, and the people to whom we minister. This does not mean we can meet all these needs, but that an awareness of these needs will lead to a better understanding of how people navigate the world.
- Each small group will be given a large sheet of construction paper on which to create a map of needs.

- What would you include on a map of needs for a holistic and meaningful life, for yourself and the people you minister to?
- Share your needs map with the large group.

Large Group Questions:

Are there any needs other groups mentioned that you would include on your map of needs? What needs should be included for people experiencing social trauma or social oppression? Were these needs included on your map or others' needs maps?

- A community of encounter is made up of people with whom you feel a sense of solidarity or a deep connection. A community of encounter does not necessarily include the people you encounter every day; in fact, some could be people with whom you had brief encounters. The key to a community of encounter is not the length of a relationship or physical proximity, but a sense of solidarity.
- Do you feel you have a community of encounter? Where would a community of encounter fit on the needs map? How could a community of encounter be helpful to someone with social trauma?

ACTIVITY 4: REPLENISHMENT

- Part A: You will each be given a bag of puzzle pieces with the names of certain self-care needs (for example, encouragement, hope, prayer, exercise, support, community, etc.) Walk around the circle of the room. Along the way, you will be stopped by facilitators acting as people to minister to, who tell you about a trouble they are experiencing. You will invite them to pick one or more needs out of the bag. You are allowed to go back to the station at any time, but you must make it all the way around the room in seven minutes. Anyone who runs out of puzzle pieces is disqualified. At the end, examine what you have left in the bag for yourself.
- Part B: Everybody will receive a bag of five needs. You may ask for what you are missing, but must also give back something in return. For example: "I'm running on empty. I need encouragement. Do you have encouragement? Now, what do you need?"

- The lesson from part A is self-care: we all need to replenish ourselves in order to minister effectively to others. Part B was a lesson in solidarity: we all need each other, and each of us has something to give to the other.

Break: Meal and Rest

ACTIVITY 5: THE STRENGTH WITHIN

- Reflect back on the Magnificat. Part of this story's beauty is recognizing Mary's inner strength - the strength that gave her the courage to say yes to the divine call and resist forces of oppression, the endurance to withstand the persecution she suffered, and the hope to go forth singing God's praises joyfully. As ministers, you must recognize your own inner strength, and help those to whom you minister to recognize their inner strength. God was in solidarity with Mary because he knew her inner strengths. In ministry, empowering or helping others to recognize their inner strengths is a practice of solidarity.
- Take about ten minutes to reflect and journal. What are your inner strengths? How did you come to recognize these? How did it feel to be made aware of your inner strengths?

Large Group Questions:

Are there times you have helped others recognize their inner strengths? How could it be helpful for someone experiencing social trauma to recognize or have their inner strengths called out?

ACTIVITY 6: DEBRIEFING

Session 5: What Will You Take Away?

ACTIVITY 1: EMPOWERMENT: THE GIFTS WE SHARE

- Group members will share with one another what gifts and strengths you bring to the table. Each person will have a sheet of paper with your name on it. Each of your group members will write on the paper what they see as your gifts. You will then do the same for each of your group members. Then each person will reflect with you about what they wrote. Be honest, but also use integrity. Be open-minded and compassionate. It is okay to be vulnerable.

ACTIVITY 2: WRITTEN EVALUATION

      1.) Can you name a time you encountered social trauma either personally or in your ministry?

      2.) Do you feel better able to understand and recognize social trauma as a result of this workshop?

      3.) Can you name three practices of solidarity you will apply to your own ministry? If so, what are they?

      4.) Name three strengths that will be useful in your ministry to people with social trauma. Develop a brief (2 paragraphs, or bullet points) synthesis of how you plan to implement the tools or practices you learned on this workshop in your ministry to people with social trauma.

ACTIVITY 3: ORAL EVALUATION

- Share with your small groups your ministerial plan.

Small Group Questions

What did you learn from one another? How did you practice solidarity with one another?

Large Group Questions:

What are some things you learned about social trauma and solidarity that you will be able to implement in your ministry? What are some positive aspects and some critiques of the workshop? What is one suggestion for improvement?

Closing Meal

ACTIVITY 4: CLOSING PRAYER – HEALING OUR HEARTS AND BODIES

Opening Song: Let Justice Roll Like A River

<u>Reading</u>

Following this will be some ecumenical prayers for solidarity. Next, a basket of bread will be passed around the circle to represent community in solidarity, breaking bread together. A ball of yarn will be passed around the circle and you are invited to say your prayer intentions aloud. When the yarn web is complete, it will symbolize the interconnectedness as a community. A short period of silence will occur while holding the yarn web. The silence will end with saying the Lord's Prayer in unison, followed by a closing prayer. Then, slowly, each person will release the yarn web. The service will end with a closing song and a sign of peace.

Appendix A: Qualitative Interviews
Methodology:

These were eighteen qualitative, one-on-one interviews conducted via phone or in person. The population consists of ministerial and non-ministerial interviewees. The interviewees were selected based on their own experiences of social trauma, or their insights on social trauma as a minister. Each interview was approximately 45-60 minutes in length. The questions were open-ended so as to provide general guidelines but also created the space for interviewees to share freely.

Table: Interviewee Data

Total Interviewees: 18

  Non-Ministerial Interviewees: 9

  Ministerial Interviews: 9

Demographics:

  African-Americans: 4

  White: 15

  People with Disabilities: 7

  Women: 13 Men: 6

  Age Range: 24 - 63 years

  Social Trauma: 12

Interview Questions:

Non-Ministerial Interviews:

1. Tell me about yourself. Share a few things that are important to your way of being in the world.

2. Tell me about some times you have experienced social trauma.

  (Social trauma was defined for interviewees).

3. What do you feel in your body when these incidents take place?

4. How has your experience of social oppression impacted the way you interact with other individuals or groups of people?

5. What are some coping strategies you might use?

6. What does healing mean to you?

7. Do you think it is possible to heal from social trauma? If so, what are some of your greatest sources of strength or healing - physically, emotionally, and spiritually?

Ministerial Interviews:

1. What does social trauma mean to you?

2. Have you experienced social trauma? If so, what did you feel in your body when the trauma occurred?

3. Have you had experiences ministering to people with social trauma?

4. Do you think it is necessary for ministers to be aware of social trauma? Why or why not?

5. What do you think are some harms of not being aware of social trauma?

6. What are the theological implications?

7. What skills are necessary to minister to people with social trauma?

Meaningful Quotes and Scenarios:

Social Trauma:

"A gentleman came in great consternation because his family with several children was losing their place immediately, so he needed a deposit for a new place. His face was full of trauma because of all he had to do to move in one day. They had no storage, so had to make several trips with their van. ... So many of our folks lose their homes. But they do not call it a home, they call it a place. They don't settle in because they know it is just a temporary home. " I have a visual of this blended family with eight children moving. The oldest boy was carrying a mattress on his head! We often see families moving, putting as much into their vans as possible."

"There is a lot of trauma with being a black body in America. Sometimes we harm our bodies. Sometimes we are put in a position where we have no choice. Trauma stays in our bodies until we process it. We also have the consequences of epigenetics and the residual effects of our family of origin. ... As a black woman growing up in America, there is trauma I experience living in a world that is specifically made for white people. It's almost as if black people and white people speak different languages. There is a basic understanding, but not a true understanding".

"There was a young man at the recovery facility who was gay and struggled with that his whole life. In conversation, I said 'God makes you who you are and why would anyone choose to be gay'" That gave him hope for the first time in 40 years. That changed his life and his way of thinking, because for the first time he realized that he was made the way he was made for a reason."

"Being from Chile, we encounter a lot of racism. My son was once asked 'What the hell are you doing here? Go back to Mexico where you belong!".

"One woman was told she was a tumor because her mother was unwed. Even at middle age, she still struggled to realize that she is beyond that."

"I was declined twice going to a seminary despite twelve years of experience working in a church. I went through a lot to prove I could do it. It was very hurtful. The obvious bias was frustrating for me."

"Many people left the church because of the divide. That ripped the church apart and the people in it. It took away from the ministries because it tore the church apart. We were not focused on helping people, we were focused on the bitter fight. With the financial loss of losing half the people, we could not do some ministries that we usually did, like mission work. There was so much pain and sadness. It was a death for a thriving church."

"I'm sick and tired of being sick and tired".

"I went to a public school where everyone knew me as the blind girl. Then when I went to college, my teacher told me that people began looking at my face before they would look at my cane. This was not the case before."

"When I think of social trauma, I think of the destitution and hunger of walking in the low-income streets of Nicaragua - hunger, sickness, domestic violence. Being aware that so much of

the world lives in such great pain as a result of injustices caused by too much wealth or too much power, and most people do not have what they need to survive. It gave me a broad understanding of suffering, from the death of a family member to the violence of a Muslim community, to natural disasters in the US. Then circumstances like Michael Brown's shooting made me aware of how injustices permeate so many levels of our society."

 "The bombing impacted me greatly. It was a circumstance that was right away very shocking, very upsetting, very alarming; then to learn how my friends were injured put a personal connection to it. I longed to be closer with them in their suffering. Being able to put a personal face to a larger trauma made it much deeper. If I can name a person who encounters an issue that I do not, makes it closer to home."

"These things happen every day, so you have to pick your battles. Two days ago, I got called another black person's name again. It made me feel I was not part of the school program. It's pretty traumatic when you have to justify who you are and not someone else, if it happens every day."

"I'm often the youngest in a room or the only person of color, so my voice is not always heard. People sometimes rephrase my ideas to make them sound like their own. I'm ignored at stores. People touch my hair - I tell them it's not okay, because it's like they think they have the power to erase my humanity by touching me without permission."

"The small things add up quickly. Even the fact that I am saying it is small shows it is a big deal. It's a constant battle. It just piles on up."

 "I can't be as expressive as I would like to be, for my own survival. I have to be careful not to be seen as an angry black woman. Sometimes my passion can be misconstrued as attitude."

"My final evaluation during my hospital residency was that I was different, used a "stick and a magnifier," and was a danger to myself and others. It was gut-wrenching. There were no warning signs! ... They had a meeting about my needs, and would not even let me be a part of it. They

decided for me that I would have to be with another chaplain at all times. Then they would have the other chaplain write a report on whether they thought I was safe. The supervisor asked the nurse leading questions about their safety concerns with me. They were more focused on me running into people than my abilities. They interrogated me about it. They pointed out I couldn't see. I asked how that is a problem. They responded: "How can you not understand how that's a problem?"

"I know about racism because I grew up in the South. Today, it doesn't matter what color you are. With family, sometimes you feel like an outcast because you're treated differently, but in the long run, you love each other."

"People assume I'm a maid because I'm black. I have to tell them I'm there to assist with what they can't do themselves. Sometimes the white person thinks the black person is there to pick them up."

"When I worked for the government, they were not used to an African-American who was very ambitious about doing things. It was like they assumed I was dumb. I found out that the college student who I trained to do the work was being paid more for a starting wage than I was as an employee. Men make more than women, even if women do a better job. I left because that was not fair."

"I asked my mom if I am truly her child, because I am dark-skinned and my mom is light-skinned. We did not talk for a year. I gave it to the Lord. When she feels like she wants to tell me if I'm her child, it will happen. She calls me more now."

"My daughter tried to talk with me about the shooting of Philando Castille, but I couldn't. I was numb. I couldn't laugh, couldn't cry, couldn't smile, couldn't talk ... I couldn't do anything. It was just one more paper cut. ... I am almost just numb to racial trauma now. When it happens over and over, you just become numb. It's not like it doesn't hurt. I'm ⠒⠱⠒⠂ years old, and it still hurts."

"I found out in elementary school that people were being rewarded for hanging out with me. I was young, and that bothered me quite a bit. I always find myself asking if people are hanging out with me to patronize me or look good. It makes me question the adults too, because they basically bribed other kids to hang out with me."

"I tell as many people as I can. If someone asks how I am doing, I tell them what happened to me. And if they listen, what happens is they tell someone else, who tells someone else, who comes back to me and says 'I heard this happened to you. I'm sorry."

"I used to just keep it to myself and only tell God. But now I tell other people."

"Trusting people? Feeling safe? There is no such thing. I don't trust other people. I trust God, but I tell other people and hope something good comes of it."

Privilege:
"Persons in privilege are always going to make mistakes. You become immersed, so as to avoid bad intentions, making mistakes, and learn how to be an ally. If you are a person of privilege, what is needed is not a leader, but an advocate or follower who can amplify persons' voices."

"I stand in a place of privilege and oppression. I have privilege because I'm white, I'm a graduate student with a good quality education, financial stability, a loving family, and my faith. Yet, being without sight is a form of oppression. I never wanted to acknowledge it before because I was afraid of making it my main identity."

Theological Insights:
"My eyes were opened to the good in being assertive. I did not always have to be nice and sweet. I had to remind myself that Jesus was kind, but he was not always nice."

"Honey, when you trust the Lord, whatever may come, you know who's got you."

"I've had a lot of bad experiences. You're always going to have your ups and downs. Life ain't a bowl of cherries, honey."

"Our friends know that we are mutual with them. It's not that we have more, we know more, it's always a really good exchange. I find myself learning from them, so much."

"We had a couple come, friends of ours, asking for food cards and bus tokens. In exchange, they will take out our recycling in friendship. They know that they are receiving from us, and we receive from them."

"There are eight of us. It doesn't matter which sister comes to the door because we are all trained in the ways of God."

"I get paid to talk to people and build relationships. I get paid to love people!"

"Healing is a journey. As we go on our journey, sometimes things are easier and sometimes more difficult. Life as a human is traumatizing overall. It's about the journey and taking steps. When we do not take healthy steps, it's okay and it's part of the journey."

Solidarity:
"There was this Gospel concert I went to, where I felt like we were brothers and sisters. One song, "Still I Rise," was about never giving up despite being different. I thanked the artist and told her how much it touched me. In that moment, we understood each other. We hugged, we cried, we prayed together. It was a moment I will never forget."

"There was a teacher of a different faith who welcomed me into her space, even with my service dog. We were two unconventional people, and we connected because of that. We were able to stand together in our own beliefs, love each other, and feel that we belonged. She was the main reason I stayed. She gave me comfort, so much hope for how things could be."

Appendix B: Educational Handouts for Pastoral Workshop

Note: These are the educational pieces relevant to the material in the pastoral workshop.

Social Trauma and Related Terms:

Social Oppression: Social oppression is defined by Zurcher and Snow (1981) as "a concept that describes a relationship of dominance and subordination between categories of people in which one benefits from the systematic abuse, exploitation, and injustice directed toward the other". Any situation in which the organization of social life enables those who dominate to oppress others has elements of social oppression (Zurcher and Snow 293). Edmund and Bland (2011) defined social oppression (which they termed societal abuse) as follows: "a form of active abuse that refers to the disadvantages an individual or group experiences as a result of unjust social structures". Edmund and Bland contend that social oppression is the root cause of most types of abuse. It is perpetuated by society through dominant culture or the tendency to accept abusive behavior toward marginalized groups (Edmund and Bland 1). Examples of social oppression include racism, colorism, sexism, classism, ableism, heterosexism, displacement, and religionism, as well as age, socioeconomic background, or immigration.

Social Trauma: Some forms of oppression are traumatic and can lead to stress symptoms (such as minority stress and post-colonization stress disorder), which result from struggling with social oppression and marginalization, as well as the imposition of dominant culture as mainstream and superior (Edmund and Bland 1). The broad category of social trauma itself is not well established or clearly defined in research. For the purposes of my study, I define social trauma as a type of traumatic stress that builds up in the body as a result of any type of social oppression. Social oppression does not always result in trauma, but there is a strong association between the two.

Intersectionality: Intersectionality refers to intersecting identities that result in multiple types of social oppression (Bryant-Davis 138). The term intersectionality, introduced by black feminist Kimberle Crenshaw, refers to "the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, classism, and sexism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups" (Merriam-Webster Dictionary).

Microaggression: According to the Dictionary of Social Sciences, a microaggression is a "statement, action, or incident regarded as an indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority" (Dictionary of Social Sciences). Microaggressions may occur through interpersonal exchanges or environmental messages. They may be manifested as verbal or physical actions intended to cause harm, but often occur as insults that are nonverbal, subtle, and unintentional (Forrest-Bank and Cuellar N.P.).

Discrimination: Discrimination is defined by the Dictionary of Social Sciences as "the unequal treatment of groups based on their particular identities - generally racial and ethnic groups but also extending to any nearly distinguishable identity category, including age (ageism) and gender (sexism)." Discrimination is different from prejudice, which refers to individual attitudes rather than to social actions or structures (Dictionary of Social Sciences).

Privilege and Oppression:

Privilege and oppression are important realities for compassionate, committed pastoral care providers to comprehend in order to be successful in responding to the needs of the larger community in their work. Privilege refers to a situation in which one group has something that is denied to another group because of the group they belong to rather than their actions. Privileged groups such as males, whites, financially stable people, able-bodied people, and heterosexuals can afford to be oblivious because society is structured to their benefit. Privilege is not based on individual characteristics, but rather that the group one belongs to is more esteemed or powerful than other groups. Privilege generally allows people a certain level of respect, acceptance, and inclusion in the world, to operate in a wide comfort zone. It grants social permission to act on perceived superiority without having to worry about being challenged (Kujawa-Holbrook and Montagno 45-58).

Oppression happens when one privileged group has power over another group. Oppression, like privilege, is a reality that occurs between groups of people in society rather than individuals who happen to belong to privileged groups. It is important for people in privilege to recognize their own complicity in oppressive structures and overcoming the difficulty of understanding what one has not experienced (Kujawa-Holbrook and Montagno 45-58).

Oppressive and Redemptive Suffering:

Pastoral care providers ministering to people with social trauma must recognize the difference between oppressive and redemptive suffering. An example is Jesus' death on the cross. The Crucifixion was oppressive suffering because it involved the justification of violence, which is not grace-filled or redemptive. The redemptive suffering, which does not condone oppressive suffering, is that Jesus' act of self-sacrifice was done out of love for humanity. A theology of healing does not condone suffering for its own sake; rather, it understands that accompanying someone who is suffering can bring them to a place of better understanding.

Psychological Theory: Trauma as a Bodily Response

  According to Resmaa Menakem, an African-American trauma therapist, social trauma begins in the body, not the mind. Trauma is the body's response to an event (or series of events) that it perceives as dangerous, whether the danger is real or imagined. The two concepts Menakem introduces that are most central to our understanding of the physiological response to trauma are the soul nerve and the lizard brain. Our deepest emotions are linked to a system of nerves that connects our bodily structures with our brain. This system, often known as the vagus nerve but which Menakem calls the "soul nerve," is connected to a part of our brain that does not use cognition or reasoning to navigate the world. This part of the brain, known for its reptilian sole concern for safety, is called the lizard brain.

The soul nerve and lizard brain may embed a traumatic response in our bodies. Trauma manifests itself in the body in a variety of ways and gets stuck there until it is addressed, causing detriments to one's holistic well-being.

A settled body is essential for healing. When one settled body encounters another, there can be a deeper settling of both bodies. However, when one unsettled body encounters another, the unsettledness tends to compound in both bodies.

Clean Vs. Dirty Pain:

Clean pain is the type of pain that will mend and further one's capacity for growth. Experiencing clean pain allows us to engage our resilience and use our body's integrity in a way that dirty pain does not.

Dirty pain is the pain of avoidance, denial, and blame. Dirty pain happens when we respond from the most wounded parts of ourselves, become cruel or violent, or engage in physical or emotional avoidance.

Solidarity:

Social trauma is a fundamental theological flaw because it contradicts Christian solidarity by wounding and dividing the Body of Christ. In 1 Corinthians, Paul writes that when one member of the Body of Christ is hurting, the whole body suffers (1 Cor. 12:26). In the context of solidarity, this means that trauma affects us all, not just those who are directly experiencing social trauma. Because we are the Body of Christ, we are all interconnected so respond to the needs of one another. We are a wounded body that needs healing, and each of us who strives to live in Christ is called to work toward this process of healing.

Solidarity is the bond that links all of us in Christ as people living in relationship with God. Thus, a person living out the call to solidarity is anyone striving to live in right relationship with God and one another. For ministers, this means helping to heal the body of Christ in whatever way they have been called. The Gospels demonstrate that the life and ministry of Jesus was devoted to fighting social oppression. In fact, Jesus modeled solidarity with the oppressed.

Practical Solidarity:

  Practical solidarity goes beyond feeling compassion and empathy for others. It means committing ourselves to be in the struggle for justice with them. We do not simply suffer with people; we struggle alongside them. We work with them to find a solution together, giving of ourselves.

Practices of practical solidarity require developing a capacity to recognize our common humanity and our common need for one another for individual and communal healing. Practical solidarity

requires mercy, love that emerges inside of us at the sight of injustice (Kujawa-Holbrook and Montagno 29-44).

In the interviews, solidarity was mentioned as one of the most helpful strategies for coping, if not healing. Solidarity with other minority groups and having "people who get it" were described as coping mechanisms for people with social trauma.

Love and Justice:

The practice of solidarity is rooted in love. A Scriptural foundation for solidarity is the understanding of God's love, expressed in the Trinity and Jesus' command to love one another (Beyer 10). It is because of this love that all people are granted justice on the grounds of our common humanity (Jengen 74). The dignity and worth bestowed upon us by God's unconditional love cannot be removed. Therefore, love is the cornerstone of justice. Solidarity involves the Triune love of God, embodied in our incarnate God, broken in bread for us. Jesus' sacrificial love demonstrates in an accessible way the meaning of solidarity for Christians. Specifically, it calls us to incarnate the Triune love of God in concrete acts of compassion and solidarity in our present reality. The radical love and acceptance that solidarity requires is evident in the following statement: "As his body, we embrace those with love and hope who, in their bodies, are despised and marginalized, even as we embrace with love and forgiveness those whose sins spawn the conditions for the suffering and oppression of others." With the spirit of triune, incarnate love, the recognition of our complicity in suffering, and the hope of the resurrection, we are especially called to embrace those who are marginalized, but also to invite those whose sins contribute to the conditions of oppression toward the journey of love, forgiveness, and transformation (Copeland 107-128).

Preferential Option for the Poor:

In 1 Cor. 12:12-26, Paul speaks of deliberately giving greater care to the parts of the body that are considered by some as less honorable. This is called the preferential option for the poor. The preferential option for the poor is God's special concern for and intervention in the lives of people who are marginalized or were afforded lesser significance in society.

Roadblocks to Solidarity in Ministry:

Power Imbalances: Pastoral care fails to bring healing and reconciliation when dominant American society fails to recognize the power imbalances experienced by people who are marginalized. We are all one human community despite divisions we perpetuate.

Patterns of Disconnection: Underlying most forms of oppression and exclusion are persistent and pervasive patterns of disconnection. These patterns of disconnection not only lay a foundation for oppression, but also create an attitude that we are not responsible. Patterns of disconnection are at the root of some of our most intractable social oppressions.

Indicators of Oppression Sensitive Pastoral Care:

  Helping people achieve their full potential, find autonomy, and connect with broader community

  Balance between individual freedom and communal responsibility

  Emphasis on a pastoral care of shared power

  Listening, compromise, and mediation

  Treating everyone as a person of dignity and value

  Belief that differences enhance life and community

  Engaging with the other and developing an empathic connection

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