

# Fractured Ground

*Preaching in the Wake of Mass Trauma*

Kimberly R. Wagner

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*I dedicate this book to all those whose lives  
bear the scars of trauma and grief  
and to those who accompany and care for traumatized communities.*

*“A voice was heard in Ramah,  
wailing and loud lamentation,  
Rachel weeping for her children;  
she refused to be consoled, because they are no more.”*

*—Matthew 2:18*

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My prayer is that this work inspires deeper conversation about faithful responses to mass trauma. Even more, I hope this book might serve as a support for those preachers summoned to the challenging work of proclaiming the good news, even when the world seems to be falling apart.

Soli Deo Gloria.

Kimberly R. Wagner  
July, 2022

## Foreword

On a Sunday morning in June of 1962, a pastor in Atlanta tucked his sermon notes into his Bible and closed his study door behind him. He began walking down the hallway toward the sanctuary to lead his congregation in worship, but his journey was interrupted by an officer of the church, who rushed up to him with a distressed look on his face. “Terrible news,” the officer said. He told the pastor that word had just arrived that a chartered Boeing 707 had crashed on takeoff at Orly Field in Paris and that almost everyone on board had been killed. The plane was carrying over 120 leading members of the arts community in Atlanta, who had been on a cultural tour of France sponsored by the Atlanta Art Association. To make the news even worse, many of those who were lost were members of the pastor’s congregation.

So, instead of going into the sanctuary to preach to a relaxed summer congregation, the pastor now had the awful obligation to stand in the pulpit and inform a shocked congregation that people they knew and loved had died that morning in the blink of an eye. The sermon he had prepared for that day was left aside as he stammered to say to weeping and suddenly grief-stricken people what the gospel could possibly mean on this day of devastating catastrophe.

At one time, having to preach in the face of such trauma would have been considered rare, almost unprecedented. But now, with the proliferation of gun violence, mass shootings, pandemics, and natural disasters, sadly almost every pastor will sooner or later face the demanding task of preaching to shaken people after the sudden and surprising loss of life. The number of such incidents is shocking, and rare is the community that is untouched. Taking gun violence as an example, there were four mass shootings in America the day before this foreword was written, and ten shootings the day before that, according to the website of the Gun Violence Archive in Washington, DC. Hundreds of shootings a year are spread across the country from South Carolina to Washington State, in major cities, small towns, and the rural countryside. No preacher anywhere can hide forever from this violence. At some point, most of us who preach will find ourselves, like that pastor in Atlanta, putting aside the sermon



we have carefully prepared and having to say something to troubled and anxious hearers, unsettled to the core by abrupt violence and death.

No one has thought more deeply or clearly about this challenge than Kimberly Wagner. In conversation with the most profound thinkers about trauma, she has written *Fractured Ground* in response to the awful question that almost every preacher must at some time ask, “What in the world can I possibly say today in the face of all this?”

This is a ruthlessly realistic book, and it needs to be. Wagner is aware that some traumatic events are truly catastrophic, and she does not flinch before this reality. Traumatic events, she indicates, generate what she calls “narrative fracture,” a breaking apart of the comprehensibility, manageability, and meaningfulness of life’s events, a triunity necessary for human beings to navigate everyday life with confidence. The main task of preaching is to acknowledge, describe, and respond to this fracturing of the structures by which we make sense of our lives.

Preachers do not preach to traumatic events from above or outside of these wrenching experiences. When they happen in our communities, preachers speak from *within* the community and *as* participants in the trauma. The pre-flight instructions on airliners tell passengers that, should the aircraft experience an emergency and the oxygen masks descend, passengers should secure their own masks before helping others. Just so, Wagner recognizes the need for preachers and other faith leaders to seek out the care and support they need themselves even as they seek to be resources of healing for others.

There is much in *Fractured Ground* that is counterintuitive, but perhaps nothing runs against the grain more than Wagner’s warning about some tendencies in the narrative style of preaching. Many preachers today have been steeped in a culture of narrative preaching, which means not only that they are storytellers but also that they shape their sermons after narrative plots, with beginnings, middles, and endings. The problem with following this style of preaching in the midst of traumatic events is the impulse to premature resolution, that is, to get to the ending too quickly. A narrative sermon may naively communicate, “We once were fine, and then a shattering experience happened, but, worry not, we will soon be fine all over again.” Recovering from real trauma, however, takes time, often a lot of time, and the wise preacher respects this truth. Preaching in the face of trauma, Wagner says, needs to both acknowledge the depth of the disorientation that trauma causes and also make much room for a season of unresolved lamenting.

Because our society is in an epidemic of mass trauma, *Fractured Ground* is, unfortunately, very timely. But precisely because we are in such a time, we are blessed not only by this book’s timeliness but also by the fact that it is a very wise guide to those of us who must preach in the midst of disaster. Even as

we lament the circumstances that make this book essential, we give profound thanks for the astute lessons and reassuring counsel Kimberly Wagner offers.

Thomas G. Long  
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# Introduction

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On the morning of December 14, 2012, after killing his mother in the house they shared, Adam Lanza took his mother's rifle and shot his way into Sandy Hook Elementary School in Newtown, Connecticut. With the sound of gunshots ringing out over the school intercom system, Lanza went on a rampage through the school, killing twenty children (six and seven years old) and six adults, before taking his own life. The Sandy Hook Elementary School shooting remains the deadliest mass shooting in a high school or grade school in U.S. history and the fourth deadliest mass shooting perpetrated by a single shooter.<sup>1</sup> Both the scale of the carnage and the targeting of innocent children shocked and appalled the nation.

The quiet community of Newtown was shaken to its core as the unexpected and unanticipated trauma of a mass shooting drew local and national news crews to its doorstep. The news coverage was abundant as investigators traced the time line of Adam Lanza's movements, clothing worn, and weapons used. Reporters interviewed families of those lost or teachers who were in the school. Journalists began to reflect on how this repulsive mass atrocity would shape the national conversation on gun control or mental healthcare in the United States. The community of Newtown was deeply shaped and marred by this tragedy.

Sandy Hook remains a mark on the American consciousness but is not the first nor has it been the last mass or multiple fatality shooting in the United States. Americans recall and recoil at the names of Columbine, San Bernardino, Uvalde, Charleston, Aurora, Orlando, Las Vegas, Sutherland Springs, Buffalo, Parkland, and Virginia Tech, just to name a few. Violence is

on the rise as mass shootings occur almost daily in the United States, though relatively few make national headlines. Gun-related violence and mass shootings affect an increasing number of communities, requiring preachers to reckon with the traumatic impact of these incidents. The experience of traumatic violence has become an unfortunate part of the American experience.

In October 2012, only two months before the Sandy Hook shooting, a tropical depression that later became known as Hurricane Sandy (and then Superstorm Sandy) formed in the Caribbean Sea, picking up moisture and force as it moved over Jamaica, Cuba, Haiti, and the Bahamas before making landfall on the continental United States just north of Cape Hatteras, North Carolina. The storm then remained over the U.S. mainland, causing floods and damaging high winds as it raced up the eastern seaboard. A “raging freak of nature,” according to *National Geographic*, the initial storm had a radius of 100 miles and was sped along up the East Coast by powerful winds.<sup>2</sup> It soon collided with another storm system moving eastward and became a superstorm, with winds extending over 1,000 miles. The winds and rain, combined with the occurrence of a full moon (with higher tides), led to flooding and deadly storm surges.<sup>3</sup> According to the Federal Emergency Management Agency (FEMA), the storm affected 24 states along the east coast and caused over \$78.7 billion in damages, making it the one of the costliest U.S. storms in history.<sup>4</sup> Superstorm Sandy was directly responsible for 147 deaths<sup>5</sup> and left thousands of people homeless, with more than 20,000 households still displaced a year after the storm.<sup>6</sup>

Since Sandy was only rated to be a Category 1 hurricane, many were unprepared or underprepared for the impacts of the storm. Harrowing stories of shock, loss, and disbelief emerged in the aftermath. Daphay Sanchez of Staten Island shared with BBC the story of how her family had to climb on the roof of the house to escape the rising water and tie themselves together to resist the winds while they waited eight hours for rescue.<sup>7</sup> Others reported weeks without power and the challenge of finding potable water. Still others, like Marissa Benowitz and her two sons, remained displaced over a year after the storm subsided, despite working continuously both toward her own housing recovery and the recovery of her community.<sup>8</sup>

While significant, Superstorm Sandy is not a singular experience of loss or devastation from (so-called) natural disasters.<sup>9</sup> And 2020 was the most active hurricane season in the Atlantic on record, with 30 named storms and 11 other storms making landfall onto the continental United States.<sup>10</sup> And according to the National Interagency Fire Center, there were 58,985 reported wildfires in the United States in 2021 that burned over 7 million acres of land.<sup>11</sup> We grieve the immense amount of loss from national events like Hurricane Katrina, the California Camp Fire, Hurricane Maria, the 2011 Tornado Superstorm, or

the December 2021 tornado outbreak, as well as international events such as the 2022 Afghanistan earthquake, the 2020 East African floods, or the 2004 Sri Lanka Boxing Day tsunami, among too many others. As with incidents of violence, communities all over the United States and the world are contending with devastation and loss caused by hurricanes, wildfires, earthquakes, tornadoes, extreme temperatures, and other natural disasters.

Eight years after the Sandy Hook shooting and Superstorm Sandy, the world became acutely aware of another kind of mass trauma. For many communities, disease has often been treated as an individual trauma, something that impacts the ill person and their immediate circle of family and friends. While clergy and congregations might offer prayers for the ill in worship or visit those receiving treatment in the hospital or at home, little attention was paid to the traumatic impact of disease on whole communities. However, in cases such as the Ebola epidemic, lead poisoning from contaminated water in Flint (Mich.), or the COVID-19 pandemic, communities have begun to recognize the impact of health crises and disease as mass traumatic events.

As of the writing of this book, the COVID-19 pandemic continues to hold the world in its grip, with limited vaccine distribution and endless variants arising from different parts of the globe. Most of the United States went into lockdown sometime in March 2020 with the aim to “flatten the curve” and reduce stress on the hospital systems. However, as of this writing, the United States (and the world) is over two years into the coronavirus pandemic and has experienced ongoing assaults by new variants of the virus, with ever-increasing numbers of infections and deaths. Politicized arguments over mask mandates, testing, and vaccination ravage the country alongside the virus. Society has largely “opened up,” yet schools, churches, and even Broadway shows continue to shut their doors for days or weeks at a time due to coronavirus outbreaks. With the arrival and rise of the Omicron variant in the United States in November 2021, thousands of flights were canceled around the holidays, including over 4,000 flights worldwide (over half of them in the United States) canceled on New Year’s Day.<sup>12</sup> Beyond disruption to everyday life and travel, the case numbers and death toll have been staggering. As of July 5, 2022, over 547 million cases have been confirmed worldwide, with over 6.3 million deaths. The United States has the unfortunate honor of boasting the most cases and deaths of any country worldwide, with over 86.7 million confirmed cases and over 1 million deaths (as of July 5, 2022). However, as of July 3, 2022, only 12 million vaccine doses have been administered globally.<sup>13</sup>

These statistics carry a personal toll and have disproportionately impacted the most vulnerable in society—particularly the elderly, economically disadvantaged, and BIPOC (Black, Indigenous, and People of Color) communities.

Hospitals and medical personnel continue to be overwhelmed by the needs of coronavirus patients. Individuals and families grieve the loss of loved ones, often unable to be present with them as they die. Chanel Crowder, who lost her father to COVID-19 fairly early in the pandemic, noted to a Washington, DC, reporter, “A covid death is like nothing anyone has ever experienced because of the separation.”<sup>14</sup> Beyond not being able to be with or say goodbye to a loved one, the pandemic and risk of viral spread kept communities from being able to honor the deceased with traditional gatherings, worship services, and rituals. Survivors continue to contend with ongoing symptoms, risk of re-infection, and long-haul COVID. And those considered essential workers or front-line workers—such as doctors, nurses, teachers, factory workers, delivery persons, grocery workers, and servers—have found themselves crushed under the weight of the pandemic, often being asked to put themselves in harm’s way to keep society and the economy moving.<sup>15</sup>

While the impacts of the COVID-19 pandemic will be with us for a long time, this pandemic is not the only health crisis that has or will impact our communities. As the climate crisis escalates, infrastructures age, and global commerce continues to connect us, public health crises due to deadly viruses, water shortages, or toxic food sources, among others, will demand our attention and response.

Although we may encounter various traumatic experiences, this book focuses on preaching amid trauma ignited by acute mass traumatic events. Such events come on rather suddenly, impact large groups of people at once, and have traumatic impact at both the individual and communal level. These kinds of mass traumatic events shake the foundations not only of individual lives, but also of the entire communal structure and sense of identity. Often the world no longer feels dependable, safe, or predictable. Questions about God’s intention, plan, and presence become pressing in new ways. Simple theological platitudes frequently don’t hold up under the weight of such trauma. Communities find themselves pulled at their seams as relationships with self, others, and God seem to be thrown into disorder. And the preacher is not immune to this experience, as though somehow able to minister from outside the trauma into the traumatized community. Instead, as one who is in and a part of the community, preachers are likely to experience the trauma with and alongside their congregations. Yet, when things seem to have fallen apart, people look to preachers for answers, comfort, language, and direction.

Beyond the statistics, political debates, news cameras, utility crews, and police tape, exist devastated communities and the preachers to whom they look. Whether at vigils the same evening or in the weeks or months following the traumatic event, preachers must grapple with what to say to a community

that is hurting, shocked, and full of (sometimes unanswerable) questions. In the words of clinical psychologist Irene Smith Landsman, a basic feature of trauma is its capacity to “overwhelm our usual abilities to cope and adjust.”<sup>16</sup> Preaching in the wake of a mass traumatic event is a unique challenge, requiring more of preachers than on a “typical” Sunday. As theologian Serene Jones writes, “When we are overwhelmed, what fails us most profoundly is our capacity to use language, to make sounds that communicate meaning from one person to another.”<sup>17</sup> And yet, the preacher is called on to speak in the midst of the unspeakable. In those situations when language is most at risk of failing, the preacher—as a member of the traumatized community—is called on to “offer a Word.”

Though usually offered with the best of intentions, there are three less-than-helpful ways preachers may be tempted to respond. *First*, preachers—especially those feeling the disorienting pain of trauma alongside their congregation—may decide to simply give in to despair, naming the unknowability of what has occurred. In the face of so much upheaval and unknown terrain, when trauma steals the capacity to articulate the experience cohesively or meaningfully, preachers might be tempted to shrug their shoulders, hang their heads, and simply despair with the congregation over the harsh reality of needless suffering in the world.

The *second* temptation is avoidance: declining to acknowledge or talk about the event. Some preachers take this route out of a fear of “making people uncomfortable” or “retraumatizing the group.” Or they avoid the topic because they are unsure what to say or wonder whether it is “appropriate” to address a traumatic topic from the pulpit.

The *third* route preachers may be tempted to take is to push past the pain and grief with sacred optimism, telling congregations, “God’s got this” or “It will be OK in the sweet by and by” or “Just trust God.” Though the heart of these theological refrains may indeed be true, these assurances can ring hollow to people experiencing trauma immediately after a mass traumatic event. Or worse, such rushed theological assurances may imply that the experience of trauma itself indicates a lack of trust or faithfulness in God. These statements of theological optimism and encouragement may be experienced as metaphorical Band-Aids being placed over wounds that need surgical attention.

All these preaching responses are understandable. It is hard to know *what* to say or *how* preachers ought to respond in these desperate moments. Unfortunately, mass traumatic events rarely offer early warnings or send out save-the-date cards that allow preachers to prepare for what is to come. Instead, these events often set in quickly and unexpectedly, leaving preachers and faith leaders struggling with how best to respond. After all, trauma not only steals language but also seeks to silence the community’s meaning-makers, preachers included.

Trauma threatens to throw into question all that we have known to be true and the ways we have normally navigated the world. Perhaps preachers will find that the familiar tropes, the go-to theological adages, and the well-worn patterns of preaching that have served well thus far no longer hold up or seem to meet the moment. When the moment of crisis hits, when the community is turned upside down by an incident of mass trauma, preachers may, understandably, struggle with what to say and how to respond faithfully and helpfully.

Because trauma tends to swipe language, order, and meaning in the moment, it is important for preachers to think ahead about how they might respond to incidents of mass trauma. None of us want to imagine our communities devastated by an act of violence, a public health crisis, or a natural disaster. Yet the reality is that most—if not all—faith leaders will be required to journey with communities through some mass traumatic event. This book is intended to help preachers consider how they might respond to mass trauma in their communities. This project aims to help faith leaders understand how trauma impacts individuals and communities and offer suggestions for how clergy might effectively preach in trauma-responsive ways in the days, weeks, or months following the event. My hope is that in thinking about the work of preaching in the wake of mass trauma before it occurs (or, more realistically, in the “gap times” between traumatic events), preachers may feel more prepared to accompany their congregations through the wilderness of trauma.

## TRACING THE JOURNEY

In the wake of these communal traumatic incidents, a different approach to preaching is needed—one that explicitly responds to trauma. Trauma-responsive preaching names, acknowledges, and offers theological frameworks that take seriously how persons and communities experience trauma. To engage in faithful trauma-responsive preaching, it is important for preachers first to understand what happens to individuals and whole communities when they are experiencing trauma. The only way preachers can respond nimbly and thoughtfully to mass trauma is to understand how these events impact the people they serve. Therefore, in chapter 1 we begin with a deep dive into what trauma is really about: the multifaceted nature of trauma, how trauma impacts individuals and communities, and how it leads to what I describe as “narrative fracture,” the breaking apart of the overarching and cohesive, though often unstated, narratives that hold together individual and communal identity. In conversation with scholars who have studied the complexities of trauma, we explore what happens to communities experiencing trauma in order to discover how preachers may best respond in the preaching event.



In chapter 2, we move from understanding the nature and impact of trauma to consider some unique features and theological concerns raised by mass traumatic events—particularly human violence (shootings, bombings, etc.), natural disasters (tornadoes, hurricanes, earthquakes, etc.), and public health crises (contaminated water, pandemics, etc.). We close the chapter by considering the preacher’s position within a community experiencing mass trauma and how the preacher’s location, as one journeying alongside and through the trauma with the congregation, may be both challenge and gift.

In chapter 3, we turn to consider how familiar approaches to preaching—especially narrative forms and impulses—may not hold up or serve helpfully under the weight of mass trauma. Considering the disorienting impact of trauma on individuals and communities, I invite preachers to adopt a trauma-responsive preaching practice that is attentive to the experiences of narrative fracture in both theological content and sermon form.

Chapter 4 continues the work begun in chapter 3, thinking specifically about sermon content and theology. This chapter invites preachers to proclaim an in-between word for an in-between moment—a word located in the eschatological tension between what has been broken or lost on one hand, and the anticipation of God’s promised hope on the other hand. Preaching from a theology firmly grounded in Christian hope realized in the shadow of the cross, preachers may resist the urge to collapse the tension either toward unwarranted optimism or crushing despair. The chapter closes with a historical case study from the 1940 bombing of Coventry Cathedral as well as an invitation for preachers to contemplate the relationship between suffering and hope.

Chapter 5 continues the work of mapping out a trauma-responsive preaching practice by thinking about sermon form. Grounded in the conviction that a sermon’s form is an expression of the sermon’s theological content and is essential to the work of the sermon, I suggest that trauma-responsive sermon forms might also be attentive to the experience of narrative fracture. Such forms embody the middle space between the dislocations and disorientations caused by trauma and the eventual hope of narrative wholeness and recovery. I offer two original models of sermon forms attentive to narrative fracture: the “Snapshot Form” and the “Frayed-Edges Form.” Both forms are grounded in biblical texts and modeled in preached sermons and memoirs of trauma.

In chapters 6 and 7, we move toward answering additional questions or concerns that may arise for preachers accompanying communities through mass trauma. In chapter 6, we think about ministering amid mass traumatic events that give rise to social action or communal cries for justice. Employing the February 2018 Parkland (Florida) High School shooting as an example, I explain how preaching that is attentive to narrative fracture not only serves the needs of pastoral care but may also ground and support a call to action. We

consider the liturgical and biblical model of lament. Lament has the capacity to ground and support those who find themselves disoriented and fragmented due to trauma while also helping the community to find voice and agency to respond in sustainable ways.

In chapter 7 we think about preaching as participating in the larger work of pastoral ministry amid communities experiencing trauma. First, we explore how the communal reconstruction process is not a smooth upward climb toward healing. Instead, we consider the challenges and benefits of engaging the process of trauma recovery and cultivating communal resiliency. Then we explore what happens when the crisis does not seem to have a quick or definite ending but lingers on. With both the winding journey of trauma recovery and the reality of extended crises in view, we turn to the model of wilderness wanderings in the Hebrew Scripture. With the Israelite community as our guide, we unpack the longing for the past, yet impossibility of return to what once was, while offering faithful ways to move forward through trauma. Finally, this chapter ends with a plea for preachers to engage trauma-aware preaching in every sermon, seeking to cultivate resiliency and communal connection in the “in-between times.”

### **The Scope of This Book**

This book considers the role and work of preaching in responding to trauma experienced in the wake of discrete mass traumatic events or incidents. Though thinking about the individualized impact of mass traumatic events, this book does not explicitly address traumatic events that more directly impact individuals, such as abuse, sexual assault, or personal traumatic loss. Likewise, this book does not directly address historical or generational traumas such as racism and white supremacy, immigration, sexism, or LGBTQIA+ discrimination, though it considers such traumatic realities in relationship to incidents of mass trauma. Finally, this is not a book about gun control, climate change, or public policy. Instead, this book is focused on the immediate response offered in the wake of a communal traumatic event: the kind of preaching that takes place in the hours, days, weeks, and initial months after a traumatic incident, inviting a response that seeks to honor what is broken and fortify the traumatized community toward eventual recovery and reconstruction.

PART I

Understanding Trauma  
and Meeting the Moment

# Understanding the Experience and Impact of Trauma

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Before we can begin to develop a preaching practice that is truly responsive to the experience of trauma, we first need to consider the impact of trauma on individuals and communities. After all, the strongest sermons are those grounded in Scripture for a specific people in a specific place and time. If that place and time involves the aftermath of a traumatic event, then the needs of the community (and, thus, the preaching event) may shift. So, in this first chapter, we begin by defining trauma, considering the nature of trauma, and exploring the impact of trauma on individuals and communities. Through engaging insight from scholars and developing a better understanding of how trauma functions, preachers will be equipped to craft sermons that respond to the needs and complexities of the trauma experience.

The term *trauma*, from the Greek term meaning “wound,” was originally used to describe injury inflicted on the body. However, in its later usage, especially in psychiatric, therapeutic, and medical literature, the concept of trauma was expanded to include “a wound inflicted not [just] upon the body but [also] upon the mind.”<sup>1</sup> Sigmund Freud, in *Beyond the Pleasure Principle* (1922), describes trauma as a wound in the mind’s experience of time, self, and the world, which, unlike many bodily wounds, is not easily healed.<sup>2</sup> However, the study of trauma has now expanded beyond the medical and psychiatric fields to include other disciplines, such as comparative literature, behavioral science, sociology, religion, post-colonial studies, theology, and others. Scholars from each of these fields approach this difficult-to-describe reality of trauma and “trauma studies” by using their unique tools, languages, and academic insights. Among these diverse scholars, however, there is no

singular agreed-on definition of *trauma*. It remains a somewhat nebulous term, which is both a gift and a curse. Such ambiguity is a gift, enabling *trauma* to describe a wide variety of responses to an array of events, offering language to describe horrific experiences that for too long have been ignored or unrecognized. However, the curse of such a nebulous term is its propensity to be overused or misused in colloquial speech (as well as in scholarly study). *Trauma* has slipped into everyday speech to describe pain of almost every kind or to describe everyday frustrations (i.e., “I woke up this morning, and there was no coffee! It was so traumatic!”). The term has grown popular on social media, with many influencers or self-declared specialists diagnosing and giving advice to “people with trauma.” It is wonderful that we, as a society, are actually talking about trauma and seeking to destigmatize it through public conversation. Yet when the word *trauma* is overused or misused, it threatens to empty the term of its significance and power.

## **THE CHALLENGES OF DEFINING *TRAUMA***

Due to its broad use, it is important to define precisely what we mean when we employ the term *trauma*. However, three factors make defining trauma a challenge: (1) the conflation of trauma and the traumatic event; (2) the broad variety and usages of trauma; and (3) the nature of trauma as that which eludes understanding. In addressing each of these challenges, I believe we will be guided toward a more robust working definition of *trauma*, one that is helpful for preachers and faith leaders facing trauma in their communities.

### **Challenge #1: Trauma versus Traumatic Event**

The first challenge in defining trauma is that the experience of trauma is often conflated with the traumatic event itself. A traumatic *event* can be understood as a singular or ongoing incident or situation having the capacity to be traumatizing or lead to the experience of trauma. As defined by Serene Jones (in conversation with Judith Herman and Bessel van der Kolk), “A traumatic event is one in which a person or persons perceives themselves or others as threatened by an external force that seeks to annihilate them and against which they are unable to resist and which overwhelms their capacity to cope.”<sup>3</sup> Traumatic events may be acute catastrophic events (such as a shooting or hurricane), ongoing conditions (such as traumatic illness), or persistent experiences of violence, neglect, oppression, or abuse. Traumatic events can impact individuals as well as communities. Such events may not only cause trauma but may also exacerbate traumas already present or trigger recollections of

previous traumatic events.<sup>4</sup> Finally, traumatic events usually occur over time and, therefore, have a beginning, middle, and—hopefully—an end.

Trauma, on the other hand, is the *subjective experience* of a traumatic event. Being subjective, this means that many people can experience the same event yet may not all be traumatized in the same ways or to the same degree. People may also express their trauma in various ways. For example, a friend of mine was in a serious car accident on her way to work one morning. She was driving car number five in a seven-car pileup on the highway. Everyone survived and was fortunate enough to walk away with only minor injuries, though all seven cars were totaled. My friend tells the story as a scary moment that led to a lot of inconvenience—missing work, dealing with insurance, purchasing a new car, and so on. Mainly, she was grateful to be alive and to return to a regular routine. When my friend was summoned to court some months later and re-encountered the other six drivers, she discovered that a couple of them, like her, experienced the accident as merely an unfortunate inconvenience. But others experienced trauma after the accident, which manifested itself in diverse ways. Some were unwilling to drive on the road where the accident occurred. Others were reluctant to drive on any highway at all. Still others had panic attacks whenever they got behind the steering wheel. They had all experienced the same car accident—one that certainly had the potential to be a traumatizing event—but they experienced trauma (or not) in varying degrees.

Another important difference between the experience of trauma and the traumatic event concerns duration of impact: the traumatic event may end, but the experience of trauma lingers. Long after the traumatic event has ended, the experience of trauma may remain and continue to impact individuals and communities. Indeed, sometimes communities and individuals can't even identify the extent of their trauma or begin to process it until well after the threat of the traumatic event has passed.

Distinguishing between the traumatic event and the experience of trauma has important implications for pastors and preachers. Doing so helps pastors resist the all-too-common assertion that once a traumatic event has ended, people should go “back to normal” or “just get over it.” If preachers recognize that the experience of trauma remains even after the news crews have packed up to leave town or the natural disaster has ended, they are able to respond more fully to the needs of the community over time. Understanding the difference between a traumatic event and the experience of trauma also allows pastors to make room for people's varying experiences and responses. No two people experience a traumatic event in the same way. With this understanding, pastors can resist projecting mistaken presumptions about how “everyone” will (or should) respond. Finally, by distinguishing the experience of trauma from the traumatic event, faith leaders can begin to recognize that

events—even ones that may appear nontraumatic to them on the surface—might trigger or spotlight other concurrent or preexisting traumas.

### **Challenge #2: The Broad and Varying Uses of *Trauma***

Once we have disentangled the experience of trauma from the traumatic event, we encounter a second challenge in defining trauma: the expansive use of the term in daily life, medical and therapeutic services, and scholarly literature. *Trauma* has become a catchall term for experiences of extreme pain, suffering, grief, loss, or hurt. As mentioned at the beginning of this chapter, the term is often tossed around casually in everyday speech or used hyperbolically to add comedic emphasis to daily frustrations or embarrassments. (Yet these instances are generally *not* trauma.)

Even when the term is used precisely and well, trauma has come to describe a broad range of mental, emotional, spiritual, and embodied responses to a wide variety of events or situations. These can include *acute mass traumas* that precipitate from events like mass shootings, bombings, natural disasters, and pandemics (mass trauma is the focus of this book, discussed more in chap. 2). There are *perpetual or ongoing individual traumas* stemming from situations of physical or sexual abuse or traumatic illness.

*Historical trauma* is understood as communal trauma with a precipitating event that continues to have an impact on present-day realities. As summarized by trauma specialists LaTanya N. Townsend, Tonya C. Phillips, and Rhea C. Porter, historical trauma can be understood as having three key elements: “(1) the historical trauma experience, (2) the historical trauma response, and (3) intergenerational transmission of historical trauma.” For example, in the United States the historical trauma of racism and white supremacy can be tied to the precipitating event of slavery. And the traumatic impact of slavery has been passed down through the generations.

Beyond historical trauma exists *cultural trauma*, in which a group experiences a complete or nearly complete destruction of their culture, as happened to First Nations peoples in North America or the Jewish people in the wake of the Shoah/Holocaust. Then there is *structural trauma*, understood as trauma caused by the ongoing practice and implementation of laws and cultural patterns that result in injustice and the traumatizing of groups of people. We see this in the United States in the persistence of racism, sexism, or heterosexism as well as the sanctioning of such practices into law, as with the Jim Crow Laws in the late nineteenth and early twentieth centuries in America or the “bathroom bills” proposed and instituted by some U.S. states in the 2010s to prescribe facility use based on sex at birth and not gender identity (often targeting transgender and gender nonbinary persons). Finally, there

is *intergenerational or transgenerational trauma*: untreated or uncared-for trauma-related stress experienced by survivors is passed on to subsequent generations. We witness this kind of trauma especially in First Nations peoples, refugees fleeing violence, communities experiencing poverty, and immigrant families who have been held in detention or encountered resistance or violence on their way to a new home.

Beyond these event-based categories, scholars also talk about *primary trauma*, *secondary trauma*, and *perpetrator trauma* or *moral injury*. *Primary trauma* is when the person experiences the traumatic event directly or witnesses the traumatic event. *Secondary trauma*, sometimes called “compassion fatigue” in clinical circles, affects those who care for or support people experiencing trauma. Because of their proximity, they are traumatically impacted by the traumatic experience of another. Finally, *perpetrator trauma* is trauma induced by one’s participation in causing or contributing to the traumatic event. *Moral injury*, as a subset of perpetrator trauma, happens when one participates in or witnesses a traumatic event that goes against their beliefs and moral values (as often seen with military veterans).

As can be expected from the (admittedly incomplete) list above, trauma scholars continually seek to categorize types of traumas as they try to get a grip on the unruly and broad nature of the experience. In some ways, these categories are incredibly helpful as varied experiences may lead to different kinds of traumatic responses. However, these categories are always in flux. For example, postcolonial scholars have critiqued the tendency of Western trauma theories to see trauma as related to a single identifiable event. However, for people outside of the West and for many marginalized communities within Western societies, pervasive experiences of racism, subjugation, political targeting, or colonization are traumatic, even though they are not tied to any one event.<sup>5</sup>

In truth, such categories cannot fully contain real events; actual traumatic experiences or incidents will often “fit” into more than one category. For example, the June 2015 slaying of nine people at Charleston’s Mother Emanuel AME Church could be considered as both an acute mass traumatic event, as a mass shooting, *and* a historical or structural traumatic event, as a violent expression of racism and white supremacy. Certainly the Mother Emanuel AME shooting also highlighted and exacerbated the structural trauma of racism for African American persons and communities around the country.

While the categories of trauma outlined above might be helpful in parsing out unique traumatic experiences (and we will use these categories throughout the book), faith leaders and preachers are well advised to think about the experience of trauma as broad and often exceeding categorization. Put another way, the experience itself cannot be restricted to a particular event and might shape-shift due to interacting experiences and traumas.



### Challenge #3: The Nature of Trauma

Finally, defining the term *trauma* is challenging because trauma is, by nature, not able to be fully grasped or known. As Cathy Caruth writes in *Trauma: Explorations in Memory*, the phenomenon of trauma “brings us to the limits of our understanding”; anything scholars or clinicians can understand about the nature of trauma is gained only because “they are listening through the radical disruption and gaps of traumatic experience.”<sup>6</sup> For this gap, this experience of radical disruption, sits at the heart of the character and experience of trauma. A basic feature of trauma, in the words of Irene Smith Landsman, is its capacity to “overwhelm our usual abilities to cope and adjust.”<sup>7</sup> When our minds, emotions, and bodies are overwhelmed in this way, we cannot fully grasp what has occurred. Such experiences exceed our capacity to understand them, much less articulate them. In fact, one of the first things to fail amid trauma is language—an unfortunate reality for preachers. Yet to understand trauma is to seek after what cannot be fully comprehended, integrated, or articulated.

### A WORKING DEFINITION OF *TRAUMA*

Despite the challenges outlined above, I offer a working definition of *trauma* that will help us think about how preaching can respond to the experience of mass trauma. *Trauma* may be understood as “a blow or wounding of the mind, body, and spirit/self that occurs when a destructive experience or event exceeds a person’s or community’s resources to process or assimilate the experience into preconceived frameworks of understanding.” Since this is a somewhat dense definition, let’s take a moment to delve in a bit deeper.

The first thing worth noting in this definition is that trauma is understood as a blow or wounding that is fully embodied, including the mind, body, and spirit/self. In the use of *spirit/self*, we may think of the broadly inclusive Hebrew word *nephesh*, variously translated as soul, life, spirit, living being, desire, or passion.<sup>8</sup> In trauma studies, especially among Western scholarship, the focus has long been on the cognitive impact of trauma. Cathy Caruth, considered by trauma historians as “one of the central figures who helped foster the boom in cultural trauma theories in the early 1990s,” relies largely on Sigmund Freud’s psychoanalytic theories and other cognitive theories of trauma.<sup>9</sup> However, other trauma scholars, such as Bessel van der Kolk and Resmaa Menakem, have emphasized the impact of trauma on the whole body. In his influential text *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, van der Kolk is attentive to the full integration of the body and brain,

arguing that trauma is not only a cognitive experience but is also experienced in the body as traumatized persons are “flooded by senses and images”<sup>10</sup> or even lose feeling or sensations in parts of their body.<sup>11</sup> Trauma recovery, van der Kolk insists, requires traumatized persons to “reestablish ownership” of both body and mind through practices and treatments that are attentive to the cognitive, emotional, and physical.<sup>12</sup>

Similarly, in the *New York Times* best-seller *My Grandmother’s Hands: Racialized Trauma and the Pathways to Mending Our Hearts and Bodies*, Resmaa Menakem argues that if we, as a nation and as a society, are going to fight racism and the historical and structural traumas of “white body supremacy,” we must be attentive to bodies:

Our bodies have a form of knowledge that is different from our cognitive brains. This knowledge is typically experienced as a felt sense of constriction or expansion, pain or ease, energy or numbness. Often this knowledge is stored in our bodies as wordless stories about what is safe and what is dangerous. The body is where we fear, hope, and react; where we constrict and release; and where we reflexively fight, flee, or freeze. If we are to upend the status quo of white-body supremacy, we must begin with our bodies.<sup>13</sup>

In his work on racialized trauma, Manekem reminds us that the wounds of trauma are fully embodied. Therefore, whether considering personal trauma like abuse, acute mass trauma like large-scale violence, or historical/structural trauma such as racism and white supremacy, we need to deal with the whole self—including (and especially!) trauma’s impact on the body.

Pushing further, African trauma scholar Charles Manda offers helpful critique of the traditional Western “bio-psychosocial” approach, arguing that it is not fully adequate, especially for his context of addressing trauma born from political violence in KwaZulu-Natal, South Africa. A truly holistic approach, Manda argues, attends not only to the physical (bio), mental (psycho), and communal/relational (social) impacts of trauma, but also recognizes that there is often moral and spiritual injury in which people’s relationships with themselves as sacred and moral agent and with God may be damaged.<sup>14</sup> Thus, to care for the whole person requires attentiveness to body, mind, and spirit/soul. Borrowing from the wisdom of Caruth, van der Kolk, Manekem, and Manda (among others), the working definition of *trauma* offered above considers the fully embodied nature and impact of trauma.

A second aspect of our definition worth noting is that it leaves space for the subjective nature of trauma as persons or communities encounter *a destructive experience or event that exceeds a person’s or community’s resources to process or assimilate into preconceived frameworks of understanding*. As a subjective experience, people not

only express traumatic impact and traumatic stress differently, but also might be traumatized in varied ways and to different degrees by the same event (as discussed above). The degree of traumatization relates not only to proximity to the event, but also to the vulnerability or resiliency of the person or community, the intensity or severity of the traumatic event or situation, and the amount of support and resources offered within and beyond the community. Trauma may be compounded when, after the event, communities are not supported, recognized, or resourced. This definition seeks to make room for and acknowledge the varying factors that contribute to the subjective experience of trauma.

Third, from this definition I want to unpack the overwhelming nature of trauma and the language of “understanding.” Trauma overwhelms or exceeds our capacity to cope, adjust, or make meaning, including and beyond our conscious, cognitive capacities. Given the previous discussion of the fully embodied impact of trauma, understanding is not just about mental processing but also takes seriously the embodied, cognitive, emotional, and spiritual ways of knowing. The destructive event or situation becomes traumatizing when we do not have the resources to make sense of it or place it in the context of previous experience. Put another way, the experience we had cannot fit into our mental, emotional, physical, or spiritual understandings of ourselves, others, the world, or even God. Trauma lingers long after the event or situation has passed because our minds, bodies, and spirits may still not be able to make sense of or process what has occurred.

With these three clarifications in place, it might be helpful to frame this definition narratively, especially because our aim is to consider trauma in service to a preaching practice that often relies on narrative (biblical, personal, and communal). As a reminder, we are defining trauma as *a blow or wounding of the mind, body, and spirit/self that occurs when a destructive experience or event exceeds a person’s or community’s resources to process or assimilate the experience into preconceived frameworks of understanding*. Framed narratively, the way we make sense of the world—ourselves, our relationships, our society, even God—is by telling and living out stories. Some of those stories are articulated and some remain unstated, yet they hum in the background and provide essential meaning and guidance. When we experience trauma, though, these familiar stories are no longer able to account for, make sense of, or allow us to meaningfully navigate this new, traumatizing experience. So the traumatic experience sits outside the narrative frameworks that we have constructed and usually rely on to make sense of the world.

Such traumatic experiences resist integration into formative narratives since they exceed the capacity of such narratives to hold them. So traumatized persons struggle to make sense of the traumatic experience since it cannot fit

into their traditional understandings of themselves, the world, or even God. Beyond not being able to make sense of the traumatic experience, the foundational narratives themselves can be thrown into question. After all, when those stories we have used to make sense of and navigate the world can't make sense of this experience, they may begin to lose value or no longer feel dependable. At the heart of this disorienting and troubling experience of trauma is a set of dual crises: a crisis of temporality (time) and a crisis of coherence.

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