Trauma-Informed Care in the Local Church:

Utilizing Peer Support Ministry in a Rural Appalachian Congregation

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Master of Arts	Johnson University, 2021
Bachelor of Arts	Johnson University, 2014

Presented to the Faculty of Lexington Theological Seminary
in partial fulfilment of the requirements
for the Doctor of Ministry Degree

Lexington, Kentucky
February 1, 2024

This project by Joseph Bowers is accepted in its present form by the faculty of LTS as satisfying the Final Project requirement for the degree of Doctor of Ministry

Date: March 22, 2024

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Abstract:

This project will utilize a peer-support model in a rural Appalachian church to combat trauma experienced by the loved ones of addicts. Entire communities suffer tremendously from substance abuse and its rippling effects. This project will examine the context of Gallia County, Ohio and the Gallipolis Christian Church to develop a theological vision that informs a weekly peer-support group ministry. The initial group meetings will be analyzed and future goals established. This project will equip a local church to fill a void in the continuum of care as a response to the Gospel call for solidarity with those who suffer.

Acknowledgments:

A doctoral project serves as a healthy reminder that no person will ever accomplish anything alone. It has been with much help and constant support that I am able to submit this project in its final form. And even then, only by standing on the shoulders of many who have come before to help hold me up. I am sincerely humbled.

I personally thank:

- my God, for the beautiful healing work that has been done in my own life and through my work involving trauma and suffering.
- my wife and best friend, Kyli Bowers, for the extra hours of discussion, moments of great patience, and words of affirmation.
- my children, Ada, Mirabelle, and Hudson, who never complained when I spent extra time in the office and whose interruptions at home are a welcome blessing.
- my mom, Melissa Bowers, who has never ceased to encourage my growth.
- my many friends at the Gallipolis Christian Church for a decade of motivation and loving concern for me as their pastor.
- my advisor, Deb Kaiser-Cross, for her generous spirit and helpful feedback.
- my director, Wilson Dickinson, for his consistent support and listening ear.

In memoriam:

I dedicate this work to my father, Joe Bowers – a man who suffered both direct and indirect trauma throughout his life – but eventually discovered the transformative love of Jesus Christ. His story will always be an inspiration to me. This is for you, Dad.

Like so many others, I carry the mantle of recovery ministry in honor of family members and friends who have battled addiction – especially those who lost their battle.

Lord, have mercy.

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Chapter 1 - Introduction:

As I enter my office to begin another day, I am shocked to see a beloved man of the church sitting on the bench outside of our church building, hands folded with a solemn expression, patiently waiting for my arrival. We will call him Bob, and he has been a stalwart of the church for decades, having raised his children and grandchildren among the congregation and serving as a leader for the Mission Committee, with a late wife who served faithfully for many years as well. In fact, it was his wife's untimely death that dealt a blow to his family's mental health, and what I assumed might be the nature of this unexpected visit. But what I did not know was how severe this loss had been for Bob's adult son, whom we will call John. This young man, just a bit older than myself, had been missing from church for quite some time. There were rumors of his whereabouts. But on this seemingly casual Monday morning I was to learn the whole painful story.

Bob unloaded details for nearly two hours. Laughing at times, crying tears of agony at others, and sometimes losing track of the story. He was clearly overwhelmed. The grief of the loss of his wife was hard enough. But more recently the loss of a relationship with his son who discovered the numbing power of drugs had nearly incapacitated Bob. John had spent the last months sliding further and further into a state of addiction, arriving at a point of seemingly no return. Bob was beside himself. What is a father to do with an adult child who will not receive the help that is offered? What is a father to do with the guilty sense that he has enabled destructive behavior in his beloved child? And beyond these practical questions, Bob hinted at the deeper anguish in his soul: Where is God at a time like this? After raising a son in the church, watching him grow

into a leader at Christian camp, a volunteer with the children's church, becoming a husband and father himself… and now this. Bob wants to know: Why is God letting this happen to our family? And I did not have an answer.

That day I merely listened. I empathized as one who had watched close friends, cousins, aunts, uncles, and a grandparent waste away under the influence of drugs and alcohol. I felt the pain, but all I could do was sit in that space with Bob, pray for John, and try to emanate hope for life to come after this metaphorical death. This story is one among many others in my experience as a pastor in the midst of a substance abuse epidemic as well as a volunteer in the drug recovery community. And these stories often feel unresolved. Bob wants help finding a good recovery program for his son, but he also needs emotional support and solidarity. On my desk is a list of reputable facilities into which John might be accepted. But where can I send Bob? Where does the family member or friend of an addict go for support?

The Gallipolis Christian Church (GCC) has been our home for nearly a decade. Our local church is only in its 50's now, and I sometimes wonder if congregations go through mid-life crises. Perhaps the church is learning to better understand her mission and purpose in this community. GCC's roots run much deeper and can be traced back to the Stone-Campbell Restoration Movement of the 19th century. Gallipolis is a charming French settlement on the Ohio River with a rich history of arts and music. But sadly, this beautiful place is home to an ugly problem. Substance abuse has ravaged our community and infiltrated our congregation.

The Ohio Department of Mental Health and Addiction Services, a state funded agency, has made available the overdose deaths in our county over the last several years.[1] From 2018 to 2019, the number grew by 25%. From 2019-2020, the number grew 40%. These figures seem staggering. The same data set records nearly 50 opioid overdoses being treated in our small local hospital for each of the last several years. Our county health department has been actively training community leaders like myself to administer Narcan in cases of overdose. Clearly officials in the state of Ohio and Gallia County see this as a crisis worthy of time, energy, and financial support. So, I am left wondering what our local church can do to assist these efforts.

I have witnessed first-hand the devastating toll that substance use disorders take on individuals, families, and communities. After preaching overdose and substance related suicide funerals for friends, consoling parents, encouraging children and spouses, serving on community awareness coalitions, and temporarily directing a transitional recovery home, I began to wonder where I might best use my time and resources as a pastor. Though I am excited to see more resources becoming available for those battling addiction, there appears to be one great need many have overlooked in the war against substance abuse – namely, the second-hand trauma experienced by the loved ones of addicts. Though our town is now home to several rehab programs and drug recovery facilities, there remains very little resourcing dedicated to the family and friends who suffer the indirect trauma of addiction. I intend to develop a ministry of support to this overlooked population within our church.

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[1] *Recovery Ohio*, "State of Ohio Integrated Behavioral Health Dashboard," last modified August 1, 2023, https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd.

Defining my terms:

Throughout this project I will use "substance use disorders" and "substance abuse" as interchangeable terms. By these I am referring to "a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications."[2] Most often, the population I encounter is struggling with opioids, methamphetamines, and alcohol. This project does not seek to treat the underlying mental illness behind addiction, but to support those who are indirectly impacted by it through their loved ones. These loved ones are often traumatized and physically or emotionally wounded through the addiction of another.

When referring to "trauma" I am referring to both the Oxford definition: "a deeply distressing or disturbing experience"[3] and the Substance Abuse and Mental Health Services Administration's (SAMHSA) definition: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[4] I understand that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has a more nuanced definition for the purposes of diagnosing trauma and

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[2] National Institute of Mental Health, "Substance Use and Co-Occuring Mental Disorders." Last reviewed March 2023. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,drugs%2C%20alcohol%2C%20or%20medications.

[3] Oxford Languages Dictionary, s.v. "Trauma", Oxford University Press, 2023.

[4] "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach", last modified 2014, SAMHSA's Trauma and Justice Strategic Initiative. http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.

treating mental illness. For the sake of this project and the nature of my pastoral ministry site, I will use the more general idea of existential crises or other physical and emotional forms of suffering that negatively impact a person and leave that person vulnerable and in need of support.

Likewise, throughout my reading "Trauma-informed care" seems to be used as a catch-all for support and treatment of things like post-traumatic stress disorder (PTSD), moral injury, abuse, neglect, chronic physical pain, etc. As the definition continues to expand, I will try to use this term sparingly. Since I am not a licensed mental health professional, I intend to borrow from experts in many fields to formulate the most helpful and appropriate model of peer support in our local church. Keep in mind, this project and its use of such terms will be more pastoral than clinical.[5]

"Soteriology of solidarity in suffering" is an alliterative phrase I have landed on to describe the theological lens in this work. My intention in using these words is to evoke a picture of salvation of whole persons beginning in this present life. That restorative work begins with the incarnate and co-suffering Christ. Salvation is rooted in the healing power of community in the midst of suffering. This soteriological formula is captured beautifully in Henri Nouwen's phrase "wounded healer", which I will also use throughout this project.

<u>Assessing the Need</u>:

After reading the introductory story about Bob and John, one with even little experience in these areas might have immediately answered the rhetorical question: Well,

[5] If you are reading this right now and struggling with substance use or suffering from trauma, you are worth the time and money needed to find help from a therapist. This project is not a substitute for therapy or professional counseling. Please seek the help you need because you are worth the effort!

you could send Bob to a support meeting like Al-Anon Family Groups. Herein lies the problem that this project hopes to address. As of June, 2023 there are no in-person Alcoholics Anonymous Family Groups, Narcotics Anonymous Family Groups, or Parents of Addicted Loved Ones meetings available in Gallipolis, OH.[6] Before the pandemic, there were more options throughout the county. However, since that time many individuals have asked me when an in-person support group might reopen for the citizens of Gallipolis. From my experience in the recovery and rehabilitation community, the aforementioned three (Al-Anon, Nar-Anon, and PAL) are likely the most widely recognized.

The fact that none of these groups are available within even 10 miles of the 45631 zip code is evidence of a lack of resources. In fact, through scouring the "Behavioral Health Services Guide" offered for our tri-county area through the Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS) I have discovered that there are no listed support groups of any kind available to the loved ones of those battling addiction. This void is where the local church may be able to step in to facilitate a support ministry.

> "Addiction is a family disease. It affects the relationships of those close to the addict: parents, siblings, children, long-time friends, and employers. We who care the most suffer from the addict's erratic behavior. We try to control and are ashamed of the scenes caused. Soon, we begin to think we are to blame and

[6] "Find a Meeting," Parents of Addicted Loved Ones. https://meetings.palgroup.org/meetings?latitude=38.8726188&longitude=-82.1931149&radius=10M&zipcode=45631&state=.
- "Al. Anon. Meeting Search," Al. Anon. Family Groups. https://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/.
- "Nar-Anon Central Region," Nar-Anon Family Groups. https://naranoncentral.org/find-a-meeting.html.

> assume the guilt, fears, and responsibilities of the addict. Thus, we become sick too."[7]

My friend and colleague, Donald Chase, serves as a VA chaplain, pastor, and the father of an addict. He recently told me, "Addiction is an ugly and vicious disease. It teases families and gives them false hope." He told me a powerful story about attending family meetings at his adult child's rehabilitation program and being saddened by the lack of attendance of family and friends. He and his wife had traveled an hour and a half each week to visit this child, but noticed many others were never visited. In arrogance, he admitted that he assumed these families were at fault for their loved one's addiction, seeing as they weren't even there to support them.

Thankfully, a sage in the room overheard his comments and asked if it was his first time through this process. Don answered in the affirmative. The older man said, "It's great that you're here! But for many families this has been a long and arduous journey. After six or seven or eight times through rehab, some loved ones just can't handle the emotional rollercoaster any longer. They can't get their hopes up one more time just to have them dashed again." This is why support ministry is so needed in rural Appalachia. The journey to recovery isn't just challenging for the addict, but for those loved ones indirectly suffering from that addiction.

According to the National Institute on Drug Abuse (NIDA), 40-60% of substance abusers experience relapse. This relapse percentage is nearly as high as those who suffer from hypertension or asthma.[8] As far as diseases go, substance abuse is one that

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[7] Nar-Anon Family Groups, Blue Booklet: 2021 Revision, approved at the 2021 World Service Conference, Nar-Anon FGH Inc., p. 11.

[8] National Institute on Drug Abuse, "Treatment and Recovery," Last modified September 25, 2023. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery.

continues to be a struggle for many years for many people. In Gallipolis, most of the treatment facilities I am aware of offer medicated detoxification without offering a mental health program for continued treatment. “Detoxification is not the same as treatment and is not sufficient to help a person recover. Detoxification alone without subsequent treatment generally leads to resumption of drug use.”[9] This means that most of the current work in addiction recovery in our community involves methods that temporarily get people off of drugs or alcohol, without treating the mental illnesses that undergird much addictive behavior.

Since many of the efforts to eradicate substance abuse in our area are shortsighted, we have experienced a continued problem with relapse. Of the dozens of people I have worked with in recovery, I would estimate well over half have relapsed and at least several have died from overdosing. Some of these were friends I have made through recovery efforts. Frankly, the vast amount of relapse is disillusioning – even for those who work in the field and know the statistics. I know to expect high levels of relapse and overdose, but when the numbers are given names and faces the statistics begin to hurt.

Gallia County in particular has been deeply affected by substance use disorders. According to SAMSHA, the prevalence of illegal drug use is higher in this county compared to the state average. Residents, particularly those in the age group of 18 to 25, have reported higher rates of substance use disorders, with opioids being the most common illicit substance consumed. Moreover, it is troubling to note that the population's vulnerability to substance use disorders extends across various social strata, affecting individuals regardless of age, race, or socioeconomic background. To make matters

[9] Ibid.

worse, SAMSHA lists only two treatment facilities with mental health offerings in Gallia County for its 2023 directory.[10]

So even though one might notice new rehab facilities popping up around town from time to time to meet the growing demands of addicts seeking recovery, most of these facilities lack mental health support services. In my experience, the majority of these programs involve prescription-based treatment and referrals for counseling in other towns. These statistics and my personal experience indicate that Gallia county is one of the most heavily impacted towns in the region with opioid and methamphetamine abuse, yet offers one of the smallest lists of available resources to meet such a need. For the families impacted by substance abuse in this town there are few options that can assist with mental health, and according to word-of-mouth reports from community members these options are often difficult to access or involve waiting lists. Emily Forgey, a psychiatric nurse practitioner with one of the only mental health facilities in Gallipolis, admitted that only paying clients can access most of the resources offered there, including support groups for addicts and their families. And most of these clients rely on Medicaid to pay for these offerings, connecting the dots to poverty in the region.[11]

Substance abuse disorders exact a heavy toll on the physical and mental well-being of those afflicted. In Gallia County, the alarming rise in opioid abuse has resulted in an increase in fatal overdoses. The County Health Assessment Report reveals a surge in opioid-related emergency room visits and mortalities linked to substance

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[10] SAMHSA, "National Directory of Drug and Alcohol Use Treatment Facilities 2023", https://www.samhsa.gov/data/sites/default/files/reports/rpt41907/national-directory-su-facilities-2023.pdf, 1116.

[11] Emily Forgey, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 21, 2023.

overdose.[12] According to the Director of the ADAMHS Board in our tri-county region, "Gallia County is presently, according to the latest data, leading the entire state of Ohio in suicides – by percentage of population, of course, not total number. And many of these suicides are correlated with substance abuse."[13] The availability and misuse of prescription medication have added fuel to this growing problem, creating an environment conducive to addiction and fueling an illicit market for drugs. In such an environment it is no surprise that many people are seeking support and solidarity. But where can they find help? This project will offer at least one new option.

The socio-economic ramifications of substance use disorders in Gallia County cannot be overstated. This issue extracts a heavy toll on the local economy, straining public resources, and increasing the burden on healthcare systems, law enforcement agencies, and social support services. Workplace productivity suffers as individuals afflicted with substance use disorders struggle to maintain regular employment, leading to financial instability and contributing to the cycle of addiction. The cost of rehabilitation facilities, counseling services, and medical treatments associated with substance abuse poses a significant challenge to the overall financial well-being of the community. Perhaps this is part of the reason mental health resources are so lacking across the county. People simply cannot afford to pay for this sort of help, even if it is deemed necessary. The resources we do have available are being used almost exclusively to deal with substance abuse. Not much is left for those without addiction to find support.

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[12] "Community Health Assessment Report," Gallia County Health Department. Published March 2023. https://galliacohealth.org/wp-content/uploads/2023/03/Gallia-County-2022-CHA_final_2.14.pdf.

[13] Robin Harris, Interview with Joe Bowers in Gallipolis, OH on Oct. 2, 2023.

For those who can afford help or have insurance available, there are simply very limited opportunities for mental health services within the county. I'll share a brief anecdote. A friend and church member was recently scouring our community for a licensed mental health professional. She is a young mother of a child with severe autism and her sister has suffered with substance abuse for over a decade. Recently she and her small child were attacked by her sister and forced to call the police. The physically violent sister was released the next day. Now this young woman is unwelcome (and frankly unsafe) visiting her own parents, with whom her adult sister lives.

The whole event was very traumatic, yet when seeking immediate consultation and help, she was told that the earliest she could see a mental health professional in our town would be five months from that date! Instead, she was encouraged to look for a professional in a larger community an hour away. However, this woman is unable to provide childcare or get away from her job long enough to make this work on a regular basis. Our community has a serious lack of mental health resources, and it is disastrous for people like this woman in my own congregation. Her story is like many others that I have witnessed.

As a clergy leader of a large congregation, I am often asked about mental health referrals. Frankly, the lack of resources leaves me with few options to refer anyone to a professional counselor within the county. Even with the resource booklet made available by the ADAMHS board there are only two options for referral, and both of these have strict acceptance procedures and significant waiting lists. This is yet another reason a peer support group may prove to be helpful as one small way to fill the void of available providers in our region. Such a group can help encourage those who are in need of

professional help until such referrals come to fruition. On a positive note, two area agencies that currently treat addiction are preparing to offer mental health services in the near future! But until those resources become available, Gallipolis remains under-provided to meet the needs of its citizens. Admittedly, apart from a couple of crisis hotlines and online counseling services, I am usually at a loss as to where I might refer my own congregants in a time of need.

Recognizing the gravity of the situation surrounding drugs and alcohol, Gallia County government officials and everyday citizens have already taken proactive steps to combat substance use disorders. Collaborative efforts between law enforcement, medical professionals, and community-based organizations have been initiated to address this pressing issue. Substance abuse prevention campaigns, education programs, and community outreach initiatives have sought to raise awareness among residents while promoting early intervention and treatment. Additionally, the establishment of rehabilitation and recovery facilities aimed at providing support and guidance to individuals seeking help is a crucial step forward in addressing this community-wide crisis. I do not wish to overshadow all of the positive work that is being done to alleviate this burden. But much is left undone in the field of mental health and for the loved ones of these addicts.

An obstacle in this work is the often negative media portrayal and self-defeating stigmas surrounding recovery. Robin Harris vented some of her frustration when she shared: “Over and over and over again with all the busyness and all of the fair booths and the festivals and the meetings and the billboards and all the things we (ADAMHS Board) do, inevitably someone says ‘Well there's no place for people to get help around here.’

Yes there is! We actually have many places that offer help."[14] She also shared concerns about the media's constant focus on poverty negatively impacting the legislators in Columbus; those who have the ability to move support structures into Gallia County. The discussions tend to "revolve around money while ignoring the underlying causes" and thus prohibit imagining "possible long-term solutions."[15]

I do not wish to add to these negative outlooks by quoting statistics that illustrate the significant concerns of the county in the face of the substance abuse epidemic. This may inadvertently add to the sense of powerlessness that many already feel. But the negative focus is necessary at the start of this intervention to establish a need. And though the resources continue to develop for those with substance use disorders and other mental illnesses, Robin admittedly shares my concern that there is little being done for the family members and friends of those with addiction in Gallipolis that can be celebrated. Few people seem to be talking about these needs in the public sphere. I hope to change that.

Yet another reason statistics fail us in these conversations, apart from the usual negative and hopeless portrayal, is that much of the second-hand suffering is hard to quantify. Though statistics may prove the great number of citizens dealing directly with addiction in their lives, it is much more difficult to number the many people indirectly impacted. Imagine the interlinking families in a small town like Gallipolis, where historic farming families have intermarried over generations and where many people are employed by a few large companies. Between family and social connections, shopping and going to work, people cross paths often, i.e. the power plant, local hospital, local schools, and the grocery store. The sheer interconnectedness of life for people in a small

[14] Robin Harris, Interview by Joe Bowers in Gallipolis, OH on Oct. 2, 2023.
[15] Ibid.

Appalachian community means the number of people indirectly impacted by substance abuse would be impossible to calculate. At some level the entire community shares this burden, but some individuals suffer more than others. Suffice to say, the need outweighs the currently available help.

From 2020-2022 the Gallia County Health Department cooperated with our local health care networks to formulate a community health improvement plan. Some of their findings seem pertinent to this project, namely, those concerning substance abuse and mental health. "8 out of 10 residents say that substance use is a top health concern in the county."[16] This survey finding was not surprising. The problem of addiction is all around us in day-to-day life. However, the growing awareness found on the next page of this plan gave me great hope. "20% of residents said that mental health is a top priority… 25% of residents do not get help with mental health because of stigma."[17] People are increasingly aware of the need for better mental health support in our area, yet they admit that stigma is holding them back from getting the appropriate support. I will address this a little later.

As I assess the need in our community and church, I should also clarify my own place within this context. Currently I serve as a full-time pastor. But during my pastorate I have often worked within the substance abuse community. Roughly 6 years ago, I gathered a board of directors and opened a transitional home for men in substance abuse recovery who had finished the first stages of treatment (generally 30 or 60 days in detox/recovery) but needed somewhere else to go before returning home. These facilities

[16] "2022 Gallia County Community Health Improvement Plan," Gallia County Health Department, p. 10. https://galliacohealth.org/wp-content/uploads/2022/10/Gallia-County-CHIP-Final-June-2020-1.pdf
[17] Ibid, p. 11.

are colloquially called halfway houses. This experience taught me many lessons in dealing with substance abuse. But perhaps what I value most are the many people who were reconciled under my care as the Director. Watching God transform lives through the simple efforts of friends and neighbors showing support and solidarity was beyond inspirational!

Fathers were reunited with children and often won custody battles in court. Some had licenses reinstated and were able to be gainfully employed, thus creating opportunities to travel and visit family or friends and make amends with loved ones. Couples often worked out their differences and learned the art of forgiveness. Some divorced couples even remarried or moved back in together, especially those with children in the home. Though these stories were never my own doing, I was blessed to play a pivotal role in many of these events in the lives of wonderful people. Advocacy was key to any success! Many times, I would write letters of recommendation, sign court documents, offer job interview tips, help with purchasing clothes or used cars and bicycles, etc. Anything that we thought would legitimately help these men recover the lives they had momentarily squandered in the thralls of addiction, we attempted. And God blessed our efforts again and again.

That transitional home has since been sold and purchased by a larger organization, and I have dissolved the non-profit that had been formed. However, the years of experience in that place revealed to me not only the need for addicts to find support, but for their many family members and friends to find the same. So often it was the family or friends of the men in our house who would call my cell phone in the middle of the night

or text me in the middle of a busy afternoon. They needed to talk, they needed advice, and many times they simply needed to be heard. God has been teaching me to listen well.

I am not the only person in this community seeking to fill a void for the families impacted by substance use disorders. Robin Harris, licensed therapist and Director of the ADAMHS Board for Gallia, Jackson, and Meigs Counties in Ohio shared with me her own experiences of opening up to a peer support group in a neighboring county:

> "I lost a nephew and so I've been through the struggle; watching our family as they tried to save him. I shared with the support group that he was actually in recovery and had a brain aneurysm as a result of repeated infections in his blood that he had suffered over the years. He relapsed and used one night. Immediately it set up infection and he was in the hospital up at Ohio State. They were giving him antibiotics to try to fight the infection and when he started complaining about a headache everybody assumed it was withdrawal. Turns out he had a massive brain bleed at only 24 years old. I talked to the support group about standing in his room in the ICU where he was on life support for 24-48 hours before we realized there was no… and so we were preparing and waiting for family to get there to turn off the machines and all that. I remember standing there and looking at him and thinking back across the years when he was a juvenile and started using. My mind keeps returning to the vision of that beautiful child laying in that bed. This kid went to Christian school, he was active in his youth group at church, played sports, you know, all the things that we say are protective factors and yet somebody got a hold of him. I had all the influence in the world over judges, over treatment centers – if anyone could access resources, it was me. I'm the top of the behavioral health system in this area and yet I could not save my own and I think that's an important thing to share with people. I'm not here because I'm the government person that can give you resources. I'm here because I too have suffered and my family has suffered and nobody is immune to this. Nobody."[18]

As she recounted these events, I was brought back to similar scenes stored away in my mind with family members who left us too soon. Tears were shed, and then Robin told me that this experience of open sharing with people in similar circumstances offered cathartic relief and alleviated some of her own isolation and guilt. She also believes this sort of openness helps remove the stigma surrounding addiction. This made me wonder how helpful such a group could be in Gallia County, where no such group is currently

[18] Robin Harris, Interview by Joe Bowers in Gallipolis, OH on Oct. 2, 2023.

offered. If even those at the "top of the behavioral health services" heap can benefit from a peer support group, then the need is surely shared by those who lack the same awareness and level of access. If one who helps advertise resources and argues with state legislators to get funding and build up the support community still feels powerless, then there needs to be a space for people to discuss that existential crisis.

As elucidated by the stories and statistics above, advocacy, mental health care resources, and general emotional support seem to be lacking in our community. And with mental health professionals, civic leaders, licensed drug counselors, and other qualified helpers in our local congregation, I truly believe that Gallipolis Christian Church is prepared to meet this need for at least some of our neighbors. This project intends to connect these dots in a way that helps without hurting.

But this also leads to another need. Not only are there many families impacted by substance abuse indirectly, but my congregation has often struggled to find their place in that narrative. I believe our people long to serve God and neighbor in tangible ways, yet don't follow through as often as possible. Perhaps developing a theological vision out of which to operate in the community around us will enliven the spirits of our congregants and compel them to practice what is preached! A theology of remaining through trauma – or in other words a soteriology of solidarity in suffering.

The following chapters will help describe the rural Appalachian context of Gallia County and the more specific context of Gallipolis Christian Church. Then I will construct a theological lens through which to operate, rooted in the solidarity of Christ in suffering, connecting this biblical concept to current conversations surrounding trauma in mental health fields. Once the major 'where', 'what', and 'why' questions have been

dealt with, the final portion of the project will involve listening to local experts in the field of mental health and forming a support ministry in our local church (the 'how' question). Finally, I will summarize our experience and provide further analysis of the project as a whole, as well as hopeful next steps we might take as a congregation in this community.

Chapter 2 - Cultural Context:

The Gallipolis Christian Church is located in southeastern Ohio, tucked away in the Ohio River Valley in the geographical region known as Appalachia. Such a statement requires further defining of the region, because our location carries with it cultural and economic baggage that must be analyzed in order to minister effectively. Much of what people might imagine when they think of Appalachian context is probably constructed from stereotypes and misinformation. Many of the problems faced by the residents of our Appalachian community are the result of power imbalances and abusive systems. Even the substance abuse epidemic is in part related to the abuse of this region and its inhabitants.

Gallipolis was originally populated by roughly 500 French settlers over 230 years ago and thus named “city of the Gauls.” According to oral tradition, these settlers were swindled out of money when they purchased land sight-unseen. Upon their arrival, they had to start with bare bones in true frontier fashion. Therefore, one might argue that the citizens of Gallipolis have struggled to get ahead from the very beginning. Over the last two centuries, small scale agriculture and coal mining have been the main forms of income for this community. Even today, located over 40 miles from any other large town and a two hour commute from the state capital of Columbus, Gallipolis still feels like a place that is barely hanging on; a town struggling to survive out on the periphery. It is no surprise to find that opioid and alcohol abuse run rampant in this environment, where jobs are scarce, new opportunities seem out of reach, and poverty has become the assumed position of many on the socioeconomic ladder.

Taking a stroll through downtown Gallipolis, one might walk past a gorgeous park front along the river’s edge, centuries old antebellum homes, and three or four rehabilitation and recovery centers for substance abuse disorders. There appears to be a force stronger than the draw of historic settings and gorgeous Appalachian vistas that pulls people into basements, or onto back porches, or even into parked cars to experience a different sort of euphoria. The scene directly across the river in West Virginia is not much different. Nearly all of our church members live and work in Gallia County, Ohio and Mason County, West Virginia. Both of these communities share similar burdens and overlapping cultural norms. For the sake of this project, I will focus attention on Gallia County in particular. But in many ways Gallia’s story fits neatly inside the larger narrative of the region.

The Appalachian mountains and foothills are a culturally rich and historically significant area located in the eastern United States. This region is known for its stunning natural beauty, rich history, and unique culture. Despite some recent improvements, Appalachia's median household income is still only 82% of the national average, with a significant portion of the population living below the poverty line. According to data from 2017-2021, Gallia County, Ohio specifically has a median household income of only $50,773 – 25% below the national average.[19] The region's isolated location and rugged terrain can make it challenging for residents to access vital resources and services. Additionally, industries that once provided steady employment for Appalachian residents, such as coal mining and agriculture, have declined in recent years. Many in my congregation come from coal-mining families and small-scale farms that have struggled for generations to make ends meet.

Just yesterday I was counseling a family in need of mediation. The patriarch of the family has raised his children and grandchildren on a family farm. However, that farm now barely makes enough profit to pay for its own existence and this financial strain has put a large burden on the adult children who share ownership. The oldest has recently turned to alcohol as a coping mechanism, which has only made matters worse. Each member of the family is employed full time outside of the farm, yet feel the need to maintain the land for legacy's sake. This narrative is commonplace across our county.

As cycles of poverty have impacted many families in Appalachia, the opioid epidemic has found its niche, with overdose rates reaching crisis levels in many

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[19] "Income and Poverty in Appalachia," Appalachian Regional Commission. Data from 2017-2021. https://www.arc.gov/about-the-appalachian-region/the-chartbook/income-and-poverty-in-appalachia/.

Appalachian communities. In my conversations counseling addicts, I would argue that this crisis is largely attributed to the over-prescription of opioids by healthcare providers, as well as the widespread availability of illegal drugs (i.e. heroin and methamphetamines.) But the lack of access to mental health services is certainly a hindrance to helpful progress. And it exposes that much of the harmful effects of this substance abuse epidemic are being ignored or overlooked.

> "Drugs are as societally influential as any other widespread technology. Pharmacology leaves its mark on historical periods as surely as politics does, and the effects and side effects of millions of doses imprint beyond individuals and into the consciousness of entire eras. Modernity portions into these dynasties: the turn of the twentieth century ruled by morphine, then the amphetamine ascendancy of World War II; a tussle between cannabis and LSD following, the 1980s buoyed by cocaine's confidence . . . Prozac and MDMA, Valium and Quaaludes – all have a cultural impact far beyond those consuming them. The influence of opioids on rural United States today eclipses these precedents. Perhaps only London in the throes of the Gin Craze, or Imperial China after the Opium Wars, could compare."[20]

Communities all over Appalachia are desperately struggling to fight back against this severe epidemic. The hollows (read *hollers*) full of white tail deer drinking from running mountain streams might as well be buckets to fill with opiates and methamphetamines. Despite these challenges, the region is home to a vibrant culture that has persisted for generations. The people of Appalachia value hard work, family, and community. Music, dance, and other forms of art are important parts of the region's cultural identity. It is a shame to think of how little art and literature have been devoted to working against this vile struggle. In fact, it seems only in the very recent years that people are beginning to acknowledge the proverbial elephant in the room.

> "Appalachia makes us think of people who live in the hills, who love nature's freedom and beauty, who are alive with song and poetry. But many of these

[20] Richard Cooke, *Total Depravity: The Origins of the Drug Epidemic in Appalachia Laid Bare* (Melbourne, AU: Black Inc. Books, 2019), 21.

> people are also poor and suffer oppression. Once they went to the mountains fighting to build a dream different from the Injustice they knew before. Until this day their struggle continues, a bitter fight whose sound still rumbles across the hills. Yes, the poor of the mountains have been wounded, but they are not crushed. The Spirit still lives. The sound of music still ripples through the hills. Continually the tears of song burn in outrage, and outrage lives in struggle."[21]

This is why historian Elizabeth Catte spends many pages examining ways in which art can allow Appalachian people to fight back against the stereotypes and undo some of the stigmatic damage caused by power imbalances in the region. She mentions one great photographic example in the *Looking at Appalachia Project* which aimed to explore diversity and "establish a visual counterpoint."[22] The goal of this art was to help people imagine a new perspective, to break free of the old way of looking; to form a new imaginative lens. Though this project will not directly involve artistic efforts, I certainly intend this work to garner some local attention and serve a greater purpose. I wonder if Gallipolis Christian Church might serve as a visual counterpoint for the community in which we live and serve. What if our church could function as an image of what could be, with God's help, when people support one another through turbulent times? I believe our church could help people overcome stigmas and find solidarity if we prove to be a microcosm of possibility that runs against the grain of apathy and silence.

And this could not happen soon enough. Gallipolis desperately needs someone to do something. When interviewing Amy Sisson, a trauma-specialized therapist employed by the county, she shared:

> "In Gallia County at one time – the Sheriff and I have talked about this before a few years ago – we didn't have data on paper, but our guess was that 90% of

[21] Catholic Bishops of Appalachia, *This Land is Home to Me* (Martin, KY: Catholic Committee of Appalachia, 2007), 11.
[22] Elizabeth Catte, *What You Are Getting Wrong About Appalachia* (Cleveland, OH: Belt Publishing, 2018), 103.

> violent crime was connected to substance use. But that was our guess. Of course, that's a qualitative guess. It seemed like everything we were dealing with was connected to substance use."[23]

The National Library of Medicine has promoted an article that highlights the urgency of the substance abuse epidemic in central Appalachia. This region includes southeastern Ohio and West Virginia, where virtually all of our church members live and work.

> "Historically, Central Appalachia has had a large number of physical laborers (e.g., coal miners and loggers), making the population prone to workplace injury and chronic pain. In the late twentieth century, new synthetic painkillers (the FDA approved prescription opiates Vicodin in 1984, OxyContin in 1995, and Percocet in 1999) provided such workers with relief. This concentration of need, in combination with inadequate federal and state regulation and pharmaceutical companies' marketing of prescription pain medications to physicians in regions with high demand for pain treatment resulted in increased prescription drug availability, with prescription rates of OxyContin five to six times higher than national averages in some counties. In conjunction, too little public health education about the risks and abuse liability tied to prescription pain drugs resulted in individuals who were unaware of the consequences of initiating use."[24]

When one learns the statistical severity of Gallia County's situation, then one must consider why such a delay to respond to these problems has persisted. The aforementioned obstacles of poverty and stigma stand at the forefront. No doubt, the people of Appalachia are resilient and proud of their heritage. Therefore, efforts to address poverty and substance abuse must be approached with sensitivity and cultural understanding. The citizens of Gallipolis are not projects, they are people. Yet these people may suffer at times in ways beyond their own awareness. I will list some underlying cultural factors that I have witnessed contributing to the high rates of poverty and substance abuse in the Appalachian region, and express how I believe our local church can help in each of these areas.

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[23] Amy Sisson, Interview by Joe Bowers in Gallipolis, OH, Sept. 18, 2023.
[24] Lara Moody, Emily Satterwhite, and Warren K. Bickel, "Substance Use in Rural Central Appalachia: Current Status and Treatment Considerations", *Rural Mental Health* 41, no. 2 (April 2017): 123–135.

Possible Causes and Continued Obstacles:

The region has a history of experiencing significant cultural disruptions and trauma, including forced removal of Native Americans, enslavement of African Americans, civil war, mass disease/plagues, and displacement of families due to industrialization. This trauma can lead to intergenerational poverty and high rates of substance abuse as a way of coping. The local church might be trained in trauma-informed care in order to better serve those who have suffered trauma and offer healthier coping mechanisms.

There are limited job opportunities in the region, and many of the jobs available in Gallipolis are low-paying. Those jobs in health and education fields that pay higher wages often require significant amounts of post-secondary education, which can then lead young adults into further debt to pay for schooling. Again, this disparity creates cycles of poverty wherein individuals struggle to make ends meet and turn to substance abuse as a way of coping with their situation, or even selling drugs as a means to greater income. The local church could help create a referral system for job openings, provide scholarships, etc. This is an area that some in our church are actively addressing, but may be beyond the scope of this project.

The Appalachian region is known for its tight-knit communities, but this can also lead to social isolation and make it exponentially harder for newcomers to find their place. This can lead to desperate attempts to find solace or numb loneliness, and therefore illegal drug use. The physical isolation also leads to a lack of access to resources (think big city vs. small town), which can contribute to increased poverty and substance abuse. The local church could create a safe and welcoming environment into which all people in

our community are invited to be heard, understood, and received in love. This will be a main thrust of the project.

There is a cultural stigma surrounding mental health and substance abuse in the region, and people may be less likely to seek treatment or support due to this stigma. The local church, and those who teach and preach in particular, can educate citizens against these stigmas and provide better informed explanations to the problems addicts and their families often face. This is an area in which I have already spent much time working and believe that the stigma is slowly going away as more and more families are impacted by substance abuse. Darla Merola, Deputy CEO of TASC (a six-county-wide agency for substance abuse treatment) and licensed addictions counselor shared that one of the most crucial things someone could do to help alleviate the burdens in Gallipolis would be to offer education that overcomes the stigmas. "Education, education, education… that is something the family and friends of addicts desperately need in our community."[25]

So that begs the question: Why don't people become educated in these matters? I believe that underneath the resistance to mental health efforts is denial and distrust. These may be the most difficult obstacles I face in my weekly ministry. Not only is it often the first point of growth for those struggling with addiction, but it also impacts the metanarrative of Appalachians as a people group. Though received with either great praise or heavy resistance, there is no doubt that J.D. Vance has made waves with his autobiographical Hillbilly Elegy. Much of what he writes is from his own perspective as a cisgendered white male with military background and an Ivy League education. I believe his emphasis on shifting from an attitude of laziness and receiving of handouts to a hard working go-getter continues to feed some of the troubling stigmas faced in the mental

[25] Darla Merola, Interviewed by Joe Bowers in Gallipolis, OH, Sept. 26, 2023.

health fields of our community. For Vance it would almost seem that he believes the only real enemies are within.

However, where I tend to agree with his assessment is in the focus on denial and distrust. He acknowledges that at least one of the key obstacles faced by Appalachian people is internal. "What separates the successful from the unsuccessful are the expectations that they had for their own lives. Yet the message of the right is increasingly: It's not your fault that you're a loser; it's the government's fault."[26] Residents of Appalachia have been raised to approach many matters with guarded distrust. They are set on a course of denial that charts paths of assumed failure from the beginning. Where I disagree with Vance is in my willingness to acknowledge the additional obstacles faced from the outside, i.e. systemic and economic hardships that are not simply the result of laziness or bad attitudes. Perhaps a healthy approach can take both of these into account.

Historian Ronald Eller notes, "We [non-Appalachians] know Appalachia exists because we need it to define what we are not. It is the 'other America' because the very idea of Appalachia convinces us of the righteousness of our own lives."[27] Borrowing Eller's term, Catte acknowledges,

> "many have a willingness to use flawed representations of Appalachia to shore up narratives of an extreme 'other America' that can be condemned or redeemed to suit one's purpose. This is the region's most conventional narrative, popularized for more than 150 years by individuals who enhanced their own prestige or economic fortunes by presenting Appalachia as a space filled with contradictions that only intelligent outside observers could see and act on."[28]

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[26] J.D. Vance, *Hillbilly Elegy*, (London, England: William Collins, 2016), 194.
[27] Ronald D. Eller. *Uneven Ground: Appalachia Since 1945*, (Lexington, KY: University Press of Kentucky), 2008.
[28] Catte, *What You Are Getting Wrong*, 13.

Over time, the people of Appalachia have learned to see themselves in this make-believe narrative, often underselling their own intellect and abilities. Such a manipulation of entire communities presents a challenge for local churches.

And Vance explains well that this is more than a mere democratic questioning of truth, or some healthy skepticism that precedes changes of opinion. “This is deep skepticism of the very institutions of our society. And it’s becoming more and more mainstream.”[29] People in our region often live in denial of their own place in the narrative of their lives, assuming that providence has written a story beyond their control, or worse that the story isn't as bad as it seems. In pushing back against this narrative of denial, Vance employs strong rhetoric to vilify the internal monologue of his own life, later admitting that his former positions were unhealthy and destructive. He then conveys that this attitude still plagues many of his Appalachian neighbors.

Though some of Vance’s arguments are founded on a right-leaning political stance and conservative rural values (which I do not necessarily align with in my own views) his points about the attitudes of denial and distrust in Appalachia are hard to debunk. He even admits the importance local churches ought to play in dismantling such attitudes. “The juxtaposition is jarring: Religious institutions remain a positive force in people’s lives, but in a part of the country slammed by the decline of manufacturing, joblessness, addiction, and broken homes, church attendance has fallen off.”[30] The one place people might find support without all of the associated manipulations – the place where many rural Appalachian people may become vulnerable – is the very place many are avoiding.

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[29] Ibid, 193.
[30] Vance, *Hillbilly Elegy*, 93.

Vance, whether for better or worse, speaks in unison with members in my own church. Some of the educators in my congregation love this book and list it as required reading in their high school classrooms. In recent conversations these friends wholeheartedly agreed with Vance when he admits: "What I never lost, though, was the sense of being on guard."[31] And I agree. We see it all around us in Gallia County. People are guarded. Vulnerability is understood as weakness and it leads people into a space of helplessness. Even when the resources are made available there is hesitation to accept help and become a "needy" individual. It is almost like denial and distrust have become positions of power for many in rural Appalachian contexts. Denying reality and thus denying real help are somehow seen as forms of taking back control over lives that appear to have been stolen away by some unwarranted authority.

In their poetic views developed from decades of serving within the rural Appalachian context, a group of 25 Catholic Bishops offer a striking invitation to religious organizations to participate in this re-writing of narrative, to a rediscovery of God's presence in the midst of trauma:

> "Dear sisters and brothers, we urge all of you not to stop living, to be a part of the rebirth of utopias, to recover and defend the struggling dream of Appalachia itself. For it is the weak things of this world which seem like folly, that the Spirit takes up and makes its own. The dream of the mountains' struggle, the dream of simplicity and of justice, like so many other repressed visions is, we believe, the voice of the Lord among us. In taking them up, hopefully the Church might once again be known as a center of the spirit, a place where poetry dares to speak… where little people and little needs come first, where justice speaks loudly, where in a wilderness of idolatrous destruction the great voice of God still cries out for Life."[32]

As much as I agree that an attitude shift must occur within the context of Appalachia, I also believe that there are serious imbalances of power at play and a real lack of

[31] Ibid, 123.
[32] Catholic Bishops of Appalachia, *This Land is Home to Me*, 36-37.

resources. Particularly alarming are the lack of resources often taken for granted in bigger cities or more industrially developed areas around the country. It is the experience of those living in these “other” contexts that has sometimes limited response to the problem in our own region. Our local church may not be equipped to offer new mental health resources to our community. But this project includes input from those experts who are available, finding appropriate and helpful ways to fill the void.

Another obstacle that may impact the congregation just as much as the greater community is the social dynamic of a small town. Family dynamics in particular create a murky mess for helping services to navigate. My experience in Gallipolis has exposed that every family seems to be interconnected with every other family in some way, even if a distant relation. Lots of those second-cousin-twice-removed sort of stories make their way into my pulpit humor. And as clergy know well, there is usually truth behind every joke. These large family ties are considered the backbone of the community. Their unique social structures and values shape the community's identity and provide a strong foundation for addressing social problems. This is a blessing and a curse.

Families can provide emotional, financial, and social support to individuals in need. Yet, the same strength achieved through this interconnectedness can also lead to fear and paranoia. There are few secrets in a small town like Gallipolis. When everyone seems to know everyone else’s personal business, it creates a difficult environment for mental health efforts. Darla shared with me that when her ex-husband was dealing with alcoholism it was traumatic for the entire family. Years later, her son developed a substance use disorder and had to seek treatment. She believes their family would have greatly benefitted from a peer support group, but “at that time in Gallipolis, in

Appalachia, there was a stigma surrounding addiction that made it hard to talk about it. Addiction in your family was a shameful thing. But now there is hardly a person not touched. People are finally realizing they need to talk to others."[33]

Yet more evidence that stigmas and judgments have hindered progress. I suspect these will be some of the most challenging hoops to jump through as I seek to implement a support ministry. Anonymity will be needed and perhaps some will need time to feel safe to express themselves in such a space. But my past experiences with drug counseling give me great hope that these concerns can be overcome with patience and gentle love. The CEO of TASC, also a licensed addictions counseling supervisor, and a recovering addict himself assured me: "I felt safe after my very first visit to the church and knew it was a space without judgment or condemnation where people genuinely cared." Since that time, Steve has become a member at GCC and started an N.A. meeting at the church. These encouragements lead me to believe we are heading in the right direction.

Stigmas and fear of judgment are not the only hindrances to this work. Though I do not wish to belabor the connection between poverty and substance abuse, I do believe it is a very important point of consideration. As historian Elizabeth Catte posits, "Discussions of Appalachia's economy often trade on the perception that the region's people are dependent on government assistance" warning that we might "simplify Appalachia as a region that absorbs large amounts of government aid but gives back little, making it easier to condemn the people who live there."[34] This attitude has likely deterred many from getting the help they need, especially when the only mental health support services I am aware of in our county are funded through Medicaid. I know multiple

[33] Darla Merola, Interviewed by Joe Bowers in Gallipolis, OH, Sept. 26, 2023.
[34] Catte, *What You Are Getting Wrong*, 13.

people who have been turned away from our largest mental health agency because they do not qualify based on income.

Those who do not qualify for government assistance may have little help from anywhere else. But even those who qualify as low-income families often wish to avoid "handouts" that steal their perceived dignity. This is precisely where a local church can make a dent. We can offer a free support ministry without the associated stigmas related to poverty. A support meeting in the church requires no prescriptions, Medicaid billing, or public records of any kind. It can remain anonymous and is open to people with all levels of financial income. This should eliminate some barriers. But the simple fact that GCC is a church in the Bible Belt of America also helps.

Much like family structures, local churches and clergy people play an integral role in the lived experience and community of Appalachian towns like Gallipolis. Therefore, when the local church offers aid or support, there appear to be fewer obstacles or hesitations from the general populace. Perhaps this is the result of years of trust built with churches – though years of distrust have also created serious problems. It seems possible that a church could offer support and solidarity in ways that many Appalachian citizens would be willing to pursue, even if those same opportunities were already made available by seeming outsiders, i.e. therapists and other licensed mental health professionals in a Medicaid funded facility.

There are also numerous churches dotted over the landscape of Appalachia, and far fewer mental health professionals. Even if the stigmas and hesitancies are overcome, there is a sheer lack of resourcing. Since the pandemic, our community seems to be struggling even more with mental health. Surveys of 751 individuals in rural Appalachian

communities showed “two-thirds of the respondents reporting at least one mental health issue (66%). The leading issues experienced across the sample were isolation/loneliness (40%), depression (27%), and anxiety (52%).”[35] The data implies that some of the same issues raised by loved ones experiencing addiction may have been exacerbated over the last few years because of the pandemic. “Rates of perceived stress and reports of depression were also considerable for all participants.”[36] Later in the article, the authors admit that resources are lacking to meet these demands. Though the data reveals that mental health professionals are lacking in rural Appalachia, churches are not.

At least in Gallia County, OH local church meetings are ever present. Almost any given day of the week one could find a church meeting of some kind in our community, from various denominational backgrounds. Though as of now, I am not aware of any church meetings geared toward the family and friends of addicts, I know that some other churches have shared their interest in doing something to alleviate the damage caused by substance abuse in rural Appalachia. Perhaps success with this project could lead other congregations in our area to offer something similar to support even more people.

The only two N.A. or A.A. meetings in our town right now are hosted in local churches. One meets here at GCC and the other at the historic Methodist church in the heart of town. The only Al. Anon. Family Group ever to be offered in Gallipolis was hosted at the historic Presbyterian church. A church member who attended those meetings years ago told me they had great success until the meetings stopped due to the shrinking resources of that congregation. The only other family group offered in the past

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[35] E.N. Haynes, and T.J. Hilbert, S. Westneat, K.A. Leger, K. Keynton, H. Bush. “Impact of the COVID-19 Shutdown on Mental Health in Appalachia by Working Status”, *Journal of Appalachian Health* 3, no. 1 (2021): 18-28.
[36] Ibid, 25.

was also hosted by a local church through Celebrate Recovery. According to the former pastor, who would like to remain anonymous, they closed due to leadership struggles. Since that time, they have experienced a church split. Gallipolis needs a meeting for the loved ones of these addicts to foster peer support. The local church appears to be a great place to start. As GCC is growing in attendance, mental health networking, and financial resources, I feel called to lead our congregation to meet this need.

Again, we must pause to consider obstacles. I would be remiss to assume that institutional churches have never played a part in the painful experiences of our Appalachian community. On a global scale, "religious faith and zealotry have been the cause of some of the most egregious behaviors and events in human history, providing the rationale for far-reaching persecution, warfare, terrorism, torture, and colonization in the name of God and a particular set of religious beliefs."[37] One must be willing to admit this muddied past in order to move forward with humility. But it would appear that in our community local churches are still trusted by many and lack some of the stigmas with which mental health facilities and therapists are often associated.

Since my project will focus more on the family and friends who experience indirect trauma from others' substance abuse, it seems wise to consider where those individuals may go for support. At present there are very few opportunities. One would need to drive an hour or more to receive help from a licensed therapist with any sort of haste. The few mental health professionals serving our immediate area are inundated with clients and have months-long waiting lists. And the options for adolescents are even more sparse. To tap into these resources is often a very expensive prospect and can require time

[37] Donald F. Walker, Christine A. Courtois, and Jamie D. Aten. "Spiritually Oriented Psychotherapy for Trauma", *American Psychological Association* (2015): 17-26. doi:10.1037/14500-000.

away from work, as some friends have casually mentioned to me when excusing themselves from this option.

The attitude of denial and mistrust also impacts these professional disciplines. According to the CHIP survey quoted earlier, 25% of residents avoid mental health support because of associated stigmas. After decades of outsiders (often assumed to be experts) making empty promises, casting unrealized dreams, and dashing hopes it comes as no surprise that some of the people who live in this region see things through a lens of suspicion. The people of Appalachia have their guard up for good reason. However, it prevents them from receiving help and support that is well-intentioned and could provide real and lasting benefits. Quantitative and qualitative data is plentiful to prove the real benefits of working with mental health experts, yet the negative stigma remains.

This chapter has laid out a few serious obstacles faced by the family and friends of addicts in rural Appalachia, and more particularly in Gallia County, OH. First, a narrative of denial and distrust has been engrained upon many raised in this community that leads them to refuse help when it is offered. According to Serene Jones, trauma results in "a loss of basic trust and the capacity to meaningfully relate to others" and "in a sense of dramatic isolation."[38] This isolation and lack of vulnerability is obvious among many Appalachian people and will be a challenge we need to overcome. Second, because Gallipolis is a river town in the foothills of Appalachian Ohio, help is not offered as often as it should be due to poverty and seclusion. The resources simply do not exist in our community. But I believe a third hindrance exists, just as significant as these others, which will be addressed in the following chapters concerning the church and theology.

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[38] Serene Jones, *Trauma and Grace: Theology in a Ruptured World*, 2nd ed. (Louisville, KY: Westminster John Knox Press, 2019), 28.

Namely, the powerful grip of guilt. Many seem to feel undeserving of help, or even that they are being punished (perhaps by God) for misdeeds in their past.

Through my own counseling with church members as well as addicts, guilt and shame are often discovered at the root of many problems faced by the people who live in this region. My intention is to teach and preach in such a way (using the theological lens offered in a later chapter) to undo some of this guilt and offer a more holistic path of healing. In so doing, perhaps these hindrances to accessing support will be overcome by some of the people we impact through the church. But this process will involve getting our proverbial hands dirty as we find solidarity with those who suffer.

The good news about Appalachian people is that they don't usually mind getting dirty. Most know from experience that nature, like life, is unpredictable and dangerous. In order to really experience transformation and wholeness Appalachians know that risk is involved. A church member and friend shared with me a book about mushrooming in the Appalachian hills because her brother is pictured on the cover. When speaking of the importance of nature and community the author writes, “Humanity fosters alienation, which is assuaged by an encounter with the authentic” and goes on to say, “Out there” cures “in here.”[39] He is spot on in this assessment. One of the most hopeful aspects of Appalachian life is a desire for the authentic. The people in this community may be stoic, often lacking trust in outside help, impoverished and even in denial. But Appalachian people are rarely inauthentic. They tend to seek what is honest and real and I am convinced this will lead them not only closer together, but ultimately to God.

[39] Gary Allen Fine, *Morel Tales: The Culture of Mushrooming*, (Chicago: University of Illinois Press, 2003), 34-35.

Chapter 3 - Congregational Context:

In order to rightly understand the role of the local church in areas of addiction and mental health, one must first appreciate the established history of church approaches to these issues in Appalachian Bible Belt communities. Historically, one might argue that churches have not always shown kindness to those with addiction. I have heard more than one minister say that substance abuse is not a disease, or that they have "never seen

anyone pick up a bottle or a needle and get cancer." As heartbreaking and uneducated as these statements may seem, I'm afraid that they represent a former majority position held in our area churches. There is legitimate reason behind the stigmas of fear and shame that are associated with substance use disorders. But I also believe that this mindset has been steadily shifting which offers a hopeful path forward.

One of the concerns brought forth in the Appalachian culture at large is also evident in the church culture, namely, a distrust of educated experts. Again, I believe this attitude is shifting as more people seem open to the help of professionals. Perhaps this is the result of increased education levels and professionalization in the workplace. Perhaps it is the result of fewer people earning their living in coal mines and on farms. Either way, it is good that people in this community seem less dismissive of educated clergy and other professionals.

But to give an idea of what it was like in the past, I'll share a joke from an Appalachian humor book given to me by a faithful church member and written by his college roommate:

> "The deacon was proud of the new minister and he could hardly wait to tell his neighbor, a skeptical farmer, about him. "He's got a B.S., an M.S., and a Ph.D." "Well I'm not much on these educated preachers," the farmer said. "We all know what B.S. stands for. M.S. means 'more of the same' and Ph.D. means 'piled higher and deeper.'"[40]

There is an assumption that 'experts' don't understand what it means to be the everyday Appalachian blue-collar worker. This is rooted in the distrust mentioned in the previous chapter. So, when ministers are associated with these expert professions, it creates another barrier to our work. I have often been chided, even by other ministers in the

[40] Loyal Jones and Billy Edd Wheeler, *Curing The Cross-Eyed Mule: Appalachian Mountain Humor*, (Atlanta: August House Publishing, 1989), 87.

community, for attending seminary and bothering with a "liberal education" when I should have just received a "call from God to preach." This is a very real sentiment shared with me by numerous people across Gallipolis within local churches. I don't expect to suddenly change people's minds.

One possible path forward is to move from a position of quantitative expertise to a more creative approach. This approach also seems more appropriate when navigating the nuances of trauma in lived experience. The imaginative work of healing from trauma will require creativity on the part of a local church, in both thinking and practice. As Jones points out, churches ceded their "imaginative sway to science, to experts, to the rational certainty of modernity."[41] The church is often associated with dry, stuffy theological enterprise, or at the other extreme, picket sign social activism. These are not inherently wrong efforts. But the contemplative and reflective work of emotional healing is not always visible in the ministry of local churches.

We must admit that often "telling the story of faith seems too passive, too aesthetic and remote, an extravagance for happier and simpler times."[42] Churches that have historically functioned this way will need to renew their collective imaginations. GCC is a church founded in 1972 after the social move toward modernity. For this reason, I worry that we lack prophetic imagination that can hold together the mystery of suffering and salvation. And I am the first preacher in our 50+ year history with any certifications whatsoever in mental health and the first to offer counseling services in the local church. I am actively working to develop this collective imagination that can

[41] Serene Jones, *Trauma and Grace*, 31.
[42] Ibid.

recognize trauma, but also see beyond trauma with both honesty and hope held in tandem.

Even with the occasional obstacles, churches are still essential aspects of the life of Gallia County. Admittedly, many churches – and particularly mainline Protestant congregations – are shrinking in membership across the nation. But it can be argued that religious institutions still maintain some serious clout for people in this region. Gratefully, ours is one of the churches actively growing in membership at this time. For those larger churches that attempt to get involved in the fields of addiction recovery and mental health, often there are barriers to such work. If you pick up a phone book (still remember those old things?) you would see 128 churches listed in our immediate area. Many of these are likely small country churches dotted all over the map of our county. I'm sure these many churches are involved in various important ways in the work of God in our area. But there is little being done to combat the substance use problems we face as a shared community.

In fact, one of the only churches that has publicly acted in support of addicts is a neighboring congregation in Vinton, OH. They are still technically in Gallia County, yet they minister mostly to families that live outside of town. Quite a few years ago they opened a medically assisted clinic for mothers with addiction to gain treatment through and beyond the point of labor and delivery. Gallipolis Christian was the first neighboring church to offer monthly support to this ministry effort and we have continued to send hundreds of dollars every month for over a decade. I am proud of our congregation for making such a decision before my time with the church even began. However, when I have asked individual church members about this ministry and GCC's involvement, few

seem to know anything about the work that happens there, and even fewer have ever visited or spoken with clients.

Like many local churches, GCC has a history of financially supporting good causes while maintaining a safe distance from the real struggles that people face. Sending financial support is a necessary burden that someone must carry with any such efforts. But I often wonder what it would look like for members of GCC to involve themselves in the ministry work that gets our hands dirty. My former college roommate, now a military chaplain, once told me that Christian ministry demands we "sit in the shit" with people. I have often considered that in Jesus' famous parable the prodigal son returns home from a pig pen and yet receives a hug from his father before he ever takes a bath. I love that thought. I also hate it.

The greatest growth in God's Kingdom does seem to occur when people begin working the fields with their own hands. Labor for the Kingdom may involve sweaty and tiring and sometimes nasty work. But it is work we sign up for when we commit to be members of Christ's Church. And from experience, we know relationships are formed through living life together, not simply by sharing a facility for worship or sending a check each month. I want to witness the members of GCC, myself included, growing into a capacity for solidarity with sufferers. I want us to get our hands dirty and "sit in the shit" with the people who are hurting.

Gallipolis Christian Church has many gifts and blessings with which to bless others. Asset mapping was done in a small group setting with the elders and deacons of the church during one of the scheduled monthly meetings. This resulted in quite an extensive list of items to consider in future endeavors in the realm of trauma informed

care and ministry to families impacted by substance abuse. This list of assets could be shared with the peer support group at a future meeting for brainstorming purposes to see where some of these gifts might be utilized to do good and reach more people. Several of these assets will be included in this project, i.e. church facilities, comfortable meeting spaces, playground and classrooms for childcare during meetings, advertisement flyers posted in many of our community partners buildings, and volunteers to help prepare snacks and coffee each week. Eventually, utilizing available funding for more top down training in trauma informed care is a primary goal of mine that is shared by the rest of the leadership of the church.[43]

In order to do this work, GCC will need to be equipped to minister well to those with substance use disorders. Though I cannot speak for the years before my arrival, I can say that our congregation is generally very open and welcoming to outsiders. This has steadily improved over the last several years in particular as our church has grown in weekly attendance and former cliques have disbanded. This Sunday, if you were to visit our church service I believe you would feel loved and welcomed. What I cannot say is that you would receive solidarity or support. There is a difference between welcoming people into your building – what we deem our hospitality ministry here at GCC – and welcoming people into your hearts and lives.

This is where we have some growing room. Fil Anderson writes, "If we really believe the gospel we proclaim, we'll be honest about our own beauty and brokenness, and the beautiful broken One will make himself known to our neighbors through the chinks in our armor—and in theirs."[44] Jonathan Benz, a recovery counselor and Christian

[43] The list formed through asset mapping is available in the Appendix.
[44] Fil Anderson, *Breaking the Rules: Trading Performance for Intimacy with God*, (Westmont, IL: Intervarsity Press, 2010), 45.

author states, “The overall impression, though, is that for many of the clients I have treated, church was not a safe place because there they felt judged and alienated. There they felt shame.”[45] Benz’ story aligns with that of my friends and relatives who have shared similar sentiments with me in the past. Sometimes the sense of judgment in churches comes not from judgmental people, but dishonest people who haven’t admitted their own struggles and painful experiences. GCC may be guilty of this at times.

Karen McClintock admits that there is often encouragement among clergy, and I would assume among laypeople as well, that toughness is the key to dealing with other people’s suffering and trauma.

> “Early in my career as a pastor a colleague told me that I just needed to armor up and get thicker skin in order to serve God’s people. I resisted the idea that I had to be tougher and less open-hearted. I learned instead to see my ability to step into someone else’s suffering as a good thing and then to balance it with lots of self-care practices, including spiritual direction.”[46]

McClintock’s experience is similar to my own. I have been told many times when ministering to addicts that I need to have rhino skin or a thick hide. This is probably a naturally reflexive way to protect the self from harm. But I wonder if instead of trying not to feel the pain of others it would serve us better as Christians to choose to experience their pain, to share their burdens. What if removing the rhino skin and acknowledging that I have human skin just as they do would bring down the walls between us? “Bear one another’s burdens and in this way you will fulfill the Law of Christ” (Gal 6:2 NRSVUE). Loving God and neighbor, the Law of Christ alluded to in this verse, requires authenticity and vulnerability. I would guess most churches need more of these attributes.

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[45] Jonathan Benz, *The Recovery-Minded Church: Loving and Ministering to People with Addiction,* (Downers Grove, IL: InterVarsity Press, 2015), 109.
[46] Karen McClintock, *When Trauma Wounds: Pathways to Healing and Hope*, (Minneapolis, MN: Fortress Press, 2019), 150.

Until Christians admit their own dark places, and see God's light in their own stories, I'm not sure we can ever truly help others. "For those who seek recovery through pastoral care, trauma trained helpers can hold space so that the darkness is dotted with points of light until the dawn returns."[47] By joining people in these dark and painful places, we become the bearers of light. As Jesus described in the ethics of the Sermon on the Mount: "You are the light of the world… let your light shine before others" (Mt 5:14,16 NRSVUE). Jesus' disciples have been commanded to shine this light for those around us. And who needs light more than people who are in darkness? … But we must be honest about this darkness.

> "Pastors may unintentionally enable such avoidance by moving too quickly toward words of comfort, hope, forgiveness, and reconciliation. In so doing, they ignore what needs to be faced: the pain and hurt, the rip in the fabric of life, the taste of tears shed in disbelief and anger. The time will come when hope, peace, and love emerge in celebratory ways. But it may take years for the energy of a traumatic event to dissipate fully. In the early stages lament and compassionate presence are appropriate congregational responses."[48]

If local churches functioned in these ways, then they would begin to feel like giant peer support groups. What a great example that could create for a smaller and more specialized group that is geared toward the family and friends of addicts. In order to understand my own congregation and their feelings about such a group, I surveyed attendees at a weekly worship service.[49]

Over the course of two Sunday mornings 127 surveys were handed out and collected. This represents roughly half of the congregation, since some were absent and many others did not choose to participate in the voluntary survey. Of those collected, the

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[47] Ibid, 156.
[48] Laurie Kraus, David Holyan, and Bruce Widmer, "Post-Traumatic Ministry: Pastoral Responses in the Aftermath of Violence", *Christian Century*, March 29 (2017): 22–25.
[49] A copy of the survey is available in the Appendix.

median age of participants was 51.48 years of age, with the youngest being 15 and the oldest 94. 51 identified as male and 71 as female. Beside age and gender identity, the surveys were anonymous. 13 acknowledged that they had personally experienced substance use disorder, while all the rest responded negatively. Only 14 stated that they had no one in their sphere of influence who suffered from substance abuse, meaning the other 113 people do know at least someone in their immediate, day to day life who suffers with addiction. This number was even higher than I expected. But perhaps most surprising were the recorded number of these individuals. When asked how many people in their immediate sphere of life struggled with substance abuse, the sum of all the surveys totaled 441 individuals. Since some answers included a plus symbol, the number is probably even higher! That means of my 127 congregants surveyed, each would average between 3-4 addicts among their family members, friends, and co-workers.

72 of those surveyed claimed that close loved ones should be counted among this staggering number (441). Those relationships named in the following prompt were predominately immediate family, many cousins, some aunts, uncles, nieces, nephews, and the occasional friend. 70 responded affirmatively that they had experienced "significant harm" related to another's substance abuse. Some examples listed include: physical violence, verbal abuse, manipulation, severe financial stress, family division and divorce, guilt related to other relationships suffering, continued trust issues, lots of death, grief and loss. Some even mentioned being diagnosed with PTSD and depression related to the substance abuse of a loved one. Based on this data, over half of the survey participants may well be described as physical or emotional trauma victims. If they are the only ones

in my entire congregation (unlikely) then that still represent roughly a quarter of my church! This creates a very pressing concern in ministry.

When asked if they would voluntarily participate in a peer-support group at GCC, 15 participants responded affirmatively. This number is lower than I expected, but still encouraging. Many who answered negatively gave the reasons of time constraints and busyness. It would seem that many recognize a need for support but do not feel prepared to make a weekly commitment. When asked where they might go for help or support in our immediate area, 24 responded that they were not sure where to find any resources or had been unable to find them in the past. 27 directly mentioned the church or named the pastor as their only local resource. And only 5 mentioned mental health resources in our community – two of those by a specific name. I am troubled with the lack of available resources, not only shown in my previous research but also verified by the lived experience of the members of GCC. But I am incredibly hopeful to see that the largest response group involved the local church and pastoral care. Clearly those in our church feel that the church is a safe space to offer support and many see it as the only place to find such support. I hope these prove representative of the wider community in their trust in the local church to offer help.

So what do these surveys reveal as the greatest desire in peer-support meetings? This is certainly the most practical information moving forward with the action portion of the project. Respondents listed, “Camaraderie, emotional support, helping people not to feel alone or isolated, healthy ways to cope, better understanding of addiction, a non-judgmental environment, candid conversation, discussions of love, grace, and forgiveness.” 65 participants were familiar with the 12-steps program, while 47

responded negatively. Of those 65 who claimed familiarity, 61 agreed that the 12-steps are a beneficial tool. However, 11 of those 61 also offered a caveat about the need for the addict to "desire their own transformation" or to "take the steps seriously". Finally, 7 of those surveyed made themselves available for follow up with names and phone numbers. Among these 7 are a husband and wife who, with their children, are deeply involved in our church.

Trauma Care in Local Churches:

As the Encyclopedia of Trauma states: "Spiritual caregivers and religious institutions are called to work side by side with other clinicians and health care professionals in helping people who are struggling during and after tragic events."[50] For too long in our community local churches have remained independent from healthcare providers. This lack of holistic concern for treating whole persons is rather concerning. "Actually, both teams are necessary and greatly complement each other as they attempt to work in harmony to meet the needs of the bereaved, distressed, victimized, or traumatized and to provide comprehensive treatment and care along the journey of emotional, mental, physical, social, and spiritual recovery and healing."[51] The effects of trauma are far reaching and multifaceted, therefore a healing response must be equally diversified.

Suffering is a good church word. But it often seems synonymous with another buzzword: trauma. Trauma is a hot button term in today's culture. Fundamentally, as noted by the Council on Social Work Education (2013, CSWE.org) in its Advance Social Work Practice in Trauma guidelines and standards:

[50] Naji Abi-Hashem, *Encyclopedia of Trauma: An Interdisciplinary Guide*, s.v. "Religious and Pastoral Responses to Trauma", ed. Charles F. Figley, (Thousand Oaks, CA: SAGE Publications, 2012). 543.
[51] Ibid, 544.

> "Trauma results from adverse life experiences that overwhelm an individual's capacity to cope and to adapt positively to whatever threat he or she faces...Trauma exposure's lasting impact represents a combination of the event and the subjective thoughts and feelings it engenders. An event becomes traumatic when its adverse effect produces feelings of helplessness and lack of control, and thoughts that one's survival may possibly be in danger."

Trauma-informed approaches to healthcare are blossoming steadily. However, it appears that the church is slow to respond. This can be corrected with effort and training, and such efforts may benefit the entirety of a local church. This project cannot realistically accomplish a systemic overhaul of GCC. But it will involve local mental health experts offering their guidance as we attempt to better understand trauma and its place within our soteriology and ministry practices. As Dr. Amy Sisson pointed out, "There are organizations that have become trauma-aware and therefore sensitive to the needs of the traumatized, and then there are organizations that are trauma-informed in their practices from the top down."[52] With such a difference delineated by a trauma certified psychologist, this project will seek to implement a trauma-aware ministry at GCC and should set the stage for a trauma-informed congregation in the years ahead.

As Deborah Hunsinger aptly notes,

> "In one way or another, many of us all over the world are coping with traumatic stress at this point in our collective life history—either through recent overwhelming losses, or through past trauma that threatens to be reactivated, through vicarious trauma as we witness the suffering of others, or perhaps through the sheer magnitude of the current collective trauma—the hugeness and profound uncertainty of it all."[53]

I believe this is especially true for those who are caught up in the substance abuse epidemic in Gallipolis. We share a communal trauma that churches seem to ignore or fail

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[52] Amy Sisson, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 19, 2023.
[53] Deborah van Deusen Hunsinger, "Trauma-Informed Spiritual Care: Lifelines for a Healing Journey", *Theology Today* 77, no. 4 (2021): 359–71. doi:10.1177/0040573620961145.

to rectify in any meaningful way. Our families and neighborhoods are hurting and people need support. But where can they turn? … Let us hope they can turn to their local church.

As Karen McClintock writes, "Once you delve into the subject of trauma, you see it everywhere."[54] Trauma informed care approaches are becoming more widely known and practiced in congregational settings. This is wonderful news on the mental health front, yet it has also exposed the lack of trauma training among clergy. According to a recent peer-reviewed article that surveyed church staff,

> "Findings revealed that a majority of staff defined trauma as a negative emotional or psychological experience and identified family dynamics and life events as two key factors contributing to trauma. However, staff desired additional training to enhance their ability to respond appropriately to individuals showing signs of trauma or sharing about a trauma experience."[55]

My conversations with our own ministerial staff and other lay-leaders have exposed similar positions as those surveyed for this article. We may be able to define trauma in vague ways, but we could all benefit from further training and from some sort of tested model. This project may be the perfect segue into later institutional transformation.

Research done in 2020 in Chicago provides more evidence of the overlap between church involvement and trauma. Though the West Side of Chicago is culturally quite different than rural Appalachia, the two places seem to overlap with certain stigmas and the shared hindrance of poverty. 1,015 participants (predominantly 16-53 years old, roughly half male and half female) were involved in a health surveillance study conducted in seven churches located in Chicago's West Side. The findings associated regular church attendance with less likelihood to develop PTSD after experiencing trauma. The data supports the argument that church communities can serve "as a potential

[54] McClintock, *When Trauma Wounds*, 164
[55] Kylie Guiking, and Anupama Jacob, "Exploring Church Staff Knowledge of Trauma and Trauma-Informed Care." *Social Work and Christianity* 49, no. 3 (2022): 241-255.

buffer of trauma-related stress."[56] Results like these give me great hope that GCC can prove to be a safe space for those who have or are currently experiencing trauma – particularly that suffering connected to substance abuse. Robin Harris, Director of the ADAMHS Board states:

> "I believe as a therapist and even in what I've seen in child development, we know that there are life domains where people have to have needs met. Right now in our society we're leaving a spiritual void and as long as we leave a spiritual void then we have a person that – when they come to a point of struggle or the kind of social chaos we have right now or a personal crisis in their life – they don't have a foundation to reach down to. There's nothing at the end of the day that allows them to say, 'I believe this is my purpose. This is why I'm here. This is why I should try to get through this.' As we've seen that move away from providing a good strong spiritual foundation for our kids we're seeing escalating suicide rates; we're seeing higher and higher demand for mental health services; we're seeing a higher rate of addiction. I don't think that's a coincidence."[57]

Spirituality has a place in the continuum of mental health care, and churches are generally prepared to offer spiritual care. I believe that a better awareness of trauma will benefit all of our ministry work at GCC and will allow us to better serve those in need of support. However, in order to understand and assess our response to trauma in day-to-day ministry, we will depend upon others who have charted this course already. Frederick Streets, a professor of theology and licensed clinical social worker, offers this reminder about maintaining safe spaces and fostering hope in churches that support the traumatized:

> "It is important to remember that a trauma-informed ministry understands the vulnerability of people and the tenuous nature of their sense of safety. Most importantly, those who have been traumatized need to be encouraged and supported in being hopeful about their own recovery. One of the most significant impacts of suffering from trauma is the stigma associated with needing help to

[56] Amanda R. Mathew, Eric Yang, Elizabeth F. Avery, Melissa M. Crane, Brittney S. Lange-Maia, Elizabeth B. Lynch, "Trauma Exposure, PTSD Symptoms, and Tobacco Use: Does church attendance buffer negative effects?" *Journal of Community Psychology* 48, no. 7, (September 2020): 2364-74.
[57] Robin Harris, Interview by Joe Bowers in Gallipolis, OH on Oct. 2, 2023.

> deal with the traumatic experience. The shame that some people feel as a result of having been traumatized prevents them from seeking help. Religious helpers can play a vital role in reducing this shame by reminding those suffering from trauma that there is no shame in getting help, that, in fact, doing so is a sign of their strength."[58]

Though Streets writes from a clinical perspective about the need for African American churches to better prepare religious leaders to deal with trauma, he acknowledges that much of his work should overlap with trauma experienced by other ethnic and racial groups. I believe his focus on racial and domestic violence in the lives of his clients can appropriately transcend into the realm of substance abuse and its effects on individuals and their families. Communal trauma will find its way into the life of any congregation.

The church is an exceptional place to carry out this work. As Streets remarks, "Religion is an organized system of beliefs, practices and rituals designed to increase a sense of closeness to the sacred or transcendent (in other words, to help structure the individual's and community's spiritual journey), and to promote an understanding of one's relationship to and responsibility for others living in a community."[59] Holistic approaches, like the one described in Streets' work, are encouraging for the trauma-aware peer support group this project is forming at GCC. Bridging the gaps between mental health and local churches has been a concern of mine throughout my pastorate. GCC cannot quickly become a trauma-informed center of help, but we must learn more about trauma and current best practices for local churches who minister to the traumatized.

Clergy often deal with others' trauma – whether we want to or not. Our intimate involvement with families over the course of many years, sharing in highs and lows, counseling through marriages, divorces, births, deaths, ethical dilemmas, health struggles,

[58] Frederick Streets, "Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda." *Social Work & Christianity* 42, no. 4 (2015): 474-479.
[59] Streets, "Social Work and a Trauma-Informed Ministry", 475.

etc. leads to some serious territory in the realm of mental health. Streets writes, "Traumatic experiences are related to loss, death, and grief and pose a spiritual challenge to people who have been traumatized and may cause them to question their understanding of forgiveness, redemption, and hope."[60] If this is indeed the case, then even our sermons and Bible teaching must deal with people's trauma. Our congregants are learning to cope with trauma and understanding how faith plays a role in this struggle.

Naji Abi-Hashem writes, "Following a major loss or trauma, communities as well as individuals often become much more reflective, religious, contemplative, and worshipful than usual. Traumas have a way of opening up the gates of the soul to seek what is beyond."[61] This has certainly been true in my own experience. In fact, it was the overdose deaths of my own close relatives over a few years' time that led me to reconsider my views of God and to ask existential questions. These queries ultimately led me to seminary training and the pastorate. God works in mysterious ways. I wonder how many others are struggling with the trauma of loved ones battling addiction, and how the church might speak to their concerns and help answer their questions. From her experience advocating for behavioral health in Gallia County, Robin Harris acknowledges with honesty:

> "I think the stigma around behavioral health is reducing. I think we're chipping away at it and it's getting much, much better. But there are still those who feel, many in our Bible Belt town, that are more comfortable approaching a church, more comfortable approaching a pastor, more comfortable to go seek solutions in a faith community than they are at a treatment agency. There are still plenty of people who are more comfortable with going to a church than to a therapist; and even though they may not have attended in forever, well, when life gets tough and they hit a crisis, they will start to seek."[62]

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[60] Ibid, 477.
[61] Naji Abi-Hashem, "Pastoral and Spiritual Response to Trauma and Tragedy." *Tackling Trauma*, ed. Paul A. Barker (Carlisle, UK: Langham Global, 2019), 152.
[62] Robin Harris, Interview with Joe Bowers in Gallipolis, OH on Oct. 2, 2023.

Abi-Hashem goes on to say, "Emotionally struggling people and victims of acute disturbances and tragedies normally seek their spiritual leaders and pastors first, even before seeking other specialized counselors or health care professionals. Victims are looking for supportive presence, soothing affirmation, and calming assurance."[63] The phrase often used in my experience for this sort of environment is a "safe space" or a "brave space" where people feel uninhibited to let their guard down and find healing from those they believe they can trust. Surely the church ought to be the primary "safe space" in every community. The fact remains that many churches in the Bible Belt are anything but safe spaces for vulnerable healing. Again, I am proud to say that GCC has a reputation for being one of the least judgmental churches in the community. But our congregation must continue to grow.

One way in which this gap between pastoral care and mental health has become obvious to me in my own congregation is related to generational trauma. To bring the cultural context of Appalachia into play, there are several families in my church that have experienced cycles of poverty, addiction, and abuse but do not know how to break these cycles. Streets warns, "The negative impact of trauma can become multigenerational when not identified and dealt with early."[64] The evidence of this concern is felt within the community at GCC every week as visible sufferers gather together for worship and solidarity. The problem is that the members of GCC don't often acknowledge that this solidarity is taking place between co-sufferers. And historically, the church's theology has not left enough room for this sort of thinking.

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[63] Abi-Hashem, "Spiritual Response to Trauma", 153.
[64] Streets, "Social Work and a Trauma-Informed Ministry", 478.

I am learning that weekly exhortations and Bible studies may not be the most effective tools to help people heal from these cycles of trauma. Perhaps a support group would better meet this need. I can preach and teach the theology explained in the following chapter to help give voice to this work. But ultimately it will require church members doing the mutually supportive work together as peers. "Many spiritual leaders and caregivers recognize that their role in such a situation is not to defend their faith, beliefs, or religious doctrines but to facilitate the traumatized person's stream of emotions and allow room for free-flowing expression."[65] People who are hurting do not need advice as much as they need comfort. The ministry of presence – precisely the ministry that I fear has often been lacking at GCC – must rise to the forefront of our efforts.

"Trauma of all kinds – but especially of the types that shatter or obstruct the concept of a merciful, just, and loving God and that call into question the goodness and trustworthiness of other humans – have special capacities to interfere with systems of meaning."[66] The impact of substance abuse and the incredibly challenging work of addiction recovery could easily be held among such "types" of trauma. The family and friends of addicts wrestle with all sorts of existential and spiritual questions. Local church communities may provide the space to explore answers or non-answers to these difficult questions of meaning and providence. Churches might be the only spaces in our community that will make room for this important work.

According to Donald Walker, "Brown (2008) suggested that therapists not automatically refer clients who are struggling with their spiritual beliefs and understanding to clergy," arguing that, "clients may distrust clergy."[67] As aforementioned,

[65] Abi-Hashem, "Spiritual Response to Trauma", 154.
[66] Walker, "Spiritually Oriented Psychotherapy for Trauma", 17.
[67] Ibid, 19.

I agree that there are plenty of examples of suspicion toward religious institutions. But I might argue that the distrust toward mental health professionals is also worth considering and may outweigh the distrust of many in this community toward local churches. Steve (CEO of TASC) shared with me that in his own experience with a secular therapist, "I was encouraged to give up alcohol but not to worry about the occasional use of marijuana. This did not work for me, because one always led to the other in my addiction. Later, my Christian faith taught me to avoid all of these unhealthy coping mechanisms and to find joy in God."[68] Steve says that therapy was helpful, but he still needed the local church. He believes a peer support group in the church could have helped hasten his own progress and that of his family.

Where I must agree with Walker's interpretation of Brown's findings, and frankly why this project feels so important for our community, lies in the following acknowledgment:

> "Clergy members often have little or no training in or understanding of trauma. Yet, there are times when the involvement of clergy or a referral to a clergy member is quite appropriate, as is the case when particular points of doctrine or belief are involved or when a clergy member has the capacity to offer spiritual counsel or solace or a spiritual ritual or practice that can alleviate the abused client's distress."[69]

In much the same way that some psychotherapists appreciate the limited ability of clergy to treat the needs of those who have experienced trauma, I believe that psychotherapists are limited in their ability to deal with faith-based spiritual matters and existential questions rooted in religious tradition. This is why a relationship of mutuality between the professional fields is so important. My goal is not to transform GCC into a mental health treatment facility, but to partner with those in the mental health world in a

[68] Stephen Thomas, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 26, 2023.
[69] Walker, "Spiritually Oriented Psychotherapy for Trauma", 20.

mutually beneficial way that best supports those in our midst who are trying to heal. Religious practices and spiritual disciplines have helped me heal in ways that conversations with my counselor could not. Both are helpful in their own right, and both work best when they are applied in tandem.

Slatterly offers a beautiful perspective when she writes, "Although most writers have focused on the ways that trauma damages or even "shatters" meaning, focusing on meaning and creating an adaptive and growth-promoting sense of meaning can be part of healing from trauma."[70] This growth-oriented approach is a positively geared method to trauma care that should occur naturally in local churches. If the Gospel is indeed Good News, and if the church is intending to help people grow from past trauma, then we must keep this outlook. After much reading on the subject, I am apt to agree that much of what has been written on trauma care is focused on the fallout and shattering processes, yet little hope is offered. Again, this is where I see an advantageous opening for churches to intercede and offer something that secular mental health fields cannot offer on their own. But I also believe this is work that can be done in continued partnership.

Clergy must admit that our work is not to fix the world's problems, or even to bring to an end the suffering of individuals in our spiritual care. However, we do serve a greater purpose in God's work of restoration and healing. In James Dittes' classic book, he posits that pastoral counseling:

> "cannot change the facts of poverty or other injustice, abuse, oppression, alcoholism, psychosis, cancer, atheism or depression. But pastoral counseling is profoundly committed and effective in energizing people to address such facts, changing what they can and coping creatively as they must. Pastoral counseling

[70] Jeanne M. Slattery, and Crystal L. Park, "Spirituality and Making Meaning: Implications for Therapy with Trauma Survivors." ed. Donald F. Walker, Christine A. Courtois, and Jamie D. Aten, *Spiritually Oriented Psychotherapy for Trauma*, *American Psychological Association* (2015): 127-146.

> aspires to enable people to take their place as responsible citizens of God's world, as agents of God's redemptive hope for that world. To reclaim commitment and clarity, to beget faith, hope, and love, to find life affirmed - this is the conversion of soul that sometimes happens in pastoral counseling."[71]

This honest assessment of what pastoral counseling is actually able to accomplish ought to energize the efforts of local church clergy who hope to offer support to those who have experienced trauma. And in the context of the Gallipolis Christian Church, much of this trauma is correlated with substance abuse. The church may not be able to correct the wrongly weighted socioeconomic scales or eradicate the presence and use of illegal substances or diagnose trauma; but the church can offer hope to those who feel helpless. The church can offer a safe space in which those who are overwhelmed can discover solace and solidarity. This hope must be deeply rooted in a theology of compassionate love and the implications of Christ's incarnation and crucifixion as they relate to the hope of resurrection.

<u>Chapter 4 - Theological Lens</u>:

The local church is an extension of Christ in this world. (See Romans 12:5, 1 Corinthians 12:12-27, Ephesians 4:15-16, Colossians 1:18-24.) As such, we must be prepared to imitate Christ in our own actions and choices. Scripture commands such

[71] James Dittes, *Pastoral Counseling: The Basics*, (Louisville, KY: Westminster John Knox Press, 1999), 161.

imitation: “Therefore be imitators of God, as beloved children, and walk in love, as Christ loved us and gave himself up for us, a fragrant offering and sacrifice to God” (Ephesians 5:1-2 NRSVUE). “For to this you have been called, because Christ also suffered for you, leaving you an example, so that you should follow in his steps” (1 Peter 2:21 NRSVUE). At first hearing this might sound like a joyous call to righteousness and blessing. And in some ways, it is such a call.

However, those who read through the Gospels will recognize that Jesus’ path was full of suffering and trials from start to finish. This troublesome road eventually leads Christ to the cross, a stark visual presentation of suffering. As Baker and Green posit early on in their work on the Atonement, the historical crucifixion of Jesus is part of the foundation of the writings of the NT authors and an inescapable component of the early church creeds. “Emphatically put: No cross, no Christianity.”[72] The Apostle’s Creed even positions the crucifixion under the procuratorship of Pilate, assumedly that it might be attested elsewhere in historical records.

The earliest Christians wanted people to know that Jesus died on a cross, that he experienced Roman execution. But why? I wonder if we sometimes dismiss the extreme surprise the earliest audiences of the Gospel message must have felt when they heard that the Master of this religious movement had been executed by Rome with the support of many Jewish leaders. ‘Scandal’ is a fair word to capture this sentiment. The cross reminds Christians that the commitment to follow Christ includes suffering. It is a scandalous call.

Cicero once defended a Roman senator with these words:

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[72] Mark D. Baker and Joel B. Green, *Recovering the Scandal of the Cross: Atonement in New Testament and Contemporary Contexts*, 2nd ed. (Downers Grove, IL: InterVarsity Press, 2011), 18.

> "But the executioner, the veiling of the head and the very word 'cross' should be far removed not only from the person of a Roman citizen but from his thoughts, his eyes, and his ears. For it is not only the actual occurrence of these things or the endurance of them, but liability to them, the expectation, indeed the very mention of them, that is unworthy of a Roman citizen and a free man."[73]

Crucifixion was so grotesque that apparently some Romans avoided any conversation surrounding this form of execution. Even the Gospels offer very little detail of the event when they write simply, "They crucified him" (Mk 15:24; Lk 23:33; Jn 19:18). During the first century, Quintilian posited, "Whenever we crucify the guilty, the most crowded roads are chosen, where most people can see and be moved by this fear. For penalties relate not so much to retribution as to their exemplary effect."[74] Enough of the ancient writings surrounding this practice give evidence of crucifixion's brutality and the inherent focus on humiliation. Yet, Jesus was indeed crucified.

What lesson does the church learn from this sort of example? If modern presentations are to inform our answer to such a question, we might find mixed responses. I remember the first time I watched Mel Gibson's *Passion of the Christ*. Like many others have shared, it was nearly a traumatic experience in its own right. The film offers a very bloody and violent rendition of the death of Jesus, it also leaves out many crucial details of context to situate his death in the grander story of his life and purpose. As Baker and Green lament, people walk away from the film stunned but quite possibly missing "the call to love of God and neighbor, to reconciliation of peoples, to care for the least and the lost, which is what got Jesus to the cross in the first place."[75]

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[73] Cicero, *Rab. Perd.* 16; trans. Hengel, *Crucifixion* 42.
[74] Quintilian, *Decl.* 274, ed. and trans. D. R. Shackleton Bailey, Loeb Classical Library 500 (Cambridge, MA: Harvard University Press, 2006).
[75] Baker and Green, *Recovering the Scandal*, 28.

However, since the writing of their book (and even its second edition) I imagine that these authors would be excited to see the added context of a recent television series like *The Chosen*. Whether one agrees with theatrical choices and directorial liberties, most would admit that a multi-season series leaves more space for context than is possible in a single film. *The Chosen* gives me hope that many Christians are beginning to recognize that the crucifixion of Jesus fits within the ministry and purpose of Jesus' earthly life. Suffering served a greater purpose. This purpose is what I hope to develop in a helpful soteriology.

Survey of Soteriology:

To do this, we must review the story of Jesus at large. The Gospels are themselves a sort of episodic storyboard, wherein the Evangelists make defining points about the activities and character of Jesus of Nazareth. From beginning to end, all four canonical Gospels tell of a man who cared for often overlooked or ignored people, who questioned the status quo and challenged power structures, and who ultimately died in order to lovingly show solidarity with humankind. The Gospels' shared narrative vision begins to connect the suffering of Christ with the healing of others.

1 Peter 2:21-25 links suffering and vindication, by stating the mystery that healing occurs through the wounds of Christ.

> "For to this you have been called, because Christ also suffered for you, leaving you an example, so that you should follow in his steps. "He committed no sin, and no deceit was found in his mouth." When he was abused, he did not return abuse; when he suffered, he did not threaten, but he entrusted himself to the one who judges justly. He himself bore our sins in his body on the cross, so that, having died to sins, we might live for righteousness; by his wounds you have been healed. For you were going astray like sheep, but now you have returned to the shepherd and guardian of your souls." (NRSVUE)

In Peter's words, humans are analogous with sheep who have gone astray in need of a "soul guardian." The suffering Christ is somehow able to guard our souls in a way that a non-suffering helper would be unable. In principle, a co-sufferer has an advantage in helping others. Missing this key biblical principle, or at least its lack of practical application, is at the root of the greater struggle in our own church with meeting the needs of those who suffer.

Perhaps the prophet Isaiah can help make more sense of this role of the co-sufferer. The four Songs of the Suffering Servant are traditionally found in Isaiah 42:1–4; Isaiah 49:1–6; Isaiah 50:4–11; and Isaiah 52:13–53:12 in English Bibles. These passages have some similar themes linking them together and, for me at least, the prophetic connections to Jesus Christ are unavoidable. In each text, Israel – and by extension all the ends of the world, i.e. "the nations" or "the coastlands" – are vindicated and rescued by a servant who will suffer on behalf of others. The call to co-suffering and its requirement for the salvation of Israel is clear in each pericope. Arguably the most famous line in these 4 songs is found in Isaiah 53:5, "By his bruises we are healed" (NRSVUE).

As a Christian pastor, it is my prerogative to see the victorious suffering servant in Isaiah as a prophecy that is fulfilled through Jesus of Nazareth, and more than that, a call for the church to follow in the same path. If Jesus is indeed the servant who saves Israel and the nations of the world through his willingness to suffer – which I hold to be true and which my congregation would affirm – then we, the disciples of Christ, must be willing to do the same in order to bring God's salvation to those we love. Salvation in both Testaments of Scripture is directly linked with suffering and service to others.

But the repeated command to love others draws out another important aspect of salvation through suffering in solidarity. Namely, that solidarity finds its source in the more-encompassing concept of Christian unity. Each individual member must be healthy and able to function, so that the whole body can operate as intended. Humans are interdependent creatures that must learn to live with and for one another. As the collection of Catholic Bishops in Appalachia charged:

> "Because of God's image within us, every human person has the right to all that is needed to guarantee human dignity. Also, all persons have the duty to defend human dignity for themselves and for others, and to bring to fulfillment by their own gifts and efforts all that the image of God implies."[76]

One of the critical apparatuses used throughout church history to understand human dignity has been the cross of Christ; both a curse and a blessing, functioning as a mysterious picture of the complicated existence of humankind. The cross brings together images of love and suffering in a way unique to the Christian faith, and therefore important to consider for those who consider themselves Christian. Crucifixion was a shameful form of execution and Jesus' willingness to undergo such torture surely teaches us much about the character of God. Baker and Green argue that, "For Disciples the cross was a puzzle to be contemplated, a paradox to be explored, a question on which to reflect."[77] Do Christians today still reflect on the paradox of the cross? Sadly, I believe many do not.

I witness many Christians who accept a flat doctrinal teaching on the cross, rather than exploring the many facets of this divine enigma. Even worse, it would appear that much of the contemporary church's understanding of crucifixion seems to circle around man-made views of atonement. And these views seem to be more narrowly understood

[76] Catholic Bishops of Appalachia, *At Home in the Web of Life*, 73.
[77] Baker and Green, *Recovering the Scandal*, 35.

through the lens of penal substitution. In a nutshell, Jesus had to die in our place so that he could pay the price of our sin. Examples of this may be witnessed in common song lyrics sung in corporate worship or heard on Christian radio stations. Consider: "O the blood, crimson love, price of life's demand, shameful sin, placed on him, the hope of every man" (Gateway Worship) or "Till on that cross the wrath of God was satisfied" (Getty Music) or even the familiar hymn "Jesus paid it all, all to him I owe" (Elvina M. Hall and John Grape). I imagine one could come up with quite a list of songs that reinforce a penal substitution model of the atonement. But in addition to music, one might simply think of the many times they have heard preachers or evangelists repeat phrases such as "he died in your place" or "he suffered your deserved punishment" or "it was your sin that nailed him to the tree".

Penal substitution is one popular systematic way of understanding the crucifixion. Though I do not have the boldness to say it is inherently wrong, I will argue that it is at best too narrow. As Sharon Baker posits, "The New Testament explains Christ's life, death, and resurrection as economic, substitutional, militaristic, sacrificial, and priestly."[78] From my own recollection of seminary courses, this diversity of thought appears evident throughout church history. Iraneaus was surrounded by social conflict in a world where 'Christ is Lord' and 'Caesar is Lord' were competing ideals. Therefore, he helped develop the Christus Victor model. Anselm was a product of his own time in the feudal system of Europe. In a world dominated by the language of honor and shame and violent treatment of criminals, one can easily surmise how satisfaction theory came to be popular. Abelard grabbed onto romantic notions of love and courtship while Aquinas

[78] Sharon Baker, "The Repetition of Reconciliation: Satisfying Justice, Mercy, and Forgiveness", *Stricken by God?*, ed. Brad Jersak, (Grand Rapids, MI: Wm. B. Eerdmans, 2007). 224.

attached himself to the Aristotelian philosophies he had studied. Later Reformers like Calvin were trained in law and quite naturally appealed to penal or legal language to describe the cross. Surveying this trajectory, one must admit that the language of the cross is always bound in time and space, used by real people in real lives, and often presented metaphorically.

Baker and Green write, "In a world where we tend to see personal suffering or social tragedy as a discredit to our faith, many of us have found the suffering of Christ an embarrassment, with the result that his death is rarely mentioned."[79] For those who discuss the death of Jesus, it seems that the popular ways of addressing it often alter the original meaning of the cross at face value, namely, that God is willing to suffer with humankind. "The cross is often discussed either in positive terms, with an emphasis on its cash value for our salvation, or in negative terms, with an emphasis on how the ignominy of the cross was overturned in Jesus' resurrection on the third day."[80] Because of these two extremes that forfeit the simple beauty of the cross, some "rightly complain that Western theology has stripped the faith of an important aspect of the New Testament portrayal of Jesus – the one who joins us in our suffering."[81]

The atonement is a complicated and nuanced concept in Christian theology. But I think at its simplest the purpose of Jesus' suffering and dying could also be viewed at face value as an act of solidarity. This willingness to suffer helps inform the church's mission of solidarity and love for those who are experiencing trauma. Christian solidarity with sufferers (i.e. the family and friends of addicts) hinges upon soteriology. For many in our church, salvation is rooted in their view of atonement, or what they believe

[79] Baker and Green, *Recovering the Scandal*, 36.
[80] Ibid, 37.
[81] Ibid.

happened on the cross of Christ. And sadly, atonement theories are often condensed to a human-made system. I love that Serene Jones, a seminary president and professor of systematic theology, admits that experiencing suffering in the real world led her to "abandon writing a systematic theology of trauma and grace."[82] Sometimes we need to leave space for mystery and exploration. As mentioned, the earliest disciples didn't try to condense the cross into a simple system of belief. Instead, the cross becomes a lens through which we can come to terms with our own suffering and hope of resurrection.

Jürgen Moltmann wrote *The Crucified God* over 50 years ago. And in a more recent collection of scholarly opinions on the cross and the meaning of crucifixion, he revisited that earlier writing. Moltmann offered an honest and telling introduction, wherein he admits that *The Crucified God* was born of his own wrestling with God after a time of trauma. When faced with the horrors of the Holocaust and walking among the dead men, women, and children in the camp of Maidanek, he decided that he must either assume God's absence from human suffering, or the necessary participation of the Divine. For those who have not studied his classic work, he clearly chose to find God in the suffering. I find God there too, as did the Evangelists in Scripture.

It seems that Moltmann's theological framework inspired others after him. Henri Nouwen pursued Christ as a "wounded healer." Even more recently Richard Rohr's contemplative writings and podcasts seem to share this healing through suffering and solidarity motif. Both of these later voices are quoted in this project. But these concepts appear rooted in ancient understandings of the crucifixion of Christ, like those espoused by Athanasius of Alexandria and Ignatius of Antioch. The following pages will offer a survey of this far-reaching view on the crucifixion, while hopefully leaving adequate

[82] Jones, *Trauma and Grace*, 22.

space for other theories and interpretations. Ultimately, I am convinced that there is no single theory or concept of the crucifixion that can capture all that God was and is accomplishing through the death of Christ. But at its simplest, the cross teaches us that God is willing to suffer in order to save humankind.

A couple of years before *The Crucified God*, Moltmann wrote these words: "In a civilization that glorifies success and happiness and is blind for the suffering of others, people's eyes may be opened to the truth, if they remember that at the center of the Christian Faith stands the assailed, tormented Christ, dying in forsakenness."[83] He was led by a profoundly important question that every Christian ought to consider: "Is God the transcendent and untouched stage manager of the theater of this violent world, or is God in Christ the central engaged figure of the world tragedy?"[84] Much theology today, arguably rooted in some early patristic models, seems to assume the position of impassability on God's part. The Divine is unable to suffer, because that would seem to constitute a deficiency in the Divine nature. But what if this is a wrong-headed assumption? Perhaps, as Moltmann contends, "If God is love, however, God opens Godself for the suffering that love for others brings. God does not suffer, as we do, out of deficiency of being, but God does suffer from love for creation, which is the overflowing superabundance of God's divine being."[85]

In fact, this is the basis of my own theodicy. God does not create evil or suffering, but instead creates the opportunity by offering human volition. Humans must be free in order to truly love God and love one another. If people are free to make choices, and

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[83] Jürgen Moltmann, "The Crucified God: Yesterday and Today", *Cross Examinations: Readings on the Meaning of the Cross Today*, ed. Marit Trelstad, (Minneapolis, MN: Augsburg Fortress, 2006), 129.
[84] Ibid.
[85] Ibid, 131.

those choices are not controlled by God's goodness and justice, then what remains is a sort of vacuum. This void of goodness and justice is what we often call evil. So, if God is willing to create humankind with the ability to suffer in order to maintain their ability to freely love, then it makes sense to think that God creates the same possibility for Godself. God may not be changing, but God is apparently able to suffer in the vacuum that remains when love is not perfectly returned by God's image-bearing creatures.

Many religious systems begin their theological explorations under the presumption that God is first and foremost an unchanging absolute; a metaphysical certainty not given to emotion or pain or regret. However, the Christian tradition and Scriptures indicate a very different approach. The God of the Bible is often cited as a God with real feelings and concerns. Consider some examples: "The Lord saw that the wickedness of humans was great in the earth and that every inclination of the thoughts of their hearts was only evil continually. And the Lord was sorry that he had made humans on the earth, and it grieved him to his heart" (Genesis 6:5-6, NRSVUE). God was grieved, or pierced through the heart by the rebellion and violence found among those God loved in the antediluvian world. It was this suffering that led to the Noaic flood and restoration of humankind. God suffered.

"As an eagle stirs up its nest and hovers over its young, as it spreads its wings, takes them up, and bears them aloft on its pinions" (Deuteronomy 32:11 NRSVUE). The people of Israel were preparing to live as free people, beyond the fetters of slavery, and they would need to understand that God was not merely a deliverer, but a mother eagle, a guardian who cared for them deeply and was willing to give of Godself for their benefit and protection. Surely any parent can acknowledge the grief experienced when one's

child is suffering. This co-suffering, or compassion, is at the heart of the Gospel message. God is our parent. And like all parents, God suffered.

Considering the ministry of Christ more particularly, we find this description in the epistle to the Hebrews: "Therefore he had to become like his brothers and sisters in every respect, so that he might become a merciful and faithful high priest in the service of God, to make a sacrifice of atonement for the sins of the people. Because he himself was tested by what he suffered, he is able to help those who are being tested" (Hebrews 2:17-18 NRSVUE). The author of Hebrews, in an attempt to clarify that Jesus found solidarity with humankind states explicitly that Jesus suffered in order to make atonement and help those who are in need. The logic of Hebrews seems to insinuate that it is precisely Jesus' co-suffering that allows him to help and heal humankind. Jesus is able "to sympathize with us in our weakness." The incarnation and real lived experience of Jesus are front and center in this epistle because the incarnation is front and center in the author's soteriology. This divine solidarity is at the crux of a project that serves to support those who are suffering. For one to help another, there must be a willingness to suffer out of great love. Perhaps most notably in the incarnation of the Christ, God suffered.

Surely God's concerns throughout Scripture are born of great love for Creation. And this passion of God is precisely what connects Jesus' crucifixion to the bigger picture. The God of Christian faith is not afraid to feel, to hurt, to suffer out of great love. Therefore, those who follow the Way of Christ must be willing to do the same, namely, suffer in love for those we care about. As some great thinkers in the early church posited, this solidarity in suffering is often a path to healing and restoration. Athanasius of Alexandria goes to great lengths to explain that the incarnation of the Christ is at the core

of true Christian faith, because it is the only remedy to the problem of human corruption, the only cure for death. “For being Word of the Father, and above all, He alone of natural fitness was both able to recreate everything, and worthy to suffer on behalf of all and to be ambassador for all with the Father” (Athanasius of Alexandria, *On the Incarnation of the Word 7.5)*.

For Athanasius, the Word of God had to put on flesh and suffer in order for the fleshly sufferers (all of us human beings) to be cured and released from the curse. “For if He came Himself to bear the curse laid upon us, how else could He have “become a curse” (Galatians 3:13), unless He received the death set for a curse? And that is the Cross. For this is exactly what is written in Deuteronomy 21:23: Cursed is he that hangs on a tree.” (*Incarnation 25.2*). Athanasius taught that Christ’s willingness to experience the curse of crucifixion was a ministry of solidarity. The incarnate Christ, in order to avoid the ultimate corruption and destruction of that which was made, must become like the creature and suffer.

Elements of this understanding may seem mysterious to us, but for Athanasius it seemed enough to acknowledge that no other idols or objects of worship have been willing to suffer for humankind’s sake. He writes that in the Crucifixion and Resurrection of Christ, “all idolatry is deposed and all imposture of evil spirits is exposed.” (*Incarnation 30.6*). Therefore Christ, and those who follow his Way, reveal the depth of God's redeeming love in suffering alongside those in need. Athanasius argued that this path of suffering was the only way to heal humanity of sin and its effects.

I believe Ignatius of Antioch explains a bit of this mysterious process in a very convincing way, using the language of sickness and inoculation. Writing to the church in

Rome, he states that in order to live, one must be willing to die. The Way of Christ is a path of suffering for the sake of others. Apparently some in that church wished to keep him from suffering or dying, therefore he entreats them: "Permit me to be an imitator of the passion of my God." (Ignatius of Antioch, *Epistle to the Romans 6*). In another epistle he warns of false teaching that would deny the actual suffering of Christ. "Now, He suffered all these things for us; and He suffered them really, and not in appearance only, even as also He truly rose again. But not, as some of the unbelievers, who are ashamed of the formation of man, and the cross, and death itself" (Ignatius, *Epistle to the Smyrnaeans 2*). Ignatius believed that ultimate life came through dying, and ultimate healing came through suffering.

Of course, this doctrinal stance might be abused and brought to ascetic extremes. But as I believe Ignatius intended, it simply acknowledges the power of suffering alongside others, and how that suffering unites us to Christ.

To the Trallians he offers this encouragement:

> "I arm you beforehand by my admonitions, as my beloved and faithful children in Christ, furnishing you with the means of protection [lit. drink beforehand] against the deadly disease of unruly men, by which do ye flee from the disease by the good-will of Christ our Lord. Do ye therefore, clothing yourselves with meekness, become the imitators of His sufferings, and of His love, wherewith He loved us when He gave Himself a ransom for us, that He might cleanse us by His blood from our old ungodliness, and bestow life on us when we were almost on the point of perishing through the depravity that was in us" (Ignatius, *Epistle to the Trallians 8*).

For Ignatius, to share in the Eucharist is to drink the blood of Christ as an inoculation for the disease of sin-sickness. His interpretation has no mention of penal substitution, nor does it require that someone pay a price for sin - though surely there is space for these interpretations in a well-developed theology of the cross. Ultimately, Christians must

share in the suffering of Christ in order to experience healing. Whether or not one accepts a model of penal substitution, there is no escaping the biblical and traditional teaching that the Cross of Christ requires us to suffer alongside others.

"Then Jesus told his disciples, "If any wish to come after me, let them deny themselves and take up their cross and follow me. For those who want to save their life will lose it, and those who lose their life for my sake will find it" (Mt 16:24-25, NRSVUE). The Evangelist would have the reader recognize the expectation of Jesus when he invites discipleship. For one to follow Christ, that same one must bear up a cross. As the old hymn reminds us, that "rugged cross is a symbol of suffering and shame."[86] But as the Good News affirms, it is also the path to healing and restoration and abundant life.

Again Ignatius defends what would become the orthodox position when he writes to Polycarp: "Look for Christ, the Son of God; who was before time, yet appeared in time; who was invisible by nature, yet visible in the flesh; who was impalpable, and could not be touched, as being without a body, but for our sakes became such, might be touched and handled in the body; who was impassible as God, but became passible for our sakes as man; and who in every kind of way suffered for our sakes." (Ignatius, *Epistle to Polycarp 3*). For Ignatius there is no wiggle room. Some of his epistles have very strong language reserved for those who would deny the passible suffering of God in Christ. In agreement with these early church fathers, I contend that to remove the suffering of God from the Gospel is to remove a necessary element that makes it truly Good News. God suffered, and the people of God must be willing to suffer for one another.

[86] George Bennard, "The Old Rugged Cross", 1913.

And although I believe many Christians would agree with much of what has been written here, there seems to be an obstacle that keeps us from following such a path of solidarity with those who suffer. Perhaps we have excused ourselves by narrowing our view of atonement. Too often in today's theological discussions people seem to cleave to man-made systems and theories to understand the atonement. I appreciate Father Henry Charles' honesty, when he admits:

> "Atonement thus occurs for the Fathers through the dynamic of the incarnation itself, not by way of some extrinsic theory, i.e., satisfaction, penal substitution, and so on. Why, one wonders, did theology subsequently fail to reflect this? I am not sure. Part of the reason, I suspect, lies in how the incarnation came to be largely understood. With focus on the miracle of God becoming flesh in the birth of Jesus, the saving significance of the rest of Jesus' life was overshadowed. With focus returned, so to speak, on the Cross, the climactic end of Jesus' life, the impression de facto was that the real meaning of God's identification lay at the beginning and at the end, not in the entire range of Jesus' life."[87]

By entering into humankind's experience, with all of its trials and trauma, Christ was able to find solidarity and provide healing. This is the model our local church must adopt in meeting the needs of those who are experiencing trauma related to a loved one's substance abuse. Disciples of Christ must take up their own crosses and suffer with others as Christ bore his cross and suffered with us. This is the scandalous call of the Gospel.

In this soteriological view, sin is a sickness to be healed rather than a list of injustices that must be righted. Of course, sin does include injustices and this approach has its own limits like any other. God's restoration of humankind will include elements of vindicating the righteous and punishing the wicked. But it appears that this *quid pro quo* approach to soteriology, wherein Jesus pays the just price that we owe to God, somehow

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[87] Father Henry Charles, "The Eucharist as Sacrifice", *Catholic News* (November 19, 2006); http://www.catholicnews-tt.net/v2005/series/euch_sacrifice191106.html.

feels satisfying. Coincidentally, it is often called a satisfaction model, because God's justice needed to be satisfied.

I wonder if instead, humankind's systematic brains needed to feel *satisfied*. After all, transactional salvation is simple to explain and rather comfortable to affirm for many, at least since the time of Anselm of Canterbury and the substitution model. My concern is that the more Anselmian view limits the mercy of God. The doctrine of mercy has nothing to do with *quid pro quo*. Penal substitution forms a model that indicts humans and places conditions upon God's love. A price must be paid in order for God to love humanity. And this price stands in stark contrast to the message of unconditional love.

Jesus as an Example of Suffering and Solidarity:

But a soteriology of solidarity involves humanity being represented in Christ, who then is willing to pour out his own blood to save us. God in Christ is willing to suffer in order to heal humanity from the sickness of sin. Rather than transactional salvation, this view could be deemed transformational salvation. The Divine is made suffering flesh, so that suffering flesh can assume its place in the Divine. As Tertullian wrote: "*Caro salutis cardo*" or "The flesh is the hinge/pivot of salvation." (Tertullian, *Treatise on the Resurrection 8.2*). This ultimate hope of divination or glorification or as people in my congregation might put it – the hope of Heaven – is dependent upon Jesus' suffering.

This understanding must be applied carefully. Too much focus on the suffering of Christ, detached from his Resurrection and the hope of New Creation would leave the church with a depressing sort of system. With healthy concern for the abuses of some theologies of the cross, Trelstad warns that, "One's theological anthropology [could] become skewed toward supporting passivity, humiliation, and suffering as redemptive…

An emphasis on *humility* can too easily become a practice of *humiliation*."[88] A peer support group in the church must refrain from any sort of humiliation or strange celebration of suffering. The goal of this theological lens is not to glorify pain, but to reveal that pain is a necessary part of the ultimate story of Resurrection. Our Christian hope is not in the suffering, but lies beyond it, in what is to be. This hope can hold us as we suffer, knowing that Jesus also suffered in order to bring new life.

In The Wounded Healer, Henri Nouwen offers fragmented perspectives of a minister serving in the contemporary world. One image rises above the others in his understanding of the work of clergy, and that is of solidarity in suffering.

> "For the minister is called to recognize the sufferings of his time in his own heart and make that recognition the starting point of his service. Whether he tries to enter into a dislocated world, relate to a convulsive generation, or speak to a dying man, his service will not be perceived as authentic unless it comes from a heart wounded by the suffering about which he speaks."[89]

If we expect people to trust us when we offer support, then we must be honest about our own need for support. Mutuality, not superiority, is key to success in ministry. More than that, those who suffer together seem to have an indefinable connection that produces trust. This is precisely what Nouwen promotes as our shared human experience. But it is a deeply disturbing experience for many to relegate suffering into the same box in which they have housed their good God. Carl Rogers acknowledges, "What is most personal and unique in each one of us is probably the very element which would, if it were shared

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[88] Marit Trelstad, "Lavish Love", *Cross Examinations: Readings on the Meaning of the Cross Today*, (Minneapolis, MN: Augsburg Fortress, 2006), 112.
[89] Henri Nouwen, *The Wounded Healer: Ministry in Contemporary Society*, (New York, NY: Doubleday, 1972). Kindle loc. 94 of 1257.

or expressed, speak most deeply to others."[90] What are we to do with suffering, even if we understand that others have experienced it too?

"The first and most basic task of the minister is to clarify the immense confusion which can arise when people enter into this new internal world… to offer creative ways to communicate with the source of human life."[91] Nouwen's fear is my own, that clergy have become so consumed with keeping the show running that we often forget to do our most basic job. We fail to help people wrestle with God on a real level. This is not just a theological qualm, but one of practice and purpose. It becomes ecclesiological and liturgical. Clergy must be with the people, not above them, also working out how to make sense of a good God in a world full of pain and suffering. And surely we learn this best from Jesus. And Jesus did this by his willingness to suffer alongside humankind.

> "Who can save a child from a burning house without taking the risk of being hurt by the flames? Who can listen to a story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious peace of mind? In short: Who can take away suffering without entering it? The great illusion of leadership is to think that man can be led out of the desert by someone who has never been there."[92]

Perhaps the most hauntingly beautiful thought to ever cross my mind is that the only God who could save me was a suffering God. But how does that inherently Christian truth direct my efforts in Christian ministry? Do I really care enough about the lost sheep that I would leave the 99 to seek after just one?

And where Nouwen really challenges my own practice as a pastor is with his second principle of Christian leadership: "Faith in the value and meaning of life, even in

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[90] Carl Rogers, *On Becoming a Person: A Therapist's View on Psychotherapy*, (London, UK: HarperOne, 1995), 26.
[91] Nouwen, *Wounded Healer*, 36-37.
[92] Ibid, 71.

the face of despair and death."[93] For those with this faith, or we might call it hope, there is new promise down every path we tread. Any willing to seek this hope can find it in any experience, but it requires that we serve others. I do not always maintain this level of hope, but believe groups that serve one another are destined to develop such hope. This is why I believe a peer support group may be the most effective tool in our church's arsenal to combat the hopelessness many loved ones experience when their family member or friend struggles with addiction. The hope within such a group is built on the promises and providence of God, like the promises made to Abraham of old, or King David, or even those uttered by Jesus himself. God will be with us, will not leave us, will not forsake us, will not abandon our souls in the pit of destruction, will hold our hand and guide us through the trials of this life (See Mt 28:20, Deut 31:8, Ps 16:10, Is 41:13).

These promises provide the fuel that keeps hope burning in the darkest night of the soul. God has secured these promises through God's own suffering in the person of Jesus, who made "his own broken body the way to health, to liberation and new life." So, we are called "not only to care for our own wounds and the wounds of others, but also to make our wounds into a major source of healing power."[94] This is the mystical power of solidarity in suffering. Though we may have no simple explanation for how it all works, somehow God has healed us through the suffering of Christ and invites us to heal others through our own suffering. This is not to glorify pain, but to transform it into something helpful rather than harmful. I can think of no better approach to dealing with trauma.

[93] Ibid, 74.
[94] Ibid, 82.

Chapter 5 - Building the Bridge Between Theology and Praxis:

A theology of co-suffering, or a soteriology rooted in solidarity with the suffering is the basis of a truly Christian approach to support ministry. For those who have experienced any kind of trauma, I believe a soteriology of solidarity will enable us to help and heal, be helped and be healed. So how do we prepare to deal with trauma as a serious concern in local churches? "Janoff-Bulman observed that trauma often shatters previously held assumptions that the world is just, benevolent, and predictable and that the individual is competent and worthy."[95] The theology espoused in most Protestant churches helps alleviate some of this fallout. Even for those, like my own congregation, where the idea of Augustinian original sin and penal substitution are not ideas at the forefront of our belief system we still allow space for the brokenness and fragility of our world. Creation is groaning.

Nothing is quite as it ought to be in the eternal framework. This admittance of injustice, malevolence, and unpredictability directly contradicts the assumption that many people may have when entering the realm of spirituality and existential considerations. "Trauma clearly affects many people's physical, spiritual, and psychological well-being, interfering with their ability to connect with something larger than themselves, whether it

[95] Slattery, "Spirituality and Making Meaning", 128.

be God, the Divine, some ultimate reality, or the transcendent."[96] For the church, trauma appears to be a hindrance to spiritual growth. But it also creates a unique opportunity for spiritual exploration. And in this space of curiosity and seeking, one may end up developing a healthier system of belief and practice than existed before the traumatic experience. But this process also offers risks that should be considered.

> "When people experience something that does not fit into their meaning system, they may respond in one of several ways. They may avoid, distort, ruminate, problem solve, attempt to assimilate the information into the current meaning system, or make modifications to global meaning to accommodate discrepant information. Coping strategies have different consequences for well-being, self-concept, self-efficacy, and self-esteem, and may put people at differential risk of depression, anxiety, or post-traumatic stress symptoms."[97]

Though clergy are not often licensed to diagnose or deal directly with such matters, it is still important to take note of these effects. Our congregants may be dealing with burdens and lack the appropriate coping strategies. Or they may utilize unhealthy options to deal with their emotional and spiritual wounds. At times, clergy may be the only people who have adequate trust and authority in someone's life to discuss these matters in a vulnerable and healthy way. For the sake of this project, I imagine clergy as the proverbial middlemen between mental health experts and the immediate family members and friends of addicts. We help form a Venn diagram that overlaps the professional and personal in a space of divine love. The clergy and mental health professionals I have interviewed all agree unanimously that we should strive to do this mutual work.

Slattery admits, "Spiritual connections do not inherently "protect" or "cure" people. Instead, for both religious and spiritual people—and those who are not—there appears to be a meaning-making process… with time, religiousness and spirituality

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[96] Ibid, 133.
[97] Ibid, 132.

appear to be helpful to the meaning-making process and are related to improved functioning."[98] I am convinced that mental health approaches (i.e. trauma-informed care) and theological concepts of the Christian faith (i.e. salvation through suffering and solidarity) can complement each other in extremely helpful ways. Some recent Christian thinkers have written helpful material on how to do this overlapping work, of bridging so many complicated areas back together–of consolidating the compartmentalized life.

Shelly Rambo writes, "Trauma forces us beyond a familiar theological paradigm of life and death, and places us, instead, on the razed terrain of what remains. Trauma presses theologians to use new language to express God's relationship to the world."[99] When life experiences dismantle our previously held notions we are left to wrestle with the pieces that remain, hoping to fashion together some semblance of meaning and purpose, or to fuel our hope that something good can come out of present evil. Addiction ministry is connected to trauma. Both the directly impacted addicts as well as their family and friends who indirectly suffer the effects of substance abuse must deal with various emotional and spiritual wounds. Even when past trauma has not directly caused substance abuse, addiction itself becomes a physically and emotionally violent experience for all involved and often results in emotional scarring that is difficult to name or treat. And these experiences lead many to question what they previously believed about God and self.

During these painful processes local churches could intercede and offer support. Christians could become co-sufferers like Christ who remain with those who have experienced trauma. Rambo labels those who suffer alongside others as witnesses.

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[98] Ibid, 134.
[99] Shelly Rambo, *Spirit and Trauma: A Theology of Remaining*, (Louisville, KY: Westminster John Knox Press, 2010). 14.

"Witnessing the suffering that remains involves encountering the ways in which death pervades life; it entails attesting to the temporal distortions and epistemological ruptures of an experience that exceeds a radical ending yet has no pure beginning."[100] Addiction fits this description incredibly well. When my loved ones were in the throes of their addiction, it was as if a violent force with no obvious beginning and seemingly no possible end was wringing the life right out of them. "To witness is a complex and often indirect task. To account for and recognize suffering in its remaining is to be subject to multiple elisions."[101] People in this space need help coping and moving forward.

The trauma of addiction often involves a sense of loss. As Dr. Amy Sisson mentioned in our interview referring to the parents of addicts, "There's a sense of grief and loss, you know, hopes and dreams that you've had for your child. There's a lot of loss in addiction, whether the person has actually died or not."[102] These witnesses are simultaneously experiencing the pain of watching a loved one suffer and realizing that the suffering will leave lasting impacts on the life and plans once held out for this loved one. Now this is not a space of utter hopelessness. But realistically, this creates a serious and perhaps overwhelming sense of loss. And we might imagine that the loved one with an addiction is also aware of this loss, further compounding the pain.

Witnesses are those who suffer with others and remain in that suffering. Often, it appears that the family and friends of addicts become witnesses of trauma and sometimes are inflicted with wounds of their own in the process. These family members and friends do not seem to have a choice in the matter. They suffer indirectly through another's

[100] Ibid, 15.
[101] Ibid, 16.
[102] Amy Sisson, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 19, 2023.

disease. When asked if she believed that the family and friends of addicts deal with trauma, Emily Forgey answered:

> "Absolutely. I don't think that you can have substance use in a family and not experience some form of traumatic process in dealing with them and walking alongside them. I mean, very rarely, does any family come out scot-free without trauma. Just that constant fear and worry and that helpless feeling of wondering if their loved one's okay, or if they're going to get a call that they OD'd last night, or those that have dealt with OD's in their house and different things. It's very traumatic for many of these people, both adults and children."[103]

Other Christians have the option to alleviate this burden by choosing to be witnesses. We can come alongside those relatives and close friends who have become witnesses to the trauma of addiction and choose to become witnesses ourselves. In this way we find solidarity with those who suffer and provide a community for healing.

To do this work, we need to better understand trauma. Rambo posits that the lens of trauma can be defined or broken down into three categories: "alterations in time, body, and word."[104] Time is a tricky concept within lived reality and theological exploration. Certainly, one of the most puzzling aspects of life is temporal existence itself. We are products of the past, living in anticipation of the future, and due to this we are hardly present at any given moment to the moment itself. Trauma is in some ways helpful here because it exposes that temporality is not so cut and dry. Unlike a singular physical moment in time, trauma can remain in ways beyond simple explanation, therefore altering time. As I often preach at funerals, the old adage that time will heal all wounds is false. Trauma is evidence to this point. Time does not heal the wounds of trauma. Time can in fact further exacerbate the struggle, i.e. bitterness, nightmares, and recurring visions.

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[103] Emily Forgey, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 21, 2023.
[104] Rambo, *Spirit and Trauma*, 18.

Though the family and friends of addicts may not experience trauma through the alterations in their physical body (though surely some do), I believe it is justifiable to argue that many people suffer from alterations in word. Language fails and words seem to escape. "Language is a primary means of connection. In most strains of trauma work, the recovery of a narrative is an integral part of trauma healing."[105] The work of pastoral care and local church ministry is rooted in language. Much of my own work consists of words and communication. My degrees in ministry have been filled with courses about language. Yet I will admit readily that when discussing my own experiences with substance abuse, I often struggle to give voice to my emotions or to untangle the mess in my mind. Rambo warns that, "Fragments of an unspoken event can take symptomatic form in a family member."[106] Even for those that are not directly impacted by substance abuse, it would appear they may suffer the consequences of others. How do we tell these painful stories?

I am reminded of Shakespeare. As Hamlet faces his own demise, he appeals to Horatio to prolong his life in order to find the words to tell his story. Though Horatio loves his prince and friend, and would gladly die alongside him, it is in the remaining – the witnessing to Hamlet's trauma – that Horatio will be able to provide healing and support. So, Hamlet begs him with his dying breaths: "In this harsh world, draw thy breath in pain to tell my story."[107] When we as Christians see the pain of others, particularly those indirectly impacted by substance abuse, are we prepared to be witnesses? Will we find the words and tell the story of those whom we claim to love?

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[105] Ibid, 21.
[106] Ibid.
[107] William Shakespeare, *The Tragic History of Hamlet: Prince of Denmark*, (Act 5, Scene 2).

As witnesses to the atrocities of substance abuse, those who have no simple explanation for the evils of addiction and the way it transforms, corrupts, and at times kills loved ones will have to develop new vocabulary. Their often involuntary participation in this epidemic creates a space into which support ministries can speak and help give voice to those who do not know what to say. Much of Rambo's thinking is tied to the post-Holocaust work of individuals like Elie Weisel, who formed a grassroots movement of testimony and witness. By remaining in the midst of such atrocities as genocide in Europe, or the opioid epidemic in rural Appalachia, and leaving space to discuss survival, helpers are able to fuel realistic hope. This is not unlike the hope preached from the vantage point of Calvary in pulpits all over the world. At the Cross, life and death are held together in a Mystery. A soteriology of solidarity in suffering is so important because as Rambo posits, "The possibility of trauma healing lies in the capacity to witness to this complex relationship between death and life."[108]

Where I think Rambo offers the most helpful commentary for this project is in her redefining of a witness. Those who function in the role of supporters or helpers in the church must become Christian witnesses, not merely martyrs or spokespeople. Horatio wanted to be a martyr for his friend, but Hamlet asked him to remain as a witness. But even this witness is more than simply telling a story. "Imitative witness involves a faithful demonstration of the life of Christ, as it is interpreted through the Gospels."[109] I agree that this is not only true, but seems to be the consistent teaching – even if not always the consistent practice – of the Church throughout the ages.

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[108] Rambo, *Spirit and Trauma*, 26.
[109] Ibid, 39.

Faithful witnesses to Christ must profess their belief and imitate the life and death of their Lord. This is in line with the teaching of Gallipolis Christian Church, and fits neatly within the doctrinal positions I have been taught during my time in the Stone-Campbell Restoration Movement. There is nothing earth shattering here, but still a teaching that may be taken for granted and therefore underutilized in the local church. What would it look like for members of Gallipolis Christian Church to actually imitate the life and death of Jesus? Being this sort of witness will force "persons into this tenuous middle position, in which clear and stark oppositions no longer hold – between death and life, absence and presence."[110] And in this space, the healing work of Christ can be experienced and shared.

Continuing with the mental health field's concept of trauma, I want to find its connection to support ministry in the local church. Serene Jones helpfully defines trauma more succinctly with seven common features, rooted in the writings of clinical psychologists Bessel van der Kolk and Judith Herman. First, trauma leaves its victim feeling a threat of annihilation and a sense of powerlessness, therefore the magnitude is considered great. This is the language of A.A. and N.A. meetings in which I have often participated. Admitting powerlessness is one of the main teachings of the 12 steps program. The Serenity Prayer, which is commonly recited at A.A. meetings, includes the line, "Grant me the ability to accept what I cannot change; courage for the things I can; and wisdom to know the difference." Addicts and their loved ones, once beyond the place of denial, usually accept that addiction creates a situation of individual powerlessness.

Second, these events must be perceived as serious and not easily forgotten. Many people experiment with drugs and alcohol, but those who are addicted and their loved

[110] Ibid, 41.

ones understand the severity of such a disease. Third, trauma is not make-believe or imaginary, though memories may be less than perfect. Trauma is "embedded in lived relationships and provoked by concrete occurrences."[111] Substance abuse often leads to experiences that cannot be forgotten and sadly cannot be reversed. Harsh words may be spoken, money may be stolen, trust might be breached, deceit and distrust may develop, and ultimately physical and verbal abuse may occur. These and plenty of other painful experiences are part and parcel of the trauma of addiction in the lives of people in our church and community.

Fourth, and this is perhaps the most prescient point for my project, "events can be traumatic for those who are not their immediate victims, but nearby witnesses."[112] One needs not have an addiction in order to suffer from addiction. Even those friends and family members who have not been wounded directly by their addicted loved one can still suffer by watching their loved one's suffering. It is a vicarious pain experienced because of deep love. Of course, love is often the source of the most passionate experiences in life, and addiction takes its toll on many who are not directly wounded.

Fifth, traumatic events are both individual and collective, requiring that we consider the persons involved as well as whole communities. When dealing with an epidemic like substance abuse, we must recognize the toll it takes on addicts and their families, but also on our communities. As discussed in an earlier chapter, the social and economic repercussions are impossible to quantify. Sixth, trauma can be composed of multiple events over time, rather than one single instance. Addiction fits this description,

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[111] Serene Jones, *Trauma and Grace*, 14.
[112] Ibid.

since it involves the repeated illegal use of substances. And seventh, traumatic events "are overwhelming insofar as they are experienced as inescapable and unmanageable."[113]

All of these features could be reasonably applied to the substance abuse epidemic in our region and specifically to those families impacted negatively in our church. I could not begin to count the number of times I have heard family members and friends speak of powerlessness and inability to see a way out for their loved one. This overwhelming experience is traumatic by definition. Understanding substance abuse and its effects as a form of trauma allows us to apply a soteriology of solidarity in suffering. If trauma is understood as a wound, then wounded healers are needed to help treat those wounds.

Wounded healers do not function as guides or teachers, but as peers; as co-sufferers in solidarity. That is why a peer support group is the most obvious mechanism for the church to employ in its helping ministry to the victims of trauma. Group therapy and peer support models have proven effective for decades.

> "Group treatments are frequently used in clinical settings (Institute of Medicine, 2008) and can offer several advantages over the individual format for survivors of trauma, including normalization of trauma symptoms and the provision of social support among group members. Group treatment for trauma developed around the same time as the formal diagnosis of PTSD in the third edition of the Diagnostic and Statistical Manual of Mental Disorders."[114]

Peer support is a creative tool for churches to employ that requires facilitation and accountability, but not clinical certifications and diagnoses. Though not directly related to substance abuse, a 2021 study of women who had suffered the trauma of Intimate Partner Violence included a comparison of group and individual treatment methods. Over time the results leveled out, revealing relatively equal effectiveness. The analysts of this data

[113] Ibid, 15.
[114] D. M. Sloan, J. G. Beck, and A.T. Sawyer, "Trauma-Focused Group Therapy" ed. S. N. Gold, *Handbook of Trauma Psychology: Trauma Practice*, *American Psychological Association* (2017): 467–482

concluded: “Group psychological programs for survivors would seem particularly useful since they contribute to interrupting isolation and have cost-effectiveness advantage.”[115] A medically reviewed article on PsychCentral.com offered this encouraging list in 2022:

> “Group therapy for trauma offers numerous benefits. It can be: effective in reducing PTSD symptoms, effective in helping manage long-term symptoms, more affordable than individual therapy, a safe-space for survivors, a place survivors can access community and feel a sense of belonging, a way to help lessen the stigma or shame survivors may feel, a way to help members restore trust in others, a way to help individuals overcome social anxiety or fear, a validating process, a way members can learn new ways of coping and self-care strategies, a way to boost participants’ self-esteem.”[116]

Every person I interviewed, when asked if a peer support group was the most helpful way to immediately intervene in the community’s crisis, answered in the affirmative. More specifically, Emily Forgey admitted that the only peer-support groups in our community are often court mandated and only available to the clients of the facility offering said group.[117] In other words, they are closed groups not made available to the public and often not meeting voluntarily. Robin Harris believes there is an obvious need for a publicly accessible peer support group that has no affiliations with the legal system or mental health agencies. She calls for a grassroots effort within the community that removes some of those stigmas and obstacles that other branded groups often bring with them, even though they are just as well-intentioned. Robin says this serves as part of a continuum of care that incorporates everyday life and experiences for the family and friends of addicts.

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[115] M. Crespo, M. Arinero, and C. Soberón, “Analysis of Effectiveness of Individual and Group Trauma-Focused Interventions for Female Victims of Intimate Partner Violence.” *International Journal of Environmental Research and Public Health* 18, no. 4 (February 17, 2021): 1952.
[116] Tracy Pederson, “The Benefits of Group Therapy for Trauma”, (Medically reviewed on July 14, 2022), https://psychcentral.com/health/can-group-therapy-help-heal-trauma#takeaway.
[117] Emily Forgey, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 21, 2023.

> "It's a mystery to me that those groups [i.e. NarAnon and AlAnon] don't seem to take off well here. But there are grassroots efforts like the one in Meigs County. They have a group called Lost Voices that was originally just one mom talking to another mom and they said 'You know there are more people like us out there…' and this group is growing quite large. And the fact that they don't use a specific curriculum and are not affiliated with any other large group seems to help them find more success. I believe this is a result of the Appalachian culture. The group just says 'Hey, we get together once a month at this place and everyone is welcome here and our common thing is that we are struggling with somebody in our family with addiction. Some have lost their child or somebody significant to them has passed away. Others have kids in prison, some at various stages of recovery. That group just keeps growing and their energy is great! … A therapist can address spiritual and existential concerns, but not the same way as someone who's walked the walk."[118]

I genuinely believe that GCC is capable of creating this kind of space for those who have experienced the indirect trauma of substance abuse through a loved one. Meigs County, though 45 minutes away by car, is culturally very similar to Gallia County. So, it seems safe to assume that a model proven successful in that town could succeed in Gallipolis. Based on all of my research and interviews with area experts, peer support is clearly the path forward for this project. The local church must consider how we might come alongside the traumatized as co-sufferers. Christians are called together in this community of solidarity. In this space, God's saving grace can be experienced.

<u>Designing the Project</u>:

As already established, churches are called and can be equipped to meet the needs of traumatized people. In fact, there are times when they must do this work or else suffer the consequences of inaction. Karen McClintock emphasizes that: "Yes, a whole church can be immobilized by secondary trauma!"[119] Our whole church needs to work together to create a space that is hospitable and healing for those who have experienced trauma. In

[118] Robin Harris, Interviewed by Joe Bowers in Gallipolis, OH on Oct. 2, 2023.
[119] McClintock, *When Trauma Wounds*, 148.

particular, the opioid and methamphetamine epidemics have proven to be traumatic for our entire community, and especially for those with addictions and their loved ones. GCC already offers N.A. meetings each week for those with addiction to find support. But we will begin offering a weekly support meeting for the family and friends of addicts.

In order for this group to be helpful without harming and to ensure that this project is on the right track, I have interviewed area experts. One of those mental health professionals is Amy Sisson[120]. Here are some of the highlights of our conversation that seem pertinent for this project:

> Amy: "I'm a licensed professional clinical counselor with a supervision endorsement licensed by the state of Ohio. And my job here with the county is that I see victims of felony crime and first responders. My Master's is in professional counseling and my PhD is in international psychology with a trauma concentration. I'm an ACTRP, Advanced Certified Trauma and Resilience Practitioner. So for about 10 years now, trauma has been my primary focus. That's all I do is trauma."
>
> Joe: "And would you say that the family and friends of addicts often experience trauma?
>
> Amy: "There's still some debate about this, but what we anecdotally see is that people have the same brain response to, not everybody, but some have the same response to witnessing drug use as they would to a car accident or a house fire or even a sexual assault. Especially children who are chronically exposed to that lifestyle… The key phrase now for trauma is perception. What is that person's perception of the event? Was it horrifying to them? It may not be to someone else, but if it's horrifying to them, they can have the same brain reaction that someone else does in a life-or-death situation. That is trauma."

Though we cannot meet the needs of those requiring professional diagnoses and clinical treatment for trauma, as a local church we can facilitate a peer support group guided by trauma-informed principles of care. Peer support seems to be an excellent approach for the local church as well as a helpful tool for those who have experienced trauma. Jones offers three clinical insights to guide such a group:

[120] Amy Sisson, Interviewed by Joe Bowers in Gallipolis, OH, Sept. 18, 2023.

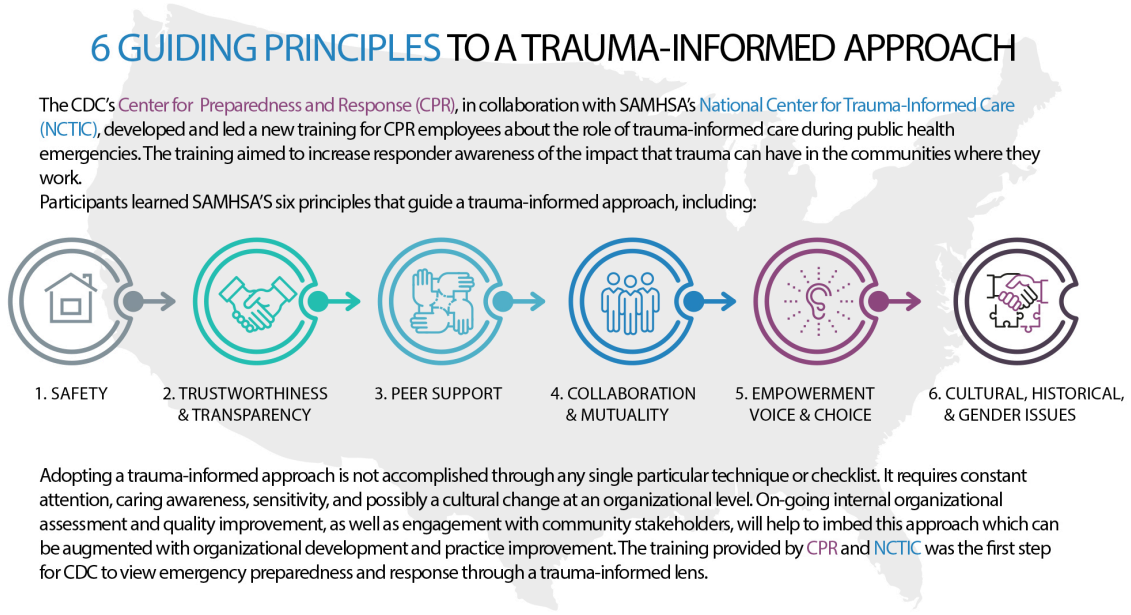
"First, the person or persons who have experienced trauma need to be able to tell their story."[121] The time for group sharing in a weekly meeting will provide the space for this telling of stories. "Second, there needs to be someone to witness this testimony, a third-party presence that not only creates the safe space for speaking but also receives the words when they are finally spoken."[122] The facilitator (myself, in this case) and others in the group can serve as witnesses. "Third, the testifier and the witness must begin the process of telling a new, different story together: we must pave a new road through the brain."[123] Together, this group will work toward thinking in new and creative ways about the suffering of this life and the goodness of God. As a small group community, we will find hope that overcomes the pain and desperation of watching a loved one struggle with addiction.

There are several models of support meetings from which our church could borrow for this project. I have considered practices and protocols employed by Al-Anon, Nar-Anon, and Celebrate Recovery groups. Though I could simply start a Nar-Anon group that meets weekly here in our church facility – since there are currently none in our community and we already host N.A. – there are two reasons I intend to create my own group format. 1) Nar-Anon requires that only approved Nar-Anon literature be read or taught during their meetings, meaning biblical passages and other possibly helpful information is unwelcome. 2) Trauma-informed care approaches have developed tremendously over the last decades after programs like Nar-Anon were already established. In order to continue to update our practices and the format of a meeting, we will need to be free from the expectations of these other successful programs. Therefore, I

[121] Serene Jones, *Trauma and Grace*, 32.
[122] Ibid.
[123] Ibid.

will be piecing together a format for our local church to use and for other churches to borrow if they so desire.

In order to design this meeting format, I am borrowing from multiple trusted sources rather than starting from scratch. There is no need to recreate the proverbial wheel. There are well defined expectations for trauma-informed care available from SAMHSA that are considered the 'gold standard' among the mental health professionals I have interviewed. The standards shown in the following graphic will be applied to our weekly meeting.[124]



1. "Safety" can be maintained with anonymity and a level of respect for others through discussed meeting expectations (i.e. no giving advice, no cross-talk, no vulgar or violent language, etc.). The goal is to avoid any retraumatization.

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[124] Office of Readiness and Response, "Infographic: 6 Guiding Principles To A Trauma-Informed Approach." *Centers for Disease Control and Prevention*. Reviewed September 17, 2020, https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm.

2. "Trustworthiness and Transparency" - The group will strive to be honest about collective struggles. "The way forward is not through a naive forgetting or escapist comedy. Whatever grace we see and seek to proclaim should be a grace haunted by the ghost of the [trauma] it addresses."[125]
3. "Peer Support" is readily built within the concept of a peer support group.
4. "Collaboration and Mutuality" will be achieved by incorporating the advice of multiple mental health experts and utilizing continued training in trauma-informed care for the facilitators of this group. Facilitators are not teachers, but fellow sufferers. This is the source of mutuality.
5. "Empowerment, Voice, and Choice" is fostered through attentive listening, taking turns during times of sharing, and encouraging voluntary participation at every juncture. "People must not only outwardly speak about the trauma they have seen and felt; they must also open themselves to the healing power of grace in their lives."[126]
6. "Cultural, Historical, and Gender Issues" have been analyzed already in the early chapters of this project. Continued awareness of possible obstacles is important.

I am also aware of some of the hindrances to support group ministry. Transportation may be difficult for some or the timing of the weekly meeting may prove problematic for others. There is also the pressure of opening up in a group setting, even one that is relatively small. These problems may be unavoidable for this first round of meetings. I plan to choose a day and time that is generally free from church and sports commitments in our community. We will strive to maintain a space that is safe and

[125] Serene Jones, *Trauma and Grace*, 41.
[126] Ibid, 52.

comfortable for visitors and I will share my own story at the first meeting to help break the ice. Perhaps in the future a church member could drive GCC's van and offer transportation to those in need. Since meeting with several area experts and professionals and receiving a green light from the church leadership, these are some of the only remaining concerns I have in proceeding with weekly meetings.

If GCC wants to maintain a faith-based approach that aligns with the values of the historic Christian Churches, one must ask: How does the Bible fit into this support group? When addressing trauma, we can take our cues from the biblical Psalms. The ancient psalmists were seemingly unafraid to address all of the different emotions experienced in a lifetime. They often held juxtaposed experiences together in mysterious ways without explanation. Megan Warner posits that the Psalter may be a helpful tool for churches to employ in ministry to the traumatized. "For those finding it challenging to get in touch with, identify or express their emotions (a category of people into which most of those affected by trauma will fall), the Psalms offer a collection of authorized texts, each one having been used by countless suffering people and peoples."[127] Part of the weekly support meeting will include a Psalm reading.

Since trust is needed before any real growth or healing can take place, Psalms of deliverance will be read the first two weeks. Safety and divine providence are established in these psalms which can in turn develop a sense of trust between fellow mourners. To accomplish the sort of listening and caring we hope to achieve in a small group environment, trust is tantamount to success. "Trust in what is sensed physically, emotionally, mentally, and spiritually forms the undercurrent of what humans perceive as

[127] Megan Warner, "Teach to Your Daughters a Dirge", *Tragedies and Christian Congregations: The Practical Theology of Trauma*, (New York, NY: Routledge, 2019), 169.

real."[128] In order to be authentic there must be a deep sense of trust. And trust takes time. Realistically, I am not sure how much trust will be developed in weekly support meetings within the scope of this project, but I can hope it will be significant enough to document.

> "According to Erikson, 'human beings are surrounded by layers of trust, radiating out in concentric circles like the ripples in a pond', and into their sense of relationship with God, family, neighbors, co-workers, and leaders in their community, nation, and the world. These bonds of belonging create forms of what Erikson calls spiritual kinship, or a sense of communal belonging, that humans rely on to varying extents for physical, mental, emotional, and spiritual nourishment throughout their lifetimes, both in times of peace and times of crises."[129]

Churches are meant to be spaces where that trust is regularly fostered. A support group meeting will likely take time to see such vulnerability continue to develop. For this reason, our support group will meet in perpetuity. Rather than a 6-week course that is completed, this group will be incorporated into weekly rhythms of healing and community. The next two weeks, Psalms of lament will be read.

> "Lament gives a voice to suffering and releases rage in a context of faith and compassion. In so doing, it opens up the possibility of life and liveliness in the face of those forms of evil that would seek to destroy both. Engagement in such a practice of lamentation is a pastoral practice that enables one to hang onto one's humanity in the midst of apparent dehumanization and to emerge from the silence that is forced upon us through our encounters with evil."[130]

The re-humanizing work of a support ministry can be fueled by the power held within the Psalter. One of the most frustrating aspects of watching a loved one suffer with addiction is the slow fade of that individual into someone hardly recognizable. I have experienced this with multiple friends and family members. It is painful and confusing. One beautiful

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[128] Kate Weibe, "Toward a Faith-based Approach to Healing After Collective Trauma", ed. Meg Warner, *Explorations in Practical, Pastoral, and Empirical Theology* (New York, NY: Routledge, 2019), 68.
[129] Ibid, 69.
[130] John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil*, (Grand Rapids, MI: Eerdmans, 2007), 105.

opportunity formed by a weekly support meeting is the camaraderie of others who share this lamentation.

> "The lament psalms address the need for witnessing. Although it is quite possible to pray the lament psalms while alone, the Psalms are in their essence liturgical; that is, they presuppose performance in company. A congregation, or a smaller group, become witnesses to the performance and therefore to the pray-er's expression of emotion. Performance of communal psalms of lament by victims of trauma guarantees witnesses for expression, but also has the potential to reunite those who have undergone a common traumatic experience but whose traumatization has led to feelings of isolation."[131]

"Such groups hold the potential to become places for honest rage and compassionate listening, places where an individual's pain and hurt can be heard into speech in the presence of God and within the fellowship of God's people."[132] In some ways, this support group may begin to feel even more like authentic church than a typical Sunday morning worship service. This weekly meeting may develop a space where God is invited into the most painful and real corners of life and a community of love is fostered. Judith Herman offers this description: "The central task of the first stage is the establishment of safety. The central task of the second stage is remembering and mourning. The central task of the third stage is reconnection with ordinary life."[133]

An important element of support for the traumatized involves giving voice to their experience. "Each trauma victim has a story to tell, and the story changes throughout the healing process... Telling the story can be liberating."[134] A continued meeting allows people to keep sharing their story with others who can witness this progressive revelation and growth over time. Eventually I would love to see group members encouraging one

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[131] Warner, "Teach to Your Daughters a Dirge", 172-73.
[132] Swinton, *Raging with Compassion*, 122.
[133] Judith Herman, *Trauma and Recovery: The Aftermath of Violence*, (New York, NY: Basic Books, 1977), 155.
[134] Ibid, 162.

another with affirmations of this personal development. For those who don't yet have their voice, it may be that listening to others' stories as they continue to heal will help them find their own place in their own story.

This leads to the final two weeks of the 6-week cycle of meetings, wherein Psalms of thanksgiving will be read together. In these psalms we often find the author reconnecting with everyday life. "Imagery of eating, feasting, resting, walking safely, sleeping peacefully, of life lived in a web of secure relations and hope – all these serve as reminders that the God whose providence protects us and whose witnessing ears and eyes receive us, is also a God who offers us a future."[135] It is this hope for the future that is especially Christian, a reflection of the core story of Crucifixion that leads to ultimate Resurrection. We speak into the trauma of addiction and its effects the way Easter sermons might speak: It's Friday… but Sunday's coming! Death is real, but so is the hope of new life.

Richard Rohr has written and preached extensively on the embrace of suffering as part of the human experience, necessary and in some ways helpful. "Most of nature seems to totally accept major loss, gross inefficiency, mass extinctions, and short life spans as the price of life at all."[136] He posits that humans must learn to remain in suffering so that we might be able to find our truest selves in the crucible of life. This is also where we find the incarnate Christ, suffering alongside us. One way we might tune into this picture of Christ among us is with the help of spiritual disciplines. Rohr offers a helpful connection between the traditional 12 steps of recovery and spiritual truths of

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[135] Jones, *Trauma and Grace*, 62.
[136] Richard Rohr, *Falling Upward: A Spirituality for the Two Halves of Life*, (San Francisco, CA: Jossey-Bass, 2011), 77.

Christianity. Rohr's work will also be incorporated into the weekly support meetings by reading quotes from his brief chapters related to each of the steps.[137]

The 12 steps have been a benefit to many in the recovery community for decades. What I find most helpful about the 12 step program is its insistence that a person journey into painful and honest places in order to come out on the other side with a new vantage point and the courage to face reality in solidarity with others using the same program. These things translate very well to the family and friends of substance abusers. More than that, they offer an opportunity for co-educating the loved ones in areas that their addicted family member or friend is also likely learning. This added connection should only serve to help promote healthier conversations and support outside of weekly meetings.

So, in order to offer a 6-week cycle of classes, each time we meet we will discuss two of the 12 steps in the traditional program. Though these steps are often attributed to Bill Wilson as the founder of Alcoholics Anonymous, it is unknown who really came up with these steps or even who wrote them down originally. At this point, they have been used so widely that they are commonplace in most recovery programs around the world. For example, A.A., N.A., and Celebrate Recovery all use the 12 steps program[138]. In the next section of this chapter, I will outline each of the six meetings as they are intended to be facilitated.

But one more piece is yet missing. The eleventh step emphasizes the spiritual disciplines of prayer and meditation as a path to connection with God. Yoga, prayer, and mindfulness exercises are noted by McClintock for their helpfulness in dealing with the

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[137] Richard Rohr, *Breathing Underwater: Spirituality and the Twelve Steps*, (Cincinnati, OH: Franciscan Media, 2021).
[138] The "12 Steps" as outlined by Alcoholics Anonymous can be found in the Appendix.

bodily tensions that develop from experiencing trauma.[139] These practices are able to both benefit the physical body and the mind. Spiritual disciplines have long been exercised by those seeking a deeper connection to God, themselves, and others. Those in a peer support group could be communally bonded and individually strengthened through the weekly practice of these spiritual disciplines. John Calvin, in his commentary on Psalms, offers prayer as the "deceptively simple pattern of thinking, acting, and feeling [with the] power to soothe people's mental distress even as they continue to experience the ravaging force of traumatic events."[140] That is the goal of these meetings and an appropriate way to conclude each week, with prayer.

The group will have coffee, water, and snacks set out in advance. Since the lobby is the most comfortable space in our facility – with clean couches and a warm ambience – the meetings will take place there. Of course, hospitality is not just a superficial sharing of food and comfy seating. "Hospitality is the virtue which allows us to break through the narrowness of our own fears and to open our houses to strangers… Hospitality is the ability to pay attention to the guest."[141] Nouwen argues that this sort of welcome has healing power. We will need this consistent, deep level of hospitality at each meeting as people learn to welcome others into their traumatic life experiences. Perhaps the few minutes it takes to prepare a physical expression of welcome will lead to group members dropping their emotional guards earlier in the process. Overall, each meeting will involve liturgical practice (reading the Psalms), practical teaching (12 steps), time for sharing and listening, and the spiritual discipline of prayer. Together, these should create a composite that lends itself well to a ministry of solidarity and healing.

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[139] McClintock, *When Trauma Wounds*, 160.
[140] Jones, *Trauma and Grace*, 52.
[141] Nouwen, *Wounded Healer*, 89.

Meetings will commence with a brief welcome and introductions. A typed copy of the meeting expectations will be shared with each participant and read at the start of each meeting. They are borrowed from Celebrate Recovery[142] with some minor editing. After the housekeeping matters are covered, the group will share in a public reading of that week's Psalm followed by a time of meditative silence to reflect. The facilitator will then offer a brief discussion of the two steps scheduled for that week and then hand it over to a volunteer prepared with a 15-30 minute personal testimony/life story. After this person shares her story the floor will be open for group sharing. After everyone has had adequate time to share (usually no more than 5 minutes per speaker) the facilitator will then close with prayer and ask for a new volunteer to offer her own story the following week. This format is likely to shift and be adjusted as necessary based on timing and group dynamics. Flexibility is going to be a key to success.

Before implementing this model, I asked each of the interviewed area experts for their feedback. Unanimously, they agreed that this model should work effectively. Dr. Amy Sisson pointed out that this format should fit neatly within the trauma-informed parameters laid out by SAMHSA (listed previously), but offers us:

> "more freedom for explicit Bible teaching and spiritual conversations. I don't believe the established peer support group models make much space for loss and lament, with added direction for healing. They are great programs, but seem to lack an encouragement piece and they are a bit generic. Cookie-cutter programs are helpful, but they don't know your people nor are they culturally aware of your circumstances. This is becoming your expertise… so use what you have been researching for this project."[143]

Stephen Thomas and Darla Merola, the CEO and Deputy CEO of TASC respectively, both agreed that this structure borrows from the strengths of other peer-support meetings

[142] Celebrate Recovery, "Small Group Guidelines" (accessed September 15, 2023), https://www.celebraterecovery.com/resources/small-group-guidelines.
[143] Amy Sisson, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 18, 2023.

and helpfully incorporates the Bible and prayer without directly proselytizing. Steve pointed out, "With how successful Alcoholics Anonymous has been for decades, it sometimes overshadows the success of Al. Anon. Using a similar approach helps people deal with their own issues and understand their own roles and how to detach with love while keeping God and Scripture a part of the conversation."[144] Darla shared, "I think an explicitly faith-based support group would be awesome because God and spirituality are a major concern for many I have counseled in the past. In my experience Al. Anon. left that topic very vague or generic, you know the 'higher power'. Allowing more direct spiritual support would be awesome!"[145]

I do intend to incorporate a spiritual focus to deal with some of the existential concerns and doubts raised by a loved one's addiction, and also to give Christian hope to those lamenting loss and dealing with grief. But these meetings are intended to offer solidarity and support, so that God can heal people. Those facilitating must continue to remember that they cannot "save anyone, but only offer themselves as guides to fearful people."[146] In this way they offer hope, which is a step toward genuine healing. This self-awareness can keep volunteers from burn-out as facilitators and prevent them from offering unwarranted or even incorrect advice. As 12 steps programs often clarify to adherents, it is not anyone's job to save anyone else; nor is it usually possible.

One other element to this project will involve social media presence. To some extent, Facebook will be used for advertising the weekly meetings and spreading the word with informational posts and quick videos to remind people about the place and time. Dr. Amy Sisson challenged me to be a bit more creative with social media:

[144] Stephen Thomas, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 26, 2023.
[145] Darla Merola, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 26, 2023.
[146] Nouwen, *Wounded Healer*, 92.

> "When I have someone come in for help, I give them all this information and then tell them to come back later. But most of them won't. The problem is that we experience trauma differently through different developmental phases in life. So, come back later and we'll deal with it down the road. I feel like they need something more because I just give them all this information. How much of that sticks? You know, I feel like there needs to be, I don't even know if they'd hold onto a booklet. If I gave them a booklet with all that information, because who would hold onto a booklet? I feel like there may be a support group through Facebook. Maybe a daily inspiration - not therapy - but just something, inspirational, motivational, healing, uplifting to help loved ones know they have support. Because so many loved ones, parents in particular, blame themselves, beat themselves up. 'What did I do? What am I doing? And they're still torn today. Do I give them money for food? Do I buy them groceries? Am I enabling? If I don't enable, they might die. They died and it's my fault.'... There's just so much conflict. So, I wonder if there was a social media page to just give them some daily support what kind of difference it could make."[147]

Based on her encouragement and concerns, I created a private Facebook group for any family member or friend of an addict to join and receive regular inspiration. Some may be biblical verses while others may be encouraging quotes from mental health experts. I hope to even involve some of our church members in this regular posting, since I have admittedly little creativity on social media platforms.

We already use a church-wide Facebook group for weekly communication that seems to work effectively. Delegating some of this social media work should prove helpful to me and inclusive of others in my congregation who have that online gifting. Thinking ahead, we may occasionally need to respond to comments or questions in this group, which would add another layer to our trauma-aware work at GCC. At least for now I will limit responses to be submitted by myself or others in our congregation who have received trauma-informed care training – to help prevent re-traumatization or unwarranted advice.

[147] Amy Sisson, Interviewed by Joe Bowers in Gallipolis, OH on Sept. 18, 2023.

One more concern during the actual work of this project involves the possibility of burnout for the facilitators. Since I will be the primary facilitator in this first round of meetings at GCC, I find this personally relevant. But it is a real concern for all clergy who work with a traumatized population in any church setting. Robin Harris warned that her greatest concern for our group will be the sustainability for those who facilitate. "I think where we burn ourselves out, all of us in helping professions, is trying to be the lone ranger out there saving everyone that needs to be saved. The thing that draws us in to these professions is the very thing that will take us down if we're not careful!"[148] She encouraged continued training and a mentor in the field of mental health that I can reach out to for support or advice. Three of my interviewees have offered to be a support and sounding board for this work, and I will certainly take them up on the offer. Being a pastor in a technically non-denominational church limits my own circle of support. I do not wish to bring others' trauma home with me to my wife and small children, as others have cautioned against along this journey.

[148] Robin Harris, Interviewed by Joe Bowers in Gallipolis, OH on Oct. 2, 2023.

Chapter 6 - Implementing the Project:

The first peer support group met on October 12, 2023. Prior to this meeting, I invited church members to pin up dozens of flyers throughout the community. I created a public Facebook post with a quality graphic to serve as an advertisement. According to Facebook's metrics, this post reached over 2,100 people prior to the first meeting, though the number of those people who actually live in reasonable proximity to the church would be impossible to verify. I also formed a private Facebook group for continued communication with the group members and regular encouragement. Currently, that group has 13 members, which properly reflects those who actively attended the initial set of meetings.

Before gathering together for the first time in person, some church members volunteered to handle setting up chairs, brewing coffee, bringing snacks, and other matters of hospitality. This allowed me adequate time and focus to engage people as they entered and offered a chance for lay-people in the church to be involved in a practical way. The first meeting saw four people in attendance. Three of those are members of our congregation. However, one was new to the rest of us. She seemed very grateful to attend and already volunteered to share her story the following week! The small number of attendees was at first disappointing. Knowing that the Facebook advertisement received over 2,100 views and 30 flyers were posted around town, I had expected higher attendance numbers.

However, the size of the group permitted the first meeting to feel very informal and may be the reason those who attended opened up so quickly without reservation. In fact, one woman stayed after to tell me how valuable this meeting was for her and that I

should not give up hope that many more will come in the weeks ahead. Childcare was offered with two volunteer helpers, and this was excellent because one small child came with her mother.

The meeting began with the Serenity Prayer, a discussion of the first two steps of Alcoholics Anonymous, a reading of Psalm 10 with a moment of silent reflection. After making introductions within the group, I shared some of my own life story. It seemed appropriate that I set a sort of precedent for future meetings, and give an honest example of what this sort of sharing could look like. The conversations that followed were very encouraging. Stories of intimate partner violence and custody battles were shared even by the end of the first meeting, proving that some level of trust had already developed. I asked the group what they thought about the format, and all agreed unanimously that they enjoyed the group and would keep things the same for next time. We dismissed roughly an hour and fifteen minutes after the meeting began.

The second meeting had six people in attendance. Three returned from the previous week and three were new attendees. After introductory matters were dealt with, a volunteer read Psalm 59 and we allowed for a moment in silence. Then a woman named Renee offered her testimony to the group. She shared for roughly 45 minutes. And although this was longer than I had encouraged, others seemed heavily engaged in her storytelling. Eventually, I had to interrupt and ask her to briefly stop sharing so that our childcare provider could leave at a reasonable time. But afterward, Renee spoke a little longer and other group members stayed until later in the evening simply chatting and discussing life experiences in the church lobby. This organic relationship building was very encouraging to witness. When asked, everyone agreed that they enjoyed the process

and planned to return the following week. Already, the time constraints seem to present themselves as the greatest hurdle to these meetings, which is something I had not expected.

Six people attended the third meeting. One sign of probable success may be seen in the attendance of one of the visitors from these meetings attending our Sunday worship service. After introductory matters were handled, a volunteer read Psalm 22 aloud and we spent a moment in silence. A brief and powerful conversation about the Psalm then commenced organically among the group members and led to some great discussion about the nature of Jesus' own suffering. At this meeting, a woman shared her story of lifelong trauma that involved substance abuse, intimate partner violence, miscarriage, homelessness, and other serious trials. Her hope and strength were so encouraging.

She spoke with resolution about her spiritual resurgence and the ways in which God gave her the strength to overcome obstacles. She even quoted one of my recent sermons and discussed her beautiful daughter as a blessing that came from the ashes of her past trauma. It was remarkable. Though she shared for over an hour, every person was glued to their seat and seemed to hang on her words. By the end, there was a profound moment of silence, filled with both dismay at her misfortune and pride in her resilience. I am confident that solidarity developed in this meeting. Every single person stayed late to chat and share further, even after dismissing the official meeting.*[149]

For the fourth meeting we had 10 people in attendance, and made a last-minute decision to move the meeting into my office, where couches and comfortable chairs were

[149] Though we intended to offer six meetings before the holidays, our town's trick-or-treat night interfered and the group agreed to skip the following Thursday evening since most attendees could not be present. This meant that only five meetings were held before Thanksgiving Day.

available. I believe this space enhanced our discussion, as I noticed greater participation overall. After introductions and prayers were offered, a volunteer read Psalm 111 aloud and the group spent a moment in silence. Travis, a member of our church and personal friend of mine, offered his testimony. The story involved running away from God after experiencing childhood trauma and neglect, and returning to God and serving as a pastor for a short time. His tale was very touching and involved so many elements with which the rest of us seemed to relate, especially his experiences as a child of parents with substance abuse issues. He shared details that I had not known before that night.

Unlike the last two meetings, Travis wrapped up his own story with enough time for people to feel comfortable sharing their own personal connections. Some in the group even proceeded to ask him pointed questions. This sort of interaction hadn't happened since the first meeting and it was very encouraging. After the meeting concluded, several people stayed to chat. Travis ended up grabbing my guitar that had been hanging on the wall and began leading the smaller group in impromptu worship, which led to a time of sharing jokes and funny stories from childhood. Things took a nostalgic turn and I truly believe it was a very enriching time for everyone who stayed. This relationship building provides the solidarity I had hoped and prayed for during these meetings.

At the fifth meeting (the final meeting before our scheduled holiday break) 11 people were in attendance. This was the largest group thus far and this meeting also saw the most participation during discussion. After introductory matters were handled, a volunteer read Psalm 138 and we spent a moment in silence. Three different people shared their stories with the group, each choosing to tell abbreviated versions while focusing on specific incidents or struggles. This approach was refreshingly different and

allowed for much more interaction within the group. Though every meeting has shown potential, this meeting offered the encouragement I needed to continue this peer support ministry at our church. After the meeting, all attendees were willing to stay for a casual chat. This informal focus group offered much helpful feedback.

Lessons Learned:

One woman suggested using the longer version of the serenity prayer that she had heard used in another meeting in the past. This led to my discovery of more than a dozen versions of said prayer. I plan to use Reinhold Niebuhr's original for the time being. It is short, pithy, and easily memorized. When considering better uses of the group's time, everyone agreed that we should make copies of the 12 steps for interested parties without reading individual steps each week. This will leave more space for sharing and discussion.

We workshopped a new simplified version of the meeting rules, including a unanimous decision to call them "guidelines" rather than "rules." Here are the updated guidelines: "During these meetings, try not to speak over anyone, have no separate conversations, avoid offensive or graphic language, let people finish what they would like to share, and don't be afraid to cry or show emotion. If anyone feels triggered please raise your hand and the speaker will know to avoid going further. Of course, keep everything from these meetings confidential."

Several people in the group shared that they love the Psalm readings and my brief explanations. This was one of the main elements I purposefully included in the group meetings, but I had wondered how well received the psalms would be. I was deeply encouraged to hear the group's insistence that we keep the psalm readings in perpetuity.

All also agreed that they loved moving the meeting into my office. The space is more comfortable and conducive to continued conversation, especially when compared to a circle of folding chairs in the lobby. But if the group gets much bigger, all agreed that we could use a small classroom to maintain the relaxed environment as much as possible. They really like sitting on couches around a coffee table, and agreed that the provided snacks were unnecessary. Since the meeting is later in the evening most people have already eaten dinner. The group agreed that water and coffee will be sufficient for the future. These logistical issues are worth noting, yet the more significant takeaways relate to the real-time group interactions.

One woman who had spoken very little during the previous meetings offered these thoughts during the informal focus group time, "People want to be heard. Our stories help other people. The enemy wants us to keep things suppressed, but God wants us to bring it out and be healed." This was met with nods of affirmation and I couldn't agree more. So I responded with a concern that seemed to recur with every meeting, namely, the dismissal time. Though I mentioned alternative days, times, and even formats of this meeting (i.e. monthly dinner gatherings) the group agreed that we should continue to meet every Thursday at 7:30 PM. However, we must explain that there's not a technical time for the group to dismiss. Rather, the meeting is intentionally open-ended and anyone can leave at any time and no one else in attendance should take offense.

The focus group also dealt with one of the great frustrations in nearly any ministry effort, namely commitment to attendance. But just as Sunday services continue to be offered even when there are weeks with lower attendance, the focus group agreed that peer support will require consistency. The group confirmed that people in Gallipolis need

to know that there is a group available whenever they make the decision to find support. One person mentioned that consistency is a primary vehicle for trust to be built in community, and therefore the meetings should continue weekly, regardless of attendance patterns, barring holiday or weather-related cancellations with proper notice.

This discussion led to a couple of continued concerns for myself as the facilitator. Realistically, I cannot commit to facilitate this meeting every week, all year long, with no definite stop time in place. This sort of commitment will require a team of facilitators. Thankfully, a deacon of our church named Josh, who had attended every meeting and shared his own story has volunteered to help me facilitate after the holiday season. He even mentioned participating in continued trauma informed training individually and helping me to bring this training to our congregation as a whole.

The final consensus of the focus group was to keep the general format we have been using. If we run out of people wanting to share a Lead, then we can look at other options when that time comes to make the best decision. The goal is to remain flexible as the group grows and develops over time. I believe this is a wise path forward. Participants agreed to seek new group members with the most successful forms of advertising we have been able to utilize, namely paper flyers, Facebook posts, and word of mouth testimonials and invitations. When considering what might prohibit some from attending, the main concerns were time commitments and fear of gossip. This did not surprise me, due to a previous encounter.

A member of our congregation had recently asked to meet with me in the midst of this project to discuss his family's experiences with substance abuse and trauma over the course of three decades. The story took many twists and turns and ultimately led to the

untimely death of a sibling, a divorce for the parents, and some major concerns about resources available in our community. This conversation added anecdotal evidence to previous research for the project. One key insight that this man shared was a very serious problem with gossip, admitting that his own mother had gossiped and maligned others after she attended an Al. Anon. meeting across the river in a nearby town. When she came home from that meeting, she went on a rant about all the people she knew whose children or spouses were abusing substances and how shameful it was. He questioned her about her own son's alcoholism and the trauma it had caused the family for so many years, and she seemed to be in total denial.

According to her son who shared this story, gossip and condescension were the main takeaways from her experience at a support meeting. Of course, this is against the rules of a confidential meeting like Al. Anon., but if this outcome is real then we must be aware of the possibility. Not only does it require greater vigilance on the part of facilitators and group members to maintain accountability for discretion, but it also exposes a legitimate barrier for some possible participants who continue to fear the fallout in a small town. There is legitimate concern that one's private struggles might be made public.

So far, the group that has been meeting at GCC has shown no signs of this sort of informational leak or judgment toward those in attendance. The general atmosphere is one of trust and love. Frankly, I am amazed at the openness and kindness each member of the group has shown to the others. As Weibe warns: "Church and ministry leaders do well to consider the multifaceted ways traumatic stress can manifest in complex forms among individuals, families, and groups."[150] We are not able to treat trauma, but we are able to

[150] Weibe, *Healing after Collective Trauma*, 70.

support the traumatized in loving solidarity. And I truly believe this work is proving transformational. But because of the remaining questions and concerns that exist with the follow up to this work at GCC, I pursued one final interview.

Justin Oyer is the Executive Director of Warriors 4 Christ, a non-profit ministry to substance abusers and their families in Jackson County, OH. His brother, Derek, is the program director who essentially manages practical day to day operations. The Warriors 4 Christ facility consists of multiple buildings and their program offers a few different forms of support for addicts and their loved ones, the main one involving residential treatment and help with future employment after rehabilitation. Justin was formerly a counselor in the secular mental health field, but felt that God had called him into this work as an extension of the church's mission.

This ministry is multifaceted and much larger than what we intend to accomplish right now at GCC, however there was much to be learned in the interview with these two community leaders. Jackson is adjacent to Gallipolis, and the demographic is seemingly very similar. Since 2012, the Oyers have helped facilitate peer support groups (they call them family groups) that have been immensely successful. In fact, when asked if these peer support groups would be a helpful tool for GCC to continue to use after the new year, they agreed that peer support groups were one of the most popular and helpful tools they have utilized.

When asked for advice with future meetings of the peer support group at GCC, the Oyer brothers stated that "The most important thing is to be honest. Brutally honest at times… There is no saving anyone and there remains a 'no tissues' rule, meaning you need to let people get out their emotions without trying to stop them or make them feel

judged." But they also warned that "Peer support jeopardizes privacy. It puts people at risk of losing control of their own narratives, especially in a small town where everyone knows everyone else. Because of this reality, guilt, shame, and forgiveness are the biggest obstacles to progress."[151] These were things that previous research and brief experiences had already revealed, but hearing long-term testimonial evidence was reaffirming.

During the interview, I acknowledged a possibility of partnering in the work happening at this neighboring ministry, since it is only a 35 minute drive away from GCC. However, due to pandemic restraints and subsequent changes to the Warriors 4 Christ program, they currently only offer individual family meetings or sessions as requested. They have no publicly accessible group or peer support meetings actively available. So, Justin encouraged me to continue moving forward with our peer support group, and said he would encourage anyone near Gallipolis to attend the meetings. When discussing the meetings they hosted prior to the pandemic, Justin stated "our greatest success came from peer support groups, especially those that were conversational and casual."[152] With this in mind, I feel the need to continue to offer GCC's peer support meetings in perpetuity so that there remains an opportunity for people in this region to access such a vital resource.

Receiving further affirmation that the casual and conversational nature of a peer group seems to be linked to success was also great. This has been my own experience thus far at GCC. Perhaps the most convicting statement from the interview with Justin and Derek was that, "Forgiveness has to be at the forefront of everything."[153] This was followed by Justin sharing some of his own experiences in addiction and the harm and

[151] Justin and Derek Oyer, Interviewed by Joe Bowers in Gallipolis, OH on Oct. 10, 2023.
[152] Ibid.
[153] Ibid.

trauma he brought upon his own family. He opened up about the struggle to forgive himself, the weight of his wife's forgiveness, his battles with being a healthy father, etc. The honesty he recommends to his clients was apparent in his own storytelling, and it inspired me to continue to be a transparent and honest facilitator in future meetings at GCC. But the specific focus on forgiveness once again connected the dots of this week-to-week work within the church to the deeper theological underpinning. God's forgiving and restorative love are rooted in solidarity with those who suffer.

After much literary review, several interviews, many informal discussions, and a trial run of weekly meetings, the next steps are becoming clear. GCC will continue to host a Thursday evening peer-support group every week, seek to train the leadership of the congregation and the facilitators of said group in trauma-informed care practices, and continue to revisit our methodology and theological approaches to ministry. These steps will allow GCC to effectively love and support those who are suffering within our church and community. Most immediately this process will involve a church-wide training seminar in the Spring of 2024 with Dr. Amy Sisson, specifically designed to foster trauma-informed congregational spaces and best practices.

Do you remember Bob and John from the introduction? I thought it worth mentioning that we did find an excellent faith-based rehab program that has proven very successful for John's path of sobriety. John is gainfully employed in a town not far away. His father and his adult sister now support the work of this project at GCC, both able to share their own testimonies with others and building solidarity as co-sufferers. Together, our church is learning what it looks like to remain with people the way God remains with each of us in our pain.

Witnessing this success and hearing some of the testimonies of support and healing happening through a trauma-informed ministry has led the lay leadership of GCC to desire greater growth in this area. In the future, the Elders have shown great interest in a top-down assessment of GCC's approaches in ministry to a hurting community. To do this the leadership will need to choose a model or approach to emulate. In conclusion, I will list two models that seem most interesting and helpful that GCC might pursue in the near future. Incorporating any of these approaches will take significant investments of time and energy, and I would recommend that other churches seeking trauma-informed ministries take a look at these resources and find a model that may work best for their situation.

One methodology is titled Trauma Informed Servant Leadership.[154] Applying much of the theology discussed in this project, Mahon offers a Christocentric approach to church leadership that incorporates co-suffering and honesty on the part of the leader. From the life of Jesus, he is able to pull specific attributes and practices that might shape a church leadership team into the image of Christ, the suffering servant leader. This process is intended to lead to faithful ministry to those who experience suffering of various kinds and should therefore benefit any church, regardless of demographics.

Mental Health First Aid[155] is another seemingly helpful tool for our congregation to adopt, perhaps training our ministry staff to offer appropriate first response when faced with traumatized individuals. Costello offers a rather specific multi-step process of dealing with the intake of church members or visitors who exhibit signs of trauma or seek

[154] Daryl Mahon, "Trauma-Informed Servant Leadership in Health and Social Care Settings", *Mental Health and Social Inclusion* 25, no. 3 (2021): 306–20.
[155] Jennifer Costello, Krystal Hayes, and Ana M. Gamez, "Using Mental Health First Aid to Promote Mental Health in Churches", *Journal of Spirituality in Mental Health* 23, no. 4 (2021): 381-392.

help with past trauma, informed by best practices across professional fields. The leaders of GCC could be trained to follow these steps and offer improved holistic care to the people in the church's care. Each model seems to offer unique benefits. Whatever path is eventually decided upon, GCC must continue to evolve and adapt just like the field of trauma-informed care itself is developing.

Rather than immediately applying one of the aforementioned models, the following are several characteristics of a trauma-informed ministry that have been developed by Frederick Streets. GCC as an organization can adopt these characteristics in the year ahead. I would love to see our eldership sit down and revisit these points on an annual basis to ensure that we are doing all within our power to care for those with trauma.

- A trauma-informed ministry is one by which religious care providers have a basic understanding of the nature of trauma and how it may impact the overall quality of life of the person or persons who have been traumatized by a life event and the impact of that trauma on their relationships with other people.
- A trauma-informed ministry seeks to sensitively use a basic understanding of trauma and reflect upon its implications for the various aspects of a religious ministry such as, preaching, bible study, prayer, and other religious rituals and spiritual practices.
- A trauma-informed ministry means that the religious care provider is aware of the impact of trauma upon persons depending upon where they are along the life-cycle, as well as their age, gender, social and marital status, and sexual orientation.
- A trauma-informed ministry brings to bear upon those suffering from trauma the wisdom, insights, and resources of the religious faith and tradition of those who have been traumatized and utilize these cultural attributes for the sufferer's benefit.
- A trauma-informed ministry seeks to collaborate with other community members who can provide additional resources and to whom the religious helper can refer those needing assistance in coping with their traumatic experiences.
- A trauma-informed ministry aims to increase the skills of coping with or reducing the stress that can otherwise lead the sufferer to feel that they can no longer

> manage or prevent their traumatic and post traumatic experience from destroying them.[156]

To conclude, I will offer one great lesson that this project has taught me. Simply putting in the effort to love and care for others will pay dividends. There may be no perfect way to do this work, but trying one's best to do the work is the first necessary step. Every assembly of Christians ought to consider ways in which they can better love and serve those who have experienced trauma. GCC is already growing tremendously as a safe and informed space, and I cannot hide the joy it brings me as a pastor. This project has benefited both my own personal ministry and my private home life. Perhaps most exciting to me has been the formation of new networks and channels for resources within the continuum of care. As clergy already affirm by their mere existence, and as more and more mental health experts seem to be acknowledging, there is a genuine need for local churches to offer spiritual support to their communities. Much like healing trauma, the next steps for GCC remain a continual work in progress.

Through this project I am now aware of new peer support training opportunities coming to the Southeastern Ohio region, i.e. the National Association of Mental Illness starting a chapter in Gallia County and state funded trauma-informed care training for local churches. Though exact dates are not yet slated for these offerings, it is clear that with the budding of new resources and building of new networks the Gallipolis Christian Church could prove even more beneficial in the life of Gallia County. Our local church is now better positioned than ever before to put our theology into practice. I am proud to write that some of the members of GCC are learning to come alongside those who suffer

[156] Frederick Streets, "The Urgent Need For Trauma Informed Ministry", New Haven Register, 2014. https://www.nhregister.com/opinion/article/Frederick-Streets-The-urgent-need-for-trauma-11384174.php.

in order to experience the healing love of God together. Moving forward, my goal is to grow more adept at this work and to invite others to join the effort. Salvation through solidarity with the suffering is at the root of the Good News of Jesus and must remain at the core of the work of his disciples. May God help us to do it well.

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Appendix:

12 Steps of Alcoholics Anonymous[157] (with gender inclusive modification):

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked God to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of God's will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

[157] https://www.aa.org/the-twelve-steps.

Celebrate Recovery[158] meeting expectations with some minor editing:

1. Keep your sharing focused on your own thoughts and feelings. Stick to "I" or "me" statements, not "you" or "we" statements.

2. Limit your sharing to three to five minutes, so everyone has an opportunity to share — and to ensure that one person does not dominate the group sharing time.

3. There is no cross-talk. Cross-talk is when two people engage in conversation excluding all others. Each person is free to express his or her feelings without interruptions.

4. We are here to support one another, not "fix" one another. This keeps us focused on our own issues. We do not give advice or solve someone's problem in our time of sharing or offer referrals.

5. Anonymity and confidentiality are basic requirements. What is shared in the group stays in the group. The only exception is when someone threatens to injure themselves or others, which we will always report.

6. Offensive language has no place in a support group meeting. We avoid graphic descriptions. If anyone feels uncomfortable with how explicitly a speaker is sharing regarding his/her behaviors, then you may indicate so by simply raising your hand. The speaker will then respect your boundaries by being less specific in his/her descriptions. This will avoid potential triggers.

[158] https://www.celebraterecovery.com/resources/small-group-guidelines.

Outline of Weekly Peer Support Meetings at GCC

***Pass out copies of the Serenity Prayer, Meeting Expectations, 12 Steps, and weekly Psalm reading.**

Facilitator: Hello, my name is _____. Please silence all electronic/digital devices.

- Have a volunteer offer the Serenity Prayer aloud
- Have a volunteer read the Meeting Expectations
- Ask everyone to introduce themselves, using first names only.
- Read **Psalm ____** and offer a moment of silence to reflect, leave space for comments from group members
- Read and very briefly explain the 12 Steps of Alcoholics Anonymous
- Have pre-selected individual(s) share a personal testimony (or Lead)
- Leave some time for group sharing and discussion
- Choose someone to take the lead next week.
- Offer a closing prayer and formal dismissal

Survey of Gallipolis Christian Church

Related to Trauma and Substance Use Disorders

Age? _____ Gender? _____

Have you ever experienced a substance use disorder? YES / NO

Do you know someone who has experienced a substance use disorder? YES / NO

If yes, how many people in your sphere of influence (i.e. family, friends, co-workers) have experienced substance use disorders? _____

Do any of your loved ones struggle with substance use? YES / NO

If willing, what relationship is this person(s) to you?

Do you feel that others' substance abuse has ever hurt you in any significant way? YES / NO

If willing, please elaborate:

Have you ever sought professional help or other support in dealing with the pain caused from another person's addiction? YES / NO

If yes, where did you seek support?

If no, where could you seek support in this area?

Would you consider attending a weekly support meeting at GCC for the loved ones of addicts? YES / NO

If yes, what would you hope to experience in such a group?

If no, why would you not attend such a group?

What resources have been made available to you for support?

Are you familiar with the 12-steps program? YES / NO

If yes, do you believe it is a beneficial tool? YES / NO

If you would like to speak more directly about these matters, please list your name and phone number or email address and I will reach out.

Thank you very much for your time and help with this project!

Results of Asset Mapping:

- Physical Assets:
    - Van
    - Trailer
    - Clean, comfortable facility
    - Spacious lobby with coffee area
    - Classrooms with privacy and soft chairs
    - Newly renovated, large, well-appointed kitchen
    - Safe playground and classrooms for children
    - Good location, easily accessible, close to town but somewhat secluded on a rural route
- Community Associations:
    - Lion's Club
    - Schools / PTO / All-Pro Dad Breakfast
    - Field of Hope
    - God's Hands at Work
    - Court Street Ministries
    - Area churches
    - Holzer Health Systems
    - Hopewell
    - TASC
    - Cardinal Recovery
- Institutional Overlap:
    - OVBC
    - People's Bank
    - (both banks = community service and funding important causes)
- Economic Assets:
    - Significant savings and CD's
    - Debt free
    - Designated benevolence fund with over $9,000
    - Designated education fund for purchasing materials
- Individual Assets:
    - Monetary gifts
    - Volunteerism
    - Musical gifts
    - Good listeners
    - Professionals - Medical; mental health; recovery
    - Good cooks and bakers
    - Very invitational congregation
    - Addicts in recovery who attend weekly
- Other Assets:
    - Recent growth in our congregation and an expanding network of influence