

Coping With Traumatic Memory

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Traumatic experiences elicit intense responses—physiological, emotional, mental, and spiritual. Memories of the experience can come flooding back through various triggers, creating the same emotional intensity present at the time of the trauma itself. The events of September 11 have brought trauma and its after effects into the lives of many Americans. By examining previous literature on trauma, specifically Langer's work (1991) regarding survivors of the Holocaust, common patterns of traumatic memory emerge—deep memory, anguished memory, and humiliated memory. Coping with these overwhelming memories requires the mental and spiritual reconciliation of the trauma's occurrence and God's existence. Therapists can aid in this process by becoming the incarnation of Christ to survivors—normalizing their experiences while appreciating the unique pain involved.

Human beings, as we well know, commit atrocious acts against other human beings. We have seen it in Rwanda, Kosovo, urban ghettos, and in New York. We know from experience and from the literature that trauma results in silence, isolation, and helplessness: Silence because words are inadequate for communicating the unspeakable; isolation because either no one knows, no one can help, or it seems no one truly understands; and helplessness because every attempt to stop the tragedy was ineffective. Some years ago, I had a man from Liberia in a seminary class I was teaching. He had spent four years on the run in the bush with his family because of persecution for his faith. He carried many scars, physical and otherwise. He said to me one day, "Let me tell you what it is like for my people. I have a friend who lost his parents, his wife, and his children. He does not speak anymore. He stays alone in his house and will not come out. He shrugs his shoulders in response to any suggestion, for what does it matter?"

Trauma—silence, isolation, and helplessness.

According to Judith Herman, author of *Trauma and Recovery*, "Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning" (Herman, 1992, p. 32). Without question, the events of September 11, 2001, rendered people helpless and shattered people's sense of control, connection, and meaning. September 11 was a traumatic event for thousands of people.

A trauma, unlike a more common misfortune, involves a threat to life or bodily integrity. It is often a close personal encounter with violence and death. The common denominator of psychological trauma is feelings of intense fear, helplessness, loss of control, and annihilation.

Certain aspects of the experience increase the likelihood of harm to those involved. These include being taken by surprise, trapped, or exposed to the point of exhaustion, physical violation or injury, exposure to extreme violence, or witnessing grotesque death. We can clearly see that the events of September 11 carried all the factors that increase the likelihood of harm to those who endured them. So we have in that event not just trauma, but a trauma that includes all of the factors that increase the severity of the traumatic responses of those involved.

The ordinary human response to danger is very complex and involves both body and mind. The changes that occur are normal and adaptive and ready the person for fight or flight. Traumatic reactions occur in individuals when action is seen to be of no avail. In terms of the events at the World Trade Center (WTC), this reaction could occur in those who believed they could not protect themselves, those who could not protect another, or in those who knew they could do nothing to stop the events from occurring, which, of course, includes everybody. In other words, just because someone escaped the collapse of the building intact, does not mean that the person will not experience a traumatic reaction. Understanding that will eliminate such responses as, "At least you got out alive." When action seems pointless, the human system of self-defense becomes overwhelmed and disorganized. Those things we do in response to danger seem useless and often persist in an exaggerated way long after the danger is over. Trauma produces lasting changes in physiological arousal, emotion, cognition, and memory. Sometimes traumatic events separate these normally integrated functions from one another so that what usually functions as a unit becomes disjointed. So, for example, a traumatized person may demonstrate strong feeling with no clear memory of the events or very clear memory without emotion.

After an experience of overwhelming danger, two contradictory responses often occur—intrusion and constriction. The victim is caught between amnesia and reliving the trauma, intense overwhelming emotion and numbness, impulsivity and inhibition or passivity. These alternating states continue the feelings of chaos and unpredictability that the trauma caused making it seem as if the trauma is continuing. So several weeks out from the terrorist attack, people are still functioning as if it had just happened. This is, of course, heightened by the fact that other things such as anthrax scares keep the feelings of unpredictability and chaos ever-present. People cannot get better because it is still happening.

Initially, the victim has ongoing, intrusive recollection of the event both as flashbacks and nightmares. The victim stays highly agitated and on alert for new danger. The intrusive symptoms often decrease after three to six months, though depending on other factors (such as the anthrax scares) some certainly continue for a longer period. As intrusive symptoms decrease over time, numbing and constrictive symptoms remain. This is a very important point. Unfortunately, because the person *seems* to have resumed his or her former life to a great extent, many people think the person has recovered from the trauma. Sadly the person functions but feels dead inside and disconnected from life and relationships. Many people who have been traumatized by something like childhood sexual abuse live the majority of their lives in this constrictive state. Obviously, we want to respond to trauma so as to help people deal with their memories, their emotions, and their reactions in ways that return them to a place of care, connection, and meaning.

Post-Traumatic Stress Disorder

Remember, trauma involves intense fear (fear is the core of trauma), helplessness, loss of control, and the threat of annihila-

tion. Judith Herman said that, "Traumatic events are extraordinary, not because they occur rarely but because they overwhelm the ordinary human adaptations to life" (Herman, 1992, p. 33). Many of those who lived through the events of September 11 will experience what we call Post-Traumatic Stress Disorder (PTSD). PTSD is essentially the past continually intruding on the present in both intrusive and constrictive ways. It is as though the events of that day have long tentacles that reach out into lives across the years and continue to impact and harm. There are three aspects to PTSD:

1. Reexperiencing the trauma—nightmares, flashbacks, intrusive recollections, psychological and physiological distress when reminded of the trauma
2. Numbing of general responsiveness, avoidance of stimuli associated with the trauma (withdrawal, restricted affect, dissociation, amnesia, loss of interest). A traumatic stress reaction consists of natural emotions and behaviors in response to catastrophe, its immediate aftermath, or memories of it.
3. Ongoing symptoms of increased arousal (sleep disturbances, difficulty concentrating, hypervigilance, anger outbursts, exaggerated startle response).

Please keep in mind that these are *normal* reactions to trauma. One of the greatest gifts we can give those who have lived through a traumatic experience is to normalize their symptoms. Many who experience these symptoms think they are losing their minds. Walking down the street to work five years from now, seeing a piece of concrete fall off a building and thinking it's a body can make people think they are going crazy. Understanding the normalcy of such a

response in light of the trauma is of great relief.

Trauma and Memory

Trauma has been defined as an inescapably stressful event that overwhelms peoples' existing coping mechanisms. One of the results of trauma is that it leads to extremes of retention and forgetting. Terrifying experiences may be remembered with extreme vividness, or may completely resist integration. Many traumatized individuals report a combination of both. One of the things that has been consistently said by those who have experienced trauma is that the emotional and perceptual elements of memory tend to be more prominent than what is known as the declarative component (conscious awareness of facts or events). So, in other words, survivors of the WTC disaster would be more likely to recall what they felt and experienced perceptually than they would be able to give a clear accounting of what happened in a particular order.

As we listened to those who were present in the WTC the day of the attack, we found that many of them tended to focus initially on their sensory experiences. Memories of trauma tend to be experienced as fragments of the sensory components of the event: visual images ("I saw the color of their ties"); olfactory (the smells of that day); auditory (the sound of buildings collapsing); kinesthetic (the push of the crowds); or intense waves of emotion that are used to describe the event (fear, panic, terror, etc). Survivors see such perceptions as exact representations of sensations at the time of the trauma. So when they talk about their fear, they mean they are feeling the same fear that they felt during the trauma. It is not diluted. It is just as potent as when it first occurred. This is quite different from the kind of reporting we get from someone who is relaying the events of a day in the city, such as going to lunch, a

museum, and a play. Normal memory is given in narrative form. Traumatic memory is not. You cannot initially tell a story about a trauma. You begin with some kind of sensory experience with one of those experiences or images usually being predominant. Researchers believe that this indicates that traumatic memory is stored in the brain differently than narrative memory. Traumatic memory is more disconnected, seems to be stored as sensory fragments, and has little to no linguistic components. That is why when we talk with those who have just been traumatized, they use a very small vocabulary...if they speak at all. So we could sit with someone who is rocking back and forth saying, "Oh, the smell, the smell." It tells us nothing of the events or their order.

Subjective Experience of Traumatic Memory

I am using the work of Lawrence Langer to understand more fully what it is like to experience trauma and live with traumatic memories. It is very important to understand that over the months and years, as people seem to go back to normal, we will still have a large group who must live with traumatic memories. For them, life will never be the same. In his book, *Holocaust Testimonies: The Ruins of Memory*, Langer addresses the reasons why survivors of the Nazi death camps experience such difficulty in reporting their recollections (Langer, 1991). Langer collected detailed testimonies from camp survivors and noted the particular difficulty they had in recounting their experiences. According to his understanding, those experiences are so discrepant from everyday life that the survivor is left with what is called a "dual existence"—everyday life versus the "contemporary" recollections of the trauma. The traumatic memories are discontinuous from everyday narrative memory. They do not fit into everyday schemas. So we have the narrative story of a life with a segment that never quite gets integrated into that

story because it simply does not fit the categories. I have found Langer's work to be very helpful in my work with survivors of trauma. One of the things that Langer's work clearly demonstrates is how trauma divides the self, keeps it from being whole. It divides into "me and not-me" or "my life and not-my-life." There is a very basic split that occurs due to the trauma. (*I was born, raised, went to school, got married, had a job, had children, then got a job in New York at the WTC, and then over 2,500 people were killed. And then I worked...*) It simply does not fit. The vocabulary does not work. The categories are not adequate.

Deep Memory (Buried Self)

Deep memory occurs when efforts to leave the memory behind prove ultimately futile. One survivor speaks of Auschwitz—"I live beside it. It is right there, fixed, unchangeable, wrapped in the impervious skin of memory that segregates itself from the present me. I wish the skin to become tougher, for I fear it will grow thinner and crack, permitting the trauma to spill out and capture me" (Langer, 1991, p. 5). Do you hear the sense of being overwhelmed?

"I live a double existence. The double of Auschwitz does not mingle with my present life. As if it weren't me at all" (Langer, 1991, p. 6). Do you hear the splitting, the surreal quality? Those who survived the attack of September 11 will find themselves in a business meeting or at a dinner party and suddenly experience that double existence, desperately wanting the images of falling bodies, death and tragedy to go away, trying to make sure the skin that holds the trauma separate will prove strong enough because they are supposed to be having a dinner conversation.

Another death camp survivor: "Sometimes it bursts and gives out its contents. Then I feel it again physically. I feel it again through my whole body...it takes days for everything to return to normal, for the skin of memory to heal itself" (Langer, 1991, p. 6)

Langer uses two terms here—deep memory and common memory. Deep memory is the old, isolated memory of the trauma that burrows beneath. When it spills out, it corrodes the comforts of common memory or the present. Common memory restores the self to normal and offers detached portraits of what was. With its talk of normalcy, it mediates the atrocity and says that in spite of evil, some things are OK. Common and deep memory function as two adjacent worlds that occasionally intrude upon each other.

Langer also talks about a common occurrence when a survivor of trauma is trying to tell another what happened. “Do you understand what I am trying to tell you?” (1991, p. 18) Such questions acknowledge the limited power of words. Those who listen must also acknowledge that limitation. Words must be used, but they cannot convey all. A vast sphere separates what was endured from our capacity to absorb it. The survivor is remembering what was. The hearer is imagining what was. That calls for ongoing humility in the listener.

Anguished Memory (Divided Self)

Anguished memory is used to refer to memory that assaults and finally divides the self. Survivors talk about the inability to link the past and the future. “I split myself. It wasn’t me there. I was somebody else” (Langer, 1991, p. 48). We hear survivors of the WTC trauma speak about “before 9/11”, or “after 9/11.” The event divides their lives in half.

Another survivor says: “In order to survive I had to die first. To me, I was dead. I died and I didn’t want to know nothing and I didn’t want to hear nothing. I didn’t want to talk about it, and I didn’t want to admit that this happened to me” (Langer, 1991, p. 49).

“My head is filled with garbage, all these images you know, and sounds, and my nostrils filled with smells...you can’t excise it...it’s like another skin beneath

this skin and you cannot shed it...I am not like you. You have one vision of life and I have two...I have a double life” (Langer, 1991, p. 53).

“There is a sort of division, you know, a compartmentalization of what happened, and it’s kept tightly separated, and yet it isn’t...it must not interfere, the other must not become so overwhelming that it will make so-called normal life unable to function.” (Langer, 1991, p. 57).

Humiliated Memory (Besieged Self)

One more form of memory referred to by Langer is humiliated memory, which recalls an utter distress that shatters all molds designed to contain a unified and irreproachable image of the self. It is the memory of things that make death preferable to life. People who acted during the trauma in ways that are diametrically opposed to their views of themselves will experience humiliated memory. Those present on 9/11 who acted less than heroically or altruistically will experience this kind of memory. The impact of such memories is not limited to those who endured the events but is also felt by those who hear about the events. Just as we are impacted by hearing of heroics and bravery, so we are impacted by hearing of the cold-blooded murder of thousands of civilians. Such knowledge leads to unflattering images of human nature, and we are tempted to interpret the past so as to reclaim our positive beliefs rather than confront their undoing. We long to erase the opposition between what we hear and what we wish to know.

Another way this may be expressed relative to September 11 is that the concept of helplessness is alien to the self-reliant Western mind, and so survivors may tend to judge themselves harshly when they reflect back on their choices and behavior. “I should have...I could have...”

To walk into memories of trauma is to encounter anguished and humiliated

memory. It means dealing with content and searching for forms, for such memories defy all normal categories. It is about speaking the unspeakable, explaining the unexplainable, and bearing the unbearable.

Causes of Reliving Trauma

As we work with people who suffer from PTSD as a result of the events of 9/11, we need to keep in mind that their struggle with the trauma may go on for years. For some, it will last the rest of their lives. Even as people appear to return to a level of normalcy, something could throw them right back into a traumatized state. Following are a few examples, but by no means is this an exhaustive list.

1. **Triggers**—A trigger is simply a present-day event that sets in motion either the feelings associated with the trauma or flashbacks of the trauma itself. For example, a woman who has been raped by a man in a blue shirt may react fearfully whenever she sees a man in a blue shirt. Triggers kick the adrenal gland into overdrive, so the body reacts as if it were in danger. A man could be sitting at his desk five years from now and suddenly the exact image comes up on his computer screen that was there when he had to take flight from the WTC. That image may throw him into a flashback so that he feels and maybe even act (heading toward the door to run) as if the event is happening all over again. Or it may result in great fear, hyperventilation, racing heart, and agitation. When this happens, reassurance and an attempt to ground the person in the present is a helpful response. Keep your voice calm and steady, reminding the person of where he is and when it is, reassuring him that he is remembering a tragedy, but it is not presently occurring. It is not uncommon, once someone has recovered from such an experience,

for him or her to feel embarrassment and humiliation. Anniversary dates, media presentations, conversations, and many other things can serve as triggers.

2. **Previous trauma**—People who have a history of trauma such as sexual abuse, rape, battering, robbery at gunpoint, etc., will have a much greater difficulty dealing with a current trauma. The feelings and physiological responses to the present trauma will pull up memories and feelings related to previous traumas. Some people who experienced a trauma about which they have forgotten may end up remembering the old trauma as a result of the new one. Memories appear to be stored in associated networks, so a new trauma can easily generate the memories and feelings associated with previous ones. Great gentleness is required in such circumstances, for people are utterly overwhelmed and may not be able to function. It is simply too much to bear.
3. **Generalized physiological arousal**—It is possible that any time this state exists in the body, trauma-related memories will be triggered. So whenever the adrenal gland goes into overdrive, it will remind people of the events of the 9/11. This is because the body is feeling the same way it did during the trauma, and that state causes the mind to go back to the memories of the trauma.
4. **Stress**—Future stress, losses, grieving, and anxiety-producing situations can also bring up old memories of trauma.

Emotions Accompanying Traumatic Memory

Trauma brings out all sorts of emotion with which the Christian community is largely uncomfortable and often condemning. Trauma results in fear (“God

did not give us a spirit of timidity” [2 Timothy 1:7]), anxiety (“Do not be anxious about anything” [Philippians 4:6]), anger (“Do not let the sun go down while you are still angry” [Ephesians 4:26]), and grief (“Let not your heart be troubled” [John 14:27]). We have precious verses that speak to such emotional states, but I fear we often hurl them like projectiles at the victim in an attempt to make feelings we are uncomfortable with go away as quickly as possible. If we are going to enter into the suffering of those who are traumatized, we will have to learn how to sit with and listen to fear, anxiety, anger, and great grief. We will also have to learn how to do it for far longer than we prefer.

Many of those who are traumatized will be afraid to face and feel the feelings related to the trauma. They fear losing control of themselves and fear the pain and suffering they will endure. These fears are understandable, for the feelings surrounding the trauma are very powerful and the feeling of such emotions can quickly recreate the trauma in which the survivor felt overwhelmed and helpless. Dealing with and healing from such feelings will never occur in a straight line. Feeling will alternate with numbness and exhaustion. Those breaks are necessary and must not be rushed. It feels much safer to let oneself down into the emotions of trauma in the presence of someone who will listen, normalize, and not condemn.

One of the things we can do for the trauma survivor who is wrestling with these overwhelming emotions is encourage him or her to do restorative things with us as they are able—go for a walk, listen to music, aerobic exercise (especially helpful when anger is on the front burner). Such activities help quiet the mind and rest the body. Doing them with someone who feels stable and safe is restorative, for the message is that strong feelings have not isolated them from relationship.

Anger can be toward others, especially the perpetrators. Anger can also be

expressed in guilt and self-blame. The security personnel at the WTC who told people to stay inside will struggle with such anger and guilt.

Grief can take several forms. One form is simply grief because a loved one or co-worker was lost. Another loss is that companies have been destroyed. People may have lost a certain faith they had in life or human nature. Another aspect to grief is the sense of powerlessness that pervades. Not only were survivors helpless to stop the trauma, they are helpless to restore what and who is gone. The rescue workers cannot resurrect the dead. No matter how successful or wealthy we become, we cannot restore a lost limb or a lost person. Our sense of power in this world may be largely delusional, but nonetheless we grieve when we lose it. Finally, people will grieve because the fact of their mortality is right in their faces. Death is a far greater reality to those who lived through the dying of thousands than it was in the week previous to the trauma.

One of the characteristics of dealing with trauma that we need to keep in mind is the repetitious nature of that work. Survivors will say the same things over and over—“I saw the color of their ties.” They will be repetitious in dealing with their emotions—“I am so angry that...” And they will repeat their losses again and again—“I cannot believe so-and-so is dead.” Expect it and learn to sit with it. The magnitude of the trauma is so great that repetition is necessary. The mind cannot imagine what happened. It cannot hold such a thought. Bearing the intensity of emotions is impossible, and so the feelings must be tried on again and again. These are attempts to bear what cannot be born. They are struggles to integrate into life what does not fit, for there are no categories. Be patient and then be patient some more.

Spiritual Impact of Trauma

What does trauma do to faith? Let me give

you two things to keep in mind. The first is that trauma freezes thinking. Someone who has experienced trauma thinks about herself, her life, her relationships, and her future through the grid of the trauma. Trauma stops growth because it shuts everything down. It is of the nature of death. The thinking that grows out of the traumatic experience controls the input from new experiences. People who went to work everyday and never thought about safety in the building or cared what floor they worked on will ponder such things daily. Some will decide to take a job or not based on what floor it is on. It will not matter that the vast majority of tall buildings in the world remain standing. The trauma will serve as the grid.

One of the things learning theory teaches us is that the more of a person that is involved in the learning process, the more likely he or she is to remember what was learned. In the trauma of the WTC, every sense was involved and it was involved during a state of hyper-alertness. The lessons taught will not be forgotten.

Second, we learn about the unseen through the seen. We are of the earth, earthy. God teaches us truths through the world around us. We grasp a bit of eternity by looking at the sea. We get a glimmer of infinity by staring into space. We learn about the shortness of time by the quickness of a vapor. Jesus taught this way. He said he was bread, light, water, and the vine. We look at the seen and learn about the unseen. Consider the sacraments—water, bread, and wine. We are taught about the holiest of all through the diet of a peasant. This method of pointing to the seen to teach about the unseen is used by God in teaching us about his character. *You want to know who I am? There I am in the flesh. Here I am with skin on. Look at Christ and know me.* God explains himself to us through the temporal. What do you think the events of September 11 taught people about the unseen? For many, God is viewed through the grid of that trauma.

As we work with those who are traumatized, we will often have the experience of giving them the truths of Scripture, which they so desperately need, and yet find they have no impact. They do not go in. Intellectually truth is rooted in the Word of God, but experientially truth is rooted in the trauma. Sometimes we may find an exception to that but on closer look, we will probably find that the person who can do that is not really facing the truths of what they endured. There was an article in the *Philadelphia Inquirer* in October 1997 about a young man from Bosnia whose life was touched profoundly by the war there. In an essay he wrote about a friend of his who found his dead mother, he said, “The body was white because the grenade that struck her apartment turned the wall into fine powder. He kissed his mother before they covered her, and then he went into a small nearby room. *He needed to get away from her so he could think she was still alive.* He needed to believe in that because he needed time. Although he used that time in self-deceit, he needed that time to get carried down to the reality slowly.” Oftentimes trauma survivors can hold on to their belief in God because they are doing what this young man did—they are living in self-deceit. In other words, I can believe God is really alive or loving or sovereign because I have in essence “gone into another room” away from the trauma so I can think God is still there.

Elie Wiesel states the problem eloquently. Throughout his books, he tells the reader not to assume that it is a consolation to believe that God is still alive. Rather than being the solution, saying God is alive merely states the problem. Wiesel struggles again and again with what he describes as two irreconcilable realities: the reality of Auschwitz and the reality of God. Each seems to cancel out the other, yet neither will disappear. Either alone could be managed—Auschwitz and no God, or God and no Auschwitz. But

together? Auschwitz *and* God?

Many who suffered through the attack of September 11 will struggle with the same two seemingly irreconcilable realities: God who is a refuge and trauma. Each seems to cancel out the other, yet both exist. The human mind can manage either alternative—trauma and no God, or God and no trauma. What is one to do with trauma *and* God?

The only answer to this dilemma, which Elie Wiesel does not know, is the cross of Jesus Christ, for it is there that trauma and God come together. Perhaps I should say *crash* together. The components of trauma such as fear, helplessness, destruction, alienation, silence, loss, and hell have all been endured by Christ. He understands trauma. He willingly entered into trauma for us. He endured trauma abandoned by the Father so that we never have to be traumatized without the presence of the Father. How will such precious truths be communicated effectively to those who have been traumatized?

They must be incarnated. We become the representative of this crucified God to the traumatized. It is our work to teach in the seen, in the flesh, that which is true of the Father. Our words, our tone of voice, our actions, our responses to rage, fear, and failure all become ways that the traumatized learn about this God. The reputation of God is at stake in your life and mine.

I began to understand this early on in my work with trauma survivors. I was working with a woman who had been chronically, sadistically, sexually abused and longed for her to know the love of God. I tried telling her about him but realized at some point that she was politely tolerating what I was saying. It was not going in. I clearly remember getting down on my knees before God and begging him to help her see what she so desperately needed to see—that he loved her. God's response to me was, *You want her to know how much I love her? Then go love her in a*

way that demonstrates it. Demonstrate in the flesh the character of God so that who you are reveals who he is.

And that, of course, is the incarnation, isn't it? Jesus came in the flesh, explaining God to us. Jesus brought the unseen down into flesh and blood realities. As we do that, we will find listening ears and hearts for the truths of the cross of Christ. The cross demonstrates the extent of the evil done. The cross demonstrates the extent of the love of God. The cross covers the failures of the suffering. The cross of Christ is God with us in our grief, our suffering, our trauma, and our sorrows.

If we are to do this work well with those who have endured trauma, we will be called to do that with which we are not so familiar. Working with trauma requires us to listen. I fear we are much better at talking. It will require us to sit with pain. We are better at instituting programs. It will mean learning how to weep. We would rather organize. But if we will let it, this work can change us and change the church of Jesus Christ, for it will teach us how to suffer with the suffering. That is, of course, in part what our Lord did for us.

Conclusion

Let me close by giving three elements necessary to the work of trauma. First, know about people. Know about trauma. Understand what trauma does to human beings. Yet, in knowing, we must never assume we know. No matter how many trauma survivors we work with, each is unique. If we do not understand such things we will make wrong judgments. We will prematurely expect change. We will give wrong answers. We will fail to hear because we think we already know. Listen acutely. Study avidly. Live among the facts.

Second, know God and his Word. Be an avid student of the Word. If we are going to serve as God's representatives to others, we need to know him well. We

often presumptuously speak for him where we do not really know him. We need to be permeated by his Word so as to think his thoughts and live his way. Where we do not look like him, we do not truly know him.

Finally, do not do this work (or any other for that matter) without utter dependence on the Spirit of God. Where else will we find wisdom? How will we know when to speak and when to be silent? How else will we love when we are tired or be patient when we are weary? How can we know the mind of God apart from the Spirit of God? How can we sit with trauma day after day, year after year, and not find the darkness, cynicism and despair contagious apart from the work of the Spirit in our lives? And how can we think that the life-giving power of Christ crucified will be released into others' lives unless we have allowed that cross to do its work in our lives? To work with trauma is to work with lies, darkness, and evil. It is hell brought up from below to earth's surface. We cannot fight the litter of hell in a life unless we walk dependent on the Spirit of God. We cannot bring life to dead places apart from the Spirit of God.

Trauma work is a work that is a privilege to do. It is a work that is difficult to do. The task of serving as a representative of God in the seen so that the unseen can be grasped and understood is far beyond any capability of yours or mine. It is a work, however, that will take us to our knees with a heart hungry for more of God so that we might bring his presence in very concrete ways into places and lives where he has not yet been known.

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