

Traumatized Church

*What Paul's Relationship with
the Corinthian Church Teaches Us About
Helping Those Who Are Hurting*



SCOT McKNIGHT and
ADRIENNE GIBSON

Traumatized Church worked like a meat tenderizer on the hard, self-reliant lumps in my heart that seem to form overnight when I'm not vigilant about guarding it. McKnight and Gibson's compelling and complex portrait of the agony and angst Paul went through when he was dealing with the Corinthian church is a poignant reminder that perfection is not a prerequisite for spiritual efficacy. The fact that at least one chapter in this great apostle's story reveals tearstains on his face and grooves of grief in his soul proves we don't have to curate our emotions to effectively communicate the unconditional love of Jesus Christ. And isn't it almost always an acute awareness of our own brokenness that gives birth to the humility necessary for deep healing? Blessed are the vulnerable, because their longing for reconciliation points us all to the only true healer.

—LISA HARPER, BESTSELLING AUTHOR, SOUGHT-AFTER BIBLE
TEACHER, AND HOST OF THE *BACK PORCH THEOLOGY* PODCAST

Every pastor I know will find themselves nodding their heads as they read *Traumatized Church*. Laypeople, too, will recognize how trauma has shaped their congregations. Though I've studied Paul for a lifetime, McKnight and Gibson have changed how I will see Paul and read 2 Corinthians. This is such a great book! If you've known pain in your church or in your ministry, or if you've struggled with Paul, you will find this book a remarkable gift.

—ADAM HAMILTON, SENIOR PASTOR, THE UNITED
METHODIST CHURCH OF THE RESURRECTION; AUTHOR,
THE CALL: THE LIFE AND MESSAGE OF THE APOSTLE PAUL

In *Traumatized Church*, we meet St. Paul as we've never seen him: as a traumatized apostle. McKnight, a leading New Testament scholar, and Gibson, an experienced counselor, offer compelling stories and accessible information about the nature of trauma and how we can heal from it. Their persuasive arguments empower churches to establish and maintain healthy cultures and trauma-sensitive spaces. Scripture, read through a trauma lens, comes alive with hope and healing as the gospel reshapes our trauma through reflection on Christ's life.

—LYNN COHICK, DISTINGUISHED PROFESSOR OF
NEW TESTAMENT, HOUSTON CHRISTIAN UNIVERSITY

Traumatized Church gives us permission to see Paul as the weary and wounded human being he was: a gifted leader with a battered nervous system attempting to cope in his ministry context. It reminds us that holiness has never required superhuman strength—only honesty, humility, and hope.

—DR. CHUCK DEGROAT, FOUNDING EXECUTIVE DIRECTOR, CLINICAL MENTAL HEALTH COUNSELING PROGRAM, WESTERN THEOLOGICAL SEMINARY; AUTHOR, *WHEN NARCISSISM COMES TO CHURCH*

This book offers a compassionate, wise, and much needed guide for those who long for churches to become safer places for the wounded in a season marked by culture wars, pastoral abuse scandals, and corrupted leadership models within the American evangelical church. With deep biblical grounding and trauma-informed insight, McKnight and Gibson teach us how to listen well, tell the truth with care, and embody Christ's healing presence in communities that desperately need restoration.

—REV. CALEB E. CAMPBELL, AUTHOR, *DISARMING LEVIATHAN: LOVING YOUR CHRISTIAN NATIONALIST NEIGHBOR*

In *Traumatized Church*, McKnight and Gibson provide a fresh look at the significance of human experience in how we perceive God and participate in our Christian communities, even when that experience is traumatizing. But we aren't alone. Through the lens of the apostle Paul and his own experiences with trauma, McKnight and Gibson offer a safe space for Christians to journey toward hope and healing, to become trauma healthy. This book is a gift to the church as it reveals how we can heal from our trauma. But *Traumatized Church* also offers the necessary preventive steps so that the church might be the safe place it was always intended to be.

—DR. KYLE DIRBERTS, CHAIR AND ASSOCIATE PROFESSOR OF BIBLICAL AND THEOLOGICAL STUDIES, ARIZONA CHRISTIAN UNIVERSITY; AUTHOR, *THE SECRET TO PRAYER* AND *GRACE BEYOND SALVATION*

Gibson and McKnight have composed literary balm for those souls carrying the burden of trauma or who have acquired trauma from their own churches. They explain how the apostle Paul experienced trauma, and map his response to it in 2 Corinthians. Using first-person stories, Gibson and McKnight

provide some advice on trauma recovery, on creating trauma-aware churches, and on how to move from trauma to healing and hope.

—REV. DR. MICHAEL F. BIRD (PHD, UNIVERSITY OF QUEENSLAND),
DEPUTY PRINCIPAL, RIDLEY COLLEGE, MELBOURNE, AUSTRALIA

Paul failed to measure up to the expectations of his converts in Corinth. That put the apostle in a tough spot, having to defend himself to the very people who benefited from his ministry—a challenge many ministers know all too well. We may identify with Paul's plight. But according to McKnight and Gibson, we should also find great wisdom in how he responded to his naysayers. Whether we're professional ministers or amateurs like Paul, *Traumatized Church* is a timely word that helps us face and overcome a timeless problem: healing for Christians wounded by Christians.

—RODNEY REEVES, SENIOR PASTOR, FIRST BAPTIST
CHURCH, JONESBORO, ARKANSAS

How does reading Paul as one who experienced trauma change how we view the apostle? In *Traumatized Church*, McKnight and Gibson depict a vulnerable Paul whose pain and trauma both shape his relationship with the Corinthians and offer insights into how the church today may respond to the needs of its leaders and laity who are experiencing trauma. This book is a provocative analysis of trauma theory applied to Paul's Corinthian correspondence. While one may not agree with all of the claims or interpretive trajectories in this study, it raises important and necessary questions regarding the church, pastoral leadership, relationship between congregants, and abuse in congregations. This book deserves a careful read by anyone interested in the contemporary applicability of the Pauline epistles.

—LISA BOWENS, ASSOCIATE PROFESSOR OF
NEW TESTAMENT, PRINCETON THEOLOGICAL SEMINARY

How might having a trauma therapist reading over the shoulder of a biblical scholar help us to read Paul's correspondence with the Corinthians afresh? This new look at 2 Corinthians humanizes Paul as an apostle traumatized by the verbal abuse he received from some Corinthian Christ-followers. McKnight and Gibson weave a close reading of 2 Corinthians with compelling stories

that illustrate how unhealthy power dynamics and misbehavior have scarred pastors and congregants. Presented here is a vision for how a trauma-informed church might nurture healthy boundaries, mutuality, and the empowerment of its members, while also safeguarding itself against abuse. Reading about Paul's emotions and his strained relationship with the Corinthians invites readers to reflect on their emotional lives and critically consider the power dynamics operating in their churches through a trauma-informed lens.

—T. CHRISTOPHER HOKLOTUBBE, ASSOCIATE PROFESSOR OF
INDIGENOUS THEOLOGICAL STUDIES AT THE INDIGENOUS THEOLOGICAL
CIRCLE AT BEXLEY SEABURY SEMINARY; DIRECTOR OF GRADUATE
STUDIES AT NAIITS: AN INDIGENOUS LEARNING COMMUNITY

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Scot and Kris

For Kelly and Karen

Adrienne

To my safe and secure spot, the place I call home.

Wherever the four of you are,

that's where I want to be:

Matthew, Ryland, London, and Anneliese

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Preface

People at times need protection from pastors, and pastors at times need protection from people because, well, people need protection from people. People hurt people. Sometimes intentionally, sometimes unintentionally. Churches and Christian institutions are not always safe spaces. This book aims to help them become safe spaces.

Our book integrates two dimensions of Christianity: trauma therapy and the apostle Paul's seemingly over-the-top responses to accusations against him. Trauma studies informs us about Paul, and Paul informs us about trauma.

The book has four parts: "Trauma Informed," "Trauma Sensitive," "Trauma Safe," and "Trauma Healthy." The first and third are informed by trauma therapy, and the second is a more extensive look at Paul in light of the first. The implications of integrating the first and second parts are spelled out in the third part, and the final part offers practical suggestions for Christian organizations that strive to become trauma healthy.

In one sense, this book is for those who want to understand a perplexing Paul as revealed in a perplexing section of one of his letters. In another sense, this book is for Christian organizations that want to become trauma informed, trauma sensitive, trauma safe, and trauma healthy by showing how these important themes are found already in

the New Testament. In yet another sense, this book is for churches that see church people who are in the trauma zone and want to know how they can nurture a culture that is trauma safe for the wounded. One more “in another sense”: We know that trauma-safe spaces will be nurtured in Christian spaces only when leaders (pastors, administrators, directors, presidents) commit to become trauma informed, and then commit leadership to implement the principles needed to create trauma-safe spaces. So we pray that such leaders will read this book and absorb and implement its ideas.

We, Adrienne Gibson, a trauma therapist, and Scot McKnight, a New Testament professor, wrote this book together. Adrienne commented on what Scot wrote, and Scot commented on what Adrienne wrote. The genesis of this book was Adrienne’s master’s thesis in her New Testament program in seminary. Scot was her supervisor. While reading her thesis, Scot more than once mentioned to his wife, Kris, who is a therapist, that Adrienne’s thesis needed to be turned into a book somehow. So we ended up writing this book together. Adrienne wrote the trauma stuff, and Scot wrote the Paul stuff.

Adrienne’s central ideas reshaped Scot’s reading of the apostle Paul’s second letter to the Corinthians, especially the last four chapters. Adrienne’s trauma-informed ideas gave Scot ears to hear what Paul was writing that he had never heard before. So we will begin with discussions of what trauma is and what it does before we get to Paul. Only in understanding trauma theory can we resonate with Paul’s experiences. Our discussion of trauma provides crucial insights into the condition of this man who was far more vulnerable and in pain than many people today recognize. After we have shed light on trauma, on Paul, and on how trauma studies enable us to understand Paul more insightfully, we will turn to practices that Christian individuals and institutions can embrace to create trauma-healthy spaces.

The whole body is needed for a place to become trauma healthy.

PREFACE

The mind needs to be trauma informed, the ears need to become trauma sensitive, and the eyes need to look for what is trauma safe as the whole body yearns for spaces that are trauma healthy.

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PART 1

Trauma Informed

THE MIND

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Chapter 1

Understanding Trauma: A Sketch

Judith Herman wrote *the* book on trauma, in which she describes what trauma does to a person: “Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning.”¹ Trauma, at its basic level, is an event or an experience that overwhelms our capacity to cope.² We begin to understand trauma, which is best diagnosed by a therapist, by starting with three terms: a *response* to an event, an experience, or a culture that *overwhelms* and *affects* and even threatens a person’s identity, security, and safety.

Because trauma is complex, we can expound on what it is a little more. The Substance Abuse and Mental Health Services Administration (SAMHSA) expands these three terms (response, overwhelms, affects) as follows: 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 effects on the person’s functioning and mental, physical, social, emotional, or spiritual well-being.”³

Trauma describes the feelings and states of being overwhelmed.

Peter Levine, an expert on healing trauma, has concluded that “we become traumatized when our ability to respond to a perceived threat is in some way overwhelmed. This inability to adequately respond can impact us in obvious ways, as well as ways that are subtle.”⁴ Being overwhelmed describes the entire person. Bessel van der Kolk, a Dutch psychiatrist who is known for his pioneering work on the impact of trauma on the whole body, defines trauma as follows: “Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. . . . Trauma results in a fundamental reorganization of the way the mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”⁵ For van der Kolk, events or a series of events that are physically or emotionally harmful precipitate trauma in a person. Those who are working with wounded folks need to recognize both the subjective and the perceptive nature of trauma. People feel it. They may not at first even know that what they are experiencing is trauma. Over time, however, those in the trauma zone know they are in it. They perceive it themselves.

Two more terms help us understand trauma’s pervasive and subtle impacts. They are *memory* and *intention*. Trauma forms a memory. The word often used, *trigger*, points to a person’s embodied memory. The traumatized person’s body remembers the event or experience, and that person relives the event as if it were occurring in the present. Here’s an example. Nancy French, a *New York Times* bestselling author and investigative journalist, on her Twitter account (now called “X”), announced to her friends, one of whom is my (Scot) wife, Kris, that she was about to begin the “red devil” chemo for her cancer treatment. “Side effects are serious—If I cry, it’ll be red tears!—so please pray.”⁶ Samuel Perry (@profsamperry), a professor in Oklahoma, responded to Nancy French with words that illustrate the memory at work in traumatized persons. “Stay strong, Nancy. We’ve been there. I’d say

my wife could go on and on about the ‘red devil’ Adriamycin, but she can’t without wanting to vomit. Doesn’t even like the sight of red liquid (e.g., Kool-Aid, cough medicine).” Sam Perry’s wife’s body remembers her physical trauma. Trauma is a memory. Trauma’s memory is God’s design to protect us.

Thus, a person experiences something—sexual abuse, verbal abuse, emotional abuse, COVID-19, the death of a parent, child, spouse, sibling, or friend, a murder or a horrendous crash—and that experience overwhelms them. The experiences of being overwhelmed include anxiety, depression, fear, and even dissociation.

A female pastor a few summers ago helped lead a mission trip to Latvia. This was her fourth summer taking this trip and working with the same organization. She was joined by her husband and two teenage sons. Her eldest son has bipolar disorder and experienced a manic episode while in Latvia. Both this woman and her husband rushed to take care of their son. Unfortunately, they were both later reprimanded by leaders back at their home church for not making the other students their focus in the aftercare because the episode was witnessed by most of the students on the trip. To be clear, this mom and dad were not the only leaders on this trip. There were at least six other adults from the home church responsible for the care of the other high school students.

The meetings held to discuss the event after their return to the United States created their trauma. They were asked to relive that moment over and over again and to answer questions as to why they did what they did and why they did not do what they did not do. They were asked why they responded the way they did. The mother was reminded, over and over again, that she was, at the moment of her son’s manic episode, physically separated from her son. Over and over again, she had to recall his being without her. While dealing with the guilt this brought, she was also told she had handled the situation poorly and had not done enough for the rest of the team. The meetings

and interrogations that followed asked for detailed explanations, which tore at her and beat her up further. She was led to believe she had made a huge mistake, that she had done everything wrong. While craving empathy and compassion, she was met with criticism and correction. The meetings, emails, and corrections took place for six months, during which the family felt attacked and not cared for. They needed love and support and healing. Eventually, she resigned and the family left the church, where they had been for more than twenty-five years. The anxiety of that never-ending narrative finally had become too much for her and her husband.

In this situation we see the negative result of a church community's lack of a trauma-informed understanding. The church's response led to paralyzing anxiety for this woman. She found herself not wanting to go to work and do the things she had once looked forward to doing. She felt a tight band around her head that frequently led to headaches. She found it hard to be around other people and to trust them as she once had—perhaps rightfully so. On top of that, she struggled with being able to trust herself at work or when around people from work. Her eyes and face would twitch. The repeated questions at the meetings and interrogations made her question everything. Her feet felt electrified, like she needed to get up and run away from it all. Anxiety paralyzed her ability to make decisions, and she experienced dread in places and situations where she wouldn't normally. Anxiety is our struggle to make sense of things that once made sense and no longer do. Her trauma was not heard or understood. It was not met with a soft heart or with words of compassion and empathetic witness. So she continued in a trauma-survival narrative, pushed on by incessant questions, while her inner world was fired up with anxiety.

Recently I learned of a young woman whose dissociation resulted from being traumatized by her father. The Mayo Clinic helps us better understand the term *dissociation*.

Dissociative disorders are mental health conditions that involve experiencing a loss of connection between thoughts, memories, feelings, surroundings, behavior and identity. These conditions include escape from reality in ways that are not wanted and not healthy. This causes problems in managing everyday life.

Dissociative disorders usually arise as a reaction to shocking, distressing or painful events and help push away difficult memories. Symptoms depend in part on the type of dissociative disorder and can range from memory loss to disconnected identities. Times of stress can worsen symptoms for a while, making them easier to see. . . .

Symptoms depend on the type of dissociative disorder, but may include:

- A sense of being separated from yourself and your emotions.
- Thinking that people and things around you are distorted and not real.
- A blurred sense of your own identity.
- Severe stress or problems in relationships, work or other important areas of life.
- Not being able to cope well with emotional or work-related stress.
- Memory loss, also called amnesia, of certain time periods, events, people and personal information.
- Mental health problems, such as depression, anxiety, and suicidal thoughts and behaviors.⁷

This young woman had been dissociating for several years, had found a therapist to be helpful, and was making slow but genuine progress in coming to terms with trauma. Dissociation is a more severe response to trauma, but it can serve as an example of what happens when a person is overwhelmed by an experience or event.

The singular, instinctual response to being overwhelmed is

protection, which is how God created us to be safe. Yet the body's response of trauma can be perceptive. That is, a person can perceive a threat, whether or not it is a real threat, as we saw in the example of Samuel Perry's wife earlier. Once a person has been traumatized by an event or an experience, a memory lodges deep in their heart, reminding the person to protect herself.

America's major cities, including Chicago, where Scot lives, have a crime problem. The constant news about Chicago's crime produces clicks and views and ads. As a result, we (Scot and Kris) get lots of news about all the crime in Chicago—carjackings, murders, thefts, break-ins, rapes, and abductions. After reading and hearing all this discouraging news, if a woman was suddenly to find herself dropped off at a (perceived or not) wrong stop on the train or bus, her body might enter a state of (perceived) fear for her safety. Upon arriving safely where she needs to go, she may even realize she has experienced trauma. And if she previously has been robbed or held at gunpoint in a similar location, her body might immediately respond as if it were under threat simply by finding herself in a perceived dangerous location.

This is not just a theory or what-if situation. Trauma embeds itself deeply in our memories. People are sitting in churches with embodied memories of trauma. Words in sermons, names mentioned, or even suddenly seeing someone who looks like a person who abused them might trigger a person's memory, and trauma can occur, right then and there. As much as 40 percent of a congregation has trauma stored in their memories. Awareness of this reality can help to transform a church culture for those who have been traumatized, and nonawareness of this can (unintentionally) retraumatize those who are under our care.

Let's take a look at another helpful term, *intention*, which is really a duality of terms. Experts in trauma do not focus on the intention of the person whose behaviors created trauma in a person. They concentrate instead on the impact of those behaviors. Whether intended or not, the

person responsible for the behaviors is a factor in the trauma. So trauma is shaped not by a person's intention but by the impact of a person or an experience. For example, Scot's wife, Kris, was recently reading a book about a young woman who was pursuing ordination. Her denominationally appointed mentor occasionally transgressed lines in ways that made the young woman uncomfortable, even if her discomfort was hidden below the surface. That discomfort worked its way into this young woman's body and ended up becoming a serious case of trauma. When she reported her situation, an in-house (rather than an independent) investigation occurred. A striking result of the investigation was that they did not discover any bad intentions in the mentor. Had that investigation been trauma informed, the investigation would have focused not on the mentor's intention but on the impact of the mentor's actions on the young woman. The impact was more than obvious, because the woman's trauma had led her physician to question whether she might have a serious disease. This example illustrates why, when diagnosing trauma, we need to distinguish the oft-claimed intention of the one whose actions have wounded a person from the impact those actions have on them.

A friend who is also a pastor, whom I (Scot) know to be humble and teachable, shared his story of abuse and trauma with me. It began with a longtime member of the church, whom we will call Mateo. Like most congregants, Mateo was initially supportive of the pastor, though it didn't take long before he was expressing disagreement and creating disruption. I have edited parts of this story with the pastor's approval.

Mateo began asking more and more questions at Sunday school and Bible studies. He didn't agree with how or what I taught. . . . He questioned me at church in the mornings, at Bible studies, and even in emails. He also started questioning my wife. Mateo stopped greeting me at church and even stopped shaking my hand, stating

quite loudly in front of others that he didn't want to shake my hand. (Handshaking was a cultural expression of fellowship in our church.) His questions turned into challenges, followed by Mateo going to the others and telling them not to listen to me and that he would teach them the truth. The challenges turned into yelling at me, shouting in disagreement.

This came to a head one night when I told him to stop. He didn't. Members of the congregation who had witnessed his behavior told him to stop. Several people complained to the board, and an emergency board meeting was held. The entire church came out to see what would be done.

But, out of the blue, the board members proceeded to question me. To my surprise, I was now on trial for mistreating Mateo. When I told the story of what was happening, the church members, who were once vocally against Mateo's bad behavior, were dead quiet. The board portrayed Mateo as merely a Berean seeking the truth. I was shocked and confused. I felt abandoned. So I described the story of Mateo's actions—about the lessons and his reactions, about his divisive comments, and about his slanderous accusations, calling me a false teacher. (I also explained what a Berean was from Acts 17, but this didn't persuade the board.) Silence. The board dismissed the meeting, agreeing to investigate and revisit the subject.

Another board meeting occurred the next day, but this one was a private meeting. The board had scheduled a meeting with just me. I was on trial for my behavior. Defending myself was taken by them as unbecoming of a pastor and clearly meant that I had anger issues. They questioned my call and if I was sure that God called me to be a pastor. I asked where I acted unbecoming and where I spoke in anger. I was told my response concerning Mateo and his lack of Berean-like humility was the angriest they had ever seen anyone. The board told me they had never seen a pastor act like that. I found

this odd and was confused as witnesses (two separate families, eight people in all) of that previous night had actually approached me to ask how I stayed so calm and collected and how I recalled all of the events while staying composed. I responded by telling the board that I had never seen a Christian act like I had seen Mateo act, nor had I seen so many people defend such poor behavior. Two of the members of the board were people who had told Mateo he was out of line at the Bible studies. Now they were silent.

Earlier, we said that trauma is complex and complicated, and stories like this one reveal why. Many stories of trauma are the result of ongoing interactions and accusations and frustrations and insinuations. Many of us lack the wisdom to say the right thing in the right moment in the middle of a rancorous, disruptive meeting. Doing the right thing at the right time requires wisdom and experience. Most of us don't have sufficient experience with trauma, so we go silent. In this example, the voices that mattered for this pastor, those that would affirm his story, capitulated to a disruptive person, and it ended up deeply wounding the pastor. He closed this section of his story with these sentences: "I don't want to hold grudges and am trying to live out Jesus' call to forgive and love our enemies. Writing this has been difficult." I know this pastor. He loves God, he loves God's Word, he loves pastoring, and he loves God's people. But he has been wounded by an abusive congregation, one who was not confronted or challenged by church leaders who failed to do the right thing.