

The landscape of pain and hurt (part 2)

Prof Wentzel Coetzer of North-West University was the keynote speaker at the SAAP Conference in March 2016. Following is the second part of a summary of his presentation at the conference.

B. A few pastoral suggestions regarding the landscape of pain and hurt

In our first session I invited you to join me on a journey, exploring a couple of the most prominent landmarks on the landscape of those who have been through crises and trauma. In this session I would like to make a few suggestions from my own experience – guidelines that helped me to a large extent to reach some breakthroughs.

► Forgiveness

Often victims or counselees are pressurized to express forgiveness shortly after some of the most horrible injustices or crimes were committed against them. The problem here is that, if a Christian is the victim, he/ she will probably repeat the words that are expected from them purely on an intellectual basis. The act of forgiveness and the emotions connected to that act must however be connected to our intellect, our spirit and our emotions in order to be really effective.

This person, who is now compelled to express forgiveness on an intellectual level, may however still be wrestling with many unresolved emotions, like for instance rage against the perpetrator and even against God, plus a thousand other questions. In practice he/she, however, usually suppresses all these emotions and buries them very deep and then put a lid on them. So, on an intellectual and even a spiritual level he/ she obeyed what was expected from him/ her, but on an emotional level there was no way that he/ she was ready or able to do it.

In the Meier Clinics they say that they had many such cases where, after for instance six months, such a person is taken up with severe depression. Previously this person had no history of depression and there are no signs of any chemical imbalance - and eventually through his/her personal history and by filling in a detailed questionnaire they discover the deeper root. It could then for example be a rape where a 16-year-old girl was deprived and robbed of so many things:

- Her personal security



- Her womanhood
- Her joy in life
- Her wellbeing
- Her dreams for the future
- Her trust in other people
- Her trust in God
- Aspects connected to her sexual identity
- A happy marriage life in future, etc.

Then they first have to take her through a period of grief and mourning regarding all these things that she has lost, before the actual healing process can really start. In other words, just to demand forgiveness right on the spot, is in most cases not really helping the victim, but could even cause more complications, that will have to be sorted out by other counsellors at a later stage.

► The role of triggers and repeating patterns

If somebody has drawn up a timeline regarding their life history according to correct guidelines and enough questions, it is usually not very difficult to point out where certain negative repeating patterns occur over and over again. Such recurring patterns are usually connected to the same kind of triggers, and the triggers could be related to any of our five senses, whether it is sound, visual images, smell, taste, etc.

In this regard the psychologist, Babette Rothschild, wrote two very interesting books:

- The body remembers. The psychophysiology of trauma and trauma treatment (2000)
- Help for the helper. The psychophysiology of compassion fatigue (2006).

Two other books by two other psychologists that I found very helpful are the following:

- Renee Fredrickson. 1992. *Repressed Memories: A Journey to Recovery from Sexual Abuse.*
- Arlyss Norcross McDonald. 1995. *Repressed memories. Can you trust them?* (pastoral approach)

The triggers that keep on responding are again related to the unresolved trauma that is stored in that part of the brain where the entire unresolved trauma is pushed in and stored. The unwanted negative reactions will keep on recurring and every time it will embarrass this person – sometimes over years. When it becomes too overwhelming for some per-



sons, they will revert to some way of dulling the overwhelming emotional pain and that could for instance be any addiction.

So often the deeper root of the recurring trigger (that causes negative behaviour or fearful thoughts, etc.), is unresolved pain, trauma or a grieving process that was not worked through years ago. Usually, as soon as the deeper root is identified, the trauma can be worked through and the recurring pattern is terminated because the trigger loses its power and healing takes place.

Sinclair (1993:56) makes the statement that every cell in our body has memory and then he adds:

“This physical phenomenon raises many new and radical questions for our traditional understanding of memory, addiction, mental illness, emotional imbalance, and spiritual well-being.”

► Identify the lies

A very big part of healing includes helping counselees recognizing lies and replacing them with the truth – in final instance the truth of God’s Word. Whenever there was trauma, crisis, rejection, pain or hurt, there is a big possibility that some lie has been rooted somewhere – especially when the same negative experience repeated itself many times. In John 8:44 Jesus says: “Your father is the devil... and everything he says is a lie... he is also the father of all lies.”

For any highly traumatized person, unresolved trauma and the associated triggers, usually connect to a very big lie, namely the assumption that the trauma has never ended. Therefore, any stress signal could in future be an indication for this person that he/she is back in the traumatic situation again.

In this regard my own approach has been to focus on counselees’ trauma-history/ timeline/genogram in order to start right from the beginning identifying how many times a lie was projected - either verbally or non-verbally to this person – and then to list all of these incidents. Secondly, we have to talk through this list, and thirdly, we have to pray through this list. Very often the incidents on the list refer to their personal identity, their personal abilities and God-given gifts and talents

They then they have to distance themselves in prayer from all previous negative pronouncements about themselves in the past - very often for the first time they have to discover their real identity in Christ. Most of the time an emotion like rejection is at the top of the list. In this process we are also simultaneously dealing with the unresolved traumatic experience

that triggered negative emotions repeatedly over the years - and when the lie has been cancelled out, the trigger is powerless.

According to Glen Schiraldi in his book, *The post-traumatic stress disorder sourcebook*, the unresolved traumatic material in the brain then moves over from the *amygdala* to the *hippocampus*, where all the normal associated material are stored – and then healing has taken place

In this regard, as pastoral counsellors, it can help us significantly to take cognizance of one of the neighbouring disciplines like that of *cognitive therapy*, with its emphasis on the developing of skills for testing and modifying beliefs and identifying distorted thinking. In pastoral terms we would just say: look out for the lies! Some good literature in this regard would be the following (cf. bibliography for more detail regarding each title):

- Chris Thurman – The lies we believe
- Paul David Tripp – War of words
- William Backus and Marie Chapian – Telling yourself the truth
- Reinette Kruger – Pastorale begeleiding van die emosioneel en geestelik verwonde persoon met betrekking tot geïnternaliseerde leuens – NWU – M-Dissertation.
- Christo Herbst - Kognitiewe herstrukturering na selfmoord van 'n huweliksmaat: 'n Pastorale studie. NWU – PhD Thesis.

► Dream patterns

As counsellors we must be aware of the fact that very often people experience dreams which are indications of unresolved pain or trauma. Therefore, I have learned that it is always worth asking about counselees’ dream patterns. Very often unresolved pain, hurt, trauma or unresolved grieving processes for the very first time surface through a dream – sometimes after many years.

Renee Fredrickson in her book, *Repressed memories* (1992:122-127) says:

- Paying attention to the messages in dreams can enlighten us about areas of our lives that are too complex or difficult to face consciously
- Nightmares are common purveyors of repressed memories
- Sometimes it is as if there is some small detail and it is like a camera that is zooming in onto this in the dream - this can sometimes be connected to some little detail that stuck in the subconscious during intense trauma



- Recurring dreams are emergency signals from your unconscious – the signals keeps repeating until you respond to their message by dealing with the issue imbedded in the dream.

The aspect of recurring dreams is also emphasized by the Christian psychiatrist, Paul Meier who co-authored a book on dreams with Robert Wise, with the title, *Windows of the soul* (1995). They make the following statements:

- “Recurring dreams or variations thereof keep coming back until the buried issue is unearthed and faced” (p.14).
- “Rather than hiding truth, the dream asks us to trouble ourselves to learn the language our inner movie producer speaks” (p.18).

Regarding dreams in children’s lives the Christian psychologist, Dr Arlyss Norcross McDonald (1995:141) refers to two very common themes, (and she also quotes Dr Lenore Terr, a well-known child psychiatrist at the University of California in this regard):

- *Dreams of falling* (falling into a crevice or an abyss or into a deep dark pit, etc.)
- *Dreams of being chased by huge animals* (and I would add: especially a snake).

By learning to ask people about certain repeating patterns regarding their dreams, I have had many interesting experiences in counselling and also cues that eventually led to breakthroughs with regard to unexplainable behaviour patterns or abnormal fears or unresolved trauma.

► **Ask about any direct correlation between physical problems and trauma**

There is again this powerful factor of the *lie* connected to the way in which we perceive or experience trauma or crisis. And if the lie has settled in and been rooted deep down, one of the logical results could eventually be physical problems. Because there is a close interaction between the physical, emotional and spiritual dimensions of man, every person does have a certain limit up till where you can absorb stress, trauma, pain and crises and then you reach full capacity regarding your emotional and spiritual boundaries.

There is then just one area still available to absorb this ‘*overflowing reservoir’s*’ spill-over and that is our bodies.

The psychiatrist, Rollo May, wrote quite a number of books focusing on this interaction between the physical on the one hand and the spiritual / emo-

tional on the other hand (also the late well known French medical doctor and theologian, Dr Paul Tournier – cf. 2012). In his book, *The meaning of anxiety* (1950:82-86), May says, for instance, that he often had the experience, that in proportion to the degree that an emotion like anxiety can be tolerated consciously by a person, somatic symptoms do not appear - but when it becomes too big to be dealt with, then physical symptoms may appear and the anxiety will then disappear from this person’s consciousness. The physical symptoms are thus alleviating the anxiety without resolving the problem - there has just been a shift in emphasis.

In his book, *The healing power of a Christian mind*, William Backus refers to the fact that, until a few years ago, medical biologists insisted that the brain and the mind had nothing to do with the control of the immune system. That was until Candace Pert (2003), chief of the section on brain biochemistry at the National Institute of Mental Health turned this theory upside down and opened the way to a new discipline – proclaiming the power of the mind in relation to the immune system: *psycho-neuro-immunology*. The conclusion: the immune system is under the direct control of our brain – your brain can thus make you ill or well in a certain sense.

Because this is the case, we need to remind our counselees that, what disturbs and distresses their minds, will affect their brains – and what their brains do – especially what it does for a long time – will have mighty immune-system repercussions, positive or negative. Against this background Backus (1998:64) says this is why a new model of health and illness has invited doctors to abandon the old biomedical model of simple materialism – the idea that eventually there will be a pill for every illness. Rather, the spirit and the non-material mind will always influence the material brain and body, so that the body is to some extent the outward manifestation of the spirit and the mind.

In the Word something of this truth is reflected in the following two verses:

- “A cheerful heart does good like medicine, but a broken spirit makes one sick” (Prov 17:22 – The Living Bible).
- “A man’s courage can sustain his broken body, but when courage dies, what hope is left?” (Prov 18:14 – The Living Bible).

In this same regard the psychologist, Aphrodite Matsakis (1996:202) says that,

“Unexpressed grief has been implicated in the development or worsening of medical problems



such as diabetes, heart diseases, hypertension, asthma, cancer, and a variety of allergies, rashes, aches and pains.”

McDonald (1995:152) refers, for example, to many cases of asthma that have been tied to memories of an oral rape or a choking incident – the asthma then stopped after the recovery of the associated memory. Against the background of this and other research (cf. Coetzer, 2006; Ray, 2004), if someone has been through a traumatic experience, the standard question seems to be:

- “Have you become aware of any specific physical symptoms shortly after that traumatic experience that you never had before?”
- “Have you been to a doctor for a medical examination regarding this problem?”

If there is no medical explanation, but there has still been a recurring pattern of symptoms since the traumatic incident, then the next question would be:

- “What is usually the kind of trigger that activates the recurring pattern of symptoms?”

Questions like these would usually help to identify the root of the problem.

► The ‘why-question’

In most cases of intense trauma, during or directly after the trauma most people are wrestling with the ‘why’ question – “*God, why....?*” I would say that one of the golden rules is not even to try to answer that question then, because at that moment there is usually no answer. Should the counsellor try to provide an answer or try to defend God, you are immediately caught in a trap. Even from a physiological viewpoint it is not wise to put too much emphasis on a spiritual issue like God’s possible involvement right at the beginning of your counselling journey with a severely traumatized victim. I say this because emotions like *rage, fury* and *anger* are part of the very first emotions after the experience of shock, trauma, intense loss, suicide, etc. Many persons then want to blame somebody and, if there is not somebody to blame, then God is to blame.

Therefore, it is usually not the right time for an in-depth discussion of possible intellectual reasons and the possible role of God etc.

The best approach would be on the other hand to assure the counselee or the victim that at this very moment there are no answers, and may be you are just as devastated and speechless as he/she. You can further assure them of your support in the days and weeks ahead and keep praying with them that the

Lord Himself will eventually bring the pieces of the puzzle together in His unique way.

Another important aspect to keep in mind regarding the age-old question “*Why?*” when emotionally affected by loss and grief and trauma, is to recognize that it is not really an intellectual question but rather an emotional lament (James, Friedman & Matthews, 2002:100). Before we thus rush in with some big intellectual definition of death or trauma, make sure that you are responding to the real question. At that early stage the best response would be just to acknowledge the pain and loss and assist them in recognizing, accepting and dealing with the truth of those feelings. Superficial answers and formulas usually lead to significant confusion and even rage against God.

“They tried to heal my people's serious injuries as if they were small wounds. They said, ‘It's all right, it's all right.’ But really, it is not all right” (Jer 8:11: - The New Century Version).

“They offer superficial treatments for my people’s mortal wound...”(New Living Translation).

During such times there is much more wisdom in *less words* and *more listening* and just being there for the victim. In this regard Rodger Hurding (1988:376) quotes John Lake as saying that,

“Hurt people have a greater need to meet a God who hears and groans, who struggles for words, than a God who has much to say to them.”

In Phil 1:9 Paul has a prayer that is so relevant with regard to counsellors:

“And this is my prayer: that your love may more and more overflow in fullness of knowledge and depth of discernment, so that you will be able to determine what is best” (The Complete Jewish Bible).

“... so that you will be able to decide what really matters” (Common English Bible)

Godly discernment in each situation and a full realization of your total dependence on the Holy Spirit, despite all your qualifications and training and experience, are of utmost importance. I am sure that many of you will agree that, so often at some stage during some counselling sessions in the past, there was a certain turning point that eventually led to a breakthrough. And in retrospect you just realized that you and your intellectual knowledge, your training, your degrees, your diplomas and your years of experience had absolute nothing to do with what eventually happened as that session developed and unfolded.

