

Introduction

The Apostle Paul encouraged us to comfort those who are in trouble with the comfort that we ourselves have received from God (2 Cor 1:4). The Psalmist (Ps 91:4-6, New International Version) wrote:

“He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart. You will not fear the terror of night, nor the arrow that flies by day, nor the pestilence that stalks in the darkness, nor the plague that destroys at midday.”

Our God is full of mercy and faithfulness. He is our comforter and we are called to comfort others as God has comforted us. How do the Christian communities respond to the call of helping others in particular those who have been through traumatic experiences? In order to gain a better understanding on how the church responds to trauma and why the church is dealing with trauma the way it is, it will be helpful to first take a look at how trauma is perceived in the local and broader church. Since I am of Chinese descent and have belonged to different Chinese Christian communities in all the years that I have been a Christian, it will be appropriate to include in my reflection on how the Chinese Christian communities perceive trauma.

Our perceptions are shaped by our religious beliefs and traditions, the prevailing trend of thought, and our cultural background. These are interdependent factors and mutually interact with each other often without our conscious awareness. This paper is a reflection on how trauma is perceived in the church. Discussion is organized under the headings of the above-mentioned three interrelated factors.

Christian Beliefs and Traditions

Christians believe in a fallen world and that sufferings are inevitable in our lives on earth. This is true. However, when this belief is coupled with the command that disciples are to take up the cross daily (Lk 9:23), many Christians interpret that earthly sufferings including traumatic experiences are part of our cross to bear. The Bible calls us to rejoice in our sufferings because suffering produces perseverance; perseverance, character; and character, hope" (Rom 5:3-4). This is part of the sanctification process. Familiar bible stories such as that of Job and Joseph are preached to encourage Christians to have faith during difficult times. These are sound biblical teachings but when blended together literally in the context of trauma, Christian communities tend to perceive traumatic experiences as God-given trials to train our spirits and for certain God-ordained objectives to be achieved. It is perceived that the more "spiritually" mature a Christian, the better equipped the person is to endure traumatic experiences. There is an implicit belief that strength to withstand trauma is directly correlated to the level of "spirituality". Therefore, Christians in trauma are not to give up but to endure the hardships with perseverance.

The Great Commission is the last command that Jesus gave to the disciples before his ascension into heaven. This has been traditionally recognized by the church as the major role of Christians on earth. However, the gospel is often viewed as the good news of individual salvation. Each person is accountable as an individual before God. Hence many churches, especially the mainline evangelical churches, preach of a personal salvation and of a discipleship for personal sanctification. These churches emphasize on an evangelistic ministry that focus on conveying the Gospel to the unbelief, teaching of the bible and discipleship training. Caring and comforting the suffering are perceived as supportive ministries for the purpose of evangelism and discipleship.

Trauma occurs in a context and affects the physio-psycho-socio-spiritual dimensions of a person. Christians feel overwhelmed by the complexity of trauma. On top of this, traumas often involve events such as sexual abuse, mental illness, addiction and violence that are perceived as “sins” by the church. Christian communities tend to subconsciously compartmentalize these disheartening adversities as “taboos”. It is outside the comfort zone of most Christians to interact in a meaningful way with those who are undergoing or who have gone through these traumatic experiences. This is especially true when the "taboos" occurred in the church. The pastoral team and/or the congregation either sweep the scandal under the carpet or react in a "doctrinally correct" way that may intensify the suffering of those going through the traumatic experiences.

These Christian beliefs and traditional practices interact to shape the perception of trauma in the church. Traumas are perceived as sufferings prescribed by God to build the spiritual strength of a person. Traumas are perceived as opportunities for evangelistic work. Traumas are perceived as complex and unthinkable experiences that Christians do not feel comfortable to deal with. These perceptions do not stand alone by themselves but interplay with prevailing sociocultural factors.

Prevailing Trend of Thought

The emphasis on personal privacy by society at large and the dominance of person-centred deficit psychopathology model in the medical field are two trends of thought that play an important role in shaping the perception of trauma in today's world. We are careful not to tread into other people's private life, and at the same time cautious in selectively filter what from our life experiences can be revealed to others. The decision on what to disclose and what not to disclose depends not so much on whether there is a need to share with another person or to seek

support, but rather on how we perceive the level of privacy of the subject matter through the social lens. We tend to regard those life experiences that bring hardship and suffering as private. The harsher the experiences, the more private these are considered. Hence, traumatic experiences are perceived as private matter, and at times, to be very private. The perception that trauma is personal and private intensifies alienation for those with traumatic experiences.

Trauma is perceived from a personal deficit psychopathology perspective in the medical world. Post-traumatic stress disorder (PTSD) is the major disorder related to trauma listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association, 2013). The diagnostic criteria for PTSD in the DSM-5 are individual-based. Traumatic events, experiences, symptoms, diagnosis and treatment modalities are for the most part individual-focused. These concepts and models further estrange trauma sufferers who have already been marginalized in the society.

Chinese Culture

Chinese are a close-knit group of people. Chinese who have immigrated to another country like to settle together in communities and neighborhoods, and socialize among each other. Therefore many of the Chinese cultural values and practices are passed through the generations even after moving to another country – from the immigrants to the local-born Chinese. Chinese culture like most other Asian cultures is collectivistic and shame-based. These two facets of the culture continue among the Chinese who have settled in Canada and influence how the local Chinese community views trauma.

People of a collectivistic culture are more likely to socialize in groups, share with each other of their life experiences, and support each other during times of need. However, when

cultural collectivism is blended with a shame-based component in the case of the Chinese culture, there is a selectivity in the sharing practices and certain life experiences can become skeletons in the closet. Let's say there is a birth in a family of Chinese descent. The news will be quickly spread through the community and soon everyone will be chatting about the new addition to the family. Friends and extended families will offer to cook a meal or to run errands for the new parents. On the other hand, when an alcoholic father has sexually violated his daughter, and the incident is continually causing much hurts and stress to the family (father, mother and child), it is not likely for the perpetrator and victims to disclose their experiences, to seek support from the community or to get professional help.

Individual deficits and unethical happenings in a shame-based culture give rise to painful feelings of personal inadequacy, dishonor and lowly character. The focus is on what others will think when they find out about the shameful act. Personal shame extends to the family, to the extended families and even to the community. Hence, trauma is viewed as a secret – a secret to keep to uphold the family's name. In some cases, trauma is even denied and people behave as if nothing has happened.

A Final Thought

The church in particular with reference to the Chinese Christian community tends to perceive trauma as circumstances for evangelism and discipleship ministries; trauma as complex and private; and trauma as bringing shame to the family and community. These perceptions influence how the church community has reacted and responded to trauma. Taking a closer look upon Jesus' life on earth will help us to have a biblical perspective on trauma and learn how to respond to those who have been through trauma.

Jesus' mission on earth included bringing release to the captives, sight to the blind and freedom to those who are oppressed (Lk 4:18). Trauma brings sufferings and there are many incidents recorded in the Bible that show Jesus has pity on those who suffer. He exemplified what he preached through his healing and caring ministries on earth. He taught us to do likewise as the Good Samaritan - to be a neighbor to those who have been through trauma (Lk 10:30-37). He charged us to both the Great Commission and the Great Command to love God and to love our neighbor.

Suffering produces perseverance; perseverance, character; and character, hope. God permits trials through trauma to strengthen us. It is not through bearing the traumatic experiences alone that we grow - but through caring and being cared for, through comforting and being comforted, through supporting and being supported that the Christian community be strengthened together, grow together, and hope together in the body of Christ for the day to come when there is no more suffering and no more trauma.

Reference

American Psychiatric Association. (2013). *Desk Reference to the Diagnostic Criteria from DSM-5*. Arlington: Author.