

Why We Need More Angry Christian Clinicians

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Abstract

In response to sexual trauma, research shows many survivors experience emotional states of hypo-arousal blocking emotions such as anger that must be accessed in order to process through the trauma effectively. The dyadic relationship between the therapist and client is crucial in allowing the accessing, attunement, and metabolizing of emotions that can otherwise be experienced as overwhelming. This paper seeks to connect these themes with the reasons Christian clinicians may have a difficult time processing through the affect of anger with sexual trauma survivors. The goal of this paper is to argue that a phenomena of triumphalism and a misguided hermeneutic of anger towards Scripture is one the predominant factors influencing the affective constriction of Christian Clinicians. The paper concludes by offering an alternative hermeneutic of anger in Scripture, by which Christian Clinicians may be empowered to be even more effective in their work with sexual trauma survivors.

Introduction

Emily sat across from her client Sara listening to her pour out her sense of shame that she had been at the party that night. Her client repeatedly stated that God must have been punishing her for being irresponsible in allowing the rape to happen. It had been weeks of listening to Sara berate herself for experiencing sexual assault and Emily felt stuck and ineffective as a therapist. What would it take for her client to tap into her own anger towards the violence that led to her suffering instead of blaming herself? How could Emily hold an emotion for her client that she could not even feel for herself? Could it be that her own difficulty experiencing anger as a therapist might be blocking her from helping Sara take the next step in her healing journey?

The role of anger in grieving injustice is crucial. As a Christian clinician working with clients who have experienced the injustice of sexual assault I have experienced clinical situations where I have felt stuck in my work because of my own constriction around anger. This blockage emotionally around the affect of anger has spurred a curiosity in me that led me to question the origins of this constriction of anger. Although there are many avenues through which our emotions are shaped: through our families, culture, media, and education (Power & Dalgleish, 2008), I will argue in this paper that one of main influencing factors for one's emotional range/constriction as a Christian clinician stems from one's interpretation of the role of emotion in Scripture.

For me, my own theological shaping within a Wesleyan/ Armenian tradition has influenced the way I understand my role as a clinician being part of the way I can engage in the transforming work of God's grace in the world towards the aim of the restoration of all creation (Meeks, 2004; Maddox 1994; Lodahl, 1994). However, I have discovered how my experience

growing up in the Evangelical church in North America did not prepare me for understanding how one should understand the role of anger in the characters of the biblical story. I believe one's Scriptural narrative of emotion deeply and often implicitly shapes one's integrative approach and effectiveness in therapy. I am convinced that for most Christian clinicians a misguided hermeneutical understanding of anger in Scripture thwarts their potential effectiveness in therapy, especially when working with victims of sexual assault.

In this paper I will argue that if clinicians who are Christian want to use therapy as a form of participating in the healing work of God in the world, especially in cases of sexual assault, then there must be: 1) An understanding of the crucial role of anger in processing through the trauma of sexual assault; 2) a recognition of a misguided hermeneutic of anger in Scripture, and 3) a fresh exposure to an alternative view of anger in Scripture.

A Brief Overview of Sexual Trauma

The terminology sexual trauma is used to refer to one or more sexual violations that lead to significant responses of distress. Sexual trauma is a descriptor clinicians often use because it combines the elements of the survivor's responses and the acts of violence done to the victim (Yuan, Koss, & Stone, 2006, as cited in Abbey, 2002). One of the difficulties in enabling clients to process through sexual trauma is the prevalence of the clients feeling a sense of blame and guilt for being sexually assaulted. Individuals who have been violated are likely to experience feelings of rage and will often interpret violations of trust and violations of justice as evidence of personal inadequacy or deficiency, which then leads to feelings internalized shame (Hargrave & Pfritzer, 2004).

Additionally, women who were drinking during the time of their assault often feel intense guilt and blame because they feel they were responsible for their violation. In reality the

perpetrator is both morally and legally responsible for the sexual acts of violence committed regardless of whether or not the victim was intoxicated or they perceived that the victim had led them on sexually somehow (Abbey, 2002). According to a study done by Richardson and Campbell (1982) persons hearing stories about the assault involving intoxicated women also had the tendency to blame the women for their sexual assault (Richardson and Campbell, 1982, as cited in Abbey, 2002). Several studies have reported that typically 50% of college students' sexual assaults are connected with alcohol use (Abbey et al., 1996a ; Copenhaver and Grauerholz, 1991; Harrington and Leitenberg 1994; as cited in Abbey, 2002).

One of the most rigorous studies of sexual assault prevalence (Koss et al, 1987, as cited in Abbey, 2002) surveyed 6,159 students from 32 colleges across the United States. This national survey revealed that an astonishing 54% of the female participants had been the victims of sexual assault. Of these women, 17% were victims of rape or attempted rape within the previous year of the study. The blame many sexual trauma survivors experience is exacerbated by the fact that many do not ever feel safe enough to report their experiences. Sadly, only 5% of the rape victims ever reported the crimes done against them to the police and an astonishing 42% chose not to disclose their harassment to anyone (Abbey, 2002). The reason many women do not report their incidents of sexual assault is connected to the common experience of feeling like their treatment by authorities after reporting their assault feels like a second violation (Abbey, 2002). Sadly, greater negative social reactions upon disclosing assault are connected to greater PTSD symptoms severity (Ullman & Filipas, 2001).

Not everyone who experiences potentially traumatizing experiences acquires Post Traumatic Stress Disorder/PTSD (Bonanno, 2004). Apart from PTSD, sexual assault also is predictive of later onset of anxiety disorders, substance abuse disorders, and major depressive

episodes (Burnam et al., 1988). Nevertheless, 48.4% of females who experience the violation of rape are reported to develop PTSD, and women are twice more likely to develop PTSD after the experience of trauma in comparison to men (Kolk, 2003, p.169). Additionally PTSD is more frequently a diagnosis of rape victims than victims who have experienced other traumatic incidents, a fact that is likely due to the combination of the experience of physical violence and the shocking reality of one's life being threatened (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993, as cited in Abbey, 2002).

Long- term post -traumatic responses to sexual assault typically include physical complaints, intense startle reactions, fatigue, sleeping and eating disturbances, fear, and anxiety. Sexual trauma survivors also tend to dissociate in the face of subsequent threatening experiences. The emotional distress can become so great for sexual trauma survivors that the profound feelings helplessness often lead to an over focus on emotional coping where the goal in life largely because altering one's emotional state. As a result many have a difficulty planning effective responses to life's challenges to alter the underlying causes of distress and instead focus on finding ways to alleviate emotional distress, many times through substance and alcohol abuse (Kolk, 2003).

The Processing through Sexual Trauma

In light of the fact that sexual trauma typically alters one's emotional state and often leads to emotional turmoil, clinical work done with sexual trauma survivors must include a keen focus on working with the core emotions of distress through an active grieving process of sorting through affective turmoil. Responses to trauma can either be characterized by "hypo-arousal states", where the emotions become blocked, numb and shut down, or "hyperarousal states" where the person feels a flooding of affect and is often overwhelmed with agitation or anxiety

(Neborsky, 2003, p. 318). One of the clear signs of a client being in a state of traumatic response, after sexual assault, is whether the client is pervasively living in either a “restrictive or chaotic” emotional state where they have a great deal of emotional disequilibrium and little ability to self-regulate (Siegel, 2003a, p. 43).

For the purposes of this paper I will focus specifically on the trauma responses of hypo-arousal, where the client feels a sense of “numbing, detachment, and emotional blunting” as a response to the distressing memories of the trauma (Kolk, 2003, p.171). Not only do sexual trauma survivors experience a restricted range of affect, but neuropsychological research has revealed how the brain structure is also detrimentally impacted by the trauma experienced where the trauma may contribute to an unnatural separation between the flow of the right and left hemisphere, which are crucial for self regulation, and making narrative meaning of experiences. As Siegel argues, one of the “hallmarks of trauma is that it leads to incoherent narratives (Siegel, 2003a, p. 24).

One of the primary reasons therapy is effective for resolving trauma is due to the fact it provides the opportunity to process the narrative of the traumatic event with another person who can use the dyadic relationship to regulate the overwhelming affect into something bearable (Fosha, 2003). As the affect is contained, mirrored and attuned (Neborsky, 2003) representational integration of emotion can also occur so the brain can become more integrated and the person can find a state of coherence once again. Therefore “emotional processing is a key part of processing trauma” where the circumstances of the sexual assault can be put into perspective and the survivor can “re-experience the event without feeling helpless” (Kolk, 2003, p.188). Therefore the embodied experience of dealing with overwhelming “core affect” emotions such as anger is key in the process of the client finding a state of well being and coherence

(Fosha, 2003, p. 248). The reason tapping into anger is so crucial is that the categorical emotions, such as anger, are meant to be resources to help one access adaptive action tendencies (Siegel 2003a). When core emotions such as anger are accessed in a regulated way with the therapist, a survivor of sexual trauma can experience renewed energy, a sense of strength, assertiveness, deep emotional resources, self-worth, affective competence, and new adaptive behaviors. Furthermore, the energy spent to suppress the overwhelming emotion, such as rage, can now be used for more proactive ends, and the anger reintegrated into a more cohesive ongoing story (Fosha, 2003).

The Role of Therapy in Processing Overwhelming Anger

How does someone who is in a state of hypo-arousal tap into and successfully process through overwhelming affect such as anger in relationship to a sexual assault? It is only through the dyadic interaction of the therapist with the client that the “individual gains access to the previously unconscious network of feelings, thoughts, memories, and fantasies associated with the emotion (Fosha, 2003, p. 239). In my experiences working with Christian female college students who had experienced rape while intoxicated, they had profound feelings of guilt and shame where they could only feel anger towards themselves, and could not feel anger towards the injustice done against them or towards the person who had violated them. Even though they could rationalize in their minds that their perpetrator actually held the legal and moral responsibility for the assault, in their emotional reality they felt primarily to blame for their assault and the associated distress. One client described the anger she felt towards herself by saying how she felt like a weight was always on her chest.

Therefore, it is especially crucial for the sexual assault victim to be aided in the meaning making process where the misdirected blame, guilt, and anger can be challenged. Positive

therapeutic results have been found in cases where the therapist could guide the client in not only going through a process of “cognitive reappraisal” but also through a careful exposure to the overwhelming emotions such as anger (Cutuli, 2014, p. 1). As a result the client no longer needs to “suppress their emotions” and tends to find greater psychological health (Cutuli, 2014, p. 1). Therefore, “trauma therapy in essence involves undoing the individual’s aloneness in the face of overwhelming emotions” (Fosha, 2003, p. 245). It is crucial that the therapist can lead the client into an embodied experience of re-experiencing the emotion of anger especially when the client is disconnected from the anger due to being stuck in a hypo-arousal state. “The reintegration of the categorical emotions such as anger in the ongoing dyadic interaction is therefore at the very core of the effective treatment of trauma (Fosha, 2003, p. 249).

Studies have shown that much like the dyadic co-regulation experience of a mother and her infant, much of the co-regulation that becomes healing in the therapeutic interaction is a non-verbal process (Siegel, 2003a; Hoffman, 2011). It is not merely a matter of the therapist discussing the core emotion of anger, the therapist must be able to face, and not be overwhelmed or avoidant of the distressing affect. Instead the therapist must be comfortable enough with the distressing affective state of anger to metabolize it for the client so the client can experience anger as no-longer overwhelming or destructive (Hoffman, 2011). The ability to establish a secure enough attachment space in the dyadic field of the therapeutic work is made possible by “right brain to right brain...co-regulation of internal states that can eventually lead to more autonomous self regulation” (Siegel 2003a, p. 32). As the therapist has the courage to engage both the facts of the trauma story (left side of the brain) with the emotionally provocative and embodied material of the right side of the brain, the therapeutic work also can lead to neural integration in a process of the resolution of trauma (Siegel, 2003a, pp.15 –16).

Now that the case has been made for clients, suffering from sexual trauma, to process core affect in an embodied way with the therapist; what happens if the therapist is constricted in his/her affect? What if the therapist cannot contain, metabolize or repair the affect of anger in a sexually traumatized client because the therapist is in a state of hypo-arousal or hyper-arousal related to the affect of anger? I argue the therapist will be effective in helping his or her client process through their trauma only to the extent that he or she is comfortable getting to the difficulty affective states involved (Siegel, 2003a). Additionally, I argue that unless the therapist is comfortable expressing doubt and protest towards God about injustice it will be very difficult for the therapist to guide the client in facing her questions and emotions of anger towards God as a crucial part of the healing process.

A Misguided Hermeneutic of Anger

As I have reflected about my constrictions around anger as a Christian clinician in my work with sexual trauma survivors I have come to realize that one of the reasons I have a difficult time experiencing anger is due to the fact that the communities I have been shaped by have not provided healthy models or stories of how to use anger as an important and valid emotion. More specifically, the Evangelical influences in my home growing up were a combination of Lutheran tradition from my mother's side, and Assemblies of God Traditions from my father's side, and as an adult I have found my theological home in the Wesleyan Armenian Tradition. Although I have gained many wonderful theological gifts through the imparted values of these traditions I have never learned from any of these traditions what a healthy theology of anger might be.

As we know from social constructionist theory, narratives emerge out of particular contexts (Brown, 2006). In a similar vein ethnographers have highlighted the way children learn

as young as two years of age how to suppress certain emotions due to the difference of parenting styles across cultures and through their “participating in differing social and symbolic environments” (Levine 2007, pp. 263-264).

The stories that are told to children, and also withheld from children, deeply shape the way children learn to modulate their affective worlds and grow to understand their own and others emotions (Miller et al. 2007). The stories that are retold in families and the stories that are never told in families give a strong message regarding which values and situations are meant to be preserved, and which are meant to be eliminated and forgotten (Reese, Hayne, & MacDonald, 2008).

In my experience growing up in Evangelical Christian communities in North America, anger was generally avoided. However, if anger was mentioned at all it was referred to as an emotion that was dangerous, an emotion that should be avoided or suppressed, and was an emotion that could easily lead to sin (Proverbs 15:1;20:2;21:14;22:24;27:4;29:8). Anger was also used to describe God’s reaction to sin and sinners (Isaiah 13:9; 42:25, 66:15). However, I have no recollection as a young person of being taught biblical stories of God’s anger concerning injustices enacted on the poor, the widows, or the orphans (Joel 2:13, Psalm 68:5, Jeremiah 49:11, Isaiah 10:1-3, Malachi 3:5, Mark 12:40), or his turning away from anger in mercy (Isaiah 60:10). This is despite the fact that the theme of God being merciful towards those who experience injustice, especially those without power, is one of the most prevalent themes throughout Scripture (Katongole & Rice, 2008).

I argue that one of the reasons for this constricted view of anger in Christian Evangelical homes and in the North American Evangelical church is due to a triumphalist approach to the interpretations of Scripture. As Soong- Chan Rah so eloquently states in his book, *Prophetic*

Lament, “the balance in Scripture between praise and lament is lost in the ethos and worldview of American Evangelical Christianity with its dominant language of praise” (Rah 2015, p. 23).

The church in North America has become forgetful about certain stories in Scripture, specifically avoiding stories pertaining to the suffering, anger, and lament of God’s people concerning the injustices in the world. For example, how regularly does one hear a sermon on the book of Lamentations? It is much harder to use the metaphor of Jerusalem as a victim of rape (Lamentations 1:1-22) than it is to focus on the glory of Jerusalem in the days of King David (Psalm 125:2;128:5). Similarly, Psalms of praise are regularly quoted (Psalm 150; 40;42;48), but rarely are the imprecatory psalms used such as Psalm 5: 9-10 which says:

Not a word from their mouth can be trusted; their heart is filled with malice. Their throat is an open grave; with their tongues they tell lies. Declare them guilty, O God! Let their intrigues be their downfall. Banish them for their many sins for they have rebelled against you.

The absence of these difficult stories of violence and the imprecatory and lament Psalms in corporate worship gatherings communicates how the value of suffering and the legitimate role of lament through anger is being left out and replaced with a narrative of triumph (Rah, 2015).

Another explanation for the misguided hermeneutic of anger in North American Evangelical churches can be explained through Beck’s idea of a “theological sweet tooth” (Beck, 2011, pp. 6-7). According to Beck, one of the elements that influences the way Christians approach theology is to search for interpretations that cause us to want to accept particular theological viewpoints more than others based on their appeal to our intellectual appetites. He describes the way we are drawn to theological sweet tooth ideas in theology despite the fact that the theological systems that we are drawn to are not always right or healthy, much like eating

sweets all the time is bad for one's health (Beck, 2011). He describes the way our laziness intellectually, or even our "disgust reactions" cause us to be drawn to certain theological principles and repulsed by others (Beck, 2011, p. 181).

With this idea in mind, I argue that in addition to a triumphalist position, one of the main reasons Christian communities have a hard time accepting the legitimate and important role of anger in Scripture is due to the fact that it is uncomfortable and sometimes even scary to feel angry. It is also inconvenient for those who are doing well within the set up of the system to protest against the system and be forced to face the ugly reality of those who suffer to keep it going (Rah, 2015). This also explains the temptation to lean more heavily into the stories that promote feelings of triumphalism and victory (Rah, 2015). Could this fear of thinking about death and suffering be connected to the reason many Christians attend Easter services but fewer Christians engage in the Maundy Thursday or Good Friday services that focus on the death and suffering of Christ?

As people who use control as a way to monitor our anxieties and fears (Hargrave & Pfitzer, 2003) feeling anger can be very distressing when it causes people feel out of control (Power & Dalglish, 2008). When you combine the emotional aversion to feeling out of control with the fact that many are warned within the church community to be wary of sinning when one is angry, it is feasible to see why many would not want to have a robust theology of anger. If feeling angry makes one feel out of control, then the fear of the losing control and sinning makes it seem very appealing to avoid feeling anger altogether.

Therefore, much like the sexual assault survivor is cut off from the adaptive resources of anger due to an incoherent narrative (Siegel, 2003a) so similarly the church has also been too afraid to embrace a greater degree of vitality and authority against the injustices of the world

through a more coherent reading of Scripture (Wright, 2008). Nevertheless, confining the affective range of the church to only positive emotions is maladaptive because this sends the message that all other emotional states need to be overregulated and forbidden (Pascual-Leone & Greenberg, 2007). A coherent reading of Scripture means an acknowledgment of both the suffering and the glory that is present throughout the story of God. As Katongole and Rice (2008) have eloquently stated, “the twin sisters of the Psalms are prayers of praise and lament, and they are always walking hand in hand, sometimes singing, sometimes crying” (p. 78). Without this balanced reading the “children” in the family of the church in North America are largely being shaped into believing suffering is to be avoided, anger is meant to be suppressed, and praise is the primary emotion to be expressed (Rah, 2015).

Among these children, shaped by incomplete or distorted stories of the Scripture narrative are many Christian clinicians who lack the language or the affective permission to engage in emotions such as anger. Without this emotional engagement coming from a deep seated theological conviction of the suffering of God in the suffering of clients (Dueck & Reimer, 2009) it becomes very challenging for the Christian clinician to face the injustices of sexually traumatized clients, and/ or provide a healing presence in the midst of their disorientation. Unfortunately, the missing aspect of lament in the church means the body of Christ, and Christian clinicians in North America have been cut off from one of the main resources in Scripture that can give language in order to face and bring hope to a suffering world. However the question comes, if the Evangelical Church in North America is gaining comfort by holding onto a theological sweet tooth version of Scripture that avoids a robust role of anger against injustice, then the other question is, what are we losing by holding onto this unhealthy

hermeneutic? I would like to suggest that a fresh hermeneutic of anger could lead to new gains both for the church and for Christian Clinicians who work with sexual trauma survivors.

A Fresh Hermeneutic of Anger in Response to Sexual Trauma

Core to a new way of viewing anger in Scripture is the discovery that God was “present in, participating in, and attentive to the darkness, weakness and displacement” of the people of Israel’s stories (Brueggemann 2002, p. 27), and is still present even in the most brutal suffering of our clients today (Dueck & Reimer, 2009). A sweet-tooth approach to the opening stories of the New Testament would lead Christian clinicians to only focus on the serene image of Jesus in the manger (Luke 2), but a more robust, courageous, and honest reading would also include the parallel story where the mothers in Bethlehem are weeping because their precious sons have been murdered by King Herod (Matthew 2: 16-18). Here the reference is to the time Rachel was found weeping for her children and “refused to be comforted” (Jeremiah 31:15). As Emmanuel Katongole and Chris Rice note in their book, *Reconciling All Things* (2008), Rachel’s “refusal takes seriously the rupture and wounds of the world as well as the deep cost of seeking healing” (p. 79). Rachel’s refusal to be easily comforted becomes a model for how a fresh hermeneutic of anger gives clinicians working with sexual assault survivors permission to sit a bit longer in the anguish of suffering and anger before jumping towards the step of consolation.

A fresh hermeneutic of anger allows the Christian clinician to pay close attention to the many times anguish, anger, and despair are used as signs of legitimate and needed protest against injustice (Rah, 2015). It means Christian clinicians slowing down their reading of Scripture and not skipping past the words referencing those who suffer, so a new imagination can be captured regarding the way “God draws very near to the most vulnerable- not because they’re any less sinful, but because they are the most sinned against” (Katongole & Rice 2008, p. 84). This

becomes a comfort when thinking about God drawing near to the suffering of those who have been sinned against through sexual assault.

In a fresh hermeneutic that gives room for anger, the Christian clinician does not look for the triumphant alone, but must be willing to place herself/himself alongside those who appear defeated. It is letting oneself experience the bitter taste of Israel in Lamentations when Jerusalem has fallen and lost all hope (Lamentations 1-4). It is recognizing that even though God was “slow to anger” that he frequently felt anger, and yet did not break God’s covenant with the people of Israel (Numbers 14:18, Genesis 9, Genesis 15, Exodus 2:24). It means as a Christian clinician imagining the anger Jesus felt towards the Pharisees when they rebuked him for healing a man with a shriveled hand on the Sabbath, even as we feel anger towards the things that block our client’s healing (Mark 3:4-6). It is letting oneself feel outraged when the poor are left out of the communion table in the fellowship of the early church gatherings (1 Corinthians 11: 17- 34) similar to the way survivors of sexual assault are often pushed to the side in the judicial process.

A fresh hermeneutic of anger gives Christian clinicians permission to cry out directly to God for the horrors done to their clients because of a deep trust that God intends reality to look different. It means holding onto the conviction that God actually sees the clinician’s anger against injustice as a sign of faith in the goodness of God’s purposes for creation, not a challenge to God’s authority (Bruggemann, 2002). Just as a mature parent can handle the cries and tantrums of her child, as part of the journey of growth (McWilliams, 2004; Hoffman, 2011), so the Christian clinician can risk believing God does not retaliate or become overwhelmed by an honest expressions of anger in the face of unexplainable trauma. The protests we can boldly offer as clinicians can express our deep hope that God is still at work in the world, even despite the overwhelming amount of suffering that surrounds us (Rah, 2015). As N.T. Wright notes God is a

God who “remains passionately and compassionately involved” in the world despite the evil in the world, and who’s “all conquering love will one day make a new creation” (Wright, 2006, pp. 40-41). A fresh hermeneutic of anger means that to be “deeply bothered about the way things are is itself a sign of hope” and to not be bothered is a sign of resignation (Katongole & Rice 2008).

Conclusion

In this paper I have argued that if clinicians who are Christian want to use therapy as a form of participating in the healing work of God in the world, especially in cases of sexual assault, then there must be: 1) An understanding of the crucial role of anger in processing through the trauma of sexual assault; 2) a recognition of a misguided hermeneutic of anger in Scripture, and 3) a fresh exposure to an alternative view of anger in Scripture. If a fresh engagement with a hermeneutic of anger in Scripture can be captured then I am convinced Christian clinicians can be especially effective in their therapy work with survivors of sexual assault. A theology that recognizes the important role of anger allows the clinician to be shaped by a narrative that is expansive enough to face even the worst cases of injustice. This expanded theology can enable the clinician to attune, respond, and metabolize even the most vehement affect with the conviction that God is on the side of those who suffer. Finally, a fresh hermeneutic of anger paves the way for the Christian clinician to view their journey with survivors of sexual trauma as a way of engaging in participatory eschatology.

He will wipe every tear from their eyes. There will be no more death' or mourning or crying or pain, for the old order of things has passed away...I am making everything new!
(Revelations 21:4-5)

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