Religion and Trauma: Pathways to Resilience, Hope, and Healing
Adventist Society for Religious Studies
Boston, MA, November 20-22, 2025

Title: *Discipleship as a Pathway to Healing: A Trauma-Informed Approach to Biblical Spirituality*
Author: Dióí Cruz
Institution: Middle East University
Mailing Address: 75 Ferdous Street, Sabtieh, Beirut, 1202-2040, Lebanon
Email: dioi.cruz@meu.edu.lb

Keywords: Trauma-Informed Discipleship, Biblical Spirituality, Healing and Restoration, Spiritual Trauma and Safety, Adventist Theology of Wholeness

Abstract

This study proposes a trauma-informed paradigm of Christian discipleship that functions as a redemptive and healing response to psychological, emotional, and spiritual trauma. Drawing upon theological reflection and pastoral praxis, it articulates a model of biblical spirituality grounded in grace, emotional safety, and relational restoration. Rather than reinforcing shame or promoting behavioral conformity, this approach emphasizes a slow and restorative process of rehumanization—rebuilding trust, identity, and hope within the context of compassionate Christian community. At the heart of this vision is the conviction that Jesus' ministry was not only salvific but also profoundly healing—welcoming the broken, affirming the outcast, and restoring dignity to those marked by suffering.

This paper challenges religious systems that perpetuate spiritual abuse, emotional repression, or performance-based belonging, and instead presents discipleship as a space for safety, vulnerability, and transformation. Through a theological and pastoral lens, it reflects on the ways Christian communities can become agents of healing rather than sources of further harm. It argues that trauma-aware discipleship reorients the faith journey away from control and conformity, and toward grace-filled accompaniment marked by empathy, truth, and mutual responsibility. Relevant to ministry leaders, pastoral theologians, and educators, this contribution calls for reframing discipleship as a deeply relational and restorative process—where the journey of faith becomes a journey of healing, and where resilience, hope, and wholeness can take root even in the aftermath of trauma.

Introduction

Modern Christians are increasingly aware that trauma is not a marginal or rare experience but a pervasive reality that shapes the lives, bodies, and faith journeys of countless individuals. Studies

such as the *National Comorbidity Survey* indicate that the majority of adults in the United States have encountered at least one traumatic event—60.7% of men and 51.2% of women (Kessler et al., 1995). Such experiences often produce deep psychological and spiritual aftereffects, including fear, hypervigilance, shame, and an enduring sense of powerlessness (Herman, 1992). These wounds do not remain confined to the past; they frequently influence how people perceive God, trust others, engage in worship, and participate within faith communities. For many survivors, church spaces meant to offer hope may instead feel unsafe or triggering when discipleship models do not acknowledge or understand the impact of trauma.

In this context, traditional forms of discipleship—especially those that emphasize behavioral conformity, rigid expectations, or shame-based moral exhortation—can unconsciously intensify emotional pain or reinforce spiritual injury. Ministries that overlook trauma risk misinterpret trauma responses as spiritual deficiencies, thereby causing harm. A trauma-informed approach to discipleship offers an alternative vision—one that recognizes the complexity of human suffering and seeks to mirror the compassion, patience, and restorative mission of Jesus. Trauma-informed discipleship reframes the faith journey as a process grounded in emotional safety, relational trust, and the slow rebuilding of identity and connection. Rather than demanding immediate change, it nurtures healing through grace-filled accompaniment.

This paper situates trauma within contemporary Christian experience and argues that discipleship must evolve to meet the needs of a wounded world. By integrating biblical insights, Adventist theological perspectives, and contemporary trauma-recovery scholarship, this study presents a model of discipleship that is deeply relational, therapeutically informed, and aligned with the healing ministry of Christ. In doing so, it invites churches to become communities where vulnerability is welcomed, dignity is restored, and the journey of following Jesus becomes inseparable from the journey toward wholeness.

Biblical Foundations of Healing and Discipleship

Biblical spirituality affirms that God's kingdom brings wholeness to the broken. Jesus' own ministry emphasized healing and restoration, especially for the marginalized (e.g., Luke 4:18–19; Matthew 11:28–30). He repeatedly touched and blessed those rejected by society, sinners, and the suffering, indicating that coming to Christ involves encountering a healer for body, mind, and soul. The apostle Peter urged believers to cast anxieties on God, promising God's care for the crushed and fearful (1 Peter 5:7). These biblical motifs suggest that discipleship—learning to follow Christ—certainly involves encountering divine grace that heals inner wounds.

White likewise taught that the gospel "in its purity and power" possesses inherent healing efficacy. She wrote that when the gospel is truly received, "it is a cure for the maladies that originated in sin. The Sun of Righteousness arises, 'with healing in His wings.'… The love which Christ diffuses through the whole being is a vitalizing power. Every vital part—the brain, the heart, the nerves—it touches with healing" (2023a, p.115).

White also observed that sin wounds the soul, and yet in every wound "there is the Saviour" ready to restore. She portrayed Christ as prescribing rest and wholeness for the physical, emotional, and spiritual burdens of life, citing Christ's invitation in Matthew 11:28–30 (White,

2023b). Furthermore, White noted that many diseases "are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust… all tend to break down the life forces". In other words, spiritual and emotional health profoundly shape physical well-being. Conversely, she insisted that faith, hope, love, and a "cheerful spirit" promote vitality and longevity (2023a, p. 241).

Together, these biblical and Adventist insights affirm that healing ministry was central to Jesus' discipleship mission: extending compassion rather than condemnation and inviting sinners into restorative fellowship. This suggests that contemporary discipleship should likewise welcome the brokenhearted and cultivate grace-based belonging. Rather than emphasizing performance, perfectionism, or moralistic control, biblical discipleship prioritizes the restoration of identity in Christ. As White emphasized, Christ's love frees believers "from the guilt and sorrow, the anxiety and care, that crush the life forces" (2023b, p. 115). In a trauma-informed paradigm, discipleship begins with this good news of acceptance and moves gently toward transformation.

Trauma-Informed Care Principles

Understanding trauma's impact is essential for shaping discipleship wisely. Trauma responses often bypass rational thought and become embedded in the body and emotions. Van der Kolk (2014), explains that trauma "interferes with face-to-face communication" and disrupts the nervous system's capacity for regulation (pp. 62–64). Under traumatic stress, automatic survival circuits—fight, flight, or freeze—are activated without conscious control (Yehuda et al., 2015). As a result, individuals may respond to present situations primarily through the lens of past fear and unresolved pain rather than current reality.

Van der Kolk (2014) emphasizes that healing must engage the whole person—body and mind—to reconfigure these survival-driven responses. Somatic practices such as mindful reflection, movement, or grounding techniques help reestablish a sense of bodily safety and can produce "profound changes in both mind and brain that can lead to healing from trauma" (p. 207).

Herman's pioneering work likewise informs a trauma-conscious approach to discipleship. Herman (1992) presents a three-stage model of recovery: (1) safety and stabilization, (2) remembrance and mourning, and (3) reconnection and integration. Each stage is essential for wholeness. In the earliest phase, survivors require environments of practical and emotional safety—trustworthy relationships, stable community structures, and freedom from pressure. Only when this foundation is secure can individuals begin the work of processing traumatic memories. In the context of discipleship, this means the church must first serve as a sanctuary of trust and compassion rather than rushing trauma disclosure, judgement, or theological debate.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) has summarized trauma-informed care into six core principles: (a) safety, (b) trustworthiness and transparency, (c) peer support, (d) collaboration and mutuality, (e) empowerment and choice, and (f) cultural, historical, and gender responsiveness. Although developed for public health settings, these principles translate naturally into ecclesial contexts. Trauma-informed churches prioritize emotional and relational safety, encourage honest sharing without fear of shame, model transparency in leadership, and empower individuals to exercise meaningful choice.

To clarify how established trauma-recovery frameworks can inform a trauma-aware model of Christian discipleship, Table 1 compares Herman's (1992) three-stage model of recovery with SAMHSA's (2014) six core principles of trauma-informed care.

Table 1

Comparison of Herman's (1992) Recovery Stages and SAMHSA's (2014) Trauma-Informed Care Principles

Herman's recovery stage	Description	Corresponding SAMHSA principles	Application to trauma-informed discipleship
1. Safety and stabilization	Establishing physical, emotional, and relational safety before trauma processing can occur.	Safety; trustworthiness and transparency	Churches cultivate environments of trust, consistency, and compassion—avoiding pressure, judgment, or forced disclosure.
2. Remembrance and mourning	Gradual processing of traumatic memories once safety is established.	Peer support; collaboration and mutuality	Faith communities provide supportive relationships, shared lament, and compassionate presence without coercion or theological minimization of pain.
3. Reconnection and integration	Rebuilding identity, agency, and relationships; reintegrating meaning.	Empowerment and choice; cultural, historical, and gender responsiveness	Discipleship encourages agency, spiritual empowerment, inclusive belonging, and meaningful participation in the life of the community.

Note. SAMHSA = Substance Abuse and Mental Health Services Administration.

Levine (2010) articulates the empowerment dimension concisely: "Resilient strength is the opposite of helplessness… Empowerment is the acceptance of personal authority. It derives from the capacity to choose the direction and execution of one's own energies" (p. 67). Helping individuals reclaim agency, rather than controlling or coercing them, is therefore central to trauma healing and should guide the ethos of discipleship.

In summary, trauma-informed care teaches that healing comes through safety, empowerment, relational connection, and gradual processing of pain. Discipleship models that align with these principles will avoid retraumatization (e.g. shame-based methods) and instead create pathways to hope. A trauma-informed shift calls for humility, listening, and honoring each person's experience of God and community.

Adventist Perspectives on Healing and Wholeness

Within the Adventist faith, several authors point toward holistic understandings of healing and discipleship. Dybdahl (1999), for example, emphasizes that authentic mission and discipleship must address real human needs, including emotional and relational well-being, though he does not explicitly frame these needs through the modern category of trauma. Nedley (2011) similarly argues that physical, emotional, and spiritual health are interconnected, noting that positive emotions, social support, and spiritual engagement contribute to improved immunity and psychological resilience.

White's writings consistently link spirituality with whole-person health, often describing how faith, hope, and trust in God influence mental and physical vitality (2023a; 2023a). Contemporary Adventist voices have expanded these connections using the language of neuroscience and psychology. Neuroscientist Rosana Alves (2021), for instance, frequently highlights neuroplasticity and explains how practices such as forgiveness, belonging, and relational safety reshape neural pathways in ways consistent with trauma-informed recovery. Psychiatrist César Vasconcellos (2019) has likewise emphasized the importance of relational security, emotional expression, and spiritual meaning for mental well-being within communities. Collectively, these perspectives align with White's earlier recognition that "peace, faith, and community give protection" to the mind (2023).

At the same time, Adventist community life has sometimes unintentionally adopted perfectionism or spiritual pressure that may worsen emotional brokenness. Oakley and Kinmond, (2013), in their research on spiritual injury and religious trauma, suggest that authoritarian, punitive, or shame-based environments can retraumatize vulnerable individuals. A trauma-informed Adventist discipleship model, therefore, challenges these tendencies by rooting biblical spirituality not in guilt, performance, shame, or fear, but in the Adventist proclamation of the "everlasting gospel" as good news of healing and restoration for all (Rev. 14:6 7). This approach invites the incorporation of empathy, freedom, dignity, and relational safety into Adventist discipleship programs—echoing Dybdahl's holistic mission vision and White's compassion for the afflicted.

A Trauma-Informed Discipleship Model

Drawing on the above perspectives, I propose an eight-stage discipleship cycle that parallels trauma-recovery processes, biblical themes, and pastoral wisdom. These stages can be applied flexibly within congregations, small groups, or one-on-one mentoring relationships, as illustrated in Figure 1.

Grace and Acceptance

Discipleship begins with an atmosphere of unconditional love. White (2023a) affirms that "Jesus regards [sinners] with pity," and His invitation is "a prescription for the healing of physical, mental, and spiritual ills" (p. 9). In this first stage, leaders must communicate acceptance and forgiveness before expecting behavioral change.

Emotional Safety
This stage reflects Herman's (1992) first phase of trauma recovery—establishing safety. Churches should cultivate environments in which emotions are honored rather than judged. Trauma-informed congregations adopt norms such as confidentiality, consent, clear boundaries, and non-coercive pastoral care, consistent with SAMHSA's (2014) principles of safety and trustworthiness.

Hope and Vision
Trauma often shatters one's worldview and sense of future. Recasting God as a Good Shepherd and the church as a refuge (e.g., Ps. 23) fosters hope. Sharing testimonies of God's faithfulness and stories of healing can rebuild trust in God and community.

Disclosure and Mourning
As safety deepens, individuals may choose to share their pain narratives. This parallels Herman's (1992) second stage—remembrance and mourning. Lament, guided prayer, confession, and pastoral presence can help survivors process grief at their own pace. The emphasis remains on voluntary disclosure; coercion would be countertherapeutic.

Truth and Empowerment
Leaders assist individuals in reframing harmful beliefs ("I am unloved," "God punished me") in light of gospel truth. This may involve cognitive restructuring, pastoral counseling, or spiritual direction aligned with the recognition that trauma reshapes neurological and cognitive patterns (van der Kolk, 2014). Empowerment is essential. Levine (2010) notes that survivors regain strength through "personal authority" and the capacity to make meaningful choices (p. 67). Practically, this stage may involve setting growth goals, developing spiritual practices, or engaging in ministries that build competence.

Vulnerability and Relational Risk
Reengaging relationally is a key step toward healing. Brown (2012) argues that vulnerability is the birthplace of connection and resilience. In discipleship communities, vulnerability may be nurtured through shared prayer, accountability partnerships, or service activities. This aligns with Porges' (2011) polyvagal theory[1], which notes that trauma often disrupts face-to-face communication and social engagement; thus, safe relational experiences help rewire social nervous-system responses.

Repentance, Forgiveness, and Reconciliation
Discipleship includes moral and relational restoration. Bonhoeffer (1996) observed that confession and forgiveness are means through which Christian community becomes a healing fellowship. Trauma-informed churches avoid demanding forgiveness prematurely—especially in situations involving abuse—but instead accompany individuals in the slow, courageous work of repentance, self-reflection, and possible reconciliation (cf. Luke 17:3–4). White's (2023) writings similarly emphasize walking with the repentant in compassion.

[1] Polyvagal theory explains how the autonomic nervous system regulates responses to safety and threat through three circuits—ventral vagal (social engagement), sympathetic (fight/flight), and dorsal vagal (shutdown)—and highlights *neuroception*, the automatic detection of safety. It underpins trauma-informed practices that promote safety, co-regulation, and somatic grounding.

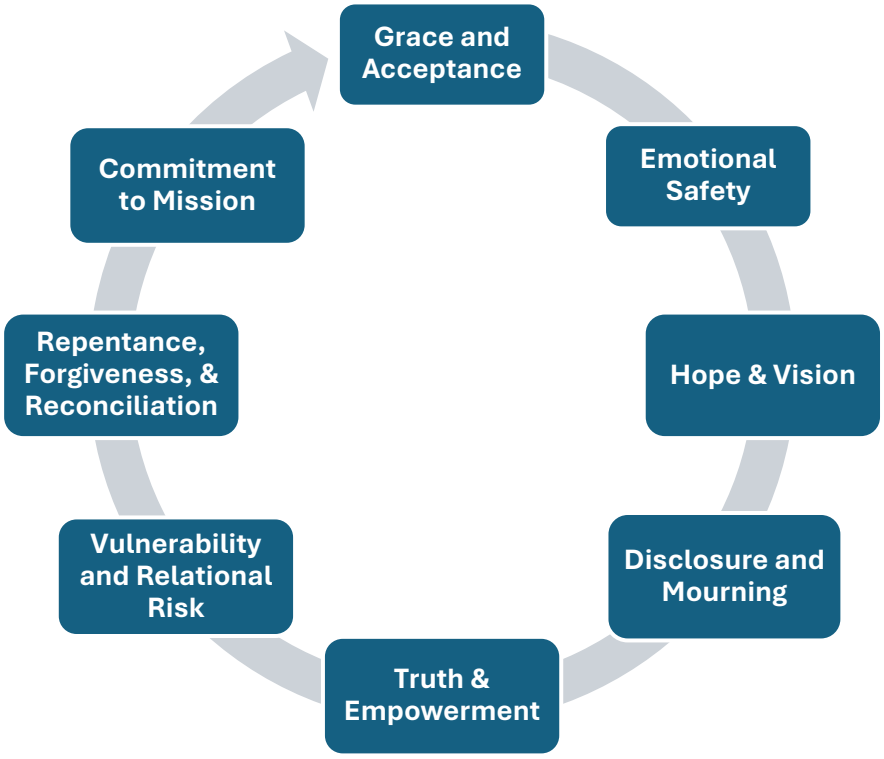
Commitment to Mission

Finally, discipleship channels suffering into purpose. White (2023) refers to the "health-giving joy" that comes from service. Survivors who have experienced healing may support others, embodying Nouwen's (1979) "wounded healer" motif. This stage recognizes that God transforms suffering into testimony, echoing Pauline themes of endurance, character, and hope (Rom. 5:3–5). Mission completes the cycle: healed disciples become agents of healing.

Each stage is shaped by empathy and patience. This eightfold journey is not strictly linear; past stages often need revisiting. But together, they move a person "from glory to glory" (2 Cor. 3:18) – a gradual conforming to Christ's character through love, not coercion.

Figure 1

Trauma-informed Discipleship Cycle



Note: This diagram illustrates a cyclical process of discipleship shaped by trauma-informed principles, emphasizing grace, emotional safety, hope, empowerment, vulnerability, reconciliation, and mission within a supportive community.

This eightfold cycle, from grace and safety to empowerment, reconciliation, and mission, offers a trauma-informed approach to discipleship, emphasizing patience, empathy, and safe spaces for healing. By addressing spiritual, relational, and emotional needs, leaders can foster healing communities that promote resilience and guide individuals toward a Christlike transformation.

Healing Communities and Pastoral Implications

Jesus formed healing communities that crossed cultural, religious, and social boundaries (Matt. 19:14; Mark 5:34). Similarly, a trauma-informed model of discipleship envisions the local congregation as a healing community where love, justice, and mutual care are embodied. Trauma-informed churches practice what SAMHSA (2014) calls mutuality: collaborative relationships that dismantle hierarchical power dynamics, so pastors and church members support one another. In such environments, peer support becomes a norm, expressed through prayer partnerships, support groups, and small-group fellowship.

Leadership vulnerability is central to this transformation. Nouwen (1979) insists that Christian leaders must not hide their wounds, for ministry becomes authentic only when leaders embrace the "wounded healer" identity. Leaders who model honest struggle create space for congregants to voice their own pain without fear of shame or rejection.

Trauma-informed congregations may develop ministries such as trauma-support groups, referrals to mental-health professionals, or training programs for pastoral caregivers. Skilled clinicians—including Adventist professionals can be incorporated into the life of the church in ways consistent with the Great Commission. Pastors and elders should be trained in basic trauma principles drawn from Herman's (1992) recovery model, Levine's (2010) somatic regulation work, and Van der Kolk's (2014) neurobiological insights. Trauma-awareness helps pastors and church leaders avoid retraumatizing language and recognize moments when individuals need love and forgiveness rather than exhortation. The message shifts from "If you prayed more, God would fix this" to "We will walk with you in this struggle, trusting Christ to guide healing."

A trauma-informed church must also wrestle honestly with its own potential to harm. Churches, like any institutions, can unintentionally cause or perpetuate trauma through misuse of authority, shaming, exclusion, or spiritual coercion. Bonhoeffer (1996) emphasizes that communal confession is vital for relational healing. Congregations can practice collective lament and confession for ways the church has wounded members, engaging in acts of restitution when appropriate. Such transparency strengthens trust, echoing SAMHSA's (2014) principle of trustworthiness and transparency.

Importantly, trauma-informed care is not permissiveness. It does not excuse harmful behavior or avoid accountability. Rather, it requires stronger pastoral vigilance: maintaining boundaries, offering compassionate correction, and holding individuals accountable in ways that affirm dignity. SAMHSA (2014) clarifies that genuine compassion combines empathy with firmness and clearly defined expectations. Thus, discipleship remains a process of growth (Eph. 4:15) but is carried out through love rather than coercion, cherishing the person rather than treating them as a spiritual project.

In essence, forming healing communities means embodying James 5:16 ("Confess your sins to one another and pray for one another, that you may be healed") and Galatians 6:2 ("Bear one another's burdens") in tangible, systemic ways. Neuroscience reinforces this biblical vision: relational connection activates the "social engagement system," helping the traumatized brain shift from defense to safety (Porges, 2011). Therefore, the community's role is not peripheral but

central to God's restorative mission. In a trauma-informed congregation, relationships themselves become instruments of grace.

Conclusion

Discipleship understood as healing reframes spiritual and emotional development from a performance-centered endeavor into a pilgrimage of grace. In this vision, the church, Christ's body, is called to function as a therapeutic community where scars become testimonies of redemption. Integrating Adventist theological insights with contemporary trauma science yields a comprehensive model of Christian growth: one in which the Great Physician attends not only to sin but to every wound of body, mind, and spirit. As believers practice truth in love, even ecclesial structures and ministry programs are reshaped into instruments of wholeness (Eph. 4:15–16).

Ultimately, this perspective affirms that when disciples walk "through the valley of the shadow," they do not walk alone (Ps. 23:4). Discipleship becomes deeply incarnational, as Christ accompanies His followers into their darkest places. Van der Kolk (2014) and colleagues capture this dynamic by noting that trauma is not only the memory of a past event but also the ongoing experience of being "robbed of feeling fully alive and in charge of yourself" (p. 3). Thus, discipleship as a pathway to healing concerns restoring that sense of aliveness and agency through God's transforming love. This is the Adventist hope: that within Christ's church, brokenness encounters mercy, suffering becomes a site of divine nearness, and faith matures through both adversity and grace.

Cited Works

Alves, R. (2021). *Neuroscience and emotional health* [Conference presentation]. Novo Tempo Television Network.

Bonhoeffer, D. (1996). *Life together*. HarperCollins.

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. Gotham Books.

Dybdahl, J. (1999). *Alive in Christ: The transforming power of the gospel*. Pacific Press.

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). *Posttraumatic stress disorder in the National Comorbidity Survey*. *Archives of General Psychiatry, 52*(12). Retrieved October 20, 2025, from 1048–1060. Retrieved October 12, 2025, from https://doi.org/10.1001/archpsyc.1995.03950240066012

Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. North Atlantic Books.

Nedley, N. (2011). *Depression: The way out*. Nedley Publishing.

Nouwen, H. J. M. (1972). *The wounded healer: Ministry in contemporary society*. Image Books.

Oakley, L., & Kinmond, K. (2013). Breaking the silence on spiritual abuse. *Journal of Adult Protection, 15*(2), 57–66. Retrieved September 17, 2025, from https://doi.org/10.1108/14668201311313500

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. Norton.

SAMHSA. (2014). *Trauma-informed care in behavioral health services: A treatment improvement protocol (TIP 57)*. U.S. Dept. of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services. Retrieved October 26, from https://store. samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

The Holy Bible, New International Version. (1984). Biblica.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Vasconcellos, C. (2019). *Saúde emocional e espiritualidade* [Television interview]. Novo Tempo Television Network.

White, E. G. (2023a). *The Ministry of Healing*. Ellen G. White Writings. Retrieved October 20, 2025, from https://m.egwwritings.org/en/book/130/toc

White, E. G. (2023b). *My Life Today*. Ellen G. White Estate. Retrieved October 20, 2025, from https://whiteestate.org/devotional/myl/

Yehuda, R., Lehrner, A., & Harvey, P. D. (2015). Trauma and the neurobiology of survival response: Implications for clinical practice. *American Journal of Psychiatry*, 172(7), 617–629. Retrieved Septembee 30, 2025, from https://doi.org/10.1176/appi.ajp.2015.15010046