

## Christ and Cancer. Trauma as Hermeneutics

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**ABSTRACT.** The medical world approaches cancer as a physical disease, and nothing else. Medicine sees little in Man except anatomy and physiology, a system – albeit complex – of cells, tissues and organs, each with its particular function in maintaining and perpetuating the species. However, any confrontation with illness reminds us that we are much more than the sum of our physical components and abilities.

A terminal illness such as cancer inflicts not only a physical wound but also damages a person's mind, emotions and spirit. A person's reaction to a terminal diagnosis is accompanied by physical symptoms similar to one's reactions to a traumatizing event. Trauma – the body's reaction to a stressor that requires coping mechanisms beyond the victim's strength – is felt by the cancer patient not only at the time of diagnosis, but throughout the entire (long) journey through treatment, remission, evaluation and possible recurrence. Approaching cancer as trauma is essential in order to give back dignity to a patient, but also to change the treatment paradigm. More specifically, medical treatment should be supplemented by interventions that relate to mind, emotions and soul.

Taking the raising of Lazarus as a model, I will look at the way in which biblical characters can accompany the patient and trauma victim in their spiritual and emotional journey through grief. It is my intent to show how reading the Bible through the lens of trauma makes evident the presence of Christ in the life of a terminally ill patient.

**Keywords:** Trauma hermeneutics, Cancer-related PTSD, terminal diagnosis, grief therapy, treatment paradigm

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## Introduction

As a cancer nurse and aspiring theologian, I am part of a multidisciplinary team of people that seek to bring physical and emotional comfort and healing to our patients. Doctors, nurses, social workers, physiotherapists, chaplains and spiritual counselors seek to address the patients' needs holistically. I believe there are two main principles that can help in our attempts to approach patients as embodied emotional and spiritual beings. First, we must recognize that what cancer patients experience is not just a disease of the body, but a trauma. Naming trauma frees the patient to confront it and recover from it, increasing quality of life and inner peace. Second, I believe that we should draw on the resources provided by the Bible to meet the spiritual and emotional needs of patients diagnosed with a terminal illness. Armed with these resources and the knowledge that science backs up the benefits of spiritual care, the church community must enter what psychologist and trauma expert Diane Langberg calls "perhaps the greatest mission field of the twenty-first century," trauma.<sup>1</sup>

### 1. Trauma

The Greek word τραῦμα (*trauma*) means 'wound.' A traumatizing event is one that "may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a friend"<sup>2</sup> and for which the victim doesn't have adequate coping resources. In its most basic sense, trauma is a "wound of the heart."<sup>3</sup>

A stressful event activates the body's survival mode, the fight-flight-freeze-fawn-flop response.<sup>4</sup> Adrenaline, noradrenaline and later cortisol are secreted in large quantities for the purpose of giving us "strength and

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<sup>1</sup> Diane Langberg, *Suffering and the Heart of God: How Trauma Destroys and Christ Restores*, Greensboro, NC: New Growth Press, 2015, 8.

<sup>2</sup> This is the DSM-V definition (Frank Gieseler, Lynn Gaertner, Elske Thaden, and Werner Theobald, "Cancer Diagnosis: A Trauma for Patients and Doctors Alike," *The Oncologist*, July 2018, 23(7): 752–754, Published online 2018 Feb 22. doi: 10.1634/theoncologist.2017-0478, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6058334/...>, 752). Most trauma research, however, has been done using the definition found in the DSM-IV (1994), where a stressor event is one that "involves actual or threatened death or serious injury, or other threat to one's physical integrity." (National Cancer Institute, *Cancer-Related Post-Traumatic Stress*, <https://www.cancer.gov/about-cancer/coping/survivorship/new-normal/ptsd-hp-pdq>). The various definitions of trauma all have in common a stressing (or traumatic) event and a person's inadequate capacity to respond to it.

<sup>3</sup> Trauma Healing Institute, *Healing the Wounds of Trauma: How the Church Can Help, Facilitator Guide*, American Bible Society, Philadelphia, PA: Trauma Healing Institute, 2021, 23.

<sup>4</sup> Alexiana Fry, *Trauma Talks in the Hebrew Bible: Speech Act Theory and Trauma Hermeneutics*, Lanham, MD: Lexington Books, 2023, 15.

endurance to respond to extraordinary conditions.”<sup>5</sup> Usually, the body calms down after the danger has passed, if the person is within her “window of tolerance” and her coping mechanisms are available and adaptive.<sup>6</sup>

In the case of a traumatic experience, however, our mind and our body are overwhelmed. The continued production of cortisol leads to serious health issues, as the victim of a traumatic event lives “recurrent, tormenting memories of atrocities.”<sup>7</sup> He experiences fear, anger, shame, guilt, horror, a racing heart, sweating, shaking, and altered cognitions such as racing thoughts, inability to focus or concentrate, and avoidance.<sup>8</sup> In time, the body breaks down, relationships are destroyed, and so is the capacity to work and study. The victim loses the sense of safety and agency and feels disempowered and disconnected.<sup>9</sup>

## 2. Approaching cancer as trauma

According to the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual for mental health, “the cancer diagnosis meets the criteria for a traumatic event if it threatens the patient’s life.”<sup>10</sup> An overwhelming majority of cancer patients (94%) describe the illness as “the most traumatic event they have ever faced.”<sup>11</sup> One in two cancer patients report experiencing distress. Between 20% and 33% experience subclinical Post-Traumatic Stress symptoms. Cancer-related PTSD is indeed diagnosed in 4-10% of cancer patients.<sup>12</sup> Research shows that someone diagnosed with cancer may manifest the same symptoms as survivors of rape, genocide, natural disasters and military combat.<sup>13</sup>

Increasingly, voices in the medical world are asking for cancer to also

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<sup>5</sup> Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, New York, NY: Viking, 2014, 255.

<sup>6</sup> See Fry, 15-16, the Trauma Response Continuum.

<sup>7</sup> Langberg, 5.

<sup>8</sup> Frank Gieseler, Lynn Gaertner, Elske Thaden, and Werner Theobald, “Cancer Diagnosis: A Trauma for Patients and Doctors Alike,” *The Oncologist*, July 2018, 23(7): 752-754. Published online 2018 Feb 22. doi: 10.1634/theoncologist.2017-0478, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6058334/>, 754.

<sup>9</sup> American Cancer Society [ACS], “Cancer-related Post-traumatic Stress and PTSD,” May 22, 2024, <https://www.cancer.org/cancer/survivorship/long-term-health-concerns/post-traumatic-stress-disorder-and-cancer.html>.

<sup>10</sup> Gieseler et al., 752.

<sup>11</sup> Suni Petersen, Carolyn Bull, Olivia Propst, Sara Dettinger, Laura Detwiler, “Narrative Therapy to Prevent Illness-Related Stress Disorder,” *Journal of Counseling & Development*, Volume 83, Issue 1, 23 December 2011, [41-47].

<sup>12</sup> Gieseler et al., 753; Petersen et al., 41; NCI, “Cancer-Related ...”

<sup>13</sup> NCI, “Cancer-Related ...”

be treated as ongoing trauma. During the entire cancer journey, from diagnosis through treatment, remission, evaluation and possible recurrence, the patient goes through a “cascade of physical, emotional, practical, and social demands.”<sup>14</sup> On top of physical and emotional challenges, the patient feels vulnerable, incapable to control anything, chaotic, uncertain, forced into complex decision-making.<sup>15</sup> Diane Langberg describes how a chronically ill person

will watch his life eroded by the disease as it eats away at his body and his capacities. He will struggle with depression. His grief will be relentless. He will grieve his inability to do what his heart longs to do. He may eventually go from a full-orbed life to a bed. If he takes medication, he will suffer from side effects that will debilitate him in additional ways. His sleep will suffer, he will endure pain, and the daily care of his body will absorb more and more of his energy. This could last for decades.<sup>16</sup>

Some patients become hypervigilant and notice every little change they feel. Others ruminate over their diagnosis, constantly wondering ‘why them?’ Still others detach themselves from their lives, leaving decisions to their carers. Patients continue to be on high alert for danger even when treatment is over, waiting for the ‘shoe to drop’ any time.

Therapeutic approaches to stress disorders and to trauma are centered around teaching the patients coping mechanisms, stress-management and relaxation techniques. All these keep patients focused on problems, emotions and meaning.<sup>17</sup> Spiritual practices have been proven to improve the quality of life and the patient’s fight with fear and anxiety.<sup>18</sup>

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<sup>14</sup> Matthew J Cordova, Michelle B Riba and David Spiegel, “Post-traumatic stress disorder and cancer,” *Lancet Psychiatry*. 2017 Apr; 4(4): 330–338. Published online 2017 Jan 19, 330.

A psychologist describes how the patient “will watch his life eroded by the disease as it eats away at his body and his capacities. He will struggle with depression. His grief will be relentless. He will grieve his inability to do what his heart longs to do. He may eventually [end up in] a bed. If he takes medication, he will suffer from side effects that will debilitate him in additional ways. His sleep will suffer, he will endure pain, and the daily care of his body will absorb more and more of his energy. This could last for decades.” (Langberg, 188).

<sup>15</sup> Cordova et al., 330.

<sup>16</sup> Langberg, 188.

<sup>17</sup> National Cancer Institute, “Adjustment to Cancer: Anxiety and Distress,” April 12, 2023, <https://www.cancer.gov/about-cancer/coping/feelings/anxiety-distress-hp-pdq>.

Recommended non-pharmacological therapies for anxiety, trauma and illness-related trauma are: psychotherapy, Cognitive Behavioral Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and exposure therapy, along with lifestyle habits, such as mindfulness and meditation, exercise, sleep hygiene and support groups. NCI, “Cancer-Related ...,” ACS, “Cancer-related ...”.

<sup>18</sup> NCI, “Adjustment ...”.

### 3. The Bible through the lens of trauma

Scripture has much to say that is relevant to trauma victims today, whether their trauma is a result of illness or of other life events. Although the word ‘trauma’ itself is not widely used in the Scripture,<sup>19</sup> Scripture is rife with instances of trauma. From Cain killing his brother to Joseph being sold into slavery, from the ten plagues of Egypt to King David’s dysfunctional family, from the Babylonian exile to the murder of the Bethlehem children and the crucifixion of Jesus, practically every page of the Bible describes, laments or shows the consequences of trauma.

The field of trauma theology is relatively new, as is the official psychopathological category of trauma (PTSD was first introduced in the DSM in 1980). It was as late as 2013 that the Society of Biblical Literature (SBL) began a new unit called “Biblical Literature and the Hermeneutics of Trauma.” Increasing numbers of scholars recognize ‘trauma hermeneutics’ as an interpretive lens, an approach whereby trauma theory can be used to understand Scripture. Bible scholars seek to understand trauma in the particular cultural and historical context of the biblical text.<sup>20</sup> They are interested not just in the situations of trauma but also in the “mechanisms that facilitate survival, recovery, and resilience.”<sup>21</sup> The goal of this approach should not be academic alone, but also practical: showing another way in which the Bible is relevant to trauma victims today.

The use of ancient literature for modern therapy is not without precedent. Recognizing that war stories share commonalities across millennia, psychiatrist Jonathan Shay harnesses the “healing potential” of the *Iliad* and the *Odyssey* in his work with veterans.<sup>22</sup> Caralie Focht and L. Juliana M. Claassens are only two

<sup>19</sup> The only NT writer who used the noun τραῦμα *trauma* (wound) and the cognate verb τραυματίζω *traumatizo* (to wound) was a doctor – the evangelist Luke. Lk 10:34 talks about the wounds that the Good Samaritan binds up; Lk 20:12 mentions a wounded messenger; in Ac 19:16, the 7 sons of the chief priest in Ephesus, Sciva, get wounded by a possessed man.

<sup>20</sup> Elizabeth Boase and Christopher G. Fechette (eds.), *Bible Through the Lens of Trauma*, Atlanta, GA: SBL Press, 2016, 2.

<sup>21</sup> Boase and Fechette, 2. For example, patterns of trauma recovery set forth by psychiatrists (Judith Herman, *Trauma and Recovery*) are used by Bible scholars to lay out the story of Joseph and of Tamar, respectively. Caralie Focht, “The Joseph Story: a Trauma-Informed Biblical Hermeneutic for Pastoral Care Providers”, *Pastoral Psychology* 69, 230 May 2020, 209–223 (2020), <https://doi.org/10.1007/s11089-020-00901-w>, 210; L. Juliana M. Claassens, “Trauma and Recovery: A New Hermeneutical Framework for the Rape of Tamar (2 Samuel 13),” in Boase and Fechette.

<sup>22</sup> Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma*, Waco, TX: Baylor University Press, 2017, 59%; See Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Simon & Shuster, 1995; and *Odysseus in America: Combat Trauma and the Trials of Homecoming*, Scribner, 2002.

of the many scholars who apply trauma theory to the interpretation of the biblical stories (of Joseph and of Tamar, respectively).<sup>23</sup> Theologian Caralie Focht is convinced that trauma-informed Bible reading can be both “faithful to the narrative while still offering an interpretation that resonates with the experiences of people who read the text today.”<sup>24</sup> It is in this spirit of practicality that I approach the biblical text through trauma-informed lens.

In the rest of this paper, I will look at the story of the raising of Lazarus (Jn 11), an account that was called “the Fourth Gospel in miniature” by Leon Morris.<sup>25</sup> For John, this story is a key moment in Jesus’ own journey to the cross and to his eventual resurrection.<sup>26</sup> Using trauma-hermeneutics,<sup>27</sup> I will attempt to glean helpful insights for cancer patients dealing with the loss brought on by their disease.

#### **4. A trauma-informed reading of John 11**

John begins the story of the raising of Lazarus saying that Lazarus is ill and introduces the readers to him and his sisters. He goes on to recount how the sisters send a messenger to their friend Jesus, to inform him of his beloved friend’s sickness. Jesus gets the message but decides to linger for a while, in spite of the love he has for his friends. Later, when he tells his disciples that he is ready to go to his friends, they are worried that he would be caught by his enemies and killed. Jesus encourages them with a meditation about walking in the light, and he explains to them that he wants to wake Lazarus up. The disciples misunderstand, thinking that the sick man is recovering, so Jesus spells out that Lazarus is actually dead and expresses joy at the disciples’ opportunity to believe. They leave once Thomas expresses their readiness to face possible death alongside Jesus.

When the entourage reaches their friends’ house, Lazarus has been dead and buried for four days, and the sisters have begun the mourning rituals, surrounded by well-connected friends. Martha goes out to welcome Jesus and expresses her regret at his absence and her conviction that if he had been there, her brother would not have died. The two discuss resurrection, and Jesus introduces himself as the Resurrection and the Life. Martha confesses belief in Jesus’ identity as Messiah, Son of God and the Coming One. She then calls her

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<sup>23</sup> Focht, 209-223; Claassens, 177-192.

<sup>24</sup> Focht, 223.

<sup>25</sup> Leon Morris, *The Gospel According to John*, Grand Rapids, MI: Eerdmans, 1971, 532.

<sup>26</sup> Richard Bauckham, *Jesus and the Eyewitnesses: The Gospels as Eyewitness Testimony*, Grand Rapids, MI: Eerdmans, 2006, 29%.

<sup>27</sup> By ‘trauma hermeneutics’ I understand reading the text ‘through the lens of trauma.’

sister Mary, who arrives surrounded by mourners; Mary expresses the same regret. Seeing the grieving party, Jesus experiences very strong emotions, asks to be taken to Lazarus' grave and commands the stone be lifted, against all objections. When they obey, he voices a prayer of thanksgiving to his Father and calls out loudly to the dead man to come out. Lazarus comes out, wrapped in his burial clothes.

Some of the crowd reacts with belief in Jesus, while others take a report to the Jewish leaders, who convene a high-level meeting and express their concern for Roman repercussions. The high priest, in a moment of unintentional prophecy, judges that it is better for Jesus to die for the nation than vice-versa. When they decide to seek the capital punishment for him, Jesus goes into hiding. The end of the story leaves us in suspense, as we are told that the Passover festival is at hand, and spirits are running high wondering if Jesus would show up for the festival.

A trauma-informed reading of John 11 shows that first-century and twenty-first century victims of trauma share similar losses and responses to loss. The loss of health leading to death is the one truly universal and inevitable human characteristic, the greatest enemy of human life and flourishing. From ancient mummification rites to the contemporary transhumanist movement, aging and death are the supreme object of men's fears and preoccupation. Grief and mourning are natural and necessary companions of trauma and loss, but there is a reticence in the post-Enlightenment era to accept and manifest them. Psychiatrist and trauma expert Judith Herman emphasizes that "the descent into mourning is at once the most necessary and the most dreaded task."<sup>28</sup> The tendency is to try to live like we used to, but we cannot, and therefore we must "learn to live with the absence death has brought."<sup>29</sup> Survivors have a tendency to avoid grieving due either to fear or shame; therefore they need reassurance that mourning is an "act of courage rather than humiliation."<sup>30</sup> The inability to grieve cheats the victims from reaching a complete self and healing.<sup>31</sup> I propose that when patients identify with the grief journey of the biblical characters, they can find the coping mechanisms and spiritual resilience needed to handle their illness.

### ***The loss of hope and trust***

When health was lost, the sisters appealed to the authority of a Healer. For them the medical solution was Jesus, the powerful physician and miracle-worker. Mary and Martha had seen Jesus heal the sick and raise the dead, even from a distance (ch. 4:46-53). To the sisters, Jesus was "the Christ, the Son of God, who

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<sup>28</sup> Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, New York, NY: Basic Books, 1992 (3<sup>rd</sup> ed., 2015), 188.

<sup>29</sup> Langberg, 183.

<sup>30</sup> Herman, 188.

<sup>31</sup> Herman, 189.

is coming into the world” (v. 27), and they expected him to heal their brother either through his touch or from afar, by the power of his prayers (v. 22). Today, we appeal to doctors, whom many sick people perceive as larger-than-life miracle workers. But oftentimes, and especially when it comes to terminal illnesses, doctors fail expectations – as did Jesus, when he did not heal Lazarus.<sup>32</sup>

### ***The loss of safety***

In a belligerent, backward province of the Roman Empire, a modicum of safety was provided by family, property and community. With the death of Lazarus, the sisters were left to fend for themselves in a patriarchal society that was not kind to women.<sup>33</sup> Ancient Jewish women bereft of family entered a special underprivileged social category for whom God commanded special provisions. However, these were not always obeyed, subjecting widowed women to oppression.

In spite of advances in medicine and technology, disease still shakes our sense of safety, our at-home-ness in the world and makes us more acutely aware of danger lurking around us. Trauma survivors and the ill feel unsafe in their own bodies and in their relationships. They feel that they lack control over their lives, bodies, emotions and thinking.<sup>34</sup>

### ***The loss of honor***

Man’s search for meaning has always looked into the ‘why’ of suffering. Many cultures couple suffering with man’s sinfulness, or state of impurity, or his deeds incongruent with the divine order. Traditional shame-and-honor cultures

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<sup>32</sup> There was nothing in Jesus’ history to make them expect that he could raise a person dead for four days. The other raisings (the son of the widow in Nain Lk 7, the daughter of Jairus Lk 8/Mk 5) were done on the same day as the death. Jewish tradition at the time said that for the first three days after death, the soul keeps returning to the body, attempting to re-enter it, and finally leaves when the body begins to visibly decompose (George R. Beasley-Murray, *John*, Grand Rapids, MI: Zondervan Academic, 1989, 189). The attestation of this belief is from the 3<sup>rd</sup> century AD, but the superstition most probably existed centuries earlier (Morris, 546). This belief is what prompted the custom of visiting the tomb for 3 days after a burial, to make sure the dead person is still dead. This may have been the reason why Jesus lingered when he got the news of Lazarus’ illness: to make sure everyone witnessing the miracle would be convinced that Lazarus was really dead and not just awaiting resuscitation (D. A. Carson, *The Gospel According to John*, Grand Rapids, MI: Eerdmans, 1991, 407, 411). This belief is still held by the modern Jewish community, who is taught that the soul “lingers on for a while” after death, especially around its own house (Maurice Lamm, *Consolation: The Spiritual Journey Beyond Grief*, Philadelphia, PA: The Jewish Publication Society, 2004, 47).

<sup>33</sup> Since Scripture does not mention children or spouses, we can assume that all the siblings had were each other.

<sup>34</sup> Herman, 160; van der Kolk, 247.



are quick to link pain to visible or invisible failures, burying the sufferer under the stigma of shame and guilt.<sup>35</sup> In the Bible, the wisdom of the book of Proverbs (do good and you will live well) is counterbalanced by the wisdom of the books of Job and Ecclesiastes (bad things can happen to good people). A sense of shame hovers on chronic patients even today, so they shun the company of others as they wonder what they did to deserve the punishment of illness. When the community around the mourner is judgmental, impatient or disapproving, it ceases to be safe and therefore helpful.<sup>36</sup>

### ***The loss of community***

As the community wonders what ‘sin’ might have brought God’s punishment on the sick, especially in cases of an unnatural or unusual way to die, the tendency is to separate from the ill, so as to avoid ‘contagion.’ It is perhaps a tribute to Lazarus’ righteous witness in his community that “many of the Jews” (v. 19) were present to console his sisters. Today the ill are isolated from active society in what Ernest Becker called “the denial of death.”<sup>37</sup> For Philippe Aries, a denial of death is when society “refuses to participate in the emotion of the bereaved.”<sup>38</sup> A society obsessed by perennial youth and health hides away the aging and the sick in hospitals, hospices and arranged living communities. Chaplain J. S. Park observes that to be unseen in your community is worse than being invisible: it is “a mental and emotional anguish caused by continual relational distress.”<sup>39</sup> The ill themselves have a tendency to isolate, either for medical reasons (to avoid complications) or because they feel alone, misunderstood and too tired to give explanations. The world of the suffering is a shrinking one, for the Ancient and the Modern alike.

### ***The loss of dreams***

Imagination accompanies us all our lives, from the first time we hear a story until all stories turn to history. We dream of what life could be and we shape our lives accordingly. Death and illness stop our imagination in its tracks

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<sup>35</sup> Although shame is not explicitly mentioned in John 11, we can be sure it was in the palette of feelings that the sisters were feeling, as they and the community surely wondered why Lazarus had had to suffer and why the miracle-worker friend didn’t come to heal. Perhaps sickness and death had befallen their family precisely due to their association with the would-be messiah? Martha’s “even now” (v. 22) is telling.

<sup>36</sup> Van der Kolk, 286.

<sup>37</sup> Ernest Becker, *The Denial of Death*, NY: Macmillan, 1973.

<sup>38</sup> Philippe Aries qtd in Amanda Held Opelt, *A Hole in the World: Finding Hope in Rituals of Grief and Healing*, New York, NY: Hachette, 2022, Kindle loc. 713.

<sup>39</sup> J S Park, *As Long as You Need: Permission to Grieve*, Nashville, TN: W Publishing Group, 2024, 131.

and bring an end to the life that was supposed to be. The “pain of losing what will never be” is called ‘intrapsychic grief’ and is as painful as losing what was.<sup>40</sup> As grievors see their dreams dissolve, they are “torn between two timelines,” the timeline of their dreams and the timeline of their new, painful reality.<sup>41</sup> We can be sure that Mary and Martha imagined themselves living alongside their brother until they were “old and full of years”<sup>42</sup> – as we all do. Martha’s confession tells us that they were also expecting to see God’s kingdom established on earth “as it is in heaven” then and there, under the kingship of Jesus.<sup>43</sup> When their hopes and dreams are turned to dust, grief brings the sisters to a faith of a different nature.

### ***The loss of faith***

People across centuries wonder why a good God (who calls himself a loving friend!) allows suffering. Echoing Job, the OT laments and the disciples for whom Jesus’ words were “too much”; hospital chaplain J S Park explains the double loss of faith that his own confrontation with death brought. First to disappear was the easy faith provided by “pocket theology,” the spirituality of “clichés and snappy slogans and bless-your-heart remarks.”<sup>44</sup> The next to go was the trust in God’s character as a Person who answers prayer, eases crises, gives reasons and performs miracles.<sup>45</sup>

Mary and Martha’s faith – like ours today – needs to be deconstructed before it will be reconstructed. The “everything happens for a reason,” “it’s God’s will,” “heaven got another angel,” “look on the bright side” and “it will be OK” ideology must be broken by a “Lord, if only...” and be transformed.

### ***5. Ancient principles for today’s grievors***

John 11 teaches its readers what it means to grieve well. From the beginning, the author establishes the basis on which the episode is built: Jesus’ love for his friends. If we look at the passage through the lens of attachment theory, we note the secure attachment based on love between Jesus and his friends, Lazarus, Mary and Martha.<sup>46</sup> The link between a secure attachment and

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<sup>40</sup> Park, 15.

<sup>41</sup> Ibid., 27.

<sup>42</sup> Gn 25:8 of Abraham, Job 42:17 of Job, 1 Chr 29:28 of David, etc.

<sup>43</sup> Mary’s anointing of Jesus in 12:3 may have been her attempt to proclaim him as King, or at least a sign that the people present at the table were ready for the inauguration of Jesus’ political regime (Bauckham, 28%).

<sup>44</sup> Park, 39.

<sup>45</sup> Ibid., 47-48.

<sup>46</sup> When John stresses Jesus’ love for the main characters of the story, he doesn’t just give them a

grieving well is undeniable. Research has shown that people with insecure attachment styles may be prone to experience complicated grief.<sup>47</sup>

We observe communal aspects of grief starting with John 11:19, where the author describes friends gathering together to comfort the sisters. The Jewish practice of ‘sitting shiva’ with the bereaved focuses on being together for the first seven (Heb., *sheva*) days after a death/burial.<sup>48</sup> In Talmudic language, what happens at a shiva is a turning from the care for the dead to “concern for the living.”<sup>49</sup> Friends sit with the griever and mirror them: if the griever cry – they cry, if they laugh – they all laugh, and so on. This tradition is an ancient *mise-en-scène* of what neurologists have discovered about mirror neurons: that when a primary caretaker fails to mirror a baby’s emotions, that baby will have attachment issues all his or her life.<sup>50</sup> It is man’s fundamental need to have his emotions mirrored by another human. Likewise, the need to be truly seen by God is a basic human need. The psalmists also illustrate this principle when they talk about “seeking God’s face.”<sup>51</sup>

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generic name, like “his friends” or “Lazarus’ family;” he enumerates them and names two of the three, which implies that Jesus loved them both individually and as a family (Morris, 539). The sisters send a message to Jesus using the phrase “he whom you love” – a phrase that appears for the first time here (11:3), to refer to Lazarus. This is a phrase exclusive to John, who tells us that Jesus loved someone in 11:5, 11 (“our friend”), 11:36 (“see how he loved him”) and elsewhere talking about “the disciple whom Jesus loved” (13:23; 19:26; 20:2; 21:7, 20-24) (Gary M. Burge, *Commentary on John*, Grand Rapids, MI: Baker Books, 2012, 91). For more on the ongoing debate relating to the identity of “the beloved disciple” see R. M. Chennattu, “Lazarus,” in Joel B. Green, ed., *Dictionary of Jesus and the Gospels*, Downers Grove, IL: IVP Academic, 2013, 516; Marianne Meyer-Thompson, *John: A Commentary*, Louisville, KY: Westminster John Knox Press, 2015, 240.

<sup>47</sup> Victoria Russ et al., “The Relationship Between Adult Attachment and Complicated Grief: A Systematic Review,” *Omega Journal of Death and Dying*, 29 May 2022, 89 (4), <https://doi.org/10.1177/0030222822108311>; “Attachment Theory and Grief: Navigating Loss Through the Lens of Relationships,” 12 Sep 2024, NeuroLaunch, <https://neurolaunch.com/attachment-theory-and-grief/>.

<sup>48</sup> “Shiva and Other Mourning Observances,” *Jewish Practice*, Chabad.org, [https://www.chabad.org/library/article\\_cdo/aid/291135/jewish/Shiva-and-Other-Mourning-Observances.htm](https://www.chabad.org/library/article_cdo/aid/291135/jewish/Shiva-and-Other-Mourning-Observances.htm); “The History and Meaning of Shiva,” *Jewish Practice*, Chabad.org, [https://www.chabad.org/library/article\\_cdo/aid/281584/jewish/What-Is-Shiva.htm](https://www.chabad.org/library/article_cdo/aid/281584/jewish/What-Is-Shiva.htm); “Shiva (Judaism),” Wikipedia, [https://en.wikipedia.org/wiki/Shiva\\_\(Judaism\)](https://en.wikipedia.org/wiki/Shiva_(Judaism))

<sup>49</sup> Lamm, 50.

<sup>50</sup> Developmental psychologist Edward Tronick discovered that for a healthy development, infants need their motions to be reflected by their mothers. David Kessler argues that in the same manner in which babies need to see their mother mirror their expressions, adults also “need to feel their grief acknowledged and reflected by others.” (David Kessler, *Finding Meaning: the Sixth Stage of Grief*, NY: Scribner, 2019, 12%).

<sup>51</sup> Psalmists address “God’s face” often (13:1, 34:8, 4:6). Theologian and cancer patient J. Todd Billings says that prayer “is all about God’s face shining on us ... We bring our whole selves before God, and in that process we are seen by the almighty God and are able to apprehend our new identity in light of his promises.” (J. Todd Billings, *Rejoicing in Lament: Wrestling with Incurable Cancer and Life in Christ*, Grand Rapids, MI: Brazos, 2015, 43). Perhaps this desire for mirroring is the reason why people across millennia have found it helpful to pray the psalms (of which more than one third are laments).

The Johannine story exemplifies another ‘modern’ principle of grief therapy: storytelling. The Greek verb ‘to comfort’ used in 11:19 and 31 is composed of two words: ‘story’ (μῦθος *mythos*) and ‘alongside’ (παρά *para*). Translated literally, παραμυθέομαι *paramytheomai* means to ‘storytell alongside’ someone. What the comforting friends do is to tell stories alongside the sisters about their brother. Storytelling is a powerful and necessary tool in the process of healing from grief. As scholar Juliana Claassens put it, “Trauma victims need trauma narratives in order to become trauma survivors.”<sup>52</sup> “Safe storytelling” relieves the disorders and memories caused by trauma and loss.<sup>53</sup> However, to a trauma victim, language may feel inadequate: he or she must “testify to his or her own experience while never possessing adequate language for doing so.”<sup>54</sup> Comforters are needed to provide language when the griever has none. A true comforter listens to the story, normalizes the mourners’ grief and assures them “that they are not insane, but this is indeed part of grieving.”<sup>55</sup>

The individual aspect of grief becomes obvious in the interactions between Jesus and the sisters. In grief, the two sisters remain true to their personalities, as described in Luke 10:38-42.<sup>56</sup> Martha is the active, feisty one who responds to pain by verbalizing a theological dilemma (11:21-27). The way Jesus mirrors her is by engaging her and matching her desire for theological clarity. Mary – the sensitive one, the thinker – is overwhelmed by emotion, and she can barely utter one phrase before she falls (faints?) at his feet, crying, speechless. Jesus mirrors her emotions and starts crying, too.

When we talk of individual grieving, we remember Elizabeth Kubler-Ross’ five stages of grief, with a 6<sup>th</sup> stage added later. These are denial (shock and disbelief that the loss has occurred), anger (that someone we love is no longer here), bargaining (all the what-ifs and regrets), depression (sadness from the loss), acceptance (acknowledging the reality of the loss) and meaning (transforming grief into something “rich and fulfilling,” something that makes sense of the loss).<sup>57</sup> Other trauma specialists call these stages “villages” or “neighborhoods” that the grievers walk through:<sup>58</sup> the village of denial and

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<sup>52</sup> Claassens qtd in Fry, 19.

<sup>53</sup> Herman, 183.

<sup>54</sup> David G. Garber, Jr., “Trauma Theory and Biblical Studies,” *Currents in Biblical Research*, 2015, Vol. 14(1) [24–44], 27.

<sup>55</sup> Langberg, 187.

<sup>56</sup> Peter J. Williams uses the constancy of Mary and Martha’s personalities across the two gospels (Lk and Jn) as an example of the “undesigned coincidences” that support the trustworthiness of the gospel accounts (Peter J. Williams, *Putem avea încredere în evanghelii?* [*Can We Trust the Gospels?*], Oradea: Editura Universității Emanuel, 2020, 86-87).

<sup>57</sup> Kessler, 1%.

<sup>58</sup> THI, 40-43.

anger,<sup>59</sup> the village of no hope,<sup>60</sup> and the village of new beginnings.<sup>61</sup> Neither the stages nor the villages are consecutive, and the journey between them goes back and forth. It is most probable that four days after their brother's death, the sisters are in the village of denial and anger, but they could be experiencing a mixture of anger, bargaining and depression. They both express 'wishful thinking': "if only you had been here..."

The sisters' shared regret can surely be considered one of Scripture's shortest laments. Lament is the most common biblical verbal manifestation of grief. Biblical lament is a prayer through which a child of God brings before God his or her feelings of disappointment with God. A basic definition of lament is "asking God why."<sup>62</sup> In Scripture, the people of God do not stoically accept suffering, but rather they challenge God for it.<sup>63</sup> Mary and Martha's grieving community also voices their own disappointment with Jesus: "Could not he who opened the eyes of the blind man also have kept this man from dying?" Just as in the Hebrew Bible God accepts lament as a valid form of conversation with Man, so Jesus accepts the rebuke of his friends and of the crowd. It does break his heart, however, filling him with very strong emotions that find their way out through tears. Jesus himself grieves.

The words used to describe Jesus' reaction to the sight of death are extremely strong. The Greek verb ἐμβριμάομαι *embrimaomai* ("to be greatly agitated,"<sup>64</sup> 33, 38) baffles scholars. The verb indicates hot anger, akin to the agitation displayed by a snorting horse, or a rebuke.<sup>65</sup> Most English translations use "deeply moved," "deeply troubled" or "groaned in the spirit," and one version translates "he became enraged in his spirit and stirred himself up."<sup>66</sup> Another verb used to show Jesus' emotional anguish is ταραύσω *tarasso* (33), meaning "to agitate, trouble, disturb, to be disturbed, terrified, confused; to be

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<sup>59</sup> Immediately after the loss, victims feel: numbness, dissociation, a sense of irreality, they cry or explode in anger, (toward God or people), display wishful thinking ("if only..."), question why, blame someone for the loss, want revenge, may have hallucinations of the dead person.

<sup>60</sup> The darkest place in the process; victim is sad and hopeless, unable to organize life, lonely, guilty (for no reason), avoids pain, possibly suicidal.

<sup>61</sup> Here victims accept the loss and their new identity, ready to experience a full life, find meaning, help others, have different priorities, accept life is different.

<sup>62</sup> N. T. Wright, "Christianity Offers No Answers About the Coronavirus. It's Not Supposed To," *TIME*, online edition, 29 Mar 2020, <https://time.com/5808495/coronavirus-christianity/>.

<sup>63</sup> Billings, 10.

<sup>64</sup> STEP Bible, *embrimaomai*.

<sup>65</sup> Meyer-Thompson, 248, note 300.

<sup>66</sup> BibleGateway.com, <https://www.biblegateway.com/verse/en/John%2011:33>. Elsewhere in the gospel, the word is used once by Matthew (9:30) to speak of Jesus "sternly warning" (NASB) the healed blind men not to say anything, and twice by Mark, of Jesus "sternly warning" the healed leper to be quiet (1:43, NASB), and of men "scolding" a woman (14:5, NASB).

stirred up; affected with grief or anxiety.”<sup>67</sup> John uses the same verb to describe the troubled soul of Jesus before his Passion (12:27; 13:21). This emotion of horror is Jesus’ very own, human terror, which – according to Leon Morris – shows that “Jesus of His own free will entered fully into man’s lot, identifying Himself with the griefs of His friends.”<sup>68</sup>

John tells us that Jesus wept, using the verb δακρύω *dakruo* (to cry, to shed tears, v. 35).<sup>69</sup> This is a different word from the one used to describe the mourners’ crying, κλαίω *klaio* (to weep, shed tears but also to wail, mourn).<sup>70</sup> We could interpret Jesus’ crying as mirroring or emotional contagion. Science says women, but also people with higher self-esteem, emotionality and sensitivity to others are more susceptible to emotional contagion, as opposed to self-assertive people and narcissists.<sup>71</sup> Commentators admit that through this “most remarkable unveiling of the heart of Jesus”<sup>72</sup> John wants to emphasize his humanity. “The Word, through whom the worlds were made, weeps like a baby at the grave of his friend,” says N.T. Wright – and this chisels our very definition of God.<sup>73</sup>

Much has been written about the spiritual practice of prayer as a helpful tool to deal with loss and trauma. According to research, the sense of a higher power, spiritual belief, attending religious services, prayer and meditation all have positive influences on the grieving process, enabling griever to form better coping mechanisms and helping them to maintain better overall health.<sup>74</sup> Prayer, of which lament is one form, is demonstrably as helpful to a trauma victim as ‘talk-therapy.’<sup>75</sup> In John 11, the sisters request something of Jesus,<sup>76</sup>

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<sup>67</sup> STEP Bible, *tarasso*.

<sup>68</sup> Morris, 557.

<sup>69</sup> STEP Bible, *dakruo*. The substantive form of the word, δάκρυον *dakruon* meaning “tears” appears 10 times. This suggests that Jesus had tears in his eyes but was not wailing, which also supports the contagion issue. N. T. Wright translates this verse “Jesus burst into tears.” (John Goldingay and N. T. Wright, *The Bible for Everyone: A New Translation*, London: SPCK, 2018, John 11:35).

<sup>70</sup> STEP Bible, *klaio*. Morris (558) points out that this is the difference between “a loud demonstrative form of mourning, a wailing” which the mourners were demonstrating, and Jesus’ “quiet weeping” showing a deep grief.

<sup>71</sup> Sara Angle, “Crying is Contagious – Especially for People With Certain Personality Traits,” *well+good magazine*, Nov 27, 2018, <https://www.wellandgood.com/emotional-contagion-personality-type/>.

<sup>72</sup> Morgan, quoted in Morris, 557, fn. 69.

<sup>73</sup> N. T. Wright, *Jesus and the Victory of God*, Minneapolis, MN: Fortress Press, 1996, 8%.

<sup>74</sup> Alan D. Wolfelt and Kirby J. Duvall, *Healing your grieving body: 100 physical practices for mourners*, Fort Collins, CO: Companion Press, 2009, 99.

<sup>75</sup> Brent Strawn, “Trauma, Psalmic Disclosure, and Authentic Happiness,” in Christopher G. Frechette and Elizabeth Boase (eds.), *Bible Through the Lens of Trauma*, Atlanta, GA: SBL Press, 2016, [143-160], 148-149.

<sup>76</sup> At the time of their request (11:3), it’s most likely that the sisters did not understand Jesus as one with God, but rather as the promised Redeemer King of Israel who would save the nation from political oppression and restore Israel to its former glory. Therefore, we do not suggest that they prayed to him as they would to God.

and Jesus himself prays to God (vv. 41-42). Jesus' prayer is a voiced thanksgiving to the Father before a miracle.<sup>77</sup> It reveals to us that the Father had heard the Son<sup>78</sup> and had been moved in the same manner in which Jesus was moved when he saw Mary (v. 33) and heard the grumbling crowd (v. 38).<sup>79</sup> John defines prayer as asking the One with power and authority to be moved in your favor. Jesus adds to this the dimension of the Father's will and glory, which is the key to interpreting his actions (vv. 4, 15).<sup>80</sup> Thus, the way in which Jesus prays is both paradigmatic and unique.<sup>81</sup>

Mirroring, storytelling, displaying grief individually and in community are universal, ancestral practices that have been shown by science to spring from our very humanity and benefit our spiritual and emotional healing after loss. According to John, the pinnacle of the trauma recovery process is Jesus himself. All grief-processes lead to him and find their fulfilment in him, the one who progresses from failed miracle-worker to co-sufferer, to the giver of life everlasting.

We see the sisters moving from an unsafe position to the safety of Jesus' understanding presence; we see them mourning together with Jesus in that safe space; and we see their restored connection with their resurrected brother and with God. These are the steps of the trauma recovery process that psychiatrist and trauma expert Judith Herman enumerates: establishing safety; remembering and mourning; and reconnecting with ordinary life.<sup>82</sup> Progress toward healing, according to Herman and as illustrated in John 11, is the "gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged

<sup>77</sup> The verb for "raised his eyes" here is αἶρω *airo* ("to lift up," 41), also used in the passage to refer to the gravestone (39, 41) and to what the Romans will do with the nation (48). Elsewhere in the gospels, Jesus' action of lifting his eyes and praying is described with the word εὐλογέω *eulogeō*, translated "to praise," "to bless," also "to give thanks." STEP Bible, *eulogeo*.

<sup>78</sup> Tom Wright believes that Jesus' mention of an answer already given (11:41) references his previous prayers, made during the days in which he lingered beyond the Jordan (N. T. Wright, *John for Everyone*, part 2, London, UK: SPCK, 2002, 10%; N. T. Wright, *The Resurrection of the Son of God*, Minneapolis, MN: Fortress Press, 2003, 443); Morris (560) agrees that the aorist verb tense can refer to "some past and unrecorded prayer" or the passage might refer to an unmentioned prayer.

<sup>79</sup> The synoptic gospels' accounts of Jesus' Gethsemane prayers give us the full picture of how the Father hears the laments of his Son (even as the Son hears the laments of his best friends). Jesus was so sure of the Father's receptivity that he accepted a negative answer when it confirmed the Father's will.

<sup>80</sup> D. M. Crump, "Prayer," in Green, DJG, 691. Jesus' prayers are in accord with the will of the Father, who wishes that all would believe in the One he has sent (6:29) and that none should perish (6:39). Similarly, John assures us that our requests according to the Father's will will be answered. Jn 14:13-14, 15:7-8, 16:23, 1 Jn 5:14, DJG, 691.

<sup>81</sup> Crump, 691.

<sup>82</sup> Herman, 155.

memory, and from stigmatized isolation to restored social connection.”<sup>83</sup> Throughout this grief journey, the sisters’ faith has not disappeared – but it has been deconstructed and changed.

The 11<sup>th</sup> chapter of John’s gospel both comforts and challenges the victims of trauma and loss. The story of the raising of Lazarus addresses the importance of our bodies as the locus of God’s work; it deals with the idea of suffering as God’s punishment for personal sin or failure, showing Jesus’ best friends suffering; it addresses death anxiety; it invites faith in God’s higher purpose for human suffering; it portrays God himself suffering and grieving; it confirms lament to be an acceptable form of conversation with God; it validates man’s need for space and time to tell his story; it reinforces the role of community in the grieving process; it invites the reader to a deeper kind of prayer, not as an exchange of favors but as thankfulness for a gift already given; it demonstrates that an experience of healing and resurrection (be it physical or spiritual) will not necessarily be met with approval; it points to the cost of Jesus’ life in exchange for another’s; above all, it proclaims Jesus as the ultimate power and authority over life and death.

As a church community we accompany each other in the grief journey, addressing the issues of control and connection with Scripture and spiritual practices.<sup>84</sup> The trauma-healing process takes us to a place of sure hope when it takes us to Jesus. Relinquishing control to a God who loves, a God who grieves, and a God who has power to raise the dead, the cancer patient and the trauma victim can truly live life to the fullest – whether that is for one more week or for one more decade. Grieving in the presence of Jesus is a step towards reconnecting with self, with community, and with God. In other words, Jesus offers to use our grief to help us become fully human, fully alive.

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<sup>83</sup> Herman, 155.

<sup>84</sup> NCI, “Adjustment ...”.



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