

THE WOMAN WITH THE HEMORRHAGE:
OPENING THE WOUNDS OF WOMEN TO GOD'S HEALING GRACE

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By

Nancy G. Romer, MD

UNIVERSITY OF DAYTON

Dayton, Ohio

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Name: Romer, Nancy Gilles

APPROVED BY:

Jana M. Bennett, Ph.D.
Faculty Advisor

Neomi D. DeAnda, Ph.D.
Faculty Reader

Meghan R. Henning, Ph.D.
Faculty Reader

Sandra A. Yocum, Ph.D.
Faculty Reader

Abraham M. Nussbaum, M.D., M.T.S.
Outside Faculty Reader

Jana M. Bennett, Ph.D.
Chairperson

ABSTRACT

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Name: Romer, Nancy Gilles
University of Dayton

Advisor: Dr. Jana Bennett

Women who have been physically, psychologically or sexually abused often do not completely process the trauma of their wounds. As a result, some women may display physical and psychological manifestations of their continued trauma. In a contemporary setting that adheres to a dualism that separates mind and body, the symptoms reported by these women are often not associated with their previous trauma. This continued trauma often interferes with the woman's ability to relate to her family, her community, and her faith. This dissertation names this trauma, "the wounds of women," and explores the varied manifestations of these wounds. It then uses Scriptural and theological lenses to explore wounds, identity, and the meaning of wounds in resurrected bodies. An examination of theologies of forgiveness provides wounded women, and those called to attend to them, a pathway forward. In the end, an exegesis of the story of the healing of the woman with the hemorrhage in Mark 5:23-34 encourages women to open their wounds to God's healing grace.

Dedicated to wounded women

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INTRODUCTION

In 2017, following allegations of sexual misconduct against movie producer Harvey Weinstein, # MeToo, a new feminist mantra arose, giving voice to thousands of women who had experienced sexual assault or harassment.¹ In 2020, the New York Times documented a culture of sexual harassment in the Court of Master Sommeliers which confers the most elite wine certification,² and in a 2019 study published in the Journal of the American Medical Association, one in sixteen women reported that their first sexual encounter was non-consensual.³ The list of accused sexual predators is long: Jeffrey Epstein, Andrew Cuomo, Bill Cosby, and newsmen Roger Ailes, Bill O'Reilly and Matt Lauer, ad nauseum. These public discussions and exposés of violence and power against women are not remarkable because the violence is new, but rather because the public discussion of the violence against women is new. It is also a testament to the fact that women, despite the gains of feminists, are still seen as sexual objects. Misogyny is alive and well.

For over thirty years my vocation and professional life was dedicated to caring for the physical, mental and sometimes spiritual health of women, and it comes as no surprise to me that there are large numbers of women who have experienced some form of coercion, assault, dominance and trauma perpetrated by men. Much medical and psychological research has explored the physical and psychological consequences of

¹ <https://www.nbcnews.com/storyline/sexual-misconduct/metoo-hashtag-becomes-anti-sexual-harassment-assault-rallying-cry-n810986> Accessed September 17, 2019.

² <https://www.nytimes.com/2020/10/29/dining/drinks/court-of-master-sommeliers-sexual-harassment-wine.html> Accessed January 10, 2021

³ Laura Hawks et al., "Association between Forced Sexual Initiation and Health Outcomes among Us Women," *JAMA Internal Medicine* (2019).

these events for women⁴ and the pastoral literature has addressed the difficulties in their spiritual counselling.⁵ Yet these efforts are still inadequate as women continue to seek attention for, and healing of, these wounds. My dissertation addresses these women, their physical and spiritual experience of being wounded, and proposes some approaches to attending these wounds.

The wounds women suffer as a result of these assaults are best summarized by a patient I met relatively early on in my career. Jenny was a fifteen-year-old girl brought to me by her parents with debilitating dysmenorrhea⁶ that was causing her to miss several days of school every month. This is not an unusual complaint in teenage women, and I suggested the usual recommended medications as first line treatments, with little to no relief of her symptoms. An ultrasound likewise showed no specific pathology of her pelvic organs. The next step would be to proceed to surgery, a relatively simple diagnostic laparoscopy, to determine if there was any pathology missed by the ultrasound. Before proceeding, I chose to ask **the question:** Had Jenny ever been physically, psychologically or sexually assaulted? Her parents, with great reluctance, admitted that Jenny had been sexually assaulted by her grandfather for several years. Despite my attempts to suggest that Jenny's symptoms were related to the assault, her parents insisted I proceed with surgery, "Just to make sure." The laparoscopy revealed

⁴ The website for the American Congress of Obstetricians and Gynecologists lists over ten Committee Opinions related to sexual assault. <https://www.acog.org/Search?Keyword=sexual+assault&Page=4> A PubMed search for sexual assault produces 5701 articles. <https://www.ncbi.nlm.nih.gov/pubmed/?term=sexual+assault> Both accessed September 17, 2019.

⁵ Monica Coleman's experience with Christian churches after her sexual assault and Kathryn Greene-McCreight's experience while attending to her mental illness are illustrative of the problem. Monica A. Coleman, *Bipolar Faith : A Black Woman's Journey in Depression and Faith* (Fortress Press, 2016), Kathryn Greene-McCreight, *Darkness My Only Companion: A Christian Response to Mental Illness* (Grand Rapids, MI: Brazos Press, 2006).

⁶ Painful menstrual cramps.

that Jenny had the normal pelvic organs of any fifteen-year-old. When I told her parents the “good news” they were crestfallen. As her father said “So I guess it has to be the abuse.” It was easier for them to accept a dire pathologic diagnosis than to deal with her assault. As for Jenny, I saw her pain as a cry for someone to attend to her wounds; deep wounds that were a physical expression of her psychological and spiritual pain.

The incidence of gynecologic complaints of pelvic pain, dysmenorrhea and sexual dysfunction is higher in women with a history of sexual assault than in the general population⁷ and they have statistically more lifetime surgeries than women without such a history.⁸ We cannot necessarily blame the surgeons and gynecologists for doing what they are trained to do: operate. Wounded women come to us asking, as one patient begged, “Please cut out my pain,” and we do just that. The problem arises when the pain resists medical and surgical treatment and we persist with these treatments. These are deep pains which cannot be simply removed with a surgical knife.

Despite medical and psychological research on female assault, many women still feel isolated and shamed. Both health care providers and spiritual advisors feel their attempts to attend to these women are inadequate. I, too, have felt a helplessness when encountering these women. While part of the helplessness was my inability to cure them, there was also the inability to care or attend to them in a meaningful way. These are desperate, hurting women who are reluctant to discuss their past history of sexual assault even when asked, but who at the same time, are begging for help.

⁷ Jacqueline Golding, Sharon C Wilsnack, and Lee A Learman, "Prevalence of Sexual Assault History among Women with Common Gynecologic Symptoms," *American Journal of Obstetrics and Gynecology* 179, no. 4 (1998).

⁸ Samantha Meltzer-Brody, Jane Leserman, and Denniz Zolnound, "Trauma and Posttraumatic Stress Disorder in Women with Chronic Pelvic Pain," *OBSTETRICS & GYNECOLOGY* 109, no. 4 (2007).

The American College of Obstetricians & Gynecologists (ACOG), recognizing that their members are usually the first to encounter women after assault, produced a Committee Opinion in 2019.⁹ This Committee Opinion acknowledges the pervasive problem of sexual assault and recommends that health-care providers who care for women employ universal screening for sexual assault. It also summarizes the literature documenting the short-term and long-term health consequences of these assaults. Despite the efforts of ACOG, Jacki Golding has noted the low incidence of utilization of this screening among practitioners.¹⁰

While predating the ACOG Committee Opinion, an expert-panel, the Chronic Pelvic Pain/Endometriosis Working Group (CPPE), issued management guidelines for chronic pelvic pain (CPP) in 2002,¹¹ which ignored the substantial contribution of assault to women's problems with pain. While acknowledging that "a substantial proportion of women with CPP have non-gynecological causes for their symptoms and 50% have a history of current physical or sexual abuse,"¹² the group stated that "treatment of non-gynecologic causes...were beyond the scope of the consensus group."¹³ This omission reflects both the complexity of the problem and the reluctance of surgically trained physicians to address psychological and spiritual illness. The CPPE Working Group focused only on the physical aspect of pain, something they could fix. This narrow focus prevented them from seeing the non-gynecologic causes as being within "the scope of the

⁹ Committee Opinions are meant as guides for members in addressing specific topics within the specialty of obstetrics & gynecology. American College of Obstetrics and Gynecology A.C.O.G., "A.C.O.G Committee Opinion on Sexual Assault," *OBSTETRICS & GYNECOLOGY* 133, no. 4 (2019).

¹⁰ Golding, Wilsnack, and Learman.

¹¹ Joseph C. Gambone et al., "Consensus Statement for the Management of Chronic Pelvic Pain and Endometriosis: Proceedings of an Expert-Panel Consensus Process," *FERTILITY AND STERILITY* 78, no. 5 (01/01/January 2002 2002).

¹² Gambone et al. 969.

¹³ Gambone et al. 967.

consensus group.” On paper, women’s health practitioners are encouraged to screen for assault, but in practice the issue is often neglected.

It is not just physicians who fail to consider past assault in the treatment of pelvic pain. Patients are also very reluctant to associate their pain and other symptoms with their history of assault. Just as Jenny’s parents were looking for a “physical” cause for her pain, most patients are reluctant to associate their trauma with their symptoms. Jenny’s parents were not atypical in their denial of an association between her physical pain and the trauma of her abuse. Just like the working group, patients want an “objective” cause for their pain; one that can be cured with surgery or medication and never addressed again.

This spirit/body dualism has deep roots characterized by the Enlightenment’s emphasis on reason, science and objectivity. The Enlightenment produced an anthropology that was dualistic in nature, seeing the body as a machine that could be objectively studied and then manipulated while the spirit become secondary. The dualism also devalued the spiritual aspects of caring for the sick which were relegated to secondary importance.¹⁴ The increased emphasis on physical causes and treatments of illness became the primary focus of physicians who saw themselves as scientists responding to illness in a rational manner, and not healers responding to the suffering of patients.

Medicine’s roots lie with the Greeks who practiced a holistic approach that synthesized a natural theory of disease with devotion to the Asclepian cult.¹⁵ Both

¹⁴ Michael J Balboni, and Tracy A Balboni, "Spirituality and Biomedicine: A History of Harmony and Discord," in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, ed. John R Peteet MD and Michael N D'Ambra MD (Baltimore: Johns Hopkins University Press, 2011), 13.

¹⁵ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, 5.

Judaism and Christianity engaged this holistic approach to medicine, as both saw healing as attending to physical illness and the suffering it engendered. Holding dual roles as physicians and clerics was a widespread practice in Christian and Jewish communities during the medieval period which reflected the close union of physical and spiritual care of the sick.¹⁶

Since the sixteenth century however, medicine has embraced Francis Bacon's passion for empirical scientific study and the results have been remarkable. No one can argue with the successes of antibiotics, the treatment of diabetes, hypertension, lymphoma and other cancers. In the nineteenth and twentieth centuries this emphasis on science in turn produced physicians committed to a professionalism that emphasized the scientific basis of their work.¹⁷

The turn to science by the medical community facilitated an increasing secularization of the medical profession. As physicians became focused on scientific medicine, they also became more focused on what several authors call "cure rather than care;"¹⁸ a focus on curing illness at the expense of caring about the suffering of the sick. Patients are seen as machines that need repair instead of people who are suffering. The holistic approach of the Greeks that addressed both the spirit and the body, has been discarded in favor of a rational, scientific view of illness.

The medical community is not alone in its obsession with medicine as science. As Stanley Hauerwas explains, our secular society denies the inevitability of death and "the

¹⁶ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, 8.

¹⁷ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, 14.

¹⁸ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, 14. Also Stanley Hauerwas, *God, Medicine and Suffering* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1990), 107.

task of medicine is to go to elaborate lengths to keep us alive...because cure, not care, has become medicine's primary purpose."¹⁹ Patients embrace the separation of spirit and body because it allows them to deny their own mortality. Illness and suffering become another problem that the science of medicine should be able to solve.

In the end both patients and physicians are invested in this dualism that pervades society and our approach to illness. If no anatomical source of pain can be found women conclude, as more than one patient has said to me, "this is all in my head." The pain becomes something that is mental and therefore must be imaginary. It is very difficult in our post-modern world to understand that physical pain is not separate from mental, or emotional pain. The consequences are wounded women asking for "physical treatment" of "physical illness" from physicians trained to only treat "physical causes." This focus on a false dichotomy by all parties leaves women wounded and in pain.

My Vocabulary

The words I will use throughout this dissertation when discussing women who have been assaulted need to be clarified. The most common words used to describe assault on women, such as rape, sexual assault, victim, and survivor are all multivalent. The words used in the legal system: rape, sexual imposition, perpetrator, sexual assault have been clearly defined by the FBI,²⁰ can vary by state, and refer to lack of consent. This emphasis on consent by the legal community has reduced sex to a transaction that requires clear consent by the parties. As Christina Emba noted in a recent opinion piece in the Washington Post, "In this landscape, there is only one rule: Get consent from your

¹⁹ Hauerwas, 101.

²⁰ Federal Bureau of Investigation, *Summary Reporting System (S R S) User Manual Version 1.0. Criminal Justice Information Services (C J I S) Division, Uniform Crime Reporting (U C R) Program* (Washington, DC, 2013).

partner beforehand.”²¹ This legalistic approach ignores the power dynamics at work in sexual assault, and reflects the tendency in Western societies to deny sex as an expression of meaningful relationships. Because the words of the legal system don’t necessarily reflect the real experiences of women, and because they fail to provide a thick description of sexual assault, I will avoid using them.

Using the term survivor to name the women whose experiences are the basis of this work is also inadequate and misinforms. The formal definition of survivor is one who has continued to exist or live after, or who continues to function or prosper despite hardship.²² This definition may apply to some women after they have endured sexual assault, as they continue to exist and live after their assault and some may even function and prosper. However, I find the definition invokes battle imagery and sees healing only in terms of women regaining power. This fails to describe the women of this work, and again I will attempt to avoid the term.

As a surgeon, I view things as embodied, and in terms of injury and healing, so the term I find most descriptive is wounded women. Their experience has left them with deep physical, spiritual and psychological wounds. As these wounds heal, they leave scars on the woman as a reminder of her experience, just as an abdominal scar is a reminder of an appendectomy. As a surgeon I am initially compelled to heal these wounds, but I need to realize that these wounds need care and attention that may not necessarily include healing. The term wounded women, allows me to assess their circumstances within the metaphor of wound healing, scarring, and abscess formation and helps to remove the

²¹ Christina Emba, "Consent Is Not Enough. We Need a New Sexual Ethic," *The Washington Post* (March 17, 2022 2020), www.washingtonpost.com/opinions/2022/03/17/sex-ethics-rethinking-consent-culture/?utm_medium=email&utm_source=newsletter&wpisrc=nl_opinions&utm_campaign=wp_opinions.

²² <https://www.merriam-webster.com/dictionary/survive> Accessed June 10, 2020.

implications associated with victim and survivor. Wounds describes the suffering and the potential for either healing or continued pain, and seems most appropriate when naming the consequences of assault on women.

Naming the physical consequences of these wounds is relatively easy but naming the psychological and spiritual consequences present challenges. Post-traumatic Stress Disorder, or PTSD, has been used to describe women with a history of sexual and physical assault.²³ It is a specific psychiatric disorder that was originally used to describe the anxiety disorder seen in soldiers after the stress of battle, but its definition has been expanded to include the anxiety resulting from a personal encounter with serious trauma.²⁴ Its association with war trauma again brings unwanted associations with battle, but if we concentrate on the association with serious trauma, PTSD functions well in describing the psychological consequences of women's wounds.

The wounds inflicted on women are often deep and lasting and the Korean Christian theological term "han"²⁵ reflects this woundedness. *Han* designates a wound that goes deep into the person while assuming a holistic anthropology that denies the spirit/body dualism. These wounds may be physically superficial, but they reach to the very soul of the person and are expressed physically as well as spiritually. The holistic nature of this term is helpful in understanding women's wounds.

While many women exhibit feelings of guilt after being traumatized, this term is also inadequate, as guilt implies that the woman bears some responsibility for her trauma. Shame has emotional, moral and psychological components, as well as Scriptural roots,

²³ Meltzger-Brody, Leserman, and Zolnound.

²⁴ BL Green, "Psychosocial Research in Traumatic Stress: An Update.," *Journal of Trauma Stress* 7 (1994).

²⁵ Andrew Sung Park, *From Hurt to Healing : A Theology of the Wounded* (Abingdon Press, 2004).

and in the area of psychology, it can be explored as a stage in human emotional and moral development.²⁶ While related to guilt, shame has properties that differentiate it from guilt and its social component is useful to my discussion.²⁷

In my experience, naming healing is as difficult as naming the wound. As a surgeon I coopted the motto “a chance to cut is a chance to cure” and focused my work on “fixing” the wounds of women. Over time, I came to understand that healing is a more complicated process, but my viewpoint is so embodied that I still see healing through the lens of a wound. The pathophysiology of wound healing and scar formation²⁸ provides a metaphor for the scar formation caused by the wounds of sexual assault. While no one has demonstrated stages of healing or recovery for wounded women similar to the stages of grieving,²⁹ I see the formation of scars as providing a lens into the scar formation around the wounds of sexual assault. While the pathophysiology provides a model for healing, I am wary of human attempts at healing. To see ourselves as healers displays a hubris that can be counterproductive when encountering wounded women. I think we need to humbly accept that our call is to attend these women in a caring manner that is not focused on cure.

Throughout this work I will refer to women who have experienced assault as wounded women, their wound as shame and their healing as a transformation through

²⁶June Price Tangney, and Ronda L Dearing, *Shame and Guilt, Emotions and Social Behavior*, ed. Peter Salovey (New York: Guilford Press, 2002).

²⁷ I am indebted to friend and colleague, Catherine Hadaway, MD for the suggestion to use the term shame.

²⁸ Christos Profyris, Christos Tziotzios, and Isabel Do Vale, "Cutaneous Scarring: Pathophysiology, Molecular Mechanisms, and Scar Reduction Therapeutics Part I. The Molecular Basis of Scar Formation," *Journal of the American Academy of Dermatology* 66, no. 1 (January 1, 2012 2012). Accessed June 11, 2020.

²⁹ Common stages of grieving over trauma and death were described by Elizabeth Kubler-Ross. See Elizabeth Kubler-Ross, *On Death and Dying* (New York: Scribner, 1969).

God's grace. While these terms reflect my understanding of these women and also my approach to the subject, they are not definitive, nor meant to be descriptive of all wounded women. Each woman is unique and each woman's story and understanding of her experience is distinctive.

Attending to these women requires recognizing the mental and spiritual effects of their wounds. The pastoral literature has addressed the need for attending to the spiritual needs of these women, as evidenced in the work of Beth Crisp, a social worker and rape survivor, who has described the difficulties in the spiritual counseling of wounded women.³⁰ Theological concepts of forgiveness and reconciliation, important in the healing process for wounded women, can be particularly difficult for these women as can patriarchal images of God as father. Traditions that promote embracing silence as the way to spiritual development present serious obstacles in caring for wounded women who are often encouraged by their perpetrators to keep silent.³¹

Despite the medical, psychological, and spiritual work being done, many women still feel isolated and shamed, and both health providers and spiritual advisors feel helpless in their attempts to attend to these women. These attitudes of women and health care providers towards illness and medicine developed over many years and it will take many years to alter these conceptions and provide a more beneficial pastoral approach.

Due to my training and many years of practice in obstetrics and gynecology my viewpoint is deeply embodied and yet my experience of wounded women has led me to reject the dualism of spirit and body that has arisen post-Enlightenment and is pervasive

³⁰ Beth R Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," *Theology and Sexuality* 13, no. 3 (2007).

³¹ Beth R Crisp, "Silence and Silenced: Implications for the Spirituality of Survivors of Sexual Abuse," *Feminist Theology* 18, no. 3 (2010).

in medical practice. It is this dualism that has led us to see manifestations of assault as being either physical or mental and makes us unable to see the connection between physical pain and emotional and spiritual trauma, even for wounded women. To tell them there are no “physical signs” or pathology associated with their symptom of pain is to tell them they have imaginary pain. It is now well documented in medical and psychiatric literature,³² that deep mental and spiritual wounds can have profound physical manifestations, but this literature is working against long held beliefs that separate spirit and body, and makes spirituality appear irrelevant.

This project attempts to bridge this false dualism, to reestablish the connection between body and spirit and provide an integrated approach to attending to women’s wounds.

Questions Addressed by this Project

In addition to spirit/body dualism problems, the questions I seek to address in this dissertation also concern what, exactly, it means to bring about healing in these cases. For example, perhaps one way to see healing is as a matter of control. A focus on cure depends on a view of illness as a problem to be solved through science and reason. Our attempts at cure reveal a hubris reflective of a deep sense of individual autonomy, and usurps God’s power to heal for ourselves. I suggest that our aim with wounded women is not cure but accompaniment.

This accompaniment, or attending to wounds, does not necessarily imply cure. The Christian call to care for the sick has its Scriptural basis in Matthew 25:35-36: “For I was

³² Gambone et al. Golding, Wilsnack, and Learman.

hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, *ill and you cared for me*, in prison and you visited me.”³³ It should be noted that Jesus calls us not to *cure* the sick but rather to *care* for them. Similarly, those called to care for wounded women need to resist the urge to cure and focus on attending.

Women who have experienced forced sex, been physically assaulted or mentally abused, have wounds that arise out of pain and suffering, and which have a spiritual dimension. A major focus of this dissertation is to look at these wounds through the lenses of Scripture and theology. This dissertation will then examine wounds and healing through the lens of resurrected bodies which leads to a view of wounds as transformed by God’s grace. Finally, a theology of unconditional forgiveness, leads to a praxis that encourages women to open their wounds to God’s healing grace.

My argument therefore refutes a spirit/body dualism, because I am focused on the theological fact that our bodies, minds and souls are intertwined. To say we are embodied souls means precisely that the body is *not* of secondary importance. Our bodies are how we interact with the world around us and with people. We express our emotions through our bodies: we cry when we are sad or hurt, we smile when we are happy, we hug and kiss to express love. Our bodies change over time, reflect the events of our lives, and contribute to our identity.

Since our bodies are so important then the scars and wounds on our bodies become important. We cannot merely ignore our wounds because they play so many roles in our lives. Wounded women often try to ignore their wounds because they are reminders of

³³ All Scripture quotations are taken from The New American Bible.

the pain and suffering associated with their assault. In this dissertation my examination of wounds explores their contribution to our identity as well as their theological and Scriptural meanings.

In Scripture, wounds had multivalent meanings. In Old Testament theology, illness, disability and wounds were sometimes associated with failure to uphold the covenant with God. The association of wounds or illness, with sin was so strong it carried through to the New Testament and prompted the disciples to ask Jesus “Rabbi, who sinned, this man or his parents, that he was born blind?” (Jn 9:2). Disability and illness could also act as sources of separation from the community. The Gospel accounts depict Jesus as a healer that cured the leper, made the lame walk and the blind see. These acts of Jesus were not just the curing of physical illness but in his own words, about forgiving sins. When Jesus heals the paralytic (Mt 9:2-8, Lk 5:18-26, Mk 2:1-12) he does so with the words “Child your sins are forgiven” and thereby heals not only the physical illness or wound but the sin that purportedly was associated with the disability and the resulting social separation. The implication is that healed bodies arise out of faith and therefore faithful people have their wounds erased.

There are alternate stories about healing and woundedness in Scripture, however. In this dissertation, I plan to look at Scripture and theology of resurrected bodies to provide an alternative to erasure of wounds. The post-resurrection appearances of Jesus supply an example for our own resurrection and include a “transformation” of wounds (Jn 20:19-29). Jesus’ wounds are described in detail and testify to the importance of the crucifixion, reflected in his wounds, and the promise of transformation rooted in his resurrection. Paul’s answer to the Corinthian’s question regarding the type of body which is

resurrected (1Cor 15:35) addresses the difficulty the Corinthians, and we, have in understanding resurrected bodies.

Bodily resurrection is difficult to conceive in our science-oriented society, and in the words of John Henry Newman is not “plausibly imaginable.”³⁴ Twentieth-century theologians, such as Karl Rahner, have turned to advances in quantum physics to help overcome this implausibility. These advances challenge conventional views of time, space and matter, and allow a theology of resurrection that reconsiders materiality. This resurrection theology helps us to see “healing” as a transformation of wounds from signs of pain and suffering, into a new creation in God’s grace.

If transformation is dependent on God’s grace it still requires initiation by the wounded woman. Theologies of forgiveness and reconciliation can provide a path through the healing process for these women. The process of healing through forgiveness can be difficult, particularly when the perpetrator is unknown, unrepentant, or unwilling to accept responsibility. This process of forgiveness must be initiated by the wounded woman and be engaged in freely. A short survey of forgiveness, and reconciliation, including unconditional forgiveness, addresses the difficulty of the unrepentant perpetrator, and provides a basis for the praxis of forgiveness.³⁵ It is through this praxis that women can find a way to open their wounds to God’s healing grace.

To address these questions, I employ three metaphors for wounded women. I first use a medical, and holistic metaphor that sees physical wounding and healing as the

³⁴ Quoted in Sandra Marie. Schneiders, *Jesus Risen in Our Midst : Essays on the Resurrection of Jesus in the Fourth Gospel* (Collegeville, Minn: Liturgical Press, 2013), 5.

³⁵ Heidi Chamberlin Giannini, "Hope as Grounds for Forgiveness: A Christian Argument for Universal, Unconditional Forgiveness," *Journal of Religious Ethics* 45, no. 1 (2017), accessed January 14, 2021,

wound of assault, and opening the wound to clean out the remnants of infection as the healing of the wound. My second metaphor utilizes the Scriptural depictions of wounds as signs of sin as a negative view of women's wounds and the transformation of Jesus' resurrection wounds as a positive view that leads to healing. Jesus' post-resurrection wounds depict the way women's wounds need to be opened to God's grace for healing. My finally metaphor is the woman with the hemorrhage. This is a comprehensive metaphor that reveals the wounded woman in the crowd, isolated, searching for a cure, who reaches out to Jesus.

My viewpoint in this dissertation involves a personal connection to wounded women and yet remains removed from the violence inflicted on women. I have not personally experienced violence similar to these women, and the men I have known, my father, brothers, and husband, are men who respect women for who they are. My role as physician to women who have experienced violence was often quite intimate. The doctor-patient relationship is built on trust that creates a safe place to acknowledge these wounds, which I experienced through their stories and bodily experiences. My role as physician allows me to be outside looking in and yet still participate in the experience of the pain of these women. This privileged place gives me some objectivity within the intimate medical encounter.

This work begins by examining the wounds of women and Chapter 1 is devoted to describing these wounds. In that chapter, I will first explore the wounds of women who have been physically, psychologically or sexually harmed, initially by examining the medical literature that describes the clinical presentation of wounded women. For me, this describes the initial encounter I had with wounded women, while revealing the

difficulties in trying to identify them. Important here is the Enlightenment and post-Enlightenment dualism that prevents physicians and patients from seeing physical pain as a manifestation of spiritual wounds. Since I have chosen to name the spiritual and psychological response to these wounds shame, I will next explore the philosophical and theological meaning of shame and its role in women's wounds. In the following section I will explore the physical aspects of wounds noting their multivalent significance and I establish the wound metaphor with a brief foray into pathophysiology.

Chapter 2 looks at current Scriptural and theological approaches to woundedness, beginning with the Hebrew Scripture's interpretation of wounds. The Book of Job offers an alternative to sin as unfaithfulness and also provides a space for protest and lament over unjust suffering. In the New Testament, the healing stories of Jesus are viewed within the context of healing as faithfulness, while Jesus' wounds are viewed as signs of identity. What constitutes our identity is briefly explored, and I also look at how bodies, through wounds, reflect our personal history and contribute to our identity. This provides a basis for understanding the importance of our bodies and the significance of our wounds.

Chapter 3 examines the resurrected body in similar Scriptural and theological terms, which again emphasizes the importance of bodies. Resurrected bodies provide a model for how God's grace leads to healing without erasing our wounds. If Jesus' resurrection is the promise of our own resurrection, then the Scriptural descriptions of Jesus' resurrected body provides clues to the role of bodies and wounds in the resurrection. Paul's answer to the Corinthian's question "with what kind of body will they be raised" (1Cor 15:35) suggests an altered "spiritual body" as the form of resurrection. Twentieth-century

theologians Karl Rahner, and Joseph Ratzinger, provide a corrective to the materialistic bodily resurrection that arose through the course of Church history, by asking us to reconsider materiality in the context of twentieth-century quantum physics and Beth Felker-Jones reiterates the importance of bodily resurrection through a feminist theological lens.

Just describing women and their wounds, as I hope to show in the first three chapters, is insufficient in a work of practical theology so Chapter 4 addresses ways of attending to wounded women. A theological discussion of forgiveness and reconciliation, provides the background for practical recommendations and addresses steps in forgiveness and how to address the unrepentant perpetrator. The Church's attempts at attending to wounded women have often been inadequate at best. The experiences of Monica Coleman and Kathryn Greene-McCreight reveal the empty spaces in Christian Churches' spiritual praxis in responding to sexual assault and mental illness respectively. Forgiveness is an important step for wounded women seeking to process their wounds and I will examine theologies of forgiveness, particularly unconditional forgiveness. Robert Schreiter's work with societies torn by violence, while not directly applicable to wounded women, reinforces the role of God and the spiritual nature of forgiveness. An understanding of forgiveness, forgetting, restitution and revenge hopefully will allow women to find their own path forward.

Ultimately, the healing of wounds is dependent on God's grace, and I return therefore to Candida Moss's exegesis of the woman with the hemorrhage in Mark's Gospel (Mk 5:25-34) to help women learn how to reach out to God. It is when they open their wounds to God's healing grace that they will find peace.

It took me several years to reconceive that what I was doing as a physician was not fixing women's bodies with my pills and procedures, but rather I was providing a doorway for God's grace. For me to claim I healed a woman is to usurp God's healing grace when I was merely His instrument. The ultimate aim of this work, therefore, is not to provide a method for women to heal their wounds, but to provide them an opportunity to accept the importance of their bodies and their wounds, while showing them how they can be reimagined. In so doing, I pray they will have the courage to open their wounds to God's healing grace. I write for these women.

CHAPTER 1

THE WOUNDED WOMAN

“-There was a woman afflicted with hemorrhages for twelve years. She had suffered greatly at the hands of many doctors and had spent all that she had. Yet she was not helped but only grew worse. -”
Mark 5:25-27

Traumatic events, whether physical, psychological or spiritual affect us in profound and lasting ways, leaving permanent marks on our bodies, minds and souls. This chapter explores these marks and summarizes the physical, mental health and spiritual consequences of women’s wounds. The goal is to provide a picture of wounded women that acknowledges the complexity of their wounds and the resulting physical and spiritual manifestations. The language of the pathophysiology of wounds and scars provides a metaphor for thinking theologically about women’s wounds and it is through that lens I view wounded women. This exploration, therefore, begins with a brief summary of the physical events that occur when the body is wounded, scars are formed and how I see the wounds of women reflected in these physical changes.

While each woman is unique, as is her trauma, it is necessary to make some generalizations to facilitate the discussion. Since, the psychological and emotional manifestation of women’s wounds are difficult to summarize, shame provides a construct for understanding women’s trauma. To do so necessitates a summary of the philosophical, moral and scriptural accounts of shame.³⁶

These generalizations provide a clinical picture of wounded women, but it is one complicated by a tendency to separate the spirit from the body which arises out of a post-

³⁶ I am indebted to Catherine Hadaway, MD who suggested using shame to describe the wounds.

modern, post-Enlightenment world view. This dualism often leads both women and their medical providers unable to connect their physical symptoms to spiritual trauma. This chapter is no different as evidenced by the separation of the manifestations of wounds into physical, mental health, and spiritual. A brief review of the historical roots of spirit/body dualism helps clarify the problems we have in conceptualizing the source of the various manifestations of women's wounds. The chapter concludes by applying the metaphor of wound healing and scarring to wounded women, to construct a unified holistic picture of these women.

Wounded bodies

Pathophysiology of Wounds and Scars

We all experience wounds during our lives. Some are minor, some are major, some are intentional as a result of surgery, some accidental, and some incidental. As a surgeon, I see wounds, healing, and scarring through a pathophysiologic lens. A wound into the skin heals in specific stages that are similar whether in a small cut, a surgical incision, or a deep wound.³⁷ After the initial injury, wound healing begins with an initial reactive stage which lasts up to three days, known as the inflammatory stage. This stage is aimed at containing the injury and walling off any infection or foreign bodies. It begins with clotting of the injured blood vessels and capillaries, and the accumulation of dead tissue into the eschar, also known as a scab. During the second stage, which lasts for four to twenty-one days, the body secretes substances that cause the raw tissue beneath the eschar, to generate new tissue that fills in the defect of the wound. This new, healthy tissue is a sign of normal healing. When the defect has been completely filled the overlying scab or

³⁷ Profyris, Tziotzios, and Vale.

eschar is shed and the underlying new tissue is exposed. This tissue differs slightly in its arrangement of components and can be distinguished from the surrounding skin. Over time this tissue hardens and thickens into the permanent sign of a wound, a scar.

While this describes the basic physiology of wound healing, the actual event can vary depending on the person's genetic predisposition to abnormal scar formation, the depth of the wound, any residual infection or the presence of foreign bodies. If infection is present and the skin heals over this infection, an abscess can form beneath the scar. If large enough, this abscess may not be naturally removed by the body and can fester and persist. Eventually, days or even weeks later, this abscess can erupt through the skin spilling out the infected tissue. The cavity left by the abscess must then be cleansed and the defect left open until the underlying tissue is completely healed.³⁸ Scar formation is also not uniform, as some wounds will heal forming thick scars or keloids, while other scars appear as faint lines almost impossible to detect.³⁹ Regardless of the particular manner of healing, all wounds result in marked bodies; some marks are thick scars, some faint lines and some wounds result in an abscess that is difficult to heal without re-opening the wound.

When a human body is wounded, either intentionally by surgery, or by trauma, a scar is the enduring sign of the wounding event in a person's life. Scars may fade over time but they never completely disappear. The location and shape of surgical incisions⁴⁰ are different for different operations based on the area of the body being incised and the

³⁸ Romolo J. Gaspari et al., "A Randomized Controlled Trial of Incision and Drainage Versus Ultrasonographically Guided Needle Aspiration for Skin Abscesses and the Effect of Methicillin-Resistant *Staphylococcus Aureus*," *Annals of Emergency Medicine* 57, no. 5 (2011), accessed June 16, 2020.

³⁹ Profyris, Tziotzios, and Vale.

⁴⁰ Folasade O. Imeokparia, Michael E. Villarreal, and Lawrence A. Shirley, "Fundamentals of Incisions and Skin Closures," in *Fundamentals of General Surgery*, ed. Francesco Palazzo (Cham: Springer International Publishing, 2018).

technical requirements of the operation.⁴¹ Before minimally invasive surgery reduced access for nearly all abdominal procedures to four small incisions, a patient's abdomen could tell their surgical history. A scar down the middle of an abdomen suggested a major bowel procedure or cancer surgery; a scar along the right rib cage was indicative of gall bladder or liver surgery; a scar in the lower abdomen pointed to gynecologic surgery. Just observing the scars on someone's abdomen gives significant clues to the patient's past life history.

Surgical scars are not the only story tellers. Something as simple as a skinned knee can result in a scar that is a reminder of a childhood mishap. Gray hair and loss of muscle tone signify ageing. The joint deformities of rheumatoid arthritis can tell a story of lifetime pain and limited mobility. A post-mortem exam, performed by a pathologist, can reveal a great deal about someone's life story and the manner of their death. I may have completely recovered from hand surgery done eight years ago, but the scars and occasional aching remind me of a time when I could not use my hand and how it limited my professional duties. We may not want to dwell on a traumatic accident or illness but the scars that are a consequence of healing from those injuries remind us of significant events in our lives. Our bodies tell the stories of our lives, reveal who we are, and contribute to our identity.

The wounds that are the consequence of the trauma women experience, are usually deep and cause significant changes in their lives. While these changes may not be seen as a scar or wound in the skin, they are still present. As the traumatic event recedes into the past, this imperceptible wound may partially or completely heal, but regardless of how

⁴¹ Profyris, Tziotzios, and Vale.

well the wound heals, it produces physical, mental and spiritual manifestations, which women often report as symptoms of illness. Since “symptoms” imply a connection to a disease process, I prefer to use the word “manifestations” to describe the effects produced by trauma.

The Manifestations of Wounds

Each woman reacts to her assault differently and each wound produces different manifestations in each woman. Despite the uniqueness of each wound some generalizations can be made and while the following discussion is not meant to reduce women’s responses to these specific generalizations, making generalizations helps in describing some of the more common responses evoked by wounds. When considering this summary, it is important to remember, and respect, the particularity of each woman, and of her wound, which influences how her wound is manifested.

Physical Manifestation of Wounds.

Women who have experienced some trauma, those I call wounded women, often seek out their primary care physician for treatment, which for many women means their gynecologist. While some women may report their assault immediately and their first encounter is with law enforcement and emergency personnel, a large number of women fail to report their assault immediately, if ever, and some women are in an on-going abusive relationship.⁴² It is usually in the primary care provider’s office that the woman first reports symptoms that eventually are linked to her assault. Determining which of the woman’s complaints are associated with her wound and which are not, can be a daunting

⁴² Deirdre Anglin, "Diagnosis through Disclosure and Pattern Recognition," in *Intimate Partner Violence: A Health-Based Perspective*, ed. Connie Mitchell and Deirdre Anglin (Oxford: Oxford University Press, 2009).

task. This task is complicated by the nature of the woman's relationship with her provider which may be one of trust or one of suspicion and is also influenced by dynamics arising from the gender of the provider and by cultural barriers. The woman's underlying shame and denial of her assault may prevent her from openly discussing the issue with her provider. Often the ability, or inability, of the health care provider to recognize signs of the assault and differentiate them from normal physiological processes may complicate the interaction.⁴³

There are physiological processes in the reproductive cycles of women between the approximate ages of eleven and fifty, which are usually considered to be normal. While these changes can vary from woman to woman, month to month, and can be regular or irregular, in general, these changes follow a basic thirty-day pattern and can produce pelvic sensations. It is common for young women to have dysmenorrhea (severe cramping during the menses) for the first few years after menarche (onset of first menses).⁴⁴ Ovulation can cause significant bleeding into the ovarian cyst that produced the egg at ovulation, which can cause discomfort or pain. Some ovarian cysts, though considered to be functional, can grow large enough to elicit pain. There are also some pathological conditions, specifically endometriosis,⁴⁵ which can cause more intense dysmenorrhea, pain from cyst formation, and pain with intercourse (dyspareunia).⁴⁶ The severity of the discomfort associated with these common physiologic changes varies widely and inconsistently correlates to the severity of the underlying physical and

⁴³ Anglin, in *Intimate Partner Violence: A Health-Based Perspective*.

⁴⁴ Hugh S. Taylor et al., *Speroff's Clinical Gynecologic Endocrinology and Infertility*, Ninth edition. ed. (Wolters Kluwer, 2020).

⁴⁵ Endometriosis occurs when uterine lining tissue becomes attached to other pelvic organs and responds to cyclic hormones.

⁴⁶ P. G. Wardle, and M. G. Hull, "Is Endometriosis a Disease?," *Bailliere's clinical obstetrics and gynaecology* 7, no. 4 (1993).

pathological findings.⁴⁷ Despite the medical communities best effort to quantify pain,⁴⁸ it is essentially relative, and in women, correlates poorly with physical findings, for reasons that will be apparent later in this chapter.

Clinically, the discomfort and pain that women perceive as coming from their reproductive organs is called pelvic pain. For the average woman, these symptoms can vary from mild through moderate to severe, and when significant enough for the woman to report them, usually elicit some treatment from the provider. This treatment often consists of non-steroidal anti-inflammatory drugs (NSAIDS) and/or hormonal contraceptives. The majority of women with uncomplicated pelvic pain respond to these treatments with amelioration of their pain, cyst resolution, and disappearance of mild endometriosis.⁴⁹ These are common symptoms which respond quickly to simple treatments.

The wounded woman often initially describes similar symptoms of dysmenorrhea, pelvic pain and dyspareunia but she has a higher rate of pain than the general population and lower response rates to initial treatment with NSAIDs, and hormonal contraceptives.⁵⁰ Wounded women have the same ovarian cysts, endometriosis and menstrual complaints that their sisters experience, but their pain is often out of proportion to the degree of pathology present and often it persists or recurs even after the pathology has resolved. A wounded woman may come to her clinician, like any other woman, with pelvic pain, and an ultrasound reveals an ovarian cyst, which may be part of normal

⁴⁷ Fred M Howard, "Chronic Pelvic Pain," *Obstetrics and Gynecology* 101, no. 3 (2003): 608.

⁴⁸ David W Baker, *The Joint Commission's Pain Standards: Origins and Evolution* (Oakbrook II: The Joint Commission, 2017), accessed December 8, 2021, <https://www.jointcommission.org/-/media/tjc/documents/resources/pain-management/pain>.

⁴⁹ F. W. Hanson, "Naproxen Sodium, Ibuprofen and a Placebo in Dysmenorrhea," *The Journal of reproductive medicine* 27, no. 7 (1982).

⁵⁰ Golding, Wilsnack, and Learman.

ovulation. The clinician and patient attribute her pain to the cyst, and either the cyst is surgically removed, or the patient is given pain medicine until the cyst resolves spontaneously.

For the average woman, after resolution of the cyst, the pain resolves and does not recur. For a wounded woman her pain either resolves only temporarily or is unresponsive to treatment and persists. The patient returns a few weeks or months later with similar complaints seeking further treatment and the cycle repeats itself often with the pain becoming more intense with more frequent office visits. These patients no longer have a symptom, but a disease gynecologists call chronic pelvic pain.

The American College of Obstetrics and Gynecology's (ACOG) most recent definition of chronic pelvic pain is "pain symptoms perceived to originate from pelvic organs/structures typically lasting more than 6 months. It is often associated with negative cognitive, behavioral, sexual and emotional consequences as well as with symptoms suggestive of lower urinary tract, sexual, bowel, pelvic floor, myofascial, or gynecological dysfunction."⁵¹ There are several important aspects of this definition. First, the pain is "perceived to originate from pelvic organs/structures." ACOG does not require that the pain originate anatomically in pelvic organs, but that they be "perceived" as originating from pelvic organs. Part of this definition reflects how pain is located by the human brain. Our arms, legs, head, neck, back and abdominal wall all have nerve cells called proprioceptive receptors, that tell us where in space our body lies, and nociceptive receptors that tell us we are in pain. When we are injured, the nociceptive receptors tell the brain there is pain and the proprioceptive receptors tell where the pain is. The organs

⁵¹ American College of Obstetrics and Gynecology A.C.O.G., "A.C.O.G Practice Bulletin, Number 218. Chronic Pelvic Pain," *OBSTETRICS & GYNECOLOGY* 135, no. 3 (2020).

of the abdomen, the bowels, bladder, kidneys, uterus and ovaries have poor proprioception. While a person can localize a feeling of pain in body parts with relatively better proprioception, such as an arm, they are less able to localize pain in a body part with less proprioception like the small intestine. Therefore, women with chronic pelvic pain perceive pain as coming from pelvic organs, but struggle to localize the pain further. They may perceive pain in the abdomen, and since the pelvic organs are in the abdomen, they may conclude the pain is originating in pelvic organs. This relative inability to localize pain becomes important when we look at how wounded women perceive, and attempt to describe the pain resulting from their wounds.

There is much medical literature noting an association of chronic pelvic pain with a history of sexual assault. A study by Lampe et al, revealed that the incidence of sexual abuse, physical violence and emotional neglect prior to age 15 was statistically higher in women with chronic pelvic pain.⁵² Chronic pelvic pain is not the only physical complaint that wounded women bring to their physicians. Studies have shown that gynecologic symptoms of pain, bleeding and sexual dysfunction are more common in women who have been sexually assaulted.⁵³ In addition to gynecologic complaints, wounded women's overall health is adversely affected compared to women who have not been assaulted. They are more likely to have adverse gynecologic and general health outcomes, are seen more frequently in health care settings, and have a variety of adverse health events.⁵⁴

The causal relationship between these physical complaints and a history of wounding is difficult to determine. It is unclear whether the assault actually causes the adverse

⁵² A Lampe, and et al, "Chronic Pelvic Pain and Previous Sexual Abuse," *OBSTETRICS & GYNECOLOGY* 96, no. 6 (2000).

⁵³ Golding, Wilsnack, and Learman.

⁵⁴ Hawks et al.

health events, or it leads women to interpret what might otherwise be interpreted as “normal” pelvic sensations as pathology. I surmise, based solely on my clinical experience, that wounded women have a heightened awareness of their bodies and the pain from their wound is being expressed through their pelvic organs. As will be explored in detail later, emotional pain of the assault cannot be separated from the physical symptoms of pain.

The adverse health events experienced by wounded women are not confined to physical complaints of pelvic or abdominal pain. The wounds inflicted on them result in complex manifestations that include alterations in mental health and the women’s spiritual outlook.

Mental Health Manifestations of Wounds

Studies in the psychiatric literature have documented the increased incidence of mental illness, particularly depression and post-traumatic stress disorder (PTSD) in women who had reported a sexual assault, and noted that fifty percent of women seen in a mental health care setting reported an assault sometime in their life.⁵⁵ Clearly poor mental health can put a woman in situations that risk assault, and conversely, assault can lead to depression and PTSD. Here again, the direction of cause and effect is uncertain, but there is a clear association. Despite the statistics showing strong correlations between sexual assault and mental health, Golding found that only fourteen to thirty-nine percent

⁵⁵ Teresa Au et al., "Co-Occurring Posttraumatic Stress and Depression Symptoms after Sexual Assault: A Latent Profile Analysis," *Journal of Affective Disorders* 149 (2013), accessed May 25, 2021, Norah C Feeny, Lori A Zoellner, and Edna B Foa, "Anger, Dissociation, and Posttraumatic Stress Disorder among Female Assault Victims," *Journal of Traumatic Stress* 13, no. 1 (2000), accessed May 25, 2021, Carole Warshaw, Phyllis Brashler, and Jessica Gil, "Mental Health Consequences of Intimate Partner Violence," in *Intimate Partner Violence: A Health-Based Perspective*, ed. Connie Mitchell and Deirdre Anglin (New York: Oxford University Press, 2009).

of the women she surveyed had a mental – health consultation as part of their evaluation after assault. The mental health of these women is often forgotten and neglected during their post assault care. Despite these dismal statistics, the health care community has improved over the past fifty years. Prior to 1969, the rape literature was focused on perpetrators not victims.⁵⁶ It explored the motivations of the perpetrators and their mental health while ignoring the mental health of the women. Fortunately, subsequent literature has rectified this imbalance and there is substantial literature focused on the mental health of wounded women.

While fifty percent of women seeking mental-health treatment report an assault, there is a complex causality at work. Women diagnosed with a mental illness are more vulnerable, socially as well as emotionally, and are therefore more likely to encounter assault. They are more likely to be in situations where they are dependent on men and their poor mental health can make it difficult for them to assess risky situations. The reverse is also true; women who have been assaulted report mental health symptoms including depression, somatization, substance abuse, suicide attempts and PTSD.⁵⁷ The wounds of women with mental illness are as important as wounds of women who have been assaulted. This discussion, however, will focus on the mental health consequences of wounds, and not the contribution that mental illness makes to women's vulnerability for wounding.

PTSD is a diagnosis that was originally used to describe the response that often occurs after a traumatic event associated with combat. Now it is used to describe a

⁵⁶ Dean G. Kilpatrick PhD, Patricia A Resick, and Lois J Veronen, "Effects of a Rape Experience: A Longitudinal Study," *Journal of Social Issues* 37, no. 4 (1981), accessed May 25, 2021.

⁵⁷ Warshaw, Brashler, and Gil, in *Intimate Partner Violence: A Health-Based Perspective*.

response to traumatic events that include actual or threatened death, serious injury and sexual violence. Following the event there may be intrusive and distressing memories, dreams and flashbacks. The person also persistently attempts to avoid these memories as well as people, places and situations that may be reminiscent of the initial trauma. There may be alterations in cognition, often exhibited as a degree of traumatic amnesia that results in an inability to recall details of the trauma. The altered cognition extends to their image of themselves, and a feeling of shame. An inability to perceive things clearly and a need for causality can lead the individual to blame themselves for the trauma. The trauma itself and the altered perception of the trauma can lead to feelings of detachment and estrangement from others.⁵⁸

Sexual assault, whether a single event or repeated occurrences, qualifies as a traumatic event that can lead to PTSD. In some women the PTSD is transient and resolves within three months, but a proportion of women will have persistent symptoms at twelve weeks⁵⁹ which is usually associated with persistent symptoms of dissociation, and anger. The woman continues to have trouble remembering the assault and may become disengaged with her family, friends and community. Anger focused on the event can be expressed but in some cases is also withheld. This anger and dissociation can be counterproductive to a woman's attempt to process and attend to the trauma. Anger prevents the woman from appraising the event in alternate ways, and dissociation impairs the engagement with memories, both of which are necessary to processing the trauma. The persistence of anger and dissociation past four weeks can lead to social impairment

⁵⁸ Daniel L. Segal, Frederick L. Coolidge, and Meghan A. Marty, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (D.S.M.-5)* (2017).

⁵⁹ Feeny, Zoellner, and Foa.

at three months. This is manifested by difficulties with work, social activities, and relationships.⁶⁰ These symptoms reflect an emotional disengagement with the traumatic memories that can impair processing and lead to long term symptoms.

Because of the dissociation, the wounded woman may be unable to engage with her memories of the trauma, which often is expressed as a denial of the events importance. The trauma is so deeply felt that denying its importance is safer than engaging memories of the details. Claiming that she has resolved her trauma when she continues to have symptoms, is her attempt to exert control over memories of an event characterized by loss of control. This dissociation and denial can be profoundly powerful. It was easier for a fifteen-year-old patient and her family to accept a disease process that would permanently affect her fertility, than it was to consider that her symptoms were due to a history of assault. To consider that the assault is related to a current situation or has any impact on the woman, requires her to engage with extremely painful memories. Dissociation allows the woman to deny that the assault has any lasting effects on her life. It is in the past and has no importance.

These psychiatric symptoms can often persist and longitudinal studies show that at one-year post-assault, some women continue to have difficulties with anxiety and fear.⁶¹ The women's ability to function socially improves in the first three months but then levels off and there is little improvement from six months to a year. They learn avoidance behaviors that allow them to avoid situations and triggers that might revive deeply suppressed memories.

⁶⁰ Feeny, Zoellner, and Foa 90.

⁶¹ Kilpatrick PhD, Resick, and Veronen.

The mental health component of women's wounds is a complicated mixture of cause and effect. Underlying mental health problems make women vulnerable to assault and assault can exacerbate or initiate mental health problems. The fear, avoidance, and dissociation are the persistent signs of a wounded woman which often present barriers to the integration of the traumatic wounds. These persistent mental health components can often lead to the physical manifestations of pelvic pain an association often not appreciated by both women and those who care for them.

Spiritual Manifestations of Wounds

Closely related to these psychological manifestations are the spiritual manifestations and the relationship wounded women have with church and religion. Studies that measure spirituality and religiosity reveal that the majority of people use religion or spirituality to cope with major life stresses and wounding qualifies as a major life stress.⁶² The trauma of wounds can challenge some of the deeply held assumptions of women regarding how the world works and their place in that world.⁶³ If spirituality and religion are the ways in which we experience and understand the large questions of life and our relationship with the world, and if wounding alters these perceptions of the world, then it is not surprising that a woman's spiritual and religious outlook are deeply altered by her wound.

While not a medical or psychological designation, the Korean theological concept of *han* can be helpful in understanding the depths of women's wounds from a spiritual perspective. Korean theologian Andrew Sung Park describes *han* as "the rupture of the

⁶² Kenneth I Pargament et al., "Patterns of Positive and Negative Religious Coping with Major Life Stressors," research-article, *Journal for the Scientific Study of Religion* 37, no. 4 (12/01/ 1998), accessed January 30, 2022, <https://dx.doi.org/10.2307/1388152>.

⁶³ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors."

soul caused by abuse, exploitation, injustice and violence.⁶⁴ From an Asian feminist perspective, Grace Ji-Sun Kim notes that this particular theology arises out of women's experience.

Han is a term that describes a response to oppression on several levels: individual, collective and structural.⁶⁵ On an individual level, *han* expresses the deep wound of oppression and the concomitant bitterness and helplessness. It is a wound that is both physical and spiritual and extends to the depths of the soul of the oppressed. Collective *han*, from a Korean immigrant perspective, reflects the communal understanding of racial and cultural inferiority, national shame, and resentment.⁶⁶ From the perspective of the current discussion of wounded women, it can reflect feelings of inferiority and victimhood that often result from women's wounds. Structural *han* refers to systemic racism, and in this case, the sexism that allows men to continue to wound women. It is the legal system that so often fails to provide justice for a woman after rape, or fails to protect women from repeated abuse from partners, that produces structural *han*. It also involves the systems, attitudes and beliefs embedded in society, that perpetuate the blaming of women for their own rape and abuse. It is not uncommon for even well-educated women, to insist that all the #MeToo women had to do was say no, an attitude that ignores the underlying power structures.

The three levels of *han* are interconnected and often cannot be clearly separated which reflects the complex levels of oppression at work when women are wounded.

⁶⁴ Park, 12.

⁶⁵ Grace Ji-Sun Kim, "Asian American Feminist Theology," in *Liberation Theologies in the United States : An Introduction*, ed. Stacey Floyd-Thomas and Anthony Park (New York: New York University Press, 2010), 138.

⁶⁶ Kim, in *Liberation Theologies in the United States : An Introduction*.

Despite the interconnectedness, I find the description of the depth of individual *han* to be the most helpful when considering the wounds of individual women. While collective and structural *han* surely contribute to the deep wounds of women, it is on the individual level that *han* can help us understand how profound and pervasive are the wounds inflicted on women. This is not to dismiss the importance of collective and structural *han*, but rather recognizes the focus of this dissertation on individual women.

Because the *han* of individual wounds affect women physically, psychologically and spiritually, they are difficult to heal. A woman cannot just decide to “get over it” and move on. The wound may appear healed on the surface but the deep *han* often festers and can cause recurring physical symptoms even years after the event. Kim claims “There needs to be a praxis component within their (Asian American Women’s) theology to help release this *han*, which can be destructive and damaging if it is left to sit within them.”⁶⁷ Releasing *han* requires spaces where women can openly discuss and release this repressed *han* and the process of releasing it can be difficult, involving multiple tangled layers of meaning. Wounded women likewise need spaces to safely release their pent-up emotions, feelings and pain resulting from their wounds. This often is a prolonged and complicated process, and proceeds at a pace set by each individual woman.

If *han* can describe the spiritual component of women’s wounds, religion can describe the outward response to wounding, which can be expressed in both positive and negative attitudes and behaviors. Specific religious coping strategies are affected by culture and specific religious traditions. Pargament divided twenty-one such strategies

⁶⁷ Kim, in *Liberation Theologies in the United States : An Introduction*.

into positive and negative dimensions.⁶⁸ Positive religious coping would allow individuals to find greater meaning in life, feel closer to God and improve their spiritual connections to others. These women turn to religion and especially spirituality to help them process the events surrounding their wounds.⁶⁹ Negative religious coping is expressed in spiritual struggle and disconnection and these women question their relationship with God and often reject established religion. Ahrens and associates⁷⁰ found that sexual assault survivors who used positive religious coping methods had higher levels of psychological well-being with less depression and anxiety, which reveals the close association between the spiritual and mental health manifestations of women's wounds. However, in the same study, a large number of the survivors used negative coping mechanisms such as religious avoidance, bargaining with God and using religion to keep their mind off their problems.

Studies have demonstrated that Christian wounded women often leave the church they were brought up in. While some women choose to change churches, they more frequently abandon established religion completely.⁷¹ Beth Crisp, based on her survey of the literature and her own experience with sexual assault, suggests that this is not an outright rejection of the need for a relationship with God or the need for a spiritual life, but rather wounded women cannot find the resources to help them reconstruct their life views within an established church. On the other end of the spectrum, some women become more spiritual and come to rely on spiritual practices to help them cope with their

⁶⁸ Kenneth L Pargament, et al, "The Many Methods of Religious Coping: Development and Initial Validation of the R C O P E," *Journal of Clinical Psychology* 56, no. 4 (2000).

⁶⁹ Courtney E Ahrens, Samantha Abeling, Sarah Ahmad, Jessica Hinman, "Spirituality and Well-Being: The Relationship between Religious Coping and Recovery from Sexual Assault," *Journal of Interpersonal Violence* 25, no. 7 (2010).

⁷⁰ Ahrens 1244.

⁷¹ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 302.

wounds. Crisp's experience was one where she found spirituality in the Catholic Church, especially Ignatian spiritual exercises. These experiences were quite different from her childhood upbringing.⁷² Monica Coleman, who also experienced sexual assault, sought out several different churches before she found one that met her spiritual needs in a non-judgmental and supportive manner.⁷³ The challenge, Crisp notes, is "daring to do theology from a sexually abused body"⁷⁴ which can elicit negative responses in wounded women.

Some women manifest their wounds spiritually by finding it difficult to respond to God's grace⁷⁵ which arises from low self-esteem, a condition not uncommon in wounded women. These women accept their portrayal as a "fallen woman" and often place blame on themselves for the assault, attitudes which too often are reinforced by Churches. They struggle to understand themselves as "made in the image and likeness of God" (Gen 1:26) which leads to a belief that they cannot be forgiven.⁷⁶ This theme of imperfection in the *imago Dei* will be explored in a later chapter devoted to Scripture, but it suffices to say at this point that a wounded woman's poor self-esteem is reinforced and she is left estranged from God and a spiritual community.

Patriarchal images of God are also particularly problematic for wounded women.⁷⁷ The religious image of a benevolent God the Father does not fit into the altered world view resulting from their assault. As Crisp notes "it may be difficult for survivors to

⁷² Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 302.

⁷³ Coleman.

⁷⁴ Jane M Grovighahn, "Theology as an Irruption into Embodiment: Our Need for God," *Theology and Sexuality* 9 (1998). Quoted in Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 302.

⁷⁵ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 303.

⁷⁶ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 304.

⁷⁷ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 304.

respond positively to images of God which are associated with the abuser or to trust in a loving God.”⁷⁸ Their experience with male figures is one of power and abuse that is difficult to reconcile with a benevolent male God. In addition, a theology that emphasizes obedience and subservience to a patriarchal God can be used to control women and keep them in an abusive relationship. It reinforces the false narrative that their abuser has the authority in the relationship and they are to submit to that authority. It is particularly difficult for women whose religious upbringing emphasized obedience and self-sacrifice.⁷⁹

These misinterpretations require women to “renegotiate their images of self and God.”⁸⁰ The trauma of her wound has drastically altered how a woman sees herself and her world and when religion is a significant part of that world, she begins to question her foundational beliefs, religious images, and how they relate to her wound. Her religious world has shifted and she must find new images of self and God that are constructive. This altered perception will be discussed later in this chapter in the section on shame, but here I want to note the altered world the woman encounters after a wounding.

Much church practice involves silent reflection, but this silence can be counterproductive for wounded women, because their wounding is often surrounded by silence. Women are told by their abuser that it is “our little secret” and they are dissuaded from talking about the wound, if not outright threatened if they speak out. Even if a woman does speak out, family members may refuse to listen to their narrative and force silence around the wounds. For these women, silent reflection can also present an

⁷⁸ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 304.

⁷⁹ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 305.

⁸⁰ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 305.

occasion for reliving their wounds which can lead to feelings of abandonment, and alienation. The woman is forced into silence, those around her promote silence, and silence becomes a place filled with violent memory. The foundation of silent reflection as a safe place for reflection and communication with God must be reinforced to these women.⁸¹ Silence is not about hiding the wounds of their assault but about allowing themselves the calm and quiet that is often needed to hear God's compassionate voice. This is a daunting task.

The anger women feel over their wounding can also be channeled in counterproductive ways by the Church. Wounded women are often told that their healing will progress if they unite their suffering to the suffering of Christ and that silent suffering and forgiveness is the appropriate Christian response to wounds.⁸² Forgiveness may be particularly difficult for wounded women and I plan to return to this topic in a later chapter. Here, it is important to understand that encouraging women to forgive an unrepentant aggressor is a difficult endeavor and needs to be done carefully. To just imply that healing will only come when the wounded woman forgives her aggressor is to ignore the complexities of her wounds, and offer a simplistic solution.

It is clear that wounded women have complex manifestations of their wounds that involve physical, psychological and spiritual signs. But just being aware of these signs is insufficient, as only between two percent and sixteen percent of women have disclosed this history to their physician and only ten to twenty-four percent of wounded women have ever discussed their wounds with a non-psychiatric physician.⁸³

⁸¹ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors." 306.

⁸² Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors." 308.

⁸³ Golding, Wilsnack, and Learman.

If physicians are not discussing wounds with women, Churches are not doing much better. In Chapter 4 I will consider the stories of Beth Crisp⁸⁴, Monica Coleman⁸⁵, and Kathryn Greene-McCreight⁸⁶ who all speak from personal experience with trauma and mental illness, and note the inadequacy of the Churches' attempts to attend to wounded women. The result is many women suffer in silence and alone. Like the woman with the hemorrhage in Mark's Gospel, they stand silent and unnoticed in the crowd.

While PTSD may be helpful in describing the psychological characteristics of wounds, and *han* describes their deep spiritual aspects, women need better theological and pastoral descriptors that speak to their specific wounds and shame provides that descriptor.

Shameful Wounds

Shame offers one of the best descriptions of these wounds because it has cultural, psychological and spiritual properties that can be linked to the manifestations of wounds. Shame is important for moral growth but it can also be dysfunctional and damaging. It is multivalent and can be understood in several contexts: it is related to guilt, it can have moral and social parameters, and it is an involuntary emotional response. Exploring the many facets of shame can reveal the ways in which it reflects the lived experience of wounded women.

⁸⁴ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors."

⁸⁵ Coleman.

⁸⁶ Greene-McCreight.

Psychological, Social, Theological Aspects of Shame

Contemporary work on the psychology and sociology of shame usually references the work of Helen Merrell Lynd, from 1958.⁸⁷ While some of her work references Freudian psychology which has fallen out of contemporary usage, many of her observations and conclusions appear to be relevant and provide insight into the current study. Her interest in shame, and guilt, arose because the concepts “as they are currently used, under a variety of names, are inadequate to explain certain types of experiences and certain types of personality which they are assumed to include.”⁸⁸ She noted that the terms had multiple interpretations and included components of psychology and personality development. Her exploration takes into account these multiple components.

In contemporary usage we have a tendency to equate guilt and shame, but there are important differences. According to Lynd, Freud saw guilt and shame as internal and external responses respectively: “Guilt, or self-reproach, is based on internalization of values, notable parental values – in contrast to shame, which is based upon disapproval coming from outside, from other persons.”⁸⁹ Gerhart Piers in 1953, revised these definitions and proposed that “the crucial distinction between shame and guilt is not that between self-criticism and criticism by others but between transgression of prohibitions and failure to reach goals or ideals.”⁹⁰

For Lynd, guilt is primarily objective and has little or no emotional component. It involves external acts which make it subject to rationalization and subsequent atonement

⁸⁷ Helen Merrell Lynd, *On Shame and the Search for Identity* (New York: Science Editions, Inc, 1958).

⁸⁸ Lynd, 17.

⁸⁹ Lynd, 21.

⁹⁰ Lynd, 22.

and forgiveness. Guilt is a response to actions, but these actions are transgressions against rules or cause harm to someone. Shame also is a response to actions but it is an internal, involuntary emotion, and therefore much harder to integrate.⁹¹ Because of the involuntary and emotional components of shame, forgiveness and atonement can be difficult to achieve. We cannot objectively evaluate an involuntary emotion so we cannot objectively submit shame to atonement and forgiveness. Since there is no specific norm that has been broken and no objective means of restitution, the processes involved in forgiveness, those of admission of responsibility, and restitution do not function.

Later writers have modified Lynd's Freudian interpretation and view guilt as a violation of a law or value and shame as closely related to our view of self.⁹² In his work with shame, theologian Stephen Pattison notes the variety of interpretations and meanings of shame and guilt comparing shame to "an onion...made up of enfolded and overlapping, but also discrete meanings and understandings; there is no 'essential onion' or 'essential shame' at the centre of meaning or experience."⁹³ Both Anglican theologian Robin Stockitt and American theologian Donald Capps approach shame and guilt from a theological standpoint that attempts to include sin in the discussion.

Capps theological perspective leads him to see guilt as the traditional theological assessment of sin; it is a transgression, an act that violates a rule or law and has a specific cognitive or behavioral precursor. On the other hand, shame is about the self and our

⁹¹ Lynd. 24.

⁹² Robin Stockitt, *Restoring the Shamed: Towards a Theology of Shame* (Eugene, Oregon: Cascade Books, 2012), 44, Donald Capps, *The Depleted Self: Sin in a Narcissistic Age* (Minneapolis: Fortress Press, 1993).

⁹³ Stephen Pattison, *Shame: Theory, Therapy, Theology* (Cambridge, UK: Cambridge University Press, 2000).

inability to meet our own expectations and understanding of who we are.⁹⁴ Shame is deeply internal and personal, guilt is external.

Not all shame is detrimental and it can help us assimilate cultural values and alter our behavior. It can also be dysfunctional and prevent us from processing disgraceful events. Psychologist James Fowler notes there are functional and dysfunctional types of shame, and provides a typology of shame.⁹⁵ Healthy shame functions in our moral growth by allowing us to acknowledge our own responsibility for our actions and warning us that our actions may be placing our self-respect in danger. This is the emotional shame most often associated with guilt. I broke a rule and knowing that it was wrong, I am ashamed that I did wrong. This shame is the emotional response to the guilt that results from the breaking of rules.

Perfectionist shame is usually seen in those with a deep-seated sense of unworthiness. This shame arises out of a desire to meet expectations, often arising out of parental expectations.⁹⁶ The response is an excessive adherence to conformity and rules, and self-expectations of high-performance. Adherence to rules enhances one's self-respect and when the rules are broken there is a sense of shame for not meeting expectations.

Racial-, social- or gender-based shame is shame that is imposed by the dominant group on a group that it views as less worthy and the source is externally imposed, usually on minority groups. The dominant group enforces a valuation that makes the

⁹⁴ Capps.34.

⁹⁵ James Fowler, *Faithful Change: The Personal and Public Challenges of Postmodern Life* (Nashville: Abingdon Press, 1996), 113-26.

⁹⁶ Fowler, 114.

minority feel inadequate and shameful over their negative status.⁹⁷ In some ways this shame can be applied to wounded women, especially when imposed by the legal system. It's the shame evoked by victim blaming. The male-dominant culture claims that it was the woman's actions that precipitated the assault.

The most toxic and unhealthiest type of shame is shamelessness. This type of shame (or non-shame) is found in those we often see as sociopaths, who have no conscience and feel no remorse when inflicting wounds on others.⁹⁸ This is the shamelessness of unrepentant perpetrators who fail to claim responsibility for their actions. They fail to recognize that rules or social norms apply to them so they don't see any violation and feel no shame.

Toxic shame is the name given to shame that arises as the result of the abusive actions of another.⁹⁹ It results from the profound discontinuity of the idealized world and the reality faced by the person. This is the situation with wounded women. The shame is toxic because it results in disruptions in relationships, isolation, and this shame is very difficult to integrate. It provides no contribution to moral growth and leads to feelings of low self-esteem. It is the type of shame that describes wounded women who are struggling to understand their wounds.

Both Stockitt and Capps argue that since shame is an involuntary response to violation of social rules then it has a cultural component. It seems to be strongest in group-oriented cultures, such as Japanese culture, where it contributes to social conformity.¹⁰⁰ In a culture as individualistic as the United States and other Western

⁹⁷ Fowler, 118.

⁹⁸ Fowler, 126.

⁹⁹ Fowler, 122.

¹⁰⁰ Pattison, 56, Capps, 73.

cultures, the relationship between shame and culture is more complex. We voice tolerance of diversity and a lack of conformity, which makes shame less effective as a social force. In contrast, Stockitt notes that some historians believe that one of the goals of the Treaty of Versailles was to humiliate and shame Germany.¹⁰¹ Hitler claimed that his military build-up was in response to the humiliating demands of the other Treaty signers. While this is an example of national shame leading to nationalism in the twentieth-century, there are examples where shame functions in American culture on a more individual level.

In an American cultural context, shame usually reflects ruptured relationships arising from unmet expectations. It is still not uncommon for some young adults to feel shame over not meeting the expectations of their parents. “My parents want me to get a college degree but I am happier becoming an electrician.” “My family all went to the University of Dayton, but I really want to go to Xavier.” The pressure to conform may not be intense or obvious, and therefore the shame not as profound, nevertheless there exists the possibility that one can feel that they have disappointed their parents. This is not about disobeying a rule set by parents but about failing to meet parental expectations. While parents rarely disown their children over life choices, there may be strains, if not ruptures in the relationship; ruptures that are indicative of shame.

Lynd notes a feeling of exposure associated with shame. Shame involves self-exposure and a feeling of nakedness and exposure to others and to ourselves.¹⁰² When we feel shame, we feel exposed not only to the judgment of others but to the judgment of ourselves. We have failed to live up to our view of the self; we judge the self against our

¹⁰¹ Stockitt, 54.

¹⁰² Lynd, 27.

image and find we are unworthy. Shame is a wound to our self-esteem, and instead of a feeling of guilt over some act, we feel a sense of degradation and unworthiness. We are not who we imaged the self to be. While shame may have a component of public humiliation, Lynd notes that the worst shame is not about this humiliation, but rather about disappointing ourselves and the resulting sense that we have betrayed the self.¹⁰³ We have an idealized vision of the self and when we feel shame, we feel we have not met that ideal. This failure to meet an ideal, results in an incongruity in our understanding of the self.¹⁰⁴ We see an inconsistency between the ideal self and one which is deeply flawed. The event challenges our understanding of what to expect of the world and particularly of ourselves.

This challenge to our understanding of the self, connects shame to our deepest identity.¹⁰⁵ Shame involves our entire self and challenges how we view the self. Guilt is related to an isolated act that can be atoned and forgiven; shame involves the entire self, deep into our identity. It poses a threat to our trust in the world and particularly to the self.¹⁰⁶ We trust that the world is as we see it, and in that world, we have an idealized view of the self. When that view of the world and self is challenged, we feel shame.

In the simplified version, I am funny and when I tell a joke the world will laugh. When they don't, my view of amusing self is challenged and I feel shame. Since we are all flawed beings, we all have secret moments of shame that are often more significant. For me it often is remembering my failures as a physician. I practiced medicine for over thirty years and therefore have had my share of errors that are a source of shame for me.

¹⁰³ Lynd. 31

¹⁰⁴ Lynd. 34.

¹⁰⁵ Lynd. 49.

¹⁰⁶ Lynd. 43

When I lecture to obstetric residents about how to accept their failures, I am reluctant to share my own failures with them. In theory this is ridiculous. The point of my lecture is to help them acknowledge their failures and integrate their shame. And yet I find it difficult to tell them my failures. I worry that they might judge me and find me not the great physician that I present myself as, but rather a flawed surgeon who didn't know any better. I am thus revealed not as a competent, wise older physician but the fraud I really am. In the extreme situations of wounded women, they begin to question not only who they are but their very identity. Where do I belong in the world? What is the world really like? The world was a safe place and I knew how to proceed through it. Now I find that it is a dangerous place and I am ashamed at my mistaken ideas. The women's identity and understanding of the world are challenged and they can no longer trust their perceptions and conclusions regarding both.

Lynd also describes shame in terms of estrangement; from ourselves and others and extrapolated theologically, from God.¹⁰⁷ Here the attachment of shame to culture is revealed in ruptured relationships. It is difficult to communicate our shame to others because it reveals deep flaws in our identity. We feel inadequate, flawed and not the ideal self we recognize. To communicate this shame to others is to open ourselves to further shame and to reveal that we are unworthy. We cannot tell others of our shame because that requires reliving the shame which only intensifies it. The only way we can communicate the shame is to modify it and diminish the shameful aspects. This shamed part of the self is un-shareable and leads to a profound sense of isolation.¹⁰⁸

¹⁰⁷ Lynd, 64.

¹⁰⁸ Capps, 81.

The isolation results not only from the difficulty in telling the shame but also from listening to it.¹⁰⁹ Since shame is an involuntary emotion, the listener often feels the narrator's shame and has difficulty formulating a meaningful response. For the narrator the listener's reassurances appear false and hollow. The experience of shame is also not a learning experience.¹¹⁰ We learn from an act of guilt and can avoid repeating the action and at the very least we can attempt not to repeat our mistakes. These difficulties in communicating our shame result in deep secrets and isolation. Shame resides in the part of our identity that we try not to acknowledge and very seldom bring out for examination.

Scriptural Roots of Shame

There are Scriptural roots for shame, and in his essay, Robin Stockitt begins with the book of Genesis and the Garden of Eden (Gen 3).¹¹¹ Immediately prior to the fall narrative, Genesis says of Adam and Eve "The man and his wife were both naked yet they felt no shame" (Gen 2:25) which explains that the source of shame is not their nakedness. After Adam and Eve have eaten from the forbidden tree, "the eyes of both of them were opened and they realized that they were naked" (Gen 3:7). They hid themselves from God and now their nakedness is a problem and associated with shame. The premise of the story rests on violation of a rule, do not eat from the tree, which makes them guilty. There is more than disobedience here though, there is rupture of the relationship with God. This relationship is based on love and trust. Adam and Eve have not only disobeyed a rule but have betrayed the basis of their relationship with God, one of love and trust. Adam and Eve reveal that they feel shame and naked before each other

¹⁰⁹ Capps, 81.

¹¹⁰ Capps, 83.

¹¹¹ Stockitt, 18.

and God, because they recognize they have betrayed the relationship. Their act of disobedience produces guilt for violating a rule but they also recognize that their actions have damaged their relationship with God. This rupture in the relationship with God causes them to feel shame.¹¹²

In Capps interpretation of the Genesis story, he maintains that while we often interpret the first human's sin as guilt, we actually should view it as shame.¹¹³ The interpretation of Adam and Eve's response as guilt began with Augustine and became deeply embedded in Christian theology.¹¹⁴ Interpreting sin as guilt implies disobedience to God's command, and results in a legalistic understanding of sin. While Adam and Eve sinned and were guilty of disobeying God by an act, their emotional response was deeply internal. They felt exposed, naked and were afraid of God. Their response is related more to their feeling of being estranged from self, other and God.¹¹⁵ The act of eating the forbidden fruit is merely a technique to illustrate Adam and Eve's estrangement from God. If the story was just about guilt over a single small act of disobedience, then atonement and forgiveness should follow and God's redemptive act of the Incarnation becomes solely about atonement.¹¹⁶ The important part of the story is the shame that results from Adam and Eve's estrangement from God. This is an emotion, arising out of guilt, but which goes deeper. It reflects their view of the self and their relationships with each other and with God, relationships which have now been ruptured. In his *Ethics*, Dietrich Bonhoeffer describes it as "Man perceives himself in his disunion with God and

¹¹² Stockitt, 18.

¹¹³ Capps, 85.

¹¹⁴ Stockitt, 43.

¹¹⁵ Capps, 84

¹¹⁶ Stockitt, 43.

with men. He perceives that he is naked. Lacking the protection, the covering which God and his fellow-man afforded him, he finds himself laid bare. Hence there arises shame.”¹¹⁷ Examining shame through a theological lens reveals much of the isolation and damage to self and relationships that Lynd describes, and which is common for wounded women.

Stockitt also uses Scripture to examine shame and begins again with Genesis 2:24 where Adam and Eve are naked and “felt no shame.”¹¹⁸ The Hebrew word *bósh* is used to indicate that prior to the encounter with the serpent, Adam and Eve were without shame. By focusing on Adam and Eve as being without shame, Stockitt can reject a legalistic view of the Genesis fall story and see shame at work in the ruptured relationships between Adam, Eve and God. This ruptured relationship is captured in the portrayal of Adam and Eve as turning away from God.¹¹⁹

The reluctance to share shameful experiences is the hiding of our shame, and we attempt to hide even from God, as Adam and Eve did. However, we cannot hide from God for she has complete knowledge of our deepest secrets. When we attempt to hide from God, we damage our relationship with her. When we hide our shame from others, we also damage those relationships.

For wounded women, their toxic shame ruptures their relationships with others and God. Though they have not violated a rule, they feel as if they had. They have not fulfilled their own and societal expectations to be a virtuous woman. The fact that these

¹¹⁷ Dietrich Bonhoeffer, *Ethics* (London: SCM Press, 1955).

¹¹⁸ Stockitt, 63-69.

¹¹⁹ Stockitt, 22.

are unrealistic expectations is not important. What is important is that the women feel they have violated a rule and they are not worthy of relationships.

The rupture of their relationship with God is more complicated and influenced by their particular religious outlook. As I have noted, these women often find it difficult to find a relationship with a patriarchal God and a Church that reinforces their sense of shame. Their relationships with family, friends and intimate partners are all altered by their sense of shame. Their understanding of the world and their place in it is so altered that their self-esteem is deeply wounded and they feel unworthy of relationships. This shame is not functional because it does not arise from an action of the woman, but rather from her perception of her traumatic event. Objectively she bears no guilt but the involuntary emotion of shame is present nonetheless.

The picture that emerges from these descriptions of physical, mental, and spiritual manifestations of wounds and the attendant shame, reveals deeply wounded women who seek physical treatment of their wounds. Their spiritual and psychological wounds are also deep and unhealed, and the pain of these wounds is expressed through the physical symptom of pain. Yet it is difficult for women to receive the care and attention they need because both the medical community and the patient are embedded in a spirit/body dualism that is deeply entrenched in Western thought and leads to a denial of a relationship between the wound and its manifestations. This description of women's wounds has itself succumbed to this dualism by separating wound manifestations into physical, psychological and spiritual. While this is helpful when discussing the myriad manifestations, it also reflects this spirit/body dualism. This dualism was long in formation, is deeply embedded in our worldview and we have to actively work against it.

While modern medicine may not be able to totally ignore this dualism, it is important to know its origins so we can identify it when it is present.

The Historical Roots of Dualism

Wounded women seek medical and surgical treatment of their pain from physicians because they see it only as a physical problem. They often withhold the history of trauma because they fail to see any connection between the physical symptom and the psychic and spiritual trauma. The psychological dissociation that occurs with these wounds prevents women from discussing their assault, even with a health care provider.

Physicians, particularly surgeons, are trained to view the body from a strictly physicalist perspective, and are often reluctant to delve into a patient's sexual history. As I noted above, even a committee of gynecologists making recommendations for treatment of chronic pelvic pain fail to address the possible relationship to traumatic wounds.¹²⁰ This dualism which hampers the healing of wounded women is deeply embedded in Western culture in general, and medicine in particular, but is important in understanding wounded women.

The history of medicine and of the spirit/body dualism is long, complicated and a complete analysis is beyond the scope of this work. However, a brief history of the most important events can be helpful. A quick look at the history of medicine¹²¹ and the work of Michael and Tracy Balboni,¹²² who have summarized this history into what they consider the most important events, is useful to the current discussion. While the history presented by the Balboni's focuses on the "discord" between medicine and "spirituality",

¹²⁰ Gambone et al.

¹²¹ Lawrence Conrad, and etal, *The Western Medical Tradition: 800 B.C. To A.D.1800* (Cambridge, United Kingdom: Cambridge University Press, 1995).

¹²² Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*.

I believe the events they document reflect how medicine became focused solely on the body.

Greek Beginnings and Christian Healers

It is important to remember that the current system of medical ideas transitioned over millennia from a tradition rooted in Greek medicine in the fifth century BCE to one related to the monastic tradition and then to one rooted in the rationality of the Enlightenment.¹²³ The Greek understanding of disease, while physicalist in its approach and reluctant to invoke the gods for healing, nonetheless was open to religious healers. This led to an amicable coexistence of faith healers with those physicians who followed Hippocratic and Galenic medicine focused on science and reason.¹²⁴ By the first century BCE, Jews associated illness with sin and cure with God's action. It is against this cultural background that the healing miracles of Jesus need to be interpreted.¹²⁵ Thus, the Scriptural accounts of Jesus' healing acts are often associated with healing of community and faithfulness. These religious interpretations of wounds will be explored in detail in Chapter 2.

The acceptance of miracle healings persisted into the Patristic period when SS. Cyrus and John (ca 300 CE) and SS. Cosmas and Damian (ca 280 CE) were seen as holy healers, the latter having some knowledge of Hippocratic and Galenic medicine.¹²⁶ The monastic period of the eleventh and twelfth centuries saw care of the sick moving to Benedictine monasteries and the formation of male nursing orders such as the Knights of Malta and the Knights of St. Lazarus, who cared for men with women religious caring for

¹²³ Conrad, and etal. 1.

¹²⁴ Conrad, and etal. 16. This association is not absolute as will be explored in Chapter 2.

¹²⁵ Conrad, and etal. 74

¹²⁶ Conrad, and etal. 75

women.¹²⁷ The rise of orders of nuns committed to the corporal works of mercy produced the notable work of St. Hildegard of Bingen and the founding of the Sisters of the Holy Ghost.¹²⁸ All of these men and women saw care of the sick as an important corporal work of mercy and they attended to both the spiritual and physical health of their patients. They were trying to heal bodies and souls and saw no difference between the two missions.

The Reformation

Until the Reformation, the care of the sick was seen as requiring both spiritual and physical care, as the men and women working in the monastic hospitals would see no separation between spirit and body. However, the Fourth Lateran Council in 1215 institutionalized a division of care of the sick into bodily care by physicians and spiritual care by priests. The Council's primary intention was to reassert the Catholic Church's control over priests and separate the priestly role from the role of physicians. Canon 22 of the Council was intended to reassert the primacy of the soul over the body and to emphasize the spiritual causes of illness. It states "Since bodily infirmity is sometimes caused by sin, the Lord saying to the sick man whom he had healed: "Go and sin no more, lest some worse thing happen to thee" (John 5: 14), we declare in the present decree and strictly command that when physicians of the body are called to the bedside of the sick, before all else they admonish them to call for the physician of souls, so that after spiritual health has been restored to them, the application of bodily medicine may be of greater benefit, for the cause being removed the effect will pass away."¹²⁹ The division of

¹²⁷ Christopher J Kauffman, *Ministry and Meaning, a Religious History of Catholic Health Care in the United States* (Crossroads, 1995). 14

¹²⁸ Kauffman. 15.

¹²⁹ <https://sourcebooks.fordham.edu/basis/lateran4.asp>. Accessed March 3, 2022.

labor institutionalized the separation of care of the soul and care of the body; the soul was the purview of the priest, and the body was the purview of the physician.¹³⁰

Many monasteries were closed during the Reformation and the related monastic hospitals lost their patrons.¹³¹ Those hospitals that managed to continue to operate become more secular. In response, the Counter Reformation in the seventeenth century, particularly in France, resulted in the formation of several nursing orders of monks and nuns. Considered the first of these is the Alexian Brothers, who began building hospitals. The Lazarists and Daughters of Charity, founded by St Vincent de Paul and Louise de Marillac, were formed at this time. They were committed to care of the poor and disenfranchised, groups who were very often the sick and ill.¹³²

If the Counter-Reformation gave birth to Christian institutions committed to care of the sick, body and soul, the Reformation in Protestant lands led to a political as well as a philosophical split of body and spirit. The closing of the monasteries, an emphasis on Divine Providence, and the new importance of individual faith, led to a devaluation of the corporal works of mercy as personal acts. The repudiation of indulgences made works of mercy not personal acts, but societal obligations, and as a result care of the sick started to be seen as a function of the community and not as an act of individual charity.¹³³ This further separated the spiritual aspect of caring from the medical attempts at curing.

Up to this point, care of the sick involved very little curing. Cure of illness was inhibited by a nascent understanding of anatomy and physiology,¹³⁴ and germ theory and

¹³⁰ Conrad, and etal, 147.

¹³¹ Conrad, and etal, 246.

¹³² Kauffman. 19.

¹³³ Guenter B Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999). 216.

¹³⁴ Anatomic dissection dates to the 14th century and Vesalius published his *De Humani Corporis Fabrica* in 1542. Conrad, and etal. 275.

asepsis were in the distant future.¹³⁵ Most medical care occurred in homes and hospitals, and homes for the sick were often seen as a place of last resort before dying for the poor and indigent.

The Scientific Revolution

The Enlightenment and Scientific Revolution widened the cracks made by the Reformation into a dualism that Michael and Tracy Balboni call “discord.”¹³⁶ In the sixteenth and seventeenth centuries, men such as Galileo, Descartes, and Newton began practicing a science that saw the world not in terms of Aristotle’s qualitative science but one that emphasized the quantitative nature of the world.¹³⁷ This science led to a world view that saw nature as consisting of measurable and definable matter. Francis Bacon proposed a method of doing science which depended on empirical evidence, not philosophical speculation¹³⁸ and what was real was only what could be seen and measured. The result was a mechanical approach to the world in general, and in medicine to the mechanization of the body evident in Descartes’ approach. Descartes “argued that it (the body) worked mechanically like the rest of the world, and was not kept alive and in motion by any activity of the soul. As he put it in the *Passions of the Soul* (1649), the body does not die because the soul leaves it, but rather because one of the body’s principal parts has broken down.”¹³⁹ It was a failure of machinery that led to death, and not the passage of the soul into eternity.

¹³⁵ Pasteur proposes his germ theory of illness and Lister proposes his aseptic techniques in the mid - nineteenth century. Risse. 375.

¹³⁶ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*.

¹³⁷ Conrad, and etal. 345

¹³⁸ Conrad, and etal. 343

¹³⁹ Conrad, and etal, 345.

During the late seventeenth century, European culture accepted this change from an Aristotelian view of a world of qualities and elements to one based on mathematics and experimental science that relied heavily on Descartes' dualistic view of the body. The exact reasons for the almost universal acceptance of a radical change in worldview is somewhat controversial and beyond the scope of this work.¹⁴⁰ This development of "the new science took decades and the old and the new learning could be mixed."¹⁴¹

Mechanization of the Body

The turn towards a mechanistic view of the body and the role of medicine and surgery in the healing of that body continued into the twentieth-century. The practices of asepsis, the discovery of antibiotics and the explosion of medical technology only reinforced this mechanistic view. Michael Neve summarizes this trend as "The particular goals made within the profession of medicine in the West, from Galen onwards, can still be usefully seen as the task of replacing individual stories with a scientifically understood, physico-chemical, and properly classified diseased world."¹⁴² Illness was changed from a source of suffering for individuals that needed attention, to a problem with a machine that could be fixed. People no longer became ill, their bodies quit functioning.

The implementation of electronic health records (EHR) has accelerated this mechanization of the body. Prior to using an EHR, a patient's record of a visit with a health care provider consisted of a "chief complaint" (CC), followed by "the history of the present illness" (HPI). Here the clinician told the story of the patient's illness; the

¹⁴⁰ Conrad, and etal. 340/

¹⁴¹ Conrad, and etal, 344.

¹⁴² Conrad, and etal. 481.

who, what and when of their illness in a narrative form. With the advent of EHRs this story needed to be reduced to a series of 0s and 1s of computer code. This meant that the story needed to fit into a “template” that was a series of “drop down menu” choices of words. In an EHR, the flow of a patient’s story is lost and is replaced by sets of computer code.

To be fair, prior to EHRs use, the HPI was often recorded in a medical short-hand in which “The patient is a twenty-four-year-old African-American woman, with her first pregnancy, at thirty-six weeks gestation, who comes to labor and delivery complaining of uterine contractions every three to five minutes. She denies any bleeding or loss of amniotic fluid” was reduced to “24 yo AF ♀, G1, 36+0 wks, c/o ctx q 3-5 min. Ø bleeding, LOF.” However, this hand written, short-hand note, was followed by a dictated history that restored the narrative nature to her HPI.

In an essay on suffering, Margaret Moorman, MD pushes back against this reduction of a patient’s illness to a shorthand note by calling attention to the importance of narrative. “Paying attention to those who suffer...means, more than anything, listening to the stories they have to tell us...Understanding illness is mostly about getting the description right, and the description involves far more than just a diagnosis.”¹⁴³ The emphasis on the mechanization of the body, led physicians to see themselves not as caring for the sick, but as physician scientists committed to curing illness.¹⁴⁴ In the United States, physicians began to present themselves as professionals engaging in

¹⁴³ Margaret Moorman, "Stories and Suffering," in *On Moral Medicine: Theological Perspectives in Medical Ethics*, ed. M Therese Lysaght et al. (Grand Rapids, MI: William B Eerdmans Publishing Co, 2012), 462-63.

¹⁴⁴ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*. 13-15.

science, and not purveyors of tonics. In the conclusion to their history of medicine, Michael Neve and colleagues note “Illness as an experience becomes replaced, or pushed to one side, as the trained doctor tracks the authentic but hidden world of disease as biological pathology. The disease entity, the object of attention, splits from the experience of suffering with which it had once been linked.”¹⁴⁵ This view of physicians as scientists relied on scientific objectivity which was seen as incompatible with religion,¹⁴⁶ and thus prioritized the body over the soul. The separation of church and state in the United States has made religion and spirituality a private matter that should not affect the objective medical care and has only broadened the divide. Clinicians, out of a misplaced sense of respect, will only ask superficial questions regarding a patient’s spiritual background and beliefs, and consider any mention of faith is crossing a line.¹⁴⁷ Here again, physicians are concentrating solely on physical symptoms and ignoring the contributions of soul and religion to health and healthcare.

In their summary of the history of the discord between medical science and spirituality, Tracy and Michael Balboni claim that Christian health care providers, in response to this separation of body and soul, have often turned to overseas missions in attempts to fulfill their sense of spiritual calling.¹⁴⁸ These physicians, while viewing medicine as a spiritual calling and vocation, feel that incorporating spirituality in their everyday practice is either unwanted or unethical. In either case it does not fulfill a spiritual call to care for the sick, a call they find fulfilled in participation in overseas or

¹⁴⁵ Conrad, and etal, 481.

¹⁴⁶ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*. 15.

¹⁴⁷ Daniel P Sulmasy, "Spirituality, Religion, and Clinical Care," *Chest* 135 (2009).

¹⁴⁸ Balboni, and Balboni, in *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, 15.

missionary medical programs. Spirituality is not totally ignored in their daily practice, but the daily practice of medicine is not seen as spiritually fulfilling as missionary work.

The Catholic Health care system likewise has been influenced by this focus on the body. The Catholic Health care system, founded on a spiritual call to care for the sick, began in the nineteenth century, as orders of sisters and priests came to the United States from Europe to open hospitals to care for the indigent poor which usually meant Catholic immigrants.¹⁴⁹ Over time, as Catholic Health care has been integrated into the broader US health care system, it has become more secularized resulting in the merger of religious hospitals with secular institutions.¹⁵⁰ This direct engagement with secular health care and the declining numbers of nursing sisters has obscured the Catholic foundations of these institutions. The Catholic Health Association represents the six hundred Catholic hospitals and health care institutions, who provide care to one in seven Americans.¹⁵¹ Their mission statement reflects their commitment to care of the sick:

“Catholic health care is a ministry of the Catholic Church continuing Jesus' mission of love and healing in the world today. Comprised of more than 600 hospitals and 1,600 long-term care and other health facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. At the national level, these organizations join together in the Catholic Health Association of the United States. In CHA, the ministry raises a collective passionate voice for compassionate care.”¹⁵² It is an ongoing battle but, today when walking into a Catholic health care institution, it is becoming increasingly difficult to see signs of a Catholic mission.

¹⁴⁹ Kauffman, 64.

¹⁵⁰ In the Dayton area this is epitomized by the merger of Good Samaritan Hospital with Premier Health Partners in 1995. The merger resulted in the closure of Good Samaritan Hospital in 2018.

¹⁵¹ <https://www.chausa.org/>. Accessed October 11, 2021.

¹⁵² www.chausa.org/about/about. Accessed February 15, 2022.

The organizers of the Conference on Religion and Medicine have been attempting to bridge this divide since 2012. On the website advertising this year's conference, "Space for the Sacred in Care of the Sick" the organizers ask these questions:

"Contemporary medicine, by all appearances, is a secular domain, governed by the norms of science and industry and ethical principles that are ostensibly separable from religious traditions. Is there space in the medical domain for the *sacred*? If so, what does this sacred space look like? What is sacred about the work of medicine? What kind of attention to the sacred is fitting for medical practitioners? What relevance does the sacred and sacred space have for patients and practitioners who consider themselves spiritual but not religious? Can good spiritual care be provided in religiously neutral terms? What stories would foster more space for the sacred in contemporary medicine? Does the modern bureaucracy of healthcare provide space for the patient-clinician relationships that historically formed the cornerstone of ethical medicine? What religious norms and relationships can reframe understandings of care and of the patient-physician relationship?"¹⁵³

After almost ten years of conferences, the organizers are still responding to questions regarding the role of spirituality and religion in the care of the sick.

Attempts to reintroduce religion into care of the sick have been criticized by Richard Sloan, a professor of behavioral medicine, who argues for a "separation of church and medicine' similar to the 'separation of church and state'"¹⁵⁴ because "religion and science represent different approaches to knowledge, wisdom and truth, each with its own operating principles."¹⁵⁵ Because he sees medicine and spirituality as distinctly different approaches to illness, he feels that "when physicians attempt to get involved. That's when

¹⁵³ Conference on Religion and Medicine, www.medicineandreligion.com. Accessed February 15, 2022.

¹⁵⁴ Richard P Sloan, *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's Press, 2006), 9.

¹⁵⁵ Sloan, 264.

questions of evidence, ethics, and efficiency arise.”¹⁵⁶ For Sloan, religious concerns of patients are separate from their medical problems and each should be addressed by different people. There is no room for a holistic approach that addresses the body, the mind and the spirit in Sloan’s world.

While the organizers of the Conference on Medicine and Religion are trying to counteract dualism, reintroduce spirituality, and de-mechanize medical care, Richard Sloan is arguing for continuing with the status quo. Despite the work of the Medicine and Religion organizers, I believe that Richard Sloan’s argument is dominant.

Within this world view focused on the body, there is very little space for non-quantifiable disease. When there is no objective, physical evidence of a link between symptom and pathology, the contemporary clinician is often at a loss to diagnose and treat. Despite our best efforts, health care providers struggle to quantify pain¹⁵⁷ and our dualism narrows our vision so much, that we must actively look for the connection between psychological trauma and pain. Wounded women and those who attend to them need to recognize this dualism and the barriers it presents to caring for their wounds. As long as we focus only on physical, quantifiable signs and symptoms, we will be unable to help wounded women process their wounds.

The Wounded Woman

The description of the wounded woman I have presented here makes generalizations that may be helpful for discussion. Still, I recognize these generalizations must be used with caution, so as not to forget the particularity of each woman and her wounds. In

¹⁵⁶ Sloan, 265.

¹⁵⁷ Since the late 1990’s various medical societies have promoted an “objective” pain score calling the fifth vital sign. For a summary of this effort see Baker. Accessed January 10, 2021.

addition, not all women have wounds that need attending to. There are many women who process their wounds so that they have only a small scar, and therefore function well socially and psychologically. These women are usually not the women who are seeking help for the pain of their wound. Their wounds are healed scars that remind them of a significant life event without disrupting their lives. The woman who has not processed her wound is very different.

Sexual assault is deeply personal and can be experienced as a violation of one's deepest inner self, and since sexual assault is about power and control, it results in a loss of self-esteem, independence and a sense of safety.¹⁵⁸ A woman who saw herself as strong and independent may now see a woman who is weak and a victim. The incongruity of the prior strong image with the current weak woman, leads the woman to question her identity. If she was strong and independent then the assault would not have happened so she must have been wrong in her assessment of herself. For forty-seven percent of women reporting sexual assault the assailant was a current or former intimate partner.¹⁵⁹ Women experiencing repeated assaults from domestic partner suffer even greater loss of self-esteem. A woman living in a constant climate of fear may experience major alterations to her understanding of self, the world around her and her place in that world, requiring reconfiguration of these parameters.¹⁶⁰ These women, because they live with an ongoing threat of further assault, must develop a sense of self and the world that

¹⁵⁸ Christina Nicolaidis, and Anuradha Paranjape, "Defining Intimate Partner Violence: Controversies and Implications," in *Intimate Partner Violence*, ed. Connie Mitchell and Deirdre Anglin (Oxford: Oxford University Press, 2009).

¹⁵⁹ A.C.O.G., "A.C.O.G Committee Opinion on Sexual Assault."

¹⁶⁰ Warshaw, Brashler, and Gil, in *Intimate Partner Violence: A Health-Based Perspective*, 151.

will accommodate these major alterations. She must develop a view that makes the threat of violence acceptable.

Thirteen percent of women report their assailant was a stranger¹⁶¹ and for women encountering assault for the first time, the assault lies outside of their perception of the world and themselves. After the assault, the world is no longer the safe place the woman thought it was but is now a place that proved unsafe and exposed her to assault. The incongruity is more extensive in cases of sexual assault because what was previously identified as the sexual act arising out of an intimate relationship, is now about power, control and degradation. The incongruity reflects the conflicting feelings surrounding the event. Women have to reconcile “I thought this neighborhood was safe” and “He was my boyfriend and I trusted him” with the traumatic events of the assault.¹⁶²

Talking about the assault has multiple dimensions. Many women do not immediately report their assault due to the challenge the assault makes to their ideal world and the resulting feeling of shame.¹⁶³ The incongruity may be so profound that it becomes easier to avoid talking of the assault and if that is not possible then the woman must alter the narrative. She will say “It’s not that big of a deal,” or “I have forgotten it,” or “It’s in the past.” The dissociation occurring with PTSD leads her to withdraw from relationships and suppress memories of the event. Revisiting the memories refreshes the challenges to her self-identity and world view and intensifies her feelings of shame.

¹⁶¹ A.C.O.G., "A.C.O.G Committee Opinion on Sexual Assault."

¹⁶² Mindy B Mechanic, Patricia A Resick, and Michael G Griffin, "A Comparison of Normal Forgetting, Psychopathology, and Information-Processing Models of Reported Amnesia for Recent Sexual Trauma," *Journal of Consulting and Clinical Psychology* 66, no. 6 (1998).

¹⁶³ Christopher R. DeCou et al., "Assault-Related Shame Mediates the Association between Negative Social Reactions to Disclosure of Sexual Assault and Psychological Distress," *Psychological Trauma: Theory, Research, Practice, and Policy* 9, no. 2 (2017): 167.

If these memories are so painful and the resistance to addressing them so deep, shouldn't we leave these women alone? Why should we force them to relive memories of an extremely traumatic event? While these avoidant behaviors may be helpful in the immediate period, long term they prevent processing of the event and can result in continued manifestations of the wound, both physically and psychologically.¹⁶⁴ In everyday interactions their avoidance behaviors are difficult to see and often seem like little quirks. Avoiding restaurants without large windows, requesting a seat facing the door, or refusing to attend an event after dark, can all seem to be personality quirks when they are really related to fears precipitated by their assault. This avoidance may allow the woman to function in society but it also prevents processing of the trauma allowing the wound to persist. Ignored and denied the wound begins to fester, eventually rupturing into the open.

The similarity between wound healing and the manifestations of women's wounds is not perfect and relies on generalizations that ignore the specificity of each woman's wound. Nevertheless, I think the metaphor of a poorly healed wound is helpful, especially to surgeons and physicians steeped in the physicality of medicine. The dissociative symptoms of withdrawal and denial are analogous to the walling off that occurs immediately following a wound. Ideally, this walled off wound is then allowed to heal as the woman begins to process the trauma. It is the long-term phase that can be the most troubling to women. If the woman is able to process the trauma, then her wound becomes a scar that, while still present, is not acutely or chronically painful. If she is unable to process the wound, it becomes a walled off abscess that may erupt at any time even the

¹⁶⁴ Feeny, Zoellner, and Foa 90.

distant future. It is this integration of a wound that is so important and yet often so elusive.

The wounded women I am thinking about in this dissertation are those who have poorly processed their trauma and carry a wound that erupts in ways that significantly disrupt their lives. Approaching these women with only medical treatments is often insufficient. What is needed is a transformation of the wound from the negative characteristics described in this chapter to a reconciled trauma that becomes an integrated part of the woman's identity and life history, and no longer produces toxic shame. The abscess of her wound needs to be opened and cleaned so that healing can proceed.

This transformation of wounds can only be achieved through God's grace. To understand this transformation requires a Christian reading of wounds and healing. This reading is one that is rooted in the Hebrew Scriptures, the New Testament, and an understanding of the ways wounds contribute to our identity. It is to that conversation I now turn.

CHAPTER 2

WOUNDS IN SCRIPTURE AND THROUGH THEOLOGY

“On the evening of that first day of the week, when the doors were locked, Jesus came and stood in their midst and said to them, ‘Peace be with you.’ When he had said this, he showed them his hands and his side.”

—John 20:19-20

It is part of the human condition to be wounded and to wound. The wounds of women are particular and their physical, psychological and spiritual manifestations were explored in the previous chapter. The focus of this chapter is to go beyond these manifestations to understand wounds on deeper theological and philosophical levels. To do this I first turn to Scripture to help us understand the significance of our wounds. In both the Hebrew Scripture and the New Testament, wounds can represent sin or separation from community, and can serve as symbols of unjust suffering and the exercise of power. After this Scriptural discussion of the meaning of wounds, I then look at contemporary theological and philosophical discourse regarding the role wounds play in identity. Some of this chapter relies on disability studies for commentary on the Scripture and for the meaning of wounds. While there are many differences between disability and wounds, there are enough similarities to justify its use as a placeholder for wounds.

In Genesis, the creation of man in the image and likeness of God (Gen 1:26) can imply there is an idealized body. In Leviticus 11- 15 which contains the impurity laws,¹⁶⁵ and chapters 17-26, often referred to as the Holiness Code,¹⁶⁶ those who represented God,

¹⁶⁵ John Collins, *Introduction to the Hebrew Bible* (Minneapolis: Augsburg Fortress, 2004), 145.

¹⁶⁶ Collins, 148.

because they were the image of God, needed to be pure. This implies that any wound, scar, or disability deforms the image of God. This leads Nancy Eiesland to note that “theological interpretations of the meaning of perfection have historically included physical flawlessness as well as absolute freedom.”¹⁶⁷

The proposition that made in the image of God means there is an idealized body, leads to the association of bodily deformities with unfaithfulness and sin. While the association is not complete, in the Hebrew Scriptures illness, wounds and sin are often closely aligned. This association of sin with illness and wounds arises out of the Mosaic covenant, and the Jewish understanding that faithfulness to this covenant would result in prosperity. This usually meant wealth and children but could also imply health.¹⁶⁸ If this is true, then the opposite must also be true: illness is the result of unfaithfulness to the covenant. The association of sin with suffering and illness becomes problematic in the context of unjust suffering, and the story of Job offers an explanation of this suffering. Job is important to wounded women because in addition to addressing unjust suffering, it also provides a space in which they can lament their own suffering and complain to God about pain and injustice.

If sin and unfaithfulness are linked in the Hebrew Scriptures through the Mosaic covenant, Jesus’ message in the New Testament should provide a corrective to this correlation. However, in the Gospels, particularly in the healing stories of Mark, there are

¹⁶⁷ Nancy L Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon Press, 1994), 72.

¹⁶⁸ Collins, 91.

mixed messages regarding wounds and healing. This can lead to an interpretation that reinforces the link between illness, sin, and separation from community.¹⁶⁹

These Scriptural themes linking sin and wounds, provide a theological source for describing the wounds of women; however, they also present us with a problematic association of healing and erasure of wounds with faithfulness to Jesus as God. These Scriptural images will be explored in detail in this chapter to emphasize how the Scriptural association of wounds with sin, unfaithfulness and shame, while not complete, is strong enough to have implications for healing of wounds.

While wounds can be seen as signs of sin and unfaithfulness, they play other roles, particularly in the formation of our identity.¹⁷⁰ This foray into wounds and identity is meant to emphasize the importance of bodies, and wounds, to our identity and our personal histories. For wounded women this implies that attempts to forget or dismiss their wounds means dismissing a part of their identity and denying their personal history.

Wounds in the Hebrew Scriptures

Wounds and illness are portrayed in the Hebrew Scripture in multiple ways: in Genesis being made in the image and likeness of God influences the perception of the body, but in Exodus and Leviticus wounds and illness reflect unfaithfulness. The covenantal relationship of Israel with God, established with Abraham and Moses, is considered the basis of a worldview which holds that fidelity of humankind to God's covenant produces progeny and wealth.¹⁷¹ Faithfulness to the Covenant promised health and prosperity to God's chosen people, so conversely, suffering, illness, wounds and

¹⁶⁹ Candida Moss, "The Man with the Flow of Power: Porous Bodies in Mark 5:25-34," *Journal of Biblical Literature* 129, no. 3 (2010).

¹⁷⁰ PF Strawson, *Individuals* (London: Methuen & Co LTD, 1959).

¹⁷¹ Collins, 91.

disability are associated with sin and unfaithfulness. This association is not complete, and Joel Baden and Candida Moss propose that the Priestly source, at least in regards to skin diseases, does not make a direct connection to sin.¹⁷²

Despite the incomplete connection, the association of sin with suffering has persisted and makes unjust suffering difficult to comprehend and accept. The Book of Job provides one path to understanding unjust suffering and also offers a space for protestation. Since a goal of this dissertation is to reinforce the importance of the body, I begin with an exploration of the creation of humans “in the image and likeness of God” and how we come to understand our bodies, and their relationship to God.

Made in God's Image

In her exegesis of Genesis from a disability perspective, Sarah Melcher¹⁷³ examines the verse “created in the image and likeness of God” (Gen1:26-27) as it refers to the creation of humans. This biblical phrase implies that humanity resembles God in some fashion, which is a unique characteristic in the created world and confers special status on humankind. Melcher says that “to be like God implies that human beings are also unlike God to an extent.”¹⁷⁴ Resembling God is common to all earthly creatures but it is only humans who are given the special designation of created in God's image and likeness, and as Andreas Schüle notes “Though there is nothing between heaven and earth that is not created *by* God, it is only Adam who is in a particular sense *like* God.”¹⁷⁵

¹⁷² Joel Baden, and Candida R. Moss, "The Origin and Interpretation of Šāra'at in Leviticus 13—14," *Journal of Biblical Literature* 130, no. 4 (2011).

¹⁷³ Sarah J Melcher, "Genesis and Exodus," in *The Bible and Disability: A Commentary*, ed. Sarah J Melcher, Mikeal C Parsons, and Amos Yong (Waco, Texas: Baylor University Press, 2017). 30-34.

¹⁷⁴ Melcher, in *The Bible and Disability: A Commentary*, 31.

¹⁷⁵ Andreas Schüle, "Made in the 'Image of God': The Concepts of Divine Images in Gen 1-3," *Zeitschrift für die alttestamentliche Wissenschaft* 117 (/ 2005): 4.

The exact meaning of “image and likeness” has been interpreted in a plethora of ways including spiritual characteristics like memory and self-awareness; capability for moral decision making; the division of humanity into male and female; along with others. The list also includes God’s appearance reflected in the external appearance of humans.¹⁷⁶ The characteristics have been classified by Richard Middleton into “substantialistic” and “relational.”¹⁷⁷

Since my interest here is in bodies, I am more interested in the substantialistic characteristics or how *bodies* are made in the image and likeness of God. In his interpretation of the *imago Dei*, Andreas Schüle asserts a more holistic interpretation than Middleton. “It (*imago Dei*) is not limited to ‘religious’ aspects of human existence - such as the participation in rituals or the spiritual encounter with God in prayer -, but relates to every instance of mental, physical, social and even sexual life. According to P, there is nothing that could possibly be said about Adam without referring to his being created in the image of God.”¹⁷⁸ Ancient religions often used physical images, particularly material objects, to depict the divine presence. Referencing these ancient views of divine presence in the shape of physical images, Schüle claims that “This view, however, has been so transformed that not a material object, a statue, but Man as a living being took on the role of image.”¹⁷⁹ Here image implies that humans are a faithful representative of God who has no corporeal presence. Humans are meant to provide visible testament to the existence of God’s presence in the world and in return the *imago Dei* is supposed to give

¹⁷⁶ W Sibley Towner, "Clones of God: Genesis 1:26-28 and the Image of God in the Hebrew Bible," *Interpretation*, no. 50 (2002): 343.

¹⁷⁷ J Richard Middleton, *The Liberating Image: The Imago Dei in Genesis I* (Grand Rapids: Brazos, 2005), 15-29. Cited in Richard Briggs, "Humans in the Image of God and Other Things Genesis Does Not Make Clear," *Journal of Theological Interpretation* 4.1 (2010): 114.

¹⁷⁸ Schüle.

¹⁷⁹ Schüle 11.

an account of what it means to be human.¹⁸⁰ This account, as Middleton noted, has incorporated many characteristics of humans beyond their physical presence. What is important here is that there is a corporeal component to our creation that is representative of God.

Feminist interpretations of God's image reinforces the importance of the body. For example, in her feminist theological anthropology, Michelle A. Gonzalez, interprets Gen 1:27's use of the Hebrew word for humankind, '*adam*' as gender inclusive, and "from the beginning humankind exists as two creatures, not as one creature with double sex."¹⁸¹ Gonzalez connects the substantialist and relationist ideas of the *imago Dei*, and reminds us that it is through our bodies that we are in relationship with the world. She reinforces a holistic, psychosomatic anthropology and notes that while our bodies are important, it is the *imago Dei* that allows us to transcend our bodies and be in relationship with God.¹⁸² She sees bodies as important but only as the *imago Dei* represented by our bodies which puts us in relationship with God. For Gonzalez, it is through the substantialist *imago Dei* that we are able to engage in a relationship with God.

A focus on the physical aspects of being the image of God, and reflecting God's perfection, leads Sibley Towner to answer in the negative, the question "Can the image be smashed or defaced?"¹⁸³ Though theologians have interpreted the "fall" narrative as a sign of God's image being defaced, Towner contends that "nothing in either Genesis text (Gen 1 and Gen 3) suggests that a basic change in human nature, a new anthropology, as

¹⁸⁰ Schüle 11.

¹⁸¹ Phyllis Tribble, *God and the Rhetoric of Sexuality* (Minneapolis, MN: Fortress Press, 1978). Quoted in Michelle A Gonzalez, *Created in God's Image: An Introduction to Feminist Theological Anthropology* (Maryknoll, NY: Orbis Books, 2007), 7.

¹⁸² Gonzalez, 124.

¹⁸³ Towner 351.

it were, could or did occur in the Garden.”¹⁸⁴ Humans are physically formed in the image of God and the fall does not deform the physical image but rather destroys the relationship with God.

This interpretation contradicts the later association of disability, or loss of image, with sin, which in the purity laws of Leviticus 11-16, and the Holiness Code in 17-26 requires those who represent God, mainly the temple priests, to also represent perfection.¹⁸⁵ This leads Nancy Eiesland to contend that there is “the theme that physical disability is a travesty of the divine image and an inherent desecration of all things holy.”¹⁸⁶ As an alternative she suggests that disability is not a “loss” of image, but rather that God’s image includes all the diversity found in disabilities.¹⁸⁷ To suggest that there is one perfect image of God, is to ignore the diversity of human creation in sex, hair, skin and eye color, race, and altered mental and physical abilities. If we ascribe a single perfect human image as representative of God, then we are limiting God to an image of our making.

Some scripture interpreters have also looked at the *imago Dei* and concluded that failure to bear children diminishes the divine image.¹⁸⁸ Though wounds of infertility and pregnancy loss are common and significant for women, they are not the central question of this dissertation. They are, however, related to the wounds under discussion and offer important clues for how ancient and modern communities understood women’s bodies and their relationship to sex and marriage. They produce the same challenge to identity

¹⁸⁴ Towner 351.

¹⁸⁵ Eiesland, 72.

¹⁸⁶ Eiesland, 72.

¹⁸⁷ Eiesland.

¹⁸⁸ Melcher, in *The Bible and Disability: A Commentary*, 31.

that wounds of assault produce, and there is a sense of loss and failure in both wounds. However, infertility and maternal loss are distinct wounds with distinct initiating events, consequences, social implications and pastoral concerns. The major difference from the wounds I am considering is the profound and often persistent sense of shame that results from wounds of assault. Yet the bodies of women experiencing pregnancy loss also reveal the marks of gendered cultural norms and theological responses

Melcher notes, that in the stories of the Patriarchs, infertility is commonly seen as a disability.¹⁸⁹ The story of Sarah's barrenness (Gen 17), as well as the story of Rebekah (Gen 25:21-24), incorporates the common theme of desire for children who will form the basis of the nation of Israel. Children are seen as gifts from God and a reward for fidelity to the Abrahamic covenant (Gen 15). Here faithfulness to the Abrahamic covenant is seen in progeny, and barrenness is then a disability.

However, barrenness can be interpreted as both a burden and a normal state, which can strengthen the association of fertility with faithfulness. Baden and Moss argue that in the ancient world, infertility may have been the more common state and therefore the more uncommon state of fertility was seen as a gift from God.¹⁹⁰ Since barrenness may have been more common it may have been considered normative, and therefore fertility is a specific gift from God. Even if infertility is normative, it is still a sign that a woman has not been blessed by God and is therefore unworthy. Infertility becomes a burden, one mostly born by women, which is interpreted as diminishing the divine image and a sign

¹⁸⁹ Melcher, in *The Bible and Disability: A Commentary*. 34-47.

¹⁹⁰ Candida Moss, and Joel S. Baden, *Reconceiving Infertility: Biblical Perspectives on Procreation and Childlessness* (Princeton, New Jersey: Princeton University Press, 2015).

of disfavor from God. Consequently, barren women are seen as being wounded and unworthy, and their barrenness associated with sin and diminishment of the divine image.

Infertility is still a wound that many women in contemporary society endure. A couple's desire to reproduce biologically related children, and the pressure often exerted on the couple by family members, can be devastating when the couple encounter infertility. Despite our extensive understanding of reproduction, and data that suggests that male factors contribute to almost half of couple's infertility,¹⁹¹ women often bear the burden of fertility.¹⁹² In addition to infertility, wounds of miscarriage and pregnancy loss are not infrequent. Statistics reveal that ten percent of confirmed pregnancies may result in miscarriage¹⁹³ which suggests that many, if not most, women bear this wound. Women tend to exhibit these wounds more than men, particularly when the loss occurs in early pregnancy.¹⁹⁴ Women feel the physical effects of pregnancy well before there are any external signs, which leads them to experience their child more concretely and earlier than their partners. This is not to diminish the wounds of fathers, but rather to point to one of the many wounds that women suffer in unique ways. Though we may try to deny the Scriptural association of infertility with sin, contemporary society continues to celebrate the fertile woman and pity her barren sister.

¹⁹¹ American College of Obstetrics and Gynecology Committee on Gynecologic Practice A.C.O.G., "Committee Opinion: Infertility Workup for the Women's Health Specialist," *OBSTETRICS & GYNECOLOGY* 133, no. 6 (2019), accessed May 25, 2021, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/06/infertility-workup-for-the-womens-health-specialist>. Accessed January 23, 2021.

¹⁹² Centers for Disease Control, "Infertility FAQ's: What is Infertility?" <http://www.cdc.gov/reproductivehealth/infertility>. Accessed January 23, 2021.

¹⁹³ American College of Obstetrics & Gynecology A.C.O.G., "Practice Bulletin: Early Pregnancy Loss," *OBSTETRICS & GYNECOLOGY* 132, no. 5 (2018), accessed May 25, 2021, <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss>.

¹⁹⁴ Jade M Shorter, and etal, "Racial Disparities in Mental Health Outcomes among Women with Early Pregnancy Loss," *OBSTETRICS & GYNECOLOGY* 137, no. 1 (2021).

These interpretations of the *imago Dei* accept that God does not have a material form but nevertheless imply the importance of our bodies. We are not created spiritually in the image of God, as disembodied souls, rather we are created as embodied souls and our bodies matter. For wounded women, this means that they cannot ignore the importance of their bodies and the wounds and scars found on their bodies.

Fidelity to the Mosaic Covenant

The association of sin with illness arises out of the covenantal relationship established between God and the Israelites in Exodus. The theology of Exodus is based on a story that establishes the relationship between God and his people. God demonstrates his commitment to Israel and offers a covenant asking them to be committed to Him alone.¹⁹⁵ The story, from the calling of Moses, through the liberation from slavery and the exodus from Egypt is meant to establish the relationship of God with Israel; a relationship that will lead to freedom from slavery and the formation of the nation of Israel. Israel, for her part, must obey the commandments, worship God alone and treat others with justice.¹⁹⁶

The duties of the Israelites are further elucidated in Exodus, Deuteronomy, and Leviticus and produce a worldview that fidelity to the covenant is rewarded with prosperity, usually meaning children, and suffering is a consequence of unfaithfulness. In Exodus 23:25-26, God's control over illness and health is affirmed¹⁹⁷ and the Israelites are told "You shall worship the Lord your God, and I will bless your bread and your water; and I will take sickness away from among you. No one shall miscarry or be barren

¹⁹⁵ Walter Houston, "Exodus," in *The Oxford Bible Commentary*, ed. John Barton and John Muddiman (Oxford: Oxford University Press, 2001), 68.

¹⁹⁶ Houston, in *The Oxford Bible Commentary*, 79.

¹⁹⁷ Melcher, in *The Bible and Disability: A Commentary*. 52

in your land; I will fulfill the number of your days” (Ex 23:25-26). The consequence of unfaithfulness then is the opposite: suffering, infertility and loss of land. It is the prophets who repeatedly remind Israel, particularly after subjugation by the Assyrians, Persians, and Babylonians, that their suffering is due to their unfaithfulness to the covenant with God.¹⁹⁸

This is particularly true in Ezekiel, where Collins notes that there is a shift from corporate responsibility to personal responsibility.¹⁹⁹ Prior to Ezekiel’s time, it was felt that the people of Jerusalem were punished for the sins of their fathers and not for their personal sin. The Mosaic covenant was considered to involve corporate righteousness, and blessings and curses fell on the people as a whole, ignoring individual righteousness. Ezekiel shifts this covenantal understanding to individual behavior, so that a more direct association between sin and punishment was established.²⁰⁰ This leads to the view that someone with illness or misfortune must be unfaithful and therefore undeserving of God’s blessings.

This association of sin and suffering is not as complete as it seems. Baden and Moss note that the association of sin and illness, at least Šāra‘at, or skin disease, is not apparent in the Priestly writings.²⁰¹ Here the affliction represents corporate impurity and not individual sin. In Leviticus, Šāra‘at “carries no religious or moral guilt, is not associated with any kind of sin, but is rather a simple fact of human existence, one that, like many others has cultic and ritual implications.”²⁰² The corporate impurity conferred by Šāra‘at,

¹⁹⁸ J Blake Couey, "Isaiah, Jeremiah, Ezekial, Daniel, and the Twelve," in *The Bible and Disability: A Commentary*, ed. Sara J Melcher, Mikeal C Parsons, and Amos Yong (Waco, Texas: Baylor University Press, 2017), 215.

¹⁹⁹ Collins, 366.

²⁰⁰ Collins, 367.

²⁰¹ Baden, and Moss.

²⁰² Baden, and Moss 645.

causes YHWH, the source of life for Israel, to withdraw from the temple resulting in death and destruction of the nation.²⁰³ Baden and Moss suggest that pre-critical interpretation by classical rabbis established the tight connection between sin and illness, an interpretation that was augmented by historical-critical analysis.²⁰⁴

Though the association of sin with illness is not as robust as we might think, there is a strong theme in Scripture which holds that breaking the covenant with the God who led Israel out of slavery results in disaster. This Scriptural association between faith and prosperity as covenant satisfies the human desire to see cause and effect. If we cannot explain evil in concrete terms then we can explain it in terms of sinfulness. It results in a worldview where fertility, prosperity, health and well-being are all associated with faithfulness to God. The corollary is that suffering, illness, misfortune and wounds, are the result of God's displeasure over the afflicted person's sin and unfaithfulness. It provides us with a clear cause and effect. Prosperity and good health are signs of faithfulness to the Mosaic covenant; illness, disability, and wounds are representative of unfaithfulness.

The long-standing association of sin with suffering presents a problem for contemporary wounded women, and for others who are the subject of unjust suffering. It is particularly difficult in a contemporary society that looks for cause and effect everywhere. Hebrew and Christian practices may reinforce the association of sin with suffering, and our secular society may refute this explanation of suffering in principle. Nevertheless, we still search for a cause. Women are conditioned by a secular society focused on rationality to look for the root cause of everything. The business practice of

²⁰³ Baden, and Moss 647.

²⁰⁴ Baden, and Moss 654-57.

root cause analysis examines errors in medical procedures, manufacturing processes, and even airline operations with the aim of determining what was the initial error resulting in the problem.²⁰⁵ This process, while increasing efficiency and markedly reducing errors, also implies that a close examination of any misadventure can reveal a “root cause” that can be corrected. If we do root cause analysis in the workplace to assess errors and improve processes, then the same analysis should reveal the cause of our suffering. When it does not, we become indignant and angry. For wounded women, a root cause analysis fails to reveal a reasonable cause for their wound and so the alternative is to place blame on themselves. They reason that they are to blame for their own wound, which could have been prevented if they had acted differently or dressed differently.

With a covenantal theology that equated unfaithfulness with a lack of prosperity if not to personal suffering, the Hebrews often had the same indignation and anger over their experience of unjust suffering. If infidelity to the Mosaic covenant could justify communal exile and corporate punishment, it was a poor excuse for personal unjust suffering. The Book of Job, exploring the association of faithfulness and personal prosperity, provides one response to this unjust suffering. More importantly, Job’s protest to God provides a space in which wounded women can also protest their unjust suffering.

Job and Spaces for Lament

The book of Job provides a counterbalance to the covenantal and consequentialist views of woundedness and sin that are key themes in the Pentateuch. Job questions the source of his suffering and misfortune, and his story provides an alternate view of

²⁰⁵ See Six Sigma. <https://www.6sigma.us/etc/root-cause-analysis-for-beginners/> Accessed June 9, 2021

suffering and sin. The beginning narrative portion of Job concerns itself with God's role in Job's prosperity (Job 1) and subsequent loss of that prosperity and his physical ailments (Job 2:7-13).²⁰⁶ The narrative provides a conversation between God and the enigmatic Adversary. When God allows Job to be afflicted (Job 2:4-6), God is placed in the role of Job's afflicter. Some authors have suggested that this action of God against Job can be seen as abusive²⁰⁷ and that Job becomes a pawn in the game between God and the Adversary. The inference is that Job's afflictions are arbitrary. While God's action can be interpreted as capricious, the unjustness of Job's affliction reflects the way many of us interpret our own suffering and is important for the story. Suffering is unjust because it is indiscriminate with no discernable cause.

When the book turns to the speeches of Job's friends (Job 4-5), we find that they espouse the Hebraic worldview in which the faithful and upright are rewarded by God with prosperity and the sinner is punished with poverty, illness and suffering.²⁰⁸ This is the traditional understanding of the Mosaic covenant which rewards faithfulness to God. All three of Job's friends maintain that in a just world there are predictable rewards and punishments, therefore Job, or his offspring, must be guilty of something. In this system all humanity is eventually judged by God, who rewards the faithful and punishes the sinner. The friends implore Job to repent of his sins so that he will be returned to God's graces and be rewarded (Job 5). They continue to insist that Job must have sinned and they implore Job to repent of his sins and ask God's forgiveness (Job 4:1-14:22). From

²⁰⁶ Collins, 508-09.

²⁰⁷ Sarah J Melcher, "Job, Proverbs, and Ecclesiastes," in *The Bible and Disability: A Commentary*, ed. Sarah J Melcher, Mikeal C Parsons, and Amos Yong (Waco, Texas: Baylor University Press, 2017), 176.

²⁰⁸ Collins, 509.

the beginning Job does not exhibit the limitless patience we often attribute to him and complains bitterly over his treatment to the point that he curses the day he was born (Job 3:1-6). But in response to his friends, Job refutes their interpretation of his suffering and maintains his righteousness before God. He denies that he has been faithless to God's covenant and protests against his friends' portrayal of him as a sinner and their insistence on repentance before God (Job 9:1-35). In chapter 21, Job refutes the prevailing moral order and claims that it is not the faithful but the wicked who enjoy a pleasant life.²⁰⁹ Eventually Job, overcome by his suffering, protests to God regarding the unfairness of his treatment. (Job 30:17-31:36). He calls out to God in his pain and demands "This is my final plea; let the Almighty answer me!" (Job 31:37).

God answers Job's complaint not by explaining his suffering, but by exerting His wisdom and power and then asking Job why he thinks he has the right to question God (Job 38). God does not refute the unfairness of Job's misery, nor does he affirm Job's faithfulness. Rather, God asks whether Job has the position to question God's actions.

"Then the Lord addressed Job out of the storm and said:
Who is this that obscures divine plans with words of
ignorance? Gird up your loins now, like a man; I will
question you, and you will tell me the answers! Where
were you when I founded the earth? Tell me if you have
understanding...Have you ever in your lifetime
commanded the morning and shown the dawn its place?"
(Job 38:1-4,12)

While God's explanation is unsatisfactory for many, for Job it suffices. He acknowledges God's power and says "I know that you can do all things and that no purpose of yours can be hindered...Therefore I disown what I have said, and repent in

²⁰⁹ James L Crenshaw, "Job," in *The Oxford Bible Commentary*, ed. John Barton and John Muddiman (Oxford: Oxford University Press, 2001), 343.

dust and ashes” (Job 42:1-2,6). Job chooses to trust in God and ask for forgiveness for his demand for an explanation.

For many contemporary readers this answer is insufficient. As Stanley Hauerwas notes “What bothers us about illness is not simply the pain and suffering it occasions but the absurdity of it... Our being able to associate our illnesses, at both a social and a personal level, with a causal system gives us a sense of control that seems to make their destructive outcomes less terrible.”²¹⁰ Our need for a clear cause and effect is not satisfied by God’s rebuke of Job. As Sarah Melcher concludes “The book of Job does not resolve some of the ethical issues that it raises. In the final analysis, it does not offer reassurance that God is just. It does not explain satisfactorily why the righteous suffer...”²¹¹ In the end there is no explanation for unjust suffering and for evil in the world. Hauerwas sums it up by saying “It just happened. For just as there is ‘no point’ to God’s creation, so there is ‘no point’ to our suffering.”²¹² Trying to explain the existence of suffering is a fruitless endeavor.

This ending is difficult for many and particularly for wounded women because it asks them to trust in a patriarchal God, that may remind them of their perpetrator. Yet the entire book of Job challenges the reward and punishment worldview, and it is the theology of injustice and protest to God that is pertinent to my discussion of wounded women. We want life to be fair and the world to be just, and when it is not, we are angry, just as Job eventually becomes angry at God. Wounded women see the injustice of their assault and they cannot find a clear cause and effect. Unable to discern a cause they often

²¹⁰ Hauerwas, 72.

²¹¹ Melcher, in *The Bible and Disability: A Commentary*, 183.

²¹² Hauerwas, 79.

blame themselves. They feel they must have done something to deserve the assault because it happened to them and not someone else. It takes a great deal of faith to trust in the power and wisdom of a male God, forego a search for cause and effect, and accept that evil just exists.

Job's story does have something constructive to offer wounded women. The protests of Job to God do not just reinforce God's power, they also give validity to the wounded woman's search for the answer to the question "Why me?" Job is just as undeserving of his suffering as wounded women are of theirs, but in the end Job does not suffer silently. Job's cry of despair to God protests his suffering, and can provide a space for wounded women to voice their own protest. It is this protest against injustice that is beneficial for wounded women.

For example, Alan Verhey, in his exegesis of Job²¹³ suggests that Job's complaints to God give a space for our own complaints to God for the injustice of our suffering. Job's complaint refuses to deny the reality of pain and suffering; his is a complaint that cannot be ignored. To admit the reality of the evil, pain and suffering arising out of their wounds is important for wounded women. While God's response doesn't answer explicitly the question "why me?" the story does give Job, and wounded women, permission and a space, to protest against the injustice of their wounds. If silence is common for wounded women²¹⁴ then the account of Job is important for these women, because it opens a space where they can protest the injustice, unfairness and pain of their wounds. The importance

²¹³ Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2003). 114-122.

²¹⁴ Crisp, "Silence and Silenced: Implications for the Spirituality of Survivors of Sexual Abuse."

of this space cannot be dismissed. The reality of their wounds must be acknowledged, brought into the open, and named for what it is.

The Book of Job provides at least three lessons regarding unjust suffering. When Job protests the unjustness of his afflictions, a space is made that allows for the identification of particular wounds, evil and suffering in our life. It tells us that it is okay to point out these realities and we are not obligated to suffer in silence, virtuously. God's response does not necessarily provide us with sufficient cause and effect for unjust suffering but does give us some explanation. Evil just is and while God does not wish evil on us, we are in no place to question God. Unfortunately, Job's faithfulness to God is rewarded at the end of the story with restoration of his prosperity. If the middle of the book provides lessons in unjust suffering, the reward to Job only reinforces the association of faith with prosperity.

The Hebrew Scriptures' emphasis on a covenantal relationship with God leads to a connection between suffering and unfaithfulness, which is problematic for wounded women. But the Genesis creation story (Gen 1:27) tells us that we are made in the image and likeness of God which confers special status on humans. While the book of Job, does not provide a clear explanation of unjust suffering, it does allow space for complaint against God, and asks us to trust in God consistently. When we end up looking for justice and cannot find it in the secular world, just like Job, we are able to call out to God in suffering "This is my final plea; let the Almighty answer me!" (Job 31:37).

Wounds in the New Testament

The New Testament's contribution to an understanding of woundedness lies primarily in the healing miracles of Jesus. While they often reflect the prevailing notion

of illness as a consequence of sin, they also reveal Jesus' concern for the ill, especially those who have been ostracized and are separated from God and their community.

Stories relating Jesus' healing of people with wounds and disability (i.e., mobility impaired, blind, leper, and the woman with a hemorrhage), appear frequently in the Gospels and can be both comforting and problematic when considering woundedness. While healing portrays the compassion of Jesus there is also the implication that erasure of wounds is the mode of healing, forgiveness, returning to community and membership in the Kingdom of God. The stories can also reinforce the association of wounds with sin or lack of faith which puts a burden on the wounded person. My examination of wounds in the New Testament here concentrates on the Gospel of Mark where the ministry of Jesus focuses on healing stories,²¹⁵ and the Gospel of Luke, for whom our corporeal existence is important.²¹⁶

I am here following the work of disability scholar Candida Moss, to support my claims. In her essay on disability, in Scripture, Moss notes that there are three ways in which disability appears in the Gospel of Mark.²¹⁷ As I have suggested already, disability can be linked to woundedness. In Moss's view, disability can appear as someone suffering from an impairment, which is then healed by Jesus. It can also appear as a metaphor for sin or moral failing. Finally, it appears in areas of silence where able-bodiedness is assumed. I am going to concentrate on the healing of wounds by Jesus, and the association of wounds with sin or moral failure, because these are more applicable to

²¹⁵ Candida Moss, "Mark and Matthew," in *The Bible and Disability: A Commentary*, ed. Sarah J Merlcher, Mikeal C Parsons, and Amos Yong (Waco, Texas: Baylor University Press, 2017).

²¹⁶ David F Watson, "Luke-Acts," in *The Bible and Disability: A Commentary*, ed. Sarah J Melcher, Mikeal C Parsons, and Amos Yong (Waco, Tx: Baylor University Press, 2017).

²¹⁷ Moss, "Mark and Matthew," in *The Bible and Disability: A Commentary*.

my interest in women's wounds. Silence is important in the discussion of wounded women as I will show later, but it has a different connotation than Moss imparts.

Healed Bodies, Faithful Bodies – The Gospel of Mark

In Mark, sin and wounds are often used interchangeably, as in the story of the healing of the paralytic (Mk 2:1-12) when Jesus initially tells the paralytic “Child your sins are forgiven” (Mk 2:9). One interpretation is that Jesus is establishing his role not just as a healer, but as someone with the power to forgive sins. Jesus’ defense of his ability to forgive sins to the scribes makes him more than an itinerant healer. Holladay also notes that the Mark’s primary interest is in establishing who Jesus is. The healing miracles therefore show him as someone who has power and is close to God.²¹⁸ The story of the paralytic illustrates this connection to God, and Jesus heals the man, which also reinforces the association of sin with wounds. Jesus may present himself as more than a healer, but healing is still a major element of his ministry. By offering to forgive the paralytics sins, and then healing the man, the connection between healing and forgiveness of sin is reinforced.²¹⁹

Similarly, Candida Moss notes that for the author of Mark healed and whole bodies are synonymous with faithful bodies.²²⁰ The healing of wounds is usually preceded by an expression of faith, so that people who believe are healed, but others do not necessarily believe because they are healed.²²¹ This antecedent faith is present in the story of the woman with the hemorrhage (Mk 5:25-34). The woman’s bleeding ostracizes her from

²¹⁸ Carl R Holladay, *A Critical Introduction to the New Testament* (Nashville, TN: Abingdon Press, 2005), 110.

²¹⁹ Moss, "Mark and Matthew," in *The Bible and Disability: A Commentary*, 285.

²²⁰ Moss, "Mark and Matthew," in *The Bible and Disability: A Commentary*, 284.

²²¹ Holladay, 114.

the community and by inference from the people of God.²²² The woman's faith gives her the courage to reach out and touch Jesus as he passes by in the crowd. Jesus notices that she is healed and when he confronts her, he says "Daughter your faith has saved you" (Mk 5:24). The healing occurs not by Jesus' overt act but passively through the touch of the woman. Mark points out that faith in Jesus is a requirement for healing the woman and it is her faith in Jesus that motivates her to touch Jesus to be healed. The act of reaching out towards Jesus is a sign of her faith in Jesus' ability to heal. The story is "sandwiched" between the two parts of the story of the raising of Jairus' daughter, which reinforces the connection between faith and healing.²²³

In Mark's Gospel the repeated stories of the blind seeing, the lame walking and the leper being healed all point to Jesus' building the Kingdom of God with faithful, but healed people²²⁴ and the association of wounds with sin, and healing with salvation, is very strong. Mark wishes to establish Jesus as not only a miracle worker but as someone who is close to God and therefore can forgive sins and is worthy of faith. Jesus' healing miracles serve to prove that faith in his mission results in healing of wounds and admittance to the Kingdom of God. In Mark, those who have faith, or whose friends and family profess faith, are healed.

This association with healing and faith is problematic for the discussion of wounded women and for the pastoral response to their wounds. If the implication is that a wounded woman can be healed only if she has enough faith, then the converse, that if the wound is still present then the person lacks faith, must also be true. Just as the disciples asked Jesus

²²² Francis J Moloney, *The Gospel of Mark: A Commentary* (Peabody, Ma: Hendrickson Publishers, 2002), 106.

²²³ Moloney, 107.

²²⁴ Moss, "Mark and Matthew," in *The Bible and Disability: A Commentary*. 284

about the man born blind “Rabbi, who sinned, this man or his parents, that he was born blind?” (Jn 9:1-2) wounded women ask themselves how they sinned that they were assaulted. This puts the onus of healing squarely on the wounded woman: you suffered because you sinned and you still suffer because you need to pray, accept God in your life, and be more faithful.

These associations of wounds with sin, and unfaithfulness, are the same associations we found in Job, yet they contrast with Job because the erasure of wounds becomes a criterion for entrance into the Kingdom of God. Yet another layer of sin and unfaithfulness is added for those in the New Testament who are wounded. They were wounded because of unfaithfulness or sin, their cure is dependent on faith, and without cure they will not be admitted to the Kingdom of God.

The story of the woman with the hemorrhage is enlightening here. The woman’s faith compels her to initiate the interaction with Jesus. She would have been isolated from her community as a woman, and as a woman whose irregular menstrual flow was an issue of impurity for first century Jews (and contemporary Orthodox Jews). According to Leviticus (Lev 15:19-30), following a menstrual flow, a woman must isolate herself from the community for the duration of that flow and for the subsequent seven days. She is only permitted to return to the community after offering a sacrifice (Lev 15:29). Any irregular flow would only compound her isolation as the irregularity itself is considered an affliction (Lev 15:28) and leads to impurity. The unpredictability of her flow makes her days of purity less predictable and they may be prolonged. Her “pure” days, when she is allowed contact with the community, may be reduced to almost none, which leads to pronounced isolation of the woman.

Despite her isolation, and supposed feelings of impurity, the woman reaches out to touch the cloak of Jesus. She risks denouncement and humiliation but when she touches Jesus “her flow of blood immediately dried up and she was healed of her disease” (Mk 24:29).

Candida Moss interprets the story of the woman with the flow of blood²²⁵ from the perspective of Jesus. Moss contrasts the porosity of the woman’s body which leaks blood and the porosity of Jesus’ body which leaks healing power. “The woman’s transition from sickly, effeminate leaker to faith-dried healthy follower parallels the faith-based healings of the Gospel of Mark as a whole”²²⁶ and Moss reiterates the theme of Jesus healing in response to the woman’s faith.

While this passage, like the other Markan healing stories, links faithfulness with healing, there is more going on than the physical healing of the woman. It is not Jesus who recognizes her illness, but the woman who reaches out to touch Jesus in the hope of being healed. For wounded women this story suggests that by reaching out to God and opening their wounds to his grace, the flow of their wound may also dry up. It is the faith that begins her healing, healing that will be explored in further detail in Chapter 4 where I address attending to women’s wounds.

Wounds and Social Disruption – the Gospel of Luke

Social disruption is emblematic of wounded women as I discussed in my description of these women in Chapter 1, and in the Gospel of Luke wounds are not just associated with sin, they are also associated with social disruption.²²⁷ Luke’s Gospel, focused on

²²⁵ Moss, "The Man with the Flow of Power: Porous Bodies in Mark 5:25-34."

²²⁶ Moss, "The Man with the Flow of Power: Porous Bodies in Mark 5:25-34," 515.

²²⁷ Watson, in *The Bible and Disability: A Commentary*.

portraying Jesus as the climax of God's redemptive work,²²⁸ sees this redemptive work as including the sociologically poor, and those ostracized from the community.²²⁹ Sin disrupts relationships, between people and God, and within communities. Illness, wounds and disability also cause disruption of social relationships. Social disruption is also emblematic of wounded women as I discussed earlier in my description of these women.

Luke's healing stories are about care for the dispossessed and isolated poor, and the healing acts result in return of the person to community. If the healing stories in Mark are meant to illustrate the connection between healed bodies and the Kingdom of God, Luke is concerned with the emotional and social suffering that the wounded experience as a result of their wounds.²³⁰ One of the roles of the numerous healing stories is to show Jesus' concern for the suffering of the wounded. Whether the suffering is physical from an impairment or disease, or social isolation, Jesus is aware of this suffering and attends to it.

Luke's concern with reconciliation with community leads to slightly different emphases in the healing stories. In Mark, the story of the woman with the hemorrhage emphasizes the role of her faith in her healing. In Luke there is also the issue of her isolation from the community. According to Jewish purity laws, a woman's bleeding made her impure and as a result, she needed to be isolated from the community so that her impurity would not spread.²³¹

²²⁸ Eric Franklin, "Luke," in *The Oxford Bible Commentary*, ed. John Barton and John Muddiman (Oxford: Oxford University Press, 2001), 923.

²²⁹ Watson, in *The Bible and Disability: A Commentary*.

²³⁰ Watson, in *The Bible and Disability: A Commentary*. 303.

²³¹ Watson, in *The Bible and Disability: A Commentary*. 304.

In light of the Jewish restriction on women who are bleeding, Jesus' healing of the woman's hemorrhage not only relieves her of a wound, but restores her to a place in the community. In his commentary on the story, David Watson sees Jesus' conversation with the woman in terms of a rejection of this social isolation.²³² He interprets the surreptitious nature of her contact with Jesus as indicative of her desire not to be offensive to the crowd or to someone purportedly as holy as Jesus. While the woman is acutely aware of her ostracism from the community, Jesus challenges this system by offering approval of her act by engaging with her and calling her daughter. In Candida Moss's interpretation, when the woman touches Jesus, her impurity does not flow out to Jesus but instead healing flows out from Jesus to the woman. On the one hand, it takes a cure of the woman's hemorrhage to restore her to the community. On the other hand, Jesus interacts and touches this unclean woman in a rejection of a system that sees wounds as a sign of sin and cause for isolation. Jesus does not reject the woman, nor does he become appalled by her mere presence and touch.

The theme of isolation appears elsewhere in Luke. Watson interprets the story of the man possessed by a demon (Lk 8:26-39) in terms of isolation from the community²³³ and again there are parallels in contemporary society. The story of the Gerasene demoniac portrays him as living in extreme isolation in a graveyard. His community, his family and friends, had chained him and put him under guard. Watson describes him as "utterly alone...In a culture in which people were much more interdependent than in our own, he has no peers or kin group with which to interact."²³⁴ In the Biblical story, once Jesus has

²³² Watson, in *The Bible and Disability: A Commentary*, 313.

²³³ Watson, in *The Bible and Disability: A Commentary*, 312.

²³⁴ Watson, in *The Bible and Disability: A Commentary*, 312.

exorcised the demon, he tells the man “Return to your home...” (v.39) thus restoring the man to his community. The healing by Jesus involves an exorcism that relieves the man of his affliction and also restores him to the community.²³⁵ Here, as with the woman with a hemorrhage, the affliction is causing isolation from the community and Jesus’ healing involves not just relief of the mental illness but also restoration to his community.

I suggest that there is a common thread between the isolation of the Gerasene demoniac, with the kind of isolation mentally ill people suffer today. Both in antiquity and in the present, the mentally ill are often seen as “other” and their condition is viewed as a character flaw and not an illness. When we continue to see mental illness as moral failure or lack of character, and dismiss a medical model of mental illness, we continue to see the mentally ill as other. The isolation of the mentally ill can be extreme and lead to homelessness and institutionalization.²³⁶ There is a similar thread between the isolation experienced by people with wounds and disability in the New Testament and the isolation felt by wounded women.

The isolation of wounded women is not only a characteristic of their condition but will also be important when I discuss attending to wounded women in Chapter 4. Attending to them involves ending their isolation and restoring them to relationships. The isolation wounded women feel is both internally and externally imposed, and is described by Beth Crisp as silence.²³⁷ Even as women come to terms with feelings of shame and responsibility, they often are reluctant to talk about their wounding experience. If the woman finds the courage to tell family and friends of her wound, the loved ones can

²³⁵ Watson, in *The Bible and Disability: A Commentary*, 312.

²³⁶ Watson, in *The Bible and Disability: A Commentary*, 312.

²³⁷ Crisp, "Silence and Silenced: Implications for the Spirituality of Survivors of Sexual Abuse."

often become silent because they don't know what they should do or say. Knowing what to say, when to say it, and how to say it, can be challenging for the wounded woman's community of friends and family. As a result, everyone remains silent, which leads to further isolation of the woman. Though the isolation may not be intentional, it is nevertheless very real and can be a burden to wounded women. Just like the demoniac, healing of women's wounds requires restoring the woman's relationships and that will require breaking the silence surrounding her wound.

The Scriptural record explains our association of sin with wounds, the isolation that results from wounds, and reveals in the healing acts of Jesus a promise of God's mercy and love. But these explanations still see wounds in negative ways, as being signs of pain and suffering. It would be improper to suggest to wounded women that they should look at their wounds as positive signs of their assault. To do this dismisses the wounds as either unimportant or painful only because of social constructs. It is my aim here to show that no matter what negative connotations are attached to a woman's wounds, it is important to acknowledge their existence as important in her healing process. To acknowledge wounds and their importance we need to look at their contribution to our identity and our life history.

Wounds and Our Identity

As I noted in Chapter 1, wounded women need to attend to their wounds which involves the task of integrating wounds into their understanding of themselves. This complicated endeavor requires women to identify their wound, name the suffering

associated with it and acknowledge its importance.²³⁸ What constitutes our identity, and marks us as persons, is important to the discussion of wounded women because it helps us to understand how wounds and traumatic events contribute to our identity and to the story of our lives. Before I examine the contribution of wounds to our identity, I will briefly examine the complex question of “Who am I?”

Wounds, Personal History and Identity

Identity, contained in the question, ‘Who am I’ is a complex philosophical, metaphysical and theological construct. From Socrates’ “Know thyself” to Descartes *cogito ergo sum*,²³⁹ philosophers and theologians much more talented than I, have undertaken the task of answering the question. A review of this subject is well beyond the scope of this dissertation, but in this section, I want to explore the relative contributions of bodies and minds, or consciousness, to our identity and then find a place for the contribution of wounds to our identities. To do so requires me to limit myself primarily to Philosopher P.F. Strawson’s work on individuals,²⁴⁰ Nancy Murphy’s consideration of identity within the context of resurrected bodies,²⁴¹ and Andreas Schüele’s approach to identity in the context of resurrection transformation.²⁴²

Even in a limited examination there are two problems which need to be addressed: identity through time and spirit/body dualism. There are four current philosophical

²³⁸ The steps of forgiveness start here and will be explored in detail in Chapter 4. See Roger Burggraeve, "The Difficult but Possible Path Towards Forgiveness and Reconciliation," *Louvain Studies* 41, no. 1 (2018).

²³⁹ Florian Coulmas, *Identity : A Very Short Introduction* (Oxford University Press, 2019).

²⁴⁰ Strawson.

²⁴¹ Nancey Murphy, "The Resurrection Body and Personal Identity," in *Resurrection: Theological and Scientific Assessments*, ed. Ted Peters, Robert John Russell, and Michael Welker (Grand Rapids, MI: William B. Eerdmans Publishing Co., 2002).

²⁴² Andreas Schuele, "Transformed into the Image of Christ: Identity, Personality and Resurrection," in *Resurrection: Theological and Scientific Assessments*, ed. Ted Peters, Robert John Russell, and Michael Welker (Grand Rapids, MI: William B. Eerdmans Publishing Co., 2002).

approaches to identity. 1) Reductionism attempts to reduce identity to empirical facts that explain brains, senses, and behavior. It reduces identity to physical particles. 2) Mentalist essentialism holds that minds, or souls, are different from bodies and are the main constituent of identity. 3) Ordinary language analysts see identity as forming within language and culture. This approach questions whether children have an identity before they can use "I" correctly. 4) Interactionism recognizes the contributions of both the spirit and the body and sees identity as an interaction between the two.²⁴³

P.F. Strawson's approach is a metaphysical exploration of persons which incorporates both material bodies and states of consciousness, and thus falls into the interactionism category.²⁴⁴ His approach to identity sees both a distinction between states of consciousness and bodily presence, but also allows that bodily existence is necessary for consciousness to exist. When addressing identity, he interprets individuality as a type of particularity that applies to persons and constitutes who we are.²⁴⁵ We describe our uniqueness in terms of actions, thoughts, feelings, perceptions, memories, physical characteristics and states of consciousness.²⁴⁶ I see myself as different from others and unique because of my memories, what I have done and what I am currently doing. I can describe my feelings and thoughts about my actions, how I perceive the world, and describe myself in physical terms of height, weight, hair and eye color. These attributes are not static but change over time and I am cognizant of these changes. I remember some things better than others, my knowledge and beliefs increase and evolve over time,

²⁴³ Coulmas, 11-12.

²⁴⁴ Ninian Smart, "Book Review: Individuals: An Essay in Descriptive Metaphysics . By P. F. Strawson. ," *Theology* 62, no. 470-471 (1959).

²⁴⁵ Murphy, in *Resurrection: Theological and Scientific Assessments*.

²⁴⁶ Strawson, 89.

and certainly my body is constantly changing. I am always moving and thinking in real time.

Strawson sees that our perceptions of these attributes are influenced by our physical senses, and thus our consciousness is formed through our bodies.²⁴⁷ Since I experience the world through my body, my perceptions of the world are deciphered by my body. Persons with sensory impairments, sight, hearing, touch, experience the world differently, perceive it differently and describe it differently. The particularity of these perceptions influences one's identity because they influence the way the person experiences the world. A sight impaired person may hear more clearly and describe the world differently than a seeing person. The senses of hearing and touch often compensate for the loss of sight. Our understanding and perception of the world is mediated through our bodies; therefore, our bodies are important to how we construct a view of ourselves and our identity.

Strawson acknowledges this bodily contribution by denying a dualism operating in our identity that might privilege consciousness over body. We are both states of consciousness and corporeal beings.²⁴⁸ My consciousness and corporeality belong to the particular person that is me. I experience the world, act in it, evaluate and assess it through my body and spirit. I am neither solely my body, nor solely my spirit. Because of the bodily contribution we cannot say that someone's identity resides solely in their personality, thoughts or memories.

²⁴⁷ Strawson, 90.

²⁴⁸ Strawson, 97.

Nancy Murphy considers Strawson's work to be foundational to the understanding of identity, and she also takes an interactionist approach.²⁴⁹ Murphy begins by seeing body and memories as the first constituents of our identity. However, when addressing the relative contributions of the body and memory to identity, Murphy contends that "the combined body-memory criterion is too narrow in that *memory* does not capture all of what we need in order to secure personal identity."²⁵⁰ First, she suggests there is a time element that needs to be considered: we recognize ourselves over time. We are not just our memories but are "a product of the integration of various aspects of memory and awareness."²⁵¹ As I age and time passes, my identity is not static, and it incorporates all the events of my life into memories that influence who I am. I reacted differently to my brother's death from leukemia than how I reacted twenty-seven years later when my son was diagnosed with Hodgkin's Lymphoma. Yet the prior experience influenced the latter. This evolution in our identity is what Murphy refers to as a body-memory-consciousness criteria of identity.

She again judges these three criteria as too narrow and adds character and relationship to her criteria of identity. She defends her addition of character from a theological perspective, because "given the moral and social character of the kingdom of God, we need to add 'some moral character' to our criterion."²⁵² If virtue ethics is not about the rules we live by, but what kind of persons we are, then our character is important to our identity. Here again the body becomes important because it is through our bodies that we practice the virtues that then inform our character. From a

²⁴⁹ Murphy, in *Resurrection: Theological and Scientific Assessments*, 208.

²⁵⁰ Murphy, in *Resurrection: Theological and Scientific Assessments*, 210. Emphasis in original.

²⁵¹ Murphy, in *Resurrection: Theological and Scientific Assessments*, 211.

²⁵² Murphy, in *Resurrection: Theological and Scientific Assessments*, 212.

neurobiological viewpoint, “practice makes stable changes in the strength of relevant neural pathways”²⁵³ making our physical body important to developing our character. I practice virtues through the action of my body and the practice changes my body into a virtuous person. This virtuous person evolves from both body and consciousness and is expressed in body and consciousness. Our character, which reflects our moral virtues, practices and codes is a significant contributor to our identity, and therefore, we can describe ourselves in terms of our moral character, or lack thereof.

Again, Murphy sees this description as inadequate and then adds relationships to her criteria of identity.²⁵⁴ If our identity is formed as we interact with the world and if we are social creatures, then my identity is also formed by relationships.²⁵⁵ We can see that our roles as father, mother, sister, teacher, doctor, are developed through relationships and these relationships help form our identity. As we interact with people in these relationships our identity is further formed and changes over time.

Theologically, it is not only our earthly relationships that form us, but our relationship with God. As Christians our most important relationship is with God and therefore that relationship contributes to our identity. The very fact that I call myself a Christian admits the influence of my relationship with God on my identity. If we are changed by our relationships, then our relationship with God is significant and should produce significant change to our identity.

Our identity has both a numerical quality and a qualitative quality,²⁵⁶ which is the essence of the problem with identity over time. I am numerically unique and that unique

²⁵³ Murphy, in *Resurrection: Theological and Scientific Assessments*, 213.

²⁵⁴ Murphy, in *Resurrection: Theological and Scientific Assessments*, 213.

²⁵⁵ Murphy, in *Resurrection: Theological and Scientific Assessments*, 213.

²⁵⁶ Murphy, in *Resurrection: Theological and Scientific Assessments*, 208.

identity, that applies only to me, is unchanged over time. I do not share my identity with any other human, past, present or future. The qualitative nature of my identity is what changes over time but my numerical uniqueness does not. My physical attributes and my consciousness changes over time and I become the sum of my bodily changes, relationships with God and others, and my moral and spiritual development.

This time element leads theologian Andreas Scheuile to describe identity not as a collection of attributions, but instead as a task that must be done over and over. An interactionist, he describes identity as “an activity of the individual human being, directed to the integration of its natural dispositions, its cultural/moral constitution, as well as its subjective cognition and feeling into a framework of experience.”²⁵⁷ Our identities are formed over time as we experience the world, relate to others and engage in human activity. Though we are born as particular, unique individuals, our identity is formed and changes throughout our lives. My bodily particulars, height, weight, etc., change over time. My experiences influence my beliefs, preconceptions, and my knowledge of the world. My identity now is different from my identity in 1970 so that I am the sum total of my life. Candida Moss captures this interweaving of body and life story: “That both genetics and modifications are identifiers of individuality illustrates our dual commitment to the idea that our identity is natural and innate and to the practices by which our bodies are shaped by cultural and social forces.”²⁵⁸

Where do wounds enter into the formation of identity? If our identity is a task that incorporates our memories, our bodies, character, and consciousness, then traumatic

²⁵⁷ Schuele, in *Resurrection: Theological and Scientific Assessments*, 225.

²⁵⁸ Candida R. Moss, *Divine Bodies : Resurrecting Perfection in the New Testament and Early Christianity* (Yale University Press, 2019), 23.

events will also affect our identity. They are memories of significant life events that cannot help but change our identity. Since we are not solely our memories, these traumatic events don't "define" who we are, but rather contribute to the complex task of identity. We are the sum of our life narrative and that must include traumatic events.

Since these events involve physical events, they leave scars on our bodies and our consciousness, even if it is our subconscious. These scars reveal the story of our lives as much as changes in weight, hair color and other signs of ageing. To deny or dismiss these events as immaterial or insignificant is to deny part of our identity. Acknowledging the event, the scar and its role in forming our personality, does not mean that the trauma is the sole contributor to our identity, but the magnitude of the event suggests that it is an important contributor.

Our identities are a complex accumulation of physical change, moral and intellectual formation, and significant events. No one contributor defines our entire identity. If significant events contribute to our identities, and traumatic wounds are significant events, then it is an important step towards healing to acknowledge these events existence and their importance. For wounded women to only view them negatively as signs of powerlessness and suffering is counterproductive to the process of integration. Instead, their role in our identity needs to be acknowledged. Just as we cannot ignore our wounds, neither can we try to erase them or their importance to our identity.

Erasure of Wounds

The association of wounds and pain with sin is a difficult bond to break because it reflects long held beliefs and assumptions. Disability studies, particularly the work of

Nancy Eiesland,²⁵⁹ challenges these beliefs and assumptions. Her work sees disability as a form of marginalization and thus her theology is one of liberation, and while this approach comes from a place of marginalized people, there are enough similarities between wounds and disabilities that it is possible to use Eiesland's work to help wounded women address their wounds without erasing them.

The language of disability can be distinct from the language of wounds but also reflects some of the characteristics of wounds. Impairment, disability and handicap all carry different definitions in disability theology.²⁶⁰ Impairment refers to a physical change or loss of function. A disability understanding of impairment includes both physical changes present from birth and those acquired through trauma. Women's wounds are physical changes, not present at birth, but like some disabilities can arise from a life-altering trauma. Disability is the term used to describe the consequences of the physical impairment and is reflected in the inability to perform a physical activity or the limiting of activity. Wounds can produce disability because they produce physical, psychological, and spiritual change that affects the woman's ability to interact with people and the social environment. The social disadvantage that results from a physical change is referred to as handicap. This may be harder to connect to the wounds of women, but there are social repercussions resulting from trauma. Women's response to their trauma is deeply affected by the social context of the assault and of their position in a community, and they may be hampered in their social interactions and relationships.

Though I have been discussing woundedness and disability similarly throughout this dissertation I should also note that there are ways in which wounds are distinctly different

²⁵⁹ Eiesland.

²⁶⁰ Eiesland, 27.

from disability. While they share many of the physical and social aspects of disability, the wounds of women are never present at birth and are the result of power in an intimate situation. The wounds of women, by sexual assault or intimate partner violence, are not about sex and intimacy but about “crime(s) of violence”²⁶¹ and the exertion of power. Because women’s wounds are similar to acquired disability, Eiesland’s work can be extrapolated to wounded women, especially in the context of erasure of wounds.

Eiesland’s work begins with the incarnation and proposes that if we are made in the image and likeness of God then those with disabilities must also be created in the image and likeness of God. It then follows that God must have disabilities.²⁶² While this image of a disabled God may be helpful in discussions of congenital wounds, it is less helpful in our discussion of acquired wounds.

A theology of virtuous suffering is sometimes employed in relationship to both disability and wounded women. This theology has Scriptural roots in Paul’s “thorn in the flesh” (2 Cor 12:7-10) and in the story of Job’s suffering, and often promotes virtuous suffering which transforms unjust suffering into a means of purification and of gaining spiritual merit.²⁶³ In the context of disabilities, this theology leads to a belief that “physical impairments were a sign of divine election by which the righteous were purified and perfected through painful trials.”²⁶⁴ This theology can be detrimental because it portrays disability as a “means of purification and of gaining spiritual merit”²⁶⁵

²⁶¹ A.C.O.G., “A.C.O.G Committee Opinion on Sexual Assault.” and Connie Mitchell, and Magdalena Vanya, “Explanatory Frameworks of Intimate Partner Violence,” in *Intimate Partner Violence*, ed. Connie Mitchell and Deirdre Anglin (Oxford: Oxford University Press, 2009).

²⁶² Eiesland, 99.

²⁶³ Eiesland, 72.

²⁶⁴ Eiesland, 72.

²⁶⁵ Eiesland, 72.

and imposes silence on the disabled and discourages protest against unjust social situations.

For wounded women this theology of virtuous suffering can be just as dangerous. Beth Crisp's work with wounded women has led her to note "Survivors of abuse have sometimes been told that they should willingly share in Christ's suffering. In some cases, they have been told that experiences of abuse have been part of God's purpose."²⁶⁶ This allows perpetrators to continue their assault in the name of sanctification. In situations where women are in an ongoing abusive relationship, this line of reasoning perpetuates the power dynamic at work and relegates the woman to silent suffering in the name of sanctification.

This connection between suffering and spiritual merit, can be destructive, as it only reinforces the association between sin and wounds. Not only is the wound/suffering/disability caused by sin, "but it also implies those who never experience a 'cure' continue to harbor sin in their lives."²⁶⁷ The wounded are seen as less than and bear the burden of guilt on two fronts: their sin caused the wound and the failure of the wound to heal is a result of their lack of faith. It also suggests that suffering is good and should be endured because it leads to spiritual merit.

As a corrective to these detrimental theologies, Eiesland proposes a "reconception of the symbol of Jesus Christ, as disabled God..."²⁶⁸ Eiesland's theology is Christomorphic and she looks to the incarnation as the fulfillment of the promise of Emmanuel; God with us.²⁶⁹ She examines the post resurrection appearance of Jesus in Luke 24:36-39, and takes

²⁶⁶ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 308.

²⁶⁷ Eiesland, 73.

²⁶⁸ Eiesland, 98.

²⁶⁹ Eiesland, 99.

note of the presence of Jesus' wounds: "In presenting his impaired hands and feet to his startled friends, the resurrected Jesus is revealed as the Disabled God. Jesus the resurrected Savior, calls for his frightened companions to recognize in the marks of impairment their own connection with God, their own salvation."²⁷⁰ If these descriptions describe Jesus wounds, and Jesus is the incarnation of God, then God must also bear wounds. This reveals that "full personhood is fully compatible with the experience of disability."²⁷¹ Jesus does not deny his wounds because they are visible signs of the crucifixion, and the resurrection, without which there is no salvation.

After the resurrection, Jesus' identity was confirmed to the disciples in two ways: in the breaking of bread (Lk 24:31-32) and by the presence of his wounds (Jn 20:20). Thomas refuses to believe that Jesus is alive until he sees Jesus' wounds, which confirms that it is Jesus and he is alive (Jn 20:24-27). The Gospel descriptions of Jesus after the resurrection include descriptions of his wounds and these wounds confirm Jesus' identity because bodies and wounds contribute to our identity. If the crucifixion is central to salvation history, then it is important and the signs of it, Jesus' wounds, bear witness to the event. Just as the crucifixion is important to Jesus' identity and the signs of the crucifixion, his wounds, are not erased by the transformation of the resurrection, so too wounded women need to know that their wounds are important and should not be "forgotten" nor can they be erased.

If Jesus' wounds matter for his identity and for salvation history, then women's wounds also matter. They are significant, need to be remembered, and need attention. It is Jesus' wounds that provide an answer to Job's question "why me O God?" It is not the

²⁷⁰ Eiesland, 100.

²⁷¹ Eiesland, 100.

why that is important as much as it is the what. Nancy Eiesland claims that the symbol of the disabled God, present in Jesus' wounds, "points not to a utopian vision of hope as erasure of all human contingency, historically or eternally, for that would be to erase our bodies, our lives."²⁷² The process of attending to wounds does not begin with their erasure. Erasure of wounds is not healing. Consideration of Jesus' post-resurrection wounds reveals to wounded women that God shares in their suffering. For women the "image of survivor here evoked is that of a simple, unself-pitying, honest body, for whom the limits of power are palpable but not tragic."²⁷³ The wounds of a woman need not be denied, do not cause shame, and do not make her a triumphant survivor. Instead, they tell the story of her life, a life that has been subject to power but is not tragic.

The Wounds of Women

For wounded women, the Scriptural association of wounds with sin and healing with faith is particularly problematic. Wounded women already struggle with a sense of responsibility for their assault and these Scriptural associations reinforce their belief that they are somehow responsible for their assault which leads to feelings of shame. Even in a secular context, bad things should not happen to good people who are careful and protect themselves.

As I will discuss further in Chapter 4, the wound-as-sin association can thwart attempts at resolution when pastoral practices emphasize faith as the sole path to healing. Monica Coleman was told by a pastor after her sexual assault that her feelings were "the

²⁷² Eiesland, 103.

²⁷³ Eiesland, 102.

tool of the enemy. Cast it out in the name of Jesus.”²⁷⁴ When healing does not occur then the woman must not have prayed hard enough, or is still in a state of sin.

Recall that even the story of Job begins with the association of sin with wounds and ends with Job’s reward for his faithfulness. It can seem that God also privileges virtuous suffering. Yet as I discussed in the previous section, there is an alternate view. A key valuable lesson for wounded women in Job is that there is room to protest against the unjustness of their suffering. The image of an all-powerful God often prevents us from protesting to this God over our suffering. Job’s patience eventually reaches its limit and though his faith in God does not waver he does protest to God. Job’s words of protest tell wounded women that they need not suffer in silence and that protesting against their unjust suffering is important. It gives voice to the violent assault they have endured.

As I discussed in Chapter 1, one of the spiritual consequences for wounded women is that too often, they suffer in silence.²⁷⁵ Their shame prevents them from speaking out with protest and they are often left in silence because of the social disruption that usually occurs with assault. Women can find it difficult to trust even family and friends, because they are afraid of the response they will get. Family and friends, in return, often have difficulty finding the right words to say to the wounded woman. Wounded women are often left in a desert void of interaction, where they suffer alone.

Jesus in the New Testament is supposed to reorient the Mosaic covenant’s association of sin with unfaithfulness to God. Still, all too often the healing stories serve to reinforce the concept that healed bodies are faithful bodies. While the stories do

²⁷⁴ Coleman, 180.

²⁷⁵ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors.", Crisp, "Silence and Silenced: Implications for the Spirituality of Survivors of Sexual Abuse."

demonstrate the unconditional grace and mercy of God towards the suffering, they still associate suffering with sin. The Hebrew Scriptures, and the New Testament accounts of disability and woundedness thus reinforce our preoccupation with causality. That leaves us with this difficult task, important for attending to women; the task of rethinking causality and severing the tie of sin to their woundedness.

Fortunately, the theology of a disabled God, which emphasizes an icon of the wounded Jesus that recognizes the ways wounds intersect with identity allow us to reconsider women's wounds. The wounded God is a God that does not condemn nor ostracize women for their wounds but she tells them that she understands their pain and the injustice that accompanies their wounds. The crucified Jesus reflects the image of their wounds and reinforces the belief that God shares our suffering through the incarnation, suffering and death of Jesus.

These images of God also lead us to acknowledge the importance of our wounds to our identity. The wounded woman's assertion that she will not allow her wound to define her or that her wound is past and of no current importance denies an important aspect of her identity. She is not solely defined by her assault, as none of us is defined by a single life event, but the assault and her response to it contribute to her life narrative and should not be ignored. Identifying her wound and accepting it as a part of her identity is a significant step for women seeking to heal their wounds.

The association of sin with wounds, the shame, and the loss of self-esteem attendant with assault are all barriers to wounded women's transformation. Disability theologies and theories of identity help to consider wounds in ways that show God as sharing and accompanying us in our suffering, and the role of wounds in our identity. Jesus' post-

resurrection wounds not only confirm his identity and reveal his solidarity with us, but they also reveal a transformation that is a promise for the transformation of our own wounds. The next chapter looks at Jesus' bodily resurrection as a promise of our own resurrection and wound transformation.

CHAPTER 3

RESURRECTED BODIES

“But someone may say, “How are the dead raised?
With what kind of body will they come back?”
—1Cor 15:35

“I believe in ... the resurrection of the body and life
everlasting.”
—Apostles Creed

In Western cultures, human relationships with their bodies are complex. Feminist theologian Beth Felker-Jones says, “The cult around the young body, the veneration of the airbrushed, media produced body, conceals a thinly veiled hatred of real bodies – bodies that leak and bleed, wrinkle, smell, grow old, and finally, die.”²⁷⁶ We pursue the young, perfect body through exercise and body altering surgery while at the same time we recoil from the aged and ailing body, yet in practical ways we demand respect for bodies. In the surgical suite, I often reminded medical students and residents to handle the draped body with care because it belonged to a particular individual. We treat a corpse with respect because it was the body of a person. At the height of the coronavirus pandemic in New York City we lamented the difficulty funeral directors had trying to bury or cremate the bodies stored in trailers,²⁷⁷ as well as the mass cremations that occurred in India.²⁷⁸ In the last chapter I began a conversation, which I will continue in this chapter, in which I contend that our bodies are not just temporary shelters for our

²⁷⁶ Beth Felker Jones, *Marks of His Wounds: Gender Politics and Bodily Resurrection* (2007), 4.

²⁷⁷ www.nytimes.com/2020/04/30/nyregion/coronavirus-nyc-funeral-home-morgue-bodies.html. Accessed February 20, 2022.

²⁷⁸ <https://apnews.com/article/health-india-coronavirus-8788a4dad2103ec30f40111dec92f15>. <https://theconversation.com/indians-are-forced-to-change-rituals-for-their-dead-as-covid-19-rages-through-cities-and-villages-160076>. Accessed February 20, 2022.

souls,²⁷⁹ but are significant contributors to our identity, and help tell the story of our lives. Our wounds are an integral part of our bodies and we need to look at our wounds in a more intentional way, that recognizes their importance.

We also need to find a way to *attend* to the wounds of women, that I described in chapter 1. It is my contention that Jesus' resurrected body will provide a way forward for these women. If we turn to the Scriptural descriptions of Jesus' post resurrection body, we can come to an understanding of wounds – physical and spiritual – that reveals a path towards healing. To develop further the metaphor of a healing wound, the wounds of women need to be opened up to allow healing to occur, which in this case requires that the wound be opened to God's healing grace.

It is my contention that if we turn to the Scriptural descriptions of Jesus' post resurrection body, and to theologies of resurrected bodies, we can find a basis for the opening of the wounds that afflict wounded women. If, according to Paul, "Christ has been raised from the dead, the first fruits of those who have fallen asleep" (1Cor 15:20), his resurrection is a promise of our own resurrection. I will argue that this bodily resurrection preserves our identity, including our wounds, and that the resurrected body will be transformed and our wounds healed. To do this requires examining the Scriptural accounts of Jesus' resurrected body, particularly in the Gospel of John, and then exploring how Paul explained resurrected bodies to the Corinthians.

In this chapter I will first discuss how the Enlightenment's emphasis on science and reason has resulted in our inability to imagine bodily resurrection. Beth Felker Jones

²⁷⁹ Peter Lampe, "Paul's Concept of a Spritual Body," in *Resurrection: Theological and Scientific Assessments*, ed. Ted Peters, Robert John Russell, and Michael Welker (Grand Rapids, Mi: William B. Eerdmans Publishing Co., 2002), 104, Brian Schmisek, *Resurrection of the Flesh or Resurrection from the Dead: Implications for Theology* (Collegeville, Mn: Liturgical Press, 2013), 7.

begins her work on bodily resurrection by saying, “We are conditioned to think of salvation as being about anything but the body. We think that what God wants for human beings has to do with our thoughts, with our hearts, with a private and interior relationship.”²⁸⁰ Karl Rahner refers to a similar problem with disbelief when he says of the dogma of bodily resurrection “certain truths of God’s revelation are always in danger of becoming ‘unexistential’ in the everyday practical life of man.”²⁸¹

Then I discuss Paul’s explanation of the resurrected body to the Corinthians (1Cor 15), and the description of Jesus’ post-resurrection wounds in the Gospel of John. In the third section I look at how twentieth-century studies of quantum physics and cosmology challenge us to think differently regarding space, time and matter and provide a lens for imagining resurrected bodies. I therefore consider twentieth-century theologians, who influenced by these advances, propose theologies that viewed resurrection of the body more abstractly. Among these are the theologies of Karl Rahner,²⁸² and Joseph Ratzinger²⁸³ and how they conceive a “pancosmic” resurrection. I finally turn to feminist theologian Beth Felker-Jones²⁸⁴ who explains the importance of particularity and bodies, by beginning with the resurrection, instead of the more common starting point of the creation. These theologians suggest theologies of bodily resurrection that may be more acceptable to post-modern sensibilities. To do so is not an easy task.

²⁸⁰ Jones, 3.

²⁸¹ Karl Rahner, *Theological Investigations Vol I I*, trans. Karl H Kruger, vol. II (Baltimore: Helicon Press, 1963), 203.

²⁸² Karl Rahner, *On the Theology of Death*, trans. CH Henkey (New York: Herder and Herder, 1961), Rahner.

²⁸³ Joseph Ratzinger, *Eschatology: Death and Eternal Life*, trans. Michael Waldstein, Second ed. (Washington, DC: Catholic University Press, 1988).

²⁸⁴ Jones.

Modern Problems with Resurrected Bodies

Americans join those of other nationalities who have a long-standing tendency to skepticism regarding bodily resurrection. In a 1997 German poll that surveyed opinions about life after death, only fifty-percent of respondents accepted resurrection as a post-mortem possibility.²⁸⁵ Theologian Andreas Schüele contends that part of the reason for the mental shift is that while we may speculate about life after death, “modernity has shifted the focus towards *this* scientifically verifiable life, and away from an after-life that is a speculative conversation informed more by imagination and feeling.”²⁸⁶ Our daily experience, augmented by science, psychology and sociology, gives us a general idea of what it means to be alive and suggests to us that death is what terminates life. When addressing what comes after death, the scientific disciplines have no definitive answers, and traditions, religions and worldviews have widely divergent responses to the question.²⁸⁷ This leads Schüele to conclude that “resurrection, the Christian answer to the question of what comes after death, is one that relies on faith not science, (and so) we no longer see life, death and the after-life as a continuous series of related events grounded in Christian faith.”²⁸⁸ Our faith can be divorced from our everyday life, and according to Rahner is “in danger of becoming ‘unexistential’ in the everyday practical life of man.”²⁸⁹ As Christian believers however, we are asked to acknowledge that Scripture, and faith, call us to accept Jesus’ bodily resurrection which prefigures our own bodily resurrection.

²⁸⁵ Schuele, in *Resurrection: Theological and Scientific Assessments*, 219.

²⁸⁶ Schuele, in *Resurrection: Theological and Scientific Assessments*, 219.

²⁸⁷ Schuele, in *Resurrection: Theological and Scientific Assessments*, 219.

²⁸⁸ Schuele, in *Resurrection: Theological and Scientific Assessments*, 221.

²⁸⁹ Karl Rahner, *Theological Investigations Vol X V I I*, trans. Margaret Kohl, vol. 17 (New York: Seabury Press, 1981), 203.

In her examination of resurrection of the body, Sandra Marie Schneiders, biblical scholar emerita at Santa Clara University, quoting John Henry Newman, notes that “what we believe must be imaginatively plausible, that is, credible to our imagination.”²⁹⁰ Jesus’ bodily resurrection, and by extension our own, lacks this plausibility because it is not consistent with modern science’s view of death and corpses. The dualism of modern science, discussed in chapter 1, sees the body as a temporary state of being that decomposes after death and is no more. A corpse is nothing more than the remains of someone who has died.

To conceive of a bodily resurrected Jesus requires us to rethink the temporary nature of the body and its material composition. It also requires us to consider a geographical “where” for the body of Jesus. If his resurrected body is materially present, then it must be present somewhere. In addition to these cosmic questions, modern psychology, cultural anthropology, and the physical sciences raise questions about the possibility of bodily survival beyond death, for Jesus or anyone.²⁹¹ We are limited in our attempts to understand resurrected bodies by a world view dominated by science, and bodily resurrection becomes incompatible with this scientific view of death.

Our inability to imagine bodily resurrection can lead to the rote recitation of the Creed’s affirmation of bodily resurrection, while at the same time we doubt the very possibility. Felker Jones sees “in both popular piety and academic theology (there are) strong spiritualizing tendencies...When pressed, many members of Christian congregations deny the resurrection of the body in favor of some version of immortality

²⁹⁰ Schneiders, 5.

²⁹¹ Schneiders, 4.

only for the soul.”²⁹² Jesus’ bodily resurrection and subsequent Ascension are difficult, if not impossible, to explain within the context of scientific proof. The ensuing belief in our own bodily resurrection, resting on Jesus’ resurrection, then becomes just as impossible. The spirit/body dualism contributes to our inability to accept bodily resurrection because we see little connection between an ‘immortal’ soul and a body subject to decay. To “follow the science” requires us to reject bodily resurrection.

Resurrected bodies in Paul’s letters and the Gospel of John.

Paul and the author of John’s Gospel were both influenced by a Greek anthropology²⁹³ and their writings reflect this influence. To understand and interpret Paul and John requires an understanding of their anthropology. Since Paul’s letters are the oldest writings of the New Testament, I will begin with these to explore concepts of bodily resurrection. I then turn to the descriptions of the post-resurrection appearances of Jesus, as recounted in the Gospel of John, because they provide descriptions of Jesus’ wounds that are important to my discussion of women’s wounds. The presence of Jesus’ wounds reinforces the importance of wounds, and bodies, not only to our pre-mortal identity, but also to our life with God. Jesus’ wounds also show that wounds that arise out of an exercise of power by one human over another do not have to be permanent signs of loss of humanity. The transformation of Jesus’ wounds promises a transformation of women’s (and our) wounds.

²⁹² Jones, 3.

²⁹³ Jerry L. Sumney, "Post-Mortem Existence and Resurrection of the Body in Paul," *Horizons in Biblical Theology* 31 (2009): 13.

Resurrected Bodies in Paul's Letters

Though Paul addresses resurrection in several of his letters, his discourse in 1 Corinthians 15 addresses the Corinthians question regarding the nature of the resurrected body, so much of my focus will be here. Much of the dispute between Paul and the Corinthians, and the interpretation of Paul by later writers, resided in different concepts of the body and personhood.

Brian Schmisek, a biblical scholar at Loyola University, Chicago, looked at Scripture and tradition to explore the differences between resurrection of the body, resurrection of the dead, and resurrection of the flesh.²⁹⁴ He contends that a concern over the materiality of the resurrected body arises from the tradition, not from Scripture: “Significantly, from a very early period in church history, theologians began to speak of the resurrection of the flesh instead of the resurrection from the dead...In doing so, a graphic physical understanding of the resurrection was implanted in the Christian imagination.”²⁹⁵ To counter this physical understanding of the resurrection, he claims we must return to the earliest writings on resurrection: the letters of Paul.

When Schmisek makes a distinction between resurrection of the body, resurrection from the dead and resurrection of the flesh he asserts that they are not interchangeable for Paul or for first century Christians. Resurrection of the body refers to resurrection of a whole person, which includes some bodily component, and is synonymous with resurrection from the dead. According to Schmisek, in the context of resurrection, “body” is used by Paul in only two verses, 1Cor 15:44 and Phil 3:20-21 and in neither case is Paul referring to resurrected flesh. Neither “resurrection of the flesh” nor “resurrection of

²⁹⁴ Schmisek.

²⁹⁵ Schmisek, 2.

the body” appears in the New Testament, but rather the term “resurrection from the dead” is used when describing resurrection, particularly in Paul’s writings.²⁹⁶ We tend to see little difference in these terms, equating all of them with some form of life after death. But for Paul, and most first-century Christians, resurrection from the dead implied resurrection of a whole person, with some bodily component. This bodily component for Paul was the “spiritual body” he refers to in 1COR 15:34. Resurrection of the flesh more appropriately referred to the resuscitation of a body.²⁹⁷ For Paul, flesh, body, and the dead each have a specific meaning arising out of an anthropology that informed how he saw resurrected bodies.

For Schmisek this implies that a materialistic understanding of bodily resurrection arose out of the tradition which, over time, has deviated from Paul’s understanding of a spiritual body, “carrying the baggage of later second and third century philosophical debates.”²⁹⁸ His contention then, is “resurrection is the predominant metaphor among many to speak of what happened to Jesus after his death.”²⁹⁹ The other metaphors for Jesus post-resurrection life found in Scripture Schmisek explores are: Seated at God’s right hand;³⁰⁰ exalted/lifted up;³⁰¹ glorified/taken up in glory;³⁰² and going to the Father in John’s Christological arc.³⁰³ This emphasis on metaphor allows him to minimize the role of physical materiality in bodily resurrection. In his interpretation, the physical aspects of bodily resurrection are not supported by Scripture and arose out of the

²⁹⁶ Schmisek, 49.

²⁹⁷ Schmisek.

²⁹⁸ Schmisek, 117.

²⁹⁹ Schmisek, 91.

³⁰⁰ Schmisek, 75. (Mk 14:62, Col 3:1 and others);

³⁰¹ Schmisek, 77. (John 3:14, 8:28 and others).

³⁰² Schmisek, 80. (John 7:39, 12:16 and others).

³⁰³ Schmisek, 85.

tradition. Resurrection of the body was one of several metaphors used to describe the disciples encounters with the risen Jesus.

This emphasis on metaphor and refutation of a materialistic resurrection is unsatisfactory for someone like myself who is deeply influenced by the embodied nature of our existence. It leads to a diminution of embodiment and makes it difficult to reconcile the contribution of bodies to our identity at the resurrection. If our bodies are so important to our identities then does “metaphor” leave space for bodily identity at the resurrection? Biblical scholars Jerry L. Sumney and Peter Lampe interpret Paul’s “spiritual body” not by dismissing material bodies but by seeing it as a transformed materiality.

According to Jerry L. Sumney, in 1 Corinthians 15, the Corinthians are denying a bodily resurrection and notes that some Corinthians “den(ied) the resurrection of the body, not post-mortem existence. Those who den(ied) resurrection probably envision the blessed existence to be a life with God as a disembodied soul. Paul rejects this view of human existence. He argues that the only full existence for humans is embodied existence.”³⁰⁴ Here Sumney sees the influence of Paul’s Greek education on his anthropology, reflected in an Aristotelian perspective that viewed the spirit determining the form of a body. Paul sees our earthly and spiritual bodies as being “composed of the matter that is in the present world, and one composed of a type of matter appropriate to the eschatological realm.”³⁰⁵ For Paul, our existence in the eschaton was necessarily embodied, but a body that was of a different substance than our earthly body. “It is sown a natural body; it is raised a spiritual body. If there is a natural body, there is also a

³⁰⁴ Sumney 13.

³⁰⁵ Sumney 18.

spiritual one” (1 Cor 15:44). Paul affirms a holistic view of a person and reinforces the idea that we are embodied beings and therefore our resurrected existence must also be embodied. This “spiritual” body was composed of matter that is contiguous with our earthly body but radically transformed by God’s grace.³⁰⁶ For Schmisek this implied that bodily resurrection was a metaphor for what happened to Jesus, but for Sumney it implies an altered materiality.

German Scripture scholar Peter Lampe’s task in his essay on resurrection, “is to discern just what St. Paul says about the self who dies and rises in Christ.”³⁰⁷ He also focuses on Paul’s anthropology and the meaning of “spiritual bodies.” The resurrection bodies Paul refers to in verse 44, are radically transformed from our earthly bodies. Thus, Paul sees the eschaton as radically different from the present time including radically transformed bodies.³⁰⁸ At the end of his discourse on resurrection in 1Cor 15, Paul briefly speculates on the nature of this transformation, and says “So also is the resurrection of the dead. It is sown corruptible; it is raised incorruptible. It is sown weak; it is raised powerful. It is sown a natural body; it is raised a spiritual body. If there is a natural body, there is also a spiritual one” (1Cor 15: 42-44). Paul’s spiritual body is not immaterial, just different. He uses the metaphor of a seed that when sown is transformed (1Cor 15:36-38) which emphasizes a discontinuity with our earthly body, while preserving some continuity.³⁰⁹ Paul’s metaphor of the seed does allow for some continuity between our earthly bodies and heavenly bodies while making space for the discontinuity of radical transformation.

³⁰⁶ Vincent P. Branick, *Understanding Paul and His Letters* (New York: Paulist Press, 2009), 173.

³⁰⁷ Lampe, in *Resurrection: Theological and Scientific Assessments*, 103.

³⁰⁸ Lampe, in *Resurrection: Theological and Scientific Assessments*, 108.

³⁰⁹ Lampe, in *Resurrection: Theological and Scientific Assessments*, 107.

When Paul describes the spiritual body, scripture scholar NT Wright notes that he appeals to Genesis 1-3 and sees the resurrection as a new creation. Paul sees a “new type of resurrected physicality, that has come to birth with Jesus’ resurrection...Adam was from the earth...whereas the new body which Jesus now possesses is a fresh gift from heaven.”³¹⁰ This new body is newly created by God in his image and likeness and in the image of the risen Messiah. “The first man was from the earth, earthly; the second man, from the heaven...Just as we have borne the image of the earthly one, we shall also bear the image of the heavenly one” (1Cor 15: 47,49). We have a new, spiritual body, composed of a substance that is appropriate for the eschaton.

Paul further explains this substance is appropriate for the eschaton, when he tells us that “Not all flesh is the same, but there is one kind for human beings, another kind of flesh for animals, another kind of flesh for birds, and another for fish” (1Cor 15:39-40). Consistent with his holistic view of personhood, Paul’s spiritual body represents the whole person and this view leads him to propose a different materiality for his spiritual bodies. He is not suggesting that our “spiritual body” is immaterial, but rather that it is a new material body, created by God, in the image of the resurrected Christ.. As Lampe summarizes “Our whole perishable person will be transformed into a new and imperishable heavenly personality that will be qualitatively different from our first.”³¹¹

The Corinthians, however, understood these newly created bodies as meaning that their earthly bodies would be discontinuous with their resurrected bodies, and therefore, they could do what they pleased with their earthly bodies. Paul rejects this path and implores the Corinthians to treat their bodies well because there will be continuity at the

³¹⁰ NT Wright, *Paul in Fresh Perspective* (Minneapolis: Fortress Press, 2005), 28.

³¹¹ Lampe, in *Resurrection: Theological and Scientific Assessments*, 108.

resurrection. “You fool! What you sow is not brought to life unless it dies. And what you sow is not the body that is to be but a bare kernel of wheat, perhaps, or of some other kind; but God gives it a body as he chooses and to each of the seeds its own body” (1Cor 15:36-38). Paul does not explain how this continuity and transformation occur. His resurrected bodies are seen as in relationship with Christ, while having some material form arising out of a new creation by God. For Paul resurrected bodies are those of whole persons, in continuity with their premortal bodies, but also discontinuous due to a radical transformation.

Paul addresses the resurrection in some of his other letters and in 2 Corinthians he discusses the timing of bodily resurrection: individual resurrection at the time of death or a general resurrection at the eschaton. With regard to individual death, he sees a separation of body and soul at death, a situation which is only temporary.³¹² In Paul’s understanding of body and flesh, and his anticipation of the eschaton in the foreseeable future, he sees our existence in three stages: premortal; in relation to Christ before the eschaton; and material eschatological life.³¹³ In this theology, my premortal life, my current life before death, is conformed to Christ through baptism. But at death, before the eschatological resurrection, I am not in my physical body but am still conformed to Christ. It is this form that Paul longs for in Philippians 1:22 when he tells them “I long to depart this life and be with Christ, for that is far better.”

As Lampe explains this stage, “The existence of the “me” during this intermediate stage can only be described in *relational* terms. In fact, the ‘me’ is reduced to *a single*

³¹² Lampe, in *Resurrection: Theological and Scientific Assessments*.

³¹³ Lampe, in *Resurrection: Theological and Scientific Assessments*, 110.

relation: it is reduced to the *syn Christo*, to being ‘with Christ.’³¹⁴ This stage lacks a body and has no relationships with the exception of a relationship with Christ and Paul compares this state to being asleep.

Sumney interprets Paul’s *syn Christo* as reflecting “what Paul expect for himself and a select company, and what he expects for other believers.”³¹⁵ This post-mortem, pre-eschaton state arises out of Jewish martyr traditions. So, in Philippians when Paul is expecting a martyr’s death in the near future, he believes he will be granted a select place in the eschaton. This state is not for everyone, but only a select few, particularly martyrs and Paul himself.

In 2 Corinthians and Philippians, Paul focuses on the relational nature of the resurrection and the *syn Christo*. This presents some problems for my focus on wounds as signs of identity. If the ‘me’ is reduced to a single relation, that of the *syn Christo*, to being ‘with Christ,’ what are the implications for continuity of identity in the resurrection. Do I become so in union with Christ that my particularity is absorbed into *syn Christo*? This lack of a physical body in the *syn Christo* does not concern Paul and Lampe contends³¹⁶ that it arises out of Paul’s ecstatic experiences with Christ that he describes in 2 Cor 12:2-4: “I know someone in Christ who, fourteen years ago (whether in the body or out of the body I do not know, God knows), was caught up in the third heaven.” Since this stage lacks a physical existence, we must assume that upon the arrival of the general resurrection, when we receive our spiritual bodies through the new creation, that our individual identity markers will be returned.

³¹⁴ Lampe, in *Resurrection: Theological and Scientific Assessments*, 110. Italics in original.

³¹⁵ Sumney 24.

³¹⁶ Lampe, in *Resurrection: Theological and Scientific Assessments*, 111.

Despite the stages of resurrection and the place for the select, what is relevant here is Paul's anthropology. It is at the eschaton, and the general resurrection of the body, that I (since I don't believe I warrant a martyr's place) am transformed and given a new spiritual body. In Paul's anthropology, our present body is destroyed, and we are given new bodies at the eschaton, bodies that may not have the particles of our old body and are composed of matter appropriate to the eschaton. These are new bodies created by God and are what Paul refers to as our spiritual bodies.

In his essay on Paul and resurrection, German Scripture scholar, Andreas Schüele notes that "Paul is not concerned with physical data regarding the resurrection, but rather with the qualitative transformation that occurs by participation in the life of Christ."³¹⁷ He notes that while Paul gives us some guidance regarding resurrection, he does not answer the question of how we maintain continuity between our present existence, limited as it is by space/time/materiality, and this new existence in Christ which is not so limited.³¹⁸ Paul refers to a radical transformation in his letter to the Philippians, where he tells us that Christ will "change our lowly body to conform with his glorified body" (Philippians 3:21), but does not give details of this glorified body. Paul's eschaton is based on relationship with Christ, the *syn Christo*.

Paul is also interested in erasure of class and distinction at the resurrection saying: "There is neither Jew nor Greek, there is neither slave nor free persons, there is not male and female; for you are all one in Christ Jesus" (Gal 3:28). Paul emphasizes here the *syn Christo*, which implies a radical transformation where we are totally subsumed into Christ. Paul is concerned with our relationship to Christ, but this erasure of class and

³¹⁷ Schuele, in *Resurrection: Theological and Scientific Assessments*.

³¹⁸ Schuele, in *Resurrection: Theological and Scientific Assessments*, 223.

distinction, while egalitarian, can also lead to a loss of identity. If wounds and scars are signs of sin and yet contribute to identity, then the erasure of distinction can lead to an erasure of identity. If we are all conformed to Christ in the *syn Christo* which is a relational state that does not include an embodied component, then we risk losing our identity, and particularity.

The descriptions of Jesus' post-resurrection wounds act as a corrective to Paul's erasure of distinction in Galatians, his emphasis on the *syn Christo*, and his explanation of spiritual bodies. Paul does not describe his own encounter with the risen Christ in any detail,³¹⁹ and we therefore have no clue to the status of Jesus' wounds in Paul's encounter. Paul is focusing on a holistic concept of personhood which necessitates some bodily component to resurrection, and though it is based on the resurrected Jesus, Paul is unconcerned with the appearance of Jesus' wounds, and therefore our own wounds and bodies. Paul can give us some insight into the substance and manner of bodily resurrection, but he is unconcerned with the bodily continuity necessary for maintaining our identity. While he does not deny a bodily resurrection as evidenced by his response to the Corinthians question of "with what kind of body will they be raised?" (1Cor 15), for Paul the relationship with Christ in the *syn Christo* is what is important. I am interested in bodily resurrection in the context of preservation of identity and transformation of wounds, and contend that it is the presence of wounds in the post resurrection appearances of Jesus that provide a lens for examining women's wounds. The writer of the fourth Gospel was *particular* in her description of the wounds of the resurrected Jesus, and it is to this description that I now turn.

³¹⁹ Schmisek, 115.

Resurrected bodies according to the Gospel of John

The author of John's Gospel places the incarnation at the center of her story and though there are few healing stories, many of the stories have detailed descriptions of bodily interactions.³²⁰ John's physicality will, as I will show below, help us think through how the transformation of Jesus' wounds post-resurrection provides a lens for viewing the transformation of women's wounds.

Though Luke has a similar upper room narrative (Lk 24:36-43), it is John's description of the encounter with the risen Jesus (Jn 20:19-29) that is the most enlightening for this work. John's focus on the incarnation and the details of Jesus' wounds in the narrative provide insight into the transformation of wounds by resurrection. Because of the importance of Jesus' resurrection, John's narrative takes up two entire chapter, including detailed descriptions of Jesus' body in the upper room narrative (John 20:19-19).

Disability and scripture scholar Candida Moss's examination of the details of John's upper room account focuses on the physical nature of the resurrected Jesus and his wounds.³²¹ John's description of how Jesus shows the apostles his hands and his side (Jn 20:20) highlights the physical aspects of the encounter. An overemphasis on this corporeal presence can lead to the assumption that Jesus' body was not resurrected but rather resuscitated in the manner of Jarius' daughter (Luke 8:54-55) and Lazarus (John 11:43-44, 12:1-2). This distinction is important, because a resuscitated corpse is still susceptible to death, and Jesus' resurrection means he has overcome death.

³²⁰ Jaime Clark-Soles, "John, First-Third John and Revelation," in *The Bible and Disability: A Commentary*, ed. Sarah J Melcher, Mikeal C Parsons, and Amos Yong (Waco, Tx: Baylor University Press, 2017), 339.

³²¹Moss, 24-40.

While emphasizing the corporeal nature of Jesus' resurrection, Moss notes that "A preponderance of confusing language is used to describe Jesus' body and its form..."³²² including his mistaken identity by Mary Magdalene and the disciples on the road to Emmaus, his sudden apparition in a locked room, and his ability to appear and disappear at will. The narratives suggest that Jesus' resurrected body is qualitatively different, pointing to a radical transformation. Moss concludes that "John unambiguously depicts a body in transition...something – likely his ascent to the Father – has happened, that has rendered him available to human touch. Even if there is no record of Thomas actually touching Jesus, the body of the resurrected Jesus is both changing and increasingly palpable to touch."³²³ John's physicality and descriptions of the body of Jesus are at odds with Paul's somewhat vague descriptions of the spiritual body.

Moss is sympathetic to the corporeal nature of John's depiction of Jesus post resurrection and notes that "they (his wounds) communicate something important about, indeed absolutely central to, the very nature of Jesus' resurrected body."³²⁴ Jesus' body matters in the resurrection, and his wounds are signs of his identity and the importance of bodies. His wounds reveal that he is not an apparition, and confirm his identity. As I discussed above, wounds and scars significantly contribute to our identity and Moss notes that "Scars were the ultimate form of identification in the ancient world. In private papyri individuals were frequently identified by their scars."³²⁵

Jesus' appearances in John may have a corporeal component but there are signs of transformation. Jesus is not immediately identified by the disciples on the road to

³²² Moss, 24.

³²³ Moss, 37.

³²⁴ Moss, 33.

³²⁵ Moss, 31.

Emmaus (Lk 24:13-31) nor by Mary Magdalene at the tomb (Jn 20:14-18). It is only after he has revealed himself that they recognize Jesus. While his wounds provide signs of identity in the upper room, recognition in the stories is dependent on the faith of the disciples and also requires self-revelation on the part of Jesus. There is a revelation and an act of faith in both the appearance on the road to Emmaus and the upper room narratives. This revelation/faith narrative implies that Jesus' body was present to the disciples but was transformed in such a way that he was not immediately identifiable to them.

The descriptions of Jesus' transformed body are important because as Paul suggests, Jesus' resurrection provides the model for our own resurrection (1 Cor 15:20), and this claim makes the presence of his wounds significant. Moss emphasizes the importance of the post resurrection wounds and notes "disability studies theologians have argued that if impairments are integral for identifying Jesus, then they are integral for everyone else. The eradication of these features of our identity would amount to nothing other than a sort of heavenly eugenics."³²⁶ If Jesus' resurrected body is identified by his wounds, then we too will be identified by our wounds, and if his wounds are preserved in his resurrected body then so will ours. This interpretation of Jesus' post-resurrection wounds is important for wounded women, seeking to understand their own wounds.

Sandra Marie Schneider's essays on resurrection in John's Gospel, lead to a conclusion that sees Jesus' resurrection as a symbol: "what we mean by saying that Jesus is risen is neither that he was physically resuscitated as an ordinary participant in intra-worldly history nor that he became a nonbodily spirit. Rather, he was transformed in God

³²⁶ Moss, 25-26.

in such a way that he could symbolize himself in ways that transcend our ordinary experience or capability...”³²⁷ Just as other authors’ interpretations of Paul’s resurrected spiritual body relied on first-century understandings of Greek words, Schneiders’ interpretation of John’s Gospel, addressing the same issue, notes that the terms, soul, life, death, flesh, spirit and body “constitute a complex semantic field in which all the terms are interrelated and mutually qualifying. Although in English these terms each denote a *component or state* of the human, in biblical usage they each denote the *whole person* from some perspective or under some aspect.”³²⁸ Body is a symbolic self-representation,³²⁹ rather than the material substance that post-moderns associate with the term. When John uses the Greek term for body, like Paul, he is referring to the whole person, the symbol and substance of someone’s entire existence. Thus, the risen Jesus is a symbolic body-person who is numerically distinct and unique, but not physically mortal flesh, as we might imagine it.³³⁰ Here the “symbolic meaning” is not just a reminder of Jesus, it contains Jesus’ entire meaning. Schneiders’ explanation relies on an anthropology that gives a Greek sense to the words body, flesh and soul and challenges our contemporary understanding of these term. We see body and flesh as being interchangeable and within our body/soul dualism, we see body as being mortal and soul as immortal.

Schneiders claims that for the author of John’s Gospel “the relation of flesh to body is precisely what is altered by Jesus’ Glorification...but he is no longer flesh. And he will be present as this same bodyself throughout post-Easter time in the range of symbols

³²⁷ Schneiders, 27.

³²⁸ Schneiders, 41 Italics in original.

³²⁹ Schneiders, 43.

³³⁰ Schneiders, 70.

through which his personal presence will be manifest.”³³¹ She maintains the importance of Jesus’ bodily resurrection, but qualifies this bodily presence as not being limited by space or time. This real presence of Jesus is found “in the ecclesial body, in his eucharistic body, in the textual body of Scripture...”³³² Like Schmisek, she sees the risen Jesus not in the particularity of the historical Jesus but in the Christ the faithful encounter in multiple ways.

Schneiders affirms a radical transformation of Jesus’ body that results in an altered materiality that, while preserving the particularity of Jesus, also facilitates encounters with those who have faith in Jesus, whether in the first century or the twenty-first. Her objective is to develop a spirituality that is inclusive, and she claims “Jesus, now glorified, is no longer limited, either personally or as principle of his corporate members, by gender, ethnicity, race, age or chronological setting, or any other characteristic that is a function of physicality.”³³³ This understanding of Jesus’ resurrection, while affirming the foundational nature of the resurrection and the necessity for some kind of bodily resurrection, at the same time erases the particularity of Jesus as a first-century Jew. This resurrected Jesus is egalitarian and inclusive, and is encountered in multiple ways. This Jesus also risks the erasure of particularity, which is problematic when speaking of wounded women. The advantage of Schneiders approach, is that it insists on “a profession of faith in personal, bodily resurrection”³³⁴ which requires a rethinking of anthropology, and materiality. Schneiders approach suggests an altered materiality in resurrected bodies that is helpful in understanding bodily resurrection. Her understanding

³³¹ Schneiders, 71.

³³² Schneiders, 96.

³³³ Schneiders, 31.

³³⁴ Schneiders, 32.

of the transformation, or Glorification, that is a cause of the resurrection of the body, however, erases the particularity that I feel is necessary.

The appearance of Jesus and transformation of his wounds, were beyond the Apostle's and Gospel writers' ability to understand and describe the events. The Gospel writers were trying to document a physical presence that included Jesus' wounds, but a presence that was radically transformed. John makes a point to describe Jesus' wounds in some detail (John 20:27) because their presence is important. They are signs of the crucifixion and are present because they contribute to Jesus' identity, but more importantly because they signify that Jesus' bodily suffering and crucifixion were fundamental to the salvation narrative. The wounds are transformed, making them no longer signs of suffering, but signs of a new creation. If the wounds are not transformed, then the resurrection does not reveal Jesus as transcending suffering and death. Our faith rests not just on the message of Jesus, nor solely on his resurrection. It rests on the life, death and resurrection of Jesus.

Conclusions Drawn from Paul and the Gospel of John

In the last chapter I suggested that wounds in general and the wounds women endure in particular, are not signs of sin, nor do they need erasure for salvation. Here I claim that, following the trajectory of the Gospel of John, just as Jesus' wounds matter, so do the wounds of women. They matter as signs of identity and as signs of trauma and suffering. It is in the nature of resurrected bodies that we can find a theology that transforms these wounds, while retaining their contribution to our identity. The Scriptural accounts of Jesus' post resurrection appearances reveal that the presence of his wounds was a mark of his identity and an occasion for faith in his resurrection. The wounds

testify to the importance of the crucifixion and the promise of transformation of our wounds at the eschaton. The transformed nature of the wounds, reveal the new creation that awaits us.

For wounded women the presence of Jesus' wounds post resurrection, tells them two things: first, that their wounds are important; second, that there is hope for the transformation of their wounds. Their life stories are deeply influenced by the events of their lives, including their wounds. These wounds need to be acknowledged and recognized by the wounded women and those who love them and care for them. These women need hope for healing and that healing is promised in Jesus' resurrection. Paul tells us that Jesus' resurrection provides us with hope for our own resurrection which must also include transformation and healing of our wounds (1Cor 25:16-19). Wounds are healed not by forgetting but by remembering them in light of the resurrection.

The exact nature of this eschatological transformation is not made clear in the Scriptural record. Paul calls it a spiritual body, but acknowledges some continuity between our pre- and post-resurrection selves. The Gospel writers struggled to convey the exact nature of Jesus' transformation and gave clues that it was material, and yet of an altered matter. From the Scriptures we can only say that this transformation transcends material limits and points to altered materiality. It is the enigmatic nature of this transformation, and our reliance on reason and science to prove what is real, that has led us to find bodily resurrection implausible.

Reconsidering Materiality and Resurrected Bodies

Twentieth-century science and quantum physics has questioned traditional Newtonian physics and concepts of time, space and matter, and as a result undermined

traditional conceptions of materiality.³³⁵ Twentieth-century theologians have used these altered conceptions to reconsider the time, space and materiality of bodily resurrection.

Over time, from Augustine forward, the Christian conception of bodily resurrection changed from Paul's spiritual body to a material, physicalist understanding of bodily resurrection.³³⁶ With the Enlightenment's emphasis on reason, and what could be seen and measured, it became difficult to reconcile Paul's enigmatic spiritual body with a material resurrection of the flesh. The belief in bodily resurrection thus became "not imaginatively plausible."³³⁷

Twentieth-century theoretical physics however, has hypothesized alternative ways to think of time and materiality. As Bernard Prusak noted in his summary of bodily resurrection "In a time in which quantum physics cannot distinguish between a "new" electron and one which was previously annihilated, in which we speak of the interchangeability of matter and energy, and in which we transplant hearts and other organs, it is more and more obvious that we need new ways of thinking about the meaning of 'bodily' resurrection and identity."³³⁸ Twentieth-century theologians, influenced by new ideas of time, matter, and quantum physics, addressed the issue of bodily resurrection in attempts to find a more imaginatively plausible conception. A complete survey of these theologies is beyond the scope of this work, so I have chosen Karl Rahner, because he considers an alternative materiality at work in resurrection, Joseph Ratzinger because he synthesizes the tradition with modern theology, and since

³³⁵ Schmisek, 93-114.

³³⁶ Caroline Walker Bynum, *The Resurrection of the Body in Western Christianity, 200-1336* (New York: Columbia University Press, 1995).

³³⁷ Schneiders, 5.

³³⁸ Bernard P. Prusak, "Bodily Resurrection in Catholic Perspectives," *Theological Studies* 61, no. 1 (2000): 66.

this work is about women, Beth Felker-Jones to provide a feminist view, which emphasizes particularity.

Karl Rahner on Resurrection of the Body

Karl Rahner takes up the dogma of resurrection of the body in the second volume of his *Theological Investigations*,³³⁹ and begins by noting the dissociation between what we profess in the Creed and what we believe: “We take cognizance of these truths and then push them (not on reflection, of course, but instinctively) to one side a little, to the periphery of thought and life into the subconscious...”³⁴⁰ Here Rahner is acknowledging the inability of the average Christian to plausibly imagine a resurrected body. He notes that Christians will not deny the truth of the resurrection of the body but the dogma is not at work in the everyday life of the believer. We see ourselves as faithful Christians, even if we do not dwell on resurrected bodies. In his attempt to elucidate a theology of bodily resurrection that is consistent with twentieth-century science and reason, Rahner asks us to reimagine time and materiality.

Rahner places his resurrected bodies not in the sphere of individual resurrection but within the sphere of the eschaton and the general resurrection. He admits to linear time and sees resurrection of the body within the context of the history of the world which had its beginning in creation and will have a finite end. For Rahner however, the finite end of the world is not the cessation of all material being, but a perfection of the world, including persons, through God’s grace. “We know at any rate from the testimony of God that this history of the world will come to an end, and that this end will not be a sheer cessation, a ‘being-no-longer’ of the world itself, but participation in the perfection of the

³³⁹ Rahner.

³⁴⁰ Rahner, 203.

spirit.”³⁴¹ Reading eschatological scripture in Revelations and St. Paul, Rahner describes the general resurrection as the perfection of the world and of people. It is Paul’s new creation that reflects this perfection of the world.

Though his *Theological Investigations* viewed resurrection of the body within the context of end times and the general resurrection, Rahner’s *Theology of Death*³⁴² deals with death and its references are to individual bodily resurrection. He is concerned here with the separation of body and soul at death which leads him to consider the unity of matter and soul. The exact nature of a resurrected body is difficult to imagine and is ultimately a dogma of faith, but Rahner asks us to reconsider the transfigured corporeality of resurrection.³⁴³ He suggests that the transfigured corporeality is concrete but its character is changed, such that it is able to be in relationship with God and the entire cosmos. This “pancosmic” body is characterized by its ability to form relationships in a universe that has been perfected by God’s grace.

The conclusion is that the body has “a corporeality which is the actual expression of the spirit, though concrete (and) remains open for maintaining or entering into free and unhampered relations with everything. In this way, the glorified body seems to become the perfect expression of the enduring relation of the glorified person to the cosmos as a whole.”³⁴⁴ For Rahner the resurrected body has a corporeal nature that is relational and is an expression of the whole person. His resurrection theology, while allowing for a transformed materiality, emphasizes relationships. Just as Paul’s *syn Christo* was

³⁴¹ Rahner, 212.

³⁴² Rahner, *On the Theology of Death*.

³⁴³ Rahner, *On the Theology of Death*, 21.

³⁴⁴ Rahner, *On the Theology of Death*, 25-26.

relational, Rahner sees resurrection to be about our relationship not only with God, but with the entire cosmos.

In volume seventeen of *Theological Investigations*, Rahner addresses Jesus' resurrection and the implications for our bodily resurrection.³⁴⁵ Jesus' resurrection is evidence of humanity's deliverance and perfection by God's grace. Rahner again maintains the unity of body and soul and contends, echoing Paul, "(the) enduring relation between spirit and matter is expressed scholastically as the enduring informedness of glorified body by the perfected spiritual soul."³⁴⁶ But this relationship requires us to rethink the materiality of the resurrected body because insisting that the identity of a resurrected body is determined by some material component of the earthly body is inconsistent with a contemporary understandings of matter.³⁴⁷ For Rahner, a person's identity resides not in material continuity but in the perfection of the free, spiritual subject or soul.³⁴⁸ This is not to imply that there is only a spiritual component to the resurrected body, nor does it imply that resurrection involves resuscitation of a physical body. Rahner maintains a relational aspect to resurrection and says it is "the final and definitive salvation of concrete human existence by God and in the presence of God..."³⁴⁹ It is the hope for continued existence which is realized in the resurrection of the body.

Regarding the Scriptural accounts of Jesus' resurrection appearances, Rahner contends that they are literary and dramatic descriptions of interactions with the risen

³⁴⁵ Rahner, *Theological Investigations Vol X VII*.

³⁴⁶ Rahner, *Theological Investigations Vol X VII*, 119-1120.

³⁴⁷ Rahner, *Theological Investigations Vol X VII*, 120.

³⁴⁸ Rahner, *Theological Investigations Vol X VII*, 120.

³⁴⁹ Karl Rahner, *Foundations of Christian Faith*, trans. William V Dych (New York: The Seabury Press, 1978), 266.

Christ precipitated by the power of the Spirit.³⁵⁰ Like Paul, he emphasizes the relational aspects of the resurrected body so that the resurrected body is in perfect relationship with God and with a perfected cosmos.

Bernard Prusak sees a progression in Rahner's reflections on resurrection of the body over time. "The earlier Rahner avoided explicitly saying that the identity of the glorified body and the earthly body does not require that some material fragment of the earthly body be contained in the glorified body. He simply proceeded to reinterpret the resurrection of the body, at the end of the world, which he considered a dogma of faith, by means of his theory of the human soul becoming pancosmic in the final consummation."³⁵¹ The later Rahner reconsidered this view because it involved a "period of complete non-existence on the part of the dead...because it would make impossible to talk seriously ... about a true identity between the person who has died and the person who was raised."³⁵² While he confirms the necessity of some continuity, he also denies a resurrection of the flesh, i.e. of our fleshly body. Instead, he proposes an altered materiality present in the resurrected body: "[P]robably no metaphysically thinking theologian would continue to maintain today (for either philosophical or theological grounds) that the identity of the glorified body and the earthly body is only ensured if some material fragment of the earthly body is found again in the glorified body."³⁵³

Rahner admits the difficulties inherent in reconciling a dogma of resurrection of the body with contemporary understandings of time and materiality. He contests a literal reading of the post-resurrection appearances of Jesus but maintains a belief in the

³⁵⁰ Rahner, *Foundations of Christian Faith*, 276.

³⁵¹ Prusak 71.

³⁵² Karl Rahner quoted in Prusak 85.

³⁵³ Karl Rahner quoted in Prusak 86.

resurrection of the whole man, body and spirit. For Rahner there is a difference between the ideas of resurrection of the flesh or material body, and resurrection of the body as symbol of the whole man. The former decries science and the latter is consistent with a Scholastic understanding of form and spirit. Rahner also accepted the difficulty in explaining resurrected bodies and said “It is most difficult for such a solution to penetrate the narrow limits of our mind which demand concise and synoptical solutions.”³⁵⁴

Rahner’s resurrection theology and the pancosmic soul provide a way to understand bodily resurrection within the parameters of twenty-first century thought. His glorified body “seems to become the perfect expression of the enduring relation of the glorified person to the cosmos as a whole.”³⁵⁵ It does not allow for any resolution of the wounds in this life, and is only a future promise of “the pure openness of the spirit to the whole cosmos.”³⁵⁶ In the end, Rahner is not specific regarding the exact nature of the altered materiality of the resurrected body and sees it only as a perfection of our earthly existence, and in relationship with the entire cosmos. For wounded women, Rahner’s conception of altered materiality is not helpful in understanding the importance of their wounds. An altered materiality says nothing about the presence, or absence, of wounds in resurrected bodies. If wounds are erased by the transformation of the resurrection, then they lose their significance. While the idea of a “pure openness of the spirit to the whole cosmos” sounds heavenly, wounded women are left to wait for the eschaton for their wounds to be erased, which then erases part of their identity.

³⁵⁴ Rahner, 215.

³⁵⁵ Rahner, *On the Theology of Death*, 26.

³⁵⁶ Rahner, *On the Theology of Death*, 25.

Joseph Ratzinger's Eschatology

Joseph Ratzinger addressed resurrection of the dead within his larger treatise on eschatology.³⁵⁷ He provides a review of resurrection in Scripture, the dogma in tradition and then says “The decisive step was the new understanding of the soul which Thomas Aquinas achieved through his daring transformation of the Aristotelean anthropology.”³⁵⁸ Ratzinger’s anthropology echoes the idea of a holistic human found in St Paul and John’s Gospel, one whose “material elements from out of which human physiology is constructed receive their character of being ‘body’ only in virtue of being organized and formed by the expressive power of soul.”³⁵⁹ Ratzinger admits that Aquinas’ central idea, based on Aristotelian matter and form, needs reinterpretation for the present. “That idea consists in the notion of the unity of body and soul, a unity founded on the creative act and implying at once the abiding ordination of the soul to matter and the derivation of the identity of the body not from matter but from the person, the soul.”³⁶⁰ While this interpretation preserves the unity of body and soul necessary for my discussion, its proposal that “identity comes not from the matter but from the person, the soul” ignores the contribution our bodies make to our identities and minimizes the embodied nature of humans.

Ratzinger subscribes to a pancosmic, and relational view of resurrection, similar to Rahner when he says “Every human being exists in himself and outside himself; everyone exists simultaneously in other people...The universe, matter, is as such

³⁵⁷ Ratzinger.

³⁵⁸ Ratzinger, 178.

³⁵⁹ Ratzinger, 179.

³⁶⁰ Ratzinger, 181.

conditioned by time. It is a process of becoming.”³⁶¹ This progress is reflective of Rahner’s progress of the universe becoming more perfect over time, until we reach the perfect pancosmic existence. Here Ratzinger reengages matter and proposes an altered materiality where “matter belongs to spirit in a wholly new and different way, and spirit is utterly one with matter.”³⁶² Ratzinger attempts to balance the unity of body and soul, while proposing that the resurrected body is the result of a perfected cosmos composed of an altered materiality.

Both Rahner and Ratzinger acknowledge that Jesus’ resurrection is the precursor to our resurrection and that bodily resurrection is a dogma of faith. They are looking at the resurrected body at the eschaton and see a perfected cosmos consisting of a perfected materiality that is radically different from what we understand now.

In my view, both Rahner and Ratzinger tend to dismiss the particularity of bodies which is problematic for my discussion of wounded women. I cannot insist that these women’s wounds are important and contribute to their identity, and then say in the next breath that “identity comes not from the matter but from the person, the soul.” These prominent views of resurrected bodies, while they meet some twenty-first century concerns, do not address the concerns of wounded women.

Feminist theological discourse recognizes the importance of the body, and so I next turn to a feminist view of resurrected bodies, that of Beth Felker-Jones, who posits a view of resurrected bodies that may not involve the loss of particularity and identity.

³⁶¹ Ratzinger, 190.

³⁶² Ratzinger, 192.

Feminist view of resurrected bodies: Beth Felker-Jones

In this section I focus on feminist theologian Beth Felker-Jones and examine her account of bodies, including her particular attention to gender and resurrected bodies. When Gregory Nazianzen wrote “For that which He Has Not assumed He has not healed; but that which is united to His Godhead is also saved”³⁶³ he was addressing whether Jesus had assumed the mind of man. The statement however, has been used to assert that since Jesus was incarnated as a male, then he assumed the essence of a male, which brings into question whether a male body can redeem a female body.

Rosemary Radford Ruether challenged the patriarchy of the Church in general, and Gregory of Nazianzen’s claim in particular, in *Sexism and God-Talk*.³⁶⁴ Her claim is that “A Christology that identified the maleness of the historical Jesus with normative humanity and with maleness of the divine Logos must move in an increasingly misogynist direction that not only excludes woman as representative of Christ in ministry but makes her a second-class citizen in both creation and redemption.”³⁶⁵ To counteract this misogyny, she suggests “a reencounter with the Jesus of the synoptic Gospels, not the accumulated doctrine about him but his message and praxis.”³⁶⁶ Ruether asserts that we need to look past the additions of the tradition to the Jesus story, and return to the original mission of Jesus which was intended for marginalized groups, including women. For Ruether, the “maleness of Jesus has no ultimate significance.”³⁶⁷ While Ruether’s work refutes the second-class status of women that arises out of an emphasis on Jesus’ gender,

³⁶³ Letters on the Apollinarian Controversy, New Advent, <https://www.newadvent.org/fathers/3103a.htm>, Accessed August 28, 2021.

³⁶⁴ Rosemary Radford Ruether, “Christology: Can a Male Savior Save Women?,” in *Sexism and God-Talk* (Boston: Beacon Press, 1983).

³⁶⁵ Ruether, in *Sexism and God-Talk*, 134-35.

³⁶⁶ Ruether, in *Sexism and God-Talk*, 135.

³⁶⁷ Ruether, in *Sexism and God-Talk*, 137.

and challenges societal hierarchies, it also minimizes the importance of Jesus' particularity and his body. This dismissal of particularity of bodies continues to be problematic for my theses that bodies and wounds are important.

This curtailment of the importance of bodies is an example of what Beth Felker Jones claims is a loose interpretation of incarnation by many feminist theologians.³⁶⁸ Felker Jones' position is that the specificity of the incarnation does not exclude females but implies inclusion of all the specific iterations of humanness: male, female, black, white, Latina, etc. Her position helps my project reclaim the importance of particularity and of bodies.

Felker Jones is concerned that, in the West, bodies have lost their meaning and are reviled and renounced and notes: "It is common to think of our culture as one that worships bodies and, to some extent, this is a right characterization...The cult around the young body, the veneration of the airbrushed, media-produced body, conceals a thinly veiled hatred of real bodies – bodies that leak, and bleed, wrinkle, smell, grow old, and finally, die."³⁶⁹ A feminist theology helps reclaim the meaning of body because it recognizes the importance of women's bodies, and points to the cultural tendency to devalue the body, particularly women's bodies. Her argument for reclaiming the importance of the body does not "as is frequently done, begin with creation. Instead, (she) begin(s) with the doctrine of the bodily resurrection in order to understand the body as integral to redemption."³⁷⁰ To ignore the role of bodies is to erase particularity of the person, and in Felker-Jones argument, to erase gender. When she argues against erasure

³⁶⁸Jones, 5.

³⁶⁹ Jones, 4.

³⁷⁰ Jones, 4.

or limitation of gender and particularity, she is also, by inference, arguing against the erasure of specific wounds which arise out of particularity.

Approaching the question of gender and the resurrected body, Felker Jones sifts through the tradition and suggests that reexamination of the theologies of Augustine of Hippo and John Calvin helps us understand the resurrection's role in the sanctification of broken bodies. Broken bodies, "the cancer-racked body, the war-torn body, the body racialized and then enslaved or incinerated, the body raped or beaten, the body twisted out of recognition by inner or outer torture"³⁷¹ are the starting point for Felker Jones. These broken bodies arise from "the ways we human beings torture our own and each other's bodies and (from) the pain of death."³⁷² By necessity the discussion includes the use of power because so often "bodies are sites of power. Power acts on bodies."³⁷³ Addressing power in the discussion is particularly applicable to wounded women.

Addressing the issue of dualism and the meaning of body, Felker Jones espouses an anthropology of a human psychosomatic whole where the 'and' in 'I am body and soul' "*must be understood as indicating connection in the strongest possible sense*. This 'and' is indicative of real unity."³⁷⁴ She maintains that this conception of the human person "reject(s) both a strict materialism and radical dualism."³⁷⁵ This psychosomatic whole preserves the body's significance in forming our identity and preserves its role in our redemption. Felker Jones calls this "a grammar of unity."³⁷⁶

³⁷¹ Jones, 9.

³⁷² Jones, 6.

³⁷³ Jones, 89.

³⁷⁴ Jones, 71. Italics in original.

³⁷⁵ Jones, 72.

³⁷⁶ Jones, 79.

The hypostatic union of Jesus' divinity and humanity, affirmed at Chalcedon and accessed through Augustine of Hippo, provides Felker Jones a way to further understand this grammar of unity. The Christology of the hypostatic union shows "our psychosomatic unity is real because it is real in Christ...and the natural unity of body and soul in humanity can be described on an analogy to the hypostatic union."³⁷⁷

The Chalcedonian definition of the hypostatic union clarifies our understanding of the human psychosomatic whole by "The non-negotiable oneness of Jesus as the second person of the Trinity" and "the two natures of Jesus Christ are united without confusion and without transmuting one into the other."³⁷⁸ The incarnation means there is a unity of Jesus' humanity and divinity, his body and soul. It is this unified psychosomatic entity that saves us, body and soul. Each component, body and soul, divinity and humanity, are different, but unified in the whole person. While we certainly cannot claim the unity of Christ, the hypostatic union helps us conceptualize the "connection in the strongest sense" of our bodies and souls.

However, we then come to the same problem of the mutability and decay of this body over time, and we are still left with the question of resurrected bodies. Felker Jones, reading Augustine and Calvin, contends "hope for the vision of God (is) central to eschatological imagination."³⁷⁹ If sin is indicative of disorder, and death of ultimate disorder, then our ordered, redeemed end is this beatific vision. Carrying the unity of body and soul through redemption, Augustine sees a bodily redemption consisting of St. Paul's spiritual body but one that will include actual material from our earthly body.

³⁷⁷Jones, 79.

³⁷⁸ Jones, 80.

³⁷⁹ Jones, 83.

Felker Jones says, “Augustine pushes beyond the quite necessary claim that we will behold, in our bodies, the immaterial God in the embodied Christ. He maintains we will also behold that immaterial God, in pure bodies, beyond the embodied Christ.”³⁸⁰ If we come to know God and relate to Him through our bodies then our resurrected bodies must have some materiality to continue this relationship.

When Felker-Jones engages the nature of the redeemed, sanctified, resurrected body, she sees the transformation in terms of holy bodies. Jesus’ resurrected body is holy and has destroyed the sinful, disordered ways of our wounded bodies.³⁸¹ Through God’s redeeming grace our dead bodies are recreated into bodies that display God’s holiness. We are not saved as disembodied souls, but as psychosomatic whole beings.

The particularity of resurrected bodies and the material difference of gendered bodies has often been denied by “maintain(ing) that this aspect of being human will be eradicated in the eschaton.”³⁸² Felker-Jones notes that for Augustine, our materiality is not a problem for resurrection, because it is part of God’s natural order, including material gender. “God saves us rather than some other creatures altogether. Part of who we are is written on our materially different bodies. They incarnate the histories of our lives together and our lives before God.”³⁸³ If we are created as embodied souls, live our lives as embodied beings, then we must be redeemed as embodied, psychosomatic wholes. If resurrection is not embodied then there is no point to our embodied earthly existence.

³⁸⁰ Jones, 84.

³⁸¹ Jones, 88.

³⁸² Jones, 90.

³⁸³ Jones, 95.

If we want to understand our own resurrected bodies Felker-Jones says “we will have to turn first to the body of Jesus Christ. We cannot begin with an apparent natural referent for the term, what we in the modern West have come to understand as unproblematically bounded, individual containers of biological self, and then turn to theological understandings of the body.”³⁸⁴ An understanding of Jesus’ body leads us to an understanding of our own bodies and our resurrected bodies “through the risen body of Jesus who is the paradigm of our own redemption. Our bodies, by nature, are waiting for God’s gracious redemption; the world of the Creator is to redeem, not destroy, the good creation. Our embodied, even gendered, lives are part of that redemption.”³⁸⁵ Again, if we understand a material biological self as created existence then our redeemed existence must also have a material, biological component.

If God creates us in our particularity, then we must be redeemed in our particularity, a particularity that is expressed in our unique bodies. If the objection to difference in the eschaton is that it maintains hierarchy and disorder, Felker Jones maintains “difference does not, of necessity, entail violence,”³⁸⁶ rather it is our sin that turns difference into power and then violence. Rejecting the idea that erasure of difference is necessary for redemption, Felker Jones maintains that it is preservation of difference, without disorder, hierarchy or power, that is necessary for redemption. True redemption and peace require acceptance and acknowledgement of difference.³⁸⁷ God has created particularity, and therefore particularity must be redeemed. To erase particularity in redemption is to erase the identity of those who are redeemed. It is not the particularity that is problematic, but

³⁸⁴ Jones, 99.

³⁸⁵ Jones, 100.

³⁸⁶ Jones, 101.

³⁸⁷ Jones, 101.

our imposition of power and hierarchy onto that particularity. Admitting diversity does not require establishing a hierarchy.

Felker-Jones contribution to understanding resurrected wounds is to reinforce the importance of material bodies as part of God's creation and as part of our identities. These bodies reveal gender, particularity and difference and "Because we are psychosomatic unities, we are not free to imagine redemption apart from our particular bodies. Salvation, on the way, and in glory is embodied."³⁸⁸ Her theology of bodies and resurrection, "accounts for the brokenness of bodies while affirming a hope for overcoming it" because "God sanctifies us."³⁸⁹ In closing Felker- Jones says, "Redemption happens through the body, not only through gender difference but also through the physical continuance of all the material difference and specificity that makes us who we are..."³⁹⁰ We are redeemed through Jesus Christ, by the grace of God, in all of our particularity including our gender, race, and wounds. Redemption removes the sinfulness of our human constructed hierarchies and valuations, so that diversity becomes an expression of God's creation.

Redeeming wounded women

For resurrection to be meaningful to individuals, then it must include retention of individual identity and continuity with our earthly existence. If resurrection means perfection of our earthly existence as Rahner contends, then our wounds are perfected by God's grace. Beth Felker Jones reinforces the embodied nature of humans and claims that

³⁸⁸ Jones, 113.

³⁸⁹ Jones, 113.

³⁹⁰ Jones, 114.

if we are created with material particularity then we are redeemed in that same particularity.

If, as Paul tells us (I Cor 15:20), Jesus' resurrected body is the model for our own resurrection, then our bodies, including our wounds and scars, will not be erased but will be transformed. It is the exact nature of this transformation that is difficult to understand. Karl Rahner, Joseph Ratzinger, and Beth Felker-Jones, all begin their work with a comment referencing the difficulty post-moderns have with resurrection of the body. But, if this transformation of bodily materiality is difficult to understand, so is quantum physics, the time/space continuum, and parallel universes, and yet these have some basis in scientific theory. It is our limited imagination and conviction that what we cannot understand through reason is not true, that prevents us from acknowledging the reality of a resurrected, material body.

The Scriptural descriptions of Jesus' resurrected body also affirmed bodily identity. Jesus was recognized in the breaking of bread on the road to Emmaus (Luke 24:30-31) affirming the contribution of memory and experience to his identity. But it was also through his wounds that he revealed himself to the Apostles and then Thomas (John 24:19-29). Jesus' identity did not solely reside in the Apostles' memories, nor in the memorial breaking of bread, it also was revealed in his bodily appearance.

Theologians, while examining the nature of bodily resurrection in detail, at the end really have no succinct answer to the Corinthians question "with what body will they be resurrected." Rahner says "God's Word testifies to the resurrection of the body;"³⁹¹ Ratzinger says "Nothing concrete or imaginable can be said about the relation of man to

³⁹¹ Rahner, 216.

matter in the new world or about the ‘risen body.’”³⁹² Beth Felker Jones has the most positive answer when she says “We must be bold enough to trust that we may become, in the Spirit, faithful imaginers.”

The relevance of this discussion of resurrected bodies to wounded women, arises from my practical experience with wounded women, which provides the lens to examine Scripture and theology. As a surgeon I see uteri as disposable and often rearranged body parts without hesitation, and yet the same surgical experience has led me to understand the importance of bodies in our lives. We are embodied beings and our personal history is one of material interaction. My deep understanding of the importance of our bodies to our identities has led me to accept that there is some component of material bodily resurrection. If redemption means perfection of whole persons, then that must include our bodies. I understand the why but will leave the how up to God.

The implication for wounded women therefore is: your body and your wounds are important. To deny the contribution of traumatic wounds to your identity is to deny part of yourself. While wounds do not totally define who you are, they are seminal events in your personal history and need to be acknowledged. The injustice of your wounds also needs to be recognized and validated. But Jesus’ crucifixion offers solidarity with your suffering and the glorification of his traumatic wounds means that there is hope for a new creation that respects your particularity. As Beth Felker Jones pointed out “(bodily resurrection) points us to the need to understand our hope of being transformed into a holy people as a specific, physical, Christoform hope.” This hope shows women a path that leads them to opening their wounds so God’s healing grace can enter.

³⁹² Ratzinger, 194.

CHAPTER 4

RECONCILING WOUNDS

“She fell down before Jesus and told him the whole truth.
He said to her ‘Daughter, your faith has saved you. Go in
peace and be cured of your affliction.’”
Mark 5:33-34

Up to this point I have described women with traumatic wounds through physical, psychological, and spiritual lenses, have explored the contributions of wounds to our identity, and considered resurrected bodies as a sign of healed wounds. The pictures that emerge are complex and particular to each woman but they all share a common feeling of shame. These pictures reflect the complexities of the lived experience of wounded women; how they are viewed, how they view themselves, and how their wounds are manifested in their daily lives. Looking at wounds through the lens of Scripture and theology helped develop a more thorough view of these wounds, one that forms a foundation on which to build a theology of healing and which points to practices that attend to these women and their wounds.

The process of healing and redemption can be very complicated. Simple denial can lead to a festering wound that does not heal; yet simple acceptance does not always lead to healing and transformation. The hope found in resurrected bodies suggests that not all these women will encounter complete healing in their earthly life. It is my contention that it is God’s grace that has the power to transform these wounded women, whether in this life or at the eschaton

This chapter therefore, looks at the ways that spiritual communities and churches, can attend to the wounds of women. I will note additionally, that while my writing is not

specifically addressed to the medical community, I believe these practices can help all providers who have been given the privilege of attending these women.

My first task in this chapter is to examine forgiveness as a practice within a Christian context in order to set the overall stage for the suggestions I make. Forgiveness is crucial for wounded women and I do this through the significant works of L. Gregory Jones,³⁹³ Leuven theologian Roger Burggraeve,³⁹⁴ and philosopher Heidi Chamber Giannini.³⁹⁵ Forgiveness is a step in the process of reconciliation and its “intention must in the first place be objective-directed, namely directed at establishing a new relationship with the other by means of which that other is given new chance.”³⁹⁶ This process is crucial to address because for wounded women forgiveness can be difficult to engage in, and the particular circumstance of an unrepentant perpetrator can challenge attempts at forgiveness and reconciliation.

My prior discussion of wounds described ways for wounded women to understand their wounds, and the discussion of resurrected bodies revealed the possibility of wound transformation. The first crucial step in forgiveness is acknowledging the evil act, which requires women to recognize the impact of their wound on their identity and their lives. It also offers an opportunity for them to open the wound to God’s grace so that it can be transformed.

Next, I examine those pastoral practices that have been less than helpful in assisting wounded women, so as to identify pitfalls for people seeking to attend them. In faith

³⁹³ L Gregory Jones, *Embodying Forgiveness* (Grand Rapids, MI: William B Eerdmans Publishing Co, 1995).

³⁹⁴ Burggraeve.

³⁹⁵ Giannini.

³⁹⁶ Burggraeve 46.

communities where the association of sin with wounds and healing with faith are deeply embedded, women may not receive the attention they need. Monica Coleman and Kathryn Greene-McCreight have both written of the difficulties they encountered when they sought spiritual help for their wounds.³⁹⁷ Monica Coleman shares with women the wound of sexual assault, and Kathryn Greene-McCreight's work addresses spirituality and mental health. The plethora of mental health consequences of women's wounds make Greene-McCreight's work relevant. These women's stories highlight the difficulties the Church and pastoral ministers have when attending wounded women. Beth Crisp, a social worker and theologian, likewise writes from personal experience with sexual abuse³⁹⁸ and provides some recommendations for pastoral care of wounded women. She looks at how typical pastoral practices, such as paternal images of God, offering up suffering, and healing silence, may be counterproductive when attending to these women.

Finally, I discuss the work of Robert J. Schreiter³⁹⁹ who has written on reconciliation in the context of splintered societies, particularly those attempting reconciliation after periods of violence. His work builds on the theology of forgiveness to explore practices that lead to restoration of relationships and thus reconciliation. On the macro level his work addresses the rebuilding of societies which means his work is not directly related to the topic of wounded women, but many of the challenges encountered by the communities he is speaking to are similar to the challenges facing wounded women. The wounds of women and the wounds inflicted on members of broken societies are both

³⁹⁷ Coleman, Greene-McCreight. Monica Coleman was sexually assaulted and her wounds arise from that trauma. Kathryn Greene-McCreight, while not having undergone the trauma of assault, documents a negative experience when she sought spiritual care for her depression.

³⁹⁸ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors."

³⁹⁹ Robert J. Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies* (Maryknoll, NY: Orbis Books, 1998).

deep and begin with physical trauma to the body. If the only step in forgiveness that wounded women are able to make is recognizing the evil of their wound, it is at least a first step.

What is Forgiveness

The focus of this chapter is on practices that can lead to healing of women's wounds. I will argue that the specific practice of forgiveness allows women to address their wounds in ways that do not foster deeper resentment, pain, and desire for vengeance. We must remember that forgiveness however, "is embedded in an entire existential, relational, social, religious and ethical context."⁴⁰⁰ Forgiveness in the context of Schreiter's fractured societies is deeply influenced by the cultural beliefs and practices of those societies. That social forgiveness is different from the forgiveness necessary to maintain the relationship of marriage, the forgiveness between parent and child, or the forgiveness of an unrepentant perpetrator.

Because of its complex nature, forgiveness can have different meanings for different people and in different contexts. However, there is a specific event that triggers forgiveness that Burggraeve describes as "in concrete terms, there is someone, the 'perpetrator' who inflicts something serious on someone else, the 'victim'. This inflicted evil (is) indicated as a 'wrongdoing'."⁴⁰¹ Forgiveness is a step in the process of reconciliation that follows. Forgiveness is always directed at the person and not the evil act, and as such, does not relieve the perpetrator of responsibility for the evil of the act, nor does it imply that the victim will "forget" the wrongdoing. Because of its complex

⁴⁰⁰ Burggraeve 39.

⁴⁰¹ Burggraeve 40.

nature it is a process that requires patience and humility.⁴⁰² As we engage in the process of forgiveness, we need to acknowledge that we are all sinners and since each act needing forgiveness arises within a particular context, there is no one path to forgiveness.

Patience provides everyone involved in the process the time to negotiate that path, and humility prevents us from believing we know the path in every context.

A Western understanding of the process of reconciliation involves an accusation of wrongdoing, acknowledgement of guilt and subsequent apology by the perpetrator, acceptance of the apology by the community or injured party (forgiveness), and then some sign of reinstatement of the relationship between the parties.⁴⁰³

Forgiveness as Craft

In *Embodying Forgiveness*, L. Gregory Jones looks at forgiveness as a craft, something we learn from practice. He begins by criticizing the “trivialization of forgiveness, specifically by ...the ways in which a ‘therapeutic’ conception has overtaken and marginalized Christian practices and understandings of forgiveness.”⁴⁰⁴ He claims that therapeutic language has usurped theological language surrounding forgiveness and resulted in practices that arose out of popular psychology and pastoral counseling. Here “an individual’s psychic health replaces the goal of substantive Christian community” and “sin...is something others do to me (typically ‘despite their best intentions’) rather than a more complex reality.”⁴⁰⁵ In this therapeutic model, wounded women need counseling to forgive their perpetrator and free themselves of negative thoughts. While this goal in theory sounds like it is helpful, it does not address the core issues in

⁴⁰² Burggraef 43.

⁴⁰³ Schreier.

⁴⁰⁴ Jones, 36.

⁴⁰⁵ Jones, 52-53.

forgiveness of sin, repentance, and forgiveness. There is little moral judgement of the act which is seen as arising out of circumstances related to personality and personal relationships and not wrongdoing.

Jones' forgiveness accepts concepts of sin and repentance and is a "craft" that is related to God's forgiveness. A craft is a life-long learning process that is learned "by participating in particular activities under the guidance of those who excel."⁴⁰⁶

Forgiveness as a craft, requires cultivating certain habits and practices within Christian communities that result in a way of life that goes beyond the margins of our Christian life and are operative in secular spheres. Secular communities have a commitment to a moral code and the fostering of virtues, and other faith traditions have practices analogous to Christian practices all of which can be applied to the craft of forgiveness.⁴⁰⁷ Even though this craft of forgiveness arises out of a Christian context, and involves sin and repentance, Jones feels it can be extrapolated to secular forgiveness by situating it "within a qualified, broadly Aristotelian-Thomist perspective, that emphasizes forgiveness as craft in the context of learning virtue."⁴⁰⁸ Because of this common perspective, analogous practices, and commitment to a moral code, the craft of forgiveness can be practiced not only within Christian communities, but within the broader, secular community.

In Jones' iteration, forgiveness is "an expression of a commitment to a way of life, the cruciform life of holiness in which we seek to 'unlearn' sin and learn the ways of God, and a means of seeking reconciliation in the midst of particular sins."⁴⁰⁹ This craft, as he calls it, requires a truthful judgment of the events, a judgment of the

⁴⁰⁶ Jones, 226.

⁴⁰⁷ Jones, 208.

⁴⁰⁸ Jones, 211.

⁴⁰⁹ Jones, 230.

appropriateness of anger and resentment, as well as a desire to overcome those emotions. It requires us to acknowledge our own sinfulness while recognizing perpetrators as children of God and hoping for their eventual reconciliation. It is also viewed within the context of the narrative surrounding the act.⁴¹⁰ We cannot judge acts without considering the context in which they occurred, but this does not mean that we are looking for mitigating circumstances or an excuse for sinful behavior. Rather it helps us determine the moral status of the behavior and allows a realistic assessment for the prospect of reconciliation.

The process of forgiveness for Jones begins by naming the act and making a moral judgment of it within the context of the narrative.⁴¹¹ It is important that the perpetrator not be allowed to direct the wounded woman's narrative, which allows the perpetrator to provide rationalization for the offense. The perpetrator can claim that the assault was only a misunderstanding or that the wounded woman bears some responsibility. Accepting responsibility for a wrong can only be done when an act is identified as a wrong.

In most circumstances the victim is likely to feel anger and resentment towards the perpetrator, and Jones recognizes the difficulty in addressing these emotions so that the victim's "resentment is not to ossify into hatred and desires for revenge."⁴¹² Resentment usually arises in situations where there is little or no hope of repentance and reconciliation, which is particularly true of most wounded women whose perpetrator is unrepentant or unknown to them. To simply ask the offended party to love your enemy, "trivializes the genuine significance of the anger and hostility felt by people who have

⁴¹⁰ Jones, 233.

⁴¹¹ Jones, 231.

⁴¹² Jones, 233.

been victimized.”⁴¹³ This forgive and forget mentality has led some to recommend that wounded women in ongoing abusive relationships forgive their abuser and return to the relationship in the spirit of Christian forgiveness.⁴¹⁴ If part of forgiveness is an honest assessment of the acts and context of the event, then we must also acknowledge the validity of anger and hostility in the face of an unrepentant, or unknown perpetrator.

The model of forgiveness as craft that utilizes virtue principles can be a helpful model for wounded women. Just as virtues are qualities that are learned through practice and form our character, forgiveness is learned through practice and forms us into a forgiving person. The practice of forgiveness allows the woman to acknowledge the evil act that caused her wound and strips away language arising from psychotherapy that views transgression as a psychological problem and bypasses the need for reconciliation.⁴¹⁵ This therapeutic approach tends to see transgression as a matter of misunderstanding or personality conflict with no moral judgment. Jones’ craft of forgiveness involves viewing the perpetrator as a child of God capable of reform and forgiveness, while accepting the truth of the evil act. There is no longer the opportunity to rationalize the evil act as something less than the wrong that it is.

Forgiveness as Relational Process

In contrast, Roger Burggraeve sees forgiveness as relational. He describes discrete steps in the process⁴¹⁶ which begins with acknowledging and sharing the inflicted injury. Like Jones, Burggraeve says the wound needs to be identified and a moral judgment

⁴¹³ Jones, 242.

⁴¹⁴ Jones, 244.

⁴¹⁵ Jones, 52.

⁴¹⁶ Burggraeve’s steps are borrowed from: Jean Monbourquette, *How to Forgive : A Step-by-Step Guide* (Novalis, 2000). Burggraeve 38, Note 1.

made.⁴¹⁷ As I noted previously, wounded women often hide their wound because to acknowledge it is to open themselves to negative thoughts, but the process of forgiveness begins by the act of recognizing the evil that caused their wound and describing it. Sharing the wound with someone else, helps women see the reality of the evil and how it has changed them.⁴¹⁸ While this can be an extremely difficult step that requires courage, it is one that must be taken if forgiveness is to be achieved.

Since Burggraeve's approach is relational, for him taking steps towards forgiveness involves addressing the perpetrator which can be achieved through confrontation, a reproach, or an accusation.⁴¹⁹ This is the step taken by those women who publicly accused Harvey Weinstein, Andrew Cuomo and others. It insists that the injustice must not be allowed to continue, and the perpetrator needs to be aware of the confrontation. This confrontation can prevent the wounded woman from fixating on her feelings of pain and suffering and as Jones noted,⁴²⁰ allowing it to turn into a desire for revenge. Burggraeve notes that "justice and rectification is indispensable because confession and forgiveness are only possible if both the perpetrator as well as the victim come to stand in the truth."⁴²¹ This is a very difficult step for wounded women, one that requires a great deal of courage and a willingness to risk vulnerability. If she is challenged or not believed, she opens herself to more disparagement. It also may not function well if the perpetrator is unrepentant.

⁴¹⁷ Burggraeve 44.

⁴¹⁸ Burggraeve 44.

⁴¹⁹ Burggraeve 44.

⁴²⁰ Jones, 245.

⁴²¹ Burggraeve 45.

Burggraave contends that confrontation elicits a desire “(not) towards granting a new opportunity to the perpetrator, but towards unburdening oneself emotionally” which he calls the “psychological and therapeutic dimension of forgiveness.”⁴²² This continued inward gaze is directed at healing of the wounded woman by relieving herself of negative feelings towards her perpetrator which are felt to be interfering with her healing process. Burggraave, like Jones, is critical of this tendency to focus on the emotional well-being of the victim because it ignores the primary goal of forgiveness which is forgiving the guilty one. In his relational view, forgiveness is “...objective-directed, namely direct(ed) at establishing a new relationship with the other by means of which that other is given new chances.”⁴²³ He claims that when we offer gratuitous forgiveness to the perpetrator, we find the peace to forgive ourselves for our own sins and for our anger. This self-forgiveness in turn allows us to release our negative feelings, and desire for revenge.

Burggraave’s process of forgiveness focuses on the perpetrator and asks the victim to look differently at the guilty one. This requires the victim to acknowledge that “as a human being, the perpetrator also has his or her dignity.”⁴²⁴ Burggraave claims that doing so does not relieve the perpetrator of responsibility nor does it diminish the evil nature of the act and its subsequent effects of pain and suffering. It arises out of a humble recognition of our own frailty and mortality. This step also requires humility because it realizes “the temptation towards inflicting evil – sinning – lurks in every human heart.”⁴²⁵

Forgiveness must be an active choice that is not coerced by the perpetrator’s confession, and therefore the victim needs to make the decision to forgive her perpetrator.

⁴²² Burggraave 45.

⁴²³ Burggraave 46.

⁴²⁴ Burggraave 47.

⁴²⁵ Burggraave 48.

It arises out of Jones' craft of forgiveness, and is learned through practice. But in a specific situation, only the victim can choose when forgiveness is offered. Humility is also required to prevent the victim from "boast(ing) of its own achievement...and brags about the triumph of (her) magnanimity."⁴²⁶

For Burggraeve forgiveness does not forget the evil nor diminish its sinfulness. Forgiving is not forgetting but is the exact opposite by recognizing the truth, evil, and responsibility for the offending act, by the perpetrator. The distinction between forgiving the perpetrator but not the act is important because it maintains the reality of the evil act while respecting the human dignity of the perpetrator. This forgiveness leaves open the possibility for the perpetrator "to become different."⁴²⁷

Burggraeve contends that the indispensable condition for forgiveness is "the perpetrator after all must confess and acknowledge in an authentic, tangible and perceptible way, what he has inflicted."⁴²⁸ His conception of forgiveness as a relational process requires participation by both victim and perpetrator. If there is no participation by the perpetrator then the victim's desire to forgive is ineffective.

Participation of the perpetrator in the forgiveness process, however, is very problematic for wounded women. Even when their perpetrator is known to them, but still unrepentant, looking at forgiveness in relational terms can be distorted to the point that women feel they need to persist in relationships that are not equitable. The process of forgiveness for wounded women may involve severing the relationship with the

⁴²⁶ Burggraeve 49.

⁴²⁷ Burggraeve 49.

⁴²⁸ Burggraeve 52.

perpetrator. To insist on the confession and remorse of the perpetrator as a requirement can leave women with no avenue to forgiveness.

Jones more readily accepts the reality of anger and resentment and sees forgiveness as something the victim learns, within her own timeline. This relieves the wounded woman from an obligation to forgive when she has not reached the point where her emotions will allow her to learn the craft of forgiveness.

The commitment Burggraeve makes to the requirement of acknowledgment by the perpetrator of the evil of the offense, and his insistence that forgiveness is not forgetting the wrongful act is helpful for wounded women. It brings the wrong inflicted upon them into the open where it is named as evil, which validates their feelings of violation.

However, Burggraeve's insistence on participation of the perpetrator is a major stumbling block for wounded women. If the perpetrator is known to the woman, they are usually unrepentant, deny their wrongdoing, and continue to attempt to exert power in the relationship. In many cases the perpetrator is unknown to the woman which makes confrontation particularly difficult. Here the feelings of betrayal and anger that are directed towards the perpetrator are not relieved by an act of confrontation.

Unconditional forgiveness addresses the problem of the unrepentant perpetrator and therefore is less problematic for wounded women.

Unconditional Forgiveness

The majority of wounded women are assaulted by perpetrators unknown to them or if known, are unrepentant. Forgiveness in this scenario is less relational since the goal is not restoring a relationship with the unrepentant perpetrator. Heidi Chamberlin Giannini addresses the limitations of a strict relational view of forgiveness in these circumstances,

by looking at “unconditional forgiveness – that is, forgiveness in the absence of the wrongdoer’s repentance.”⁴²⁹

Giannini begins by addressing other models of forgiveness and arguments against unconditional forgiveness. She agrees with Burggraeve and Jones that forgiveness does not imply overlooking the act, nor relieving the perpetrator of responsibility, but she understands forgiveness as “the renouncing of negative attitudes and emotions.”⁴³⁰ Burggraeve saw this as only the emotional part of forgiveness, and it reflects Jones rejection of therapeutic forgiveness. Giannini also deviates from Burggraeve when she addresses how the victim should view the perpetrator. While the perpetrator “might be *conditionally*, unforgiveable, say because he has not acknowledged his wrongdoing or done anything to try to make it right, no one is *absolutely* unforgiveable.”⁴³¹ To view the perpetrator as worthy of forgiveness requires more than the humble acknowledgement of our own capacity to wound, it requires us to view the perpetrator as capable of moral change. As Christians we should not view anyone as unforgiveable and therefore unredeemable, but we should accept the capacity of all persons to change. I see this as similar to Burggraeve’s “capacity to change,” except he requires the perpetrator to accept responsibility and work towards change.

Giannini’s response to others who have grounded the capacity for change in belief or faith, is to contend that it is hope that justifies forgiveness.⁴³² She says that “hope involves the belief that a given outcome is possible but not certain.”⁴³³ This

⁴²⁹ Giannini 58.

⁴³⁰ Giannini.

⁴³¹ Giannini 72.

⁴³² Giannini 74.

⁴³³ Giannini 74.

understanding allows for a belief in a broad range of outcomes “from merely renouncing negative reactive emotions to full reconciliation.”⁴³⁴ Resentment and a need for revenge encourages us to see the perpetrator as identical with their act, and therefore incapable of moral change. Instead, when the source of forgiveness is located in hope the victim can offer forgiveness by hoping for the moral change of her perpetrator, repentant or not, known or not.

Giannini asserts that “if the hopeful person dedicates attention and thought to the idea of the wrongdoer being a morally good person, it is hard to see how...that person could maintain an attitude of anger and resentment.”⁴³⁵ The wounded woman may not believe in the likelihood of the perpetrator’s repentance or change, but forgiveness allows for the possibility of that change regardless of how remote. If we accept our own wrongdoing and believe in our own moral change then we must allow for the same possibility for moral change in others, regardless of the evil of their act. This hope for moral change is justified by “belief in an omnipotent God Who cares for and is active in the lives of His creatures.”⁴³⁶

Giannini’s reliance on the hope for someone’s moral change does not preclude the negative feelings of resentment and anger, nor does it excuse the evil of the act. It does “treat(s) someone’s moral goodness as possible, but can also recognize and protest wrongs that suggest moral goodness has not yet been achieved. The wrong itself may warrant an initial response of resentment or anger.”⁴³⁷ Forgiveness grounded in hope acknowledges the evil of the act, the responsibility of the perpetrator and the need for

⁴³⁴ Giannini 76.

⁴³⁵ Giannini 76.

⁴³⁶ Giannini 77.

⁴³⁷ Giannini 78.

repentance. It does not make repentance a requirement for forgiveness, instead it relies on the hope for moral change and repentance by the perpetrator.

Burggraave's forgiveness rests on the confession of the perpetrator which is usually impossible when discussing wounded women. Burggraave, like Jones, is wary of using forgiveness to eliminate feelings of resentment because it is a "'psychologization' and 'therapeutization' of forgiveness."⁴³⁸ Jones, and Giannini propose hope for the perpetrator's moral change as a more constructive path for wounded women who are trying to attend to their wounds but are faced with an unknown and/or unrepentant perpetrator.

When we attend to wounded women, it is our role to encourage them to embark on the process of examining their wounds and moving towards forgiveness. Since the perpetrator of the offense in the case of wounded women is usually unrepentant, Giannini's unconditional forgiveness provides the best guidance. This process of forgiveness requires the initial recognition of the wound and its meaning in the life of the woman and then it needs to be shared with others so that forgiveness can begin. These two steps are extremely difficult and rely solely on the agency of the woman. She will decide when and to whom she will open her wound. She decides how long it will take her to forgive and when she feels she has forgiven. Jones notes that forgiveness is not an event but a process⁴³⁹ which is particularly true of wounded women. Since forgiveness is a craft that we learn out of practice, it is something that needs repetition. As we learn this craft, we need to remind ourselves to hope for the conversion of our enemy. For wounded women this is an ongoing process.

⁴³⁸ Burggraave 45.

⁴³⁹ Jones, 262.

Pastoral Responses to Wounds

The process of forgiveness is an individual process but it also arises out of communities that have a Christian commitment to love our neighbor. Members of those communities are often called to attend to wounded women. To do so is a complex process and the Church has not always responded well to wounded women. Before I look at specific practices of forgiveness, I would like to explore areas where the Church has not responded well.

Pastoral Missteps

The Christian community, looking to Scripture, has incorporated the previously discussed association of wounds with sin into its pastoral practices. The Christian community's response to the wounds of women and to mental illness in general has been inconsistent at best. As a result, Christian women who have been assaulted are more likely to reject the Christian tradition of their childhood and either reject religion completely or search for a different tradition.⁴⁴⁰ Monica Coleman and Kathryn Greene-McCreight both wrote memoirs that detailed their attempts to find mental health treatment that recognized the spiritual component of mental illness, and their encounters with pastoral ministers who failed to adequately address the illness aspect of their situation.

While not wounded by sexual assault, Kathryn Greene-McCreight writes of her struggle with mental illness and the paucity of books by Christian writers that addressed the spiritual response to mental illness. She noted "...books by Christian authors were often dismissive of the soul's problems in mental illness and of psychotherapy in

⁴⁴⁰ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors."

general.”⁴⁴¹ While not addressing sexual assault directly, the mental health consequences of sexual assault make her work relevant. Her book, like Monica Coleman’s, is part memoir, part pastoral recommendations. She tells of her difficulty maintaining a religious life and nurturing her faith while enduring deep depressions. While in the depths of her depression she described her relationship with God as alienation. “Sometimes all one can feel is the complete absence of God, one’s utter abandonment by God, the ridiculousness of the very notion of a loving and merciful God.”⁴⁴² Her theological insight is that feelings are important to the work of psychotherapy but she questions their role in the economy of salvation. “When our personality dissolves with mental illness, this does not mean that God regards our soul any differently from when we are mentally healthy.”⁴⁴³ God’s unconditional love and grace are available to us whether we “feel” open or worthy of it. When we are in the depths of depression, and unable to imagine or even just consider a relationship with God, he is there offering his grace. It is the reminder of God’s unconditional love that is important to wounded women.

While Greene-McCreight’s memoir documents her struggle with mental illness and its spiritual components, it also provides guidance not only to pastoral ministers, but to those suffering mental illness. She documents how pastoral ministers are poorly equipped to minister to the mentally ill and how mental health professionals are reluctant to address the spiritual aspect of treatment, and she provides guidance regarding therapy to those looking for treatment that acknowledges the benefit of spiritual practices.⁴⁴⁴

⁴⁴¹ Greene-McCreight, 12.

⁴⁴² Greene-McCreight, 93.

⁴⁴³ Greene-McCreight, 93.

⁴⁴⁴ Greene-McCreight, Chapter 13.

Monica Coleman was sexually assaulted and subsequently also diagnosed with bipolar disorder.⁴⁴⁵ Her memoir is a story of wounds seeking attention and she also documents the failures of the Church community. As a ministry student she was looking for a spiritual response to her wounds of assault, but had difficulty finding a pastor who was receptive to her story. Like Greene-McCreight, Coleman felt isolated from God. Describing her relationship with God at this time, she says, “The faith that believed that God would deliver dissipated overnight. I had gotten in the habit of turning to God...But all of a sudden, I couldn’t...I didn’t trust God to take care of me. I didn’t trust God to hear me. I didn’t trust the church to understand.”⁴⁴⁶

Her search for a receptive, accepting church was long and difficult. One pastor she spoke with showed little interest in her spiritual wound; another seemed to place the blame on Monica by implying that by inviting the man to her apartment she was responsible for her assault; a third suggested that her response was a demonic possession in need of exorcism.⁴⁴⁷ Her struggle was compounded when she was diagnosed with bipolar disorder. She followed the pattern of other wounded women searching for spiritual relief and when she failed to find it became alienated from God. She eventually found a pastor and community that accepted her and helped attend to her wounds. Feeling that “You’re not crazy. You’re just in pain. But you are not alone... God has not abandoned you. God is right here. Loving you. And until you feel that, we, the church, will stand in the gap”⁴⁴⁸ led Monica Coleman to develop the Dinah Project. This project

⁴⁴⁵ Coleman.

⁴⁴⁶ Coleman, 182.

⁴⁴⁷ Coleman, 180.

⁴⁴⁸ Coleman, 194.

incorporates religious rituals and support groups for women who have been sexually assaulted.⁴⁴⁹

Both of these women describe very difficult times in their lives and the wounds that they bear. Greene-McCreight documents the lack of a theology of mental illness that prevented an active spiritual component in her therapy, and Coleman's memoir reveals how some pastoral practices continue to be mired in the association of illness with sin. What has emerged from the work of these women is a warning for those attending them that the work is complex and we need to be attentive to the spiritual needs of women. It is also a reminder to wounded women that their spiritual life needs attention while they process their wounds.

Pastoral Challenges

Beth Crisp is a social worker and rape survivor who has catalogued specific religious images and practices that present challenges to those who provide pastoral care for wounded women. She is less concerned with theology than she is with praxis that does not continue to harm women and that encourages a spiritual life. While she offers no specific praxis for wounded women, she catalogues religious responses that can be counterproductive, if not outright harmful, for wounded women.

Since the experience of trauma is life altering to women and challenges their view of themselves and the world around them, for Christian women it also challenges their relationship with God. As Greene-McCreight and Coleman's memoirs reveal, assault and mental illness can lead to feelings of alienation from God. Crisp notes that while some

⁴⁴⁹ Monica Coleman, *The Dinah Project: A Handbook for Congregational Response to Sexual Violence* (Cleveland: The Pilgrim Press, 2004).

women may reject the familiar traditions of their childhood or church altogether, for others it may initiate a spiritual journey that renews their relationship with God.⁴⁵⁰

Because of their loss of self-esteem, some women feel they are not worthy of God's grace and therefore they are unable to accept it, furthering their feelings of alienation. If the woman is blamed for her assault by her community, these feelings of unworthiness can lead the woman to question her identity as a Child of God, made in His image. This poor self-image then can lead the wounded woman to believe she is beyond God's forgiveness. Since she cannot forgive herself, she does not believe that she can be forgiven by God.⁴⁵¹ Her relationship with God as a loving God, full of mercy, is destroyed.

Patriarchal images of God are problematic for women, and Churches that emphasize these images as well as emphasizing submission to a husband are not just problematic but can be detrimental to wounded women. The image of trust in a loving God the father is challenged particularly when the assault is perpetrated by someone who has a father role or who is known to the woman. The rupture in the trust relationship causes her to question all relationships of trust including trust in a male God. Theologies of selflessness and submission to God's will only reinforce the dissonance in the wounded woman's world view.⁴⁵² The aim of assault on women is submission and subjugation of the woman to the perpetrator. Religious practices of submission to God only reinforce the loss of dignity resulting from subjugation from the assault.

⁴⁵⁰ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 302.

⁴⁵¹ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 304.

⁴⁵² Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 304.

Much of the Christian Church's spiritual practice also incorporates silence as a way to experience God and discern his will for us. For most of us, quiet meditation is healing and restorative to our spiritual life. For wounded women this is not silence but a deafening cacophony of memories. For these women, silence is not the safe place of contemplation but a place of loneliness and abandonment. Perpetrators, especially those known to the woman, often demand silence of the woman which makes it a device of control. What appears as external silence is actually a place where memories of the event can easily intrude and reproduce the fear and negative feelings of the original assault.⁴⁵³ These memories can play over and over in an internal loop that pushes out the peace of contemplative silence.

Silence can also signify ruptured relationships. Women are often reluctant to discuss their assault with family and friends because they fear the response. The women continue their lives in silence unable to share their experience. When the woman does find the courage to speak of her trauma, the listeners often respond in turn with silence. Like the woman, the assault may be beyond their world view and they are at a loss to find a response. The result is the woman remains silent and encounters silence.⁴⁵⁴

Sacramental participation may also be problematic or beneficial to the woman. The sacrament of reconciliation will be addressed in detail in following sections but Eucharist can have contradictory interpretations. When viewed through the lens of the crucifixion with attendant concepts of power, violation, body and blood, it can be a stark reminder of trauma. When Eucharist is seen as overcoming unjust exercise of power, as a restoration of Jesus' body, and as the construction of a community, it becomes restorative for

⁴⁵³ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 306.

⁴⁵⁴ Crisp, "Silence and Silenced: Implications for the Spirituality of Survivors of Sexual Abuse."

wounded women.⁴⁵⁵ Women may identify with the wounded body of the crucified Jesus but identifying with the risen Jesus, as I suggested in the chapter on resurrection, may provide healing images.

The work of the women referenced above, some of them wounded by sexual assault, have brought attention to the lack of pastoral practices aimed at attending to wounded women. To be sure there are isolated areas of healing practices, such as Monica Coleman's Dinah Project, but in general there is more harm being done than good. A patient I cared for over many years, Carla, experienced some profound alienation from her faith after she was sexually assaulted by her estranged husband. She had two other children and when she conceived as a result of the assault, she felt she had no option but to terminate her pregnancy. Her subsequent guilt over the abortion added to the trauma of her assault, causing deep wounds. A devout Christian she felt alienated from God and beyond His forgiveness. For many years she would not seek assistance from anyone but me, and my counsel was inadequate and therefore, futile. After several years of searching for spiritual help, she connected with a woman spiritual counselor. This spiritual counselor helped her emerge from her self-imposed exile, her relationship with God was restored, and she became a member of a supportive faith community. Her spiritual counselor is a model for all of us who encounter wounded women. The tragedy is that it took so long for Carla to find someone able to help her restore her relationship with God.

Further complicating women's search for pastoral care is the embedded beliefs of certain denominations that must be overcome. The Catholic Church must first address its own participation in the wounding of women by its clergy. It must then address male

⁴⁵⁵ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 309.

priests as spiritual counselors for women and give a prominent place to women spiritual directors so they can attend to wounded women. The Catholic Church is not the only denomination that needs to address their response to wounded women. The World Council of Churches, recognizing the breadth of violence against women and a need to respond, began in 2000 a new project, Overcoming Violence Against Women.⁴⁵⁶ Among its principles was an effort to develop a network of theologians and pastoral workers committed to the issue and to develop a dossier of documents in theology and church practice that can be utilized by churches as they address wounded women. Their dossier is still a work in progress.⁴⁵⁷

Considering the difficulties in attending to women and the inconsistent response of churches, there still remains the need for a practical way to attend to wounded women. I have claimed that theologies of forgiveness can provide a path for them, and Robert Schreiter's work on forgiveness lays the groundwork for attending to women.

Reconciling Wounds

Robert Schreiter's work on reconciliation was intended to aid in the social reconciliation of societies that had been deeply wounded by civil war, apartheid, and violence.⁴⁵⁸ While his work addressed the reconciliation of societies, his theology and practices can be adapted for the care of wounded women.

⁴⁵⁶ Helen Hood, "Speaking out and Doing Justice: It's No Longer a Secret but What Are Our Churches Doing About Overcoming Violence against Women," *Feminist Theology* 11 (2003).

⁴⁵⁷ Helen Hood, "World Council of Churches' Project on Overcoming Violence against Women: A Progress Report," *Feminist Theology*, no. 12 (2004).

⁴⁵⁸ Robert J. Schreiter, *Reconciliation : Mission and Ministry in a Changing Social Order*, Boston Theological Institute Series: V. 3 (Orbis Books, 1992). And Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*.

Schreiter's Social Reconciliation

Robert Schreiter focuses on reconciliation not as restitution or revenge but as a spiritual practice. This focus on practice reflects Jones' characterization of forgiveness as craft. The meaning of reconciliation and the practices that produce it are affected by time and place so that cultures often differ in their understanding of reconciliation. While this is important when working with fractured societies, it also reminds us of the particularity of each woman, which emphasizes the need for a narrative to add context to the act of forgiveness.

Schreiter notes that Protestants and Catholics have, in general, emphasized different aspects of Scripture for the foundation of forgiveness. "...for Protestants, there is an emphasis on reconciliation as the result of Christ's atoning death and the justification by faith...The Catholic emphasis would be slightly different focusing on the love of God poured out upon us as a result of the reconciliation God has effected in Christ. Here the emphasis is on the new creation."⁴⁵⁹ Schreiter favors the more Catholic approach that is found in Paul's Second Letter to the Corinthians: "So, whoever is in Christ is a new creation: the old things have passed away; behold, new things have come. And all this is from God, who has reconciled us to himself through Christ and given us the ministry of reconciliation, namely God was reconciling the world to himself in Christ, not counting their trespasses against them and entrusting to us the message of reconciliation." (2Cor 5:17). Schreiter's interpretation reduces this approach to five major points.

To begin, reconciliation is not the work of humans but rather is the work of God through Jesus Christ. However, this emphasis on God's work does not imply there is no

⁴⁵⁹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 14.

human participation. To assume that reconciliation is entirely the work of God, “creates a too simple dichotomy between divine and human action...The communion between the human and the divine involves divine initiative coming through human action.”⁴⁶⁰ In a binary theology that sees only divine or human action, we are the objects of God’s divine action and therefore reconciliation and forgiveness are things that happen to us and require no participation on our part. Reconciliation however, is not one sided and is achieved by God’s grace through human action. We are called to cooperate with God’s grace and through this cooperation we experience reconciliation and forgiveness. While any healing depends on God’s grace, we must be open and cooperate with that grace if there is to be a transformation of our wounds.

In a reversal of the expectation that reconciliation must begin with repentance on the part of the perpetrator as Burggraeve claims, Schreiter argues (with Giannini), that God’s work of reconciliation begins with the wounded. The actions of the perpetrators are meant to deny the victims their identity as human persons and separate them from the community. Here “the experience of reconciliation is the experience of grace – the restoration of one’s damaged humanity in a life-giving relationship with God.”⁴⁶¹ The initial action is God’s grace restoring the victim’s humanity, and “repentance and forgiveness are not the preconditions for reconciliation but are rather the consequences of it.”⁴⁶²

Beginning with the victim is consistent with a theology of a preferential option for the poor where “God takes the side of the poor, the widowed and the orphaned, the

⁴⁶⁰ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 15.

⁴⁶¹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 15.

⁴⁶² Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 15.

oppressed and the imprisoned”⁴⁶³ and that includes wounded women. It is through Jesus, the ultimate victim, that reconciliation of the world with God is achieved. For wounded women, the assault on their bodies is also meant to deny them their particularity as human persons and separate them from God and the larger community. The denial of their humanity has led women to question their identity, their relationship with their families and friends, and their relationship with God.

Seeing reconciliation as the intersection of divine and human action, Schreiter says “reconciliation is more a spirituality than a strategy.”⁴⁶⁴ Reconciliation here involves the restoration of our relationship with God, which then allows for spaces where truth, justice, and healing can be encountered. This creation of safe spaces allows women to open their wounds and explore the injustice, pain, and suffering that resulted from their assault. Once open, these wounds become exposed to God’s grace leading to at least the hope of transformation and healing.

Just as there is an integration of divine and human action, leading to reconciliation, there must also be a balance of spirituality and praxis. In Schreiter’s conception of reconciliation, spirituality begins with “the cultivation of a relationship with God that becomes the medium through which reconciliation can happen. That relationship expresses itself in spiritual practices that creates space for truth, for justice, for healing...”⁴⁶⁵ The spirituality informs and leads to practices that produce spaces where truth is told and the wound can be explored. The practices creating these spaces foster reconciliation, reflecting Jones’ characterization of forgiveness as craft.

⁴⁶³ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 15.

⁴⁶⁴ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 16.

⁴⁶⁵ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 17.

Schreiter's answer to people's demands for revenge or feelings of anger and resentment is to emphasize that reconciliation is about a new creation.⁴⁶⁶ Reconciliation is not about returning to a prior state that is familiar and represents safety, but rather about a transformation that divests the offensive act of its evil, lies and inhumanity.

Schreiter's argument about new creation is crucial for thinking about wounded women. The act of assault causes deep wounds and alters a woman's identity, therefore any reconciliation that requires simple erasure of the wound alters the woman's identity. Instead, as Schreiter suggests, reconciliation should focus on transformation of the wound. Erasure and attempts to return to the pre-assault past lead us to see restitution as the only means of reconciliation.⁴⁶⁷ To regain the past self requires a return to the former self and erasure of the assault. This return to the past is not a realistic goal because the wound was so deep and so personal that to return to the past requires denial of the very self. Women cannot return to their previous self. When the goal is no longer a return to a former state, then "Reconciliation is not about going back. It is about addressing the past adequately so that we can go forward."⁴⁶⁸ This progress forward towards a new life that does not deny the past, is achieved through transformation of wounds.

The source of reconciliation, and transformation of wounds, according to Schreiter "creates the new humanity (and) is to be found in the life, death, and resurrection of Jesus."⁴⁶⁹ As was demonstrated in chapter 2, the Scriptural accounts of Jesus' death and resurrection provide a narrative that transforms wounds from signs of pain and suffering into a new life that goes forward recognizing God's power over evil. The complete

⁴⁶⁶ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 17.

⁴⁶⁷ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 18.

⁴⁶⁸ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 18.

⁴⁶⁹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 18.

transformation of wounds into a new life can be complex and involves God's grace acting through human agency. This is difficult work and it must be acknowledged, with humility, that the completion of this work may not be achieved until the eschaton.⁴⁷⁰ Deferred reconciliation may be unsatisfying for some women who seek more immediate remedy, and attempts to emphasize the complexity of reconciliation and the importance of recognizing God's time can often seem like platitudes meant to pacify. But divine forgiveness can lead to reconciliation and help ameliorate this dissatisfaction.

Peace and Forgiveness

Chapter 3 examined the Johannine account of Jesus' post resurrection appearances to the disciples in the context of transformed wounds. Schreiter helps us return to the consideration of John, since he uses both John's and Luke's accounts in his exploration of forgiveness and peace. My interpretation focused on the presence of Jesus' wounds but Schreiter's interpretation focuses on the time between the crucifixion and the resurrection and the disciple's anxiety and fear.⁴⁷¹ This shifts the focus from Jesus' wounds as signs of identity and transformation, to an exploration of Jesus' gift of peace.

Unlike us, the disciples do not know the next chapter in the narrative. All they know is that "their leader had been executed as an enemy of the state and they stood to receive the same punishment if they were caught."⁴⁷² They had believed this man to be the Messiah who would rescue them from the power of the Roman state, and institute the reign of God, and instead he was subjugated to it. God had not rescued Jesus from the cross and there were no signs of the coming Kingdom that they had believed in. To add to

⁴⁷⁰ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 19.

⁴⁷¹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 52.

⁴⁷²

their anxiety and fear, they bore some guilt for their abandonment of Jesus after his arrest. Peter's sense of shame and guilt was intensified because despite his protestations that he would never deny Jesus, he not only abandoned Jesus but went a step further and did the thing he said he would not do: he denied any association with Jesus. Huddled in the upper room, the disciples were afraid, anxious, disappointed and guilty.⁴⁷³

Schreiter examines these narratives not just from the disciple's perspective but through the lens of Jesus' thoughts and desires.⁴⁷⁴ Jesus' greeting of "Peace be with you" when he appears to the disciples, not only confirms his identity but conveys a desire for peace that eases the burden of the disciple's guilt and anxiety. These simple words convey a sense of peace that offers a vision of the reign of God that will be a place of safety, justice, truth, and love.

The peace Jesus offers after his torture, suffering, and death is a peace that is desired by all those who have suffered deep wounds. "Only those who have suffered, those who carry around the memory of pain in their bodies know how strong the yearning is for peace-and how far away peace can seem to be."⁴⁷⁵ In this narrative, God reveals to us in the person of Jesus, that our pain, suffering, and need for peace are known to him. If complete reconciliation and healing is a future event, in the present God assures us that he understands and shares our unjust suffering and pain, our woundedness. Jesus accompanies us on our journey of healing as one who experienced deep wounding. He is the God who knows our pain and suffering, and in the midst of it offers us peace.

⁴⁷³ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 52.

⁴⁷⁴ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 53.

⁴⁷⁵ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 53.

While we may find peace and comfort in Jesus' words of peace, there is still the work of forgiveness, which can be the most difficult part of reconciliation.⁴⁷⁶ Schreiter acknowledges that forgiveness is difficult in fractured societies. I would say it is just as difficult for wounded women. Forgiveness often comes with a request from the perpetrator to forget, which can be difficult and counterproductive. If the events leading to wounds are important to our identity, then simply forgetting as a means of forgiveness requires us to deny the assault and also parts of ourselves. Forgiving is not erasure, it is transformation; what Jones means when he says we must "contextualiz(e) within the larger horizon of God's forgiving love."⁴⁷⁷ The lie of the assault promulgated by the perpetrator and embedded in the woman's shame, denies her humanity. Forgiveness replaces this lie with the truth that we have suffered unjustly and we are offered peace.

Forgiveness is also particularly difficult when the perpetrator is unknown to the woman or is known and refuses to acknowledge the assault. When Andrew Cuomo was confronted with accusations of sexual harassment, he did not outright deny the actions, nor did he admit culpability and apologize. Rather he characterized the situations as misunderstandings.⁴⁷⁸ This is not uncommon for sexual predators, and wounded women then must contend with an unrepentant assailant. If a perpetrator persists in the lie of the assault and continues to deny the dignity of the woman, human forgiveness is often beyond her.

⁴⁷⁶ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 55.

⁴⁷⁷ Jones, 233.

⁴⁷⁸ www.nytimes.com/2021/08/10/nyregion/andrew-cuomo-resigns.html. Accessed November 13, 2021.

Human forgiveness, as Schreiter reminds us, may be difficult but divine forgiveness is not. Ultimately, it is God who forgives because he is infinite love.⁴⁷⁹ God's love is freely and continuously given to us. The life, death and resurrection of Jesus is the embodiment of that love. This ubiquitous love is also the source of God's forgiveness. It is always offered. We need to remind wounded women of this offer of grace because they often feel alone and find it difficult to accept God's grace because of low self-esteem.⁴⁸⁰

Human forgiveness is a different matter. Human forgiveness is often seen as an act aimed at the perpetrator, but it ultimately is a process that frees us from the power of the past, and allows us to move forward.⁴⁸¹ This process is not easy. It requires the woman to acknowledge her wounds and work through her memories and this complex work can take time. It cannot be rushed and must occur on an individual timetable. Just saying "I've gotten over all that. It's not a big deal" is insufficient. Likewise, simply asking the woman to "love your enemy" provides a simplistic view of the process. The woman must relive her memories which can revive all the pain and suffering. The wrong that has been done to her needs to be acknowledged and not excused as "a misunderstanding" and accountability needs to be placed on the perpetrator.

Schreiter also finds significance in the post-resurrection presence of Jesus' wounds. The wounds point to Jesus' identity but Schreiter says it is because wounds have knowledge and this knowledge points to more than Jesus' identity. Wounds have "a kind of knowledge. They become repositories of memories of traumas that are now past, but whose infliction has forever altered a life."⁴⁸² As was noted previously, wounds recall the

⁴⁷⁹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 57.

⁴⁸⁰ Crisp, "Spirituality and Sexual Abuse: Issues and Dilemmas for Survivors," 303.

⁴⁸¹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 58.

⁴⁸² Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 78.

trauma that produced them but because they represent memories, they can help reorient other memories. Schreiter contends that when Thomas is invited to touch Jesus' wound and does so, his own wound of doubt is transformed.⁴⁸³ This action reveals to Thomas in a concrete way how Jesus shares our wounds. Because of the knowledge retained in wounds, those who have been wounded can understand another's wounds in ways that are not open to those who do not share that trauma. When the wounds of Jesus are shared, and when the wounded share their own wounds, reconciliation and healing can begin.

Touching wounds

Here I would like to digress from forgiveness and reconciliation and speak of God's healing grace. To do so requires revisiting the woman with the hemorrhage and Jesus' resurrection wounds.

In the story, the woman reaches out to touch the hem of Jesus' garment and "Jesus, aware at once that power had gone out from him, turned around in the crowd and asked, 'Who has touched my clothes?'" (Mk 5:30). Candida Moss explains "The power that heals the woman does not come from the garments but from Jesus himself. In the words of Mark, the power goes out of him (ἐξ αὐτοῦ) not out of his garments."⁴⁸⁴ Jesus' power to heal is transferred to the woman through her touch. Jewish purity laws, as noted in Chapter 2, would have seen the woman's impurity passing to Jesus by her touch, but instead healing power is passed from Jesus to the woman. It is the physical touching of Jesus by the woman that leads to healing.

The upper room narrative likewise has specific references to touching. When Thomas meets the risen Jesus, he is told "Put your finger here and see my hands, and

⁴⁸³ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 78.

⁴⁸⁴ Moss, "The Man with the Flow of Power: Porous Bodies in Mark 5:25-34," 510.

bring your hand and put it into my side, and do not be unbelieving, but believe” (Jn 20:27). Just as Jesus invited Thomas to touch his wounds, Jesus also invites us to touch his wounds, to acknowledge the shared woundedness of others and begin the process of reconciliation. Though Thomas does not touch Jesus’ wounds, the invitation to touch “... was as though Jesus was taking Thomas’s wounded spirit and embracing it with his own.”⁴⁸⁵

When wounds are part of redemptive suffering, they begin a transformation that unites us with others who are suffering and wounded. While viewing wounds as united with Jesus’ redemptive suffering may contribute to the transformation process, we must be wary of glorifying women’s wounds. A triumphalism that celebrates surviving assault and making heroines of wounded women is not transformational. In this scenario wounds are not transformed but are made badges of honor that do not help women process their trauma. Instead, we need to focus on how Jesus embraces our wounds within his own. Here is a God that understands and shares our wounds.

The Process of Forgiveness, and Transformation

Burggraeve, Jones, Giannini and Schreiter all contend that the long and complex process of healing through forgiveness, begins with acknowledging the wound and retelling the story.⁴⁸⁶ This is sometimes the most difficult aspect of reconciliation for a woman. It means reaching out to God and opening her wound, just as the woman with the hemorrhage reached out to Jesus. When Thomas touches Jesus’ wounds, Jesus is opening

⁴⁸⁵ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 80.

⁴⁸⁶ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 58, Jones, 231, Giannini 68, Burggraeve 43.

his wound to Thomas and in return Thomas' wounds are revealed to Jesus. Just willing the assault away, diminishing its importance, and denying its repercussions is inadequate.

By retelling the story, usually over and over, women begin the long and complex process of freeing themselves from the suffering of an unhealed wound. This retelling does not diminish the impact of the narrative nor does it erase it. It testifies to the truth of the assault that she has experienced and names it for the wrong that it is.

For some women this initial retelling is an almost impossible task. They may acknowledge the assault but to retell it in detail gives it more significance than the women will admit. It can also be a painful task that requires recalling an event they prefer to ignore. But these wounds are like an abscess that has festered. To treat the abscess requires incising and draining it: opening the covering skin and allowing the infected material to drain. This initial treatment can be painful, but once the infection has drained and the wound is open, the pain resolves and the wound is able to heal.

The wounds of women need that initial draining that comes with acknowledging and retelling their story. But what if the woman prefers not to retell her story? If left alone the abscess will continue to grow and eventually will manifest itself in all the negative ways, I described in Chapter 1. As hard as this initial step is, reconciliation, peace, and forgiveness will be hard to achieve without it.

The retelling requires the woman to risk vulnerability, a vulnerability that “is a capacity so to trust that one runs the risk of wounds.”⁴⁸⁷ This vulnerability involves opening the wound so that God's healing grace may begin the healing process. Just as the woman with the hemorrhage had to reach out to Jesus, wounded women have to reach out

⁴⁸⁷ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 78.

to be healed. It is a step of faith and courage that relies on God's promise of peace found in Jesus' wounds. We, all of the wounded, need to open ourselves to God so that reconciliation, and healing may begin. This opening of the wound to God's grace is the first and most important step. It requires courage and determination, and is an important act of agency on the part of the wounded woman.

Opening her wound to God also involves a decision to forgive.⁴⁸⁸ This is not a forgive and forget scenario but is a forgiveness that gives freedom from the memory of the assault and its subsequent deleterious effects. Since human forgiveness can be difficult in these circumstances, the wounded woman needs to see the evil in the act and focus on hope for the conversion of the perpetrator. She no longer needs to see the assault as an event that robbed her of her humanity and is freed to be the author of her own story.⁴⁸⁹ In this new story the events are transformed into a new creation that is not dominated by the old narrative. The woman is free to move forward on a different path, writing a story that recognizes her wound and proclaims the truth. This process is based on the active decision of the woman to enter into the process of forgiveness and do the work that leads to a transformation of the narrative written by the woman herself. This is a difficult process and women often are unable to do the work of reconciliation alone. While ultimately the work is the result of God's grace, the women need accompaniment as they proceed.

Since this is such a difficult process and women often have difficulty even taking the first step of acknowledging their wound and reaching out to be healed, many of them continue to suffer. These women are unable to remove the eschar over their wound and

⁴⁸⁸ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 59.

⁴⁸⁹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 64.

allow the infection to drain so that God's grace can heal them. Their healing must be done in their own time. I would caution those who attend these women to remember that the trust wounded women place in us demands that we let them proceed in their own time.

Attending to Wounded Women

Those who are called to attend wounded women need guidance because as we have seen past attempts often have been inadequate at best. We need to recall that our role is not one of curing these women, and we need to preserve the woman's agency and practice patience while she proceeds at her own pace.

To explain this accompaniment, Schreiter returns to a post-resurrection appearance, here on the shores of Galilee (John 21:1-17). The disciples in this narrative have returned to Galilee and supposedly to their previous lives. They have been fishing all night, having caught nothing when they encounter Jesus on the shore. Schreiter suggests that their lack of success shows the futility of their attempt to return to their former lives, forgetting their years with Jesus. When Jesus tells them to put out again and to fish on the other side of the boat, they are rewarded with an abundant catch. Jesus asks them to not only remember their time with him but to turn in a new direction, one that promises full nets as fishers of men.⁴⁹⁰

This alteration in course is a difficult one that requires time and patience. The disciples want to return to their former lives but the encounter with Jesus shows them the futility of this path. Those attending wounded women need to recognize the woman's desire to return to the past and the difficulty of beginning a new telling of the story. The

⁴⁹⁰ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 87.

decision to become vulnerable, to open their wound for examination cannot be hurried and those who are accompanying these women need to show patience and care. For health care providers, particularly gynecologist and surgeons, this patient waiting is extremely difficult. We are used to acting, doing and fixing, so quiet accompaniment is a skill that requires a great deal of practice.

When the disciples return with their abundant catch, Jesus has lit a fire, and proceeds to cook them a meal, offering them hospitality. This is the second step in attending wounded women and it asks us to provide a space that will encourage trust, to offer kindness and safety, and to allow the return of routine. We need to produce a space where the wounded can wait for God to work and provide grace.⁴⁹¹ Providing this space requires us to respond to the particularities of each woman's story. Our hospitality must be tailored to each particular woman, recognizing her situation and expectations. Attention should be given to a woman's previous spiritual practices and her attitude towards God and religion, and Beth Crisp's summary of spirituality after assault can be helpful here. Avoiding patriarchal and submissive language and being sensitive to the desire for, or distaste of, silence can offer a place of hospitality. It is important here not to project our own version of spirituality or hospitality onto the wounded woman.

Jones likewise sees the role of the Christian community as one of solidarity and accompaniment. "Rather than *telling* victims and those who are suffering that they ought to forgive, or that they ought to believe in a good and gracious God, the first task of the Church...is to show solidarity with and compassion toward those who find themselves *in extremis*."⁴⁹² The urge of health care workers and pastoral ministers to help is hard to

⁴⁹¹ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 88.

⁴⁹² Jones, 295. Italics in original.

overcome. We tend to be the fixers of the world. We need to practice the virtue of patience and learn to listen more than we talk. Jones tells us “If we can learn to live with the silences, to recognize that which cannot be said and should not be carelessly spoken, then our speech will be more spare and more richly charged with the redemptive power of the mystery of God.”⁴⁹³

Assault separates women from their community by altering their self-image, denying them their humanity and severing trust in others. This separation is repaired by acknowledging the value of these women, and restoring their humanity. Jesus’ resurrection is a sign of the restoration of his humanity after the crucifixion⁴⁹⁴ and a promise for the restoration of women’s humanity. Chapter 1 discussed the dissociation that results when women are faced with the incongruity of their ideal world and the world revealed by their assault. This altered self-image disconnects them from their family, friends, and community. An effective transformation and reconciliation must include practices that restore these connections.

The narrative on the shores of Galilee gives a scriptural framework for restoring these connections. In this narrative Jesus turns to Peter and asks him three times, “Peter do you love me?” to which Peter replies in the affirmative. Jesus then tells Peter, three times, “Feed my sheep.” (John 20:15-17). This repeated exchange does two things. First, Peter’s response to Jesus, “Yes, Lord, I love you,” restores Peter to the community of love.⁴⁹⁵ Jesus does not verbally forgive Peter, nor does he mention Peter’s denial, instead he reunites Peter through love.

⁴⁹³ Jones, 295-6.

⁴⁹⁴ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 91.

⁴⁹⁵ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 90.

The three-fold repetition of Jesus' question, while recalling Peter's three-fold denial, also shows us the importance of ritual and repetition.⁴⁹⁶ Once the wounded woman has recalled the memories of her assault, repeating them over and over to the same or different listeners may help her work through the complexities of her assault. Making space for this repetition reinforces the importance of the assault and the difficult work required to begin forgiveness. Here is where support groups are valuable. Being able to share their story with women who have undergone similar wounds reconnects them to a community and shows them they are not alone and that their shame is not unique.

The three-fold repetition of Jesus' question also shows the importance of ritual. While we do not understand completely how ritual works in general and how it aids the transformation of wounds, it does provide a formal space for women to process and even find closure.⁴⁹⁷ Many women have difficulty with the anniversary of the assault and rituals on these dates can help the women process the memories invoked by anniversaries. Part of Monica Coleman's response to sexual assault, was to develop a ritual and program for women who had been assaulted, *The Dinah Project*, named for Jacob's daughter who is raped in Gen. 24.⁴⁹⁸ Coleman chooses Dinah because Dinah does not speak in the Scriptures and her story is told by her male relatives. For Coleman, the project gives a voice to wounded women; a voice that was denied to Dinah. This ritual, that includes a laying on of hands and is intended to begin the healing process for wounded women, is an example of a practice that can be used when attending to wounded women.

⁴⁹⁶ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 92.

⁴⁹⁷ Schreiter, *The Ministry of Reconciliation : Spirituality & Strategies*, 93.

⁴⁹⁸ Coleman.

Wounds Open to God's Grace

When we are called to attend to wounded women it is important to remember the words of Matthew 25:36, "I was...ill and you cared for me." When Jesus rewards those who performed corporal works of mercy, he did not ask us to cure but to care. Attendants must first practice humility and understand that transforming wounds is the work of God and to attempt to heal these women is to usurp the power of God. We are called to attend to these women not cure them. This requires patience and solidarity.

Second, we need to recognize the particularity of each woman's wound. Because of the particularity of these wounds, no single practice works for all women, but we should be cognizant of some general guidelines. We need to help her identify the wound and acknowledge it as wrong. This may be the most difficult step for wounded women, but is an important beginning, and needs to be done in their own time. Just as the woman with the hemorrhage reached out to Jesus, these women need to take the first step and acknowledge their wound.

When invoking scriptural images, we need to be cautious and watchful so we can identify troublesome images. The multivalent meaning of silence needs to be considered since silence can allow reflection and provide a space for faithful protest against injustice, but can also lead to invasive memories of the wound. Reconnecting to community, whether family or a larger community is an integral part of transformation but each woman must define her community. If the wound occurred within a family, then restoring that relationship is counterproductive, but a supportive family can also be valuable in the transformation process. Some women find connecting with other wounded women through support groups, acting as victim advocates or companions of wounded women

can help in transforming their wounds. In all of these instances, finding or creating appropriate rituals can be liberating. Pastoral ministers in particular can be helpful in the creation of these rituals.

Jesus' post resurrection appearances, particularly the presence of his wounds, promises the wounded women that their wounds can be transformed. The woman with the hemorrhage tells them that they need to claim agency and have the courage to open their wound to God's healing grace. The process may be long and complicated, and for some women may not be completely achieved until the eschaton, but the promise nevertheless is still there. It is the task of those called to attend these women to remind them of God's promise and encourage them to open their wounds to God's transformative grace.

CONCLUSION

This work arose out of my contact with wounded women during my career as a women's health care provider. Over the course of a thirty-year career, I met almost a hundred women who told me of their wounds and over that time my understanding of these wounds evolved. My theological training provided a new lens through which I could understand these women. The conclusion of my journey is this dissertation.

My aim is first to convey to wounded women that their bodies and their wounds, are important. Not just theirs but everyone's. They matter. Our bodies are the means by which we interact with others and the world, and how we form our identities. To succumb to the dualism of the Enlightenment is to ignore a major component of our being.

The second aim is to remind these women that their wounds can be transformed from signs of pain and suffering into a new creation. The resurrection of Jesus promises us a resurrection that includes transformation of our wounds along with transformation of our bodies and souls. Whatever form that transformed body takes; it will reflect the particularity of our lives including our wounds. This transformation does not have to occur in the eschaton. If women have the courage to remove the scar over their wound, God's grace will wash away their pain.

The final aim is a message to those who care for wounded women. It asks of us to reach out to women who we suspect are wounded with care, compassion, and patience. When they are ready to begin the process of healing, we can then help guide them through the difficult process of forgiveness and reconciliation. While doing this, we must remain humble and not usurp the power of God to reconcile and heal. We are the

companions of these women, not their healers. It is a difficult process to engage in and we must continually remind ourselves of our missteps and failures and ask forgiveness ourselves from the women we fail.

This healing process has its foundation in the promise of transformation emanating from the life, death and resurrection of Jesus. Two Scriptural accounts are of particular importance to this work: the narrative of the post resurrection appearance of Jesus in the upper room (John 20:19-29), and the curing of the woman with a hemorrhage (Luke 8:43-48). The post resurrection appearances reveal to us the importance of our wounds. They contribute to our identity and materially represent the story of our lives. Jesus' wounds are also a promise for transformation and an invitation to open our wounds to the healing grace of God. Therein also resides a promise that transformation is possible, if not in the immediate future, at least in the eschaton.

The narrative of the woman with the hemorrhage suggests images of women on several levels. In a cursory reading, those gynecologists who still retain a modicum of hubris will find a description of their work: healing women who hemorrhage. A second, more critical reading, reveals much about wounded women. The woman is anonymous in the crowd and tries to disguise her attempt to touch Jesus in hopes of healing. She has suffered for a long time, isolated from her community, and has searched repeatedly for a cure. When she reaches out to Jesus, she is opening her wound to God's healing grace. She is healed through the touch of Jesus, who acknowledges her publicly and praises her faith.

Wounded women, likewise, are often unidentified in the world and are searching, unobtrusively, to find healing. Living hidden and in silence, these women suffer alone.

They search endlessly and “suffer greatly at the hands of many doctors and spent all that (they) have” (Mk 5:26). Women seek out physician after physician trying to find a cause for, and relief of, their pain. The woman with the hemorrhage continues to have hope and in an act of faith reaches out to touch Jesus, and her faith is rewarded with healing. She “told him the whole truth” (Mk 5:33), just as wounded women need to “tell the whole truth” of their wound. Wounded women need to have hope for relief, faith in God, and the courage to assert their agency and reach out to receive God’s grace.

All of us must carefully look for the women hiding in the crowd. Some of the wounded women I encountered needed only to be asked if they were wounded. We must encourage them to exercise their agency and begin the process of healing. It is the role of those who encounter wounded women to create space where the women can find peace and safety. It is in these safe spaces that the long and difficult process of reconciliation can operate. We must accompany them, with patience and sometimes silence, as they write the story of their new creation. And in the end, we must step aside so that we do not obstruct the healing grace of God.

There was a woman afflicted with hemorrhages for twelve years. She had suffered greatly at the hands of many doctors and had spent all that she had. Yet she was not helped but only grew worse. She had heard about Jesus and came up behind him in the crowd and touched his cloak. She said “If I but touch his clothes, I shall be cured.” Immediately her flow of blood dried up. She felt in her body that she was healed of her affliction. Jesus, aware at once that power had gone out from him, turned around in the crowd and asked, “Who has touched my clothes?” But his disciples said to him, “You see how the crowd is pressing upon you, and yet you ask, ‘Who touched me?’ And he looked around to see who had done it. The woman, realizing what had happened to her, approached in fear and trembling. She fell down before Jesus and told him the whole truth. He said to her, “Daughter, your faith has saved you. Go in peace and be cured of your affliction.”

Mark 5:25-34

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