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To Be Loved While We're Living: Queer Trauma, Resilience, and Spiritual Practice

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ABSTRACT

To Be Loved While We're Living: Queer Trauma, Resilience, and Spiritual Practice
By Keith A. Menhinick

This dissertation counters the conflation of queerness and trauma by positing *queer resilience* as a view of the subject and a method of care that responds to trauma without totalizing it. Queer resilience is a relational process of reworking our conscriptions and traumas such that new configurations of subjectivity, community, and care come into view. As a method, queer resilience interrogates universal diagnostics, politicizes the distinction between victim and perpetrator, and prioritizes bodily practice over narrative coherence. Pastorally, queer resilience shifts the focus of care from "what is wrong with you" to "what is right with you"—inquiring into the practices, resources, and wisdom of local communities.

Queer resilience intervenes in the entangled histories of trauma and queer studies. In psychology, models of sexual difference and the unconscious emerged concurrently, creating an association between queerness and unhealth, abnormality, and illness. In queer studies, a wave of theorists asserted the "queer" as the embodiment of anti-relationality, the rejection of the future, and the figure of abjection and trauma. Theological and pastoral interventions into this trend inadvertently idealized queer folks as perfect victims and queerness itself as salvific, thereby ignoring our complicity in violence against others.

The lived experience of queerness troubles these totalizations. Through qualitative research, including interviews, participant observation, arts-based group work, and case studies, this dissertation focuses on the fraught relation to family, kinship, and housing in the queer experience to construct a pastoral and socio material reconceptualization of trauma and resilience. *Queer trauma* refers to the ways that queerness *dis*orients us, prompting a divergence *away* from the conventional lines of family and faith community (including other social configurations) and the consequential cut-off from the resources and protections of those affiliations. *Queer resilience* indexes the ways that queerness orients us *towards* previously foreclosed modes of thinking, being, and relating.

By tracing queer resilience in the ways that queer folks engage spiritual practices, rework their traumas, and create networks of care, this dissertation celebrates the gifts of queerness for building resilient communities, while also expanding the portrait of LGBTQ+ religious life beyond its typical association with stigma and trauma.

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Queer Resilience & Community Care

Search for the traces of the divine in anything that does not preach, doesn't command, but enacts the work of incarnation.

— Luce Irigaray[1]

Leo: "Mel Robert Groves."

The people: "We speak your name."

Every year, we gather in your names, we honor your truths, and we invite your lingering presence to fortify us. We mourn and celebrate, and from that overflow we mobilize to act on behalf of the living.

Leo: "Dominique Lucious."

The people: "We speak your name."

Leaving behind the chilly, dark evening, I walk up the steps and enter the church's street doors, propped open to welcome its members and any passersby. "Am I in the right place?" I ask inside the atrium as I quickly put on my face mask. An older woman assures me I am. She offers me a snack and a cup of hot tea, which I gladly accept. "The service will start in a few minutes. Bathrooms in the back, snacks up here, prayer stations all around the sanctuary, whatever pleases you." She smiles behind her mask and moves to greet the next person coming in from the street.

Leo: "Jeffrey 'JJ' Bright."

The people: "We speak your name."

I step out of the atrium and into the candle lit sanctuary. Someone is singing and playing

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[1] Luce Irigaray, *Marine Lover of Friedrich Nietzsche*, Trans. Gillian C. Gill (New York: Columbia University Press, 1991), 170.

soulful music on the piano ("Stand" by Yebba). The space is classically designed with two sections of wooden pews separated by a long center aisle that runs directly to the altar, pulpit, and baptismal font. My Divinity School eyes kick in as I notice a stained-glass portrait of the Jordan river behind the baptismal font. I chuckle knowing it would please my old church history professor, Bill Leonard, who was fond of saying, "We Baptists know it doesn't count unless there's a picture of the Jordan River behind you."

Leo: "Jasmine Cannady."

The people: "We speak your name."

The altar catches my eye next (see Figure 1). It sits on the floor in the front middle of the sanctuary like a bulky, creamy white stone. In the center of the altar is a sign of the blue and pink trans flag hosting the words "GOD IS TRANS." An array of flickering candles surrounds the sign, each covered with the portrait of a local trans community member who was murdered. Flowing out, ribbons of sky-blue tulle drape over one edge of the altar, and a blue and pink trans flag streams down the other. At the base of the altar rests a white poster board with the hand-written words: "Trans Day of Resilience." It all gives the impression of water flowing down from the Jordan river, immersing the altar, and spilling out onto the floor where we the people are beginning to gather.

Leo: "Oliver 'Ollie' Taylor."

The people: "We speak your name."

I'm about five minutes early to the service, which is scheduled to start at 7:00PM. Several people are wandering around the sanctuary and stopping at various stations. I make my way to the far-left corner at the back of the sanctuary, where a small altar holds a tiered rack of votive candles for people to light as they say a prayer. Half the candles are lit. Similar tealights

are placed all around the sanctuary on the sills beneath the tall, looming stained glass windows, creating a soft glow that borders the room. Beside every candle, under every window, rests a framed picture and a name.

Leo: "Poe Black."

The people: "We speak your name."

I step up to the first stained-glass window. All my attention zeroes in on two framed photos sitting on each side of a tealight. They appear small in front of such a large window, but also eye-catching with their bright colors that glimmer in the candlelight. Each photo bears the image of a trans person who was killed that year. Their photos, printed in black-and-white and cut out with scissors, are glued into a collage of colorful paper shapes and magazine images. Around each of their faces and above their heads, a halo of gold glitter sparkles. Little white paper tents state their names: "Poe Black" and "Bianca 'Muffin' Bankz." Their faces are beautiful and heartbreaking, painted as the victims of terrible violence, but also as the radiant icons of a rich spiritual community that lives and gathers in their name.

Leo: "Bianca 'Muffin' Bankz."

The people: "We speak your name."

Their portraits surround us, wrapping around the sanctuary on every stained-glass windowsill. "Tyianna Alexander." "Samuel Edmund Damián Valentín." "Dominique Jackson." I tread lightly around the room, taking in their names and faces, moved by a sad reverence. Unlike some churches where images of old white Saints peer down from lofty stained-glass mosaics, these windows are washed in the warm tones of marbled watercolor, which makes the portraits on the windowsills stand out even more. Positioned as they are, their eyes look out, not down. There is no place outside their gaze in the sanctuary. They watch us, encircle us, call to us with

their golden halos—a holy trans communion of saints.

Leo: "Sophia Vásquez."

The people: "We speak your name."

Leo calls everyone to their seats as the piano continues to play. "Welcome to our Trans Day of Remembrance service, what we're calling a Trans Day of *Resilience* service, cohosted here at Virginia-Highland Church with Park Avenue Baptist Church." After introducing themself as a minister and prompting us with our part, Leo begins to read the names of all the people adorning the sanctuary. They range from ages 16 to 56, with varying trans and queer genders and embodiments. All were killed in acts of violence in the past year.[2]

Leo: "Jahaira DeAlto."

The people: "We speak your name."

Leo: "Whispering Wind Bear Spirit."

The people: "We speak your name."

Leo: "Ricky Alturo."

The people: "We speak your name."

On and on the litany rolls.

Leo: "And for all the names that we do not know, we speak you now, we hold you close, we light your candle, and we commit to living every day in your honor. May we see a day in our

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[2] Leo told me that they got the names from HRC's website. At the time of this service in November 2021, the Human Rights Campaign had tracked and reported "at least 53 transgender or gender non-conforming people fatally shot or killed by other violent means." HRC adds, "We say at least because too often these stories go unreported—or misreported" due to media outlets refusing to acknowledge people's genders and pronouns. HRC Foundation, "Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2021," The Human Rights Campaign, 2021, accessed January 30, 2022, https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021.

lifetimes when all people can live and express themselves freely without the threat of violence.

Trans and queer people are a resilient people, and we deserve to be loved while we are living."

Figure 1: Photographs taken by me with permission on November 20, 2021, at Virginia-Highland Church in Atlanta, GA in partnership with Park Avenue Baptist Church. Icons constructed and painted by Rev. Darci Jaret, one of the pastors at Park Ave, who was inspired and trained in the art of queer iconography by Gabriel Garcia Roman. On his website, Roman writes, "These images give visibility to a population that's generally under-represented in the art world… this repositions the portrayed 'outsiders' as central to the narrative, just like saints—figures that are inherently worthy of attention, emulation, and storytelling." For more on Roman's "Queer Icons" series, see: Gabriel Garcia Roman, "Queer Icons," http://www.gabrielgarciaroman.com/queer-icons-home.

Queer Justification

There is no justification. God says to queer folks, "*You are good.*" This is a divine proclamation of our original blessing, not sin.[3] Queer folks are an integral part of God's good gift of creation, and the diversity of creation is enhanced and enriched by queer life.

Alternatively, there is a version of this project that starts with apologetics, which has persisted as an incredibly persuasive script throughout the history of theological studies. The theologian mines our tradition and history for evidence of God's love for queer folks, and they prove with their masterful employment of reason, affect, and experience that all queer people are worthy of belonging and blessing. But I will not follow that script. If you are interested in such a project, a number of beautiful ones exist, which I reference throughout this and the coming chapters.[4]

As for me, I will no longer apologize for holding queer life as fearfully and wonderfully made. Queer life produces good fruit—love and joy, creativity and wonder, family and community—not just for other queer folks but for all of creation. Treating LGBTQ+ folks as God's beloved is the foundation of this project and the prerequisite for a theology and practice of care. Therefore, since we are surrounded by such a great cloud of trans and queer witnesses, let us throw off everything that hinders and entangles us, and let us boldly declare: *we queers are not the figures of sin, death, trauma, or negativity, but resilience.*

Leo: "Rayanna Pardo."

The people: "We speak your name."

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[3] Matthew Fox, *Original Blessing: A Primer in Creation Spirituality Presented in Four Paths, Twenty-Six Themes, and Two Questions* (New York: Tarcher/Putnam, 2000).

[4] For a survey of LGBTQ+ affirming apologetic strategies, as well as an analysis of why *queer theology is not and should not be about apologetics*, see: Linn Marie Tonstad, *Queer Theology: Beyond Apologetics* (Eugene, OR: Cascade Books).

In the Beginning

This dissertation is about loving LGBTQ+ folks while we are living.[5] As the opening

anecdote illustrates, queer life and wellness cannot be taken for granted, even as queer folks find

creative ways to gather and make meaning. Of course, no life is exempt from tragedy, but

oppressive hegemonies leave queer folks, especially Black, Brown, and Indigenous queer folks,

disproportionately vulnerable to life's tragedies. Moreover, a cisgender-heteronormative world

deforms the mind-body-spirits of queer life in *specific* ways, and more and more queer people

and communities are beginning to make sense of those deformations through the lens of trauma.

In her review of current studies on the impact of trauma on LGBTQ+ folks, psychologist

Caroline Sarda suggests, "Research shows that members of the lesbian, gay, bisexual,

transgender, and queer (LGBTQ) community are more likely to experience potentially

traumatizing events…mental and physical health problems…and discrimination due to their

perceived sexual identity throughout their lifetime."[6]

The Transgender Day of Remembrance/Resilience service I follow throughout this

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[5] I use "LGBTQ+" throughout this work to refer to people who identify as lesbian, gay, bisexual, transgender, and queer, as well as those who are gender non-conforming, gender non-binary, asexual, intersex, two-spirit, pansexual, and many more. Like "queer," which is often used as an umbrella term to index a variety of non-cisgender and non-heterosexual persons and communities, the "+" in LGBTQ+ also works to mark and include the countless embodiments and identifications that do not fall under the labels of "LGBT." What I like about the "+" is that it leaves the question of queerness open, for it presupposes that we have not yet accounted for everything and everyone. *More* is coming. Something *else* is unfolding just as I think I am beginning to understand myself and others around me. To that end, the "+" shows both the inadequacy and the conscription of identification, revealing identity to be contextual and contestable, though still deeply consequential. Throughout this project, I often use "queer" in this same respect as an alternative to the "+", because, as Ann Cvetkovich has noted, "the focus is on publics rather than identities." On a final note, I was recently asked at an academic conference why I use the word "folks" in my work. Simply, it is because I am from the rural South, born and raised the son of a Southern Baptist, and that is how my people speak. Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality and Lesbian Public Cultures* (Durham: Duke University Press, 2003), 24.

[6] Caroline Sarda, "Research Roundup: Traumatic Events and the LGBTQ Community," *American Psychological Association* (2019), https://www.apaservices.org/practice/ce/expert/traumatic-events-lgbtq.

chapter illustrates painfully well the precarity of queer life. Each of the names that Leo read in

that service were collected and reported by the Human Rights Campaign, which concluded:

> These victims were killed by acquaintances, partners or strangers, some of whom
> have been arrested and charged, while others have yet to be identified. Some of
> these cases involve clear anti-transgender bias. In others, the victim's transgender
> or gender non-conforming status may have put them at risk in other ways, such as
> forcing them into unemployment, poverty, homelessness and/or survival sex
> work.[7]

HRC concluded that 2021 was "the most violent year on record since HRC began tracking these

crimes in 2013," which is a claim supported by many other organizations as well, such as the

American Psychiatric Association.[8] With so much violence, the need for a pastoral response is

urgent.

Leo: "Rikkey Outumuro."

The people: "We speak your name."

I began my research for this dissertation with the following questions: *What is uniquely*

traumatic about queerness? How do LGBTQ+ people experience trauma—psychically, bodily,

socially, materially—in ways that are more queer *than traditional conceptions? How do we*

intervene in such queer trauma *at both personal and systemic levels without further*

retraumatizing folks? In short, *how do we better care for queer life?*

Leo: "Alexus Braxton."

The people: "We speak your name."

The more I delved into this project, the more I realized that these questions, like

apologetics, formed another script for queer theological and religious projects. Like many of the

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[7] HRC Foundation, "Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2021."

[8] Ibid.
C.f., Saeed Ahmed, Matthew Dominguez, et al, "Stress & Trauma Toolkit for Treating LGBTQ in a Changing
Political and Social Environment," *American Psychiatric Association* (2022),
https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq.

pastoral theologians I called mentors and colleagues, I believed that "Suffering is the starting point for all pastoral and practical theology."[9] There are, of course, a number of good reasons to start with suffering, or in this case with queer suffering. Those of us who work with LGBTQ+ communities know that stigma, shame, guilt, secrecy, and self-loathing are just a few of the bad fruits of non-affirming religious traditions. Starting with queer suffering takes seriously the violence and pain that is so often elided and denied by cisheteronormative religion, politics, and society.[10] It also uplifts marginalized communities and people, so often treated with suspicion or derision, as "skillful theologians" with special skills and insight for us all.[11] However, such a starting place may inevitably constitute some unintended connections and consequences.

To begin a project with queer suffering is to risk repeating an oppositional logic between queerness and religion, as well as between queerness and health/wellbeing. One need only consult the complicated history of psychology and psychoanalysis to see how these disciplines helped create the association between queerness (or "sexual perversity") and *unhealth*, *abnormality*, *defect,* and *illness*. Even as modern-day mental health professionals now seek to affirm non-cisheteronormative identities and relations, the oppositional logic between queerness and wellbeing persists.

Pastoral theologian Cody Sanders points out this opposition well. He writes, "Typically, 'religion' comes into view as just another potential source of stigmatization or a psychological

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[9] Pamela Cooper-White, "Suffering," *The Wiley Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Malden: Wiley Blackwell, 2014): 23.

[10] "Cisheteronormativity refers to the systemic normalization and material privileging of bodies, identities, and subjectivities that most closely align with white cisgender and heterosexual cultural expectancies." Benny LeMaster, Danny Shultz, Jayvien McNeill, Graham (Gray) Bowers, & Rusty Rust, "Unlearning Cisheteronormativity at the Intersections of Difference: Performing Queer Worldmaking through Collaged Relational Autoethnography," *Text and Performance Quarterly*, 39.4 (2019), 367.

[11] Cody Sanders, *Christianity, LGBTQ Suicide, and the Souls of Queer Folk* (Lanham: Lexington Books, 2020), 88.

stress factor for LGBTQ youth, but with little critical nuance or understanding of how these narratives do their work on LGBTQ people."[12] Consider, for example, Sanders' analysis of an article in the *American Journal of Preventative Medicine* which hypothesized (a hypothesis is a starting place) that "religiosity is *negatively* associated with suicide ideation and attempt for heterosexual people, but *positively* associated with suicide ideation and attempt for lesbian, gay, bisexual, and sexually questioning people."[13] Their hypothesis turned out to be…well it depends, they concluded. The effects of religiosity for LGBTQ+ people proved difficult to generalize and predict. If anything, the relationship was much more complicated than their initial thinking.

Unfortunately, the primary (if sometimes unintentional) assertion of much of the psychological and social scientific literature is that *religion is bad for queer folks*. A cursory look at the literature shows how pervasive this assumption is, with religion almost always being pitted against queerness and addressed in terms of stigma and risk for a variety of poor mental and physical health outcomes for LGBTQ+ people across a lifetime. This logic, of course, parallels the claim made by Empire that *queer folks are bad for religion*.

On the other hand, studies attempting to take seriously the stress and trauma of LGBTQ+ experiences frequently ignore the harmful role of religious and theological practices, narratives, and communities. For example, major reports on LGBTQ+ homelessness in North America cite a variety of causes and correlations for homelessness among LGBTQ+ folks, with family rejection consistently being the primary reason; yet an account of the role of religion in those families is nowhere to be found.[14] In another study, the American Psychiatric Association

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[12] Ibid., 23.

[13] Ibid., 23.

[14] C.F. Soon Kyu Choi, Bianca D.M. Wilson, Jama Shelton, & Gary Gates. *Serving our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness* (Los Angeles: The Williams Institute with True Colors Fund, 2015).

reported a variety of "factors that put LGBTQ individuals at risk for mental health problems," including "harassment and discrimination in education," "institutional discrimination," "health disparities," "family rejection," "history of trauma," and "microtraumas/microaggressions."[15] Once again, an analysis of the role of religion is absent, as if religion never intersects with these other factors to compound or alleviate queer suffering, stress, and trauma.

It seems to me that when "suffering is the starting point," queerness is most often invoked in opposition to religious experience, or it is posited as a purely secular experience for which secularism is the intervention. This, clearly, is a reaffirmation of the oppositional association.

Leo: "Chyna Carrillo."

The people: "We speak your name."

An additional danger of starting with suffering is an over-identification with that suffering and an over-investment in our own victimhood. In queer studies, the association between queerness and trauma is so acute that many scholars consummately equate the two. The "queer" is the embodiment of anti-relationality, the figure of the death drive, the rejection of the future, the quintessential form of abjection in our world (as in the work of prominent theorists like Leo Bersani, Lee Edelman, and Darieck Scott, which I engage more thoroughly in chapter 3).[16] In short, *queerness is trauma.* This conception seductively fosters new connections and potential allegiances between queer and trauma studies (which I explore in the following

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Nico Sifra Quintana, Josh Rosenthal, and Jeff Krehely, *On the Streets: The Federal Response to Gay and Transgender Homeless Youth* (Center for American Progress, 2010).

[15] Saeed Ahmed, Matthew Dominguez, Marshall Forstein, Keith Hermanstyne, Liz Garcia, Ubaldo Leli, & Eric Yarbrough, "Stress and Trauma Toolkit," *American Psychiatric Association* (2022), https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq.

[16] Leo Bersani. *Is the Rectum a Grave?: And Other Essays* (University of Chicago Press, 2009).
Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham: Duke University Press, 2004).
Darieck Scott, *Extravagant Abjection: Blackness, Power, and Sexuality in the African American Literary Imagination* (New York: New York University Press, 2010).

chapters); yet it ultimately risks naturalizing the systems and discourses that make queerness so precarious and potentially traumatic for those already marginalized, as if this relation is unchangeably the shape of our world.

Those of us in caregiving professions might scoff at how these theorists conceptualize queerness. Yet, our methods and conclusions are often so preoccupied with queer suffering that we end up giving scant attention to the gifts and resources that queer lives offer to models of care. Are queer folks always in the position of care-*seeker* and never care-*giver*? Is queerness always a lack, a wound, and never a remedy? If we are not careful, our questions, methods, and conclusions will inevitably communicate to queer folks that their trauma is somehow core to who they are. Maybe we are not telling queer folks that they are sinful abominations, or the figures of death and trauma in our world, but our approach may potentially communicate a deeply internalized opposition between queerness and wellbeing.

For its part, queer theological and pastoral projects have done important work to intervene in this correlation by condemning anti-queer religious language and practices. The issue, however, is that by starting queer theological projects with queer suffering, we have unwittingly reinforced another harmful association: between queerness and victimhood. In queer theological studies, which so often begin with anecdotes of the desecration of queer life, queerness is frequently elevated to the level of the persecuted Messianic. This is not an exaggeration. Queer theology is full of assurances that somehow queerness will save us, for God, Christ, the Holy Spirit, even the Church are all radically *queer* after all. Consider the following claim by theologian Patrick Cheng: "Christian theology itself is a fundamentally queer enterprise because it also challenges and deconstructs—through radical love—all kinds of binary categories that on the surface seem fixed and unchangeable (such as life vs. death, or divine vs. human), but

that ultimately are fluid and malleable."[17] What a powerful and beautiful proclamation! Cheng's work is vital for countering the anti-queer rhetoric and practices of the Christian faith, as well as celebrating queerness as a gift from God.

My primary concern is that such claims idealize queerness (as radical love, for example) in ways that allow queer folks to maintain themselves as the perfect victims of violence par excellence. The celebration of queerness can unintentionally elide the complexity of queer life and the complicity of queer folks in the traumatization of others. The answer to the problem of queerness' association with trauma is not to double down on our victimization, nor to idealize our non-normative desires, relations, and identities as salvific. Queerness cannot save us—not from whiteness, not from Christian nationalism, and not from our complicity in a traumatizing world (as I argue more precisely in chapter 4).

All of this to say: *What are local people and communities teaching us when they make sense of their experiences through the language of trauma? How do we take seriously the specificity of* queer *experiences of trauma without centering, naturalizing, and pathologizing that trauma? How do we rethink the subjectivity of the queer survivor in ways that account for our victimization, survival, and perpetration of violence against others?* Furthermore*, how do we account for the complexity of religion (as a force that both* deforms *and* transforms*) without repeating an oppositional logic between queerness and religiosity, or between queerness and wellbeing?*

Leo: "Jenna Franks."

The people: "We speak your name."

To get at these questions, I spent the past several years communing with two small, local,

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[17] Patrick Cheng, *Radical Love: An Introduction to Queer Theology* (New York: Seabury Books, 2011), 10.

queer-led communities in the U.S. South: a progressive faith community called Park Avenue
Baptist Church, and a nonprofit service provider for homeless LGBTQ+ youth called Lost-n-
Found Youth. Park Ave sums up their mission every Sunday morning in a benediction that has
become a tradition and a motto: "Now, go out into a world that is too often unjust, and live
boldly, love inclusively, and serve creatively." For its mission, Lost-n-Found states, "Lost-n-
Found Youth is an Atlanta-based nonprofit that exists to end homelessness for Lesbian, Gay,
Bisexual, Transgender, Queer (LGBTQ) and all sexual minority youth." Both organizations hire,
celebrate, and serve LGBTQ+ lives by providing food, housing, employment, community, and
more—yet both operate with limited resources. In December 2019, just before the Covid-19
pandemic, these communities decided to share space and resources by moving into the same
building.

At Park Ave, I attended weekly Sunday services, potlucks, poetry and art workshops,
book clubs, service projects, and more (often as a participant observer, but occasionally as a
leader, minister, liturgist, or preacher). At Lost-n-Found, I volunteered for shifts at the
emergency warming shelter, youth day center, thrift store, and transitional living home. In these
spaces, I saw much suffering and much compassion. Queer youth experiencing homelessness
looked out for each other on the streets, shared food and bus passes, and supported each other in
ways their biological families did not. Queer leaders developed strategies for addressing the
needs of our community's most vulnerable, mentored and invested in younger queer folks, and
shared their wealth, wisdom, and time. Queer folks gathered for community worship, engaged
old and new spiritual practices, and prayed over and for each other. Queer people offered each
other care, despite the inordinate amount of suffering and challenge they faced.

I also saw queer people fail to love, care, and serve each other. Community partnerships

struggled, projects fell flat, and financial resources shrunk. Yet, as the budding partnership

between Park Ave and Lost-n-Found demonstrates, I saw queer communities rework and

reinvent themselves to wrestle with their complicity, reach toward justice, explore creative

interventions, and mobilize to create a more loving world. In other words, I encountered a

communal picture of what I will develop as *queer trauma* and *queer resilience*, with LGBTQ+

folks embodying simultaneous positionalities of *careseeker* and *caregiver.*

>*Leo*: "Jaida Peterson."

>*The people*: "We speak your name."

This dissertation is an experiment in learning to think in multiple registers at once,

starting with queerness as both a kind of trauma and resilience. To that end, I listen closely to the

lives of LGBTQ+ folks without (over)determining in advance the consequences of their religious

beliefs, practices, affiliations, and contexts. As pastoral theologian Phillis Sheppard maintains,

"We need to be able to grapple with how religious experiences also form—shape and

misshape—the self and self-experience in religious contexts."[18] I also approach queer

communities as a student, eager to learn from and with queer folks about the wisdom and

practices they inherit and innovate. Like Leo in the Trans Day of Remembrance/Resilience

service, I am learning how to move between celebration and mourning, remembrance and action,

trauma and resilience. All of us who hope to better care for queer life must learn to account for

this nuance, because queerness both predisposes us to trauma and builds resilient communities.

We must learn to think beyond the dualisms of our time so that our care can be increasingly

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[18] Phillis Isabella Sheppard, "Religion—'It's Complicated!': The Convergence of Race, Class, and Sexuality in Clinicians' Reflections on Religious Experience," *The Skillful Soul of the Psychotherapist: The Link between Spirituality and Clinical Excellence*, eds. G.S. Stavros and S.J. Sandage (Lanham: Rowman & Littlefield, 2014), 56.

trauma-sensitive, resiliency-focused, queer, and communal.[19]

I have not left my earliest questions behind. The next few chapters of this dissertation explore what is uniquely traumatic about queerness, especially as that trauma becomes embodied and materialized in local contexts. Yet I have realized that it is possible, and perhaps even more caring, to start a project on queer care from a different perspective, with a different set of questions, and a different orientation to ourselves, each other, and our world. Writer Elizabeth Gilbert profoundly states, "I want to make something perfectly clear here: I do not deny the reality of suffering—not yours, not mine, not humanity's in general. It is simply that I refuse to *fetishize* it."[20]

Rather than fallenness and trauma, let us begin with *original blessing* and *resilience*. Let us begin with queer folks as the sources of wisdom, agents of care, and architects of resilience, rather than the epitomes of lack, loss, and trauma. From this starting place, I ask: *What is uniquely resilient about queerness? How might we augment the gifts of queer resilience without obscuring the ways that queerness can become another tool for domination, exclusion, and violation? What are the resources that queerness offers for cultivating community and transforming the world around us and within us?*

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[19] I encountered this language through the Trauma Resource Institute and their Community Resiliency Model®. Pastoral theologian Jennifer Baldwin also uses this language to define trauma-sensitive theology. For more information, see: Elaine Miller-Karas, *Building Resilience to Trauma: The Trauma and Community Resiliency Models* (New York: Routledge, Taylor & Francis Group, 2015).
Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene: Cascade Books, 2018).

[20] Elizabeth Gilbert, *Big Magic: Creative Living Beyond Fear* (Riverhead Books, 2016), 212.

Remembrance as a Call to Action

Leo: "Diamond Kyree Sanders."

The people: "We speak your name."

Leo finishes reading the names of the trans and gender non-conforming people killed in

2021. A heavy silence fills the room. Leo places four stools at the front of the church, two on

either side of the altar. They invite four local trans community leaders and activists to come to

the front. Each person introduces their names, their pronouns, their work in the community, and

something that gives them joy. "Riding my bike in the rain." "Inviting people to experience

creativity." "Working with someone and all of a sudden it clicks with them that they're okay

after doing months of work together in practices like breathing." "Seeing other people happy;

seeing people experience joy."

Leo frames the rest of the service as learning with trans folks while we are living, while

also celebrating the trans folks who died by grafting them into our community as our spiritual

ancestors. One of the panelists says, "Services like this are reminders to rest." Another says,

"Days like this are a beginning. We learn to practice grieving and move from a culture that

polices gender to one that celebrates it."

Leo asks each panel member to comment on the stakes of this service for them. I sit in

the pew, taking notes in my journal and listening to stories about being misgendered, feeling

unsafe, and going through medical interventions. Then the last person on the panel speaks,

naming her stakes.

"I am 46 years old, and the average life expectancy for a Black trans woman is 36," she

says, staring unwaveringly at one of the trans icons on the windowsill beneath the stained glass.

"I'm 10 years overdue, and I'm gonna keep going. As someone who was statistically supposed to

die 10 years ago, I've seen so much violence. I knew some of these trans people around the room from the ballroom scene, as clients, as friends, as colleagues. As a Black trans woman, transphobia means I've lost way more people than a typical person my age has lost. About 75% of those killed this year were Black trans women, so I'm so glad we can gather to honor and celebrate them. But we also have a call to action to those who are alive. Black and Latinx trans folks are more likely to be homeless, addicted, to die young than any other group."

Her words crash down on everyone in the room. I become terribly aware of how dangerous the world is, and how privileged I am as a white, gay, cisgender, Christian man who has largely been protected from much of that danger.

She closes by saying, "We are the ones who escaped, who survived. The Transgender Day of Remembrance service is so important as a day to stop and reflect, a day to honor and grieve, but I think that means tomorrow should be our Trans Day of *Resistance*."

Leo: "Tiara Banks."

The people: "We speak your name."

Three Care Perspectives

Leo: "Remy Fennell."

The people: "We speak your name."

I am indebted to the Trauma Resource Institute for much of my thinking on resilience, especially for the commitment to shifting from narratives and practices that center *trauma* to those that center *resilience*. I first encountered the Trauma Resource Institute through their Community Resiliency Model (CRM)® training, which I received from a group of nurse practitioners at Wake Forest Baptist Medical Center (now Atrium Health Wake Forest Baptist), a

level I trauma hospital in Winston-Salem, NC. At the time, I was in the middle of my first CPE residency focused on pediatric trauma. I was also working as a part-time congregational minister at a quirky, rambunctious, and delightful church called College Park Baptist Church in Greensboro, NC. My time at this church changed me forever: it was the first time I saw a glimpse of queer life flourishing in diverse community.

As a recently-out minister and chaplain at the time, I saw the immediate impact and lasting effects of trauma everywhere—not just in the clinic, but in the church, family, and community. The Community Resiliency Model (CRM)®, a "skills-based, stabilization program" rooted in somatics, gave me the understanding and skills for responding compassionately and effectively.[21]

One of the core commitments of CRM is a three-step shift that moves from conventional assumption, to trauma-informed awareness, to *resiliency-focused action* (see Figure 2). This paradigm shift transformed my thinking and ministry when I encountered it, and by integrating it into my practice, it has since revolutionized the way I think about queerness. In many respects, CRM's shift is the inspiration for my own starting place and methodology for this project. I survey that shift here in the context of queerness to highlight not only how I approach research with LGBTQ+ folks, but also to suggest a way that we all might highlight resiliency in our research methods and care practices.

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[21] The Community Resiliency Model (CRM)® is a "skills-based, stabilization program…designed to help adults and children learn to track their own nervous systems in order to bring the body, mind, and spirit back into greater balance, and to encourage people to pass the skills along to family, friends, and their wider community." Rooted in somatic interventions (like those created by Peter Levine) and a commitment to cultural diversity, CRM relies on our shared biology to make sense of the human experience while also adapting its practices to be ever more culturally-sensitive and culturally-specific. I found this model so helpful in my practice as a chaplain and minister that I became trained as a teacher of the model in fall 2020. I occasionally refer to the model in the coming chapters, but it is important to note that this model saturates my entire thinking and practice. For more, see the Trauma Resource Institute website and book: Trauma Resource Institute, 2022, https://www.traumaresourceinstitute.com. Elaine Miller-Karas, *Building Resilience to Trauma: The Trauma and Community Resiliency Models* (New York: Routledge, Taylor & Francis Group, 2015).

Perspective Shift		
Conventional (Assumption)	**Trauma-Informed (Awareness)**	**Resiliency-Focused (Action)**
People are bad.	People are suffering.	People are resilient.
People just don't care.	Many people care but lack understanding and skills.	People need our compassion as they learn new skills.
People need to be punished.	People need an effective intervention.	Any person can learn self-regulation skills.
We need to stop making excuses for people.	We need to learn how trauma impacts a child's and adult's development.	We need to learn how skills of well-being can reduce suffering.
What is wrong with you?	**What happened to you?**	**What is right with you? What are your strengths?**

Figure 2: Adapted from the training materials of the Community Resiliency Model® guide training, through the Trauma Resource Institute, https://www.traumaresourceinstitute.com.

Conventional perspective (assumption)

Many of us are familiar with some of the conventional assumptions in medicine, psychology, and theology, especially as it relates to queer folks. This approach regards people as essentially *bad*. They only have themselves to blame for their suffering, and their continued suffering can only be because they do not care. For our part, we should stop making excuses for people and punish bad behavior. Many traditional Christian theologies about fallenness and original sin collude with this narrative, especially in the evangelical fundamentalist circles that I grew up in, where guilt, shame, and fear were tools to shape people into ideal Christians. Such theologies also corroborate sociopolitical narratives about the ideal Christian citizen (who is always "self-sufficient," cisgender, and heterosexual). These scripts for religious and national belonging sanctify violence against those whose lives do not map onto these ideals—namely,

people with non-cisheteronormative expressions, embodiments, and relations. Such traditions

denounce queer dreams, desires, bodies, and bonds as "evil, often drawing upon the language of

abomination to characterize the immorality or sin that is present."[22]

In the Southern Baptist tradition of my childhood, the Christian fundamentalist response

to such "sinfulness" has often been abstinence or reparative therapy, both of which, when

coerced, have engendered death-dealing consequences for LGBTQ+ folks.[23] My primary concern

here is that the view of the subject and our ensuing practices of care all become structured

around a single question: "What is wrong with you?" As doctors and teachers, therapists and

social workers, clergy and chaplains, we often lead with the ethos of this question and

inadvertently naturalize the very suffering we believe we are redressing. We also reify the

oppositional association between queerness and religion. As a queer Christian working with

queer communities, it is vital to name that a belief in our original sinfulness has not served us,

but instead is the very assumption we seek to undo.

Leo: "Jessi Hart."

The people: "We speak your name."

Trauma-informed perspective (awareness)

Leo: "Ke'Yahonna Stone."

The people: "We speak your name."

No one fully agrees on how to define trauma. However, there is a general agreement

among trauma scholars and practitioners that at least "there is a response, sometimes delayed, to

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[22] Joretta L. Marshall, "Alternative Visions for Pastoral Work with LGBTQ Individuals, Families, and Communities: A Response," *Journal of Pastoral Care & Counseling* 71.1 (2017), 62.

[23] Ibid., 62.

an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event."[24] Theological studies has taken up these shared understandings of trauma and nuanced them theologically. Feminist trauma theologian Serene Jones declares trauma as "a disordered imagination."[25] Similarly, trauma theologian Shelly Rambo writes that trauma is "a way of describing a radical event or events that shatter all that one knows about the world and all the familiar ways of operating within it."[26] Pastoral theologian Deborah van Deusen Hunsinger describes trauma as "a series of nested concentric circles, affecting every level of our lives, beginning with the suffering involved in facing our own mortality and personal capacity for evil and reaching progressively outward to traumas that have greater scope."[27] Building off of these conceptions, we might think about trauma as an embodied response to our potential annihilation. Trauma is the persistent experience of intolerable violence against the self and community, including our basic needs like trust, safety, meaning, and belonging. Traumatic violence is that which overwhelms our habitual coping strategies and consummately destroys our sense of self, time, relationship, and futurity.

Culturally, within the last 20 years of so, many of us in helping and caregiving professions are beginning to move toward a more trauma-informed awareness. This approach

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[24] Cathy Caruth, "Introduction," *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore: The Johns Hopkins University Press, 1995), 4.

[25] Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville: Westminster John Knox Press, 2009), 19.

[26] Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville: Westminster John Knox Press, 2010), 4.

[27] Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids: William B. Eerdmans Publishing, 2015), xi.

views people not as bad, but *suffering*, and often through no fault of their own. People need understanding, new skills, and effective interventions—not punishment. A trauma-informed approach rethinks social and psychic formations through data and evidence, like the groundbreaking ACE study through Kaiser Permanente and the Center for Disease Control and Prevention by Robert Anda and Vince Felitti (1995-1997). In this study, Anda and Felitti inquire into the ways that adverse childhood experiences (ACEs) impact a person's mental, physical, and social health outcomes across a lifetime.[28] As the ACE study brilliantly and painfully reveals by tracking the health outcomes of over 17,000 U.S. adults, "We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."[29] In other words, adult medical issues are often bodily manifestations of childhood trauma, and so-called behavioral problems are often efforts to cope with a range of ACEs.

The initial ACE study focused on household ACEs, including "psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned."[30] Subsequent studies, like the Philadelphia Urban ACE study (2012-2013) have taken up the original ACE questionnaire in the context of more racially diverse urban populations, and they added communal and historical factors, like "witnessing violence other than a mother being abused," "experiencing discrimination based on race or ethnicity," "feeling unsafe in your neighborhood," "bullying," and "living in foster

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[28] C.f.: V. J. Felitti, R. F. Anda, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine 14.4* (1998): 245–258.

[29] Ibid., 245.

[30] Ibid.

care."[31] What the Philadelphia Urban ACE study powerfully illuminates is the role of social location and context in a person's health outcomes—namely that historical and communal adversities compile with household ones to drastically increase susceptibility throughout life to a number of risky health behaviors and poor health outcomes.

Until recently, the ACE study failed to account for the specificities of gender and sexuality. However, current studies have tracked the relation between ACEs and transgender, gender non-conforming, and cisgender sexual minorities. These studies conclude that lesbian, gay, and bisexual people report higher ACE scores than heterosexual populations, and trans and gender non-conforming folks report even higher scores than both populations. 51% of trans and gender non-conforming participants "had an ACEs score of at least 4, compared to 12.6% of heterosexual and 30.5% LGB adults."[32] Another pattern this study found was that "the most frequently reported ACE was the presence of a parent or other adult in the household who would often swear at them, insult them, put them down, or humiliate them (i.e., emotional abuse)."[33] As this and all ACE studies have demonstrated, the more ACEs, the increased danger of poor health outcomes and risky behaviors; importantly, this is especially true for LGBTQ+ folks, who are exposed to a greater amount of household and community abuse than the general population.

These studies around ACEs are important because they prioritize bodily and communal impact over definitional precision. As previously mentioned, trauma continues to be a highly contested and contextual term. At its best, a trauma-informed approach to care is most concerned

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[31] "Findings from the Philadelphia Urban ACE Survey," *Institute for Safe Families* (Philadelphia: Public Health Management Corporation, 2013).

[32] Phillip W. Schnarrs, Amy L. Stone, Robert Salcido Jr., Aleta Baldwin, and Charles B. Nemeroff, "Differences in Adverse Childhood Experiences (ACEs) and Quality of Physical and Mental Health between Transgender and Cisgender Sexual Minorities," *Journal of Psychiatric Research* 119 (2019), 2.

[33] Ibid., 2.

with the psychic, bodily, and communal impacts of violence, including how the discourse of "trauma" helps (or hinders) our understanding and interventions. As some have argued, trauma is emerging "as a macro-level collective memory and cultural identity" that is passed generationally and socially.[34] It is therefore becoming increasingly problematic to solely advance specialized and medicalized understandings of trauma at the expense of cultural and contextual ones. As Ann Cvetkovich warns, "PTSD…if overmedicalized, produces a hall of mirrors in which social problems are reduced to diseases in need of ever refined diagnoses. It is necessary to approach medicalization as a strategy whose effects can't be determined in advance."[35] Suffice it to say the medicalization strategy has frequently failed queer folks, who consistently receive less access to quality and affirming medical care. The ACE study is an example of how we might assess the impact of trauma while also inquiring into how local communities are popularizing trauma language to make sense of their worlds.

Like Cathy Caruth, I am "interested not so much in further defining trauma, that is, than in attempting to understand its surprising impact: to examine how trauma unsettles and forces us to rethink our notions of experience, and of communication."[36] In the coming chapters, I use a multiplicity of conceptualizations of trauma, as well as offer new understandings based on my own research, in order to keep the questions of stress and trauma ever open instead of decided. What this means concerning trauma-informed care is that, like the ACE study, rather than debating the exact symptom profile of a person with PTSD, we might instead *treat everyone as if they have a history of trauma*. Such a commitment is easy in our work with LGBTQ+ folks,

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[34] Thomas Degloma, "Expanding Trauma through Space and Time: Mapping the Rhetorical Strategies of Trauma Carrier Groups," *Social Psychology Quarterly* 72.2 (2009), 107.

[35] Cvetkovich, *An Archive of Feelings*, 60.

[36] Caruth, "Introduction," 4.

because, as mentioned, we are disproportionately vulnerable to a variety of adversities. From a

political perspective alone, "2021 set a record for the most anti-LGBTQ bills passed during a

legislative session… [representing] a coordinated campaign to push trans people out of public

life."[37]

     Leo: "Nikai David."

     The people: "We speak your name."

     In a trauma-informed approach to care, we might consider the intersection between

religion and ACEs by assessing how religion has *de*formed queer thought, embodiment,

imagination, and relationality. As activist and somatic practitioner Staci K. Haines writes, "The

traditional Church presents the body and human desires and sexuality as a sin. It is easier to

control a person if you have made their inherent impulses toward life and contact shameful or

punishable."[38] In many fundamentalist religious contexts (like my own, growing up as a closeted

gay kid in evangelical Southern Baptist churches), LGBTQ+ folks become the epitome of

sinfulness. Psychically, the "violence gets inside us" as many LGBTQ+ folks internalize these

images about themselves and experience varying levels of shame, guilt, self-loathing, secrecy,

and repression.[39] Additionally, anti-queer violence manifests bodily in the forms of, for example,

"reckless or self-destructive behavior," "hypervigilance," "distress or impairment in social,

occupational, or other important areas of functioning," and "persistent and exaggerated negative

beliefs or expectations about oneself, others or the world (e.g., 'I am bad,' 'No one can be

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[37] "In 2021, Our Fight for LGBTQ Rights Moved to the States," ACLU, 2021, https://www.aclu.org/news/lgbtq-rights/in-2021-our-fight-for-lgbtq-rights-moved-to-the-states/.

[38] Staci K. Haines, *The Politics of Trauma: Somatics, Healing, and Social Justice* (Berkeley: North Atlantic Books, 2019), 41.

[39] Cody Sanders, *Queer Lessons for Churches on the Straight and Narrow: What All Christians Can Learn from LGBTQ Lives* (Macon: Faithlab, 2013), 117.

trusted,' 'The world is completely dangerous,' 'My whole nervous system is permanently ruined')."[40] Symptoms aside, anti-queer violence almost always manifests socially in some combination of abuse, betrayal, rejection, neglect, cut-off, and/or forced isolation (which is the focus of chapter 3).

Pastorally, a trauma-informed approach searches for and attends to all the ways we have suffered. This approach structures the care relationship around a single question: "What happened to you?" *Let's mine for the traumas and uncover the harms done to you so that we can work through them together and begin to heal.*

The issue is that, once again, we queers are discussed almost exclusively in terms of our traumatization. Thus, even a trauma-aware approach may still cause harm by centering the violent narratives of life and faith (more on this in chapter 2). The best of our therapists know this, even though we in theological and religious studies have yet to fully catch up. In an article on trauma processing, trauma specialist and psychotherapist Odelya Gertel Kraybill writes, "Clients are often surprised when I tell them that we won't be actively working to bring their trauma history to the surface in therapy… Careful preliminary work with other strategies needs to take place before working with the trauma story itself."[41] Kraybill exposes a major consequence that has ensued from the widespread use of "trauma-informed" language, which is namely this: the democratization of the language of trauma has led to the dangerous democratization of complex, specialized interventions.

"Trauma" has become so de-medicalized in contemporary life that it has now become a

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[40] American Psychiatric Association, "Posttraumatic Stress Disorder," *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed. (Arlington: American Psychiatric Publishing, 2013), 272.

[41] Odelya Gertel Kraybill, "Trauma Processing: When and When Not?" *Psychology Today* (2018), https://www.psychologytoday.com/us/blog/expressive-trauma-integration/201804/trauma-processing-when-and-when-not.

"metaphor we live by," a sociocultural script for understanding the human experience.[42] This is

causing immense anxiety for many trauma scholars who worry that "a history of 'trauma' turns

out to be a history of human experience *en tout*."[43] My own anxiety is less about the

universalization of trauma language, and more about the ways that many of us are stuck in

outdated and Western interventions, like verbal processing, which (a) frequently collude with our

suffering instead of alleviating it, and (b) require significant training, accountability, expertise,

and time to be executed with any kind of effectiveness.

  As stated throughout this chapter, by focusing on trauma we run the risk of deepening

"the feeling of brokenness that survivors experience," as if survivors are "'broken,' 'shattered,'

or 'ruined.'"[44] Given the multiple associations between queerness and trauma, this is especially

true for non-cisheterosexual folks. The implications *should* affect us all, queer or not.

Unfortunately, by attending to queer trauma, we risk a "minoritizing" view of subject, one that

sees queer pain and suffering as strictly the problems for queer folks to solve. Eve Sedgwick

famously describes this as a minoritizing view, which approaches "homo/heterosexual definition

on the one hand as an issue of active importance primarily for a small, distinct, relatively fixed

homosexual minority."[45] What such a focus does in function then is relieve responsibility from

non-LGBTQ+ persons and return blame to the most vulnerable—queer folks.

  Ultimately, many of the concerns about a solely trauma-informed approach can be boiled

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[42] George Lakoff and Mark Johnsen, *Metaphors We Live By* (London: University of Chicago Press, 2003).

[43] Joanna Bourke, "Why History Hurts," *Traumatic Memories of the Second World War and After*, eds. Peter Leese, Jason Crouthamel (London: Palgrave Macmillan, 2016), 275.

[44] Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene, OR: Cascade Books, 2018): 10.

[45] Eve Kosofsky Sedgwick, *Epistemology of the Closet* (Berkeley and Los Angeles, CA: University of California Press, 2008), 1.

down to a negativity bias. We will find what we are looking for. When we start with suffering, our best efforts at addressing violence often end up creating "a pornography of pain" that ensnares us deeper rather than set us free.[46] We have so centered queer suffering at the expense of our beauty, creativity, resourcefulness, and interconnectedness that many of us no longer know who we are apart from our pain and suffering.

Leo: "Thomas Hardin."

The people: "We speak your name."

Resiliency-focused perspective (action)

What if the most honest affirmation we can make is not that we are *bad* or even *suffering* but that we are first and foremost *resilient*? In her work *Thriving in the Wake of Trauma*, psychologist Thema Bryant-Davis writes, "There has been a history of distorted research that has stressed the emotional pathologies and behavioral deficits of marginalized communities," and therefore "less research has illustrated their strength, resources, and resilience."[47] Bryant-Davis and the Community Resiliency Model (CRM)® perform a new movement in care, one that responds gently to our trauma by highlighting our "strength, resources, and resilience."

In the Journal of Child Psychology and Psychiatry, Catherine Panter-Brick and James Leckman articulate well the value of a shift towards resilience. They write:

> Resilience offers the promise of a paradigm shift in many fields of research,
> clinical practice, and policy. A lens on resilience shifts the focus of attention—
> from efforts to appraise risk or vulnerability, towards concerted efforts to enhance
> strength or capability. It also shifts the focus of analysis—from asking relatively
> limited questions regarding health outcomes, such as what are the linkages
> between risk exposures and functional deficits, to asking more complex questions

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[46] Bourke, "Why History Hurts," 277.

[47] Thema Bryant-Davis, *Thriving in the Wake of Trauma: A Multicultural Guide* (Lanham: Rowman & Littlefield, 2005).

regarding wellbeing, such as when, how, why and for whom do resources truly matter.[48]

In a resiliency-focused approach, the subject of care is celebrated as one who is already resilient, regardless of how it "appears" or "feels," because each of us already contain certain personal, communal, cultural, and spiritual resources for self-transformation and growth. Contained within the body are inherent capacities for relationality, self-regulation, and balance, and people need our compassion as we all learn together certain skills of regulation and wellbeing. Surrounding the body are a variety of external resources—people, places, activities, even norms, values, and more that help give us a sense of support, purpose, and belonging. A resiliency-focused approach to care highlights these bodily capacities and external resources. In this way, a resiliency-focused approach is a method of grounded pastoral theology, which gives attention to care practices in the context of the material conditions of our lives, including the body and its environment. The central guiding question that structures our relationship to ourselves and each other is thus: *What is right with you?* Meaning: *What are your strengths, capacities, and resources? How are you connected in meaningful relationship with others and the land?* To put it theologically: *How is Spirit already moving in your life?*

This entire dissertation is an experiment in a resiliency-focused pastoral theological approach to research and care with LGBTQ+ folks. Importantly, a resiliency-focused approach is trauma-*sensitive* rather than trauma-*focused*, meaning it accounts for everything we know about trauma while also asking, *What else is true?*[49] It also maintains that all people deserve

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[48] Catherine Panter-Brick and James F. Leckman, "Editorial Commentary: Resilience in Child Development—Interconnect Pathways to Wellbeing," *Journal of Child Psychology and Psychiatry* 54.4 (2013), 333.

[49] In her work *Trauma-Sensitive Theology*, Jennifer Baldwin writes that trauma-sensitive theologies have four commitments: "the priority of bodily experience, full acceptance of trauma narratives, natural given-ness of human psychological multiplicity, and faith in the robust resiliency of trauma survivors." I interweave each of these commitments in my analysis of queer trauma in this and the coming chapters. Baldwin, *Trauma-Sensitive Theology*, 7.

interventions that are gentle, culturally specific, and invitational.[50] Theologically, a central aim

of this work is answering the call of "post traumatic public theology" as articulated by Shelly

Rambo: positing "new configurations of faith in the aftermath…unearthing the organic resources

for healing and…identifying the points at which the logic of religious claims can be mobilized as

tools for healing and harm."[51] By maintaining "faith in the robust resiliency of trauma

survivors,"[52] I believe we can better discern what is uniquely traumatic *and* resilient about

queerness, which enables us to respond to our trauma and transform ourselves and a traumatic

world in more liberative and loving ways.

As mentioned, I worked with two communities—Park Ave Baptist Church and Lost-n-

Found Youth—to discern a resiliency-focused model of care that prioritizes the resources and

practices of local communities. Specifically, I paid attention to the creative ways that queer

communities work on and with a variety of communal traumas to cultivate resiliency, a prime

example being the Trans Day of Remembrance/Resilience service that prioritized gathering,

story-telling, and collective body-based practices. To give back to these communities, I also

offered a free public training on the Community Resiliency Model (CRM)® and used the

training as a group processing space to brainstorm and amplify the existing practices of resilience

these communities already engage.

Another key element of my work with Park Ave and Lost-n-Found was listening

compassionately to the stories, practices, and experiences of our community's most vulnerable—

LGBTQ+ folks who have experienced homelessness. I focused on this population in part because

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[50] These are the commitments of the Community Resiliency Model (CRM)® through the Trauma Resource Institute.

[51] Shelly Rambo, "Introduction," *Post Traumatic Public Theology*, eds. Stephanie N. Arel, Shelly Rambo (New York: Palgrave Macmillan, 2016), 3.

[52] Baldwin, *Trauma-Sensitive Theology*, 7.

that was the makeup of the communities I was working with. I also focused on formerly homeless populations to gain a more holistic picture of the bodily, material, and socio political traumatization of queer folks, whose traumas often manifest in the forms of addiction, homelessness, suicidality, unemployment, etc. Based on the recommendations of leaders at Park Ave and Lost-n-Found, I conducted eight one-on-one interviews with participants in these communities who (a) identify as queer, (b) have experienced homelessness and/or housing insecurity, (c) are connected in meaningful community, and (d) engage a spiritual practice of some kind.

In each of my interviews, I never asked about people's traumas. My commitment to resiliency-focused research led me to treat the interview as a structure of care and prioritize questions about the resources, wisdom, relationships, and spiritual practices that have helped queer folks connect and care. This commitment was vital to minimizing the risk of retraumatizing vulnerable populations, amplifying the present resilience of participants, and "learning to learn from below," that is, by treating queer communities as the sources of wisdom and agents of care in our world.[53]

Following the insight from womanist pastoral theologian Stephanie Crumpton, I made every effort to "optimize each participant's sense of freedom and choice so as not to replicate 'power over' (directly or indirectly) and unwittingly retraumatize participants."[54] In my experience, one of the most sure ways to do this is to "chase the resilience."[55] In each interview, I asked questions that inquired into people's resources, capacities, and spiritual practices,

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[53] Sanders, *Queer Lessons,* 12.

[54] Stephanie M. Crumpton, *A Womanist Pastoral Theology against Intimate and Cultural Violence* (New York, NY: Palgrave Macmillan, 2014), 146.

[55] Haines, *The Politics of Trauma*, 22.
Elaine Miller-Karas, Trauma Resource Institute, 2022, https://www.traumaresourceinstitute.com.

including: *What spiritual practices have been the most meaningful to you? Who or what helps you the most when you're going through difficult times? What's the best advice you've ever received? What about yourself are you most proud of? Can you tell me about a time when you felt peaceful or strong? What is the most beautiful relationship you've ever experienced?* Elaine Miller-Karas, creator of the Community Resiliency Model (CRM)®, frames questions like these as a practice of "resourcing." She writes that resourcing questions like these can be woven into a variety of settings "to expand resiliency and nervous system regulation rather than to amplify the retelling of the trauma story that often results in nervous system dysregulation."[56]

Importantly, to "expand resiliency" in our narratives as well as our bodies, I avoided asking participants about their emotions ("how do you feel?"), and instead asked about their sensations ("where in your body do you sense…?"). Emotions, after all, have their roots in bodily sensations. As psychologist William James has persuasively argued, "My thesis…is that the bodily changes follow directly the perception of the exciting fact and that our feeling of the changes as they occur is the emotion."[57] In many respects, we might think about emotions as interpretations and manifestations of bodily sensations.

For example, let us consider two affects: *anxiety* and *excitement*. The meaning we assign to each affect is open and contextual. Yet, physiologically, both anxiety and excitement *feel* the same in the body: increased nervous system activation (especially of the sympathetic nervous system), elevated heart rate, increased breathing rate, sweating, vigilance, feelings of restlessness and tension, etc. The "data" of these sensations can then be experienced and interpreted in a variety of ways (e.g., as anxiety or as excitement). A resiliency-focused approach works to

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[56] Miller-Karas, *Building Resilience to Trauma*, 154.

[57] William James, *Principles of Psychology*, Vols 1 & 2 (New York: Dover Publications, 1890/1950), 449.

identify these sensations in the body and then bring sustained awareness to any sensations that are connected to wellbeing—those that give us a sense of calm and relief—in order to strengthen those neurobiological associations.

Tracking bodily sensations (specifically those connected to wellbeing) is an important shift in helping participants and myself learn to better track and stabilize our nervous systems from the body-up (more on this in chapter 2).[58] Tracking is also the foundational practice of wellbeing in the Community Resiliency Model (CRM)®. Through combining resourcing and tracking, we can help people feel more at home and safe within their own bodies, since "the establishment of safety" is a central step in working through trauma.[59] In a trauma-informed approach, this *may* include identifying "where it hurts" (to use civil rights activist Ruby Sale's beautiful question). But in a resiliency-focused approach, the aim is to orient us towards our bodies in life-affirming ways, to shift from trauma to resilience, often by first attending to a person's capacities and resources and then inquiring into where sensations of wellbeing occur in the body. "The body learns on 'Yes'," writes Staci Haines.

In each interview, I asked questions about participants' resources, as well as their experiences of safety, belonging, meaning, and purpose. I then asked questions like, "As you think about these resources and experiences, where in your body do you notice any pleasant or neutral sensations?"[60] In this way, I aimed to help people shift attention to places in their body that feel more comfortable, calm, or strong, which helps override attention that tends to

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[58] This is a strategy of the kind of "bottom-up" care I argue for in chapter 2, which takes seriously the physiological underpinnings of trauma and engages practices of care from the "body-up."

[59] Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1997).

[60] This is the central step in the Community Resilience Model® to build confidence in a person's bodily capacities and connect those capacities to resources.

automatically move toward distress. This is not about avoiding, denying, or even "reducing stress," but rather "about increasing your body's ability to *manage* stress."[61] I did this same practice with myself before and during each interview—remember my resources and track sensations of wellbeing in the body—so that my own nervous system remained settled.

As Resmaa Menakem points out, "A settled body enables you to harmonize and connect with other bodies around you, while encouraging those bodies to settle as well."[62] This is precisely because our nervous systems are not separate from each other, nor bound in contained bodies. The complex interplay of mirror neurons, the inherent relationality of the unconscious, the sociality of language and life together, all these and more reveal the constructedness and porousness of the body's borders. We are not separate, and our nervous systems reveal this relationality through the shared sensations that flow between us and through us. In each of my interviews, I sought to tune into this interplay and understand how resiliency is lived in the body, including the body's porous interconnection with other bodies.

Thus, the cultivation of greater bodily awareness may also draw us closer in relationship. I notice your tears and the warmth that flushes in my cheeks; you notice my deep exhale and find your own shoulders relaxing into the chair; we both notice the shifts and changes that happen in us and between us as our nervous systems become synced. Ultimately, we learn together how to monitor the nervous system and use certain practices (like "tracking" and "resourcing") to bring our "nervous system back into balance."[63]

To reiterate, I am not advocating that we must flee away from painful emotions, nor am I

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[61] Resmaa Menakem, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* (Las Vegas, NV: Central Recovery Press, 2017), 167.

[62] Ibid., 168.

[63] Miller-Karas, *Building Resilience to Trauma*, 170.

suggesting that care is always a positive reframe. Sometimes we are called to sit with others in their suffering with no positive reframe, emotional escape, or spiritual catharsis. When careseekers (or research participants) want to go there, however, it is of their own accord and with the confidence and support to sit productively with their own pain. What I hoped to practice in my qualitative research methods is my belief that any interaction, including the one-on-one interview, can be a structure of care, which is especially true of the work of the pastoral theologian.

Interestingly, despite my determination to ask about people's *resilience*, most all research participants inevitably told me about their *traumas* (perhaps due to my identity as a minister, or maybe because they knew I work in trauma studies). What now seems clear to me is that resiliency is not the opposite of trauma. Rather, the traces of traumatic suffering remain in our attempts to give an account of our resiliency. Our pain is not separate from our resources, capacities, intuitions, and connections. With a bit of loving attention to what is *right* in us, we can actively respond to our trauma without naturalizing or fetishizing our suffering.

Leo: "Iris Santos."

The people: "We speak your name."

Community Resourcing

Leo: "Kiér Laprí Kartier."

The people: "We speak your name."

I feel a range of emotions well up in me during the Trans Day of Remembrance/Resilience service as I listen to the speakers and contemplate the icons around the sanctuary. Heartache at the death and suffering experienced by queer and trans folks. Infuriation

at the institutions and family members who failed to protect them. Despair at the ever-increasing amount of anti-LGBTQ+ sentiment and legislation. Overwhelmed by the work needing to be done to transform ourselves and the world around us.

At precisely the right moment, Leo asks the panel, "What is a resource for you? For folks here today feeling overwhelmed and despairing, what's a resource that has helped you?"

Each panel member answers in turn. Panel member 1: "The first step is taking a deep breath." They breathe in slowly, loudly, modeling for us to do the same. After a brief pause, they open-mouth exhale even slower and louder. "The second step is listening for the thing in your community that feels obvious to you. How do I become family to those around me? It starts with relationships and being friends and family with trans and queer people."

Panel member 2: "Find an organization or activism group and join it. Get your education from the ground up doing activism in your community."

Panel member 3: "Know you are loved. As you are, and who you are, questions or otherwise, you are loved. We are your neighbors, your cousins, your uncles, your coworkers. We are each other's resources. Open up a space of love and move in a posture of love. Your resource is down the street. Let's create an environment to be in right relationship with each other."

Panel member 4: "That's right. I am a resource. Everyone here is a resource. Think about how you yourself are a resource, so look for ways to be active and contribute to liberation and social justice for trans folks. I believe in housing first. We can talk about any number of things, but if we don't have a roof over our heads, it doesn't matter. We got to get all our people in housing, because that's the first resource we need."

Leo: "Za'niyah Williams."

The people: "We speak your name."

Discerning Resilience

> *Leo*: "Nikki Turietta."

> *The people*: "We speak your name."

Initially used in metallurgy to characterize the elastic properties of certain metals, resilience comes from the Latin *resiliens* and *resilire*, meaning "rebound, recoil…the power of resuming an original shape or position after compression, bending."[64] Resilience has since become a primary category for thinking about ecological and social systems, particularly the ways in which systems can absorb shock, disruption, and even collapse—and then learn, adapt, re-organize, and grow.[65]

As the category becomes increasingly taken up by psychologists and social scientists working with human populations, resiliency theory has expanded to include three different models. The *compensatory* model considers how certain "promotive factors neutralize risk exposure"; the *protective* model attends to the ways that "promotive factors operate to moderate or reduce the association between risks and negative outcomes"; and third, the *challenge* model creates "exposure to modest levels of risk" in order to help strengthen our ability to respond productively to subsequent exposures.[66]

Whether using a compensatory, protective, or challenge model, many researchers have sought to identify the psychosocial profile of traits that promote resilience so that we can better

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[64] "Resilience, n," Oxford English Dictionary, 3rd edition (Oxford University Press: 2010/2021).

[65] Brian Walker and David Salt, *Resilience Thinking: Sustaining Ecosystems and People in a Changing World* (Washington, DC: Island Press, 2006).

[66] Marc A. Zimmerman, "Resiliency Theory; A Strengths-Based Approach to Research and Practice for Adolescent Health," *Health Education & Behavior* 40.4 (2013), 382.

measure and cultivate it. Diane Coutu, working in the business sector, writes that resilience has three characteristics: facing reality, finding meaning, and improvising.[67] Philippe Denis confirms the usefulness of these three characteristics in his research on ancestor veneration with war survivors in the tribal area of Nxamalala in Pietermaritzburg, South Africa.[68] Similarly, in her work with transgender youth of color, Anneliese Singh identifies several common domains for measuring and building resilience in vulnerable populations, including: "evolving, simultaneous self-definition of racial/ethnic and gender identities," "self-advocacy in educational systems," and "finding one's place in the LGBTQQ (lesbian, gay, bisexual, transgender, queer, questioning) youth community."[69]

While each of the lists above highlight important aspects of resilience, these characteristics should not be taken as normative and universal, but cultural and contextual. The reduction of resilience to a set of normative characteristics frequently (and falsely) confirms a popular misconception about resilience: that some people have it, and others do not. Resilience researcher George Bonanno responds to this misconception by writing, "The demanding and enduring stress caused by potential trauma varies so greatly that no single behavior or trait could ever possibly be effective at every moment in that process. Indeed, if we broaden our scope further, we find that *no single behavior or trait is ever always effective*."[70] The good news in

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[67] Diane Coutu, "How Resilience Works," *Harvard Business Review* (May 2002).

[68] Philippe Denis, "Prayers and Rituals to the Ancestors as Vehicles of Resilience: Coping with Political Violence in Nxamalala, Pietermaritzburg (1987-1991), 37-52.

[69] Anneliese A. Singh, "Transgender Youth of Color and Resilience: Negotiating Oppression and Finding Support," *Sex Roles* 68 (2013), 690.

[70] For example, I am reminded of the costs and benefits of emotional expression and self-disclosure for LGBTQ+ youth; these two behaviors are often cited as key to building resilience, yet the effects of these behaviors cannot be known in advance, especially when we consider the immense violence that such self-disclosures may provoke for youth in non-affirming contexts. Indeed, we can imagine how emotional repression and staying "in the closet" may be protective survival strategies. George A. Bonanno, *The End of Trauma: How the New Science of Resilience Is Changing How We Think about PTSD* (New York: Basic Books, 2021), 104.

Bonanno's research is that "resilience is the norm rather than the exception."[71] We are therefore freed to look for resilience in previously unrecognized and unexpected adaptive processes.

Affirming many of Bonanno's conclusions, psychiatrist and neuroscientist Rachel Yehuda has produced amazing analyses of the physiological and social underpinnings of resilience in Holocaust and other survivors. Yehuda declares, "My own view is that trauma survivors who develop PTSD may be just as resilient as trauma survivors who don't develop PTSD… some of the most resilient people, at least that I know, may have had or still have very severe PTSD that they struggle with every day."[72] Yehuda's work is important for several reasons. First, Yehuda emphasizes how PTSD is about biology and not mental or spiritual weakness. Second, she reconceives the trauma survivor as the expert on resilience. Third, she shows how resilience is not the opposite of trauma, and neither is it an outcome *post*-trauma, but rather is the ongoing process of refusing to "succumb to its negative effects."[73] Following such insights, modern resiliency studies are shifting to "posit relationships and processes," rather than individual traits and characteristics.[74]

Like Yehuda, two of the leading experts in resilience studies, Catherine Panter-Brick and James Leckman argue, "Resilience is the process of harnessing biological, psychosocial, structural, and cultural resources to sustain well-being."[75] They continue to write that "resilience

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[71] George A. Bonanno, *The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss* (New York: Basic Books, 2009), 47.

[72] Steven M. Southwick, George A. Bonanno, Ann S. Masten, Catherin Panter-Brick, & Rachel Yehuda, "Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives," *European Journal of Psychotraumatology* 5.1 (2014), 3.

[73] Ibid., 3.

[74] Zimmerman, "Resiliency Theory," 382.

[75] Panter-Brick and Leckman, "Editorial Commentary," 333.

is best understood as a process that unfolds over the course of development."[76] This

understanding aligns well with the Community Resiliency Model (CRM)®, which similarly

defines "resilience as the ability to identify and use individual and collective strengths to live

fully in the present moment and to thrive while managing the tasks of daily living."[77] The

Community Resiliency Model (CRM)® is committed to highlighting culturally and contextually

specific resources that are already present and operative in local communities, which functions to

replace individualistic understandings of resilience with communal ones.

      In a recent handbook titled *Exploring Community Resilience in Times of Rapid Change*,

Nick Wilding suggests that "a new form of 'break through' resilience can emerge as activists,

professionals and policy makers collaborate together."[78] Based on such collaborative efforts,

Wilding "proposes four key characteristics (or dimensions) of communities that are becoming

more resilient: healthy and engaged people; an inclusive culture creating a positive sense of

place; a localizing economy—towards sustainable food, energy, housing etc.; strong links to

other places and communities."[79] What Wilding's handbook underscores is the importance of

building up the political, economic, and material resources of local communities: "food, energy,

housing," and more. Panter-Brick and others refer to this as "structural resilience," which

foregrounds the necessity of "building robust structures in society that provide people with the

wherewithal to make a living, secure housing, access good education and health care, and realize

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[76] Ibid., 333.

[77] Miller-Karas, *Building Resilience to Trauma*, 6.

[78] Nick Wilding, *Exploring Community Resilience in Times of Rapid Change: What Is It? How Are People Building It? Why Does It Matter?* (Fiery Spirits Community of Practice, Carnegie UK Trust, 2011), 2.

[79] Ibid.

their human potential."[80]

In pastoral theological studies, Jennifer Baldwin describes resiliency as consisting of "a person's *assets* and *resources*" (what I have written about in this chapter as a person's *capacities* and *resources*).[81] Baldwin explains, "An individual or community's assets are internal positive features including good enough self-esteem, a felt sense of being safe in the world, and 'enough'…self-efficacy, personal agency, etc. Resources are the external positive features in life including social support, mentors, enough material resources to meet basic needs and safety, etc."[82] As Baldwin reveals, the key shift in a resiliency-focused approach to research and care is identifying, utilizing, and strengthening these assets (capacities) and resources. Additionally, broadening her scope beyond that of the individual, Baldwin notes the importance of working for systemic and structural reform. She writes, "The discrepancy of promotive factors found at the community level can be correlated with systemic oppression and prevalence of intergenerational and societal traumatization."[83] In other words, building resilience happens not only at the level of the body, but also the body politic as we work to transform both ourselves and the environments in which we are embedded.

Leo: "Taya Ashton."

The people: "We speak your name."

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[80] Panter-Brick, in Southwick, et al, "Resilience Definitions, Theory, and Challenges," 6.

[81] Baldwin, *Trauma-Sensitive Theology*, 60.

[82] Ibid., 60.

[83] Ibid., 61.

Queering Resilience

> *Leo*: "Shai Vanderpump."

> *The people*: "We speak your name."

A recent study claims that "resilience" is an emerging norm in LGBTQ+ communities. The authors write, "There is a need to consider further exploration and development of LGBTQ-specific models and measures of resilience that take into account structural, social, and individual determinants of health and incorporate an intersectional lens."[84] To that end, one of the purposes of my interviews was to discern the capacities and resources that queer folks tap into for their own survival, connection, and flourishing. To protect their identities, each participant chose their own pseudonym, and I omitted a number of identifying details, including which organization (PABC or LNFY) each participant is a part of. Again, all have been touched by homelessness in a variety of ways, and, as you will notice, every one of these participants are now in positions of caregivers in their communities, particularly around issues of housing, representation, and mental health. By treating queer folks touched by homelessness as "primary theologians" and "experts," we may all learn some deep wisdom about: (a) what is resilience; (b) what is queerness; and (c) what is uniquely resilient about the lived experience of queerness?[85]

Harry (he/they) is a thirty-four-year-old, Black, trans non-binary person who identifies as gay, lesbian, queer, and poly (i.e., polyamorous). Harry told me, "When I think of resilience, the next word that comes to mind is sustainability. I think about sustaining myself, or a project, or a relationship, or a practice, being able to do it, and keep doing it, and sustain it." Speaking to a

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[84] Emily Colpitts and Jacqueline Gahagan, "The Utility of Resilience as a Conceptual Framework for Understanding and Measuring LGBTQ Health*," International Journal for Equity in Health*, 15.60 (2016).

[85] Mary Clark Moschella, "Ethnography," in *The Wiley-Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Malden: Blackwell Publishing Limited, 2012), 224-233.

popular understanding of resilience, Harry continued, "The idea that people talk about, that kind of elastic bouncing back, I don't really subscribe to that. I don't want to bounce back to where I was. I want to bounce forward. Like I want to be able to withstand whatever I am going through and then sustain myself beyond the injury, or the hard situation, or whatever the failure." When I asked Harry how they think about community resilience, they answered, "I am seeing people in a boat together with the waves crashing. Community resilience is staying in the boat and making sure everybody is safe. It's sustaining and withstanding all the beating of the waves and rocks." In the context of the queer and trans community, Harry said, "Community resilience is a collective journey… to shed these notions and ideas that we have about one another and that keep us from being as inclusive and progressive as we want to be." Harry then described two images of community resilience: the civil rights movement of the 60s, and the Attica Prison Revolt. They said, "I am curious about whether community resilience means that there must be success all the time… Like with the Attica Prison Revolt. People died, people got hurt, their demands weren't necessarily met. But they were resilient. Some of them lived and they tell their stories today." Importantly, Harry decouples resilience from expectations of success and overcoming. For Harry—informed by their own experience and by the justice movements of their culture—resilience is not an outcome but a collective and ongoing process of sustaining.

Leo: "Zoella 'Zoey' Rose Martinez."

The people: "We speak your name."

Oliver (he/him) is a twenty-eight-year-old, white, cisgender man who identifies as gay and queer. Oliver said, "My perspective on resilience is filtered through all the privileged identities I hold and experiences I have. Resilience is definitely contextual." Oliver clarified that it was in the context of diverse queer communities that he learned to be aware of a multiplicity of

intersecting identities and privileges. Oliver offered two images of resilience: working out and sharing a meal together. "Resilience is kind of like working out, right? It's those tiny little tears in the muscles that create the growth." Here, Oliver links resilience to a growth-mindset in the face of life's obstacles. Next, Oliver described a shared meal at a public park where everyone has equal access to the table and its food without exception: "We eat and drink and be merry and then we become aware of the fact that we already are community." Oliver emphasizes what so many researchers are learning: that the norms of resilience are contextual, and that the cultivation of resilience entails a practice of communing and caring for bodies.

Leo: "Natalie Smut."

The people: "We speak your name."

Magpie (they/them) is a forty-two-year-old, white, trans non-binary person who identifies as lesbian and queer. In our conversation, Magpie talked about how care and support in their life was always "segregated." They received some support from their queer activist circle, some from their treatment center for addiction and homelessness, and some from their faith community. But ultimately what gave Magpie confidence in their own resilience was the development of relationships with queer elders who offered consistent support. They told me, "Now, I feel like we are the queer elders. It is interesting to see young queers and be like, 'This is what I can give…' and to dedicate myself to that has been really lovely." Magpie's words powerfully reveal the relationality at the heart of resilience, and they speak to the value of being connected in supportive community as both a care*seeker* and a care*giver* (indeed to the ways that careseeking and caregiving are mutually nourishing).

Leo: "Tiffany Thomas."

The people: "We speak your name."

Reese (he/they) is a thirty-year-old, white, Hawaiian, and Japanese multiracial, transgender man who identifies as queer. Reese said, "I used to think resiliency was synonymous with toughing something out, and I conflated it with endurance. Now, I think about words like adaptation, nimble, innovation, imagination… What do we come up with to not just persevere, not just survive, but figure out how to be well and how to be whole." Like Magpie, Reese emphasized resilience as inherently communal, saying, "I do not actually think anybody is being truly resilient by themselves… It's almost like Panera Bread… or garlic aioli. Resiliency is not resiliency without community." As Reese described, it is in the context of supportive community that people "uncover their own power and their own agency." Reese's words illuminate the inherent relationality of resilience, which supports us in "uncovering skills and finding different faculties in ourselves to thrive."

Leo: "Keri Washington."

The people: "We speak your name."

Amy (she/her) is a forty-year-old, white, cisgender woman who mostly prefers not to identify her sexuality, but privately thinks about herself as queer. Amy defined resilience as "coming back to yourself." She also described how resilience is a process that is not linear, but ever "in motion. It is moving. I have been in therapy before and one thing I have learned is that healing from trauma is not linear." She began to describe someone who came into the building [at PABC/LNFY] who embodied this for her. "They came by the center for the very first time after being in the streets for two days. Worn, exhausted, and then months later they came back in shopping with vouchers for stuff to furnish their apartment with. So that is like seeing the arc of 'from here to there,' but we do not see all of the in-betweens, the ups and downs of their everyday. We do not get to see all the millions of twists and turns. Resilience is not linear." Amy

then began to tell me another story: "There is a certain feeling or look or kind of countenance

people get when they come in sometimes for the first time, kind of like a countenance of shame.

And you could tell that it was their first time there. They looked kind of caved and sheepish. But

I think they were resilient just for being there." Amy's stories flip upside down many of the

conventional expectations about resilience. As Amy describes it, resilience is not a linear

progression towards a better outcome; often, it is simply the courage that shows up and reaches

out for help or connection without the assurance of success.

Leo: "Danika 'Danny' Henson."

The people: "We speak your name."

Nay (she/her) is a forty-six-year-old, Black, transgender woman who identifies as queer.

Nay shared Amy's perspective that resilience is "what it takes for somebody to walk into Lost-n-

Found. There is a whole internal process that that person had to go through. Let alone, how many

buses they had to take or how long they had to panhandle." Like Amy, Nay celebrates resilience

in those that our society often views as lacking. In this sense, Nay said, "I think of sanity as

resilience… to hold onto an image of yourself or an image of who you are after going through

some of the most horrific kinds of experiences that you can think of." Nay's conceptualization of

resilience is rooted in the efforts we take to secure material resources and hold onto a positive

self-image apart from the horrific things we have endured.

Leo: "Serenity Hollis."

The people: "We speak your name."

AJ (he/him) is a forty-three-year-old, Black, transgender man who identifies as queer. AJ

defined resilience by saying, "I tend to think of it as support, as opposed to thriving in spite of, or

dealing with things in the midst of life. Resilience is more about resolve and commitment. For

me, it is an action word. So, every day, it may be difficult to do so, but every day is an opportunity to love and support yourself, as well as those around you." Like others, AJ told me, "I don't believe we do anything alone. I have to recognize that I don't live my life in a bubble. I need people, and I thrive with connections." When I asked AJ about community resilience, he responded, "What comes to mind is safety, in the sense that we have what we need to be safe. We have what we need to be cared for. We have all the resources that we need. We have the talents and skills and abilities to share with folks such that everyone feels well… I believe that we can cultivate ways in which institutions can better serve the people that are a part of them. And I also believe that some systems need to be taken down. I am not opposed to being considered an abolitionist—I am—but my point is, there is enough food, there is enough shelter, there is enough clothing, and there is enough community care available. It's about how do we prioritize it." AJ expands our conceptions of resilience to include mutual aid and community care, institutional and structural reform *and* abolition, and the sharing of the material resources we all need to be safe, sheltered, well fed, and meaningfully connected.

Leo: "EJ Boykin."

The people: "We speak your name."

Sage (they/them) is a thirty-two-year-old, mixed-race white, Irish, and Mexican, "gender outlaw" trans non-binary person who identifies as queer. Sage said, "A form of resilience is right here, the way I'm able to feel peace in the midst of capitalism, patriarchy, and white supremacy. Those things do exist, but I find joy here now because I am allowed to, and I can... Resiliency is really the act of maintaining peace in oneself and within the community." As Sage talked, their answers became more and more focused on community, and they began to describe resilience as "the ability for a community to take care of one another and respond to one another's needs." A

prime image of resilience for Sage is "the first church. They shared everything they had, and there was no need among them. That's really what it comes down to. Have no need among you." Sage shared story after story about how other queer people helped them, paid their bills, and shared food and housing with them when they were in need. "I now have this dream of figuring out how to start pooling our resources to get us out of debt." Sage, like AJ and others, thinks of resilience as a communal process of resisting a violent world by creating systems of mutual aid, shared resources, and community care. In addition to these communal efforts (or perhaps sustained by these communal efforts), resilience is a process of maintaining peace and finding joy "in the midst of capitalism, patriarchy, and white supremacy."

Leo: "Aidelen Evan."

The people: "We speak your name."

Orienting Toward Queer Resilience

Leo: "Disaya Monaee."

The people: "We speak your name."

The perspectives and experiences of the above participants are pivotal to the chapters that follow. Each chapter attempts to think in multiple registers at once: e.g., regarding religion as a source of deformation and transformation, and inquiring into how the lived experience of queerness contains both traumatic and resilient proclivities. Each chapter applies a variety of interdisciplinary frameworks (including neuroscience, psychology, somatics, cultural criticism, feminism and womanism, queer theory and queer of color critique, critical race philosophy, pastoral and practical theology) for taking seriously both queer trauma and queer resilience. While each chapter addresses trauma in a different way, a commitment to resiliency-focused

research and care drives each subsequent chapter to take the risk of positing a constructive

(hopeful) turn towards the body, community, difference, practice, and queerness itself.

Body: In chapter 2, "Trauma, Queerness, and the Demand for Narratability," I consider

one of the fundamental dilemmas of trauma care: how to respond to trauma without

retraumatizing others and ourselves. Historically, a "top-down" or talk-based approach that

prioritizes narrative verbalization has predominated trauma interventions. First, I assess the

conceptual, biological, and socio cultural risks of retraumatization from such an approach by

thinking about trauma in terms of rupture, split, and repetition. I also explore the physiological

underpinnings of trauma to reveal how the top-down approach harmfully prioritizes cognitive

verbalization at the expense of other bodily capacities. Second, I argue that the demand for

narrative coherence appears also in the branch of pastoral literature known as an "affirming

approach," whose norms have been greatly troubled by queer approaches. Ultimately, the

demand to tell a coherent narrative of the self reproduces white Western norms of intelligibility,

which risks retraumatizing trauma survivors and reifying anti-queer norms and structures. In

contrast to a top-down and affirming approach to care, I advocate for a bottom or body-up and

queer approach that foregrounds a range of biological and relational capacities in addition to

verbalization. By underscoring bodily resilience as a capacity that can be learned and expanded,

resiliency-focused care highlights somatic interventions and grounds the indeterminacy of life

and the identificatory incoherence of queerness in the resilience of bodily practice. The body is,

after all, our primary resource for care.

Community: Chapter 3, "Orienting Community Towards Resilience," begins by

correlating the concepts of cumulative, historical, and insidious trauma with national data on

LGBTQ+ homelessness and personal accounts from queer participants. Through data and

experience concerning queer folks' fraught relation to family, kinship, and housing, a socio material portrait of *queer trauma* emerges. Because queerness disrupts reified patterns of relation and embodiment, *queer trauma* refers to the ways that non-cisheteronormative genders and sexualities often cut us off from the resources and protections of the family, faith community, and social unit. Contrast this with a common maxim in trauma studies: that strong social networks and family support are the primary mediators of trauma. What is thus *uniquely traumatic about queerness is how it can erode family and social connections, including the material resources and social benefits tied to community lineage and familial inheritance.*

Yet, a resiliency-focused response to queer trauma mines for what else is true, and each of the participants I worked with also speak to the creativity, freedom, and joy of queerness. To counter the conflation between queerness and trauma, I utilize Sara Ahmed's conception of queerness-qua-orientation to consider the ways that queerness orients us *away* from some bodies, objects, spaces, and norms ("queer trauma"), while simultaneously orienting us *toward* new possibilities ("queer resilience"). The failure of queerness to reproduce certain norms and relations exposes us to potential traumatization; yet this failure also proves to be a generative reworking of those norms to release previously untapped ways of thinking, being, and relating: what I coin as *queer resilience*. Queer resilience is a relational and structural process. It indexes the creative reworking of our conscriptions, abuse, and trauma such that new configurations of subjectivity, community, and care come into view. By focusing on queer resilience in the two organizations I partnered with for my research (specifically, the ways that queer people forge community and create networks of mutual aid), I propose we can celebrate the gifts of queerness for building resilient communities, while also expanding the portrait of LGBTQ+ religious life beyond its typical association with trauma.

Complicity: In chapter 4, "Queerness Cannot Save Us," I interrogate the idealization of survivors and queer folks in trauma theory, pastoral theology, and queer studies. I also aim to receive the same critiques about piety in my own research by wrestling with the insights of Gillian Rose, George Yancy, and queer research participants of color. To be direct, queerness cannot save us from our whiteness, Christian nationalism, or any form of violence and complicity, because it is ever susceptible to the danger of positioning itself as the perfect victim. Only when we recognize this danger can queerness potentially orient us differently to the politics of discomfort and help us tarry in the self-crisis of our own complicity. We are both victim and perpetrator, innocent and guilty, abused and abusing—to invoke the wisdom of Gillian Rose. My final move in this chapter is to expand the functions of spiritual care to include un-suturing: a somatic practice detailed by George Yancy in response to whiteness. Un-suturing is the practice of being undone by the revelation of our debt to the other; as such, it is a spiritual practice for reckoning with our positionality as abusers and perpetrators. Rather than re-covering our wounds in pious self-affirmation, un-suturing is about un-covering the wounds of our violent perpetration and complicity. Ultimately, queer resilience enables and is sustained by un-suturing; meaning, queerness resources us with the relational resources and bodily capacities necessary to engage the deeply unsafe and unsettling work of challenging our pieties and confronting our complicities.

Practice: In chapter 5, "Queerness and Other Practices of Resilience," I inquire into the practices that queer folks engage to cultivate community resilience. To understand how to study and think about practice, I follow Emmanuel Lartey's principles of intercultural care (contextuality, multiple perspectives, and active participation), and I add two principles based on my research with queer communities: consent and feeling "good." I also survey a variety of

trauma-sensitive practices, from yoga to activism, and nuance "professional" recommendations for building resilience by considering some of the practices that my participants engage, particularly ancestor veneration. What I learn by attending to the practices of queer folks is that ultimately *queerness itself is a practice of resilience*. According to the experiences of participants, the shift from gender and/or sexual difference to *being queer* is precisely a shift in embodied practice: how we perceive, move, speak, connect, and mobilize—in short, how we become oriented and embodied. As a practice, queerness is about embodying (the social and habitual repetition of) resistance, unification, remembrance, mourning, celebration, wonder, play, and discomfort. As such, queerness is not opposed to religious and spiritual experience, but very often is its conduit.

Queerness: In chapter 6, "Conclusion: *Queering* Resilience and *Resilience-ing* Queers," I argue for the never-ending negotiation of our subjectivities and norms, specifically *queerness* and *resilience*. I write about queerness and resilience as provisional, the best of current options. However, queerness and resilience each contain their own gifts and damages. *The damage of queerness* is often revealed in the slippage between queerness as a *practice* and queerness as an *identity*—a slippage that can work to shore up the "queer" as the perfect victim of violence and thereby obscure our complicity. *The damage of resilience* is its tendency toward individualized promises of progress, which collude with a white supremacist and cisheterosexist world order rather than destabilize it. By *queering* traditional notions of resilience and following the lived experiences of queer folks, I argue for a conception of queer resilience that works in between a deficit-focused and strengths-based model, being inclusive of both our salvific resources and our irrecoverable losses. Queer resilience does not deny the ongoing realities of oppression, and neither does it succumb to negativity; rather, queer resilience is the relational process that makes

productive use of our failures and our traumas and orients us towards new configurations of community and embodiment. In all these ways, queerness becomes embodied in the life of a community as a mode of resilience.

We Speak Your Name

After the panel ends, Leo invites all the trans and gender-queer people in the congregation to come to the altar and take a candle bearing the image of a transcestor. Leo says, "These are for you to take home and light—to remember your sacredness and the strength of your transcestors."

I sit and watch as person after person walks forward to the altar and picks up the votive candle that resonates with them. As each person takes a candle, they also blow out the flame. The sanctuary gradually grows dimmer and dimmer as we leave the holiness of this place and venture out into a world that often does not love us.

Leo: "Tierramarie Lewis."

"Miss CoCo."

"Pooh Johnson."

"Briana Hamilton."

"Fifty Bandz."

"Jo Acker."

"Marquiisha Lawrence."

"Jenny De Leon."

"Danyale Thompson."

"Cris Blehar."

"Angel Naira."

The People: "We speak your name."

Leo ends with a final benediction: "As we close this service, remember this is the just the beginning. You are light. You are a beacon of hope. You being here is the hope and the meaning. As was stated earlier, today is a day of remembrance, and tomorrow is a day of resistance. All the candles on the altar are yours to take with you. Remember your transcestors, and remember that you too are sacred."

Chapter 2:

Trauma, Queerness, and the Demand for Narratability

Traumatized people might not lack a language to communicate their suffering; instead, witnesses to their trauma may be refusing to listen.

—Joanna Bourke[86]

The theological scandal is that bodies speak, and God speaks through them.

—Marcella Althaus-Reid[87]

I was volunteering for an overnight shift at the transitional home for LGBTQ+ youth at Lost-n-Found. A dozen or so young people occupied the house, three of whom I knew from the emergency warming shelter the winter before. I checked that the chores were finished and the kitchen was cleaned, and then I played video games with one of the clients, Blair, a young Black person who had lived in the house for about a month.[88] After an hour of losing, I set down the controller to talk more intentionally. I asked Blair a few questions to try and learn their story. Blair talked rapidly, jumping from story to story, and I found myself intently working to follow the timeline of their life. I figured Blair needed to voice what happened to them.

What I pieced together is that Blair struggled with self-hatred for as long as they can remember, but they concealed it in Sunday school prayers and confessions of sinfulness so common to rural evangelical Baptist life. (I too grew up rural evangelical Baptist, and we discussed a few shared experiences as closeted Christian teenagers.) Around high school, Blair

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[86] Joanna Bourke, "Why History Hurts," in *Traumatic Memories of the Second World War and After*, eds. P. Leese, J. Crouthamel (Palgrave Macmillan, 2016), 270, 286.

[87] Marcella Althaus-Reid, "Queer I Stand: Lifting the Skirts of God," *The Sexual Theologian: Essays on Sex, God, and Politics* (London: T. & T. Clark, 2004), 34.

[88] As I recount our conversation, I do not know what pronouns to use when I describe Blair, and so I will mostly use the gender-neutral pronouns *they/them* used by many non-binary, gender-fluid, and gender non-conforming folks.

knew *he* was a *girl*, had always been a girl, and *his* parents kicked *him* out when they found out *he* was a *she*. Blair was not even allowed to pack a bag. Her father screamed at her, "Maybe you want to go to hell, but I refuse to let you drag this whole family to hell with you. Get out!" She slowly hitchhiked from rural Georgia to Atlanta, sleeping in bus stations, on park benches, under overpasses.

This is how Blair narrated their story, switching in and out of male, female, and occasionally gender-neutral pronouns. Blair continued. She spent months making do on the streets, until someone told her about Lost-n-Found Youth: a homeless LGBTQ+ youth organization, day center, emergency shelter, and transitional home. She sat outside all night in the rain waiting for the center to open in the morning. Her father's words ran through her mind on repeat—"Maybe you want to go to hell"—and she decided she did not. Alone, in the rain, on the street corner, with an empty stomach, Blair "realized that all this bad stuff only happened to me because I told my family I was a woman. So, I decided it wasn't worth it." Before Lost-n-Found Youth*,* an affirming organization, was able to open back up in the morning and provide Blair with emotional support and material resources, Blair "decided it was easier to let people see me as a man." Blair began using he/him pronouns again as he described how Lost-n-Found Youth helped him find work (as a night shift security guard), finish a GED, and move into the transitional home.

I listened compassionately, offered what I believed to be gestures of concern, and tried to mirror empathy and be as present with Blair as possible. But at this exact moment, Blair said, "Sorry, my mouth is super dry and I just got a horrible headache. I'm gonna grab a drink and take a walk," and just like that Blair was out the house, dropping our conversation at what seemed to me to be the most critical moment.

All my training in chaplaincy prepared me well to recognize potential trauma symptoms. Following the lead of the various trauma theologies I was sorting through at the time, I believed my role in that moment was helping Blair work through their traumatic past and harmful theological beliefs by narrating a new story of self, faith, and community. So, I asked Blair questions about their potential trauma and tried to create a safe space to help them narrate their experiences with a sense of trust and support. I thought we were on the verge of breaking through to a healing pastoral moment where together we would write a new story of who Blair is and a new story of the God who never left them. But Blair left.

Looking back, it seems the conversation activated a series of unpleasant responses in Blair's nervous system. I now realize that I rushed a conversation rather than taking it slow, ignoring one of the common maxims of trauma care: *the slower you go, the faster you get there*. I saw Blair as a traumatized person with a fragmented story in need of a compassionate witness, and I led Blair to narrate a story and a self as such. I asked Blair questions about what happened to them, with little attention to their body and to what else might be true other than their suffering. I lost sight of Blair's gut intuition that identity is always social and political, which was reflected in how Blair shifted their gender identifications and embodiments in exchange for the material resources they needed to survive. Failing to recognize the complexities of this, I fetishized working through the trauma story as the goal of care. Blair was working (and succeeding!) to survive.

In this chapter, I bring my own largely questionable attempt at care to bear on a historical trend in trauma and queer studies: the use of a top-down approach to care that values the telling and retelling of traumatic experiences in order to integrate them. To show how a top-down approach to trauma care often proves insufficient, I unpack a conception of trauma as disruption

and repetition and highlight the various risks of retraumatization that may occur through a top-down approach. Additionally, by exploring the dilemma that queerness poses to the problem of narration, I play with a potential contact point between trauma and queer studies.

Both *queerness* and *trauma* refuse linear, coherent narrativization. In fact, queer folks and(/as) trauma survivors illuminate a kind of resilience that finds ways to keep living in the midst of incoherence and incongruity. In this regard, theology and care with LGBTQ+ communities may be best served by a *resiliency-focused queer approach*, which operates from the level of the body and community, while simultaneously attending to the socio material conditions that support the body (i.e., from the bottom-up), instead of demanding the need for a coherent narrative of our traumas or our identities.

Traumatic Repetition and the Risk of Retraumatization

One of the fundamental dilemmas of trauma care is: *how do we care for people and communities who are deeply impacted by trauma without retraumatizing them or ourselves?* Underscoring the significance of this question, Deborah van Deusen Hunsinger asks on the first page of her pastoral theological work on trauma, "Is it possible to talk about trauma without causing pain to those already bearing trauma in their bodies and souls?"[89] Similarly, in the context of homiletics, Serene Jones asks, "How can ministers craft sermons that speak to the plight of trauma survivors without retraumatizing them?"[90] Every conversation and practice of trauma care must address this risk.

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[89] Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids: William B. Eerdmans Publishing, 2015), 1.

[90] Serene Jones, *Trauma and Grace: Theology in a Ruptured World* 2nd edition (Louisville: Westminster John Knox Press, 2019), 85.

Modern trauma theory describes how returning to traumatic experiences in dreams, flashbacks, sensory reminders, or conversational prompts is often not simply about *remembering* a past event, but *reexperiencing* it in the present as if the trauma is still happening. The temporality is significant. With trauma, the past and the present blur, refusing to cohere in linear sequence and effectively obliterating a sense of futurity. Trauma is distinct from other kinds of suffering in this way, for it is precisely "what does not get integrated in time and thus returns or remains," as Shelly Rambo puts it.[91] Many theorists even claim that there is no future and no present for a traumatized person; there is only the incessant and compulsory repetition of the past, of being *stuck*. "Trauma is the ultimate experience of 'this will last forever',"[92] writes psychiatrist and trauma expert Bessel van der Kolk, which is an experience he also names as "the tyranny of the past."[93] Following this conception, the temporal tyranny of trauma denotes the absolute rule of a traumatic past over a person—without restraint, without interruption, without end.

Understanding trauma's disruption of time helps illuminate the nature of trauma itself, which is not simply violence but *split* and *repetition*. In *Beyond the Pleasure Principle,* a foundational work in developing a theory of trauma, Sigmund Freud writes, "The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it… He is obliged to *repeat* the repressed material as a contemporary experience instead of, as the physician would prefer to see, *remembering* it as something

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[91] Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma* (Waco: Baylor University Press, 2017), 4.

[92] Bessel A. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Books, 2014), 70.

[93] Ibid., 103.

belonging to the past."[94] Freud's language of "obliged" here refers to what he also calls the unconscious "compulsion" to repeat, or reenact, an experience. Indeed, obliged is too benign a word. *Compelled*, *coerced*, *constrained* are more accurate, for these words underscore the experience of a complete loss of control over biology, affect, behavior, and sense of self in space and time. Distinct from other forms of suffering and stress, trauma refers to the violent split in a person's body, mind, and social network where time no longer flows but coagulates.

Revisiting Freud's insight into trauma-qua-repetition provides a significant expansion to widely utilized contemporary conceptions of trauma. For example, in the Diagnostic and Statistical Manual of Mental Disorders-V—the normative reference point for understanding, diagnosing, and treating post-traumatic stress disorder—trauma is conceptualized as "exposure to actual or threatened death, serious injury, or sexual violence."[95] But what Freud and others illuminate is that trauma is more than merely *exposure to*; trauma is the *repetition of*. The initial violence—characterized in terms of *death* and its looming threat to the supposed boundedness of the "self/body"—was never fully experienced in present time and thereby never fully integrated bodily, psychically, or communally. This fragmentation leads Cathy Caruth to name trauma as an "unclaimed experience."[96] The death-like experience(s), whatever it may be, completely shatters a person's sense of self, body, community, time, meaning, and world.

Thus, the unintegrated (unremembered, Freud writes) experience repeats and haunts. Following Freud's insights, psychoanalysis has paid great attention to the ways that repressed

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[94] Sigmund Freud, *Beyond the Pleasure Principle* (W. W. Norton & Company, 1920/1990), 288.

[95] American Psychiatric Association, "Posttraumatic Stress Disorder," in *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed., (Arlington: American Psychiatric Publishing, 2013), 271.

[96] Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University, 1996/2016).

catastrophic experiences become unconsciously repeated in the body and life of a person—even in the collective body and history of a people, as Freud's *Moses and Monotheism* demonstrates.[97] Many clinicians and analysts believe that such repetitions of a past devastating experience signal the attempt of the psyche to gain mastery over it.[98] As Cathy Caruth describes, "The painful repetition of the flashback can only be understood as the absolute inability of the mind to avoid an unpleasurable event that has not been given psychic meaning in any way."[99] According to this logic, the traumatic experience repeats in dreams, flashbacks, affects, interactions, behaviors, and more in order to grant the person opportunities to act out a "re-do" of the experience. Eventually, the traumatized person will learn to *repeat the trauma with a difference*, that is, with a sense of increasing control, attention, trust, and support. In this way, the trauma becomes integrated and loosens its death grip.

For about the past hundred years, therapeutic interventions followed this logic, but primarily (if not solely) at the level of discourse. Such interventions demanded that the trauma story be repeated—retold and retold—in the presence of a caring witness until the person could master the traumatic experience narratively (i.e., integrate it into a larger life story). Strategies for this verbal repetition in clinical and spiritual care have sometimes included bringing to light the repressed trauma story, mourning the loss, ascribing it meaning/coherence, sequencing it in a linear temporality, and gaining a sense of narrative control over its affective dimensions and displacements. Van der Kolk categorizes this form of treatment as the "talking cure" or the "top-down" approach. He writes, "Top-down regulation involves strengthening the capacity of the

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[97] Sigmund Freud, *Moses and Monotheism* (Martino Fine Books, 1939/2010).

[98] Bessel A. van der Kolk and Alexander C. McFarlane, "The Black Hole of Trauma," in *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: The Guilford Press, 2007), 199.

[99] Caruth, *Unclaimed Experience*, 61.

watchtower [the prefrontal cortex of the brain] to monitor your body's sensations."[100]

The top-down approach has dominated in both trauma studies and theology. For example, pioneer trauma theologian Serene Jones writes, "Because trauma is like a feedback loop, *you have to tell the story,* and in telling the story you will eventually have to be able for your own imagination and your own body to imagine a different ending, to imagine a space beyond that story."[101] Drawing on the work of Judith Herman, Jones describes the path from trauma to recovery as a three-step process beginning with (1) the survivor's narration of the traumatic events, (2) the presence of a witness to create a "safe space for speaking" and to receive the testimony, and finally (3) the "process of telling a new, different story together" of the self and the future.[102] Jones' outline in this instance is a clear top-down approach that emphasizes verbalization and narrativization as the primary resources for care.

Similarly, pastoral theologian van Deusen Hunsinger writes, "Human sufferers most need their fellow human beings to demonstrate care for them, *to hear their story*, however fragmented or inchoate, with compassion."[103] She later expands this to assert verbal narrativization as the first step of trauma care. She writes, "Giving voice to all they have experienced—the terror and helplessness, the sense of moral outrage and personal violation, the sorrow, hurt, anger, and

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[100] Van der Kolk, *The Body Keeps the Score*, 63.

[101] Jones, *Trauma and Grace*, xv. (Emphasis mine)

[102] Here is the fuller quotation of this process: "*First, the person or persons who have experienced trauma need to be able to tell their story.* The event needs to be spoken, pulled out of the shadows of the mind into the light of day… *Second, there needs to be someone to witness this testimony, a third party presence that not only creates the safe space for speaking but also receives the words when they finally are spoken… Third, the testifier and the witness (and we are both) must begin the process of telling a new, different story together: we must begin to pave a new road through the brain.* This third requirement for recovery is an extremely tricky business. It does not mean forgetting the past; rather, it means renarrating the events in such a way that agency is returned and hope (a future) is possible. All of this is aimed at breaking the cycle of repetitive violence." Ibid., 32.

[103] Emphasis mine. Van Deusen Hunsinger, *Bearing the Unbearable*, xiii.

grief—becomes the essential first step in piecing together a coherent narrative."[104] I remember reading these exact texts during my theological studies and immediately applying this approach in my first unit of Clinical Pastoral Education. I also engaged these steps years later in the opening anecdote with Blair above. As one pastoral counselor recently told me, "The more someone tells the story, the less power it has over them."

Except this is not true. Not necessarily, nor in most cases.

Historical and Material Risks

As I see it, the top-down approach to trauma care, which centers the telling and retelling (repetition) of the trauma story, often fails in several major ways—historically, materially, biologically, relationally, and *queer*ly. What becomes clear to Freud and other psychoanalysts is that the repetition of a trauma reveals "a series of associatively linked episodes, beginning in early childhood, all of which needed to be exhumed."[105] Trauma-qua-repetition then is about more than the simple recurrence of a single threatening event that needs to be integrated in a person's life story. Trauma indexes a web of associations and displacements that repeat in myriad ways throughout a lifetime and a history (even across generations).

When theologians and practitioners outline the path from trauma to recovery as one of narrative verbalization (learning to tell their story), the assumption too often is that there is a traumatic event to excavate, a violent incident to narrate, a secure and closed past isolated to the individual.[106] Many postcolonial and critical scholars have criticized how individualized and

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[104] Ibid., 11.

[105] Stephen A. Mitchell and Margaret J. Black, *Freud and Beyond: A History of Modern Psychoanalytic Thought*. (New York: Basic Books, 2016), 10.

[106] Serene Jones at times plays into this logic by writing, "*First, the person or persons who have experienced trauma need to be able to tell their story. The event needs to be spoken.*" Admittedly, later in Serene Jones's text, she

pathologized this assumption is in trauma studies. Yet in its earliest conceptions, the theory of

trauma attempted to account for the individual and the historical simultaneously. Indeed, as

Freud, Caruth, Felman and other prominent trauma scholars have shown, personal accounts of

trauma inevitably slide into collective and historical ones, refusing to isolate in a single

individual or history. [107]

A top-down approach to trauma care ignores this dynamic, particularly the ways in socio-

cultural, historical, and discursive conditions structure the emergence of the subject and the

terms of narratability. As Judith Butler has suggested, the question is not "who am I" but "who

can I be, given the regime of truth that determines ontology for me?"[108] The norms of social

legibility, fabricated to shore up the figure of the white cisheterosexual citizen ideal, precede and

exceed the subject, thereby placing an impossible talk on an "individual" to know and narrate a

history of the self in which trauma is personalized, contained, and sequenced as an event.

A top-down approach to care conflates a response to trauma (care-qua-repetition) with

the problem of trauma itself (trauma-qua-repetition). Trauma *care* is severely limited when it

becomes conceptualized as a *better repetition*—as simply learning to tell the story with

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challenges this understanding of trauma as an event. Jones even describes the limits of memory and narrativity quite poignantly. However, she stops short in bringing these later insights to bear on the threefold practice of narrative care she outlines in the beginning of her work, which insists that the survivor learn to tell the story of what happened to them in the presence of a compassionate witness. For reference, Jones writes later in her work, "Hence, there is often no straight-forward memory to excavate; there are only gaps, silences, and a vast range of emotions and vague, dreamlike images that move in and out of one's consciousness. To remember, in this context, is to give linguistic shape and substance to these silences, emotions, and dreams, to pull them out of the 'lurking corners.'" I find this description quite powerful. My own interest in Jones' trauma theology builds off these later insights from the last chapters of her book in which she relies less on the need for narrative coherence and more on the "body-stories" and faith practices that allow a person and community to keep living despite the narrative disruption of trauma. In my reading, the top-down approach to trauma intervention has so predominated the 20th century that it slips back into Jones' trauma theology, despite her awareness of its limitations. Jones, *Trauma and Grace*, 59.

[107] C.f. Sigmund Freud, *Moses and Monotheism*, trans. Katherine Jones (New York: Vintage Books, 1939). Caruth, *Unclaimed Experience*, 2016. Shoshana Felman. *The Juridical Unconscious: Trials and Traumas in the Twentieth Century* (Cambridge: Harvard UP, 2002).

[108] Judith Butler, *Giving an Account of Oneself* (New York: Fordham University Press, 2015), 25.

increasing control and coherence. What the history of pastoral and clinical experience reveals is that repetition rarely leads to mastery. In fact, whether the repetition occurs unconsciously through affects, behaviors, and dreams, or consciously through therapeutically guided attempts at verbalization, "repetition causes further suffering for the victims or for other people in their surroundings."[109] This is true in part because the traumatized person can reenact their "unclaimed" experiences as alternately victim, victimizer, and witness, repeating (and engendering) a series of traumas from a variety of roles and standpoints. When a top-down approach to care emphasizes verbal remembering or therapeutic repeating, especially at the expense of (other) bodily interventions, it colludes with trauma itself as a psychic, historical, and bodily repetition. Such an approach leaves us highly vulnerable to continual retraumatization; indeed, our "care" can become another episode in a series of harmful repetitions.

As it relates to LGBTQ+ folks, the ongoingness of racialized, gendered, and sexual oppressions reveals a kind of traumatic repetition that is both historical and quotidian. Every rejection by a family member or faith community; every exclusion from legal rights or social relations; every distorted depiction in the media; every microaggression and macroassault in public or private; every invalidation and diminishment are repetitions of traumatic white cisheteropatriarchy, not only hails the subject into being, but also disciplines its formation. This of course does not even begin to account for the ways these violences repeat in our dreams, thoughts, feelings, perceptions, and behaviors. How does one "talk through" anti-queer violence which cannot be contained in the past, safeguarded against in the present, or inevitably overcome in the future? Too much violence continues and compiles for a top-down approach to be adequate, because, simply put, "the central task of the first stage [of trauma processing] is the

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[109] Bessel A. van der Kolk and Alexander C. McFarlane, "The Black Hole of Trauma," *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: The Guilford Press, 2007), 11.

establishment of safety," and mere verbalization will not make us safe.[110] Considering the ongoingness of racialized, gendered, and sexual violence, a top-down paradigm fails to change the inescapability of the traumatic conditions of queer life.

Particularly for Black, Brown, and Indigenous queer communities, traumatic repetitions are as personal and historical (the two keep collapsing into each other) as they are cultural and systemic (coded into the law, politics, education, social relations, and economics). They are also sacralized by whiteness and Christian nationalism. Learning to tell the trauma story in the presence of a caring witness will not change the historical or material conditions that enable quotidian repetitions of violence against queer folks to occur in countless displacements and reiterations. A top-down approach is insufficient to destabilize the centrality of white cis-heteronormativity, and it alone cannot change the historical and material conditions (access to housing, employment, clean food, healthcare, community, etc.) that make queer life so proximate to experiences of trauma and death.

Biological Risks

Secondly, emphasizing the need to "tell the trauma story" fails at the basic level of our physiology. The top-down approach prioritizes the cognitive at the expense of the bodily, completely eliding the physiological impact of trauma as a disruption of cognitive, verbal, affective, and other bodily processes.

Neuroscience often speaks metaphorically of the brain as a three-part system, consisting of the brainstem, limbic system, and neocortex. The "brain develops from the bottom up," meaning that the brainstem (the base of the brain connecting with the spinal cord) is the first area

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[110] Judith Herman, *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (New York, NY: Basic Books, 1992), 155.

to develop in the womb.[111] Sometimes called the "survival brain," the brainstem is responsible for the basic functions that support life, like breathing, sleeping, digestion, circulation, etc. The second part of the brain is the limbic system, commonly called the "emotional brain," as it is responsible for locating the organism in relation to its environment by managing and organizing perceptions, emotions, and memories. The third part of the brain, which forms last in an organism's development, is the neocortex. The neocortex, or more specifically the prefrontal cortex, is the area of the brain responsible for monitoring thoughts and feelings, organizing external information, languaging, planning, and making judgments—what many call the "thinking brain," "rational brain," or what van der Kolk calls the "watchtower."[112]

The limbic system ("emotional brain") is the first to receive and process environmental sensory stimuli. A vital part of the limbic system is the thalamus, which receives and passes sensory input up to the prefrontal cortex and to the amygdala, a part of the limbic system that detects threats and alerts the body to be hypervigilant in the face of imminent danger. Importantly, the amygdala processes information much quicker than the cortex, involuntarily signaling whether or not there is a threat before our thinking brain has a chance to consciously process the information. When a threat is perceived, the amygdala activates the brain stem ("survival brain") and overrides the neocortex, providing the organism with the biological functions necessary to survive a threat.

All of this to say: this brain is beautifully designed to optimize a person's chance at *survival*. As somatic abolitionist Resmaa Menakem writes, "Trauma always happens *in the body*. It is a spontaneous protective mechanism used by the body to stop or thwart further (or future)

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[111] van der Kolk and McFarlane, "The Black Hole of Trauma," 59.

[112] Ibid.

potential damage. Trauma is not a flaw or weakness. It is a highly effective tool of safety and survival."[113] In other words, the "spontaneous" or unconscious processes employed by the body are life-protecting measures that seek to preserve us during moments of extreme stress and violence; in this sense, "trauma" is a life-*saving* response from the body intended to increase the chances of survival in the threat of destruction.

The problem with trauma, however, is that brain processes are so thoroughly disrupted that survival processes do not fully deactivate after the threat is gone. Numerous research studies reveal how survivors of trauma have incredibly active amygdalas, for example, even after the initial threat has long ended; this pattern has been traced across entire generations and cultural groups, and is not, again, isolatable to the individual. In fact, a hyperactive amygdala is frequently detected in the children of survivor populations, illuminating the biological underpinnings of the intergenerational and cultural transmission of trauma.[114]

In addition to a hyperactive amygdala, the hippocampus (a part of the limbic system responsible for processing memories) stays suppressed, severely constraining our memory-functions. As the amygdala activates, the brainstem overrides and deactivates the prefrontal cortex. This is probably the most significant dynamic to remember for our purposes; traumatic stress—including its repetition in dreams, flashbacks, sensory reminders, and conversations—turns the prefrontal cortex, the thinking brain, offline.

The talking or top-down approach attempts to regulate the brain-mind-body (or "soma," as somatic practitioners call it) by strengthening the prefrontal cortex so that it can control the

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[113] Resmaa Menakem, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* (Las Vegas, NV: Central Recovery Press, 2017), 30-31.

[114] For example, see: Jacek Debiec and Regina Marie Sullivan, "Intergenerational Transmission of Emotional Trauma through Amygdala-Dependent Mother-to-Infant Transfer of Specific Fear," *Proceedings of the National Academy of Sciences USA* 111.33 (2014).

impulses of the emotional (limbic) and survival (brainstem) systems of the brain. But here is the

rub: the neuroscientific revolution reveals that this is not how the brain works. Traumatic stress

impedes the efficacy of the very functions attempting to address it. In other words, the prefrontal

cortex is largely powerless to regulate the traumatic disruption of our limbic system and

brainstem, much less their disrupted communication with our entire nervous system.[115]

Van der Kolk describes this powerfully:

> For a hundred years or more, every textbook of psychology and psychotherapy
> has advised that some method of talking about distressing feelings can resolve
> them. However, as we've seen, the experience of trauma itself gets in the way of
> being able to do that. No matter how much insight and understanding we develop,
> the rational brain is basically impotent to talk the emotional brain out of its own
> reality.[116]

Put simply, "no amount of retelling relieves the inner compulsion."[117] A top-down approach to

trauma care tends to ignore the biological reality that trauma hijacks and impairs verbal and

cognitive processes. The pressure to narrate a traumatic story, more often than not, inadvertently

sets us up to reexperience (reenact) violence and stress, rather than productively work through

them.

I want to briefly note some further rationales for an exposition of a biological model of

trauma, which should not be misread as a reduction of trauma to biology. Indeed, trauma is about

ruptures in temporality, attachment, history, subjectivity, and more, which I explore in the

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[115] For example, when the brain registers something as threatening, involuntary responses kick in from the brainstem and override the neocortex. The body releases stress hormones, increases breathing and heart rates, decreases digestion and saliva production, and more—all aspects of the sympathetic nervous system responding to threats and preparing the body for immediate actions, like the urge to *fight* or *flee*. In other contexts, different involuntary responses occur—retraction of stress hormones, decreased breathing and heart rate, increased digestion and saliva— all aspects of the parasympathetic nervous system responding to threats and preparing the body to conserve energy with responses like *freeze* or *appease*. This is a more biological account of what are commonly referred to as the four survival responses: fight, flight, freeze, and appease (or tend and befriend). In a resiliency-focused approach to care, I think of these four involuntary responses as habits of orientation towards and/or away from stress and trauma.

[116] Ibid., 47.

[117] Henry Krystal, "What Cannot Be Remembered or Forgotten," 213.

coming chapters. My focus here is to demonstrate how recognizing some of the biological processes disrupted by trauma can finetune our interventions. For example, a biological model can help to reduce the shame often felt when trauma is talked about in social spaces in terms of emotional or spiritual weakness, as if all we need is more courage and prayer. I have worked with innumerable people who expressed immense relief when they learned their symptoms were about biology, not personal flaw or weakness.

I also emphasize biology here because conceptual definitions of trauma are highly contested and plural. Already I have discussed trauma in terms of split, repetition, disruption, and an exposure to threat or death. Rather than arguing for a single conception of trauma, my aim is to explore what a variety of conceptions of trauma might illuminate regarding the experiences of racialized queer oppression, as well as what these varied conceptions can offer to our practices of resilience. While theology's terms cannot be reduced to science, and nor should they be constrained by science (indeed, science's own terms are highly contestable and contextual), we must not work against scientific insight, pitting science and religion against each other in another tired debate. I intend rather to mobilize a plurality of conceptions of trauma in tandem with an exploration of their biological underpinnings as ways to rethink assumptions about the subject and care.

Biologically, the subject of trauma is one whose cognitive, linguistic, and other bodily capacities have been disrupted, which amounts to a problem of narration that cannot be its own solution. It is a careless mistake to assume that direct verbal processing through the frontal lobes can fully regulate a brain-mind-body disrupted by trauma.

Relational Risks

Prioritizing the telling of trauma stories often fails relationally, especially when we consider LGBTQ+ folks as survivors. Thema Bryant-Davis names the variety of "cultural barriers to disclosure of victimization: lack of trust in societal institutions… belief that social stigma already attached to people of one's ethnicity, national origin, religion, or sexual orientation… reporting as equivalent to selling out the race or betraying the race… desensitization from repeated exposure to community violence," and more.[118] We must always consider the immense social stigma, shame, breach of trust, and fear that adversely impact a person's ability to safely disclose (remembering all the while the ways in which linguistic capacities for such disclosures have already been compromised).

And yet, despite cultural and linguistic barriers, almost every trauma theologian emphasizes a caring dyad consisting of the traumatized testifier and a caring witness. Even if we account for the limits of testimony in the traumatic disruption of language and memory, what is left uninterrogated by the language of a "caring" and "compassionate witness" is the problematic positionality of the witness as listener. Sadly, the very people who position themselves as caregivers are sometimes the most responsible for retraumatization and revictimization.[119] In much of the care literature, the witness's unproblematic and innocent positionality is almost fetishized (more on this in chapter 4). Subsequently, a compassionate witness is hailed as the sacrosanct solution to trauma's destruction of trust and relationality. In this formulation, the spiritual caregiver, Christian witness, caring listener are exclusively on the side of the victims

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[118] Thema Bryant-Davis, *Thriving in the Wake of Trauma: A Multicultural Guide* (New York: Altamira Press, Rowman & Littlefield Publishers, 2008), 46.

[119] Stuart W. Turner, Alexander C. McFarlane, Bessel A. van der Kolk, "The Therapeutic Environment and New Explorations int eh Treatment of Posttraumatic Stress Disorder," *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York, NY: The Guilford Press, 2007), 540.

and never forced to reckon with how they (we) may be aligned with violent perpetration.

Regarding spiritual care with LGBTQ+ folks, we can never assume that "I" as the caring witness, particularly those of us representing an entire religious tradition, am not already implicated in the traumatic anti-queer violence I seek to address. Regardless of my affirming beliefs, my very positionality as a Christian caregiver can betray my intent to care. My religious identity may inadvertently collude with a history of association between abuse and religion, thereby activating further retraumatization in the nervous systems of those with whom I work. Of course, such dynamics are in part a result of transference, which we can watch for and engage as data for further reflection. But it is also undeniable that we as spiritual caregivers (especially those of us who claim to be Christians) benefit from belonging to a community that has cruelly rejected and dehumanized so many LGBTQ+ folks. That is a material and lived reality, not merely a traumatic transference.

Pastoral theology must reflect on and challenge the presumption that a *pastoral* caregiver can unproblematically provide a safe space for the telling of *queer* trauma stories. Such a presumption completely disregards the reality of religion and theology as a continued locus of exclusion, stigma, and harm for queer folks. What's more, lack of reflexivity regarding the positionality of the caregiver also elides racial specificities. In the context of a simultaneously anti-Black and anti-queer society, we must challenge the extent to which a white caregiver can extract themselves from whiteness and Christian nationalism in order to provide the type of safe and secure holding environment that we know to be so necessary for alleviating stress and trauma. In the case of the white queer caregiver, social norms about gender and sexuality, as well as the practices for resisting those norms, are always already racialized such that whiteness tends

to be (re)centered.[120] It is inappropriate to assume one's proximity to queerness marks one as sufficiently anti-racist or intercultural "enough" to be able to create a holding environment for non-white queer folk. Even if we are able to hold space in the moment, because of the nature of trauma in terms of delayed effects and repetitions, we cannot fully anticipate how our conversations and interactions may impact people after we are gone.

I am not arguing that white folks cannot care for people of color, nor am I arguing that straight folks cannot care for those in the queer community. I am warning against any practice of care that assumes an innocent positionality for the caregiver. We are not simply undoing the damage and trauma resulting from cultural, familial, and religious rejection in "the name of God" by others. We as spiritual leaders are also working out our own salvations in how thoroughly we take responsibility for our part in the historical and ongoing social, political, religious, and theological rejection of queer folks. Perhaps one of the best ways for us to take this responsibility seriously is to stop presuming access to trauma stories and stop presuming ourselves to be innocent witnesses.

Addressing the pressures of disclosure, Joanna Bourke writes, "Disclosure could be more emotionally, financially, and physically damning to victims of atrocity than silence. In other words, confessional discourse requires the adoption and framing of the traumatic experience along rigid lines shaped by Anglo-American legal doctrines and moralistic codes, which may not be in keeping with an individual's process of self-creation."[121] Bourke's words remind me of the poetry of feminist Chicana writer Cherríe Moraga:

> I *lack imagination* you say.
> *No.* I lack language.

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[120] See, for example, a foundational analysis of racialized gender and sexuality by Roderick Ferguson, *Aberrations in Black: Toward a Queer of Color Critique* (Minneapolis, MN: University of Minnesota Press, 2004).

[121] Bourke, "Why History Hurts," 281.

> The language to clarify
> my resistance to the literate…
> To gain the word
> to describe the loss
> I risk losing everything.
> I may create a monster.[122]

What pastoral theologians too often ignore is exactly what Moraga names—the loss (trauma?) inherent in the demand to narrate across divisions of culture, time, race, and language. The pastoral dyad of survivor and witness is not an innocent one. As Moraga reveals about language, even one's resources for resistance are jeopardized. In this regard, we might contemplate how the prioritization of a top-down and verbal approach to trauma care is grounded in western norms of discourse, rationality, and social recognition. To this extent, exclusively applying a top-down approach may very well be a repetition of racist colonial violence, in which subjects are coerced to constrain an account of their suffering, survival, and subjectivity in the dominant language and temporal structure of white Western empire.

You Do Not Have to Tell the Story

Joanna Bourke writes, "It is not an exaggeration to state that commentators in the affluent West have become obsessed with 'trauma narratives.'"[123] Thus far, I have argued that this obsession leads to a top-down approach to trauma care that demands: *tell the story*. This top-down approach is trauma-informed in as much as it recognizes the ways that traumatic experiences are unintegrated in the life of a person or community. It acknowledges how trauma shatters one's sense of self, all that one knows about the world, and all previous strategies for

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[122] *This Bridge Called My Back: Writings by Radical Women of Color,* eds. Cherríe Moraga and Gloria Anzaldúa (New York: Kitchen Table, Women of Color Press, 1983), 166.

[123] Bourke, "Why History Hurts," 270.

making meaning and operating in it. The top-down approach responds to this "narrative wreckage" through narrative practices of care (necessarily including a caring witness), in order to slowly piece back together a person's sense of self, basic trust, and their capacity to make meaning and operate in the world. The self is a telling, after all, our "medium of being."[124]

But, while the top-down narrative approach is trauma-*informed*, it is not trauma-*sensitive*, and it can cause more harm than it alleviates.[125] This is especially true when it is imposed on survivors as the default mode of care without attention to other interventions. I referred above to van Deusen Hunsinger's emphasis on "giving voice" to traumatic experiences, and yet she also writes, "Talking about it can, in actual fact, make matters worse. Any kind of direct processing of the traumatic experience needs to be balanced at all times with a sense of safety and containment."[126] The problem I have been identifying is that this insight too often becomes lost in trauma theology's translation to *first steps* in care. At worst, our theologies and care practices become exclusively about verbalizing a better story, neglecting how the establishment of safety happens in the body and its environment. Our care risks becoming another potentially traumatic repetition to the extent that we demand coherent narrations of experiences that are impossible to fully know and verbalize.

Given the risks of retraumatization from a top-down approach, I offer a more trauma-sensitive and resiliency-focused proposal: *you do not have to tell the story*. Care is not always the move toward narrative coherence, nor should we configure narrative *incoherence* strictly in

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[124] Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, IL: University of Chicago Press, 1995), 55, 53.

[125] C.f., Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene, OR: Cascade Books, 2018).

[126] Van Deusen Hunsinger, *Bearing the Unbearable*, 11.

terms of trauma. Indeed, queer folks are attempting to live every day with a kind of sexual, gender, and identificatory incoherence.

Queerness and the Risk of Incoherence

There is something *queer* about relinquishing the need for narrative cohesion. Maybe *queer is trauma* at the symbolic and narrative level in this way, defying recognizability by destabilizing the terms of subject composition required by the family, law, social relations, and religion. Such symbolics demand that we smooth something opaque, unknowable, and disruptive (like sexuality, identity, or trauma) into something clean, coherent, and narratable. In defiance, queerness attempts to live with things left undecided. Queerness initiates rupture, break, and discontinuity. Might we think queerness as traumatic in this way? What potential allegiances might queer and trauma studies enact in their theorization of the subject? What might the connection between queerness and trauma teach us about the limits of narratability and the opportunities for non-narrative-based practices of care?

Affirming Care

According to pastoral theologian Cody Sanders, the pastoral literature on gender and sexuality often falls under two branches: an "LGBT approach" (or "affirming approach") and a "queer approach."[127] Each branch takes shape (often oppositionally) based on how it understands identity. According to Sanders, an LGBT approach to care and counseling seeks to affirm the validity and belovedness of lesbian, gay, bisexual, and transgender people. In this approach, "queer" most often serves as an umbrella term to refer to the whole community of culturally

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[127] Sanders, "Queer Shifts in Therapy."

marginalized and non-cisheteronormative genders and sexualities. Perhaps the most comprehensive work of pastoral care that uses this approach is that of Bernard Schlager and David Kundtz. In *Ministry Among God's Queer Folk*, they write beautifully about queerness as a gift given by the Creator, who blesses our gendered and sexual selves as "an unchangeable given, as it is for heterosexual people."[128]

In affirming works such as this one, narratability comes into play in a variety of ways, namely through use of developmental psychology to describe a healthy process of sexual and/or gender development. Take, for example, Vivienne Cass's highly cited Homosexual Identity Formation Model (1979), in which healthy development is the individual's progression from *identity confusion* to *identity synthesis*.[129] Consider also Eli Coleman's well-known Developmental Stages of the Coming Out Process (1981). According to Coleman's model, individuals progress from the "existential crisis of being different" (the *pre-coming out* stage) toward an end goal of *integration*, in which "individuals incorporate their public and private identities into one self-image."[130] Both models emphasize a progressive path towards a "completed" identity development, which becomes normative in much of the pastoral and psychological literature.[131] As psychologist Lisa Diamond notes, these models assert that healthy

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[128] Bernard Schlager and David Kundtz, *Ministry Among God's Queer Folk: LGBTQ Pastoral Care, 2nd ed.* (Eugene: Cascade Books, 2019), xvii.

[129] Vivienne C. Cass, "Homosexual Identity Formation: Testing a Theoretical Model," *The Journal of Sex Research* 20, no. 2 (1984), 143-167.

[130] Eli Coleman, "Developmental Stages of the Coming Out Process," *Journal of Homosexuality* 7, no.2-3 (1981), 33, 39.

[131] See, for example, the following works: Schlager and Kundtz, *Ministry Among God's Queer Folk*, 2019. Phillip Culbertson, *Caring for God's People: Counseling and Christian Wholeness* (Minneapolis: Fortress Press, 2000). Kathleen Ritter and Anthony Terndrup, *Handbook of Affirmative Psychotherapy with lesbians and Gay Men* (New York: Guildford, 2002). Additionally, see the works Joretta Marshall and Cody Sanders, who both utilize and critique these identity development models: Joretta Marshall, *Counseling Lesbian Partners* (Louisville: John Knox Press, 1997). Cody J. Sanders, "Queer Shifts in Therapy: Appropriating Queer Theory in Pastoral Counseling," *Sacred Spaces: An E-Journal of the American Association of Pastoral Counselors*, AAPC (2012), 94-127.

development culminates in the "synthesis, resolution, integration, or consolidation of a clearly defined lesbian, gay, or bisexual identity."[132]

For my own analysis, I want to point out the shared assumptions about care and the subject between an affirming approach and a top-down approach. The normative move from identity confusion to synthesis in a LGBT affirming approach parallels the top-down approach to trauma care, which seeks to integrate an overwhelming traumatic experience by narrating it. In both approaches, *trauma* and *non-normative gender and sexuality* function as un-livable incoherences needing to be narrated and integrated. Therefore, the primary strategy of an affirming and a top-down approach is one and the same: to help people reconcile the painful discrepancies between their experience, sense of self, and place in the world through narrativity. Whether it be the non-cisheteronormative subject or the trauma survivor (or both simultaneously), healthy development is the progression towards a coherent and congruent story of the self, one who is fully legible in the politics of recognition dictated by the family, law, religion, medicine, and psychology. The goal of care joins that of western subjectivity: to narrate cohesion.

Queer Care

Another branch of pastoral literature can be described as a "queer approach," which advances queerness not as an identity proper to the subject, but rather as a positionality, stance, lens, or ethic. A queer approach illuminates how gender and sexual identities are contextual and historical—always constrained by the regulatory norms of discourse and social relations that

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[132] Lisa M. Diamond, "What We Got Wrong about Sexual Identity Development: Unexpected Findings from a Longitudinal Study of Young Women," *Sexual Orientation and Mental Health: Examining Identity and Development in Lesbian, Gay, and Bisexual People*, ed. Allen M. Omoto and Howard S. Kurtzman (Washington, DC: American Psychological Association, 2006), 82.

determine who we can become. In contrast to the "certainty" of an affirming approach, queer approaches value ambivalence, which "reduces, or altogether negates, the desire for coherence."[133] There is no core identity. Rather, all identities are provisional and contestable, or as Judith Butler describes, "divided, ungrounded, or incoherent from the start."[134] The "self" emerges in relation to an Other and to a set of norms—"a regime of truth"—which precede the subject and regulate the types of subjects that one can and cannot be in our world according to the normative terms of recognition.[135] Queerness marks the practice of contending with these systems and norms, making visible the sociopolitical stakes and discursive networks of power, conflict, resistance, and complicity at the heart of identity.

It is important to note that "it is an impossibility to represent *the* queer approach to pastoral counseling, as queer theory is an ever-emerging theory that, of necessity, defies attempts at rigid codification."[136] In fact, queer theorist Annamarie Jagose explains that the indeterminacy and elasticity of queerness is precisely its characteristic value.[137] This characteristic of queerness parallels an insight about subjectivation. Specifically, queerness's indeterminacy and problematization of the normative structures of identification offer ways to think about the overall instability of the subject and subject formation, as well as the flexibility of ongoing cultural constructions of identity. The center of a queer approach, or a "queer struggle," is therefore the "refusal of legibility," which is necessarily a refusal of the systems and discourses

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[133] Hillery Glasby, "Making It Queer, not Clear: Embracing Ambivalence and Failures as Queer Methodologies" *Re/Orienting Writing Subjects: Queer Methods, Queer Projects*, Eds. William Banks, Matthew Cox, and Caroline Dadas (Utah State University Press, 2019), 28.

[134] Butler, *Giving an Account of Oneself*, 19.

[135] Ibid., 22.

[136] Sanders, "Queer Shifts in Therapy," 105.

[137] Annamarie Jagose, *Queer Theory: An Introduction* (New York: NYU Press, 1996), 1.

which conscript us violently.[138] Rather than consolidating a recognizable "LGBT" identity in such a system, queerness indexes the struggle to resist closure.

In a 2006 longitudinal study, psychologist Lisa Diamond followed various women over the course of their lives and discovered that many women changed their sexual identifications over time. Diamond found that "the more comfortable they became with their attractions over the years, the more they doubted the value and appropriateness of adopting a fixed lesbian or bisexual label."[139] In fact, the women in this study shifted in and out of various labels, questioned the capacity of any identity to reflect their experience, and often embraced unlabeled or contradictory identities and a plurality of relationship structures. Diamond suggests that "rejection or skepticism of categorical identity labels is a sign of psychological health and self-confidence rather than maladjustment and denial."[140] What is so important and compelling about Diamond's study is that its conclusions are completely counter to the "LGBT approach" as posited by many affirming theologies and developmental psychologies.[141] Diamond's study attests to the ways that identificatory contingency can be how we live our lives.

My own research with folks who identify as queer confirms many of Diamond's

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[138] J. Halberstam, *The Queer Art of Failure* (Durham: Duke UP, 2011), 88.

[139] Diamond, "What We Got Wrong About Sexual Identity Development," 83.

[140] Ibid., 84.

[141] Several pastoral theologians make this "queer" critique of identity development models. For example, Joretta Marshall uses and challenges Cass's model to frame identity emergence for lesbians. Marshall writes, "I would suggest that [the identity stages] be seen as fluid and dynamic interpretations women bring to their self-understandings at different points in their journeys. Often a movement from one perspective to another is met by resistance, fear, or lack of support, making it difficult to fully embrace what Cass describes as the qualities of a given stage."[141] Marshall highlights how identities and self-understandings fluctuate rather than follow a linear, progressive path of development; accordingly, that fluctuation need not be pathologized. Marshall, *Counseling Lesbian Partners*, 35.

Additionally, numerous scholars critique identity development models for lacking racial and ethnic representation and failing to adapt to non-white communities. See, for example, Heather L. Adams and Layli Phillips, "Ethnic Related Variations from the Cass Model of Homosexual Identity Formation: The Experiences of Two-Spirit, Lesbian and Gay Native Americans," *Journal of Homosexuality* 56.7 (2009), 959-976.

conclusions. I asked each of my participants who identified as "queer" what that term has come to mean for them. Oliver summed up the most prevalent association well: "Queer is political and personal, so it describes non-normative sexuality and gender, and also provides a necessarily indefinable space for those whose sexualities and genders either cannot be or do not want to be boxed in by LGBTQ, etc." Sage confirmed this in their own experience, saying, "There's not an actual identity word in any culture of mine, and that's so painful for me sometimes… Queer feels like the best thing for now. It's like a stock gap." Sage also described this sentiment metaphorically: "The rest of the world gives you two choices, blue or pink, baby? And everyone is like, it's black and white, but queerness says, 'No, girl. It's a spectrum. It's a cosmos. I don't even like saying spectrum. Light is just one thing. We know there's so much more besides light out there." For Sage and Oliver, queerness is a way to mark and normalize (de-pathologize) a kind of identity undecidability. Queerness is not simply the stand-in for the *lack* of identity but for the *ephemerality and provisionality* of identity, which, according to participants, is sometimes a reason to despair, and other times a reason to play with a variety of embodiments, performances, discourses, and affiliations.

Several participants (Harry, AJ, Reese, and Magpie) noted a similar association between queerness and transness. For Harry, "Queerness became something I could hold on to as an identifier, and that shaped me. Then as I started to feel more open and less restricted by even the binaries that we have in the queer community, I felt like I could start shaping what is queerness for me... My transness is queer. Like Thich Nhat Hanh says, that peculiarity of how I love others and myself, that is queerness." Later in our interview, Harry described how "queerness and transness are these kinds of ever-expanding possibilities and ways of being free in terms of how people love themselves and how they love other people." Harry relied on loving relationships

(with others *and their own body*) to ground and guide the fruitful indeterminacy of their queerness and transness. Importantly, the story of the self that emerges through this understanding of queerness and transness is thoroughly collective and historical, not individual or linear.

Similarly, speaking about resisting some of the binaries in the community, AJ said, "When it comes to transness, that is an umbrella term for all sorts of gender identities and expressions. What is important to me about that word, which is why I use it sparingly or in a very specific context, is that there is not one way to be trans-identified. There is not one way that looks. Some people want a medical transition. Some don't. Some change their minds about that. Some folks feel like the actual cultural shift needs to happen … I do use the word queer, because I think it is accurate for now for me, in the sense that that could change, or it may not make sense at another time." This emphasis on identity fluidity also showed up in Reese's reflections. Reese said, "Even though the language of gender confusion was fucked up in a lot of ways, it helped me sort of begin to see that gender was a construct. It helped me begin to see that it is expressed and performed differently from person to person, culture to culture, decade to decade, and once I started to be able to see that, it also helped me to look at the difference between how we perform gender and I guess what people have come to call 'gender identity.'"

AJ and Reese speak to the contingency of identity. For AJ, this entailed a plurality of ways of being and understanding, which are ever open to re-signification and replacement. For Reese, this involved a process of historicization whereby inherited assumptions about identity were denaturalized and located in their cultural-historical context. Another participant, Magpie experienced similar revelations in queer community, where they came to understand themselves as "gender non-conforming fluid." Magpie said, "Back in the day before GNC was like a trans

identity, it was just sort of how I viewed myself. We used to kid and call it fetch. It wasn't femme, it wasn't butch, it was 'fetch,' which basically just means whatever you want. Being fluid in my orientation did feel like I was erratic in a lot of ways, or inconsistent. And I think that is true to some extent. I am a water sign. I am very changeable. I can be pretty flexible with a lot of different things." Like those in Diamond's study, Magpie and other participants shifted in and out of various identities, understanding them to be as provisional as they are insufficient. Most importantly, each of these participants found communities of belonging which normalized their fluidity as healthy and provided a relational space to ground the flux of their shifting embodiments, roles, relations, and identifications.

Contrary to developmental models and affirming approaches, we ask entirely different questions when we follow insights from Diamond's study, my own participants, and a queer approach to care. What if identity is never "completed" and we reject the claim that our gendered and sexual selves are an "unchangeable given"? What if we *don't* insist on congruence, resolution of discord, and synthesis of *one* self as the goals of care? What if we viewed the incongruency between our experiences, perceptions, embodiments, identifications, and norms as generative of new futurities and selves, rather than cutting those things off? What if care was about finding ways to keep living without smoothing over the constitutive contradictions and incoherencies of our lives?

If we think about what queerness *does* (more on in the coming chapters, especially 3 and 6), we might think queerness in terms of *trickery*, an idea articulated by Cody Sanders. As soon as we think we understand, "queer trickery" throws into confusion everything we thought we knew about ourselves and the world.[142] Composition scholars Jonathan Alexander and Jacqueline

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[142] Cody J. Sanders, *Queer Lessons for Churches on the Straight and Narrow: What All Christians Can Learn from LGBTQ Lives* (Macon: Faithlab, 2013), xv.

Rhodes explain this well: "To 'compose oneself,' to subjugate the flesh to the will, is to shove oneself back in the closet… the point of the queer is to disrupt stability, to call into question the ways in which we are called to compose ourselves."[143] In this way, queerness is as playful as it is devastating.

I want to suggest that queerness is like trauma in its devastating unraveling of prior assumptions, ways of knowing, and modes of embodying and relating. When it comes to care, queerness may have zero desire to engage a top-down and narrative approach. Playfully, queerness takes the gamble of incoherence. Perhaps a queer approach to trauma care would not attempt to recover a prior fantasy of congruency, but rather encounter trauma's narrative, subjective, and temporal wreckage as an opportunity to sense, feel, move, and relate otherwise.

Bottom-up Care (or) Letting the Body Speak

I am not making a case against narrative interventions in all situations. Indeed, there is a tremendous need for theology to "renarrate to us what we have yet to imagine," as Serene Jones writes, and a need for all of us to tell better stories of ourselves and the world.[144] In fact, "Not telling the story serves as a perpetration of the tyranny. Survivors who do not tell their story sometimes become victims of distorted memory… The distortion of memory is that if one could not stop the atrocities, recuse, and comfort the victims, one is responsible for their pain."[145] The distortion of memory is also racially, affectively, and politically charged, which Audre Lorde makes plain: "We have been socialized to respect fear more than our own needs for language and

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[143] Jonathan Alexander and Jacqueline Rhodes, "Queer: An Impossible Subject for Composition," *JAC* 31.1/2 (2011), 186, 192.

[144] Jones, *Trauma and Grace*, 21.

[145] Henry Krystal, "What Cannot Be Remembered or Forgotten," *Loss of the Assumptive World: A Theory of Traumatic Loss*, ed. Jeffrey Kauffman (New York: Brunner-Routledge, 2002), 214.

definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us."[146]

My point is not that a narrative approach is *wrong*, but that it is *dangerous*. I am issuing a serious warning about the harm that ensues when a narrative intervention is prescribed as *the* path 'from trauma to recovery,' especially for the untrained care provider. The truth is, the overwhelming majority of clergy, lay people, chaplains, activists, social workers, and community caregivers are not trained in the intricacies of trauma processing and re-narrativation. The top-down approach to care becomes particularly dangerous when utilized by practitioners and communities who do not have the supervision, training, and expertise necessary to carefully navigate the dangers associated with "direct processing of the traumatic experience" (to cite van Deusen Hunsinger). Many of us are even less prepared to navigate the anti-queer, racist, and colonial foundations of a top-down approach. When theologians write about healing trauma in terms of testimony/witness and crafting new stories, we risk imposing a narrative process on survivors that can deeply harm them and ourselves. We also repeat a historical and religious elision of the body, which has become so normative in the West that we hardly notice the body's "absence."

All this is even more so true when we consider the reality that many LGBTQ+ folks have a deep suspicion of institutions (especially medical, psychological, and religious) and are either unable or unwilling to sit on a therapist's couch. Such institutions have taught many LGBTQ+ folks *not* to trust our bodies—to be suspicious of our desires, to deny our urges, to suppress our gender expressions, to encounter our bodies as a source of shame, sin, separation, and deceit. The demand for queer folks to tell a coherent story of our lives can further estrange us from the body

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[146] Audre Lorde, *Sister Outsider: Essays and Speeches* (Crossing Press, 1984), 44.

by colluding with its concealment and ignoring the bodily harm of such demands. The demand is also a careless misrecognition of queerness itself as an embodied refusal of sanctioned ("coherent") identities and relationships. Furthermore, it disregards the increased susceptibility to stress and harm (and potential traumatization) that ensues when queer folks attempt to disidentify with such sanctions. In other words, the demand to tell a coherent story of the "self" is anti-queer, colonial, and retraumatizing. Both trauma and queerness disrupt linear narrative processing, and pastoral and trauma theologies are complicit with the ongoing (re)traumatization of queer folks when our care becomes exclusively about narrating a progressive trajectory from confusion and incongruity to coherence and social legibility.

What is care if not narrating a better story of the self and the world? And to return to the question of retraumatization: is it possible to offer care without retraumatizing people? Well, there is no guarantee, and that is the risk. We cannot promise care without the danger of inadvertent retraumatization because we as caregivers are implicated in the social, political, religious and other problems at the root of queer traumatization. However, by *not demanding* the narration of a coherent trauma story, we are freed to explore more gentle and effective interventions.

Primarily, rather than fetishizing trauma stories, pastoral care can prioritize the body and its innate resilience, which manifests in a range of capacities for self-regulation, connection, adaptation, and expression (in addition to the capacity for verbalization). Verbal processing is but one of a multitude of bodily capacities. Resiliency-focused care explores a range of capacities and practices in addition to and not limited by verbalization. Consider the resilience of the body's capacity for learning and adapting physiologically and psychically to life's experiences: the abraded skin gradually restores new epidermal cells; the seeping wound slowly

seals itself; neural networks in the brain respond, shift, grow, collapse, adapt, forge new connections; the disrupted autonomic nervous system slowly learns to self-regulate as well as sync with others.

Judith Herman has importantly argued that safety is the first step in trauma care. Herman writes, "Safety always begins with the body. If a person does not feel safe in her body, she does not feel safe anywhere."[147] Reflecting on what this means in practice, psychologist Jessica Schrader writes:

> A heavy focus on telling the traumatic story reflects outdated notions of what trauma does to people and how to treat it. Traumatic memories are not stored in a way that they can be deeply accessed by verbal interactions based on cognitive or logical processes… Only after a client has been able to achieve a reduction in the alertness that typically follows trauma and a strengthened awareness of resources for coping with stress should we consider strategies that directly deal with the trauma story.[148]

To combine Herman and Schrader's insights, a foundational step in care is to cultivate and *sense* safety in our bodies—in our muscles, organs, tissues, nervous system, breath. Only out of a felt connection to bodily safety (which necessitates environmental safety as a precondition) can we begin to narrativize our pain and craft new meanings. Stated differently, by establishing a more safe and trusting relationship to our bodily sensations and environment, we expand our capacity to manage stress and trauma, as well as work with painful emotions.

For our care to be gentle, invitational, and effective, it must begin by highlighting and cultivating our resilience—beginning with the capacities, resources, and connections of the body. This is not to posit the "body" in terms of pure facticity and deny its social and discursive

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[147] Herman, *Trauma and Recovery*, 269.

[148] Jessica Schrader, "Trauma Processing: When and When Not?" *Psychology Today* (2018), https://www.psychologytoday.com/us/blog/expressive-trauma-integration/201804/trauma-processing-when-and-when-not.

constructedness. Rather, this is about awakening to the resilience already operative in simultaneously bodily and communal processes. This "bottom-up" approach to care allows "the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma."[149]

Resiliency-focused queer care, then, is often a *disorientation* away from inherited and specialized models of analysis and care, and a *reorientation* toward the body as a primary resource for building safety and community. With a focus on bodies, relations, and contexts, such a model presses us to shift from the primacy of a one-on-one clerical or clinical model between a care-*seeker* and a care-*giver*, to a model of *community-based* and *bottom-up care*.[150] As *queer*, this model of care de-centers and de-medicalizes the authority of "experts" by locating authority in the body as a range of capacities: reading sensations (exteroception and enteroception), thinking and analyzing, feeling emotions, touching, hearing, seeing, smelling, relating, acting, communicating, languaging, and so many more.

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[149] Van der Kolk, *The Body Keeps the Score*, 3.

[150] My arguments against narrativity feminist and womanist scholarship on the importance of community care. For example, repudiating the individualism of Anton Boison's theological anthropology of the human as a "living human document," Bonnie Miller-McLemore conceives of subjectivity in terms of the "living human web." The human is not *one*, an anthropology that colludes with oppressions like sexism, but a *web* of relations and contexts. Therefore, suffering must be analyzed in light of the entire web—the social, religious, cultural, and political contexts and relationships that constitute one's existence. Care for the person necessitates care for the entire web and community in which we are embedded. Anton T. Boison, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (New York, NY: Willet, Clark and Company, 1936). Bonnie J. Miller-McLemore, "The Living Human Web," *Image of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra. (St. Louis, MO: Chalice Press, 2005), 40-46. Also: Bonnie J. Miller-McLemore, "The Living Human Web: Pastoral Theology at the Turn of the Century," *Through the Eyes of Women: Insights for Pastoral Care,* ed. Jeanne Stevenson Moessner (Minneapolis, MN: Fortress Press, 1996), 9-26.

Similarly, Carroll A. Watkins Ali challenges the paternalism and individualism of Seward Hiltner's conceptualization of care according to a shepherd/sheep dichotomy. Watkins Ali maintains that this model is culturally insensitive because it neglects the violence of oppressive structures and systems, and it assumes the *one* in a position of power knows in advance and knows better what the concerns and needs are of the *many* (i.e., the care-seekers). Expanding the functions of care, Watkins Ali highlights the importance of *nurturing* communities for continued transformation and resistance, as well as *empowering* collective agency for liberation. More on the functions of care in chapter 4. Seward Hiltner, "The Christian Shepherd," *Pastoral Theology* 10, no.92 (1959), 47-54. Carroll A. Watkins Ali, "A Womanist Search for Sources," *Feminist and Womanist Pastoral Theology*, eds. Bonnie J. Miller-McLemore and Brita L. Gill-Austern (Nashville, TN: Abingdon Press, 1999), 51-64.

In practice, resiliency-focused queer care is about the creation of shared spaces where our bodies can connect, co-regulate, relax, move, resist, celebrate, and play. This necessarily entails the cultivation of spaces where our bodies learn to feel safe (or "safe enough," when connected meaningfully with others) to mourn, fall apart, cramp, ache, and eventually develop a different relation to such "unpleasant" bodily expressions and experiences. Safety begins in the body and its environment. Engaging practices in community may be the most helpful process for getting us back in our skin, so to speak, while also building our confidence in our capacities to self-regulate and connect.

Bottom-Up Care in Practice

As a minister and researcher, I draw heavily on the Community Resiliency Model (CRM)® as developed by the Trauma Resource Institute (described briefly in chapter 1). One of the central tenets of this model is a bottom-up insight that not all traumatic sensations can be *talked-away*, but they can be *sensed-away* by tapping into and tracking our bodily sensations of well-being and connection.[151] Jennifer Baldwin brilliantly names this as the "epistemology of sensation."[152] Describing this epistemology in practice, somatic practitioner Staci Haines writes:

> Since many of us have needed to turn away from our sensations because of trauma and oppression, or have been trained out of paying attention to them, here are some things you can pay attention to, to feel more of them: temperatures—more warm or more cool; movement—pulsing (heart, pulses), breath (in and out), tingling, streaming, twitching; and pressure—places you feel more contracted and places you feel more relaxed. When you notice your sensations try and be inside

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[151] See the work of Elaine Miller-Karas for more. She writes that traumatic "symptoms may be able to be *sensed* away if the individual can learn to track his nervous system, intercept these sensations of distress, and bring his attention to sensations of well-being. The nervous system can then return to balance and traumatic stress reactions can be reduced or eliminated." Elaine Miller-Karas, *Building Resilience to Trauma: The Trauma and Community Resiliency Models* (New York: Routledge, Taylor & Francis Group, 2015), 6.

[152] Baldwin, *Trauma-Sensitive Theology*, 57.

of them, rather than being an outside observer.[153]

Haines declares rightly that trauma and oppression have painfully disconnected us from our bodies; yet contained within the body itself is its own remedy: a neuroplastic brain, adaptive nervous system, and responsiveness to others around us. Attention to our sensations is a portal into the body's world of meaning and connection, which helps to increase mind-body attunement and strengthen our ability to manage stress and trauma from the bottom (body) up.

In CRM, we call this practice "tracking." Elaine Miller-Karas describes tracking by writing, "Every thought and feeling has a corresponding sensation—pleasant, unpleasant, or neutral… The goal is that the client will become the best tracker of his nervous system."[154] Unique to CRM (and resiliency-focused care) is that we only track pleasant or neutral sensations, because "what you pay attention to grows."[155] Sure, we can track the pain, paying attention to "where it hurts" (narratively and bodily), as many trauma-informed approaches suggest. Or, rather than totalizing our pain, we can track pleasant and neutral sensations connected to our resources, both internal and external, like the people, places, memories, characteristics, hobbies, beliefs, etc. that give us a sense of peace, comfort, and strength. By identifying resources (a practice that CRM calls "resourcing"[156]) and then by tracking pleasant and neutral sensations in the body connected to that resource, we help restore balance to the nervous system, while also restoring a person's trust in their body, belief in its goodness, and connection to its gifts.

In each of my interviews, I began with these practices of tracking and resourcing to frame

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[153] Staci K. Haines, *The Politics of Trauma: Somatics, Healing, and Social Justice* (Berkeley: North Atlantic Books, 2019), 23.

[154] Miller-Karas, *Building Resilience to Trauma*, 35.

[155] adrienne maree brown, *Pleasure Activism: The Politics of Feeling Good* (AK Press, 2019), 9.

[156] Miller-Karas, *Building Resilience to Trauma*, 38.

the interview as a structure of care. First, I asked questions like "Who or what gives you strength or comfort?" and "Who or what helps you get through difficult times?" As participants described their various resources—partners, pets, friends, memories, hobbies, places, practices, etc.—I prompted participants to notice what was happening in their bodies and to pay special attention to the places that felt pleasant or neutral. My goal was to learn what resources help queer folks survive a traumatizing world, while also, through tracking, creating "a little extra room in [the] nervous system for flow, for resilience, for coherence, for growth, and, above all, for possibility."[157]

I asked Magpie, "Who or what is currently giving you a sense of strength or uplifting you in some way?"

Magpie answered, "When I was at my parents' house recently, I was able to just make a blanket and it made me feel simultaneously comforted and distracted a little. And creative… Then on the ride home (we kind of drove late), I was able to put the blanket on my son, and he was like 'it's so soft and warm.'"

"What a beautiful image," I said. I asked Magpie a few more questions about the blanket and her practice of crocheting (CRM calls this practice "resource intensification").[158] Then, I asked, "Do you notice any sensations happening in your body right now as you talk about that? What is your body sensing?"

After a moment in silence, Magpie said, "These are hard questions for me."

"That is totally normal. It can take some time for sensations to develop," I answered. "Maybe we can keep talking about the resource you just named. Where were you crocheting the

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[157] Menakem, *My Grandmother's Hands*, 35.

[158] Miller-Karas, *Building Resilience to Trauma*.

blanket? What do the materials feel like? What does it look like?"

Magpie described this beautiful blanket of "70 colors" that they made at their parents'
house. Making the blanket gave their hands and mind something comforting to do, which helped
them feel a bit more grounded when their parents' said things that hurt them (or, from the body's
perspective, activated their nervous system). After leaving their parents' house, Magpie
described the relief of getting into the car and laying the blanket on their son. He quickly drifted
to sleep in the car, and every time that the blanket slid down, Magpie reached into the back seat
and pulled it back up.

After listening, I asked Magpie again, "As you think about crocheting the blanket and
laying the blanket on your son, what do you notice happening in your body right now, at this
moment?"

Magpie: "I feel it in my throat. Is that weird? I feel something in the back of my throat,
but I'm like 'Don't say that. That's weird.'"

Keith: "It's not weird."

Magpie: "I know. Okay. Maybe the back of my throat and the back of my eyes. Like a
tingling sensation."

Keith: "A tingling. Does the sensation feel pleasant, unpleasant, or neutral?"

Magpie: "It feels positive. And vulnerable. I guess yeah, pleasant… Tingling. It's kind of
like tearing up, like a good cry."

I invite Magpie to sit for a few moments with these sensations. Magpie sits for a moment
in silence, then begins to draw a picture of the blanket draped over their son. I observe their
breathing start to slow and become more regular. As we come back to conversation, I invite
Magpie to see if they notice any more sensations. They come to Magpie's awareness much more

readily now: "Tingling behind my eyes and in my throat… tightness and warmth in my cheeks because I'm smiling… soreness in my fingers from drawing, like maybe it would feel good to stretch them a bit." I too notice the sensations in my body that feel pleasant as Magpie and I speak: jaw loosening, back relaxing into the chair, a little wetness behind the eyes as I notice Mapgie's soft tears.

Tracking sensations of wellbeing helps us to widen our window of tolerance to stress and trauma, and it can also help us connect across cultural, linguistic, and other barriers.[159] Elaine Miller-Karas describes this well:

> There is a simple truth that the human nervous system is organized in the same way regardless of our place of birth or our ethnicity, whether we live in the United States, Canada, Africa, Europe, Central America, the Mid-East, South America, Australia or Asia… We have seen throughout the world, when people sense the body's capacity to come back into balance, the human nervous system's response is the same (deeper, slower breaths, releasing of muscle tension, slower heart rate, the return of an inner state of well-being). When this occurs, the present moment becomes available for the activities of daily living whether it is rebuilding a village, experiencing joy or walking through the hard road of grieving loved ones who have died.[160]

She continues to declare that "sensing, naming, and identifying what is going on inside is the first step to recovery"—meaning, it is foundational for establishing a new sense of safety from the bottom up.[161] Contrary to the colonial tendencies of a top-down approach, resiliency-focused bottom-up care thus has the potential to be culturally specific by celebrating our ancestral and cultural practices as resources for care and connection.

In the context of spiritual care, many of our faith traditions already contain the

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[159] Elizabeth A. Stanley, *Widen the Window: Training your Brain and Body to Thrive during Stress and Recover from Trauma* (New York: Penguin Random House, 2019).

[160] Elaine Miller-Karas, *Community Resiliency Model (CRM)® Training Manual* (Trauma Resource Institute, 2020), 11.

[161] Van der Kolk, *The Body Keeps the Score*, 68.

ingredients for resiliency-focused and body-based care. For example, many of the practices of our faith, performed both bodily and communally, serve a biologically regulating function in addition to their many spiritual and religious ones; not only do rituals and practices help settle the nervous system, they also (perhaps first and foremost) sync the rhythm of our bodies-minds-spirits with the rest of the community. What a unique opportunity for pastoral theologians and spiritual caregivers! A bottom-up approach calls us to creatively play with a plethora of practices as care for our bodies and communities.[162] Furthermore, contrary to the colonial tendencies of a top-down approach, bottom-up care has the potential to be culturally specific by highlighting and celebrating our ancestral and cultural practices as resources for care and connection.

Miller-Karas notes, "As the nervous system is reset, new meanings and beliefs emerge, and a new survival story emerges based on nervous system regulation."[163] This is precisely what leads Resmaa Menakem to declare, "A calm, settled body is the foundation for health, for healing, for helping others, and for changing the world."[164] Specifically, a focus on settling the body is *postcolonializing*—it strengthens and connects the body as we work to "decolonize, diversify and promote counter-hegemonic social conditions."[165] Pastoral theologian Emmanuel Lartey describes this opportunity by writing, "The aim of postcolonializing pastoral care is the cultivation of communal spaces in which all people can be safe, nurtured and empowered to grow. The focus on individual therapy to the exclusion of communal care follows the pattern of

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[162] For example, Jennifer Baldwin embraces this opportunity by calling for "renewed attention to and enthusiastic embrace of the full array of sensory, kinesthetic, and relational dimensions already present in our rituals of life and faith." Baldwin, *Trauma-Sensitive Theology*, 57-58.

[163] Ibid., 2.

[164] Resmaa Menakem, *My Grandmother's Hands,* 179.

[165] Emmanuel Y. Lartey, *Postcolonializing God; An African Practical Theology* (Norwich: SCM Press, 2013), xiii.

an ineffectual colonialism."[166] By resourcing the body and tracking its sensations, which are "the foundational language of life," perhaps we can learn to listen to the story that the body has been trying to tell all along—which is, after all, a story of the ways in which we are resilient, capable of adapting, self-regulating, and resisting, and always already connected to the earth and each other.[167]

Thus, the goals of care are no longer narrative coherence or progress (Judith Butler would call these regulatory fictions).[168] Our constitutive incommensurability need not be fixed, but explored. What needs fixing are the structures of violence that make emerging queer subjectivities and relations so deadly and traumatic. We need more care that works to change the material conditions of our lives (equitable access to housing, healthcare, healthy food, meaningful employment, safe neighborhoods, etc.) and finds ways to make the indeterminacy queerness more livable, without the retraumatizing demand to narrate cohesion. Our bodies, when settled and connected to each other, can hold queerness's disruptions.

What if, then, queerness points to our bodily and relational capacities to find ways to keep living despite the incommensurability of our experiences and our abilities to narrate them in a socially legible register? What if queerness indexes the body's creativities and capacities to connect, regulate, adapt, and live with identity fluidity, even undecidability? Perhaps, then, queerness is less a trauma and more a mode of resilience.

Postlude

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[166] Ibid., 121.

[167] Haines, *The Politics of Trauma*, 22.

[168] Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990), 46, 192.

We do not often get a second chance to offer care when we have missed the mark. But if I could do it again, I would ask Blair about what gives them a sense of belonging and comfort. I would pay attention to our bodies. I would ask what helps Blair when they feel upset or go through difficult times: *What do you do? Who do you call? What do you think about? Where has help come from in the past? Who or what is helping you the most right now?*[169]

I would notice Blair's intuitions to take a walk and get a glass of water, and perhaps I would draw attention to these intuitions as somatic wisdom for self-regulation. Maybe I would ask to join them on a walk, or maybe discuss some other practices we could do together. And if, of Blair's own accord, they do want to talk about painful experiences, I would tell them: *Tell your story only when you are ready, and only as much or as little as you want, and only to the people who will cherish it. It does not have to make sense. In fact, you do not have to tell me the story of your trauma at all. Because the truest story about you is not the one of your trauma, but the story of your belovedness and goodness in the eyes of holy love.*

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[169] I am forever indebted to the invaluable training and support I have received from the Trauma Resource Institute for so many of these questions and practices.

Chapter 3:

Orienting Community Toward Resilience

Jesus replied: 'Who is my mother? Who are my kin?' Pointing to the disciples, Jesus said, 'This is my family. Whoever does the will of Abba God in heaven is my sister and brother and mother.'

—Matthew 12:49-50[170]

One of the most damaging mistakes theologians, clergy, pastoral care providers, mental health care professionals, and lay people make with regard to trauma survivors is to buy into and further the feeling of brokenness that survivors experience. It is understandable and common for survivors of traumatic experience/s, especially when in the heat of post-traumatic response and processing, to feel 'broken,' 'shattered,' or 'ruined.'

—Jennifer Baldwin[171]

Sage, thirty-two-years-old and affirmed by they/them pronouns, uses a variety of language for self-identification: "queer, not gay or bisexual because those imply a belief in gender"; "gender outlaw"; "non-binary"; "masculine body with a feminine spirit"; "mixed race" with "Mexican ancestry and Irish ancestry and Norse ancestry." Sage tells me, "Western society has said that we can only be so much of this and so much of that. But I am all of it… And it's all complicated and weird, and I'm allowed to have that." Throughout my interview with Sage, we talked about navigating the complexities of identity and faith. They told me that for years they "kept saying, 'What's wrong with me?' And then someone says, 'Sage, there's nothing wrong with you.' That was a mind-blowing idea, that maybe there is nothing wrong with me, but maybe there is everything wrong with the world around me that causes me to feel all these terrible things."

In chapter 2, I suggested that *queer is trauma* at the symbolic level in how it triggers

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[170] *The Inclusive Bible: The First Egalitarian Translation* (Lanham: Rowman & Littlefield Publishers, Inc, 2007).

[171] Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene: Cascade Books, 2018), 10

processes of rupture and disavows the coherence of a socially recognizable, narratable identity.

As Sage's words above reveal, queerness also contains traumatic proclivities at the levels of the

affective ("feeling terrible") and existential ("What's wrong with me?"). Additionally, Sage's

lived experience illustrates, along with the experiences of all my research participants, that

queerness entails the traumatic risk of homelessness—that is, trauma at the bodily, social, and

material levels. To use the language of the DSM-5, we might say that queerness is a massive

"pretraumatic" risk factor, especially when that queerness is racialized within a context of white

cishetero-patriarchy.[172]

In this chapter, I further explore what exactly is traumatic about queerness, especially

racialized queerness, by focusing on a unique dimension of the queer experience shared by all

my research participants—the fraught relation to family, kinship, and housing. In most of the

trauma literature, one's degree of social support is cited as the greatest protective factor against

trauma. What is therefore so striking about *queer trauma* is how non-cisheteronormative

identities, relations, and embodiments can erode our family and social connections, including the

material and political resources tied to community lineage and familial inheritance. In the lived

experience of research participants, queer trauma exposes the family as contingent and interrupts

norms that constitute what does and does not count as a family—namely heterosexuality,

binaristic gender, and the white colonial history that asserts this nuclear family as the ideal for

the establishment of other social networks (e.g., political, and religious).

However, while research participants attest to the lived experience of queer trauma, these

same folks also describe their relationship to queerness in terms of community, possibility, and

empowerment. I argue that Sara Ahmed's conception of *queerness as an orientation* allows us to

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[172] American Psychiatric Association, "Posttraumatic Stress Disorder," *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed., (Arlington: American Psychiatric Publishing, 2013), 277.

think in both registers. Queer orientations reference how bodies and communities become orientated to objects, time, and space in disruptive and surprising ways. As an orientation, queerness cuts us off from some objects (the cisheterosexual family line, for example), while it puts other objects within our zone of contact. In this way, *queerness does not only direct or orient a life around trauma.* Though the disruption and break that queerness provokes is often traumatic, the orientation of queerness is already putting new objects and relations within reach. By beginning to think queerness beyond its traditional association with trauma and negativity, those of us in theology and care can tap into queerness's generative potential to reorient our view of the subject and our practice of care toward resilience.

To return to my conversation with Sage above, Sage illuminates how a simple shift in how we view ourselves, how we view others, yields the "mind-blowing idea" for queer folks that maybe the trauma of queerness occurs within and because of a traumatic world*.* The shift away from "what's wrong with me?" to "there's nothing wrong with you, but maybe there is everything wrong with the world" is fundamentally a difference in how we view the subject and the conditions of its emergence. More to the point, it is a shift from trauma to resilience, which is thoroughly a pastoral intervention. As a category for theology and care, *queer resilience* accounts for how queerness predisposes us to particular traumatic relations, affects, dispositions, and crises without making trauma central to the subjectivity of the queer person. Rather, it indicts the world around us as traumatic—particularly its systems, institutions, discourses, and social relations, which inhere according to white colonial norms of the cisheterosexual individual and family. By viewing the subject of care (as well as the subject of queer and trauma theology) in terms of *queer resilience,* our theology and care can respond to trauma without centering, pathologizing, and naturalizing it. We might even begin to explore the resources of queerness—

the new modes of embodiment, vulnerability, community, and kinship that it conjures to help us negotiate a racist, anti-queer, and traumatic world.

Assessing a Traumatic World

What is traumatic about the lived experience of queerness? This question is a difficult one to answer, since trauma is defined in a variety of ways across disciplines (for example, in chapter 1, I discussed trauma in terms of repetition, delay, unintegration, oppression, shattered sense of self, and biological dysregulation). One of the conceptions I find most relevant to the lived experience of trauma is that of Francine Shapiro, originator of the powerful intervention of EMDR. Shapiro argues that there are two "types" of traumas: "large-T" and "small-t."[173] According to Shapiro, "large-T" traumas are widely recognized for their violent impact, including war, terrorist attacks, natural disasters, child abuse, sexual assault, etc. While merely a social distinction, "small-t" traumas are events that are given less societal weight but can still enact traumatic responses, such as medical procedures, minor car accidents, or being bullied. I encountered this framework for understanding trauma through the Trauma Resource Institute (TRI), which, in light of its global humanitarian efforts, expanded Shapiro's definition to include a third type of trauma: "C," which refers to the *cumulative* and *collective traumas* of "colonialism… racism, poverty, and homophobia."[174] *Cumulative or "C" trauma* displaces reductive and individualized accounts of trauma, in favor of analyses of how the supposed natural social order is actually quite *traumatically disordered* to the extent that it coheres according to white-cisheterosexual-colonial norms.

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[173] Francine Shapiro, "What is EMDR?: Theory," EMDR Institute Inc. (2020): https://www.emdr.com/theory/.

[174] Elaine Miller-Karas, *Building Resilience to Trauma: The Trauma and Community Resiliency Models* (New York: Routledge, Taylor & Francis Group, 2015), 2-3.

To provide some examples from my research, one of the clients I worked with at the emergency warming shelter remembered a time when they were physically beaten by a family member for being gay; we might think of this incident as an example of "Large-T" trauma: it was direct, violent, life-threatening. This same client also told me about the intense feelings of shame and their profuse sweating when they recently attended a heterosexual marriage and heard the preacher continue to reference God's will for marriage in terms of a "husband and a wife." While a wedding is not granted the social recognition of a traumatic experience, we might use the language of "small-t" trauma to think through this person's involuntary psychic and bodily responses. On the other hand, "C" trauma may be a way to talk with this person about the overall landscape of their life. The social and religious pressures to conform to conscripted gender and sexual roles; the feeling of not fitting with norms of the heterosexual family; the daily sense of danger and susceptibility to aggression and attack; the lifetime of media representations, stereotypes, microaggressions, invalidations, and exclusions—these all "create a cascade of physical and emotional reactions that may be experienced daily."[175]

Cumulative trauma is one of the most important retheorizations of trauma because it refuses to separate individuals from their sociopolitical and cultural contexts. In theorizing life under the conditions of ongoing oppression, cumulative trauma refers to traumatic stress incurred simply because of one's non-normative social status and/or embodiment, including one's race, gender, sexual orientation, ability, language, and immigration status. Cumulative trauma also accounts for what has come to be known as *historical trauma*. According to Lakota scholar Maria Yellow Horse Brave Heart, "Historical trauma is defined as cumulative trauma—collective and compounding emotional and psychic wounding… both over the life span and

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[175] Miller-Karas, *Building Resilience*, 3.

across generations."[176] Maria Yellow Horse Brave Heart speaks to the attempted genocide and cultural destruction of American Indigenous groups. Other historical traumas include the Middle passage and slavery, Jim Crow, the Jewish Holocaust, Japanese internment camps, and many other catastrophes, which contain a traumatic impact not relegated to the "past" but continuing to accumulate in the "present." Indeed, historical traumas, as cumulative, convolute and confuse the linear progressive frameworks of current liberal projects and politics.

Another way to think about cumulative trauma that is inclusive of historical catastrophes and their lingering effects is through the idea of "insidious trauma," first coined by feminist psychotherapist Maria Root.[177] Root asserts that what makes insidious trauma distinct from traditional conceptions of trauma (such as those offered by medical and psychological diagnostic models) is that "its impact shapes a worldview rather than shatters assumptions about the world."[178] This description completely upends early criteria of the DSM, which relegates trauma to the exceptional event, rather than questioning the context, or background, upon which all social and political interactions occur.

In other words, cumulative/insidious traumas like racism, homophobia, cisheterosexism, and colonialism fade into the "background" of life and become naturalized as simply "the way things are"—or, worse, as histories we have "overcome" in the course of historical progress. In such a way, cumulative/insidious traumas elude political and social recognition, even as they inflict stress and trauma in communities across generations. The consequence of such dismissals

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[176] Maria Yellow Horse Brave Heart, "The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota Through a Psychoeducational Group Intervention," *Smith College Studies in Social Work* 68.3 (1998), 288.

[177] Maria Root, "Reconstructing the Impact of Trauma on Personality," *Personality and Psychopathology: Feminist Reappraisals,* Eds. L. S. Brown & M. Ballou (New York: Guilford Press, 1992), 229–265.

[178] Ibid., 240.

is that trauma becomes pathologized in the individual as a set of symptoms, and the larger socio-cultural and political context is left "undiagnosed." Yet, as Shoshana Felman writes concerning analyses of law, history, and literature, "the two poles of private and collective trauma cannot be kept apart but, rather, keep reversing into one another."[179] Cumulative/insidious trauma is a necessary category for thinking trauma in simultaneously individual and collective registers—indeed, for interrogating the very divisions between individual, society, and history.

As it relates to pastoral theology and spiritual care, I find these delineations of trauma ("large-T," "small-t," and "C") accessible and useful in conversations about trauma care in local and lay contexts. However, I also recognize how these conceptions risk reducing trauma to an "event." As Jennifer Baldwin warns, "The connection between crisis events and how human beings respond to those events sometimes leads us to draw such a tight connection that we begin to think the events themselves are trauma. We begin to presume that the crisis event, and by extraction only crisis events, leads to trauma."[180] Baldwin's warning directly applies to the conceptualizations of "large-T" and "small-t" trauma, which isolates trauma to the incident or event rather than to other criteria like symptomology.

As I see it, there are three primary risks in this train of thinking. First, Baldwin indicates that a crisis event does not necessarily lead to trauma; in fact, many people go through crises without a traumatic response, i.e., without displaying the range of symptoms needed to constitute a diagnosis of PTSD (as defined by medical and psychological experts). This is the argument that, for example, not all LGBTQ+ people are traumatized. Which leads to the second point: thinking trauma-qua-event reads all violence as traumatic. This ignores what marks trauma as

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[179] Shoshana Felman, *The Juridical Unconscious: Trials and Traumas in the Twentieth Century* (Cambridge: Harvard UP, 2002), 6.

[180] Jennifer Baldwin, *Trauma-Sensitive Theology,* 25.

distinct from other types of violence, that is, that *trauma is essentially not the exposure to an event but a certain kind of perception of, or response to, a crisis*.[181] Finally, the danger of thinking trauma-qua-event can deny the traumatic impact of historical and ongoing histories, discourses, structures, and systems of violence, including colonialism, racism, and cisheterosexism. Therefore, the conception of cumulative/insidious trauma is vital, for it mediates these risks by moving the focus from a parochial, individualized diagnosis to a consideration of the total context of the life of the community.[182]

However, naming trauma in some of the above terms ("large-T," "small-t," and cumulative/insidious) is sometimes a helpful way to dislodge the common suspicion that somehow trauma is our fault. Instead, we can articulate how trauma happens *to* us; or, to use Sage's words, that "maybe there is nothing wrong with me, but maybe there is everything wrong with the world around me that causes me to feel all these terrible things." Important for care with LGBTQ+ folks, "large-T," "small-t," and "C" trauma index ways to refer to both isolatable events (like the moment of familial rejection and the long night sleeping on the street), as well as the total background of one's life (the norms, discourses, structures, systems, and theologies that generate and regulate social formations).

In my ethnographic observations and one-on-one interviews, the LGBTQ+ people I worked with use the category of trauma to think in both these registers at once. In other words, the language of trauma helped them make sense of their affects, thoughts, behaviors, overall life

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[181] Ibid., 25.

[182] Cathy Caruth has also written on the false distinction between "individual" and "collective" trauma. She writes, "The annihilation of experience at the core of what we think of as personal trauma is never wholly extricable from larger social and political modes of denial. In this sense, I would suggest, the 'individual' and the 'collective' cannot be extricated from each other, in the destruction of experience, which can never be grounded in the unity of a single position or voice." Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins UP, 2016), 121.

experiences, and isolated personal incidents, *as well as* the histories, structures, discourses, norms, collective experiences, and systems that shape their lives. In other words, LGBTQ+ people use trauma language to account for both events and symptoms, as well as to think in simultaneously personal and collective registers.

The Lived Experience of Queer Trauma

As I see it, the caregiver's focus should not be to police the "right" use of trauma by pitting colloquial uses against medicalized and diagnostic criteria for what does and does not constitute trauma. Addressing this anxiety, Ann Cvetkovich maintains that "one of the challenges that trauma studies must be willing to address is the elasticity of the category of trauma as it expands outward into the social."[183] For myself as a practical theologian and practitioner, I am primarily interested in what it generates for care to take queer communities seriously when they articulate their experiences through the lens of trauma. How is the language of trauma mobilized in these settings and what are some of the effects? How does such naming contribute to identity formation and coalition-building? What if we read local stories of trauma as just as valid as the "stories" of trauma that psychologists and scholars tell? My approach to these questions is a distinctly practical and pastoral theological method: treating local people and communities as experts. This approach is also rooted in feminist and womanist epistemologies. As Maria Root declares, "what is deemed traumatic is determined by the traumatized person rather than the observer."[184]

So again, I ask: what exactly is traumatic about the lived experience of trauma?

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[183] Ann Cvetkovich. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures.* (Durham: Duke UP, 2003): 310.

[184] Root, "Reconstructing the Impact," 230.

Sage told me, "There's not a word in English for what I feel I am." This sentiment echoes conceptual insights from chapter 2 about the linkage between queerness and trauma as unassimilable and unnarratable. I asked Sage if they would like to reflect on their mixed-race identity and multi-cultural upbringing, at which point Sage began to cry. After a moment of acknowledging the tears and sitting together in silence, they replied, "There's not an actual identity word in any culture of mine, and that's so painful for me sometimes." As Sage describes it, the painful grasping for language and self-description is characteristic of both the queer and the trauma survivor's experience. But the pain of this linguistic absence, for Sage, was compounded with the denial of recognition and support from family members and church community. Around the time that Sage was rejected from the social support of their evangelical Christian church, they spent months suffering from depression and suicidality, while also couch-surfing without a house and without employment.

Another participant, Reese described their adolescence by saying how the "theology I held during that time was a source of my pain and a source of what I would even call spiritual trauma." Reese alluded to the influence of Patrick Cheng's work in their life, saying, "As a teenager growing up as a rainbow person in a monochromatic world, I was consistently experiencing different forms of marginalization, and to me, religion was an invitation to conform and therefore not be treated poorly. It was a way to become monochromatic, and I thought that would feel good to me at the time." Reese, like Blair in chapter 2, conformed to conscripted roles in the family and faith community in exchange for particular social and material resources. "Religion kind of presented the promise of assimilation," Reese told me, "With not just material benefits to that but metaphysical ones as well. I am not just talking about heaven and the afterlife. I could experience purpose. I could experience belonging. I could have all these

mutually giving and satisfying relationships if I just became like everybody else. As a teenager, I did not realize what threat that posed to my health." Reese went on to narrate these threats in terms of the shame and secrecy that plagued them psychologically and bodily, including the ensuing loss of entire social communities as they began to transition and no longer assimilate to rigid gender and sexual norms.

Similarly, in my interview with Harry, they too described their relationship with religion in terms of trauma. Harry told me that they "went through cycles of trauma and re-traumatization from thinking, *well, maybe I can be straight, or I will marry a man just because, or I will have kids, or God loves me, well no, God does not love me, God take this away, or God can you help me find love for a man, or okay I will be celibate, God is that better? My parents will be okay with me? I will not talk about it*. And then I would be in and out and in and out of the closet in multiple different ways." Harry's words here capture some of the nonlinearity and turmoil of queer wrestling with societal and religious conscriptions. Harry's queerness, which they said characterizes both their sexuality and gender expression, entailed a set of divergences too "out of line" to properly fit within the family and faith community. Harry described their journey, saying, "Being Black and queer [meant] being a pariah in my own family… being an outcast in my church and losing a lot. Coming out for me, I lost a lot of people that I had grown up with, that were part of my formation, including my relationship with the pastor and other spiritual leaders in the church." The loss of relationships coincided with a negative self-image (paralleling Sage's preoccupation with the question, "What's wrong with me?"). Harry told me that it has taken 10 years in their adulthood to begin to find a community and "a theology to express that who I am is good, and is whole, and is complete."

Speaking from both the Christian and Muslim tradition, Nay described how, as a

transwoman, she has "spiritual trauma from both sides," having been raised as both Christian and Muslim and taken weekly to Mosque and Church. "We have been so spiritually abused," Nay said about herself and her community. "So many Black queer kids in the South who have been just destroyed spiritually, they think they are going to hell." As with all my participants, Nay's "spiritual trauma" took on material dimensions when she lost her job, lived on the street for a year, and relied on drugs (specifically meth) to cope. "If you weren't a drug addict, you'd probably be dead," Nay said, describing herself and many of the trans* people she knew who lived on the street. She consistently mentioned the "shame that goes along with asking for help." Nay's co-occurring struggle with homelessness and addiction continued for a while until she began building new networks of social support to replace the ones she lost. Now, Nay has steady housing, employment, health insurance, higher education degrees, and robust social networks, and yet she cannot shake "the constant nagging that I could still lose everything. I know I can lose everything. Being an addict, the fear of relapse is constant."

Like Sage, Reese, Harry, and Nay above, almost all my participants, touched by homelessness or housing insecurity in some way, understood their life experiences in terms of trauma—especially their relationship with family and childhood faith community. This trend reveals that part of what may be unique to *queer trauma* is that it entails some degree of painful cut-off from family members, friends, and faith community. "Cut-off," a psychological term, feels too removed; "*cut-dead*" more accurately describes the deep wounding, suffering, and ostracism that afflicts LGBTQ+ people for a lifetime when they are rejected by the ones they love.[185] Often, as Nay's story testifies, the rejection is a culmination of prolonged and poignant

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[185] Gregory C. Ellison II, *Cut Dead but Still Alive: Caring for African American Young Men* (Nashville: Abingdon Press, 2013).

abuse—verbal, psychological, physical—which is one of the most widely recognized adverse childhood experiences to have long-term consequences.[186]

Indeed, the infant-parent relationship has received much attention in trauma studies as it is generative of the experience of "self" and patterns of relationality, at the same time that it is also a potential source of extreme trauma.[187] One's relationship to family and parental figures continues to play an integral role across a lifetime in our physical, mental, spiritual, and social health and wellbeing.[188] For participants in my research, queerness marked an abuse and sometimes a split in the family structure. Participants reported being told things like "you have no place in this family," "you're going to hell," "you're an abomination," and "you're disgusting" or "shameful" or "wicked." Participants also disclosed the more subtle and indirect exclusions and microaggressions they suffered: the abrasive bodily comportments they recognized in their friends and families, the lack of invitations to important events, the erasure of their queer attachments, the name calling, dead-naming, and refusal to recognize pronouns, etc.

In *Insult and the Making of the Gay Self*, Didier Eribon speaks to the role of insults in the formation of personality. He writes:

> 'Faggot' ('dyke')—these are not merely words shouted in passing. They are verbal aggressions that stay in the mind. They are traumatic events experienced more or less violently at the moment they happen, but that stay in memory and in the body (for fear, awkwardness, and shame are bodily attitudes produced by a hostile exterior world). One of the consequences of insult is to shape the relation one has to others and to the world and thereby to shape the personality, the subjectivity, the very being of the individual in question.[189]

[186] Vincent Felitti & Robert Anda, et al, "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine 14*.4 (1998), 245–258.

[187] C.f. Donald Kalsched, *Trauma and the Soul: A Psycho-Spiritual Approach to Human Development and its Interruption* (New York: Routledge, 2013).

[188] Felitti & Anda, "Relationship of Childhood Abuse," 1998.

[189] Didier Eribon, *Insult and the Making of the Gay Self* (Durham: Duke University Press, 2004), 15.

Eribon asserts that anti-queer verbal and other aggressions do not shatter our world (as in

traditional trauma theories) but shape a worldview (as in Maria Root's model of insidious

trauma). As Eribon reveals, inquiring into queer trauma entails deciphering not only the psychic

effects of anti-queer abuse and rejection,[190] but also what Cody Sanders calls the "bodily

materialization of this 'mutilation' of queer souls."[191] Sanders' research reveals that LGBTQ+

suicidality is just one among many traumatic bodily materializations, and his work offers a range

of powerful analyses and narrative interventions. For our purposes, let us consider homelessness

and housing insecurity as another bodily materialization of the traumas of being abused and

rejected because of one's gender and sexuality.

Study after study reveals the disproportionately high rates of homelessness and housing

insecurity for LGBTQ+ youth, who are approximately 120 times more likely to experience

homelessness than their cisgender heterosexual peers.[192] The organization that my research

follows, Lost-n-Found Youth, reports that over 40% of all youth experiencing homelessness

identify as LGBTQ+.[193] Sadly, the single greatest reason for LGBTQ+ homelessness is family

rejection.[194] Take, for example, one of the most comprehensive studies on LGBTQ+

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[190] For example, some work has engaged Family Systems Theory to assess the role confusion and change that occurs when members in a family unit "come out" as LGBTQ+. However, a FST approach often fails to account for the material consequences of those family connections—that without them, queer people often end up on the streets.

[191] Cody Sanders, *Christianity, LGBTQ Suicide, and the Souls of Queer Folk* (Lanham: Lexington Books, 2020), 2.

[192] M.H. Morton, A. Dworsky, and G.M. Samuels, *Missed Opportunities: Youth homelessness in America. National estimates* (Chicago, IL: Chapin Hall at the University of Chicago, 2017), 12.

[193] Lost-N-Found Youth, https://lnfy.org, Accessed February 2021.

[194] Soon Kyu Choi, Bianca D.M. Wilson, Jama Shelton, & Gary Gates, *Serving our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness* (Los Angeles: The Williams Institute with True Colors Fund, 2015).
Nico Sifra Quintana, Josh Rosenthal, and Jeff Krehely, *On the Streets: The Federal Response to Gay and Transgender Homeless Youth* (Center for American Progress, 2010).

homelessness in North America by the Williams Institute at UCLA School of Law, which states, "The most prevalent reason for homelessness among LGBTQ youth was being forced out of home or running away from home because of their sexual orientation or gender identity/expression."[195] According to providers in this study, 75% of LGBQ youth and 90% of trans* youth who experienced homelessness also experienced family rejection.[196]

The poignancy and prevalence of this rejection is what is so uniquely traumatic about queerness—it literally breaks the family. As queer theorist Leo Bersani writes, "The family identity produced on American television is much more likely to include your dog than your homosexual brother or sister."[197] By not properly fitting the norms of conscripted cisheterosexuality required by the western nuclear family, LGBTQ+ youth and young adults find themselves cut-off from the family line. Contrast this with a common maxim in trauma studies, that strong social connections and family resources are the primary mediators of trauma.

What thus seems to be *uniquely traumatic about queerness as an oppression-based trauma is the breaking down of primary relationships and social connections, which not only constitutes its own trauma but also entails the withdrawal of our greatest protection against other sources of traumatization.* In this regard, we can conceive of *LGBTQ+ homelessness as a kind of bodily materialization of queer trauma and a cumulative effect of the lack (and withdrawal) of promotive factors—namely the family and faith community as a source of social, spiritual, and economic support.* It is vital to note that *queer trauma* should not be appropriated as a diagnostic for something some people *have* and others *do not have. Queer trauma* indexes

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[195] *Serving our Youth,* 5.

[196] Ibid.

[197] Leo Bersani. *Is the Rectum a Grave?: And Other Essays* (University of Chicago Press, 2009), 9.

how queer folks make sense of their political, religious, social, and familial estrangement, which materializes in the disrupted body (cut off from meaningful community) along a continuum of stress and trauma.

The data on LGBTQ+ homelessness is even more upsetting when we take into consideration the ways that gender and sexuality are always already racialized. For Black, Brown, and Indigenous LGBTQ+ folks, the family and faith community are often the essential supports against the racist and xenophobic violences of state and society. Losing the connections and resources of family and faith community is especially traumatic for those who cannot rely on societal recognition, political representation, and access to state and medical resources—be it local or national. For example, Black youth are reportedly 83% more likely to face homelessness than white youth, a probability that only multiplies for Black non-cisheteronormative youth.[198] This disproportion attests to how "the discrepancy of promotive factors found at the community level can be correlated with systemic oppression and prevalence of intergenerational and societal traumatization."[199]

As the American Center for Progress declares based on its research on LGBTQ+ homelessness, "The failure of critical family and social safety nets to support these youth has catastrophic consequences on their economic stability, educational attainment, physical and mental health, economic future, and life expectancy."[200] These material consequences occur simultaneously with affective and behavioral ones: paranoia, anger, shame, fear, hypervigilance, sleep difficulties, suicidality, addiction, difficulty trusting, hopelessness, feeling disgust towards

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[198] Morton, Dworsky, & Samuels, *Missed Opportunities,* 12.

[199] Baldwin, *Trauma-Sensitive Theology*, 61.

[200] Nico Sifra Quintana, Josh Rosenthal, and Jeff Krehely, *On the Streets: The Federal Response to Gay and Transgender Homeless Youth*, Center for American Progress (June 2010), ii.

one's body, feeling unsafe in one's environment, feeling uncontrollably available as an object of violation and as a political and religious target of derision. Serene Jones said it best when she articulated trauma in terms of fragmentation: "The fragmented anatomy of trauma can leave one without a world, without speech, stories, memory, community, future, or a sense of self."[201]

Of course, trauma is not ubiquitous for all LGBTQ+ folks, and neither is trauma materialized in the same way in the bodies and lives of those who do experience it. However, in the case of LGBTQ+ lived experience, non-cisheteronormative identifications and embodiments so profoundly predispose us to trauma, that we might misquote Jones' statement: "The fragmented anatomy of *queerness* can leave one without a world, without speech, stories, memory, community, future, or a sense of self."

Disruptive Orientations and Queer Resilience

The association between queerness and trauma is so *felt* and *material* that many scholars consummately equate the two.[202] Normative society and religion scream that the queer is an abomination who materializes a threat and an end to the family, to heterosexual biological reproduction, to the social order—so be it, many queer theorists argue. I am tempted to read this as a giant act of countertransference, of over-identifying with societal and religious projections. Jennifer Baldwin aptly warns, "One of the highly seductive beliefs that individuals and communities have is to equate one part of us with the whole of who we are."[203] To equate

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[201] Serene Jones, *Trauma and Grace: Theology in a Ruptured World* 2nd edition. (Louisville: Westminster John Knox Press, 2019): 21.

[202] The history of psychoanalysis also attests to this association, as models of sexual difference ("perversity") and the unconscious emerged concurrently.

[203] Baldwin, *Trauma-Sensitive Theology,* 24.

queerness exclusively with trauma is ultimately to reduce, even deny, the multivalent lived experiences of LGBTQ+ people by totalizing our suffering; and totalization, as we know, is a white colonial strategy of domination. It naturalizes the norms, discourses, systems, and relations that predispose LGBTQ+ people to trauma in the first place, by confirming, after all, that queerness is indeed detrimental to our health, wellbeing, and community. To reiterate insight from chapter 2, totalizing queerness as trauma is *retraumatizing* for an already vulnerable population, for it trains us to double down on our pain and believe we have no agency. Yet this is exactly the move that many queer theorists perform.

In this next section, I briefly review some of the overlap between queer and trauma studies, but ultimately, I want to rethink queerness' relation to trauma in light of the lived experiences of my research participants. My aim here, following Ann Cvetkovich, is "to suggest models for acknowledging trauma that are politically powerful without being based in claims of victimization."[204] It is my firm belief that while LGBTQ+ people are uniquely vulnerable to particular forms of trauma (*queer trauma*), they also have the potential for a relation to queerness that is generative and constructive. Baldwin says it well when she writes, "Survivors fighting through post traumatic responses are not ontologically broken, shattered, annihilated, or existentially undone; they are individuals who have been injured and still retain resources for recovery, resiliency, and restoration of health and flourishing—even if it often doesn't feel that way."[205] In my view, engaging *queerness as an orientation* (and not as traumatic per se) helps us make this shift in viewing survivors as not just *traumatized* but also *resilient*.

The prime example of a scholar who consummately conflates queerness and trauma is

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[204] Cvetkovich, *An Archive of Feelings*, 313.

[205] Baldwin, *Trauma-Sensitive Theology*, 38.

Leo Bersani. In his foundational work *Is the Rectum a Grave?*, Bersani famously defines sex

(especially the "sexual perversities" of gay and lesbian sex) as so totally solipsistic that it

fuctions as "anticommunal, antiegalitarian, antinurturing, antiloving."[206] Thoroughly collapsing

all distinctions between the two, Bersani declares that *sexuality itself is traumatic*, inaugurating a

shattering not only of masculine subjectivity, but also of identity, politics, and community

altogether. Indeed, gay sex "should be celebrated for its very potential for death" of the "self,"

which is so fundamental to existing power relations.[207]

Another prominent queer theorist, Lee Edelman, also makes an antirelational turn.

Edelman contrasts the figure of the *queer* with the figure of the *child*, who represents the promise

of futurity, i.e., of closure and harmony in the Symbolic order. Importantly, the Symbolic,

figured by the *child*, requires the repression and denial of the excess of death, figured by the

queer and imposed on particular bodies marked under that shadow. In Edelman's

conceptualization, queerness is not sociality or identity, and it cannot engender a politics or

future, but rather is the radical undoing of those and all symbolics. In fact, queerness is

efficacious insofar as it accepts its equation with antirelationality, negativity, and abjection—

indeed as *pure trauma*—and bears the burden of the death drive in a political order of

reproductive futurism. The task (if we can call it that) of us queers is to identify with the death

that has already been abjected onto us and to say, "Fuck the social order and the Child in whose

name we're collectively terrorized."[208]

Queer of color critic Darieck Scott also configures queerness as a kind of trauma.

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[206] Bersani, *Is the Rectum a Grave?,* 22.

[207] Ibid., 29.

[208] Lee Edelman, *No Future: Queer Theory and the Death Drive*. (Durham: Duke UP, 2004): 29.

However, the biggest break with theorists like Bersani and Edelman is Scott's insistence that

queer identifications, that is, nonnormative genders and sexualities, are always already

racialized. Scott recapitulates Franz Fanon's analysis of blackness as a white construction and

projection. As whiteness's "Other," blackness is a "repository for fears about sexuality and

death," which serves to construct and consolidate white subjectivity.[209] Following Fanon,

blackness is also constituted by "a history of humiliating defeat," and so the attribution of

blackness onto a people or nation accomplishes domination and violence in a white-supremacist

world order.[210] Blackness is also queer insofar as it emerged through a sexual history of conquest

as the exemplar of nonnormative (and perverse) sexuality and gender. Thus, Scott asserts

blackness as queer*,* and blackness in/as abjection*.* Because it is both queer and abject, because it

is a positionality grounded in historical defeat and psychic split, *blackness is queer is trauma*.

To nuance Scott and to return to Bersani and Edelman, if the denial of sociality and

kinship is a kind of *queer trauma* (as I have argued), then it is also and perhaps even more so a

specifically *Black trauma*. In a foundational essay, Hortense Spillers argues that the theft and

captivity of African "*flesh*" entailed a loss of gender differentiation, denial of kinship ties, and an

excess of attributed meanings. Specifically, the African American woman (we might write,

~~woman~~) was reduced to *captive*, *ungendered flesh* and subjected to the forced dispersal of all

kinship relations, in contrast to subjectivity of the *liberated and differentiated white body*.[211]

Tracing this history from the Middle Passage to slavery to the Moynihan Report in the twentieth

century, Spillers reveals how the American lexicon of sexuality, gender, body, and kinship have

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[209] Darieck Scott, *Extravagant Abjection: Blackness, Power, and Sexuality in the African American Literary Imagination* (New York: NY Univ Press, 2010): 6.

[210] Ibid., 4.

[211] Hortense Spillers, "Mama's Baby, Papa's Maybe: An American Grammar Book." *Diacritics* 17.2 (1987).

never included Black people.

To return to the four participants above, Sage, Reese, Harry, and Nay seem to attest in some way that queerness is indeed a kind of trauma. This is especially so when we consider how queerness is racialized, marking one as outside, even against, the norms and protections of white society and even many LGBTQ subcultures, which often cohere around norms of whiteness. Sage and Reese (mixed-race) along with Harry and Nay (Black) all speak to the "racial and sexual homelessness" or "middle space" of never being fully at "home" within any communities or identificatory categories.[212] Their lives speak to how this homelessness is not merely metaphorical, as Patrick Cheng's *Rainbow Theology* articulates, but is simultaneously bodily and material—inclusive of literal homelessness. They, along with my other research participants, used self-descriptors like "outcast" and "pariah," and they described their initial experiences with queerness in terms of shame, stigma, self-loathing, self-doubt, church and family rejection, and (to reiterate) the bodily materializations of abuse and rejection in the forms of homelessness, addiction, and suicidality.

Yet, throughout my research, participants also attested to how their relationship to queerness evolved. Most frequently, participants said that their queerness was precisely what helped them to survive by connecting them in meaningful community with other queer folks. I observed this directly in my work with LGBTQ+ clients at the shelter, where I encountered client after client who, after being cut-off from their families, formed little queer networks of support on the streets, shared food and bus passes, watched each other's backs, even traveled and lived together. Two participants (Magpie and AJ) explicitly named the importance of "queer elders" who intentionally reached out to them, mentored them, fed them, and connected them to housing,

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[212] Patrick S. Cheng, *Rainbow Theology: Bridging Race, Sex, and Spirit* (New York: Seabury Books, 2013): 115.

meaningful work, and community resources. This trend in my research aligns with other social scientific studies, which confirm, "Connections in the LGBT community (Zimmerman et al. 2015) were found to compensate for parental rejection or provide an important adjunct to family support (Shilo et al. 2015), and virtual communities appeared particularly important for cultivating these LGBT social ties where immediate family roles make it difficult to integrate sexuality and sexual identity with traditional social expectations (Chong et al. 2015)."[213] While it is unfortunate and risky that "estrangement becomes the basis for community," it also reveals queerness' potential to rework the terms and conditions of community in the first place, which reveals queerness to be, rather than antirelational, deeply relational.[214]

Take Reese for example, who began our interview by talking about how they tried for years to reject queerness. Eventually embracing it meant losing the love and support of their faith community—and it also generated for them "infinite possibilities of how somebody can think about themselves and understand how they move through the world." Sage also shared this experience of queerness. "We have the gift of seeing things more clearly from the outside," Sage told me. By embracing queerness, Reese and Sage were able to see more clearly how society and religion had conscripted them (and everyone) to embody and express themselves in narrow ways. In lived experience, then, queerness was not solely lack or negativity, but a kind of clarity and agency to resist the conscriptions of embodiment and relationality.

Reese even said that they began to realize that "the opposite of straight is not queer; it is *free*. To be a straight person means that you have cut yourself off from all capacity to experience

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[213] Christopher R. Beasley, Richard A. Jenkins, and Maria Valenti, "Special Section on LGBT Resilience Across Cultures: Introduction," *American Journal of Community Psychology* 55 (2015), 165.

[214] Kai Erikson, "Notes on Trauma and Community," *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore: The Johns Hopkins University Press, 1995), 186.

connection in any way outside of what heteronormativity has outlined for you." Echoing Adrienne Rich's critique of "compulsory heterosexuality," Reese argues that queerness was not the opposite of straight, but rather a kind of "openness" and "possibility" of being and relating differently.[215] Reese told me, "Much of how I learned to think about myself, and much of how I am still thinking about myself, has unfolded in the context of queer community," which has included "queer and trans BIPOC friends," "queer roommates," and a Primary Care Physician who "specializes in the queer and trans community."

Nay also talked about queerness' power to create networks of solidarity. Throughout our interview, Nay consistently said that "queer is a superpower" and "a source of liberation," helping us to understand ourselves and engage critically with the world around us. For their part, Harry told me, "To me, queerness and transness are these kinds of ever-expanding possibilities and ways of being free in terms of how people love themselves and how they love other people." In contrast to the "racial and sexual homelessness" they described above, Harry celebrated their unfolding relationship to queerness, lesbianism, and transness as creating a "political home." Sage too told me about their "little queer family" who vacations and celebrates holidays together, in addition to helping each other with bills and housing. In a massive shift from their earlier tears and memories about feeling "wrong," Sage laughed as they said, "Being queer is the best thing that ever happened to me."

The point is: queerness cannot be totalized as purely pessimistic *nor* optimistic. Queerness shapes people's experiences in a variety of unanticipated ways, and we cannot know in advance what it will generate. Rather than reducing queerness to pure trauma (a trend in queer theory with extremely damaging implications for how we view the subject), another option that

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[215] Adrienne Rich, "Compulsory Heterosexuality and Lesbian Existence," *Women: Sex and Sexuality* 5.4 (1980), 681-660.

takes seriously the range of LGBTQ+ experiences is to instead think *queerness as an orientation*.

"Orientations are about the direction we take that puts some things and not others in our reach," writes Sara Ahmed.[216] Orientations are spatial and relational, determining how we are positioned in relation to social spaces and other bodies. To think about the "orientation" in *sexual orientation* is to consider the ways in which social norms and spaces have forcefully directed our desires, embodiments, and relationship structures along predetermined lines. As Ahmed writes, we "become straight" by turning away from homosexual and other perverse attractions, i.e. by turning away from some racialized and gendered objects, and by turning "toward the objects that are given to us by heterosexual culture."[217] Reese spoke to this at the experiential level when they said, "To be a straight person means that you have cut yourself off from all capacity to experience connection in any way outside of what heteronormativity has outlined for you."

We can conceive of the *family* in a similar vein. To become a socially, politically, and religiously legible "family" requires us to direct our desires towards proper (gendered and racialized) objects, which cohere according to monogamous and heterosexual marriage, as well as biological and social reproduction. Becoming a family requires a certain embodiment of binary gender, specifically as it has emerged in a white supremacist history of colonization. To be a "properly" gendered and sexualized subject is to continue the genetic family line as a genealogy that is traced patrilineally from father to son through heterosexual union. As Spillers and others have painfully shown, these subject and family formations were distilled to shore up whiteness in addition to cishetero-patriarchy. Kinship relations and family structures that are granted religious, social, and legal recognition (protection) are those that reproduce the mythic

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[216] Sara Ahmed, *Queer Phenomenology: Orientations, Objects, Others* (Durham: Duke UP, 2006): 56.

[217] Ibid., 21.

white family and lineage—a "man" and a "woman," with unambiguous genitalia and bodily comportment, united in monogamous marriage, with straight children and land that belong to them. In this way, both straightness and the family are ways of ordering the world.

Queer genders and sexualities interrupt this ideal image of the family, because they direct our desires toward non-proper objects and orient our bodies in directions that do not properly reproduce the family line. Ahmed writes, "Queer orientations are those that put within reach bodies that have been made unreachable by the lines of conventional genealogy. Queer orientations might be those that don't line up, which by seeing the world 'slantwise' allow other objects to come into view."[218] This is an incredibly different way to think about queerness than the negativistic modalities outlined at the beginning of this section. Here, queerness is simultaneously a mode of disruption and creation, indexing a divergence that is generative.

When we look at the lives of LGBTQ+ folk, it becomes evident how queerness refuses to "line up" with the conventional family—including the social and religious structures founded on and mimicking the supposed givenness of a nuclear family. Queerness thus reveals the cisheterosexual western nuclear family, including the social-political-religious norms that take shape in relation to it, as a cultural and historical fiction. As such, the family is definitively not self-evident or natural. Instead, norms about the family and social relations, which appear "straight," are actually quite traumatically disordered. Queer orientations are those that expose the "family" as a contingent identity and boundary, the lines of which can be drawn and redrawn ad infinitum. Queerness, as a "refusal to inherit" certain predetermined directions of desire and modes of relationship, orients us to a deep reworking of both the family and the social order.[219]

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[218] Ibid., 107.

[219] Ibid., 178.

For the communities I worked with, queerness became an "otherwise" orientation (to borrow terms from Ashon Crawley and Sara Ahmed): it marked breaks with societal, religious, and family lines, *and* oriented people differently towards other bodies, communities, and social networks that helped them survive. Put differently, queerness marked an interruption of the social order which allowed for new worlds to emerge. By claiming their "queer families" and "queer elders," the participants above were already denaturalizing and reworking structures of family and images of society—showing these categories as performative, or *doings*.[220] David Eng captures this performative nature of kinship, writing, "There is no one law of kinship, no one structure of kinship, no one language of kinship, and no one prospect of kinship. Rather, the feeling of kinship belongs to everyone."[221] The LGBTQ+ folks in my research, even as they spoke to the trauma of their family and social rejection, were already tracing "the lines for a different genealogy, one that would embrace the failure to inherit the family line as the condition of possibility for another way of dwelling in the world."[222]

It is thus untrue, even oppressive, to conceive of queerness only in terms of its tendency to traumatize, to cut off, to leave us without a sense of self, community, meaning, and future. While it often orients us in ways that enact these effects (we might say it *disorients* us), queerness also marks the process of how bodies and communities become orientated to new objects and spaces, expanding the range of desires, relations, and embodiments that were

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[220] For more on the possibilities of queer socialities, see: Eve Sedgewick, "Tales of the Avunculate: Queer Tutelage in the Importance of Being Ernest," *Tendencies* (Durham: Duke University Press, 1993).
David L. Eng, *The Feeling of Kinship: Queer Liberalism and the Racialization of Intimacy* (Durham: Duke University Press, 2010).
Christopher G. Schroeder, "Sanctuary or Prison: Queer Youth and the Family, Household and Home," *Social & Cultural Geography* 16.7 (2015), 783-797.

[221] Eng, *The Feeling of Kinship*, 198.

[222] Ibid., 178.

formerly unavailable. To follow Ann Cvetkovich, queerness "can be mobilized in a range of directions, including the construction of cultures and publics."[223] The challenge for those of us committed to spiritual care with LGBTQ+ folks is to think queerness in multiple registers, which becomes easier when we obsess less over what queerness *is* and attend more to how queerness *orientates*. By thinking queerness not as an identity but an orientation, we can account for the ways in which queerness both cuts us off from family and society—as a *trauma*—as well as generates new possibilities for connecting to self, others, and community—what I now want to name as *queer resilience.*[224]

Neither an outcome nor a trait, *queer resilience is a relational and ongoing process of resisting conscripted roles, exploring divergent lines of desire and embodiment, and orienting toward spaces and bodies in unexpected ways, especially towards those not deemed "proper" to the reproduction of the white-cisheterosexual family.* Queer resilience *queers* expectations of resilience. It has no interest in "bouncing back" or "recovering," but only in mobilizing us in unpredictable and indeterminate directions. As *queer*, this mode of resilience works to orient us in the direction of previously foreclosed possibilities of being and relating. Queer resilience helps us imagine "more expansive embodiments of gender, sexuality, and family that do not rely on biology's scripting of family roles (mother, father, and other as mutually exclusive), binary gender (female or male), and binary sexuality (hetero- or homosexuality)."[225] It may indeed lead

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[223] Cvetkovich, *An Archive of Feelings*, 62.

[224] My thoughts about queer resilience build off the work of several theologians, including Carrie Doehring, who writes, "Resilience is not a static trait located within individuals. Resilience is a relational and interactional process." Carrie Doehring, "Resilience as the Relational Ability to Spiritually Integrate Moral Stress," *Pastoral Psychology* 54 (2015): 636.

[225] Jian Neo Chen, *Trans Exploits: Trans of Color Cultures and Technologies in Movement* (Durham: Duke UP, 2019): 114.

to the creation of new families and social networks to meet our material and relational needs; but it will diverge from those networks just as quickly, especially as they threaten to become final, closed, and normative.

Queer resilience indexes the communal negotiation of insidious and cumulative traumatic histories, discourses, norms, and structures, without presuming that such traumas can be easily overcome or transcended. For example, queer resilience marks an orientation of disidentifying with familial and social norms in order to rework and repurpose them. In this way, queer resilience is not the absence of trauma, but rather a relational process of survival and resistance that occurs from within the sites of traumatic violence, confusion, and rupture. "From the middle," to borrow Shelly Rambo's theological language, queer resilience attempts to rework a disordered world, but without promise or guarantee of progress. There is no assurance that the new social networks, initially sparked by a queer orientation (a refusal, rejection, or divergence from the family), will not reproduce the existing order and reestablish its roles and hierarchies. The only promise of queerness is that deviating from the existing order will put new objects, relations, and resources within reach.

Holocaust trauma researcher Rachel Yehuda maintains, "Some of the most resilient people, at least that I know, may have had or still have very severe PTSD that they struggle with every day."[226] This is how the category of queer resilience functions to reorient views of the survivor's subjectivity. Accounting for trauma without being fully determined by it, queer resilience reconfigures LGBTQ+ survivors as *resilient:* not broken or shattered to the core, and definitely not in need of (over-)identifying with the death projected onto them. What's more,

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[226] Steven M. Southwick, George A. Bonanno, Ann S. Masten, Catherin Panter-Brick, & Rachel Yehuda, "Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives," *European Journal of Psychotraumatology* 5.1 (2014).

queer resilience resists reference to an individual subject and a bounded body, and instead marks

a process of orienting toward the resources and creativities of our inaugural and fundamental

relationality. As the lives of queer people testify, especially those who have experienced the

bodily materializations of trauma like homelessness, we survive because of each other. In my

interview with Reese, I ignorantly asked them about the difference between *personal* and

communal resilience, to which they replied, "Communal-resiliency is a redundancy, because I do

not actually think anybody is being truly resilient by themselves."

Queer Resilience in the Community

Many people would never expect a partnership to emerge between a group of Baptists

and a group of queers—and in the South of all places. Yet in December 2019, Lost-n-Found

Youth, one of the largest service providers for homeless LGBTQ+ youth in the Atlanta-metro

area, moved into the building of Park Avenue Baptist Church, located in Grant Park in Southeast

Atlanta, GA. A now ten-year-old organization, Lost-n-Found was founded by a group of activists

in response to the harmful anti-LGBTQ policies and practices of local service providers. Their -

mission continues to be to "work with communities to end homelessness for LGBTQ youth by

providing food, shelter, and life stabilization services."[227] Lost-n-Found created a youth center

where it provided multiple daily hot meals, showers, clothing, case management, and educational

and job opportunities. It began advocating in local politics around issues of gender, sexuality,

and homelessness. It opened a thrift store, started a 24-hour crisis hotline, and offered emergency

and transitional housing for LGBTQ+ youth transitioning out of homelessness. But it lacked a

reliable and expansive space needed to enhance and sustain their mission.

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[227] "Our Mission," Lost-n-Found Youth, https://lnfy.org/about-lnfy/. Accessed 18 February 2021.

For its part, Park Ave Baptist Church had a massive space, built in 1927, with multiple floors, huge kitchen, fellowship hall, library, art studio, and tons of old Sunday School rooms. However, since the 1960s, Park Ave slowly dwindled in membership from a booming 700+ members to a mere 12 people. As Park Ave tells their history, "The congregation refused to minister to a changing neighborhood, rejecting initiatives by some pastors to engage increasing populations of African-Americans and people facing homelessness."[228] Around 2005, Park Ave began changing its legacy. It embraced new leadership from Black and queer people, integrated a non-hierarchical circle leadership model, and began "moving toward radical inclusivity."[229] Park Ave, recently dependent on bi-vocational pastors and a robust volunteer network, now commits "to deconstructing racism, classism, sexism, ageism, ableism—physical and mental, homophobia, transphobia, violence and hatred through the creative use of worship, dialogue, education, activism, protest, and resources to embody the inclusive way of Jesus."[230]

In December 2019, Lost-n-Found and Park Ave began the messy process of partnership. Lost-n-Found moved their services into the same building as Park Ave, which also enabled them to add twelve new emergency beds. Today, Lost-n-Found and Park Ave both claim full access to the building, and together they negotiate as equal partners how they use it. One of Park Ave's pastors, Rev. Darci Jaret, told me, "In Park Ave's commitment to abolition and anti-racism, we know that physical space is both a resource and a justice issue. In spite of the challenges, sharing our space with Lost-n-Found and giving up control has become a decolonial practice of our congregation." Rev. Darci also described how this process toward new partnerships required the

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[228] "History," Park Avenue Baptist Church, https://www.parkavebaptist.com/history. Accessed 18 February 2021.

[229] Ibid.

[230] Ibid.

congregation to shift their focus from *conversion* to *care*. "We don't evangelize," Rev. Darci said, "and in fact, we're willing to change, shift, and finetune our mission as we get more into this work with Lost-n-Found."

The former director at Lost-n-Found, who was vital to the organization's transition to partnership with Park Ave, Nasheedah Bynes-Muhammad shares Darci's enthusiasm. In a public statement about their partnership, Nasheedah said, "We can go much further together than we can doing this work alone. There are many brilliant, passionate, hard-working people living under bridges and in tents in Atlanta, and we can't tap into the full resources of our community until everyone has their basic needs met."[231] In my conversation with her, Nasheedah also emphasized how meaningful it has been for youth to receive services "at a church that did not debase them."

At the time that I am writing this chapter, we are still in the midst of the Covid-19 pandemic (and beginning to use the language of "endemic"), which has proved incredibly devasting for LGBTQ+ youth trying to find the resources and relationships needed to transition out of homelessness. While programming is difficult at the moment, both Lost-n-Found and Park Ave remain hopeful about where their partnership will take them, what new programs and projects they can implement together, and how they might continue to join each other in a shared mission of culturally sensitive LGBTQ+ care. Throughout Atlanta and the surrounding areas, word is spreading that if you need a place to sleep, a hot meal and groceries from the pantry, a bus pass, a shower, a haircut, a blanket or coat, a minister to talk with, a social worker to connect you, a community to support you—you can show up at 486 Park Ave. in Atlanta, GA.

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[231] "Lost-N-Found Youth Celebrates 8th Anniversary with New Look, New Leadership and New Home." Lost-n-Found Youth. https://lnfy.org/blog/8th-anniversary/. Accessed 18 February 2021.

I tell the story of this burgeoning partnership not because it is perfect or exemplary, but because in the newly conjoined history of Lost-n-Found and Park Ave, we glimpse a local image of both queer trauma and queer resilience, which might prove useful for thinking about queer community models of care in other contexts. Both communities (like the "queer families" that participants spoke of above) were drawn together out of a shared need, perhaps a shared trauma. We might say that a *queer orientation* directed Lost-n-Found and Park Ave towards each other, put them into contact, and provided the conditions for a new relational network to unfold— without guarantee about what form it might take. It is not so much that Lost-n-Found and Park Ave came together around a shared identity, because, while queer leadership exists in both, Park Ave is explicitly *Christian* and *Baptist*, and Lost-n-Found is explicitly *not*. The partnership continues insofar as there is mutual respect of each other's differences, with no "secret mission" to evangelize or convert the people who walk through the door seeking services. The emerging partnership between Lost-n-Found and Park Ave coheres around a shared desire to care gently and effectively for LGBTQ+ youth, whose lives index a trauma that is psychic, spiritual, relational, bodily, and material.

I began this chapter by unpacking a conception of trauma as insidious and cumulative, which is crucial to understanding the high rates of LGBTQ+ homelessness, addiction, suicidality, and mental distress—all of which we can read as bodily materializations of a traumatically (dis)ordered world. Insidious/cumulative trauma accounts for how the context of one's life can so totally predispose one to perpetual encounters with violence, dehumanization, and rejection that we can characterize that entire "background" of a life as traumatic. Cumulative/insidious trauma thus works to diagnose a violent world instead of blaming the survivor for their supposed inability to cope. As it relates to theology and care, rather than refining the criteria to diagnose

and treat an *individual body*, we must begin to create the categories needed to diagnose and intervene in the *body politic*; to resist violent discourses, structures, and relations at the socio-political and religio-cultural levels; and to rethink the effects and terms upon which the white, cisgender, heterosexual "individual" and "family" are asserted in the first place.

As a socio cultural and material analytic, *queer trauma* aims to do that critical work. The lives of LGBTQ+ people reveal that part of the distinctiveness of queer trauma entails how non-cisheteronormative genders and sexualities cut us off from the resources and protections of the family, faith community, and social unit. Queer pastoral theologian Cody Sanders explains this reality, writing, "Unlike children of many other minority groups, queer people are not born into a family and a community network of others who share their embodiment of difference and can prepare them for experiences of injustice and violence."[232] Therefore, by advancing a conception of *queer trauma*, I hope to convey that LGBTQ+ people are not ontologically-broken. The predisposition to traumatization does not indicate a lack, weakness, or inadequacy *in us*, but indicates rather our embeddedness in a traumatic world disordered by white straightness. This is what Nasheedah was getting at above when she declared, "There are many brilliant, passionate, hard-working people living under bridges and in tents in Atlanta, and we can't tap into the full resources of our community until everyone has their basic needs met."

Nasheedah's insight exposes the grievous failures of any trauma-informed care that sees people as broken, rather than as resilient, creative, and resourceful; it also shows the inadequacy of any model of care that prioritizes the psychological, emotional, and spiritual at the expense of the bodily and material. "What has been broken relationally must be repaired relationally,"

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[232] Cody J. Sanders. *Queer Lessons for the Church on the Straight & Narrow: What All Christians Can Learn from LGBTQ Lives*. (Macon: Faithlab, 2013): 51.

writes Jungian analyst Donald Kalsched.[233] But in the case of queer trauma, "what has been broken relationally" materializes in bodily, economic, political, and material ways. The tenuous, nascent partnership between Park Ave and Lost-n-Found shows how the shared commitment to LGBTQ+ care necessitates the prioritization of simultaneously relational and material interventions. Their partnership is only beginning. Both organizations will tell you that their efforts do not often work as planned. Yet for now they have cast their lots in with each other in an effort to embody the kind of bottom-up care (body- and community-based) that I emphasized in chapter 2.

The shared mission and budding partnership between Lost-n-Found and Park Ave provide an image of how *queer orientations* (that is, the willingness to diverge from inherited norms and be oriented *queerly*) will put us in contact with new bodies and unexpected communities. All the participants I included in this chapter—Sage, Reese, Harry, and Nay, including Rev. Darci and Nasheedah—were drawn to Lost-n-Found and Park Ave in part because of their queerness. They testify that while perhaps a queer orientation initially sparked cut off from social, family, and faith relations, it also opened up new modalities of community, kinship, and partnership. A dwindling Baptist congregation. A largely unused building in disrepair. A non-profit with great dreams and scarce resources. Thousands of "brilliant, passionate, hard-working" LGBTQ+ people living precarious lives, all trying to figure out new ways to be whole and care for each other. *What if queer resilience looks like this? Orienting towards each other in unfamiliar ways; augmenting our inherent relationality; cultivating mutual care while resisting a traumatizing world.*

As a theory of subjectivity and an approach to care, queer resilience invites us into a

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[233] Donald Kalsched, *Trauma and the Soul: A Psych-Spiritual Approach to Human Development and its Interruption*. (New York: Routledge, 2013): 13.

relational process that responds to trauma by augmenting the creativity and resourcefulness of local communities—especially those that resist reproducing the racial hierarchies and social orders dictated by white colonial norms. If the notions of "family" and "community" are racialized and entail particular modes of contact with certain others, then *queer resilience* is about orienting differently to space and others with the hope of reworking what constitutes a family and a community. For those of us invested in queer, trauma, and pastoral studies, an analysis of queer trauma and queer resilience invites us to new understandings of queerness and new networks of resiliency-focused care.

But ultimately, that is not enough. We too must be willing to be *disoriented* by queerness, to let ourselves be thrown off course, to diverge from the norms, and to orient *queerly* towards new objects, new others, new modes of contact. In our willingness to follow queer orientations, we might gain the critical distance needed to better oppose the norms, systems, discourses, and structures of a traumatic world. Like the fledgling partnership between Park Ave and Lost-n-Found, our care must work materially and relationally, enhancing the structural resilience of vulnerable communities and allowing new ways of being and relating to emerge, ones we cannot fully recognize, claim, or name yet.

Postlude

"What's wrong with me?" Sage used to ask themselves. Later in our interview, I asked Sage if they might describe some of the moments in their life in which their relationship to queerness changed. Sage told me about a recent conversation they had with a friend: "I asked him, 'Why is it that you think you are the one who is doing wrong? Wrong was done to you.' He said, 'Well, I'm the only common denominator.' I said, 'No, the common denominator is that

you're a queer person in the world, and the world hates us. And that's the common denominator, that you were yourself in every situation. Now, you're heading to a place where you can be yourself and not be afraid.'"

Chapter 4:

Queerness Cannot Save Us

Good and Evil are more than just motives in the human heart. They are also organized patterns of interaction and attachments between people.

—James Newton Poling[234]

I believe, that for the critic, the intellectual, the student, and the activist…the posture of distance in which one is not implicated in the mechanics of domination because one is not at the top of the global capitalist heap is untenable and unethical. That is to say, to claim a "we" in this morass is to deliberately disavow innocence. We are deeply and terribly guilty. Guilt, of course, is not equally distributed. But seeking innocence is a distraction of the highest order to critical thought. We are called to think through our own socio-political sins.

—Imani Perry[235]

The temperature is well below freezing. One of the local LGBTQ+ community centers converts to an emergency warming shelter, and a stream of young adults check in.[236] I busy myself setting up cots, making sandwiches, handing out blankets. After the pace slows, I mingle with the guests. Sasha sits beside me. I think she has begun to like me, since I sneak her extra snacks when the others are not looking. She takes off her wig, brushes it, and we begin chatting. After a period of small talk, she tells me that her grandparents who raised her recently kicked her out of the house for being trans. She describes the tent she sleeps in under the bridge, except for nights like tonight when the temperature drops. We talk about her faith which still promises her that God has a plan, about her difficulties finding hormone therapy, about her goals of community college, and about sex and dating. As she transitions, she feels unsure how to identify her sexual orientation given her varied desires and affections. She also wonders what it means

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[234] James Newton Poling, *The Abuse of Power: A Theological Problem* (Nashville: Abingdon Press, 1991), 86.

[235] Imani Perry, *Vexy Thing: On Gender and Liberation* (Durham: Duke University Press, 2018), 103.

[236] This incident occurred in February 2020 just before the mass outbreak of the COVID-19 pandemic in North America.

for her trans femme identity if she does not want surgery. I listen patiently and intently, trying to build trust and mirror back to her empathy, care, and gentleness. After a while, Sasha says she wants to see the movie they're about to start, and I ask if she would like to pray together. I pray first, lifting up some of the fears, hurts, worries, and needs that I heard Sasha name in our conversation. Then she prays, speaking aloud her desires and hopes to God.

Two nights later, I am handing out sandwiches and snacks to the guests, and Sasha scoops up her food without a single look, gesture, or sign of recognition. Once everyone has had some food, I wander over to Sasha and ask how her day is going. "Fine." I try again, starting with small talk, mentioning some of the details from our last conversation, offering to help her fill out application forms for the local community college, and hoping that we can pick up where we left off. Sasha finally looks at me and says, "Look, I don't want to talk to a white person, okay? I'm so tired of looking at people who look like people who hate me." Sasha steps out of the building for a smoke. I'm left feeling confused and a bit embarrassed. *Where did this come from? Surely, I personally did not do anything to her...* My brain spins, trying to rationalize Sasha's dismissal of me, on the one hand, and on the other to assure myself that *it wasn't really about me, she's just having a tough day.*

As I sit here now and reflect on that incidence, I am reminded of another experience of feeling brushed off at the LGBTQ+ warming shelter. A few minutes after I walk in the door to help for the night, one of the overnight staff members pulls me aside. Knowing I am a chaplain and minister, he tells me about a young person, Caleb, who was recently released from the hospital for suicidal ideations. He thinks I can help him, so he introduces us. Caleb sits in the corner, eating a bag of hot fries on the cot he will sleep in tonight. The staff member tells him I'm a "Christian chaplain" and I say something about being glad to talk or just hang out. Caleb is

polite through the introductions, and when the staff member steps away, Caleb says, "No offense, but I'm not interested in talking with a Christian who's just going to tell me about sin and hell. I've had enough of that." Perhaps too quickly, I respond that I am not that kind of Christian, that I am a super progressive, open-minded, and interfaith chaplain. I even disclose that I am gay myself. Caleb looks away, "Yeah, well, doesn't matter. I'm not interested." Again, my brain searches for understanding and for something else to say to open the relationship up. *It's not about me*, I convince myself as I step away.

In the immediate aftermath of these encounters, it was easy to reflect on these cases in terms of transference. *They don't really know me*, *just wait till they get to know me*, I repeated to myself. I reflected on the differential visuality of my gendered and racialized appearance: I am a cisgender white man and Sasha is a Black transgender woman. I nodded to myself about the history of Christian abuse against queer folks: I was just outed as a Christian minister and Caleb has been hurt and rejected by the Christian church—*of course he would respond that way*. I pondered the hierarchized differences in our roles: Sasha and Caleb are seeking care and I am privileged enough to attempt to provide it. All valuable reflections. But my training and scholarship have also alerted me to the dangers of intellectualization as one of my own "habitual ego resistances," as Anna Freud famously defines it.[237] She describes that intellectualization is one of many defense mechanisms by which the ego struggles "against painful or endurable ideas or affects."[238] Needless to say, my profession as a scholar has socialized me well in this defense. It is clear to me now, after much personal and group reflection, that I had done just that— defended myself instead of tarrying in painful affects.

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[237] Anna Freud, *The Ego and the Mechanisms of Defense*. In *The Writings of Anna Freud, Vol II.* (New York: International Universities Press, 1937), 32.

[238] Ibid., 42.

In my brief time with Sasha and Caleb, the one vital thing I did not do is *fully receive the rebuke*. I did not let the encounters break into me, evoke vulnerable emotions, throw me into confusion, challenge what I thought I knew about myself, call into crisis my embodiment, my identity, my speech, and my beliefs. Nor did I let the encounters deeply refine my spiritual care goals and praxis. Instead, I left these "failed pastoral conversations" (as I viewed them) with the dismissive assurance, *it's not about me*.

What I want to consider in this chapter is exactly the opposite of that self-assurance: the self-doubt that comes from recognizing *it is indeed about me.* What if I missed an opportunity by *not* personalizing their words? What if I am not as innocent as I believe? What if the way into better care for myself, Sasha, Caleb, and others begins by struggling with the realization that *I am a problem*? How would it change my practice of care, as well as my engagement with the disciplines of care and theology, if I learned to receive refusals, rebuttals, and rebukes as a gift?

"Could I Have Done This?"— The Sentimental Tears of Pastoral Piety

In 1990, the philosopher Gillian Rose was asked to speak at the Symposium of Jewish Intellectuals on "The Future of Auschwitz." She stunned that audience with these simple declarations:

> *I am abused and I abuse*
> *I am the victim and I am the perpetrator*
> *I am innocent and I am innocent*
> *I am guilty and I am guilty*[239]

There is no punctuation or finality—only the constant crisis of self-representation. Rose's poem responds to the opening session of that Symposium, which appealed to "the 'innocent' Dutch-Jewish child, symbol of hope" and mobilized the binary of "innocent Jew/guilty German; blithe

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[239] Gillian Rose, *Judaism and Modernity: Philosophical Essays* (New York: Verso, 1993), 33

child/malevolent adult."[240] This, Rose argues, is precisely how the Holocaust is narrated to current generations. The way we tell the story of the Holocaust (and of history) forecloses the possibility of recognizing anything of oneself in the faces, motives, and actions of the Nazi perpetrators. Rose challenges this piety. She throws into confusion the expected subject positions of victim/perpetrator in our readings of history and politics (specifically for Jews and Gentiles), turning both grace and condemnation back on the self.

Unpacking her poem, Rose writes, "To be not only abused and abusing, victim and perpetrator, but 'innocent' in both positions and 'guilty' in both positions yields the *agon* of these four lines—altogether, they imply complicity in tension with any individual or even collective intention."[241] For Rose, modernity marks a discrepancy between our freedom and unfreedom. By naming us simultaneously "innocent" and "guilty," Rose highlights a gap between our intentions and our impacts—not to say that intention doesn't matter, but to stress a disconnect that ultimately indicts us. The 'innocence' of our supposedly autonomous intentions is frustrated by the collective histories, systems, discourses, and institutions that precede and generate us as agents. In the end, we do not fully know the ways we have and will cause harm. We do not even fully know ourselves. Rose warns, "It is possible to mean well, to be caring and kind, loving one's neighbour as oneself, yet to be complicit in the corruption and violence of social institutions."[242]

Like her speech at the Symposium of Jewish Intellectuals, Rose's work explores the implications for the subject, ethics, and politics by reflecting on representations of Auschwitz in

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[240] Ibid., 33.

[241] Ibid., 34.

[242] Ibid., 35.

media and museums. The problem, she determines, is that certain films and museums represent

Fascism without also accounting for the "*fascism of representation.*"[243] In Rose's experience, the

child stumbles through the Holocaust Museum, filled with vicarious revulsion at the violence

enacted by powerful predators. The 'site' of the trauma (*over there* opposed to *here*; and, *in the*

past opposed to *now*) evokes in her pity for the helpless victims and facilitates her exclusive

identification with victimhood and innocence. She weeps with "sentimental tears" and asks how

someone could do this to another.[244] Rose names this staging of history as "Holocaust piety,"

explaining, "The *representation of Fascism* leaves the identity of the voyeur intact, at a remove

from the grievous events which she observes."[245] Or, in the case of the famous film *Schindler's*

List, the audience is left "in a Fascist security of our own unreflected predation, piously joining

the survivors putting stones on Schindler's grave in Israel."[246]

But what if the child walking through the Holocaust Museum or watching *Schindler's*

List is shocked to find in themselves something in common with the Nazis? This is the crisis that

our staging of history should provoke, Rose insists. She describes "Holocaust ethnography" as

the corrective to Holocaust piety, for it "permits the exploration of the representation of Fascism

and the fascism of representation to be pursued across the production, distribution and reception

of cultural works."[247] Holocaust ethnography holds together both the representation of Fascism

and the fascism of representation—which amounts to a staging of history and ourselves that

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[243] Gillian Rose, *Mourning Becomes the Law: Philosophy and Representation* (New York: Cambridge UP, 1996), 41.

[244] Ibid., 54.

[245] Ibid., 54.

[246] Ibid., 48.

[247] Ibid., 41.

forces us to confront our simultaneous innocence and complicity, freedom and unfreedom. We move through the world knowing that any attempt to represent ourselves or act as moral agents is already compromised due to our enmeshment in the norms, discourses, and social institutions already legitimated by the [fascist] dominant order. "The contagion of violence spares no one," Rose writes, "whether the violence of collaboration or the violence of resistance."[248] In Holocaust ethnography, violence is no longer displaced onto the other (the ultimate predator) or legitimized by the state (or the church). Instead, we are forced to confront our own violence.

Describing the shift from Holocaust piety to Holocaust ethnography, Rose writes, "Instead of emerging with sentimental tears, which leave us emotionally and politically intact, we emerge with the dry eyes of a deep grief, which belongs to the recognition of our ineluctable grounding in the norms of the emotional and political culture represented."[249] We emerge from the 'site' of violence and trauma with the deep grief and crisis of self-confrontation, asking: "*Could* I *have done this?*"[250]

> *I am abused and I abuse*
> *I am the victim and I am the perpetrator*
> *I am innocent and I am innocent*
> *I am guilty and I am guilty*

As a pastoral theologian, what Rose helps me confront is that regardless of the 'site' of trauma, I am never an outsider to the violence I seek to redress. Neither am I ever fully relieved from culpability, regardless of the purity of my intentions or the efficacy of my care practices. With this in mind, I recognize in myself as well as in theological education and literature a crisis of our complicity, which is also one of representation. Our theologies too often perform the

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[248] Ibid., 45.

[249] Ibid., 54.

[250] Rose, *Judaism and Modernity*, 35.

representation of Fascism (to use Rose's language), while curtailing the *fascism of representation*; that is, we tend toward projects that confront the violence around us and neglect a reckoning with our own hand in violence, be it intentional or forced, personal or systemic. Our discourse and practice thereby construct a sharp diremption between victim and perpetrator. Those of us in the caregiving professions (chaplains, clergy, counselors, teachers, activists, community leaders, social workers, etc.) are addressed as though we are intrinsically on the side of the victims. We are the 'innocent.'

Consider trauma theory and theology, which often propagate a bifurcated view of violence, attention is overwhelmingly given to the abused victim, who is often idealized as innocent and powerless. The reader (presumed caregiver and/or theologian) is asked almost exclusively to identify with the trauma victim. The work may indeed move us greatly, filling us with pity or rage at the violations described, but it is often with the "sentimental tears" of a piety that agrees with our current political and emotional lives. We are the voyeurs of violence enacted by others, and we are more or less "spared the encounter with the indecency of [our] position."[251] To appropriate Rose, trauma theology "depends on the sentimentality of the ultimate predator. It makes the crisis external" as it attributes guilt to either the sinful abuser or to the original sin that precedes and victimizes us all.[252] In the few works in which perpetrators are directly addressed, we are rarely invited to identify with the *abuser*, but instead with and as the *caregiver*; as such, our empathy for the perpetrator often depends on recasting him in terms of victimhood. We are each victims, after all.

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[251] Rose, *Mourning Becomes the Law,* 45.

[252] Ibid., 47.

Consider also queer theology: much of the literature positions the *queer* as exempt from the violence enacted upon them, idealizing LGBTQ+ people and communities as perfect victims of religious and political abuse. This is the risk of all queer theology, for it seeks to redeem or celebrate those who are marginalized due to aspects of their embodiment and sociality. Indeed, in much of the queer theological, psychological, and social scientific literature, the *queer* is the exemplar of victimhood par excellence. Rarely is the LGBTQ+ subject of queer theology questioned for their role in proliferating violent narratives and practices against others; if they are held to account, then it is for their failure to fully embody queerness or answer its liberating summons. As becomes abundantly clear to even the casual reader of queer theology, the term "queer" itself is idealized as an uncontaminated and transcendental category by theologians searching for the ultimate justification. At a recent American Academy of Religion annual gathering, I heard a prominent theologian say explicitly that there is no "queer" theology, because that would assimilate something (queerness) that is pure disruption and potentiality. Whether denoting the quintessentially abused subject (as in, "we queers") or the perfect deconstruction of the social order (as in, "queer potentiality," or "Christ is queer"), both the *subject* and *concept* of queerness remain idealized.

It is also worth noting the critique from scholars of color about the "whiteness" of queer studies and the racism of queer communities. As Jasbir Puar famously argues, the "queer" is no longer cathected with death (as it was during the AIDS crisis, for example), and neither is it necessarily transgressive of national and other ideals. Rather, the 21st century marks the emergence of "*convivial* relations between queerness and militarism, securitization, war, terrorism, surveillance…deportation, and neoliberalism."[253] Building off of Lisa Duggan's

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[253] Jasbir K. Puar, *Terrorist Assemblages: Homonationalism in Queer Times* (Durham: Duke University Press, 2007/2017), xxii.

theory of homonormativity, Puar argues for a new conception of queerness that is not defined by its essential resistance or antinormativity, but rather by its enmeshment with nationalism: what Puar calls "regulatory queerness."[254] Conditioned by its willingness to serve and advance American exceptionalism, i.e., U.S. uniqueness and superiority, regulatory queerness is a cultural and political script that utilizes bio-necro power to include some gay and queer subjects within the state's protections and optimizations of life.

Similarly, David Eng constructs a theory of "queer liberalism," writing that queerness "has come to demarcate more narrowly pragmatic gay and lesbian identity and identity politics, the economic interests of neoliberalism and whiteness, and liberal political norms of inclusion—including access to marriage, custody, inheritance, and service in the military."[255] Taking seriously these critiques, what is altogether lacking in much queer theory and theology is a critique of the complex ways in which particular queer subjects, namely those of us who are closest to white and Christian citizen ideals, are afforded increasing access to the economic privileges of the market and the political protections of the state and church. The queer subject is the epitome of Rose's words—"I am the victim and I am the perpetrator"—and yet queer theological analyses consistently neglect such ambivalence.

Finally, let us consider spiritual care and pastoral theology, which is my entrée into trauma and queer studies. In addition to reproducing the pieties above, pastoral theology tends to position Christian violence as exceptional. If Christianity, Christian community, or Christian practice has caused harm, it is because it has been distorted and twisted in an abuse of power in

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[254] Ibid., 24.

[255] David L. Eng, *The Feeling of Kinship: Queer Liberalism and the Racialization of Intimacy* (Durham: Duke University Press, 2010), xi.

some way, and not because it is inherently dangerous.[256] In fact, Christianity is actually *queer*!—a statement proliferated by numerous scholars that lacks a sober reckoning with the damages of Christianity and queerness.[257] Every queer person in my research attests to the ways they have been harmed by the so-called "healing" practices of Christianity (e.g., the reading of scripture, laying on of hands, gathering for communal worship, baptism, prayer, communion, etc.). As Lauren Winner writes in *The Dangers of Christian Practice*, scholarship has overwhelmingly tended toward benevolent, rosy, "pristinated" readings of Christian practice, neglecting analysis of the potential for religious practices to deform and harm us.[258]

We might also consider the 'good intentions' of Christian caregivers—both clergy and lay. Multiple of my research participants told me that the very family members and pastors that have spoken the most harm over them continue to be valorized in their families and churches as "good people" and "strong Christians." Pastoral theologian James Poling is one of the few to bring necessary attention to the fact that, "It is clear that families often serve to protect those who are abusive rather than those who need protection."[259] The same is true in our churches. The continued idealization of Christian leaders and communities in the family and in theological literature thus parallels how "educational, sports, and religious organizations valorize their

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[256] Such a critique might be made about any number of other religious traditions, but as an ordained Christian minister, my goal here is to critique my own tradition, culture, and heritage. Additionally, the writers, readers, and practitioners of pastoral theology tend to be primarily Christian (with increasingly more, but still relatively few, exceptions); indeed, the discipline itself has largely emerged from western Protestant Christianity and it is that tradition I challenge here.

[257] I could cite a number of queer theologies here. See, for example, some of the pioneering queer theological work: Robert Goss, *Jesus Acted Up: A Gay and Lesbian Manifesto* (San Francisco: Harper, 1993). Robert Goss, *Queering Christ: Beyond Jesus Acted Up* (Eugene: Resource Publications, 2007).

[258] Lauren F. Winner, *The Dangers of Christian Practice: On Wayward Gifts, Characteristic Damage, and Sin* (New Haven: Yale University Press, 2018).

[259] Poling, *The Abuse of Power*, 87.

abusers and turn a blind eye to any possible misconduct."[260] The truth is, the North American church (and society) too often refuses to recognize homophobic and transphobic clergy and caregivers as *abusers*. One can degrade queers, especially behind the pulpit, with impunity. The church is and continues to be a "means of legitimate violence" against queer folk.[261] A queer pastoral theology therefore necessarily throws the church and its leadership into crisis. It will have us wrestle with the grim and terrifying self-realization that we in theology and care are both *abused and abuser*.

Trauma, queer, and pastoral piety—all representational idealizations that obscure the dangers and magnify the promises of our theological and care projects. And perhaps the most chimeric promise of them all: that any of our theologies can be free of the stain of white supremacy. Our world is irreversibly shaped by the realities of whiteness, colonization, and globalization, and pastoral theology as a discipline is not exempt. For example, Emmanuel Lartey emphasizes that western assumptions about the subject and society are deeply embedded in every theology and care practice: e.g., the materialistic and consumeristic emphasis on the development of the individual ego (always in normative relation to Western, white, Christian, and male ideals). Much of Western theology both emerges from and expands Enlightenment rationality at the expense of ecological, communal, and expressive aspects of human existence. As Lartey reveals, such epistemological parochialism has not been neutral; the West has imposed its conclusions violently on the rest of the world as universals, ignoring the contextuality and contingency of its views.[262]

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[260] Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville: Westminster John Knox Press, 2015), 135.

[261] Rose, *Mourning Becomes the Law*, 59.

[262] Emmanuel Y. Lartey, *Pastoral Theology in an Intercultural World* (Eugene: Wipf & Stock, 2006).

The fact is, in its examination and production of the norms and practices of care, pastoral theology (as itself a practice) is uniquely susceptible to the danger of *piety*—that is, the piety of assuming its perspective and praxis are outside the violences it aims to remedy. We assume that our practices help and that our positionalities are mostly benign, but we fail to account for the ways we inadvertently replicate (at least some of) the norms and social relations in which we are mired. *Queering* a theology or a care praxis will not save it from this damage, and it will certainly not save us from the sins of white supremacy. We in theology must continually interrogate the multitude of ways that we are entangled in the very death-dealing, trauma-inducing systems and relations we claim we resist. Even our ability to conceptualize *health* and offer caring interventions is severely compromised by our socialization in "the imperialist white supremacist capitalist patriarchy," as bell hooks famously names it.[263]

Only the sentimental tears of a deep-seated pastoral piety lets us read the violences and violations of our discipline as exceptional rather than typical, allowing us to maintain the integrity of our discipline, our praxis, our religion, and our view of ourselves. Like the child that Rose describes walking through the Holocaust Museum, we also walk through too many theologies with a piety that would "leave us emotionally and politically intact" rather than expose our "grounding in the norms of the emotional and political culture represented."[264] There is no academic, theological, nor pastoral detachment—we are all terribly involved. Queer and trauma theologies must shock us, spark a crisis, and leave us wrestling with the question, *"Could I have done this?"*

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[263] bell hooks, *Writing Beyond Race: Living Theory and Practice* (Routledge, 2013).

[264] Rose, *Mourning Becomes the Law*, 54.

Queerness Cannot Save Us

If I am to receive these same critiques about piety in my own work, I must admit that much of the last chapter (chapter 3, "You Are Not Your Trauma") risks the fantasy of a local, utopian queer community. After conducting and coding interviews and several arts-based groups, I studied the research and I saw the promises of resilient queer communities. It was and still is exciting! Now, however, as I reflect on my own complicities in light of the words of Gillian Rose, I am struck by the limits of my ability to read my own research data.

When I asked participants about what community and resiliency meant to them, all the white participants gave examples from their lives that included incredible racial diversity. Oliver recounted a picnic at Piedmont Park with a long oval table where he, a white person, was among the minority. Amy spoke to her healing experience as a member of a racially diverse and culturally inclusive faith community. Magpie described the racial and cultural diversity of coalition-building and activist circles. Along with my white research participants, I (a white man) delighted in the beauty and community that queerness promised. We talked about queerness as a great unifier, and we struggled to fully see our whiteness as a problem to that potentiality.

Contrast these responses with those of Black, Asian, and Latinx participants. Describing what community resilience means to them, Harry answered, "It's the civil rights movement of the 50s and 60s, the Montgomery Bus Boycott and how that took community resilience." Harry, like Magpie, connected community resiliency with activism, but for Harry that community was specifically "amongst Black and brown queer trans people in the South, in the deep South," as they resisted white supremacist culture and politics.

Similarly, Reese highlighted the importance of "cultivating a community that is able to

not only affirm identities that I hold and lived experiences that I have but also share them."

Reese described how knowing other Asian and multiracial queer folks helps them navigate the

complexities of their own Japanese, Hawaiian, American, multiracial identities in the South. For

her part, Nay talked about her experience of community negatively. She discussed how the very

LGBTQ+ communities and organizations that helped her in her times of need *also harmed her*

by failing to make space for the intersections of her Black-femme-transness. "They were

completely leaving trans people out," Nay told me, and they were "horrible on class issues and

horrible on issues about race and racism."

To summarize, when I asked white participants about queerness and community, they

described examples from their lived experience in which Black, Asian, Latinx, white, and a

diversity of races, ethnicities, and cultures were included; but when I asked Black, Asian, and

Latinx participants the same question, they specifically elaborated on examples in which white

people were *not* present. The implications are massive, speaking to the limits of white

participation in the creation of just and resilient queer communities. It also reveals part of the

function of how whiteness habituates its subjects, which is to obscure its own recognition, to

"not see" itself (how it moves and colonizes space) even as it "sees" (racializes) others.

Philosopher Shannon Sullivan describes this behavioral pattern of not-seeing-oneself as

one of the "psychical and somatic habits" of whiteness.[265] Similarly, Peggy McIntosh writes that

whiteness "is blind to its own cultural specificity. It cannot see itself. It mistakes its 'givens' for

neutral, preconceptual ground rather than for distinctive cultural grounding."[266] In contemplating

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[265] Shannon Sullivan, *Revealing Whiteness: The Unconscious Habits of Racial Privilege* (Bloomington: Indiana University Press, 2006), 63.

[266] Peggy McIntosh, "Interactive Phases of Curricular and Personal Re-Vision with Regard to Race," Wellesley College Center for Research on Women (Wellesley Centers for Women, 1990), 1.

the promises of queer community, my white research participants and I had done just that: we took our experience as neutral and even universal.[267] We failed to consider the complex ways in which our queerness converges with other social formations tied to race specifically, but also to religion, nation, and citizenship. We thus failed to account for the ways "that we inadvertently embody societal norms we don't believe in, and often don't embody the values we do believe in."[268]

I wrote two full chapters based on this research before I was able to recognize this racial discrepancy at play in the data. It was a truth I neglected to see (or that I unwittingly concealed from myself, implicated as I am as a white person), until I actively engaged Rose's question and worked back through the research, asking myself, "Could I have done this?" As I hold Rose's question with me now, I wonder what else I missed in the interview process and what else I might be missing right now in the data before my eyes because of the ways that whiteness has habituated my perception, affect, and thought.

Pastor Marcia Mount Shoop writes, "Perhaps it is not wanting to truly take in the danger that we can be harmed and that we can do harm with these bodies of ours. The violence capacity that we all carry is a chilling reality. And some bodies carry this truth with more brutality than others. And certain kinds of bodies carry the bulk of the weight of our vulnerability to violence."[269] It is so hard to sustain critique and so easy to idealize our subjects, especially when they (we) are oppressed. Do I believe that, despite their trauma, queer folks can illuminate new

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[267] Sara Ahmed describes it like this: "Whiteness [is] a category of experience that disappears as a category through experience." Sara Ahmed, "A Phenomenology of Whiteness," *Feminist Theory* 8.2. (2007), 150.

[268] Staci K. Haines, *The Politics of Trauma: Somatics, Healing, and Social Justice* (Berkeley: North Atlantic Books, 2019), 35.

[269] Marcia Mount Shoop, "Body-Wise: Refleshing Christian Spiritual Practice in Trauma's Wake," *Trauma and Transcendence: Suffering and the Limits of Theory* (New York: Fordham University Press, 2018), 242.

modes of being and relating, new configurations of community and ethics? Yes, of course. But I have also come to learn that such illuminations only become clear in the gap between a community's promise to transform and its potential to damage. Of course, we want to dream, to hope, to inspire. It is painful to turn the critique back on oneself when you and your community are bleeding. It is punishing work to interrogate your complicity and collaboration in violence when you are ever susceptible to attack. It is vulnerable and often unsafe to expose the cracks, fissures, illusions, and failures in one's own positionality when you are still trying to survive. Yet this is exactly the work we are called to.

"How Does It Feel to Be a White Problem?"— **Racialization in/as Traumatization**

Rose's turn from "How could someone have done this?" to "Could I have done this?" is the first pivot towards a more just theology and care practice. Living this question exposes the limits of my ability to know myself, much less the other who confronts me, which requires me to live with an enormous amount of epistemic and cultural humility. What I now want to suggest is that Rose's question opens to another: "How does it feel to be a problem?" Or, more specifically, "How does it feel to be a *white* problem?"[270]

While Rose works to expose the concealed complicities of the so-called "innocent victims" of Jewish history, philosopher George Yancy works to expose whiteness, formerly "invisible" to itself and "in the background," as a problem for ethical relations. In his edited volume, *White Self-Criticality Beyond Anti-Racism*, Yancy asks fourteen white scholars this question: "How does it feel to be a white problem?" The question flips the focal point of W. E. B. Du Bois's famous insight that to be Black in North America is to be regarded as a problem.

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[270] George Yancy, "Introduction: Un-Sutured," *White Self-Criticality Beyond Anti-Racism: How Does It Feel to Be a White Problem?* Ed. George Yancy (New York: Lexington Books, 2015).

Du Bois writes, "To the real question, 'How does it feel to be problem,' I answer seldom a word. And yet, being a problem is a strange experience, even for one who has never been anything else."[271] By reversing the question, Yancy compels white people to recognize racism and privilege as problems for white folks to work out, problems at the core of white subjectivity and socialization.

In addition to Du Bois, Yancy builds off the work of Franz Fanon who explores the lived experience of race. In *Black Skin, White Masks*, Fanon recounts his childhood memories of wanting to come into the world lithe and free, but soon experiencing his bodily schema "collapsed" by the white gaze and returned to him as the "historical-racial schema" of Blackness.[272] "I did not create a meaning for myself," Fanon declares, "the meaning was already there, waiting."[273] Fanon attests to the *density* and *oversaturation* of the historical-racial schema of Blackness, which renders him as an object of history with no ontological resistance. In Fanon's analysis, Blackness is a racializing construct that accomplishes domination by overdetermining and fixing Black bodies in terms of stereotypes and stigmas in the white gaze.

Yancy works with Fanon in several important ways. First, Yancy follows Fanon's affective and phenomenological approach to understanding race and racism by engaging the *felt* and *lived* experience of being Black in North America. Yancy then conceptualizes this experience as *traumatic* (a parallel argument to that of Darieck Scott's, which I discussed in chapter 3)*.* Yancy reflects:

> When followed by white security personnel as I walk through department stores, when a white salesperson avoids touching my hand, or when a white woman looks with suspicion as I enter the elevator, I feel that in their eyes I am this

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[271] W. E. B. Du Bois, *The Souls of Black Folk* (New York: Cosmo Classics, 1903/2007), 1.

[272] Franz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1952/2008), 92.

[273] Ibid., 113.

indistinguishable, amorphous, black seething mass, a token of danger, a threat, a criminal, a burden, a rapacious animal incapable of delayed gratification. Within such social spaces as these, the sheer cumulative impact of such racist actions can result in a form of self-alienation, where the integrity of one's Black body is profoundly shaken, though not necessarily shattered. Self-alienation can assume various forms, from self-doubt to self-hatred.[274]

By combining phenomenological reflection with systemic analysis of racialized oppression, Yancy draws the connection between Blackness and trauma. He asserts that "to be Black in North America is to be deemed disposable and worthless," for indeed "there is no place called being Black and being safe in North America for Black bodies."[275] The lack of safety, we know, is a quintessential precondition for traumatization—just as the establishment of safety is the precondition for productively working through trauma.[276] It is this incessant lack of safety, this perpetual exposure to violence and violation, that leads Yancy to read his own and Fanon's experiences of Blackness as traumatic.

A second crucial way that Yancy works with Fanon is to emphasize the relationality at the heart of all processes of racialization. That is, the process of being racialized relies on our fundamental sociality, "the reality of being embodied with others…the reality of being exposed, open."[277] This reality is what Fanon exposes by arguing "not only must the black man be black; he must be black in relation to the white man."[278] For Fanon, Blackness is constructed by whiteness as a repository of white fears about death, sexuality, and the unknown. *Whiteness*

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[274] George Yancy, *Black Bodies, White Gazes: The Continuing Significance of Race in America*, 2nd edition (New York: Rowman & Littlefield, 2017), 18.

[275] George Yancy, "Black Embodied Wounds," *Trauma and Transcendence: Suffering and the Limits of Theory* (New York: Fordham University Press, 2018), 149, 159.

[276] Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1997).

[277] Ibid., 142.

[278] Fanon, *Black Skin, White Masks,* 110.

needs *Blackness* to cohere. Yancy then expands Fanon's analysis by revealing how the same sociality is also the precondition for traumatization.

Etymologically, *trauma* derives from the Greek word for "wound" and presupposes the condition of vulnerable exposure to the other. So too for race. "Bodies have no edges," Yancy writes, because "racialized bodies are always already 'touching'" through a shared discourse, culture, and history of intelligibility.[279] What Yancy powerfully accomplishes in his work is a relational understanding of *racialization in/as traumatization*.

Yancy's argument ("racialized bodies are always already 'touching'") smacks against the Western idea of a bounded, autonomous, individual body. It also has massive implications for how we might rethink whiteness in trauma studies. If we follow Yancy's argument that "Black bodies share the trauma of trying *to be* in a world in which their existence is already negated," then we might conceptualize white bodies as "touching" Black bodies in negating (traumatic) ways.[280] In other words, if Blackness is a "*traumatized existence*," then whiteness is a *traumatizing existence*.[281] Theologian Willie James Jennings describes it intersectionally: "White self-sufficient masculinity is not first a person or a people; it is a way of organizing life with ideas and forming a persona that distorts identity and strangles the possibilities of dense life together."[282]

Not reducible to phenotype nor family of origin, whiteness is about ways of being and moving through the world that shore up the myth of one's self-mastery and self-ownership,

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[279] Yancy, "Black Embodied Wounds," 142-143.

[280] Ibid., 152.

[281] Ibid., 149.

[282] Willie James Jennings, *After Whiteness: An Education in Belonging* (Grand Rapids: William B. Eerdman's Publishing Co), 8-9.

thereby denying our fundamental relationality and enforcing racial hierarchies. As Bonnie

Miller-McLemore and other pastoral theologians have insisted, "the view of the self as

essentially separate from others" is precisely the root of prejudice and oppression.[283] This false

belief in our separation is core to white ways of being in the world. Whiteness operates by

concealing its relational origins and convincing itself of its neutrality, independence, and

innocence. In reality, all the privileges and protections of whiteness are constituted (we might

say, *people become white*) through the traumatic racialization and dehumanization of others—

psychologically, culturally, and materially. Or, as Sara Ahmed puts it, "Injustice is a question of

how bodies come into contact with other bodies."[284]

 Can we not thus declare that *whiteness is in the position of perpetrator and abuser*?[285] Its

contact with others is not, and has never been, innocent. The exertion of power and control over

the lives of others; the denial and downplaying of harm; the displacement of blame and

responsibility; the common affective dispositions of guilt, shame, anger, and defensiveness when

confronted; the urge toward secrecy and silence: these characteristics are socialized into white

people, and the trained eye will also immediately recognize these as descriptive of the profile of

an abuser.[286] The connection between whiteness and traumatization is even more obvious when

we account for the ways institutions are designed to protect the "innocence" of white people

and(/as) power abusers at the expense of those deemed non-white.

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[283] Bonnie J. Miller-McLemore, "The Living Human Web," *Images of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra (St. Louis: Chalice Press, 2005), 42.

[284] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 198.

[285] In my discussion of whiteness, it bears noting that my aim, like that of Sara Ahmed's, is to "consider what 'whiteness' does without assuming whiteness as an ontological given, but as that which has been received, or become given, over time. Whiteness could be described as an ongoing and unfinished history, which orientates bodies in specific directions, affecting how they 'take up' space." Ahmed, "A Phenomenology of Whiteness," 150.

[286] Donald G. Dutton, *The Abusive Personality: Violence and Control in Intimate Relationships,* 2nd edition (New York: The Guilford Press, 2007).

In recent years, so much time and effort has been spent in trauma studies trying to prove to psychological societies and endorsing bodies that the experience of racism is traumatic (as both an "event" and a quotidian reality), that what is often left uninterrogated is the implication for whiteness. Take, for example, Allison Reed's critique that "whiteness as an identity defined through subjection and negation" appears in its disappearance from the texts of queer and trauma studies.[287] Whiteness' disappearance from mainstream texts and from the public consciousness of white folks is the driving force behind Yancy's question: "How does it feel to be a white problem?"

First and foremost, this question performs the work of excavation. The fact is, while white supremacy often refers to deliberate acts of domination, many of the privileges of whiteness function at unconscious, bodily, and systemic levels. It is this embeddedness that leads Yancy to describe how "whiteness actively militates against the recognition of itself as a problem."[288] The invisibility of whiteness to itself is partly what culturally frames racism as a problem for people of color to solve, altogether concealing whiteness as itself a culture of abuse. The question, "How does it feel to be a white problem," exposes whiteness as in the wrong, returning all guilt and responsibility for the problems of race back to white people. In theological language, "Whiteness is a *specific* structural sin, a unique historical phenomenon for which whites are responsible."[289]

Yancy's question also performs affective work. It marks a profound pivot from the formulations of Du Bois and Fanon, both of whom describe the shame, self-contempt, confusion,

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[287] Alison Reed, "The Whiter the Bread, the Quicker You're Dead: Spectacular Absence and Post-Racialized Blackness in (White) Queer Theory," *No Tea, No Shade: New Writings in Black Queer Studies*, ed. E. Patrick Johnson (Durham: Duke Univ Press, 2016), 58.

[288] Yancy, "Introduction: Un-Sutured," xiii.

[289] Ibid., xx.

nausea, and despair of being racialized as Black. Yancy's question (re)turns all these affects to white people to feel.[290] We might say that Yancy's question urges white people to withdraw their projections (as Carl Jung would describe it) and tarry in the painful emotions and self-revelations of their own shame, rather than displace them onto the other.[291] Importantly, Yancy does not rush white people to *solve* the problem of race and racialization. Rather, Yancy asks white people to pay close attention to the *felt* and *lived* experience of it, to turn the analysis back on the self, to linger in the question of what it *feels* like to be a problem. There is something productive, something instructional, something transformative about the willingness to sit with the question, "How does it feel to be a white problem," without rushing towards actions that might relieve the distress.

In the end, the question reiterates the interconnectedness between us all. Yancy writes, "Indeed, the question itself is a *relational* one as it implicates black bodies and bodies of color that suffer under the weight of the reality that whiteness is a problem, which means that *to be white* in white America is *to be a problem*."[292] Countless scholars have pointed out that many analyses of whiteness end up recentering the white subject rather than trouble it. Yancy's question, as a relational one, begins with "the Black critique of how whiteness works as a form of racial privilege, as well as the effects of that privilege on the bodies of those who are

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[290] I am reminded of Stephanie Crumpton's powerful work on cultural countertransference. She writes, "By 'cultural countertransference' I mean the deeply held, unconsciously motivated leanings about race, sexuality, class, ethnicity, gender, and various other physical markers of social location that often result in stereotypes about Black women. It is an intersubjective reality that requires ongoing work to develop the kind of self-awareness and internal reflection that positions practitioners to be co-laborers in Black women's liberation, truthtelling, empowerment, and healing." Stephanie M. Crumpton, *Womanist Pastoral Theology Against Intimate and Cultural Violence* (New York: Palgrave Macmillan, 2014), 128.

[291] Carl Jung, *Psychology and Religion* (New Haven: Yale Univ. Press, 1938/1966), 101.

[292] Yancy, "Introduction: Un-Sutured," xiii.

recognized as black."[293] The question, then, centers the experiences of Black people first, and then asks white folks to tarry in the painful realization that they are the source of others' pain. It also problematizes and destabilizes the white agential subject by suggesting, "Don't just do something; sit there."[294]

The subtlety of Yancy's question is crucial for another reason. Again, underscoring the relationality at the heart of racialization, the question "How does it feel to be a white problem" opens a conversation, an exchange, a relationship. It assumes a speaking subject and a dialogue partner. Yancy admits he offers the question to white people as a gift: "Flipping the script is, one might say, a gift offering: an opportunity, a call to responsibility—perhaps even to greater maturity."[295] Yancy's question belies an investment in the other. While it might spark anxious affects and painful self-realizations, the question ultimately opens, connects, touches, and invests in the possibility of a meaningful community with the other. This is the truth that we white folks fail to acknowledge when we are confronted: the rebuke is a gift and an opportunity for greater intimacy. "While I see it as a gift, I know that not all gifts are free of discomfort," Yancy writes. "Indeed, some are heavy laden with great responsibility. Yet it is a gift that ought to engender a sense of gratitude, a sense of humility, and an opportunity to give thanks."[296]

"How does it feel to be a white problem?" Yancy offers it as a gift, but can we not also receive it as an act of *care*? In what I want to declare is a pastoral intervention, Yancy explores the vulnerability of being a Black person, with a Black body, and then embraces even more

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[293] Sara Ahmed, "Declarations of Whiteness: The Non-performativity of Anti-racism," in *borderlands* 3, no.2 (2004).

[294] Bobbi Patterson, *Building Resilience through Contemplative Practice: A Field Manual for Helping Professionals and Volunteers* (New York: Routledge, 2020), 6.

[295] Yancy, *Look, a White! Philosophical Essays on Whiteness* (Philadelphia: Temple University Press, 2012), 5.

[296] Ibid., 6.

vulnerability by offering that experience to white people *as a gift*—as a means of opening oneself up to the other, leaning in, connecting, touching, even caring and investing in a future with the other.

In the opening anecdotes, I recounted two moments in which I was confronted with the pain of another and refused to receive (to take personally) their rebuke. Sasha: "Look, I don't want to talk to a white person, okay? I'm so tired of looking at people who look like people who hate me." Caleb: "No offense, but I'm not interested in talking with a Christian who's just going to tell me about sin and hell. I've had enough of that." My gut reaction was to interpret these interactions as rejections, not as *gifts* that could lead to greater self-awareness, maturation, and deeper connection. Gifts of honesty, gifts of vulnerability, gifts that hold up a mirror so that I can see myself through another's eyes and work towards real community. What if I had deeply listened to them and received every single word as a gift? Perhaps, instead of feeling defensive, ashamed, frustrated, embarrassed, misunderstood, and then telling myself, *it's not about me*, I might instead have felt gratitude: *thank you for believing that I can do better*.

What I now realize, by holding Yancy's question close and reflecting on my experience, is that Sasha and Caleb were teaching me something about who they are and what they have experienced. They were also teaching me something about myself, about how I show up in the world, and about the limits as well as the possibilities of my own capacity to connect and care with others. Indeed, all the Black, Asian, and Latinx participants in my research offered me the same gifts when they narrated to me their experiences of racism as well as queer community outside of the presence of white people. What I am thus learning is that the quality of my care is never greater than the degree to which I am willing to struggle against whiteness and all its privileges.

"Live the questions now"— Un-Suturing as a Function of Care

Throughout this chapter, I have wrestled with questions emerging from two different contexts: Gillian Rose's "Could I have done this" and George Yancy's "How does it feel to be a white problem?" In this final section, I explore how pastoral theologians and caregivers might "live the questions now," as the poet Rilke put it. Rilke writes, "I ask you dear to have patience with all that is unresolved in your heart and to try to love the questions themselves, like closed rooms, like books written in a foreign language. Don't try to find the answers now; they cannot be given anyway, because you would not be able to live them. For everything is to be lived. Live the questions now."[297] I believe that this is the spirit in which we must hold Rose and Yancy's questions—to live the questions themselves, to cherish them, without rushing towards resolution. Neither Rose nor Yancy offer a clear answer or program of action to the dilemmas they describe; instead, they warn that the rush to action and relief will inadvertently reinforce the violences we seek to resist.

Phenomenologist Sara Ahmed declares that asking "the question 'what can white people do?' is not only to return to the place of the white subject, but it is also to locate agency in this place."[298] Rose and Yancy suggest the same. Rather than asking, "What can I do," they ask instead, "How does it feel?" In fact, Yancy unpacks how a central function of white privilege is to either rush to action, or to deny, blame, and diminish—a process he calls *suturing*. Yancy describes suturing as "the process whereby whites install forms of closure, forms of protection from counter-white axiological and embodied iterations, epistemic fissure, and white normative

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[297] Rilke, *Letters to a Young Poet*, 21.

[298] Sara Ahmed, "A Phenomenology of Whiteness," *Feminist Theory* 8.2 (2007), 149-168.

disruption. The process of suturing involves an effort…to be 'invulnerable,' 'untouched,' 'patched,' 'mended together,' 'complete,' 'whole,' 'sealed,' and 'closed off.'"[299] To connect suturing to Rose's analysis, the person walking through the Holocaust museum who asks, "How could someone *else* do this to another," is sealing up the wounds of history, obscuring their hand in violence, and denying the ways their life is violently linked with others; they are suturing.

Concerning my own care practice, it should be clear to the reader as it is to myself that the opening anecdotes of this chapter are examples in which I sutured. I refused to lean into the confrontation and allow myself to experience the range of affects and consequences of being regarded as a problem. In fact, I sutured by claiming narrative authority over the "truth" of what really happened by writing off the others' rebuke of me in terms of transference. This is the risk for many of us in the caring professions, for as James Poling warns, our "professional identity often serves a defensive function in keeping my ugly parts hidden and sustaining the myth that I am a caring, humble person and interested only in helping those less fortunate."[300]

Yancy offers us another option: to *un-suture*. If suturing is about scabbing over, sewing up, closing off, and protecting the white self as pure and innocent, then *un-suturing is about opening, unmasking, revealing, and exposing the wounds*. While suturing evokes images of *re-covering wounds* (progressive, linear, foreseeable), *un-suturing* evokes experiences of *un-covering wounds* (ambiguous, dangerous, unpredictable). Yancy defines it this way:

> Un-suturing is an embodied process, a somatic experience that opens the body to undergo moments of passion (etymologically, suffering), that suggests creating trouble at the level of the ontology of the body itself: *Where does this body end? Where does this body begin? Just how solid is this body? Just how porous or permeable?* Put differently, un-suturing is a deeply embodied phenomenon that enables whites to come to terms with the realization that their embodied existence and embodied identities are always already inextricably linked to a larger white

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[299] Yancy, "Introduction: Un-Sutured," xv.

[300] Poling, *The Abuse of Power*, 73.

racist social integument or skin which envelops who and what they are. Their white embodied lives have already been claimed; there is no white self that stands above the fray, atomic, hands clean.[301]

Un-suturing is a somatic experience precisely because it makes use of affects that we would otherwise resist or avoid: anger, shame, aggression, disbelief, confusion, guilt, despair. Un-suturing is not solipsistic wallowing in these so-called "negative" emotions, but rather a reorientation to painful and anxious affects such that they become data for greater self-interrogation and better listening.

While much of the work of un-suturing will require working with our varying affects and resistances when we are confronted by another, it is worth reiterating that the goal of un-suturing is not merely "feeling bad." "The point is not to transcend 'bad feelings,'" writes the philosopher Barbara Applebaum, "but rather to fashion a new relationship to such feelings."[302] As Applebaum and other scholars have pointed out, "feeling bad" about racism and privilege does not necessarily lead white people to more responsible action.[303] What might lead to better action, however, is the possibility of being changed through authentic relationships when we refuse to flee or defend ourselves from the experience of others. Un-suturing thus begins with the realization that we are all in this together, that no one is "above the fray," and that the boundaries of my "self" and "body" are unclear and contestable.

Yancy represents un-suturing as "*losing one's way*," that is, remaining so open and vulnerable to those around us that we no longer have any assurance of who we are and how we

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[301] Yancy, "Introduction: Un-Sutured," xvii.

[302] Barbara Applebaum, "Flipping the Script… and Still a Problem: Staying in the Anxiety of Being a Problem," *White Self-Criticality Beyond Anti-Racism: How Does It Feel to Be a White Problem?* Ed. George Yancy (New York: Lexington Books, 2015), 16.

[303] Karen Teel, "Feeling White, Feeling Good: 'Antiracist' White Sensibilities," *White Self-Criticality Beyond Anti-Racism: How Does It Feel to Be a White Problem?* Ed. George Yancy (New York: Lexington Books, 2015).

are called to act. Receiving the fullness of the other's pain and rebuke, I realize *I am not who I thought I am*. Or, as Willie James Jennings asks, "Who am I in this strange new place?"[304] Entangled with others, we become strangers ("others") to ourselves, surprised by the ways we have impacted others and been impacted, caught off-guard by the ways we have offended and harmed. Un-suturing includes working with our countertransference, of course, but it values the generative crises of self-undoing over the congratulatory rewards of self-insight. Beyond mere reflexivity, un-suturing refers to our willingness, to invoke Judith Butler, to be "undone by another…an anguish, to be sure, but also a chance—to be addressed, claimed, bound to what is not me, but also to be moved, to be prompted to act, to address myself elsewhere, and so to vacate the self-sufficient 'I' as a kind of possession."[305]

Un-suturing reads against the binaries of victim/perpetrator, innocent/guilty, even queer/straight and secular/religious in order to denaturalize the norms and relations we have inherited. We are both victim and perpetrator, innocent and guilty, and whatever else we have claimed we are (queer, straight, Christian, secular, etc.) is devastatingly undone by the revelation of our fundamental relationality. Un-suturing is about living the questions "Could I have done this" and "What does it feel like to be a white problem," without the guarantee of where we will end up and who we will become.[306] We take risks, we make mistakes, we fail with the dry eyes of a deep grief, and we continually work out the hope of our salvations in fear and trembling. Rose and Yancy attest that there are lessons to be learned and ways to be transformed by refusing to make peace and tarrying in the shock of realizing oneself as a perpetrator and

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[304] Jennings, *After Whiteness*, 36.

[305] Judith Butler, *Giving an Account of Oneself* (New York: Fordham University Press, 2005), 136.

[306] As Gillian Rose writes in *Paradiso*, "We need to venture again the courage of suspense, not knowing who we are, in order to rediscover our infinite capacity for self-creation and response to our fellow self-creators." Gillian Rose, *Paradiso* (London: Menard Press, 1999), 63.

problem. Un-suturing is the practice of this tarrying and the experience of vulnerable exposure to the other, of "saying yes" to an encounter that calls us into question.

Recent feminist and womanist pastoral theologians have emphasized a similar ethic in pastoral care. "Pastoral care disturbs as well as comforts, provokes as well as guides," Bonnie Miller-McLemore writes. "It breaks silences and calls for radical truth telling; it names shame and guilt, calls for confession and repentance, and moves vigilantly toward forgiveness and reconciliation."[307] Yet, despite these insights, pastoral care and theology is still largely obsessed with the myth of its own unproblematic praxis. If one has any doubts that pastoral theology conceals its own dangerous capacities (by which I mean the potential to cause harm, to retraumatize), then one need only consider the history and development of the "functions of care" in pastoral theology over the past century. Healing, sustaining, guiding, reconciling, resisting, empowering, nurturing, liberating. All these functions position care as unproblematic and "pristinated" (as Lauren Winner would say). None of them, at their surface, account for the crises of representation and relation that un-suturing inaugurates.

Is care always so positive and benign? Or have we been convinced of our piety once again? Bringing Rose and Yancy to bear on pastoral theology requires an account of the generative role of confrontation and crisis in the pastoral relationship.[308] Might we thus conceptualize *un-suturing as an additional function of care*? Refusing to externalize the

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[307] Bonnie J. Miller-McLemore, "Feminist Theory in Pastoral Theology," *Feminist and Womanist Pastoral Theology*. Ed. Bonnie J. Miller-McLemore and Brita L. Gill-Austern (Nashville: Abingdon Press, 1999), 80-81.

[308] For those who may be hesitant to embrace "crisis" as productive, consider these insights from Alaine de Botton: "A breakdown is not merely a random piece of madness or malfunction; it is a very real—albeit very inarticulate—bid for health and self-knowledge. It is an attempt by one part of our mind to force the other into a process of growth, self-understanding and self-development that it has hitherto refused to undertake. If we can put it paradoxically, it is an attempt to jump-start a process of getting well—properly well—through a stage of falling very ill… A breakdown isn't just a pain, though it is that too of course; it is an extraordinary opportunity to learn… We haven't become ill; we were ill already. Our crisis, if we can get through it, is an attempt to dislodge us from a toxic status quo and constitutes an insistent call to rebuild our lives on a more authentic and sincere basis." Alaine de Botton, "The Importance of a Breakdown," *The School of Life*, https://www.youtube.com/watch?v=HC3uUGCJpqs.

violences of the world. Resisting closure and fixity. Remaining vulnerable to be undone by the other. Embracing the crisis of asking "Could I have done this" and "How does it feel to be a white problem." Un-suturing is a function of care in all these ways and more, for it refers to the transformative processes of self-undoing that allow for the emergence of relations and ethical communities we have yet to imagine and inhabit.

In *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*, trauma scholars Shoshana Felman and Dori Laub write, "The professionally trained receivers of the testimonies which bear witness to the war atrocities—the listeners and interviewers whose own listening in fact *enables* the unfolding of the testimonial life accounts of Holocaust survivors— cannot fulfill their task without, in turn, passing through the crisis of experiencing their boundaries, their separateness, their functionality, and indeed their sanity, at risk."[309] Un-suturing is the willing embrace of these crises. Like all the great truths of religion, un-suturing is paradoxical, for it asks us to lose our way to find a new path, to die to find a new life. In this way, it is the work of mourning and hoping. Un-suturing, as a function of care for ourselves and others, entails deep mourning and not acting so quickly to prove ourselves "good." Instead, we strive to tarry with "feeling bad" and vulnerable, and then connect those feelings with our thoughts, behaviors, roles, and habits as well as the larger histories and politics in which we are embedded. While it values crisis over action, un-suturing ensures that any actions we do take are guided and tempered by a genuine humility and indebtedness to those around us.

Earlier in this chapter, I argued that white people are in the position of abuser in our society, and I emphasized Rose's insight that we must see ourselves as simultaneously abused and abuser in order to work towards more ethical relations. From a pastoral perspective, then,

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[309] Shoshana Felman and Dori Laub, "Foreword," *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992), xvii.

perhaps the same methods for working with abusers might prove helpful for working with white folks/ourselves: relinquishing control, owning responsibility, changing our environment, engaging in group processing work, practicing public accountability, prioritizing the safety of others, detoxifying personal shame, working towards the transformation of selves-in-community with others.[310] Of course, all these interventions are only possible when we are first open to being touched, affected, changed, undone, and transformed by others around us. In other words, we must be willing to un-suture.

Queer Resilience to Stay Un-Sutured

In my interview with Magpie (who identifies as a white, trans-nonbinary, and queer person), I asked what their queerness has taught them about community. Magpie answered me, "I've learned that queerness has to be secondary to Black liberation. Queer liberation is nothing if it does not include queer Black folks, queer Indigenous folks, and others getting liberated." I asked Magpie what these commitments look like in the life of their faith community. Magpie responded, "In a congregation in the South, for white people it's easy to never have to question your place or your position, and it does that at the expense of excluding others, right?" Magpie continued, "With an identity like queerness, it's harder to find the sort of comfort that says 'I know exactly where I am. I know exactly where I stand.' I think we tricked white people, tricked ourselves into thinking that that kind of comfort is what we need or deserve or should have in society, whereas I now know that that comes at the expense of others."

Magpie's reflections are powerful. Magpie has learned that spaces (like a congregation in the South) are racialized, gendered, and sexualized—that is, intentionally constructed to comfort

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[310] Gus B. Kaufman, "Individual Therapy for Batterers?" Men Stopping Violence Inc.: Educating and Advocating for Change, menstoppingviolence.org.

white, cisgender, heterosexual people. While Magpie's whiteness helps them fit comfortably in these public spaces, their queerness strains that ease. In fact, Magpie's queerness exposes the politics of comfort and discomfort at play in the construction of public spaces, which cohere according to race, gender, sexuality, and other identity markers. Both a source of estrangement and insight, queerness "marks" Magpie in spaces where they would have otherwise moved freely, and it shows how spaces are also always marked. In other words, the comfort that white people feel in spaces like a congregation in the South is not natural ("we tricked white people, tricked ourselves"), but rather a product and function of white privilege and racial hierarchy.

Queerness is part of what helps Magpie reject the need for comfort and embrace the discomfort necessary for interrogating all aspects of their embodiment (e.g., their whiteness), as well as for critiquing the racialized construction of space and community. Importantly, Magpie knows that their queerness does not save them from their white privilege and learned racism. However, in as much as it helps them establish a new relation to discomfort (or reorients them towards discomfort), queerness can aid un-suturing and provide some critical distance for deeper self-interrogation. In this sense, queerness helps resource us with the subjective flexibility and relational supports needed to work with and on our traumas and our complicities. The lessons that Magpie has learned resonate with the call of Gillian Rose and George Yancy—to see ourselves as innocent and guilty in both positions, to recognize ourselves as problems.

We too must de-idealize ourselves and our subjects and learn to see ourselves with ambivalence, as both abused and abuser. There is no neutral positionality in Christianity, whiteness, nor even queerness from which we might offer help, kindness, and community. In fact, the belief in our essential goodness (as opposed to our *capacity* for goodness) and in the purported innocence of our care often conceal the ways in which we are complicit with the

exclusion, harm, and violation of others. As a function of care, un-suturing refers to the shock, the crisis, the bewilderment that our theologies and care practices must provoke if they are to transform us so that we might work towards the cultivation of authentic communities of care.

Un-suturing and "striving to stay un-sutured" takes courage and accountability—it takes resilience, which we orient towards and cultivate every time we choose to step deeper into vulnerable community instead of hiding away in self-defense.[311] It may indeed be the case that we cannot sustain the perpetual crisis of remaining un-sutured. But of course, this is even more reason to cultivate resilience, which will expand our capacity to sit with deep discomfort and vulnerability, rather than avoid or dissociate. Ultimately, resilience is the foundation for building a more just world precisely because resilience is the relational process that resources and strengthens our efforts to challenge our pieties, confront our complicities, and stay un-sutured. Resiliency (as a relational and ongoing process) keeps us safe enough and connected enough in secure community, so that we can engage the deeply *unsafe* and *unsettling* work of un-suturing, of remaining "uncovered, open, and having the capacity, even if it waxes and wanes, to avoid narrative closure, denial, and evasion."[312]

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[311] Yancy, "Introduction: Un-Sutured," xxv.

[312] Ibid., vii.

Chapter 5:

Queerness and other Practices of Resilience

By the rivers of Babylon we sat and wept.

—Psalm 137:1[313]

won't you celebrate with me
what i have shaped into
a kind of life? i had no model.
born in babylon
both nonwhite and woman
what did i see to be except myself?
i made it up
here on this bridge between
starshine and clay,
my one hand holding tight
my other hand; come celebrate
with me that everyday
something has tried to kill me
and has failed.

—Lucille Clifton[314]

When I interviewed LGBTQ+ folks for this project, one of the questions I asked was, "What Scriptures have been most important or meaningful to you?" and I invited participants to think broadly about what they might consider "scripture."[315] Three participants (Harry, Sage, and Magpie) directly quoted "won't you celebrate with me" by Lucille Clifton. It was not coincidence.

Weaving poetry and Christian liturgy is a consistent practice in worship at Park Ave Baptist Church where these three participants attend. Every week the bulletin contains a "Poetic Intervention" with the words of a poem printed for the liturgist to read and the congregation to

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[313] *The Inclusive Bible: The First Egalitarian Translation* (Lanham: Rowman & Littlefield Publishers, Inc, 2007).

[314] Lucille Clifton, "won't you celebrate with me," *Book of Light* (Copper Canyon Press, 1993).

[315] This is an example of a resiliency-focused question that seeks to connect people more fully with their own resources for health and wellbeing. This also fits into the wellness skill of "resourcing" based on my work with the Community Resiliency Model (CRM)® which I discussed in chapter 1.

hear. The poetic intervention flows immediately into the congregation's time of centering prayer, with the poem framing and beginning the prayer (including our posture towards the prayer). In the summer and fall of 2020 when I conducted my interviews, the movement for Black lives on behalf of George Floyd, Breonna Taylor, Ahmaud Arbery, Tony McDade, Rayshard Brooks, and so many others was front and center in Atlanta, GA and in the church. Every Sunday morning, regardless of whether we met online or in person, the spirit in the congregation was heavy. After worship, the pastors helped make protest banners and signs then headed straight to the streets to join the movement. The poetic intervention throughout that summer, woven into Sunday worship, was Lucille Clifton's "won't you celebrate with me."

Clifton's poem begins with a question, which is also an invitation to a celebration already in motion. The poem itself is the site for celebrating the self-fashioning of "a kind of life" in a context of exile. Perhaps Clifton writes "a kind of life" because it appears and moves differently from the gendered and racialized symbolics of life in "babylon." Even her speech appears differently, *unproper*, as she uses no capitals and recognizes no proper nouns. The "i" of the poem is "both nonwhite and woman," indexing a gendered racialization in terms of lack and traumatization (as chapter 4 unveiled). And yet the narrator makes up a *life* for *myself*, one crafted in "babylon" as a stranger in a foreign land. This imagery positions the speaker as God's chosen and by extension the USA as one in a long line of violent empires doomed to fall.

The poem illustrates identity as a doing, a practice of forging the self from the raw materials of the earth. Just as the poem's "i" makes up herself between "starshine and clay," the poem itself works between the seeming opposites of celebration and mourning, which move through the poem like dance partners. The "i" declares, "my one hand [starshine] holding tight my other hand [clay]"—though we can just as easily read, "my one hand [celebration] holding

tight my other hand [mourning]." Through the invocation of biblical typology, we might even

hear echoes of the Hebrew tradition in which "the sounds of rejoicing and weeping mingled

together in a loud noise that could be heard far in the distance" (Ezra 3:13). The repetition of

"celebrate with me" in the context of exile thus reveals how *celebration* and *mourning* are

mutually nourishing practices. Indeed, *self-fashioning* as a practice makes use of both praise and

lament. In these ways, Clifton's poem reads as a modern-day Psalm.

By the end of the poem, the syntax shifts such that the question becomes a command,

though still an invitational one: "come celebrate / with me," Clifton commands, conjuring up a

collectivity. Is the "i" of the poem an individual or a community? Clifton's descriptors leave

open the question of the poem's subject, and perhaps that ambiguity is part of the power of the

poem. In art as in trauma, accounts of the individual blur with those of the collective and

historical, and maybe this is how we survive and celebrate. The final lines of the poem—that

"something has tried to kill me / and has failed"— suggest that in contexts of violence, there is

always an excess and remainder in survival for shaping a new concept of self and community.

Importantly, the poem refuses to pit surviving and thriving against each other, as if survival is a

meager and lesser achievement. Survival is something to celebrate.

When three of the participants named Clifton's poem as one of their Scriptures, a poem

they had read together in worship, they were testifying to something true about trauma,

resilience, community, and practice. All three participants were blurring the lines between

personal/communal practices and personal/communal resilience, for poetry as a spiritual practice

was honed both at home and in communal worship. They were also complicating notions of

survival. "Surviving is not a failure," Harry told me. "Survival as a goal is not a mere little feat.

It is a big deal." Harry's insight exposes a common misconception about trauma, that "trauma is

not simply an effect of destruction but also, fundamentally, an enigma of survival."[316] In fact, Cathy Caruth argues that a robust theory of trauma "does not limit itself to a theoretical formulation of the centrality of death," but rather "creates and passes on a different history of survival."[317] It is the paradox of trauma as containing a history of "both destruction *and* survival" that necessitates, as Clifton's poem invites, a practice of simultaneous mourning and celebration.[318]

For Harry, Clifton's poem gave language (*meaning*) to their experience in an anti-Black and anti-trans world, while also honoring their survival and the life they were forging for themselves. In other words, the poem gave structure to practices of gathering, mourning, celebrating, and self-fashioning. "As a non-binary person, I am manifesting myself," Harry said, "and I realized these are the ideas and beliefs and feelings that I have about things that defy even what was given to me, what research was available to me, or what resources I had when I learned and discovered that I was trans non-binary." Or as Clifton would say, "what did i see to be except myself? / i made it up… my one hand holding tight / my other hand."

But of course, the problem with survival in trauma studies is that survival does not fit our progressive norms of healing and recovery. We want to declare that "what doesn't kill us makes us stronger." We want to tell stories of "post-traumatic growth."[319] We want trauma to be an event in the past we have overcome. But for many queer folks, trauma is an ongoing reality in

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[316] Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: The Johns Hopkins Univ. Press, 1996), 58.

[317] Cathy Caruth, "Parting Words: Trauma, Silence, and Survival," *Loss of the Assumptive World: A Theory of Traumatic Loss*, ed. Jeffrey Kauffman (New York: Brunner-Routledge, 2002), 232.

[318] Ibid., 72.

[319] C.f. Richard G. Tedeschi and Lawrence G. Calhoun, "The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma," *Journal of Trauma Stress* 9.3 (1996), 455-471.

which we may never be fully reconciled to a violent world, to our abusers, or even to ourselves. In my interviews, I too got caught up looking for a progressive narrative of recovery. I remember listening to Nay as she told me about living on the streets and being addicted to meth. In my eagerness to prioritize resilience over trauma, I asked Nay, "When was the moment you knew you were going to make it?" Nay answered, "It is somewhere up ahead… Everything was able to fall apart, so now I don't know. I don't think I have made it. I think I am trying to be a better steward of my own life now."

Rather than triumph or stability, *survival* indexes a more nuanced experience of resilience. Resilience in/as survival suggests something unsettled and incomprehensible, partly by (a) attempting to witness to the enigmas of trauma through the life of the survivor; (b) interrogating a story of progressive recovery; and (c) refusing to relieve an abusive society from its guilt and complacency. This is partly why Sage cited Clifton's poem when they defined resilience as "one's ability to survive hard things and also the ability to main peace in spite of suffering… peace in the midst of capitalism, patriarchy, and white supremacy." Sage continued, "Listen, every single day that you make it is a celebration, baby." Because what all my LGBTQ+ participants attest to is that throughout their lives *something has tried to kill them* because of their queerness—maybe it was abuse from faith communities, cut off from family, or the bodily materializations of those violences in the forms of homelessness, addiction, suicidal ideations, etc.

This entire chapter is a celebration of survival and the resiliency of queer folks in a world that has tried to kill them. It is also an exploration of the practices that LGBTQ+ folks engage to shape a "kind of life" and build resilient communities. Through practices like those mentioned already—poetry, communal worship, celebration and mourning—queer communities are

learning to be better stewards of LGBTQ+ lives (to borrow some theological language from Nay). In many respects, this is what I wanted to learn when I first began interviewing LGBTQ+ folks who had experienced homelessness. I sought to explore the resiliency-building practices queer folks engaged to survive, make meaning, and cultivate community in the face of unimaginable suffering and violence. What I soon realized after close attention to the practices of my participants is that *queerness itself is a practice of resilience*. Queerness is the call of "won't you celebrate with me"—the invitation to seemingly opposite practices of celebration and mourning, discomfort and play, resistance and unification, and perhaps most of all to the practice of wonder.

Some Notes on Practice

Perhaps the greatest abuse of the category of resilience occurs when resilience is reduced to a trait or characteristic, as if some people have it and some do not. Not only does this pile shame onto the victims of violence, but it also places "the responsibility for hunger, torture, rape, homelessness, and their effects on the hapless sufferer."[320] To counter this misuse, the American Psychological Association emphasizes, "Resilience involves behaviors, thoughts and actions that anyone can learn and develop. The ability to learn resilience is one reason research has shown that resilience is ordinary, not extraordinary."[321] Or as resiliency researcher George Bonanno writes, "Resiliency is common"—though we often miss its multiple and unexpected forms and

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[320] Donna Orange, "Traumatized by Transcendence: My Other's Keeper," *Trauma and Transcendence: Suffering and the Limits of Theory*, eds. Eric Boynton and Peter Capretto (New York: Fordham University Press, 2018), 72.

[321] American Psychological Association, "Building Your Resilience." *American Psychological Association: Psychology Topics* online, 1 February 2020, https://www.apa.org/topics/resilience.

pathways.[322]

My aim is to shift attention away from resiliency as a trait and towards resiliency as a process bolstered by spiritual practice—specifically practices that augment the "four core components" of resilience according to the American Psychological Association: "connection, wellness, healthy thinking, and meaning."[323] A focus on practice prioritizes these components by augmenting somatic wisdom and prioritizing "the body as a resource for health."[324] It also expands trauma interventions beyond mere care of the mind (a top-down approach) and towards holistic care of our bodies and communities (a bottom-up approach, as described in chapter 2).

In the last few chapters, I highlighted resiliency as inherent to all people via a range of biological capacities (chapter 2) and available as a relational process to be cultivated in partnerships and communities of belonging (chapter 3). I also explored how resiliency strengthens and is strengthened by our efforts to un-suture and embrace the self-crisis of deep transformation (chapter 4). In this chapter, as I explore the resiliency building practices of LGBTQ+ folks, I keep Reese's words front and center: "Communal resiliency is a redundancy, because I do not actually think anybody is being truly resilient by themselves." Therefore, any discussion of "resilience" and "resilience building" must henceforth always imply "communal resilience."

Additionally, it is worth noting that practices of resilience are also practices of *care*, and an intercultural care paradigm will clarify some helpful commitments for our engagement with

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[322] George Bonanno, "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?" *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. S.1 (2008), 104.

[323] American Psychological Association, "Building Your Resilience."

[324] Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene: Cascade Books, 2018), 58.

practices. Paralleling the concerns above about the misuse of "resilience," pastoral theologian

Emmanuel Lartey argues that much of western theology and care is preoccupied with a

materialistic and consumeristic focus on the development of the individual ego. Lartey critiques

the obsession in the West with Enlightenment rationality at the expense of ecological,

communal, and expressive aspects of human existence. As a corrective, Lartey constructs an

intercultural approach to pastoral theology that highlights the plurality and complexity of the

"global village." This intercultural approach has "three principles: contextuality, multiple

perspectives and active participation."[325]

  First, an intercultural approach to pastoral theology underscores the importance of

contextuality, conceiving of humanity not in terms of isolated individuals but in terms of

contexts, relations, and sociocultural and global influences. Practices and even concepts of

resilience are therefore always "culture bound."[326] There is no 'right,' 'original,' or 'authentic'

practice that serves as the standard for all people. As we explore the practices recommended by

experts and utilized by LGBTQ+ folks, our attention must be local and our assessments must be

provisional, rather than universal and normative. "Practices," as I use throughout this chapter,

must not be reducible to the habits or actions of single individuals, but must always imply a local

community(-ies) that precedes, generates, innovates, and provides meaning and context to those

practices.

  The second principle of an intercultural approach to practice is the value of multiple

perspectives. Rather than the western imperial claim to universality, an intercultural approach

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[325] Emmanuel Y. Lartey, *Pastoral Theology in an Intercultural World* (Eugene: Wipf & Stock, 2006), 11.

[326] Ibid., 3.

begins with "the recognition and affirmation of multiple—indeed conflicting—perspectives."[327] Just as the global village is characterized by plurality, so an intercultural approach values an increasing diversity of perspectives and positionalities, and it treats such diversity as reflective of God's good gift of creation. In this approach, truths (always contextual) emerge collectively through polyvocality, not through homogeneity. One of the greatest examples of this in my own research relates to the practice of LGBTQ+ apologetics, which some participants named as liberative and empowering, and others named as offensive and stifling. An intercultural approach values the range of perspectives towards apologetics, which might teach us something about how apologetics are practiced in different contexts and cultures and to what ends; it also underscores why interventions must be multiple and contextual.

The third principle of Lartey's intercultural approach is active participation, which prioritizes underrepresented and marginalized voices, perspectives, and practices. Active participation demands flexibility, as our categories and practices ever shift and de-center to celebrate the plurality of the global village. I once attended a public lecture from Nadia Bolz-Weber who described her church as committed to "participation over perfection," which is an excellent example of Lartey's third principle. As it relates to LGBTQ+ participation, Oliver told me, "We are worth talking to and we are worth learning from. I just wish more people would understand that we are not simply the fun people to go to the bar with… We have something essential to offer and we carry evidence of God and knowledge of God that God created us specifically to carry."

These criteria—contextuality, multiple perspectives, and active participation—lay the foundations for studying the practices recommended by trauma experts and employed by

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[327] Ibid., 11.

LGBTQ+ research participants. Based on my own research, I would like to add a few more principles.

In my interview with him, Reese described his understanding of gender and religious identity through the lens of consent. Reese said, "I would still describe religion in kind of its general sense as a resource, you know, as an added value to living for me, but I think about it through the metaphor of informed consent, and I also acknowledge that's not how a lot of people are participating in it." Reese's insight exposes how religious experience is often coercive rather than invitational. No practice—no matter how sacred or evidence-based—should ever be imposed or prescribed without consent. Rather, our focus should be "couching appeals for participation in the language of invitation and noncoercive hospitality."[328] Consent is key to the power of practice.

Another principle for approaching practices that I gleaned from my research with LGBTQ+ communities is the value of "feeling good." Scholars and practitioners alike might be wary of this as a principle for the practices of queer folks, especially if they rely on conceptualizations of queerness as cathected with pain, shame, and other "negative affects."[329] Others may be concerned about reducing a practice's "benefit" to its emotional catharsis. Yet practices always contain an emotional dimension, and we need not be coy about it. As Nancy Ammerman reveals, "Understanding patterns of shared religious practice requires attention to the emotions they evoke and express, as well as to the social rules that manage that expression."[330] One participant I interviewed, AJ, knew this well when he described his spiritual practice as

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[328] Stephanie M. Crumpton, *Womanist Pastoral Theology Against Intimate and Cultural Violence* (New York: Palgrave Macmillan, 2014), 145.

[329] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 146.

[330] Nancy Tatom Ammerman, *Studying Lived Religion: Contexts and Practices* (New York: New York University Press, 2021), 122.

follows: "Every day, I want to do something that sparks joy or encourages delight. One day, it could be biking. One day, it could be walking my dogs. One day, it could be prayer and meditation. It could be reading the paper with a cup of coffee or sitting on my porch which is what I am doing now, taking in the air."

To flesh out what "feeling good" (or sparking joy; or encouraging delight) means for the study of practice, let us learn from Sage. When Sage began practicing yoga, they told me, "I didn't know yoga was supposed to feel good." In fact, Sage described how many of the religious practices they were taught as a child were rooted in self(body)-denial. As a queer person growing up in a conservative evangelical tradition, Sage was taught *not* to trust their body when it felt good or expressed desire. As an adult, it became difficult for Sage to distinguish between discomfort and pain in their body. But, through the careful guidance of yoga teachers, Sage slowly learned to read their body's language and lean into a pose if they felt discomfort but pull out of a pose if they felt pain . After years of honing their practice, Sage told me that yoga has helped them reconnect with their body as good, strong, and capable. For Sage, attention to when their body feels good (which is not the absence of *discomfort* but of *pain*) helps them distinguish between practices that connect them more fully with their body and those that don't, which is integral for helping heal the division between body/spirit and body/mind that both religion and trauma can inflict. "I do these practices because they feel good," Sage told me. "My practices are about creating and sustaining peace in my life…Despite my PTSD, despite my trauma and all the things that want to steal my joy, I want to do something to make me feel better." Sage's words echo those of Sara Ahmed, who writes, "Feeling better is not a sign that justice has been done, and nor should it be reified as the goal of political struggle. But feeling better does still matter, as

it is about learning to live with the injuries that threaten to make life impossible."[331] As a

principle for practice, feeling good/better is about reclaiming the goodness of the body,

especially the *queer* body, and embracing its wisdom in a world that would rather demonize and

exorcise it.

Contextuality, multiple perspectives, active participation, consent, and feeling good:

these are some of the principles of a queer intercultural approach to studying and engaging the

practices we can all utilize and adapt to respond to trauma and cultivate resiliency.

Trauma-Sensitive Practices of Resilience

There is a difference between trauma processing and resiliency building. As I have

named elsewhere, the suggestions in this chapter should be read as context-specific (first of the

commitments discussed above) and adjunctive to professional mental health trauma processing—

which hosts its own set of tools and strategies and requires professional training and expertise.

Even while Harry and Sage told me about their practices above, they also sought out mental

health care through regular therapy, medication, and healthcare treatment.

Commenting on the concurrent need for communal and professional interventions,

Jennifer Baldwin writes, "Congregational leaders and care providers are uniquely suited to

provide meaningful adjunctive support to psychotherapeutic interventions and are perhaps better

equipped than mental health care providers to foster connections and attachments among

survivors, community, and the divine."[332] As we explore the following resiliency building

practices, we must remain aware of our own gifts and limitations (professionally, culturally,

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[331] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 201.

[332] Baldwin, *Trauma-Sensitive Theology*, 55.

experientially) as it relates to facilitating practices for ourselves and others. We might also grow

curious about the ways some of these practices "are already present in or could easily be

incorporated into the ritual and healing practices of spiritual communities."[333]

One of the seminal works of trauma theory post-Freud is *Trauma and Recovery,* written

by psychiatrist Judith Herman. As the title reveals, Herman works with the category of recovery

rather than resilience, though there are significant parallels, and she constructs a three-stage

model for recovery which continues to be the most widely cited model in trauma studies.

Herman describes trauma as a dialectic consisting of the "conflict between the will to deny

horrible events and the will to proclaim them aloud."[334] Therefore, the precondition for recovery

is the presence of a supportive witness, or "healing relationship," who helps the survivor rebuild

safety and basic trust.[335] Given that precondition, Herman writes:

> Recovery unfolds in three stages. The central task of the first stage in the
> establishment of safety. The central task of the second stage is remembrance and
> mourning. The central task of the third stage is reconnection with ordinary life.
> Like any abstract concept, these stages of recovery are a convenient fiction, not to
> be taken too literally. They are an attempt to impose simplicity and order upon a
> process that is inherently turbulent and complex.[336]

My interest in surveying Herman's three-stage model of recovery concerns the ways that each

"stage" can also be read as a "practice," or a set of practices. In this sense, Herman offers a

multitude of practices: *establishing safety* through practices like relationship-building, boundary-

setting, advocacy, and yoga; *remembering and mourning* through practices like testimony,

witnessing, and lament; and *reconnecting with daily life* through practices like community

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[333] Ibid., 15.

[334] Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 1.

[335] Ibid., 133.

[336] Ibid., 156.

participation and service work.

Another prominent trauma theorist is Bessel van der Kolk, whose various works I have covered throughout the prior chapters. As I have mentioned, van der Kolk draws on neuro- and other biological data, as well as the stories of trauma survivors, to show how trauma is registered in the mind-brain-body. He thus works "to translate brain science into everyday practice."[337] Like Herman, van der Kolk uses the language of recovery, and he argues that most people require a combination of interventions: including medicine, top-down approaches like traditional therapy, and bottom-up approaches that center bodily practices.

Through bottom-up practices, traumatic "imprints from the past can be transformed by having physical experiences that directly contradict the helplessness, rage, and collapse that are part of trauma, and thereby regaining self-mastery."[338] The practices that van der Kolk recommends in his work, it should be noted, require varying levels of training and expertise. These practices include: Eye Movement Desensitization and Reprocessing (EMDR), neurofeedback, Internal Family Systems Therapy (IFS), mindfulness, yoga, creative writing, art-making, music, communal rhythm circles, theatre, and dance. Bottom-up practices like these "help people alter the inner sensory landscape of their bodies" by befriending their sensations and emotions.[339] People learn to sense, name, and gain emotional regulatory control of their bodies through practice. Bottom-up practices not only provide a path toward recovery, but they also build our resilience to ward off future potential traumas.[340]

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[337] Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Books, 2014), 355.

[338] Ibid., 4.

[339] Ibid., 76.

[340] Somatic practitioner Staci Haines also describes the role of practice in building resilience. She writes, "Resilience leaves us feeling more connected, more open, and with a greater sense of safety. Resilience practices leave us ready

Both van der Kolk and Herman mention the need to consider the cultural distinctions of trauma, which is the primary focus of womanist psychologist Thema Bryant-Davis. The library of her work prioritizes self-affirmation and communal wellbeing for Black women, and she argues that all of us must learn to receive from Black women rather than simply see them as "clients" or "students." In *Thriving in the Wake of Trauma*, Bryant-Davis describes the cultural distinctions of identity-based traumas connected to race, gender, sexual orientation, ability, immigration status, and a range of other identity markers, yet she also critiques psychology's preoccupation with pathology and deficit. The main emphasis of Bryant-Davis' work is a constructive turn to culturally specific and culturally modified interventions, shifting our attention to the "strength, resources, and resilience" of marginalized communities.[341]

Every chapter in *Thriving in the Wake of Trauma* includes a section dedicated to examples of "alternative therapeutic strategies, namely, journaling, art [and drama], music, movement, nature, social support, spirituality, and activism."[342] Importantly, these practices complement therapy through a focus on embodiment and expression. In a lecture delivered at the Fuller Symposium on the Integration of Psychology and Theology, Bryant-Davis offered even more practices related to spirituality and activism, including prayer, meditation, sacred texts, marches, boycotts, running for office, curriculum development, funding, "art"-ivism, and community/political organizing.[343] Each of these practices, when culturally modified, aid with

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to take action toward a better future for ourselves and others. We will have a wider range of sensations and emotions with resilience, and believe it is okay to feel more and be more alive, rather than numb. Practicing resilience will help us respond rather than react, and leave us with more options." Staci K. Haines, *The Politics of Trauma: Somatics, Healing, and Social Justice* (Berkeley: North Atlantic Books, 2019), 210.

[341] Thema Bryant-Davis, *Thriving in the Wake of Trauma: A Multicultural Guide* (Lanham: Alta Mira Press, Rowman & Littlefield Publishers Inc., 2005), 1.

[342] Ibid., 10.

positive self-determination and the construction of networks of care. Bryant-Davis thus

illustrates what others have called "culture as treatment" and the use of cultural resources for

building resilience.[344]

By surveying the variety of practices suggested by Herman, van der Kolk, and Bryant-

Davis, I hope to emphasize some vital insights to glean about responding to trauma and building

resilience.[345] Herman's work teaches us that the foundation for recovery and resilience is the

establishment of safety—bodily, relationally, and systemically—as well as the need for a

compassionate and supportive witness. Van der Kolk emphasizes the need for creative bottom-up

(or body-up) interventions to facilitate physiological and emotional regulatory control, and he

reveals how many of these interventions, like yoga and mindfulness, are often already present in

our communities. Bryant-Davis highlights the damage, even retraumatization, that can occur

with universal interventions, and she stresses the necessity of culturally specific and culturally

modified practices.

Ultimately, these three scholars shed light on the integral role of the body and embodied

practice for responding to trauma and developing resilience. Embodied practices function in a

multitude of ways; namely they help us to: (a) celebrate the somatic wisdom and capacities

already present in our bodies, (b) empower us with bodily practices for self-regulation and

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[343] Thema Bryant-Davis, "Wisdom from Womanist Psychology: Integrating Art, Spirit, Activism, and Community" (lecture, The Fuller Symposium on the Integration of Psychology and Theology Annual Conference, 2020). https://drthema.com/dr-thema-on-womanist-psychology/.

[344] Joseph P. Gone, "Redressing First Nations Historical Trauma: Theorizing Mechanisms for Indigenous Culture as Mental Health Treatment," *Transcultural Psychiatry* 50.5 (2013), 683.

[345] The American Psychological Association also declares, "Like building a muscle, increasing your resilience takes time and intentionality. Focusing on four core components—connection, wellness, healthy thinking, and meaning—can empower you to withstand and learn from difficult and traumatic experiences." Herman, van der Kolk, and Bryant-Davis all emphasize these four components in the practices they recommend. At the time of writing this, Bryant-Davis is serving as the current president of the APA.

connection, (c) establish a sense of safety in the body, i.e. regain a conscious and trusting connection to our body-mind-spirit, which is particularly integral for communities living in conditions of ongoing threat and violence, (d) provide stability and meaning in the face of life's hardships, and (e) even connect us more fully with the resources of our culture, heritage, and community. Most importantly, "somatic practices allow these new skills to become embodied, so that we can count on them, even under pressure."[346] Somatic practices—particularly as they become embodied—help provide us with a range of options under pressure other than, or in addition to, survival strategies like fight, flight, freeze, and appease.

LGBTQ+ Practices of Resilience: Honoring the Ancestors

When I surveyed LGBTQ+ people who had experienced homelessness (expert practitioners in their own right on the lived reality of trauma and how to survive), I discovered that participants employed many of the practices named above. They also engaged a variety of other practices that give them a sense of strength, comfort, guidance, peace, and stability. These practices include: ancestor veneration; activism and mobilizing for social change; art-making; reading and writing poetry; honoring the Sabbath through intentional rest; attending communal worship; church service participation; fellowship with other queer people of faith; apologetics (literature and podcasts); yoga; tarot; crystals; prayer and meditation; creative writing; hiking and being in nature; exercise, like biking, walking, and running, and group fitness like Crossfit.

Rather than detailing every practice listed above, I want to attend closely to one practice that was not directly covered by the scholars above: ancestor veneration. With an eye towards the body and the resilience already present in people's lives, I aim to explore how ancestor

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[346] Haines, *The Politics of Trauma*, 29.

veneration was practiced by several different participants in their own unique cultural contexts, and how such a practice helps cultivate resilience by returning us to our bodies and our cultural roots.[347] In such a way, I hope to perform my commitment to paying close attention to the practices already present in our communities, and then amplifying those practices with resiliency-focused knowledge and skills.

I asked Magpie, "Who or what is giving you strength and comfort right now?"[348] Magpie answered, "I have been working on looking to my ancestors for that kind of support, and I have one ancestor that I feel like I am getting to know and one that I knew a little bit while they were alive. Those two ancestors are ones that I try to bring into spaces with me and ask for courage." Magpie's answer shocked me at first. Magpie had told me stories about their anger, sadness, and hurt from family who had rejected them or not received them fully. Yet, by bringing two ancestors with them into various spaces, Magpie is carving out and carrying around a new family history. This is extremely significant given how queer trauma often indexes the relational and material cut-off from our primary relationships, families, and communities. Magpie's practice of ancestor veneration interweaves familial memory and imagination, as they intentionally envision bringing their ancestors—one they knew while alive and one they didn't—with them throughout the day. In addition to offering them support and courage, Magpie described how looking to their ancestors inspires them to become a better "queer elder" for the younger generations in their life.

Similarly, Sage answered the same question above by saying, "Ancestor veneration,

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[347] Devin Atallah concludes in his research with Palestinian refugee families that one of the greatest elements of resilience is "*Awda*/return to cultural roots despite historical and ongoing settler colonialism." Devin G. Atallah, "A Community-Based Qualitative Study of Intergenerational Resilience with Palestinian Refugee Families Facing Structural Violence and Historical Trauma," *Transcultural Psychiatry* 54.3 (2017), 357.

[348] I hope the reader has picked up on how I almost always center pastoral conversations on this or a similar resiliency-focused question. "Chase the resiliency," as Elaine Miller-Karas famously argues in the Community Resiliency Model (CRM)® training and in her work: *Building Resilience to Trauma: The Trauma and Community Resiliency Models* (New York: Routledge, Taylor & Francis Group, 2015).

meaning like constantly remembering them, calling on them as spiritual guides, because I do believe they're still with me in whatever capacity that anyone could be with us after death, even if it's only in our thoughts. Whenever I'm working with tarot, I'll ask my grandmother to surely be with me. And my father, even though he was an asshole in life, but he still comes and hangs out because he's all right." Like Magpie, Sage's life story contains tales of family rejection, yet their spiritual practice of ancestor veneration creates a new "story" and connection to family lineage that functions as a source of community, comfort, and courage. This connection is vital. As Herman reminds us, "Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others."[349] Magpie and Sage teach us that a connection to others includes the ancestors that have come before us.

Sage continued, "I also think about ancestors in terms of spiritual ancestors too. It's basically like Mexican folk magic with a little bit of Catholicism. I think of my spiritual ancestors as the communion of Saints as well as those from the Mexican tradition… the Virgin of Guadalupe…Mary Magdalene… Jesus." Sage shows the hybridization of ancestor veneration practice by blending various aspects of their Christian and Mexican folk heritage and invoking religious and historical figures as their own personal ancestors. Whether blood or spiritual, calling on their ancestors gives Sage a sense of connection and meaning. Like with their grandmother and father, Sage speaks with these spiritual ancestors and includes images of them on their personal altar alongside candles and incense, which provide a sensory and material dimension to their practice, connecting them more fully with their body.

Nay too described her practice of ancestor veneration in terms of altar building. I asked her if she wanted to describe her altar, and she responded:

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[349] Herman, *Trauma and Recovery*, 214.

Well, it's a traditional Yoruba ancestor altar, and so I have pictures and effects and things from my ancestors, my blood ancestors. I have their names written. I have things that they liked. I put food and water and coffee, and none of my ancestors were big drinkers, but part of the tradition in Yoruba is to have rum on your altar to pour out libations with, either rum or water… Candles, crystals, this 50-year-old teddy bear that my aunt gave me when I was born… I have sage and a cauldron. I have a Bible too, the family Bible, my grandmother's. I don't know if it's a southern tradition or a Black tradition, but my grandmother had this Bible with all these pictures in it and notes and birthdays written in it.

What a powerful example of the materiality of practice and the myriad of ways that ancestors (and traditional ancestral practices) can be incorporated into daily life. It is also an example of how practices connect to the body: food to taste, candles to smell, crystals to touch, pictures to see, etc. Like Magpie and Sage, Nay's experiences of familial rejection are not consummate; by building an altar with the names, pictures, and spiritual possessions of her ancestors, Nay creates a way to foster a deep sense of connection and lineage in her life. She also ushers in a new story about family and belonging. "Anytime I spend the kind of time that I should with my altar and with my ancestors, I feel them," Nay said. "They are definitely present, and I feel them."

Like the practice of poetry, what is practiced in the home shows up in community. On the many Sundays that I attended worship at Park Ave, I noticed a wire wreath covered in rainbow-colored ribbons and pinned to a framed board in the back of the Sanctuary. This "ancestor wreath" was created by a pastor at Park Ave after a Sunday service that focused on "remembering our ancestors." The wreath remains in the Sanctuary as one among many prayer stations that congregants can use throughout the service for prayer and meditation. At this station, participants are encouraged to remember an ancestor, whether biological or spiritual, and then say their name aloud, hold them in prayer, ask them for guidance, whatever one needs, and tie a ribbon to the wreath in their honor.

As one can see from the accompanying image (Figure 1), the wreath has been well used;

it is covered in a flowing array of multi-colored ribbons, each bearing the name of an ancestor and the prayers of a congregant. Like the practice of poetry at the beginning of this chapter, the ancestor wreath is a practice that people have creatively embraced and reworked to be their own, at the same time that it connects them to a larger moral tradition and familial history.

Figure 3: "remember our ancestors" prayer wreath at Park Ave. Baptist Church in Atlanta, GA. Photo taken October 3, 2021.

As Emmanuel Lartey describes it, "Ancestors, in African life and thought, are perceived as the arbiters of the moral life of the community."[350] So too my LGBTQ+ research participants,

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[350] Emmanuel Y. Lartey, *Postcolonializing God: An African Practical Theology* (Norwich: SCM Press, 2013), 58.

some connected with the African diaspora like Nay and some not, also recognize and honor their ancestors as a way of inheriting and inhabiting a moral tradition. Magpie, Sage, and Nay each come from different cultural and racial backgrounds (specifically white, Latinx, and Black, from various regions of the United States), and each practice ancestor veneration through a hybridization with other religious practices. They thus demonstrate how attention to the ancestors can be woven into a variety of spiritual practices and can draw on a range of bodily senses, connecting us more meaningfully to our bodies and our communities.

Perhaps most importantly, these participants reveal a life-saving truth about practices of ancestor veneration: resilience travels intergenerationally.[351] "Trauma travels" has become such a common maxim in trauma studies, referring to the epigenetic transmission of traumatic alterations of physiology. But what my participants show through the practice of relationship with their ancestors is that resilience, comfort, strength, guidance, and courage travel too.

Queerness-qua-Practice

As I argued in chapter 1, many scholars and practitioners have inadvertently or not repeated the rote opposition between religion and queerness, primarily by concentrating on the ways that religion and spiritual practices have harmed queer folks. Increasingly, other scholars are paying attention to the constructive ways that queer folks engage spiritual practices. Most prominently, in *Queer Religiosities,* Melissa Wilcox delineates four "ways that transgender and queer people engage with religious practice... navigating queerness and transness within traditional practices, claiming traditional practices for transgender and queer people, reworking

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[351] For another analysis of ancestor veneration as a practice to build resilience during violence, see: Philippe Denis, "Prayers and Rituals to the Ancestors as Vehicles of Resilience: Coping with Political Violence in Nxamalala, Pietermaritzburg (1987-1991)," *Journal of Theology for Southern Africa* 128 (2007), 37-52.

traditional practices to be more reflective of transgender and queer lives, and creating new practices."[352] This framework is quite helpful for making sense of how LGBTQ+ people approach religious practices that many have historically been excluded from engaging. For example, we can read elements of claiming and reworking in the above practices of ancestor veneration and altar-making, as well as the opening practices of poetry and communal worship.

However, with the increased attention given to how LGBTQ+ folks use religious practices and how they *queer* (problematize, modify, rework) traditional practices, we have neglected attention to the fact that *queering (and queerness itself) is a practice*—something that is embodied and performed, that shapes and draws on the senses, that contains its own aesthetic and affective dispositions. Stated differently, "Queer is a praxis, a project—not a state of affairs, nor a state of being or practical achievement."[353] I thus want to consider "people as a compilation of practices"[354] and inquire into how "we become what we practice."[355]

As I sifted through interview transcripts and ethnographic notes, I realized I kept asking people questions like, "What does queerness mean to you" and "What do you mean when you say you are queer?" Like many scholars, I was trying to pin queerness down, dissect it, and classify it. But I soon realized that people, in defining queerness, described a variety of bodily practices—i.e. "behaviors, thoughts and actions that anyone can learn and develop."[356] I now want to ask some different questions and follow some different lines of thought: *What kind of*

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[352] Melissa M. Wilcox, *Queer Religiosities: An Introduction to Queer and Transgender Studies in Religion* (London: Rowman & Littlefield, 2021), 92.

[353] Linn Marie Tonstad, *Queer Theology: Beyond Apologetics* (Eugene, OR: Cascade Books, 2018), 129.

[354] Haines, *The Cultural Politics of Trauma*, 20.

[355] adrienne maree brown, *Pleasure Activism: The Politics of Feeling Good* (AK Press, 2019), 9.

[356] American Psychological Association, "Building Your Resilience."

praxis is queerness? How does someone come to embody queerness? What is asked of their body and how is the body being positioned in relation to other bodies? What kinds of dispositions become internalized and what kinds of practices become habitual such that a person and their community become recognizable as "queer"*? Finally, and most importantly, how might queer practices function as practices of resilience?*

Embodying Queerness as a Practice of Resilience

In chapter 4, I followed Magpie's reflections to think about queerness as a practice of discomfort, or, we might say, as a practice of orienting towards discomfort and tarrying with it, rather than fleeing away. In that sense, Sara Ahmed describes "'not fitting' as a form of queer discomfort, but a discomfort which is generative, rather than simply constraining or negative."[357] In chapter 3, I explored this "not fitting" in terms of how queerness often orients us away from established relations and institutions (e.g. the family), and in turn orients us towards others in unexpected ways. I also discussed queerness as a means of resisting closure and fixity in chapter 2. What each of these explorations suggest is that queerness is something that works in and on the body (which is not a bounded, individual body, but a porous one that is always tied up with others).

When I was speaking with Oliver, he told me, "Queer is what I identify as even as I also identify as gay, because my political orientation is more served by the term queer." Similarly, Magpie said, "I was very much a queer right from coming out and always sort of described it as a political leaning, an anti-capitalism, a lens of cultural criticism, a posture of choosing to be outside of what might be the norm, and then like being gay." For both Oliver and Magpie (as

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[357] Ahmed, *The Cultural Politics of Emotion*, 155.

well as the other participants with whom I worked), the shift from gender and/or sexual difference to *being queer* is at least partly a shift in practice: how we move, speak, connect, imagine, perceive, act, and embody that difference. Most often, that shift is marked by practices of political and cultural resistance.

Oliver and Magpie claimed a queer identity insofar as they were defying norms (Ahmed would say *inhabiting norms differently*) of sex, sexuality, gender, and relationality, and then connecting that defiance to the political, cultural, economic, and religious systems that maintain those norms. Consider Nay, who experiences "the word queer as a source of liberation and as a liberation concept," which has helped her resist society's conscriptions about gender and embody her own unfolding sense of what it means to be a Black transwoman. Queerness has also connected her with communities of resistance, and she has spent over 25 years in leadership as an activist and advocate in the queer community, where she focuses on helping trans and queer folks secure housing and other material resources. For his part, AJ said he embraced queerness later in his life to mark his participation in "a more radically and politically astute segment within the community. It was also a political leaning towards the left." Like Oliver, AJ uses a variety of labels for self-identification, but *queer* is one he claims in the context of his participation in more radical and leftist political movement work.

Thus, for many, *queer is a practice of resistance,* one that slowly becomes embodied in both bodily comportment and political activity. As womanist theologian Pamela Lightsey writes, "To say that I am queer is not only my self-identity; it is also my active engagement against heteronormativity."[358] Queer is more than the practice of bucking gender and sexual ideals, like transgressing notions of 'polite' and 'discreet' sexual activity; queer is also the practice of

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[358] Pamela R. Lightsey, *Our Lives Matter: A Womanist Queer Theology* (Eugene: Pickwick Publications, 2015), ix.

opposing every social, political, cultural, and religious apparatus that builds from and reproduces those ideals. To state it more succinctly, Oliver told me that queer is "anything that destabilizes other normative binary categories" in addition to those of male/female and gay/straight.

By resisting conscriptions of identification, embodiment, and relationality, and by embracing the discomfort of not fitting in, queerness denaturalizes the myth of a gender or sexual "core" prior to signification, including the notion of a prediscursive body.[359] The practice of queerness thus works upon bodies such that the body itself testifies, most often through its failures to embody certain ideals, how all articulations of self, identity, others, and social relations are always already contingent and political. Queerness is the practice of working on those norms by inhabiting them differently and exposing their cultural and institutional histories, while also embodying other (often strange, perverse, or despised) options of being and relating.

In a recent work on "Organizing within Communities that Have Experienced Collective Trauma," a group of researchers concluded, "Participation in social action can be a powerful means of facilitating healing, recovery or 'transcendence' from the experience by mediating or removing the threat of meaninglessness, whether the trauma survivor is conceived as an individual or a community."[360] Another study on intergenerational resilience by Devin Atallah supports this conclusion. Atallah defines "resilience as resistance" and states that even though social action can expose vulnerable communities to the risk of more violence, such engagement also provides protection against the introjection of that violence.[361] Atallah continues to write

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[359] Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).

[360] Bill Lee, Mirna Caranza, Susan McGrath, and Ken Moffatt, "Organizing within Communities that Have Experienced Collective Trauma: Tensions, Contradictions, and Possibilities," in *Canadian Perspectives on Community Development*, eds. Sarah Todd and Sébastien Savard (University of Ottawa Press, 2020), 81

[361] Atallah, "A Community-Based Qualitative Study of Intergenerational Resilience," 375.

that social action helps communities build resilience through "the process of weaving traumatic experiences into a larger story of strength, processing a range of feelings grounded within collective legacies and greater goals."[362] While these two studies describe different contexts, they both confirm the connection between resistance and resilience, particularly in the ways that resistance work relies on a collective experience and provides meaning and agency in the face of ongoing violence. So too with queerness.

When I spoke with Reese, he mentioned his involvement in multiple queer political groups that mobilize around issues of religion, gender, sexuality, and race in the local church and government. I asked Reese, "Would you say that movement work is a resource for you?" Reese responded, "I think only in as far as I am participating in authentic relationships within that work. If I feel like the people I am working with are more concerned with the work than they are with each other, my answer to that question is a no." Reese's insight is vital. He points out that queer resistance work cultivates resilience only as it centers meaningful relationships, which is another function of queerness, which frequently becomes embodied in *practices of unification*.[363]

Queer has long served as a unifying (performative) term to constitute a diverse community of folks "who live against the grain of heterosexual norms and biological gender conformity" (including lesbian, gay, bisexual, transgender, gender non-conforming, two-spirit, genderqueer, asexual, intersex, and many more people).[364] To think about queerness as a practice of unification is *not* to return to identity politics; rather, it is to understand identity as

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[362] Ibid., 376.

[363] Describing this idea, Cody Sanders writes, "Queer is a word of unification of those targeted by prejudice and injustice," which inspires my own rethinking of queer as a *practice* of unification. Cody Sanders, *Queer Lessons for the Church on the Straight and Narrow: What All Christians Can learn from LGBTQ Lives* (Macon: Faithlab, 2013), xv.

[364] Ibid.

tenuous and contingent, and therefore modifiable. Judith Butler articulates this distinction when she writes about coalitional politics: "provisional unities might emerge in the context of concrete actions that have purposes other than the articulation of identity."[365] To gather under the umbrella of queerness is often about resisting the closure of identity in favor of mobilizing and communing based on shared experiences, projects, goals (i.e. provisional unities).

Queerness is about diverging from norms such that new bodies, relations, and social formations come within reach (as I discussed in length in chapter 3). Queerness then may refer to a kind of identity, which some of my participants insisted, but it is "an identity without an essence…defined wholly relationally, by its distance to and difference from the normative."[366] Therefore, we might describe the practice of queerness relationally as "a radical co-creating of communities founded in love."[367] This of course is risky. Pastoral theologian John Blevins argues that queerness is a kind of hospitality which "seeks to offer invitation and to remain open to unexpected visitations even as we recognize the potential for violence."[368] Queer takes the risk and crafts a community, which coheres around common experiences, non-normative desire and embodiment, as well as imagination and possibility.

Nay described this as a kind of power, saying, "The execution of queerness was a source of power for LGBT people. It was pulling us all together." Queer executes, or acts, upon us to connect our experiences with a shared history. In other words, "The experience of marginalization acts as a common, and at times painful, community bond. The reaction to

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[365] Butler, *Gender Trouble*, 21.

[366] David M. Halperin, *Saint Foucault: Towards a Gay Hagiography* (Oxford University Press, 1995), 61.

[367] Jacoby Ballard and Karishma Kripalani, "Queering Yoga: An Ethic of Social Justice," in *Yoga, the Body, and Embodied Social Change: An Intersectional Feminist Analysis* (Lanham: Lexington Books, 2016), 297.

[368] John Blevins, "Hospitality Is a Queer Thing," in *The Journal of Pastoral Theology* 19.2 (2009), 116.

prejudice, oppression, and marginalization is part of how community members constitute and understand their identity."[369] Queerness is paradoxical in this way, for it simultaneously resists all notions of 'fixed' and 'natural' at the same time that it produces new connections and coalitions. As Patrick Cheng describes it, queerness contains "a bridging function of bringing together disparate identities and ideas...rather than picking sides or reinforcing false binaries."[370]

As a unifying and bridging practice, *queer is also a practice of remembrance*. In my interviews, AJ described his experience as an elder in the community, and he remembered a time when the word "queer" was weaponized against him as a slur. "Pride did not just happen magically," AJ said. It required a reclamation of a term meant to deform and harm. Cody Sanders describes this well, writing, "When *we* use the term—that is, when spoken by those of us who identify as somehow queer in our sexuality or gender identity—we are claiming a term once (and often still) used to enact violence against us, and reappropriating it as a term of unity and defiant pride."[371] Reclaiming the word "queer" is therefore a practice of both grief and pride, one that says, like Clifton's poem, "come celebrate with me that everyday something has tried to kill me."

Oliver laughed when he told me, "We queer people have an indispensable voice in that we see joy and celebration and partying not as optional." But Oliver also told me that queerness centers those who are most at risk of violence. As we reclaim queerness as a source of joy and pride, we also mourn and celebrate the lives of everyone who died under its weaponization. I am reminded of a common practice at Park Ave, where members like Magpie, AJ, Harry, and Reese

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[369] Lee, et al, "Organizing within Communities," 70

[370] Patrick S. Cheng, *Rainbow Theology: Bridging Race, Sex, and Spirit* (New York: Seabury Books, 2013), 91.

[371] Sanders, *Queer Lessons*, xiv.

contribute to an ongoing art installation of remembrance in front of the church. Every time a Black, queer or trans person is murdered in the surrounding community, someone in the church (often a pastor or deacon) paints a mural, draws their face, writes their name, and displays the artwork on the street outside the church. Community members who pass by tie ribbons and lay flowers beside the art installation as a kind of ritualized material testimony. To walk into the church is to see the painted faces of queer and trans ancestors, painted like icons and adorning the building like modern-day saints. To walk into the church is to mourn queer lives devasted and murdered, and it is also to celebrate them as the spiritual ancestors of the community.

Figure 4: These photos were taken in the summer and fall of 2021 at Park Ave Baptist Church. At the time of this art installation, Park Ave posted on their Instagram account, "We remember our trans siblings that have died at the hands of an oppressive system that dehumanizes. Also, we celebrate the resilience of trans folx who fight to maintain open hearts while being themselves. You are seen and loved."

Park Ave posted various pictures of the installation, including the image to the left, with the caption: "Have you been to the participatory memorial outside of Park Ave? There is a new addition to the Site of Memory at the church. New 'All Black Lives Matter' sign, along with renderings of Nina Pop, Dominque Fells, Tony McDade and Riah Milton by Pastor Darci (@art_in_the_image). The phrase 'All Black Lives Matters' is a call for justice erupted from the Los Angeles LGBTQ BLM protests and it speaks to the under-reporting, mis-gendering & rampant dead-naming of trans Black folx that are killed in state-sanctioned violence."

Michelle Walsh, a scholar of lived and material religion, declares that "artistic and embodied ritualized expressions of traumatic grief," like the art installation above, are a common practice by survivors to cultivate care and connection.[372] Walsh affirms, "Pastoral and clinical care with victims of trauma requires attention to the somatic rupturing of self and body, and counter-practices of meaning-making may include reconnection to material objects, physical spaces, and one's surroundings."[373] For Park Ave (and for Lost-n-Found Youth, located in the same building), the shared space commonly used for gathering, worship, and community services is also the site of material and artistic remembrance, which draws on all the senses— e.g., sight, touch, and smell—in order to connect us to our bodies, communities, and shared histories. It also invites our own practices of remembering queer lives and connecting those lives to our own. Ultimately, as a practice of remembrance that contains both mourning and celebration, queerness points to the "something more" that remains in and after incredible violence.

Queer is a practice of wonder and imagination. So many of the people I worked with embodied queerness in this way. Sage told me as queer people "we know what it is to see things from the outside because we are just, by default, different than the world around us." For Sage, queerness helps us "imagine that another way is possible." Similarly, Magpie told me, "So if queerness is an identity, and it is obviously, it is an identity that is rooted in questioning and seeing different perspectives and being on the outside."[374] Being and seeing "from the outside"

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[372] Michelle Walsh, *Violent Trauma, Culture, and Power: An Interdisciplinary Exploration in Lived Religion*, ebook (Palgrave Studies in Lived Religion and Societal Challenges, 2017), 100.

[373] Ibid., 103.

[374] Again, my understanding of queerness as an identity is rooted in queerness as a practice. Staci Haines helpfully clarifies this link: "Once something is embodied, it is familiar and feels 'normal.' It can also seem permanent or 'just

does not mean queer folks are outside, or immune, to systems and acts of violent perpetration. It only means that one's positionality, embodiment, expression, etc. is outside the *center*, which allows for different perspectives, questions, and ideas to emerge.

As Reese said, "Freedom is really about queer openness, honesty, authenticity, like really looking at and understanding yourself in the context of community and being able to really name and acknowledge the different roles we play and perform." Reese continued to define queerness as "the infinite possibilities of how somebody can think about themselves and understand how they move through the world." Echoing Reese's words with their own experience, Harry said, "To me queerness and transness are these kinds of ever-expanding possibilities and ways of being in terms of how people love themselves and how they love other people." Queerness then becomes embodied as a practice of curiosity and wonder about the possibilities we have yet to live into. Queerness takes nothing as given or settled, and approaches everything as open, undecided, and changeable.

Queerness then invites a practice of play. Queer people play with their identity labels, relationship structures, bodily comportment, political values, and much more. Such "an ability to improvise" has been shown to be a key "building block of resilience."[375] While I certainly do not want to reduce queerness to a practice of *style* (e.g. the cisgender man who paints his nails, wears a dress, and puts on a red lip), I also do not want to trivialize the ways that certain dispositions of an emerging queer orientation become internalized and embodied in "the seemingly most insignificant details of *dress, bearing, physical* and *verbal manners*," or what Pierre Bourdieu

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the way we are.' What we embody deeply connects to our identity and how we see ourselves." Haines, *The Politics of Trauma*, 20.

[375] Denis, "Prayers and Rituals to the Ancestors," 47.

refers to as a culture's "practical mnemonics."[376] Playing with one's gender, sexuality, relationships, identifications, behaviors, emotions, and more are ways of giving *body* to queerness.

It must be reiterated: queer play is not embodying a truer or more authentic expression of the self, unless the most true thing about us is that nothing is fixed and everything is up for grabs. Again, there is no core self; rather, a heterosexual matrix of norms and discourses produces that fantasy of internal essence and employs it as a regulatory fiction in order to generate (and regulate) gendered and sexual subjects. As Judith Butler has so profoundly argued, gender and identity are discursively and performatively enacted through a repetition of socialized mental, social, and corporeal "expressions that are said to be its results."[377] In other words, "the 'doer' is invariably constructed in and through the deed."[378] Or, to put it somatically, "Through embodied practice, we can deeply cultivate ourselves."[379] Therefore, we might say a person becomes queer not merely by failing to embody a gender and sexual ideal, but also in parodying and playing with the (failed) embodiment of those ideals. Indeed, queer play makes productive use of failure in general, as scholars like Judith Halberstam have demonstrated (more on this in chapter 6).[380] Queerness as a practice of wonder and play knows that everything, especially *ourselves*, can be *otherwise*. As a practice of wonder and play, queerness is not the expression of identity but its creative resignification, without knowing in advance who or what we might become.

In other chapters, I described how queerness is often equated with trauma, never

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[376] Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 1977), 94.

[377] Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990): 34.

[378] Ibid., 195.

[379] Haines, *The Politics of Trauma*, 21.

[380] Judith Halberstam, *The Queer Art of Failure* (Durham: Duke University Press, 2011).

resilience, which misunderstands that resilience is not the absence of trauma but the creative working in and on trauma to connect us and provide our lives with meaning. Queerness is a practice of resilience in precisely this way. Our agency may indeed be compromised by our context, norms, and sociopolitical processes of signification and performativity (which we experience as violent and constrictive). However, queerness is the em-*body*-ing of "the ever expanding possibilities and ways of being free in terms of how people love themselves and love other people" (to cite Harry), possibilities that emerge from within our contexts and not outside of them, i.e., from the midst of traumatic violence. As a practice of resilience, queerness helps us face reality, mourn, celebrate, create meaning, and envision a future. It re-habituates our perceptions, values, emotions, and behaviors around shared struggles and collective projects. It invites processes of unification as well as discomfort, resistance as well as play. Queer is our spiritual practice of resiliency.

Queerness As a *Spiritual* Practice of Resilience

To learn from the lived experience of queer people means engaging a multiplicity of practices that queer folks and communities use to rework trauma and build resilience. Chief among those practices is that of queerness itself. In sharp contrast to the logic of opposition between queerness and religion, and in stunning defiance of a history of mistreatment by religious communities, *queerness becomes embodied as a spiritual practice*, for "it incorporates—either directly or indirectly—the presence of a reality beyond the ordinary."[381] Stated differently, as a practice, queerness is not opposed to religious and spiritual experience, but rather becomes its conduit precisely in its seductive lure to the supposed impossible.

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[381] Ammerman, *Studying Lived Religion*, 20.

Those of us invested in studying and practicing queerness must think contextually and communally about how queerness positions bodies in relation to their contexts and other bodies, and what those bodies are doing—how they think, behave, and act at conscious and habitual levels, including in ways that do not map onto the binary of oppression and resistance. The queer folks I worked with demonstrated that queerness is embodied by marginalized communities as a practice of discomfort, resistance, unification, remembrance, wonder, and play—and queerness is more. It is not pure trauma. Its rupture is as generative and it is active—conjuring new modes of being and relating, invoking creative processes of embodiment and meaning-making, and inspiring realities beyond the present.

Chapter 6:

Conclusion: *Resilience*-ing Queers and *Queering* Resilience

The ruler will say to those on the right,
'Come, you blessed of my Abba God! Inherit the kindom prepared for you from the
creation of the world! For I was hungry and you fed me; I was thirsty and you gave me
drink. I was a stranger and you welcomed me; naked and you clothed me. I was ill and
you comforted me; in prison and you came to visit me.

—Matthew 25:34-36[382]

Having loved enough and lost enough,
I am no longer searching,
just opening.

—Mark Nepo[383]

Natasha is a tall, dark-skinned, and mischievous trans woman—always getting into

trouble, then charming her way out with her winsome humor. Because she has a penis, the State

sentenced her to serve time at a rural "Men's" prison. Her family had long since abandoned her

after coming out as trans, and there was almost no support for her in the prison. The staff

deadnamed her, refused to recognize her pronouns, made jokes about her penis, and nodded their

heads in smug agreement with the Southern Baptist chaplain who ridiculed Natasha as an *it*

"living in sin." After several anguished years of writing unanswered letters to family and fighting

for hormone therapy and the dignity of recognition, she conceded she could no longer do any of

this alone.

Something told her to go to chapel that week. The guest preacher told stories about a kind

savior who spoke words of hope and cared gently for everyone who crossed his path. *Maybe my*

life can be different, she thought, and a hopeful expectancy bubbled up in her as she walked the

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[382] *The Inclusive Bible: The First Egalitarian Translation* (Lanham, MD: Rowman & Littlefield Publishers, Inc, 2007).

[383] Mark Nepo, "Yes, We Can Talk."

aisle and gave her life to Christ. In her enthusiasm, Natasha wrote letter after letter to as many local churches as she could find in the yellow pages. She told her story and asked for someone to talk to that would see and cherish her. No one responded.

This is how the Sunday preacher told Natasha's story. I sat listening in the sanctuary at Park Ave Baptist Church, having just sung about the "simple Gospel." The preacher moved from Natasha to Mark: "I was thirsty and you gave me drink. I was a stranger and you welcomed me; naked and you clothed me. I was ill and you comforted me; in prison and you came to visit me." The preacher continued, "Natasha's association with the church is one of misrecognition and harm. Today, we as a church want to change that story. In your pews, we've placed paper and pens. As the worship band begins to play, we invite you to write Natasha a letter, a blessing, a prayer, a poem, or draw her a picture if you want. Let's shower her with the love letters she deserves."

I reach for a blue pen and a piece of pastel pink paper, and I begin to write: *Natasha, you are God's masterpiece…* As I and the congregation write, the worship team plays the refrain from "Simple Gospel": "Lord, I've been told to be ashamed. Lord, I've been told I don't measure up. Lord, I've been told I'm not good enough. But you're here with me. I reach out and you find me in the dust. You say no amount of untruths can separate us. So I will rejoice in the simple Gospel. I will rejoice in you, Lord."

Queerness as a Damaged Gift

Park Ave's letters to Natasha is an example of resiliency-focused queer care, which asks something of the community and the body, mobilizes around common struggles, and reconceives difference as a gift to be cherished. As I have argued throughout this dissertation, our view of the

subject impacts our interventions (and vice versa). Foundational to resiliency-focused queer care is recognizing and augmenting the ways that queer folks already constitute a beautiful and resilient community, who, rather than succumbing to violence, creatively work with what little they have to create networks of mutual aid and care.

Using a resiliency-focused approach to research with LGBTQ+ folks, I have written about queerness in a variety of ways. In chapter 2, I suggest that queerness resembles trauma in their shared rupture of symbolic and narrative cohesion and their refusal of the logics of intelligibility. In chapter 3, I argue alongside Sara Ahmed that queerness is an orientation away from some bodies, objects, spaces, and norms (e.g., the cisheterosexual family line), such that new objects and relations come within reach. In these ways, queerness can be considered as a kind of trauma *and* resilience.

Queer trauma refers to the impossibility of telling a progressive, coherent narrative of the self. It also refers to the ways that queerness *dis*orients us, prompting a divergence from the conventional lines of family and faith community (as well as other social configurations) and the consequential cut-off from the resources and protections of those affiliations. These losses are irrecoverable, and that is the despair of queerness. Yet, *queer resilience* refers to the ways that we are not overcome by these losses. While deeply disorienting, queerness also reorients us bodily, spatially, relationally (even expectantly and playfully) such that new formations of desire, embodiment, kinship, and community may materialize. As an orientation, queerness always operates in, on, and through the body, and in chapter 5, I explored another conceptualization of queerness as an embodied *spiritual* practice of resilience, pointing us to "a reality beyond the ordinary."[384] As a practice of resilience, queerness makes use of celebration,

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[384] Nancy Tatom Ammerman, *Studying Lived Religion: Contexts and Practices* (New York: NY University Press, 2021), 20.

mourning, discomfort, resistance, unification, wonder, play, and more in order to re-habituate the body and transform the body politic.

Yet, I also issued a warning in chapter 4 that must be reiterated here: queerness will not save us, just as no spiritual practice will save us. Lauren Winner powerfully reveals how every practice contains the potential to transform or deform us—as queer folks know all too well. Winner writes, "Identification, rather than obfuscation, of the damage characteristic of … practices helps us describe the practices more truthfully, and helps us be on the alert for deformations."[385] We must vigilantly watch for the ways that empire and its investment in the individual [white, straight, male, Christian] ego will corrupt our best-intentioned practices, even that of queerness. But the danger is also deeper, more *proper* to queerness itself. Queerness (as an orientation and practice, or even as a practice that orientates us) contains "characteristic damage."[386] We cannot idealize queer practices any more than queer people. In fact, the characteristic damage of queerness is contained in this slippage between *practice* and *identity;* the shoring up of identity around a singular oppression is a reversion to what Patrick Cheng calls the sin of singularity.[387]

Clarifying how practices work on the body, Staci Haines writes, "Three hundred times creates muscle memory and three thousand times creates embodiment."[388] As queerness becomes *embodied* (habituated through immense repetition) in the lives of people-in-community, those people do often become societal figures of disdain, indexing a threat to the conventional family,

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[385] Lauren Winner, *The Dangers of Christian Practice: On Wayward Gifts, Characteristic Damage, and Sin* (New Haven: Yale University Press, 2018), 17.

[386] Ibid.

[387] Patrick S. Cheng, *Rainbow Theology: Bridging Race, Sex, and Spirit* (New York: Seabury Books, 2013), xviii.

[388] Staci K. Haines, *The Politics of Trauma: Somatics, Healing, and Social Justice* (Berkeley: North Atlantic Books, 2019), 31

faith community, and society. This, as I have argued, is part of the conflation of queerness and trauma. As such, queerness always runs the risk of overidentifying with this disdain, positioning itself as the singular exemplar of victimhood par excellence—which denies the complexity of queer life and obscures the complicity of queer folks, as I argued in chapter 4. One of the participants I worked with stated that queerness "is rooted in questioning and seeing different perspectives and being on the outside. Queerness maybe could be related to holiness in that way, as otherness." While beautiful, this statement reveals the danger of queerness in its false promise to extract us from the violences in which we are entangled. It cannot. Queerness cannot get us "outside" a thing, and it is precisely this view that makes queerness so dangerous.

"Queer" is connected to the German *quer*, meaning "oblique" or "odd." Not *outside* but *oblique*, queerness is about orientating differently, or *obliquely*, to established lines of perception, behavior, relation, and practice, which does include, as that same participant said, "seeing different perspectives." The gamble of queerness is that such disorientations and oblique reorientations might open up a greater range of options in how we move, live, and have our being. But queerness promises no progress, not even healing or recovery. Its work is the unveiling of assumptions we have naturalized, the generative reworking of our inevitable failures, and the unleashing of "previously untapped, even trapped or ignored, materials and energies."[389]

To counter a common misconception, queerness does not promise "it gets better."[390] But neither does it resign in the despondence of "no future."[391] Queerness is more *wild* than that. We

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[389] Bobbi Patterson, *Building Resilience through Contemplative Practice: A Field Manual for Helping Professionals and Volunteers* (New York: Routledge, 2020), 1

[390] C.f., *It Gets Better Project*, 2022, https://itgetsbetter.org.

[391] C.f., Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham: Duke University Press, 2004).

practice and embody queerness in messy community in the preposterous hope that we might survive, stabilize, connect, and rework our traumas—even if and when life gets worse. What if it all is a colossal failure and we end up worse than where we began? Queerness plays amidst the fragments to imagine a different way. Such is the temporality and function of queer resilience, which values twists and turns over progressive momentum. In its reorientation to failure, queer practices thus "generate from within themselves an awareness of the damages for which they have a propensity; and [we] may (we can, again, rightly hope) learn to notice and fitly respond to the damage."[392]

Of course, we will fail to fully learn, grow, care, and transform, just as we will fail to do no harm. We practice queerness to un-suture, that is, to embrace discomfort, tarry in crisis, make new meanings, and forge new connections (as I explored in chapter 4). Queerness invites un-suturing because it knows that "a crisis represents an appetite for growth that hasn't found another way of expressing itself."[393] As queerness becomes embodied in our communities, we reorient around collective capacities and communal resources, while ever watching for our own propensity to harm and deform. This necessarily entails a reorientation to the politics of comfort/discomfort and other bodily dispositions. We practice queerness to build resilient communities so that we may be empowered to confront and transform both ourselves and a traumatic world without guarantee of where we are going or who we are becoming. What we do know is that queerness helps us feel our way through our inevitable failures, showing them to be new paths and not dead ends.

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[392] Winner, *The Dangers of Christian Practice*, 17.

[393] Alaine de Botton, "The Importance of a Breakdown," *The School of Life*, https://www.youtube.com/watch?v=HC3uUGCJpqs.

Queerness's affinity for previously foreclosed possibilities and its reworking of our traumas are part of what reveal it to be a mode of resilience. Stated actively, to *resilience* queer communities is to tap into a creative disruption and reworking of present social and political formations. Resilience-ing queers is about treating our traumas and our failures (to embody ideals, to perform white straightness, to reproduce the family line, to do no harm, etc.) as *shocks* to the established order of things both *in us* and in the world. Given the oppressive socio material conditions of a white cis-heteronormative world, queerness's shock has the power to help us see things *as they are* rather than as inevitable. Such shocks to the self and the system, while frequently incurring violent opposition, are reframed in light of queer resilience as orientations toward other ways of being and connecting. As Bobbi Patterson states so clearly, "Without necessary periods of breakdown or collapse, life systems cannot reorganize and adapt to continually shifting contexts, resources, and needs… change enriches system capacities."[394]

May queerness's shock *dis*orient us, throw us into crisis, and then *re*orient us along new lines of perceiving, practicing, being, and relating—and when such pathways themselves become calcified, may queerness shock and throw us off course again. This is the resilience of queerness.

Resilience as a Provisional Norm

Like queerness, resilience too has its own characteristic damage. In developing the profile of queer resilience throughout this dissertation, I have bordered on conceptualizations of resilience that "are too rosy" and "pristinated."[395] While most participants resonated with the category of resilience, some pushed back. AJ voiced mostly positive views of resilience but did

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[394] Patterson, *Building Resilience through Contemplative Practice*, xx.

[395] Winner, *The Dangers of Christian Practice*, 167.

acknowledge that because "it has so many interpretations… it does not always land with the people I am trying to talk with."

The most explicit push-back to the category of resilience came from Magpie. They told me, "I was on this retreat with these pastors that I was getting to know. As we were sharing our stories, at the end of it someone said to me, 'You are so resilient,' and I did not take it in a positive way. In the moment of being vulnerable, right afterward to hear that? I was like, 'Oh, you think I am a hot mess?'" I asked Magpie felt off about this interaction. They answered, "I think maybe the church context honestly… right after and sort of in the middle of my journey through homelessness, in church community people would say stuff like, 'You have come so far.' Normally, I did not take it as a compliment."

Magpie's words about the limits of resilience resonate with pastoral theologian Stephanie Crumpton's insight concerning Black women's experience. Crumpton describes how "words like 'strong' are used to laud Black women's resilience, without acknowledging the dehumanizing way in which this descriptor portrays them as invincible in the face of death-dealing circumstances."[396] At the same time, Crumpton also lifts up resilience as one of the many "spiritual and ethical principles" for Black women, which encourages them "to expect unpredictable circumstances and to develop the ability to rebound in the face of crisis."[397]

As Lauren Winner reminds us, "You cannot separate the consequences from the deformed thing itself."[398] When resilience (as a principle for care or view of the subject) fails, it does so specifically, not stochastically, in at least four ways. First, resilience fails when it

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[396] Stephanie M. Crumpton, *A Womanist Pastoral Theology against Intimate and Cultural Violence* (New York, NY: Palgrave Macmillan, 2014), 15-16.

[397] Ibid., 140.

[398] Winner, *The Dangers of Christian Practice*, 16.

becomes *individualized*. Such use of resilience often appears in "exhortations to get over it, to move on," which diminishes our pain and suffering; it also deepens the false belief that we are separate from our neighbor by "idealizing self-sufficiency."[399] Second, resilience fails when it is isolated as an *achievement* or *outcome*. This use affirms a linear and progressive trajectory for resilience ("bouncing back" or "bouncing forward"), thereby ignoring its presence in processes that are multivalent, non-linear, erratic, and even regressive.

Third, resilience fails when it becomes reduced to a *trait* or *set of traits or characteristics*. Such an assumption implies that some people/communities are resilient and others (namely those who did not survive, or who developed PTSD) are not, which is how resilience is commonly weaponized against already precarious populations to reiterate their "weakness," "perversity," or "lack." Finally, resilience fails when it places "the responsibility for hunger, torture, rape, homelessness, and their effects on the hapless sufferer," instead of on the dehumanizing contexts, structures, discourses, and systems in which we are embedded.[400] The sin of this failure, of course, is the naturalization of oppression, which relieves society of the burden of confronting its own violence and frees it to pathologize its problems (traumas) in the supposed individual.

There are many ways to watch for the damage proper to resilience. Perhaps one way we might save resilience (or at least use it responsibly) is to constantly *queer* it—*twist* it, *trouble* it, *dis*orient it, and turn it *oblique*. To counter the individualism of resilience, let us return to Reese's words in chapter 1: "I do not actually think anybody is being truly resilient by themselves. Resiliency is not resiliency without community." This is precisely why it is

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[399] Donna Orange, "Traumatized by Transcendence: My Other's Keeper," *Trauma and Transcendence: Suffering and the Limits of Theory*, eds. Eric Boynton and Peter Capretto (New York: Fordham University Press, 2018), 72.

[400] Ibid., 72.

necessary to call out queerness's relational dispositions in addition to its penchant for antinormativity (which I argued in chapter 3). Attending to the lived experience of queerness reveals the variety of ways that queerness does indeed direct certain lives *towards* each other in experimental community. To *queer* resilience is to reaffirm our constitutive relationality and indebtedness to each other. We are each other's keepers, after all.

Another necessary way to *queer* resilience is to remember that nothing is static or fixed, and everything is in *process*. "Resilience is active," AJ told me. "It's a verb." AJ's insight helped me explore resilience in chapter 5 not as an outcome or trait, but as an embodied, ongoing process performed by the body-in-community through a variety of practices. The language of *process*, however, must not imply *progress*. I have already belabored queerness's antipathy for smooth lines, linear trajectories, and claims of progress; now the same must be said of resilience. To be direct, the language of progress has amounted to the violation and domination of two thirds of the world's population.[401] Claims to Western political progress have consequentially designated all other cultures as pre- or even non-, which has justified the "civilizing mission" of colonialism, racism, and current neocolonial economics and politics. This narrative expects the assimilation of all other cultures to the Euro-American model, reproducing the centrality of Western Enlightenment values and reifying its cultural and racial hierarchies.

As moral psychologist Carol Gilligan has described in her work with women, a lie about progress colludes with a lie about separatism.[402] Western civilization boasts the value of autonomy, concealing the gendered and colonial context of interaction in which its claims to

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[401] Amy Allen, *The End of Progress: Decolonizing the Normative Foundations of Critical Theory* (New York, NY: Columbia University Press, 2016).

[402] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1982/2016).

development emerged. This is true both materially and ideologically. Imperial claims of the

West's technological-scientific progress directly resulted from colonial robbery and extraction of

the non-West's material resources, and ideologically, Europe was only able to name itself as

such (and as white) in opposition to an excluded and dominated Other. Psychologist and social

theorist Franz Fanon captured this by arguing that the creation of Europe was simultaneously the

creation of the third world, implying again an inherent (though harmful) relationality and not

separatism.[403] The narrative of progress is therefore the "history of victors," as Walter Benjamin

puts it.[404] According to Benjamin, the linear temporality of progress (what he calls the

"homogenous, empty time" of Fascism) sympathizes with the victors (*abusers*) to write history

in terms of simple causality and inevitable progression—a history that reifies current social

relations and hierarchies.[405]

The critique of progress is especially potent in queer studies, where progress is exposed

to be inextricably tied to heterosexual biological reproduction (which is also the reproduction of

Western political systems and the nuclear family). For example, Jose Esteban Muñoz argues that

linear temporality is "straight time," meaning it equates futurity with white, heterosexual bio-

reproductivity. Muñoz writes, "Straight time tells us that there is no future but the here and now

of our everyday life. The only futurity promised is that of reproductive majoritarian

heterosexuality, the spectacle of the state refurbishing its ranks through overt and subsidized acts

of reproduction."[406] For his part, Darieck Scott argues that straight time amounts to "internalized

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[403] Franz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1952/2008)

[404] Walter Benjamin, "On the Concept of History," *Illuminations: Essays and Reflections* (New York: Schocken, 2007).

[405] Ibid.

[406] Jose Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (New York: New York University Press, 2009), 22.

self-defeat" by, once again, naturalizing oppression as part of an inevitable temporal progression spearheaded by the West.[407] This leads Scott to explore how a "freedom" internal to trauma is the "*liberating* escape from linear time."[408]

Queer resilience is exactly about escapes such as this. "Escape," however, does not occur by doubling down on our traumas, but *by recognizing the fragments of our resilience (strength, capacity, connection, resources, hope) that persist in the midst of traumatization*. To *queer* resilience is to let the process be what it will be, without constricting it in a unidirectional route of progress or even valuing progress as a legitimate criterion for evaluation. Indeed, adaptive resilience theory, a.k.a. "ART views collapse as possible, released creative potential, the stuff of resilience."[409] In other words, resilience theory already contains within itself a resistance to the narrative of progress and an alternative way to account for our failures, setbacks, regressions, and, yes, our traumas.

It is this function of resilience that I find particularly *queer* and useful for countering the myth of progress. The characteristic damage of other common norms, like *recovery* (most frequently invoked in trauma theory) and *healing* (more frequently invoked in trauma theology), is overwhelmingly about their investments in progress. Resilience, like queerness, is about the cyclical and relational processes of positing and failing, learning and unlearning, growing and collapsing. *Queer resilience* is about leaning deeper into our bodies and communities, without guarantee of progress, healing, recovery, or even salvation. Jack Halberstam sums this up powerfully: "We will wander, improvise, fall short, and move in circles. We will lose our way,

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[407] Darieck Scott, *Extravagant Abjection: Blackness, Power, and Sexuality in the African American Literary Imagination* (New York: New York University Press, 2010), 11.

[408] Ibid., 11.

[409] Patterson, *Building Resilience through Contemplative Practice*, 1.

our cars, our agenda, and possibly our minds, but in losing we will find another way of making

meaning in which…no one gets left behind."[410]

It is worth noting that what I have called the *failed uses* of resilience are not *misuses*;

again, the damage is proper to the concept. "The norms that we adhere to have their roots soaked

thoroughly in blood," writes Amy Allen.[411] It is also worth noting that all the failures of

resilience are failures of individualism and progress, which damage many a concept in our

Western context. The implication of these failures is a demonic view of care whose only concern

is helping sufferers adjust to an unjust world order. In this way, the characteristic damage of

resilience is *racialized*, *gendered*, *and sexualized*, and resilience becomes another of the master's

tools for maintaining a traumatic world order rather than destroying it. When I write, "resilience

fails," what I really mean is "resilience *harms*," and that propensity to harm is why ultimately,

we must hold resilience as a contextual and provisional norm—the best of current options *now*

and *here*, but not without damage.

We also must keep resilience *queer*, because a danger of resilience is to stop at the level

of the "individual," rather than changing the structures and systems that endanger queer life in

the first place. Queer resilience, if it is to do and mean anything, must be about working for

subjective as well as sociocultural, political, and systemic collapse and reorganization. Even so,

the more that *queer resilience* traffics as a norm, subjectivity, method, theology, and set of

practices, the more we will better understand its gifts and its damages. Perhaps out of the

wreckage of our failure to fully care for ourselves, each other, and our world, we will glimpse a

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[410] Judith [Jack] Halberstam, *The Queer Art of Failure* (Durham: Duke University Press, 2011), 25.

[411] Allen, *The End of Progress*, 207.

new meaning for queer resilience or a new category entirely for guiding our care and grounding our community.

Natasha's Letters

After the Sunday service, one of the pastors at Park Ave invites me to join them in looking through the congregants' letters to Natasha to vet for any inappropriate content before we mail them to her as a package. I skim letter after letter, and I'm surprised by the range of theologies informing their words.

One letter tells Natasha that the devil is on her back, and that the devil calls her sinful for being trans, but it is a lie—her transness is a gift and blessing from God. Another letter tells Natasha that they are praying for her freedom and release, for she is locked in battle with a sinful system, but God is on her side. The next letter talks about the goodness of creation and affirms that as a trans woman she is perfect in the eyes of God. The next letter affirms that Jesus died on the cross specifically for her and claims the protections of the Holy Spirit. The next says they don't even believe in God anymore, but they hope she finds meaningful community that loves and supports her. A multiplicity of theologies saturates the letters—ranging from what we crudely call conservative to progressive. And all of them are united in their celebration of Natasha for being exactly who she is.

This entire project (like the letters to Natasha) is about acknowledging the stakes of queer trauma and working collectively to practice and expand queer resilience. It is not about mining for the perfect theology to celebrate the gifts of queerness. A theology, like a sexuality, is an orientation that puts some objects, bodies, relations, and possibilities within reach, while excluding others. There is no theology that solves the problems of identity, gender, race,

sexuality. What the letters to Natasha invite is the proliferation of a diversity of theological perspectives that all celebrate LGBTQ+ life. This is the unique opportunity for queer and theological studies, to mobilize a multicity of resiliency-focused queer theologies, expanding our options rather than narrowing them.

Ultimately, to posit *queer resilience* in pastoral, trauma, and queer studies is to do four things: (1) to *queer* the concepts and criteria of resilience (and trauma); (2) to rethink *queerness* as a mode of resilience; (3) to engage relational and structural processes of *resilience*-ing queer communities; and (4) to follow divergent lines towards unexpected perceptions, affects, embodiments, relations, and possibilities. My hope is that more communities will pick up these tasks.

I wish to God that I could tell you Natasha's story ends well. Of that, I am uncertain. Shortly after we mailed her the letters, Natasha was transferred to a different prison, and we lost her contact information. The truth is tomorrow is not promised. Queer people deserve to be loved and loved well *today*. May we too hold queer people as fearfully and wonderfully made by celebrating their lives, mourning their losses, expanding their networks and resources of care, and blessing all the goodness they embody simply because *they are*. *We are*. And Spirit calls us *good*.

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