Strickland, Darby A. *When It's Trauma: A Biblical Guide to Understanding Trauma and Walking Faithfully with Sufferers.* Phillipsburg, NJ: P&R, 2025. 262pp. + 46pp. (back matter).

Having counseled trauma cases—everything from abuse to combat PTSD—for over twenty-five years, I have experienced the absence of biblical writing on trauma. The recent interest in study and writing has been both refreshing and alarming—refreshing because of helpful contributions; alarming because, like most studies in soul care, the temptation to import secular worldviews into the discussion seems irresistible.[1] Strickland's book, another in the line of several on abuse and trauma she has authored, seeks to provide a biblical approach to counseling trauma sufferers.

Although Strickland doesn't state her thesis succinctly, her emphases in the introduction establish what she endeavors to prove: (1) Trauma is a soul-level issue that mirrors exile; (2) Christ meets sufferers in the ruins of their life; and (3) caregivers must be present with sufferers to gain their trust. Strickland structures her book in three sections: "Foundations of Care," "Wounds of Trauma," and "Hope of Restoration."

After her introduction, Strickland provides a primer on the "Terrain of Trauma" in which she sets the parameters of what trauma is and isn't. Here, she provides a description of what it means to be traumatized (16) and identifies characteristics of trauma by the wounds it inflicts and the disorientation it causes (19–20). The biblical theology she establishes in this section is helpful and sets the tone for the rest of the book in her use of the Scriptures. Here she provides examples from Psalms 22 and 88, Tamar, Elijah, Job, and the exile of Israel.

Foundations of Care

In the first chapter, Strickland uses two case studies, Abby and Charlotte, to demonstrate the need for both seeing the hurt and for drawing near to sufferers. She draws her theology for this chapter from God's abiding presence with Israel (31) and several examples of Jesus' presence with the disciples and others (32–35). She ends this chapter with several encouragements to churches to evaluate their approach to those in the pews who are suffering. At the end of each chapter, she provides a reflection section using the same format for each: (1) "Seeing the Sufferer," (2) "Entering Their World," and (3) "Engaging My Own Story."

For chapter 2, Strickland focuses on providing time for the sufferer by listening and lamenting. Especially strong is a section entitled "The Gospel for Those Who Suffer" in which she offers biblical principles concerning suffering such as (1) suffering is never wasted, and (2) our presence prepares

[1] One such example is the broad acceptance among believers of *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma,* by Bessel A. van der Kolk (New York: Penguin, 2014). Even secular authors have questioned his emphasis. For more, see Michael S. Scheeringa, *The Body Does Not Keep the Score: How Popular Beliefs About Trauma Are Wrong* (N.p.: Michael Scheeringa, 2024); Julia Shaw, *The Memory Illusion: Remembering, Forgetting and the Science of False Memory* (Toronto: Penguin Random House Canada, 2017); and Susan A. Clancy, *The Trauma Myth: The Truth About the Sexual Abuse of Children—and Its Aftermath* (New York: Basic, 2009). For biblical treatments, see, Francine Tan, "A Critical Evaluation of Bessel van der Kolk's *The Body Keeps the Score," The Journal of Biblical Soul Care* 7, no. 1 (Fall 2023): 23–57, available at https://biblicalcounseling.com/resource-library/essays/a-critical-evaluation-of-bessel-van-der-kolks-the-body-keeps-the-score.

sufferers to hear gospel truths by "embodying" these truths as we speak them (45–47). She follows this section with good descriptions of how to offer our loving presence. Here she emphasizes listening, avoiding premature solutions, serving sufferers, enduring with them, and honoring God's pace (49–53). One additional section stresses the need to "Remember our Mission" (52).

"Laying the Foundation for Effective Care" is the focus in chapter 3. This chapter provides helpful essentials for understanding the sufferer's situation, including providing for safety issues (60–63). Additionally, this chapter alerts the counselor to potential physiological and spiritual issues (63–66), including self-injury and suicidal ideation (65). Strickland's emphasis in this chapter is on laying the proper foundation through building trust, knowing the person well, being aware of interventions such as EMDR (69), and remaining humble and hopeful (67–72) before arriving at right answers (73). These foundational principles are working off the theology she previously addressed from the failures of Job's friends in chapter 1.

Wounds of Trauma

Part 2 of Strickland's book describes the wounds of trauma, beginning in chapter 4, the longest chapter, with a focus on the suffering of the body. Her stated purpose here is as follows: "Yet a large part of trauma is expressed physically. As we tend to its victims, we need to understand how God made us and how our bodies and souls interplay with each other" (78). This interaction is evident in this chapter when she addresses spiritual issues such as shame or anxiety as a person manifests them through his body. She covers a range of physical issues such as fatigue, tension, sleep problems, dissociation, digestive problems, and others (78–81). In the middle section she interacts with Scripture and cautions against over emphasizing either the spiritual or physical (83). For her final section, she provides a lengthy discussion on how trauma affects the body and brain (85–88), with the rest of the chapter devoted to how to care using Psalms 42–43 as the foundation (90–105).

In the remaining chapters of part 2, Strickland provides helpful expositions on the most common problems from trauma: shame (ch. 5), faith questions (ch. 6, one of the strongest chapters in my opinion), relational hypervigilance (ch. 7), reexperienced trauma (ch. 8), and avoidance (ch. 9). In each of these chapters, Strickland defines and explains the nature of the problems and then provides a "how to" section on helping sufferers. In many of these chapters she includes both helpful questions and principles that guide the counselor in helping the sufferer (115, 120–22, 144–45, 169, 189–92, 217–18, and 220). It is here that the biblical counselor will see the most prolific opportunities for repentance and growth in the suffering saint (223).

Hope of Restoration

The final two chapters comprise counsel for sufferers. In chapter 10, Strickland focuses on the broad theme of restoration by using the Book of Ezra for her theological foundations, returning to the concept of trauma as exile. Here her emphasis on worship is important (229–32), since the imperatives of Scripture flow from the nature and redemptive work of God in our lives through Christ. We are most receptive to changes God makes in us when we admire him most. Strickland offers practical

insights here, including gentle reminders that restoration takes time and patience and that God is the one who restores (237–38).

After establishing this foundation, in chapter 11 Strickland focuses on the role of the church community via two avenues—pastors and truth blended with compassion (246–48). Here she draws on the theology of Nehemiah 3 and several NT passages such as Ephesians 4 and 1 Peter 2. She also challenges the church to be a community that both welcomes and aids in healing trauma sufferers. She explicates principles and questions here that contribute well to a church seeking to grow in this area of care (244–50).

Strickland concludes with an invitation to the wounded Christ in Isaiah 53. Here she reminds the reader that "our wounded Savior shows us that healing is not about forgetting, pretending, or moving on [all false assumptions this reviewer has encountered in counseling trauma]. It is not about becoming people who have never suffered. Healing is about being transformed—about being brought back into fellowship with our triune God" (255). This transformation she joins tightly to our union with Christ (256).

In the back matter, Strickland includes seven appendices on identifying trauma (267), a case study (269), a plan for distress (275), secondary trauma (281), exploitation and weaponization in trauma (285), empathy vs. enmeshment (291), and referring to medical professionals (297).

Strengths

Strickland has provided both a helpful breakdown of trauma and biblical responses to the struggles overall. Her use of Job in capturing the spiritual and physical dynamics is quite helpful. Her organization moves logically and systematically through the various issues one encounters. I found the faith questions (ch. 6) to be most helpful since, in my experience, these are some of the largest challenges a trauma sufferer faces, i.e., questions about faith, God, and one's relationship to him. These strengths far outweigh the weaknesses, but the weaknesses require a call for both discernment and caution.

Weaknesses

While the gospel emphasis in Strickland's conclusion was engaging and strong, I puzzled over why it would be her conclusion rather than her introduction. These strong emphases provide the necessary foundational hope for the sufferer that I believe should move forward in the counseling process. There is no greater hope for the individual than the redemptive presence of Christ in the life of the believer through the Spirit. I certainly understand the need for patience and pacing. It seems, however, Strickland would postpone the offering of hope until the counselor gains the trust of the individual. This claim is apparent when she stresses Jesus' presence (a point I wholeheartedly promote) but seems to overlook the prophetic function of Jesus (34), since he was not only present in the storm but also challenged the disciples to greater trust (Mark 4:35–41).

In this section Strickland provides several examples of Jesus' presence: Lazarus' death, the Samaritan woman, the disciples in the storm, the healing of Bartimaeus, and the Upper Room

Discourse. But in each of these examples, Jesus also provided gentle correction and teaching, not just his presence. To be clear, I agree with Strickland's emphasis on Jesus' presence, including his intercessory work, as the source of great comfort in loss. The weakness I see is one of emphasis, since she acknowledges the need for instruction in later chapters. Strickland states, however, "Our role as helpers is not to *force premature hope* or spiritual growth on people but to talk patiently with them as they learn to trust again" (45, emphasis added). If I'm understanding her correctly, we are most comforting when we are present without teaching truth too soon. I agree that wisdom and tact are essential in this process, but I'm not sure how offering hope from the Scriptures can be premature. Isn't it the authority of the Word that provides the basis for the hope of his presence (Ps 130:5; Heb 13:5; 2 Pet 1:17–19)?

The second weakness is an overemphasis on the body. At the time of writing, this is the controversial issue of trauma counseling. Both secular clinicians and integrationists have placed a lot of eggs in the body basket. This emphasis has lured some biblical counselors the same direction. I appreciate Strickland's use of Psalm 42 as a theology of suffering, especially in connecting spiritual/emotional responses to what we see in the body. I agree with her assessment that there is a close connection between the body and spirit. But we should always remember that the body isn't in charge; it is the inner man that controls what our bodies are doing (Prov 4:23; Mark 7:14–23). Strickland writes, "When [sufferers'] minds and bodies are highjacked by past trauma, we want them to find refuge in the Lord so that they can come closer to experiencing the climactic, and most familiar words of Psalm 46: 'Be still, and know that I am God'" (v. 10). I understand what she means by this explanation, that is, sights, sounds, smells, etc., can trigger physical responses in sufferers. The problem, however, isn't the body but the beliefs the individual maintains that associate such elements with trauma even when trauma is no longer occurring. My goal in counseling the trauma sufferer is to disconnect their responses from the trauma through truth by targeting the person's beliefs. I suspect Strickland also shares that goal, but I believe her emphasis here places too much agency with trauma, resulting in some degree of physical determinism.

Related to this emphasis, Strickland spends several pages describing how trauma affects the various parts of the brain (86–88). Commendably, she admits that research is still young and that the data are suggestive rather than conclusive (86). Discussions of the effects of trauma on the brain, however, seem more intellectually stimulating rather than practical for counseling. Furthermore, this emphasis opens the door to a medical model for counseling trauma. In the end I say, even if these facts were true, how do we address these constituent parts of the brain? Are we certain that these parts of the brain control these responses? It seems a bit (no pun intended) like asking a computer what fragments of data are stored on which segments of the hard drive. The problem isn't where the data are stored but the nature of the data. In fairness, Strickland concludes this section with some implications for counseling (88). I assert, however, that we could better draw those conclusions from lament Psalms than from brain theory. The psalmists often struggle with their understanding of trauma, of the people who afflicted them, of the circumstances they face, overwhelming emotions, lack of trust in God and others, an incoherent timeline, etc. (see Ps 88, for example). God didn't include brain science for them to understand such struggles. He provided them, and us, with both his presence and life-sustaining

theology for their trauma and terrors. It is God's truth that renews the inner man, even while the outer man is wasting away (2 Cor 4:16).

Third, Strickland opens the door to secular and unproven therapies such as EMDR (69) and psychiatry (195, 298). There are two issues at stake in this discussion: We agree that true medical intervention is required when there are genuine organic problems, an issue that she addresses in more detail in Appendix G (297–300). Where we disagree is with unproven "medical" interventions such as EMDR or other treatments rooted in psychiatry and psychotherapy. We urge continuing to provide compassionate biblical counsel for ongoing spiritual roots, including mental and emotional needs. Biblical counseling strives for a more carefully nuanced position here.

There is much to commend in Strickland's work, but I have issued some notable cautions for biblical counselors regarding critical areas of concern. I believe her work would be much stronger if she began with a concentrated biblical and exegetical theology of suffering and trauma to lay the foundation for the praxis.

Bruce Meyer
Professor of Biblical Studies and Counseling | BJU Seminary