

Introduction: Welcome to Engage360, Denver Seminary's podcast. Join us as we explore the redemptive power of the gospel and the life-changing truth of Scripture at work in our culture today.

Dr. Don Payne: Hi everybody. This is Engage360 again from Denver Seminary. I'm Don Payne, and we are glad that you are with us. We're really honored today to have a return guest, our friend and colleague, Dr. Heather Gingrich, who is professor of counseling here at Denver Seminary, and has been here 15, 16 years?

Dr. Heather Gingrich: 15 and a half.

Dr. Don Payne: 15 and a half. I was pretty close. Welcome back, Heather.

Dr. Heather Gingrich: Thank you. It's good to be here.

Dr. Don Payne: Yeah, it is so good to have you here. And we asked Heather back for a conversation because Heather is sort of our resident trauma specialist. Now you do know a lot about trauma and have written I think a fair bit on that. So I would tell us while I'm thinking of it, tell us the name of some of the works that you have published on trauma?

Dr. Heather Gingrich: Sure. *Restoring the Shattered Self*, a Christian counselors guide to complex trauma was released in the second edition last year. And then my husband, Fred and I, co-edited a book called *Treating Trauma in Christian Counseling*, where we cover all kinds of trauma, everything we could think of from military trauma to disaster trauma, to complex trauma, just clergy abuse. Just almost everything we could think of. So there are chapters on all kinds of trauma in that book, including complex trauma.

Dr. Don Payne: We've asked Heather for another conversation because as we record this, we're hopefully getting toward the tail end of the COVID epidemic. Hopefully at least things are declining. And so there are lots of reflections going on now about dealing with the aftermath of COVID and I thought Heather would be a really insightful conversation partner about all of that. So overall, Heather, give us a sense of where you think we are personally spiritually societally with COVID and it's multiple after-effects. How would you diagnose the situation we inhabit right now?

Dr. Heather Gingrich: That's kind of a hard one. What I'm picking up just in talking to people and seeing things, listening, is that people are more hopeful now that vaccinations have been started. That there's more hope that this will not be something that we'll face indefinitely, that we can kind of see the light at the end of the tunnel. I think there are still long-range effects though. I mean, people aren't out of the woods yet. People are still getting sick. People are still dying. So in that sense, it's not that, phew, it's over. And what we don't know is to what extent will it ever be over, you know, what, what will life back to normal look like? Will, will that, will it forever be changed in some ways? So I think there are a lot of

questions. I think there are a lot of people who have been kind of hanging on for a year and have, you know, most people have acclimatized some to kind of our new normal now, but that doesn't mean that the ramifications don't continue.

People have died, their loved ones are gone, you know, in some ways coming towards maybe an end of the crisis that it's been could be difficult for those people, you know, when there's a vaccine out. What if, you know, people contact the virus and die now, and then people will be, well, why did my loved one have to die? Everyone's rejoicing that COVID is over, but my life will never be the same. Cause you know, are people also recovering financially if they have lost jobs, businesses that have closed, people have gone bankrupt. You know, those are ongoing ramifications that the immediate crisis, the health crisis may be drawing to a close, but for many people the impacts are going to be ongoing for a long time.

Dr. Don Payne: I'm glad you pointed that out because that's so easy to miss isn't it when the more acute or more public manifestations of a crisis die down a bit, life kind of moves on for a lot of people and it's easy to overlook the deeper level lingering, I guess, lifelong effects of that, the scars, the marks of that many, many people live with.

Dr. Heather Gingrich: Right. So, for many, there'll be a long grieving process, right? Because of the losses that have been sued, you know, during this past year and, and in the coming months too perhaps

Dr. Don Payne: When we're dealing with something like this crisis that has gone on now just about a year or more than that, I guess, depending upon how you count and you look at the wide variety of effects that it has had, to use some of your words more, more inconveniences, some more genuinely and deeply traumatic. What are some of the unique challenges of that kind of a scenario when the effects are so scattered and they're so elongated over time?

Dr. Heather Gingrich: Well, I think part of it is having to recognize that not everyone's experience has been your experience, that experiences really have varied. This really struck home to me near the beginning of the crisis when we were needing to teach on zoom here in a lot of, well, all the children were going with Google Classroom or something virtual, and just how different life was for different people. So I would talk to some of my students over zoom, who had lost their jobs. Whose kids were now home and they didn't know how they were going to both try to work if they had jobs, but continue to study while they're trying to help their children study. You know, so kind of really major impacts even initially and putting people in major crisis. I felt that my husband and I were in kind of some semi crisis because we hadn't done hardly any teaching on zoom before.

So, we were having to figure all that out. And we had a six-year-old who we were trying, everyone was scrambling to try to figure out, you know, teachers included how, how to do this, especially with little kids. And he does not do well virtually. And so not only was it an education concern that wasn't even our main

concern, it was that his behavior regressed to that of a three-year-old major temper tantrums, behavioral outbursts, just things we hadn't seen in a long, long time, just due to the stress of going online, not seeing his friends. There are no other children at home, no one to play with. So we were feeling pretty stressed out, but at least we had our jobs. Some of our students didn't have their jobs. And then others of our students were like, you know, this is kind of a nice break. You know, I'm an introvert I kind of like being at home.

Dr. Don Payne: Can I say, yeah, this is an introvert's dream world, right? It was for a while.

Dr. Heather Gingrich: So, for some of them, if they still, if they didn't have financial concerns, if they were able to adjust to virtual, whatever they had to do virtually, then they almost felt like it was a little bit of a vacation. And I was really struck with even within one classroom, the differences in the experiences between these, you know, feeling like this is a mini vacation versus my life is totally falling apart. And you did say something too about, you know, the ongoingness of it. I think there was kind of the initial for many, a crisis, just trying to adjust to what is going on here. How do I buy a mask? People are making them, but I don't know how to make, make them, do we? Really, we have to stay at home. We have to, you know, they're all those kind of initial things. So I think for many people, probably most people, it took a while to just kind of adjust to what did we do with all of this.

But then again, depending on so many factors as the months have gone on, if you're among the fortunate that no one, no loved one has died or been severely impacted, and you've kind of learned how to manage in a virtual masked world, then the ongoing nature, isn't maybe such a big deal. But again, for other people, they're still having difficulty keeping their businesses going there. As I mentioned earlier, people have gotten sick or even died, or they have ongoing ramifications left from having had COVID and ongoing, you know, physical and perhaps emotional challenges. So as something goes on, people either can adjust, which is what we generally do with change. But if the stresses are still ongoing, then that can even potentially become more difficult or something that wasn't traumatic could actually become traumatic over a period of time.

Dr. Don Payne: Okay. Yeah, those are some of the unseen, the unexpected effects. And that really sets us up for what I wanted to pick your brain about. We see these days, lots of kind of popular level media resources and advice given on surviving COVID and dealing with the aftermath of COVID. And, you know, at some point I want us to do some compare and contrast of all of those popular resources. How do we move past this with a deeper level gospel resource that, you know, what does it, what does redemption really mean in all of this? But kind of moving into that, I know you have done some really helpful thinking kind of dissecting types of trauma in all of your background and expertise with trauma. You've done a lot of dissecting thinking, breaking trauma or stress or crisis down into different categories.

Now, in other words, I think some of your language I've seen is not everything is trauma. And as we're working way towards some, some takeaways for how do we practically lean into the after effects, the longterm lingering effects of this on individuals, on society. Let's break it down a little bit diagnostically if we can. What do we mean when we talk about trauma, when we use that language? And what should we not mean?

Dr. Heather Gingrich: I think that's an excellent question because trauma, as a term gets thrown around and sometimes, I think that.

Dr. Don Payne: It's like anything I don't like.

Dr. Heather Gingrich: Right, right, right. And that's not really fair to people who have experienced something more significant and has felt traumatic to them if we kind of throw everything into that category. So as we talked about a few minutes ago, all of us have experienced some level of stress, you know, through the ramifications of COVID. And certainly initially, but stress and trauma are not necessarily the same, although they can be linked. So what are the ways to, to think about trauma is that, first of all, it isn't so much an objective event or an experience because research shows that a hundred percent of people can go through say the same event and only 30% of them might actually develop PTSD. Some of them might have some traumatic symptoms, but really not be traumatized per se. So what we'll learn from that research is that trauma is much more subjective. It's in the eye of the beholder. It's how we experience it, as well as the symptoms that come up.

So, for example, the common post-traumatic symptoms are things like intrusive symptoms, nightmares, flashbacks, that kind of thing that are connected to the traumatic event. It's like a way of reliving it in some way, whether that's through kind of an image that comes to mind or intrusive thoughts. Just not being able to stop thinking about something that's happened or whether it's kind of a full flashback where someone is kind of fully back into a traumatic situation. And doesn't even realize that they're not in touch with the here and now of this moment. So those symptoms can really vary in themselves. And another aspect is avoidance where people are trying not to get triggered by trauma. So they avoid certain situations or avoid talking about things. So maybe some people in terms of COVID, don't even want to talk about COVID because as soon as they hear really much about it, then it throws them into some kind of re-experiencing intrusive,

Dr. Don Payne: Particularly like if they lost, loved ones.

Dr. Heather Gingrich: Now, even losing a loved one, we all lose loved ones throughout our lives, but there are different kinds of deaths, right? So someone who's elderly and dies under normal circumstances is probably not going to be as difficult. Although death is always difficult. I don't think we're ever really ready for someone. We really love to die, but it's not necessarily traumatic. Whereas if something is very sudden and unexpected, you know, like the death of a child or a teenager or

young adult say in a car accident or something like that, that's not necessarily traumatic, but it could be for some people. And so the same with COVID deaths. Some might not be traumatic, but others might really be experienced as traumatic, especially if their loved one was, you know, I have heard stories of people who seem to be getting better.

I heard one just recently of someone who had been in the hospital, and who had been sent home, and six hours after they were sent home, took a turn for the worst and died before the ambulance could get there. Now that kind of situation for the spouse and the children of that person who have just had hoped that, you know, that may be adjusted to the fact that their parent, that their spouse had COVID, but Hey, they got better. They just got released from the hospital. And then to all of the sudden have that turnaround, that's, that's more likely to be true.

Dr. Don Payne: So when you say some of these other losses are not necessarily going to be traumatic, I'm sure you don't mean they're not serious. They're not, you're not saying they're not serious or jarring, but I guess things can be deeply impactful and grievous and stressful, but still not technically be trauma in the sense of you're defining,

Dr. Heather Gingrich: Right. Like, any loss involves a grieving process. And so that grief can be experienced, you know, very deeply. There could be some deep depression and anger and questioning, but that's not necessarily traumatic. You know, it's part of the grieving processes is part of what allows us to heal if someone's not necessarily going to have flashbacks about that person dying.

Dr. Don Payne: So does trauma technically not heal or not heal as well, or as quickly does it just recycle itself?

Dr. Heather Gingrich: Yes, that's a really good question. If someone is grieving appropriately from a death, then there is a process that's gone through now. Now there are ways that, that too can to be blocked. If someone just doesn't want to think about it, you know, they try to avoid that, then the grief may not be resolved, but if people allow themselves to feel the emotion, to miss the person, to kind of go through all the positive aspects of that relationship. As well as the not so positive aspects. In those ways, they're kind of actively dealing with it. Time will take care of that. As long as they aren't suppressing what our normal healthy reaction is to death. But trauma, unless it is specifically processed, often time doesn't necessarily heal. And so that I think is a big distinction to kind of take a look at the difference between, you know, many people may, well, research has shown already that there are many people who are more depressed as a result of COVID in implications in some way or another. Now that's still serious. That doesn't necessarily mean that, that person has experienced a trauma, but they may need to deal with their depression.

Dr. Don Payne: Is it fair to say that there's not a leading question. Really open honest question. Is it fair to say that that the aftereffects of COVID in many ways have been sort

of, overdramatized not traumatized, but overdramatized by too quickly, attaching words like trauma to it?

Dr. Heather Gingrich: Well, it may be that sometimes trauma has been too easily linked to situations that aren't necessarily traumatic. It's kind of a, perhaps misuse of the word trauma, but I'm not sure if things have been overdramatized because research has shown an increase in mental health symptoms. So depression, anxiety suicidal ideations. So I think those impacts are very real. They're very serious. They may not be trauma, but they are still serious issues.

Dr. Don Payne: Well, and I guess the benefit of making some of these fine distinctions and even these definitional distinctions is that it can help us maybe be more fine-tuned, diagnostically and remedially, therapeutically. Because not everything, if not, everything is trauma, there are all, all kinds of levels of stress and levels of loss. And particularly when you're dealing with a literal worldwide, literally worldwide, pandemic that is affected the entire globe, then the effects of that are going to be all over the place. At all kinds of levels, all kinds of forms, all kinds of iterations, which would mean they're not going to be simplistic one size fits all therapies or solutions or, or experiences of healing, is that fair?

Dr. Heather Gingrich: Yes. And that's why, you know, as counselors, mental health professionals, you know, have diagnostic categories, the main reason for that is to be able to be most helpful. So, if someone listening to this podcast, for example, realizes that they've been traumatized because they realize they're having nightmares about, you know, someone dying or losing their job or whatever it is they're having nightmares, or they're very anxious. And you know, they recognize that I actually am experiencing some trauma symptoms then that may require getting help in a slightly different way.

Dr. Don Payne: Yeah. Some unique resources.

Dr. Heather Gingrich: Right. So you need resources. And again, the difference between kind of the normal depression as part of grieving and, and really feeling hopeless about life you know, not connected to maybe a specific grieving process. Well, you know, there are some similarities, depression feels like depression, but maybe someone might want to, to get some perspective from a mental health professional to kind of go, do I need more help or do I just, am I just grieving? You know?

Dr. Don Payne: Yeah. Well, since I mean, you're really being helpful in breaking some of this down into different categories. And they're probably populated by lots of people in every category. But if you had, let me ask you to do a bit of a thought experiment here. If you, if you had to pick out maybe two or three of the different categories of the aftereffects of COVID, from stress to trauma, to inconvenience, whatever you can pick the categories, pick two or three different categories of the after-effects and give us an idea of the unique types of resources or approaches that people should pursue if they find themselves in each of those category.

Dr. Heather Gingrich: So, talking specifically about mental health, kinds of things?

Dr. Don Payne: Yeah.

Dr. Heather Gingrich: Well, I mean, at one end, there would be people who have adjusted to the new normal, you know, they have work, have employment, or they've adjusted to new ways of doing things. They may have some additional stress. You know, I know people that after this length of time are getting really sick of there being so much virtual. They can do it. They're not necessarily depressed, but they're realizing.

Dr. Don Payne: They're done, that's a phrase I heard, even in the last week. I'm just done.

Dr. Heather Gingrich: Right. So I think there are, are lots of people that are just done, you know, they want to be able to see friends again and, and not have to worry about the restrictions that may be, that they've been following in order to try to keep themselves or others safe. That they want to be with people. They want to work with people. They want to go into the office again. They wish, you know, they don't want to have to wear masks. So that's one level, there's some dissatisfaction. There are some things that people want to change, but it's unpleasant, but, you know, they're coping. Something in between would be someone who's struggling more, you know, for some of the reasons we talked about earlier that maybe their financial situation isn't stable or hasn't kind of fully come back yet. Or there's still a lot of unknowns about the future. You know, my business is barely hanging on, but it is still hanging on, but can it hang on for another two weeks? Three months from now, if things change, will that be too late? You know, so I think there are people who still have unknowns.

Dr. Don Payne: Yeah, kind of a precariousness to life, right?

Dr. Heather Gingrich: Right. That are kind of walking along a tight rope, and aren't sure if they're going to fall off yet, that's kind of an ongoing stress that you know, that people are having to still struggle with and they might come depending on what happens. They may enter a further grieving process if they do kind of fall off that tight rope or circumstances will be such that they won't even feel like they're on a tight rope anymore. They're on more solid ground. But then you have people like some of the, you know, the medical personnel, frontline workers who've been working with COVID. I think a lot of them have been just doing the job they need to do and trying to cope as best as they can.

And for, for some of them, that's going to mean just having pushed aside their feelings so they can get the job done. You know, the term I would use for that is dissociation the fact to perhaps compartmentalize, and just kind of push their feelings, put their feelings in some kind of box, or they can't continue to see new patients. You know, some of the people, whether they're medical health professionals, or other kinds of frontline workers in those ways that have been dealing with an ongoing crisis that isn't supposed to be chronic, you know, we're

kind of built to our systems are built to deal with kind of short-term crises. And then kind of our physiological symptoms systems and so on can then settle in. But when there's ongoing stress of that way, some of those people are going to hit a limit where all of a sudden they'll have major PTSD symptoms almost when they can slow down. If the crisis is over for some people, that's when it will cave in on them.

Others, it may not cave in on them, but there'll be other effects such as they don't feel an emotion anymore. So they are having trouble relating to their spouse, to their children, to their friends, because you can't just stuff emotion discriminately. You know, so very often, if someone has to kind of compartmentalize their feelings of grief and pain and horror over having not been able to say, save patients or see so many die without loved ones, that their side if they have to put that away, chances are they're putting way other feelings too, and that can have ongoing effects on all of their relationships if they don't choose to deal with it. So, you know, if someone's in that position when they actually have, are, are out of the crisis situation enough that they can have some space to deal with some of this to actually go and say, okay, I actually maybe need to go to someone, get some support. Whether that is support groups, counseling, you know, therapy groups see a counselor.

But kind of recognize that if I keep on this way, I'm starting to feel like less of a human being, you know, I'm more like a robot. And so that would be important. The problem is that not everyone is comfortable with going to see a counselor or admitting that they need help. And I guess my encouragement would be whatever helps someone needs, whatever has shifted for them to not feel as though that's some kind of stigma. The way God made us. He did not make us to be, to cope with such ongoing situations without a break.

Dr. Don Payne: So put this in terms of what you would love to see happen in the church. I know we're speaking very broadly there, but what, what challenges and opportunities does this present for the body of Christ to be what it ought to be for people who are across the spectrum, in how they've experienced the effects of COVID?

Dr. Heather Gingrich: Well, I know that during this past year and a bit churches have tried to offer the kinds of support they can, but of course that's often been very difficult because it's virtual. And virtual only goes so far. I mean, I have clients who are alcoholics, there are virtual alcoholic anonymous groups that meet. But they tell me it's just not the same, because what I mainly get from those kinds of groups are the conversations before and after an informal interacting with people. And I think as churches, we're finding that two, small groups aren't the same. Even if they meet as a small group, you don't have the you're all in one conversation rather than breaking off and having little conversations with different people. So, post COVID you know, I think churches have been doing their best. The danger is that once there's able to be more in person meetings again, and there was more of a sense of normal, that the kind of forget that maybe some people are still struggling, you know, it's not like, yay. The COVID cases are really down. We can meet together. We don't have to worry about masks. And it might be tempting

to kind of forget about the people that have been wounded or who have been struggling, who might feel some pressure to, Oh, I need to be happy too.

Dr. Don Payne: Okay. I'm going to put a hook in that because that's, that's probably a number one takeaway is for churches, not to forget the many people who are going to have lingering effects of all of this, but it might not, might not scream at you. It's going to be there. And just because you can get back together again, does not mean things are like they were for them. So don't forget.

Dr. Heather Gingrich: And I think there's this, well, it's not even a fine line to be able to rejoice together as part of what the body of Christ needs to do, but to also be able to mourn together. And so not. So it doesn't mean don't rejoice, don't celebrate. We need that. Their need to rejoice in kind of new hope and things, but it can be like a salt in a wound. If in the midst of the celebration, it's missed that some other people are still struggling and grieving. And so to be able to do both, I think is how always we care for each other best as a church to celebrate with the victories, to celebrate with a joy, but never lose sight of who's hurting amongst us and what might they need. And those people don't need to feel, shouldn't feel pressure from those around who are celebrating, that they can't still be grieving, that they can't still be struggling. I think that's really important. So in an ongoing way, offering ongoing support to people, giving them permission to say, it's okay. If everything doesn't feel good to you right now.

Dr. Don Payne: Isn't it interesting that that, I'm going to speak very, very broadly here, but the, the rest of the world seems so intent on things getting back to normal and putting all this behind us as quickly as we can. And we get that, but I hear you saying Heather that and I'm going to put gospel language to this because I think this is an echo effect of the gospel. That the gospel gives us the leverage to lean into the effects of this, and grieve them to continue to acknowledge them, to continue to address them, not forget about them, mourn them. And at the same time, let's just enjoy to the hilt, getting back together, as much as we can. That theology of celebration that we find is so often punctuating the Old Testament the people of Israel. It's these rhythms of both grieving and celebrating,

Dr. Heather Gingrich: Right. And we need both, we need to be able to celebrate. That's why there's research on that too. That, that we need to smile. We need to laugh. Joy is an important part of us being healthy and whole, but so is the grieving. And there is a whole other area here that I don't want to forget about before we end. And one of the really unfortunate statistics of what's happened through COVID due in part, especially during the lockdown times, but not just then is that child abuse and intimate partner violence across the world have skyrocketed. And it's harder when everything's been virtual, even teachers, sometimes they've been able to see more what's going on in the home. And so they've been reports made that way, but at other times, if you aren't actually seeing a child in person in the same way you miss some of the clues that something else may be going on. And so unfortunately because the abuse statistics within the church are about the same as they are in the rest of the world.

We could have a whole discussion on that, and that's not the purpose of our time today, but that's just the reality. Then as a church, we need to be really careful and kind of looking out for who are, who among us might have been especially suffering during this time and who might especially need our help and not being afraid to ask some direct questions at times, because we know from the research, that's come in that this unfortunately is a reality. I mean, think about it. People often protect themselves by being able to get out of the house or at least have breaks, you know, but kids haven't been at least many of them haven't been going to school, so they don't have any break potentially from abusive parents. And then the same with spouse abuse or, you know, you just don't have, and don't have the regular support systems that there may have been before.

Dr. Don Payne:

That's a good takeaway as well. The church needs to be very attentive to some of those effects that might otherwise have been easy to miss. Right? Yeah. Well, that's a sobering note, but a really helpful note to end on. Heather, thank you for your wise diagnostic capabilities and your wise words of counsel for all of us, because we all, you know, on our, I guess on my more superficial days, I just want to forget about it. Put it behind me, pretend it never existed. But we, as people of the gospel have lots of really fertile, even if difficult work to do yet with each other, for the healing resources of our Lord, to really soak into the soil of our lives after all of this. And to be agents be instruments of that with those in our circles of influence. Heather, thanks.

We've been interacting with Dr. Heather Gingrich, professor of counseling here at Denver Seminary, grateful for her and for her ministry here. And we're grateful for you taking some time to be with us. We would love to hear from you, if you care to contact us, you can reach us at podcast@denverseminary.edu. We would love to hear your thoughts and questions and want to give a special thanks again to Krista Ebert, our sound engineer, who so faithfully helps us have these conversations and Andrea Weyand and Maritsa Smith and others who make this possible from behind the scenes. We're grateful for them as well. I'm Don Payne, and we look forward here at Denver Seminary and Engage 360 to talking with you again soon. So find us again, take care.