

Developmental Trauma and the Christian

A Hidden Epidemic in the Church

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This paper briefly introduces a topic of vital importance to the spiritual, mental, and relational health of the church. That topic is Developmental Trauma Disorder (DTD). What I hope to do here is raise awareness and spark further conversation with pastors, counselors, and other Christian leaders as to how the church might respond to this issue. This topic is so pressing because developmental trauma touches every person, the effects of which are not eradicated by conversion. Consequently, denial of this problem leaves many in the church to suffer in silence for fear of being ostracized. This is a great tragedy, for there is no better remedy for this form of trauma than the power of the gospel and no place more uniquely equipped to facilitate healing and transformation than the church.

This presentation begins with a definition of DTD including its leading symptoms. I will then offer some thoughts on how I believe the church can recover the ancient practice of the cure of souls in relation to DTD. While it is necessary to include some clinical language, this paper is intended to be pastoral and not clinical. Therefore, please read this with an open mind and pray that minds and hearts will be moved to ensure the church is a place of healing and transformation for God's holy people in Christ.

Defining Developmental Trauma

The apostle Paul tells us when he was child, he “talked like a child, thought like a child, and reasoned like a child. But when he became a man, he “put the ways of childhood behind him” (I Corinthians 13:11).¹ Paul is describing the natural progress of human development. It is this process of development that is interrupted when a child suffers “adverse childhood experiences” of a chronic nature.² It is the *chronic* nature of early traumatic experiences that makes DTD distinct from PTSD which is tied to one or more traumatic events over a shorter

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² This phrase is known among mental health professionals as “ACEs” and used in conjunction with testing to determine the degree to which traumatic experiences have affected one's mental health in adulthood.

period. DTD is an adult disorder characterized by chronic immaturity due to inhibited mental and emotional development. This immaturity also inhibits spiritual development.

What is especially disturbing about DTD is its *universal* nature. One of the leading pioneers in the research of this disorder refers to DTD as a “hidden epidemic.”³ For while it is true that the symptoms of DTD occur on a spectrum, virtually every adult suffers from some lack of unresolved developmental trauma. The word “trauma” itself is derived from the Greek word, “wound.” And DTD is a term developed by mental health professionals to define the effects of *chronic* traumatic experiences upon the developing brain and nervous system.⁴ DTD is not a mental disorder as is defined by the *Diagnostic Statistics Manual* (DSM) as much as the recognition of the effects of maltreatment during the span of development beginning in the womb and through the mid-twenties. This does not mean that DTD cannot lead to other mental and physical disorders, for it often does. Indeed, a growing body of research points to DTD as the underlying cause of addiction.⁵ Pia Mellody writes of how chronic traumatic events during development result in problems with healthy self-esteem, boundaries, reality, dependency, and self-regulation (moderation).⁶

Adult-children display a desperate need for affirmation, nurture, and guidance within adult relationships which are not designed to fill this gaping parental deficit. And because people marry what is familiar, they often replicate in their choice of partners those who will continue the relational deficits experienced in childhood. Most relational conflict in marriage is tied to the demand on the part of one or both partners to meet needs they simply cannot adequately fulfill. Among couples this inability to meet unmet developmental needs is often a source of domestic violence as frustration, resentment, and psychological transference grows. In the same way, many adult-children also seek out what is familiar within their choice of a church home as well. Xenophobia colors all their efforts to form and maintain healthy relationships outside of what has

³ Ibid., p. 149.

⁴ Bessel A. van der Kolk, *The Body Keeps Score* (New York, NY: Penguin Publishing Group, 2014), p. 158.

⁵ See Gabor Mate with Daniel Mate, *The Myth of Normal* (London, 2022).

⁶ Pia Mellody, *Facing Codependence* (New York, NY: Harper One, 1989, 2003), pp. 3-44.

become normative for the brain and nervous system. This results in an awful cycle of relational dances in which the original traumatic experiences are re-enacted over and over again.⁷

To summarize, DTD has the following characteristics:

- DTD is the result of adverse childhood experiences of a chronic nature throughout the entire span of developmental beginning in the womb and through the mid-twenties.
- It is universal in scope, and while symptoms are measured on a spectrum, every adult carries in their brain and body the effects of DTD. These effects do not disappear as one enters adulthood, and are not eradicated at conversion. Spiritual development becomes very difficult for anyone suffering from greater levels of developmental immaturity tied to DTD.
- This form of trauma is now understood to be the underlying root cause of both substance and process addictions.
- Those who are further down the spectrum of DTD find it increasingly difficult to form and maintain healthy adult relationships. This is because the prerequisite for any healthy adult relationship is two healthy adults, and not two emotional children craving and demanding that the partner resolve the parental deficit for affirmation, nurture, and guidance.

Removing the Log in Our Own Eye

So how can the church respond to this problem? When it comes to DTD among its members (for it is most certainly does exist), the great question we must ask is whether or not our church fellowship is a place of healing and transformation or merely an extension of the toxic home environment of its members. The first place to start therefore is raising the awareness of DTD among pastors and leaders within their own lives, and then encourage a commitment to model recovery for the congregation. Leaders must remove the log out of their own eye before they can help remove the speck out of another's eye (Matthew 7:3-5). And here is where much resistance can occur, for it is tempting for Christian leaders to use their credentials and status as a cloak to deny that they share the pain of the masses. However, it has been my personal experience and observation that pastors and leaders who do their own work become much more

⁷ See Pia Mellody, *Facing Love Addiction* (New York, NY: Harper One), p. 52.

effective in their respective ministries. And there is no legitimate shame for leaders who need to do the work necessary to put the ways of childhood behind themselves. After all, the entire Christian life involves obeying the imperative to lay aside the old self so that one may “put on the new self, created to be like God in true righteousness and holiness” (Ephesians 4:20-24). The only shame is the using the pastorate to deny the truth (cf. James 3:14).

Patterns of abuse occur within all families, no matter where they land on the spectrum, and these deeply entrenched patterns can become normative. This is simply the tragic reality of living in a now and not yet status in regards to redemption. On the other hand, the Christian imperative to holiness means one can escape from those patterns by appropriating the redemption made available through the blood of Christ. This is one reason why I chose to practice as a pastoral counselor rather than a clinician. For only the blood of Christ can redeem one from the blood-guilt of child abuse and its lasting imprint on the mind and heart. For instance, in his exhortation to new converts to live as obedient children of the Father, Peter writes, “For you know that it was not with perishable things such as silver and gold that you were redeemed from the empty way of life handed down to you from your ancestors, but with the precious blood of Christ, a lamb without blemish or defect” (I Peter 1:18-19). It is the work of the Spirit to appropriate to and in the believer that which Christ secured for his people by his death and resurrection, and it is the primary work of Christian leaders to facilitate that work (Romans 12:6-13; II Corinthians 3:1-18; Ephesians 4:1-16).

The Indispensable Ministry of the Spirit

Let me now offer a few suggestions as to what the church can do regarding DTD. I have found it effective in my counseling work to present the gospel as God’s provision for a *new* personal storyline; a *new* identity in Christ, and the church as a *new* family with a shared redemptive narrative grounded in love (cf. Ephesians 1:3-14). It was relationship that wounded and it is relationship that now heals. And much of the work necessary to facilitate healing from DTD can be done on a peer level, which represents a great opportunity to put into practice the biblical doctrine of the priesthood of all believers. This then allows for pastors and counselors to both model functional adulthood and focus on equipping the saints as opposed to what might otherwise become an overwhelming demand for one-on-one care. The effectiveness of peer level care has proven successful within the many Twelve-Step communities. That said, the ministry of

the Spirit through the word of God remains in the *primacy* within pastoral care. This is because it is the work of the Spirit to appropriate into the life of the believer that which Christ secured on their behalf by his death and resurrection.

The apostle Paul referred to he and his associates as those whom God made competent to be “ministers of a new covenant — not of the letter but of the Spirit; for the letter kills, but the Spirit gives life” (II Corinthians 3:5-6). This competency comes from God and not from human wisdom and/or the ministry schemes of those who “peddle the word of God for profit”— people who employ “secret and shameful ways” and used “deception” as they “distort the word of God” (II Corinthians 2:17; 4:2). These two contrasting ministries were at work in the church at Corinth: Paul’s ministry of the new covenant of the Spirit, and the ministry of the letter by those Paul called, “super-apostles” (II Corinthians 11:5; 12:11). One ministry brought life and the other brought death; one represented the ministry of reconciliation and the other that of “a different gospel” which itself was the result of their preaching a Jesus other than the Jesus Paul preached and operating under “a different spirit” than the Spirit received under Paul’s ministry.⁸

Two very different ministries operating under two very different spiritual influences; Paul, of course, by the ministry of the Holy Spirit, and the other a “spirit” which is later exposed as Satan himself masquerading as “an angel of light” (II Corinthians 11:14-15). The point here is this: there is one indispensable apostolic ministry and it is the ministry of the new covenant of the Spirit that gives life. Now, Paul did not say his was merely one of *many* gospels and ministries available to the Corinthians. There is but one apostolic ministry then and this remains so today (cf. Ephesians 4:1-16). Put another way, any ministry that is not the new covenant ministry of the Spirit that gives life will be by default a ministry of the written code and will bring death.

As children of the reformers, we understand that if we distort the doctrine of justification, we no longer have the gospel, so also, we must understand *if we distort the eschatological and covenantal framework of the gospel, we no longer have the gospel.*⁹ And what is presented in

⁸ See Gordon D. Fee, *To What End Exegesis?* (Grand Rapids, MI: Eerdmans, 2001), pp. 245-250.

⁹ See Gordon D. Fee, *Paul, the Spirit, and the People of God* (Grand Rapids, MI: Baker, 1996), pp. 5-8; See Stephen J. Wellum, “Baptism and the Relationship Between the Covenants” (PDF essay available on-line as of 02/09/24).

many traditions today is a man-made distortion of both the eschatological and covenantal framework of the gospel, which is in truth is therefore a quasi-gospel that transforms no one.

If the ministry of the church is to be God's appointed venue for healing and transformation of the adult-child, it is necessary that we be certain that our ministry is aligned with Paul as a minister of the new covenant of the Spirit, as opposed to the "super-apostles" of the written code. Tragically, it is not too much to say that how we understand ministers and their ministries in America has far more in common with the super-apostles than with Paul and his associates. A quick look at II Corinthians reveals these super-apostles as those who actually seduce believers away from Christ (II Corinthians 11:1-3); enslave, exploit and take advantage of their followers as they put on airs, and the text indicates even physical abuse (11:20). I have seen too many cases of spiritual abuse to not know this still goes on today.

On the other hand, those seeking recovery from developmental trauma desperately need leaders and a church family that embody the love of the Spirit and within the community (I Corinthians 13:4-13). What makes the ministry of the new covenant of the Spirit indispensable is the outcome of that ministry, an outcome Paul describes this way: "Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom. And we all, who with unveiled faces contemplate the Lord's glory, are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit" (II Corinthians 3:17-18). Consider the breathtaking language here, "being transformed into his image with ever-increasing glory." From union with Adam with ever-increasing wickedness to union with Christ in ever-increasing glory. That is bringing "recovery" into a biblical context.

Summary and Conclusion

This paper was written to introduce the topic of developmental trauma disorder (DTD) to those who provide pastoral care. Clearly, there is much more to talk about. However, it is my prayer that this brief work will spark a conversation and result in greater inquiry from those who read it. I have argued that understanding this type of trauma is of vital importance to the church because of its *universal* nature, and because the effects of which are not eradicated at conversion. However, conversion does represent a beginning point for newness of life and therefore hope for

healing and transformation. Those who provide pastoral care are engaged in the cure of souls, and as such, represent God's agents in providing this healing and transformation.

But this level of pastoral care must, of course, begin with Christian caregivers owning their own trauma story and seeking to become healthy. The Christian imperative to put off the old self and put on the new self applies to all believers (Ephesians 4:17-24). Pastors and other Christian leaders can be wonderful models of emotional and relational health to their congregations and the surrounding community. The alternative is to model living under a cloak of denial and other coping mechanisms, and therefore becoming part of the problem and not the solution for those already suffering from the effects of toxic authority figures. Such an alternative would place pastors and elders among those who throughout history have dressed the wound of God's people as though it were not serious, saying, "peace, peace" when there is no peace (Jeremiah 6:14).¹⁰

I am convinced that the work of addressing and overcoming developmental trauma need not involve extensive seasons of therapeutic intervention, although some cases may require medical and other professional care. Much of the work necessary can be done on a peer level. This means pastors, elders, and counselors will be in the role of equipping the saints for this type of ministry in a very practical and needed application of the doctrine of the priesthood of all believers. The work of addressing and healing the effects of developmental trauma include but are not limited to applying the gospel to help survivors embrace a new storyline for life, a new identity in Christ, and a new family within the Christian community. This paper has been introductory, and more details regarding the nature and effects of DTD are therefore needed. It is my prayer that Christian leaders will consider these things and that more details will be requested. Above all it is my prayer that genuine ministry of the Spirit will occur in order to be provide the healing and transformation so desperately needed among God's people.

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¹⁰ See *God's Kingdom through God's Covenants* by Peter J. Gentry and Stephen J. Wellum, (p. 230) for an excellent and sobering discussion of how Israel's leaders enabled the "incurable wound" within the people (cf. Jeremiah 30:12-15).