

Reading and Messages for 2/11/2018

Reading: "And She Became a Pillar of Salt," retold from Genesis 19: 1-26

The two angels came to Sodom in the evening, and found the man called Lot sitting in the gateway. Lot, who was not a native of Sodom, said, "Please my lords, turn aside to your servant's house and spend the night."

But the angels replied, "No, we will spend the night in the square." Lot then urged them so strongly, that they changed their minds, and accompanied him home.

But as night fell, the men of the city surrounded the house and they called to Lot, "Where are the men who came to you tonight? Bring them out."

Knowing that the men of the city were dangerous, Lot stepped outside and said, "Look, I have two daughters. Let me bring *them* out to you." But the men resented Lot for being from another place, and turned on him instead. Lot barely made it back inside the house.

That night, the angels told Lot that the city would soon be destroyed and they warned him to leave.

And again in the morning, the angels urgently warned him, but he lingered; so the angels took him, his wife, and their daughters by the hands and led them outside the city.

"Flee for your life," the angels said. "Do not look back or stop anywhere. Flee to the hills, or else you will be consumed."

Soon sulfur and fire rained down on Sodom and on Gomorrah nearby, and on other neighboring cities. But Lot's wife, as she followed behind, looked back, and she became a pillar of salt.

“Trauma”

A Sermon Preached by the Rev. Angela Herrera

Our reading this morning, the story from the Book of Genesis in which Lot’s wife turns into a pillar of salt, is a challenging one. That’s minister-talk for “what were they thinking?”

This is no Moses-being-called-to-leadership-by-a-burning-bush story.

It’s not Jesus showing compassion for the untouchables.

It’s not the Buddha being born in female form, as the goddess Kuan Yin, to give boundless love and comfort to the world with her one thousand hands, each of which has an eye on it, to better see each person for whom she cares.

This is not those stories.

This is a story in which two angels are almost violently attacked, and a man tries to send two young girls in their place. And God—who, if we are telling stories, is capable of doing absolutely anything—the God in this story responds by destroying several entire cities.

We only know the girls’ mother as “Lot’s wife” because women don’t get names as often as men do in these ancient scriptures. Lot’s wife turns into a pillar of salt.

And this is, of course, the same story of Sodom and Gomorrah that has been used to justify violence against gay people, based on the notion that in the full text, the violent men in the crowd want to sexually assault the male angels.

So, yeah, it’s “challenging.”

Feminist theologians have called bible stories like this “texts of terror.” Like others, this one has been used to inflict trauma. And yet, in doing so, rather than bringing forward wisdom from our ancestors, humans have re-enacted the kind of trauma that this story is about.

Lot and his family are isolated. They are outsiders who have moved to Sodom, and are not quite accepted. There is a constant threat of violence. Lot knows it. We don’t know how he knows it, but from his urgent reaction we can assume he has personally experienced it in some way.

The violence is an inevitable reality in his life, and he acts on that knowledge when he tries to prevent other newcomers—the angels—from spending the night in the square, where they would be unprotected.

But Lot’s own home is not safe either—especially for his daughters—who find themselves in harm’s way. The town’s violence literally comes banging on the front door. Lot copes by making a flash decision that we find unimaginable hearing it now: he would shove his own daughters out into the violent crowd.

Stories like this one, parables, are not meant to be factual. But they often are true. True in a sense that is different than factual. True in that they express something important about being human. And so we can wonder:

What is Lot even doing in that city? Why does he make a life there? He acts as though he is stuck. Even when the angels tell him twice to leave, he doesn't. Even after he and his family are dragged out the city gates by their guests, in the full text of the story Lot argues with the angels about how far away he will go. Why? Why doesn't he just run? And then as they leave, his wife looks back. And she is turned into a pillar, immovable, frozen.

Many preachers have noticed that the angels told the family not to look back. They say Lot's wife was punished for disobedience.

Religious people sometimes offer hurtful responses to misfortune. You know what I mean. I know you do.

Actually, there's a parable about that, too: in the Book of Job, a man who has lost everything, also loses his temper when his pious friends say, basically, that everything happens for a reason. They also suggest he must have done something to deserve it.

In response to hard-hearted judgments against Lot's wife, countless poets have imagined her more sympathetically. Maybe she looks back out of longing for her home.ⁱ Who could blame her, the poets wonder? But it's hard to imagine she would have been fond of living in Sodom.

Instead, it sounds like this story is not about obedience or longing, but about trauma. The anxiety, the seeming paranoia, the inability to empathize with loved ones, the feeling of being unable to leave, and the experience of becoming frozen, like a pillar, are all hallmarks of traumatized people.

It is as though the first tellers of this story, perhaps without having a name for it, painted a picture of a family experiencing post traumatic stress. Why would they do that?

The answer is because it was common then, just as it is common now.

Understanding the common experience of lasting post-traumatic stress—what is called post traumatic stress disorder or PTSD— can help us better understand ourselves, relate to each other with compassion and care, and find ways to prevent it. So, just as we have sometimes had sermons about depression, suicide, or other mental health topics that touch our lives and are part of our life together as a congregation, today I want to talk about PTSD.

Now, in case *you* are noticing a familiar sensation of anxiety in your shoulders, chest, or stomach, because you know all too well what it feels like to experience a PTSD

trigger, and you wonder if you should step out, let me say that I'm going to focus on the effects of trauma, rather than the traumas themselves in this sermon.

There will be no detailed descriptions of things that cause trauma. This morning's reading was the most graphic part of the service. Still, people come and go during a service for a variety of reasons, so if you do need to step out for some reason, that's fine. Take care of yourself.

We don't know as much as we probably should about PTSD. I mean that on the cultural level: We hear PTSD being mentioned in the news. We know it's something veterans and victims of violence may experience; but few people realize how widespread it is, or how it impacts a person's life.

Researchers have learned a lot more about it recently, but they still don't fully understand it, nor do they fully understand how some of the most effective treatments work.

It took a long time for PTSD to even receive its name in this country. As WWII began, one researcher who remembered the "battle fatigue" and "shell shock" WWI veterans had come home with decided to write a book to help the next wave of vets.

But his manual called *The Traumatic Neuroses of War* was not a bestseller. And, five years after the end of the next war, the Vietnam War, it was still the only book about traumatized veterans that psychiatrist Bessel van der Kolk could find.

Van der Kolk had been at a loss to figure out how to help the Vietnam vets who kept showing up in his office. They had chronic nightmares, anxiety, depression, and a feeling that they were merely observing themselves living their lives, rather than living them firsthand.

They flew into rages—including in van der Kolk's office—and scared their wives and children. They drank to try to ease their suffering, but sometimes the only thing that helped was extreme thrill seeking, like riding a motorcycle down the road at 100 miles per hour.

Some were tormented not only by what they had experienced in war, but by their responses to it: by what they did not do which might have saved a comrade, and by what they did do in their traumatized state, sometimes inflicting unnecessary violence on others, even innocent women and children. It reminds me of Lot threatening his daughters with violence.

As van der Kolk's research progressed, he noticed that war is not the only time trauma does lasting harm to mental and physical health. What we've learned in the US from veterans has helped give a name to something that was happening in subtler ways throughout the rest of the population—in fact PTSD likely affected some veterans before they ever arrived on a battlefield. Traumatization comes in many forms.

According to the Centers for Disease Control and Prevention, in the US one in five adults has experienced a history of childhood sexual abuse; one in four experienced physical abuse that left a mark on their body; and one in eight observed their mother being physically attacked.ⁱⁱ

About one in twenty new mothers develops PTSD from childbirth, a higher rate than other developed countries, and one that coincides with our higher rate of maternal injury and mortality.ⁱⁱⁱ

And then there are natural disasters, accidents, and other traumatic experiences.

About 3.6% of men and 9.7% of women will experience PTSD in their lifetimes.^{iv} For some people it lasts for a limited time, while for others it is life-long. It can be running the background with only occasional flare-ups, or it can become disabling.

So, chances are you know someone who has experienced it. And every day we interact with people who are living with it.

There are a few things I hope you'll take away today: 1) PTSD is not just made up of thoughts. It's physiological. 2) It can be treated, and in many cases healed. 3) It can be often be prevented. And 4) Our church has a role in healing and prevention.

First, a little about the physiology. During a traumatic experience, the brain goes into survival mode. The primal part of the brain—what is sometimes called the reptilian part (back here, in the lower back of your head)— is activated. It says, “fight or run!”

If we can run, or fight back effectively, and become safe again, our reptilian brain and nervous system will calm down. Especially if we have the support of loving people around us, we will probably recover pretty well.

But if we can't help ourselves: either the situation is overwhelming, or we are trapped, or we are too young and vulnerable to fend for ourselves, and the trauma continues, then the brain will continue to send stress chemicals out. Even long after the event has ended, the brain's electrical circuits will keep going.

Right above the reptilian brain is the mammalian brain. That's the limbic system, where our emotions live. The limbic brain reads the social environment. It notices what is pleasurable or scary, perceives danger, and filters out information that is not important for survival. This part of the brain is developed through experience. If we do not grow up in a safe family, or if we do but we experience violence later on, it can be wired or rewired for danger.

The reptilian and mammalian parts of our brain together make what can be thought of as “the emotional brain.” When the emotional brain is wired for danger, as happens in post traumatic stress, that becomes the brain's main focus. This is smart, in an evolutionary sense: when we are in danger, we need to focus on that.

But that focus prevents other parts from functioning very well—like the parts that are devoted to language, meaning making, narrative memories, and reason. It can suppress the frontal lobe, which is the part that tells us we are in the present—with the result that traumatized people can become essentially stuck in the past. Stuck in the brain processes of trauma and danger.

Since the brain controls the body, those physiological brain processes create whole body symptoms, especially when the person encounters a trigger- meaning something that reminds them of some aspect of the traumatic event.

Sometimes people living with PTSD describe the feeling of being triggered as a row of dominoes falling one by one in an unstoppable motion; or as an innermost door closing, followed by another, and another, until the self is very disconnected and shut off from the world.

It can make you feel like you don't have control of your brain and body.

PTSD leads to physical feelings of anxiety, like tightness in the chest, or feelings of panic. It leads to depression. And, understandably, attempts to self-medicate, like with alcohol, which may ultimately do more harm.

With the body stuck in the brain activity of the past, vivid flashbacks and nightmares are common. Some survivors with PTSD develop poor physical coordination, or a disconnect of their minds from their own bodies.

Another hallmark of PTSD is feeling frozen in the face of new danger. The brain learned the first time that there was no escape. Now, like the father who would not walk out of Sodom even when the path was clear and the gate open, or the mother who—looking back to the traumatic past—becomes as frozen as a pillar of salt, the person with PTSD may act as though they are helpless, freezing or cowering when the brain “looks back” to the past once more.

Like veterans with PTSD, other traumatized people may feel terrible about what happened to them, and often also shame over how they responded, whether they tried to protect themselves or not, and what they did to cope afterward. This is true even with children.

Traumatized children, by the way, are at special risk of being misdiagnosed.

That's because for many children, the kind of trauma they experience is an ongoing reality of neglect or chronic violence. PTSD from a chronic situation rather than from one distinct trauma is often called “complex PTSD.” It can show up with a different set of symptoms.

Unless a doctor or psychiatrist has done a thorough assessment for abuse and neglect, and the child has had the courage and language to tell what is happening, their behavior can easily be misinterpreted. Contributing to these misdiagnoses, the

DSM-V, the diagnosis manual for psychiatry, does not include a diagnosis for Complex PTSD.

Without clear guidelines for diagnosis, traumatized children are often thought to have ADHD, Oppositional Defiance Disorder, or Bipolar disorder instead. They may be treated with psychotropic drugs, instead of treating the trauma.

Children living in poverty—which is exactly the group of children who are most likely to experience neglect and violence— are much more likely to be prescribed psychotropic drugs than other children. Overall, more than 1 in 20 children are on psychiatric meds.

In his book *The Body Keeps the Score*, Bessel van der Kolk raises awareness of this, and he expresses hope for people with PTSD.

He shares “four fundamental truths.”

One is that we have the ability to regulate our own physiology through basic activities like breathing, moving, and touching. He points to activities like yoga, meditation, and tai chi in helping heal PTSD. They are things that tend to be overlooked in our medical model.

EMDR is another effective treatment. EMDR stands for Eye Movement Desensitization and Reprocessing. A specially trained therapist walks with a person through their memories, as they move their eyes from side to side, and rather amazingly, it rewires the stuck parts of the emotional brain.

For adult onset PTSD, studies suggest it is one of the most effective treatments. Van der Kolk walks through the latest research on these and more in *The Body Keeps the Score*.

A second fundamental truth is that “language gives us the power to change ourselves and others by helping us to define what we know and find a common sense meaning.” What we do not have words for, we cannot heal. This is one reason for speaking about trauma in church.

Third, we can change social conditions to create environments in which children and adults can feel safe and thrive. We have the resources to end poverty, to teach peace, to form caring networks so that children have safe adults in their lives, and do not have to face life alone if their family is hurtful. We have the ability to take sexual assault seriously—to make this #metoo moment a watershed moment.

When we engage in social justice work, or tutor children, this congregation takes part in healing social change.

Finally, a fourth fundamental truth is that our capacity to destroy one another is matched by our capacity to heal one another. Community is essential to restoring wellbeing.

Van der Kolk lifts up how belonging to a caring congregation can help with healing. It goes beyond friendship. It turns out that, like doing yoga, singing in a church choir is one of those things that can help heal the body's relationship with the brain.

Van der Kolk calls it a "wonderful" experience of group synchronicity and rhythm, which help heal PTSD. We have a choir, a sol singers group that sings as a form of care for others, and a meditative singing service. You are invited to join any of them, anytime.

Reflecting on the harm done by religions "texts of terror," and the potential of spiritual communities to be healing places, the theologians Rita Nakashima Brock and Rebecca Parker ask:

"What words tell the truth? What balms heal? What proverbs kindle the fires and passion of joy? What spirituality stirs the hunger for justice? We seek answers to these questions," they say, "—not only for ourselves but for our communities and society. What are the ways of being with one another that enable life to flourish, rich with meaning? When violence has fractured communities, isolated people, and broken hearts, how can life be repaired? We ask these questions ...because asking them is fundamental to living."^v

Every day we live into the answers to these questions.

I'm remembering now the image of the goddess Kuan Yin. She is the female incarnation of the Buddha, the Enlightened Being, who gives boundless love and comfort. She has one thousand hands, each with an eye on it, to better see each person for whom she cares.

You know, there are more than a thousand members and friends in our church, each with eyes. And we have been working to expand our ability to give comfort and care together.

We have been preparing to strengthen our pastoral care program. So before we close today, Kristin Satterlee is going to tell you all about it and how you can get involved. Kristin has been chairing the team that is leading the way.

From Kristin Satterlee, Chair, Pastoral Care Expansion Team

We already have a strong network of care at First Unitarian. We have compassionate ministers, and our pastoral care choir the Sol Singers, who bring music to members in hospital and hospice. In our church publications, we light candles of sympathy and celebration every week. We have a card ministry - many of you may have received a card from the church, probably signed by Billie Lindsey, who's been spearheading that for years.

The largest part of our network of love and care, though, is and will always be **us**. You, and me, and all the members of this congregation.

Especially when we gather in small groups, of which we have many kinds - Covenant Groups, Extended Families, Religious Education, committees and teams, classes and choir and young adults and yoga and far too many more to name now - when we gather like that, we get to know each other. And then, when we learn that someone among us needs help, we work together to make sure they get it. Members of our congregation make meals for each other, call and text each other, visit one another in hospitals and rehab facilities, sometimes even set up schedules in urgent situations to make sure a friend gets help every day. And it's beautiful to see.

But... it's a little bit under the radar. If you haven't been involved with one of these *ad hoc* care teams, you may not even know they exist. As we grow - and we do keep growing, to about 850 official members now and hundreds more who are part of our community but not in the membership book - that net of care stretches, and the holes get bigger. More and more of our friends in need can fall right through.

It's time to weave a bigger net.

It's time to build on the caring network we already have, that this congregation has built together for decades. We are ready to cast our net wider, and to bring every one of us in. We'll keep doing all the beautiful things we're already doing, and put new pieces into place to make our culture of abundant care and love more visible, more organized, more complete.

Today is the official launch day of our new Care Team - caring visitors, representatives of our congregation's Caring Network who will be there for you in times of need or celebration. If you have a new baby or a broken hip, a lost loved one or another significant life change like a divorce, a job transition, an empty nest, we'll be there to visit you, to say congratulations, to pick up a prescription, to just *listen*, with caring and respect. To let you know that your church cares about you.

How can you connect with this Caring Network? Well, the sharp-eyed among us may have already noticed a change in the seatback pockets. We have new pew cards, as well as new cards in the Candle Corner - did you know we have a candle corner in the back, where you are encouraged to light a candle of care or prayer? - and both of those cards have an option to connect you to the Caring Network. You can also email caring@uuabq.org anytime - you don't need to memorize that, it's in your Order of Service - or call the office. A member of the Care Team will get in touch.

You can connect on the supply side, as well. We are planning two more teams: the Caring Cooks, who will cook here in the church and stock a freezer with healthy meals to give to our friends in need and celebration; and the Friendship Ministry, who will offer regular friendly contact to members of our community who can't make it to church. There will be a Caring Network table in the Social Hall during coffee hour where you can sign up for those teams.

The folks at that table will also be accepting donations for the Minister's Discretionary Fund, a pool of money that can be used for emergency aid to members of our congregation. You can also sign up there if you have medical equipment you're willing to loan to members with a temporary need.

We want you to know that the Caring Network is all of us, and you are an important part of it. You can call on it whenever you need to, and you can expand it just by paying attention: by offering your care and love when you see a need. It may take a little time for us independent-minded UUs to learn to use this expanded Caring Network, so please also remind people that they can contact us, or ask them if it would be okay for you to give their name to the Care Team.

Let us all, as our closing hymn says, help each other to heal the hurts of life, and be sustained by love. Please rise as you are able and join me in that song, number 124 in your grey hymnal, Be That Guide.

ⁱ Like these by Anna Akhmatova: <https://www.poets.org/poetsorg/poem/lots-wife>; Wislawa Szymborzka <https://www.poemhunter.com/poem/lot-s-wife-2/>; and Anthony Evan Hecht <https://www.poemhunter.com/poem/lot-s-wife/>

ⁱⁱ From Bessel van der Kolk's *The Body Keeps the Score*. Penguin Books: 2015. In this sermon, most data and information on PTSD not otherwise cited is from van der Kolk.

ⁱⁱⁱ Reported on NPR on December 22, 2017:

<https://www.npr.org/2017/12/22/572298802/nearly-dying-in-childbirth-why-preventable-complications-are-growing-in-u-s>

^{iv} <https://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp>

^v p. 8