Tending to the Heart:

A Bible Study Series on Faith, Trauma, and COVID-19

BY TABATHA HOLLEY



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Vision

Turning faith, hope, and love into action on behalf of women, children, and youth around the world.



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Introduction

The American Psychological Association defines trauma as "an emotional response to a terrible event like an accident, [assault,] or natural disaster." Oftentimes, Western societies encourage individuals to move past a traumatic experience, as if it would have no long-lasting effect on us. However, growing research and study in psychology and now, religion, shows us that we carry trauma in our minds and in our bodies.

As a Black American with roots in the Deep South, I know far too well how trauma lingers in minds and bodies. From the brutal history of the Middle Passage to slavery, sharecropping, and lynching—which continued throughout the 20th century—I know what it means to be told to "move on" from centuries of traumatic experiences, even though they linger physically, emotionally, spiritually, and materially. While the experiences of Black Americans are not universal, trauma is a common human experience.

The National Sexual Violence Resource Center explains, "When something very bad, painful, or scary happens, our brain wants to keep us safe and make sure it doesn't happen again. If something very overwhelming happens, the brain expends a lot of effort to navigate us to safety using the fight, flight or freeze response." ² I find it equally reassuring and painful that the human body has the capacity to protect us from danger. In an ideal world, we would work to take away all manner of human suffering; but in the here and now, we acknowledge that trauma persists. Further, both the American Psychological Association and the National Sexual Violence Resource Center tell us that trauma can continue to overwhelm us and cause overexertion.

This Bible study starts a conversation about walking alongside those who are wounded, overwhelmed, overextended, or exhausted as a result of trauma. While this study won't take away these feelings completely, I hope that it will normalize what are perfectly natural responses to traumatic experiences, be they accidents, assaults, natural disasters, or the focus of this study, a global pandemic. It is my prayer that your group will embody the words of Jesus: "Come to me, all you who are weary and are carrying heavy burdens, and I will give you rest" (Matthew 11:28).

In this Bible study we will explore what it means to be trauma-informed. What does it mean to honor our own traumatic past? What does it mean to honor the traumatic pasts of others? One collective experience of trauma that remains with many of us is COVID-19. It is my hope that your community finds it useful to reflect on the three most restrictive years of the virus's spread, the concurrent pandemics of COVID-19 and systemic racism, practices of resilience, and practices of spiritual renewal that honor what lingers in the aftermath of traumatic events. The study also considers whether there is or ever will be an "aftermath" of these lasting traumas.

How to Use This Study

Groups may use this study as a three-part series (preferably consecutively). They may discuss it over a potluck meal or as a Sunday school lesson. Each session should last for 60 to 90 minutes, including time at the end for processing or emotional regulation (take a look at session two for more information on breathing techniques).

The first two sessions examine a Psalm and an experience of oppression from the Judaic community. The next two delve into an event that is essential to the Christian story: the crucifixion. This study will view it as if it were taking place in the present day. It might seem bold to identify it as a violent event for the key characters in the story, including the women who followed Jesus, his disciples, and the onlookers. However, Christian theologians like James Cone position the Cross in direct comparison to more recent acts of state-sanctioned violence. Hence, in this session, we will look to the story of Jesus' crucifixion to reflect on ways we can be trauma-informed. Even though we know the end of the story and proclaim the victory of Christ's resurrection, we choose to be especially attentive to the real feelings and emotions present for the witnesses in the crucifixion story and in doing so, we honor our own traumatic experiences and how they linger in our minds and bodies through time and space.

Go deep!

American Psychological Association, "Trauma," accessed December 23, 2022, apa.org/topics/trauma.

JL Heinze, "Why Do We Have Trauma?" National Sexual Violence Resource Center, September 16, 2021, accessed December 28, 2022, nsvrc.org/blogs/exploring-conversation-trauma-blog-series/why-do-we-have-trauma.

SESSION ONE:

Attuning Ourselves to Lament

Materials Needed

- Butcher paper
- Markers

Opening Meditation

Play Sweet Honey in the Rock's recording of "Rivers of Babylon" as people enter.

Scripture Reading: Psalm 137:1-4

By the rivers of Babylon—there we sat down and there we wept when we remembered Zion.

On the willows there we hung up our harps.

For there our captors asked us for songs, and our tormentors asked for mirth, saying, "Sing us one of the songs of Zion!"

How could we sing the Lord's song in a foreign land?

Reflection

I am almost certain that my church—a boundary-crossing congregation that worshipped in a cafeteria at a Catholic girls' school in the Bronx—was one of the first to enter COVID lockdown, in mid-March 2020. On the Sunday before New York City's shutdown, the school administrators told us to not enter the building. Over 70 people joined us on a Zoom web conference for our church's 11th anniversary—an exceptionally high number of congregants compared with our usual 20 to 30. Our leadership team appeared overjoyed at the seeming resilience of our community. We all sang "It's Our Anniversary" online during what we thought would be a guarantine of one or two weeks at most.

Days went on. Weeks went on. A month in, we were planning online funerals and an online Easter service. We began to long to gather in person. We began to anticipate reentering the building. We waited in angst. We wept. We yearned for human touch and connection, vowing to never take it for granted again. Touching others and breathing near them were dangerous. Deadly, even. But we remembered a time in the not-so-distant past when it kept many of us alive, sober, and connected to something outside of ourselves. We remembered.

Marygrace Urmson writes the following about this psalm:

Psalm 137 is most accurately an individual and community lament, evident in the spectrum of emotions voiced by the psalmist, culminating in the violent condemnation of the captors of Israel. In addition to its classification as psalm, Psalm 137 sits within the genre of exilic literature, that is, texts that are written of, about, or in a state of exile. Psalm 137 in particular may have been written in the late stages of the Babylonian Exile or even upon the Israelites' return to Jerusalem. As such, the overarching theme of the psalm is the status of the Israelites as a people in exile: away from their culture, away from their land, and most importantly, away from their God. Section one of the psalm fully exhibits the pain and suffering of the Israelites in exile, exploring the inability of the psalmist to worship the God of Israel and mirrors the physical separation from the land with the palpable agony of being out of the land³

I am intrigued by the Judeans' experience of sitting by the rivers of Babylon, weeping as they remembered home. This Bible study invites participants to be present, in a trauma-informed way, to remembrance, longing, lament, and resilience in the face of violence. Writing about Peletah Academic Center for Excellence and Peletah Ministries in New Bern, North Carolina, Joan Huyser-Honig observes that trauma-informed congregations help people "learn, talk, and grieve about what happened to them." Through a collective experience of remembrance, we healthily navigate the waters of trauma. Shelly Rambo, in *Spirit and Trauma: A Theology of Remaining*, writes, "Trauma is described as an encounter with death. This encounter is not, however, a literal death but 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. A basic disconnection occurs from what one knows to be true and safe in the world." 5

Western culture and church culture dismiss trauma so often. They tell people that their experiences are not real nor valid. However, the church is called to listen to the intricacies of people's stories and experiences and their encounters with death. The church must take up the hard tasks of tapping into the disconnection and re-creating conditions of safety anew.

Questions for Conversation

Why is it important for us to honor trauma in its definition?

What are the ways that we dismiss our own traumatic experiences and the experiences of others?

What did you know to be "true and safe in the world" (as Shelly Rambo states) prior to COVID-19?

Activity One: Group Reflection

Divide the participants into small groups of two or three. Invite them to spend 10 minutes discussing the questions in the Reflection above.

Regather participants into one group. Invite them to share what they discussed in their small groups. The facilitator should write out, on butcher paper or other medium that all can see, those words and phrases that stand out to them. These will be used for the next exercise.

Activity Two: Ritual Design

Ritual helps us mark important transitions. I have a friend who, after her divorce, held a funeral for her marriage. Another person held a memorial for who she was before a traumatic brain injury left her changed. Plan a funeral for something you are grieving.⁶

This study includes the creation and practice of a ritual. Over the course of this series, we'll be working with the notion that if we try to push past traumatic events in order to get to a newer, more "pure" place, we can cause further suffering in our lives. Ask the participants to imagine themselves in conversation with the Israelites, lamenting a time in the not-so-distant past. That will inform the creation of the ritual for this session. I recommend drawing on Kate Bowler and Jessica Richie's *Good Enough: 40ish Devotionals for a Life of Imperfection* (which I highly encourage the facilitators to have on hand). In this session, participants will specifically ponder something or someone lost to COVID-19.

Creating the Ritual

- 1. Ask the group to pick a song from their tradition that is used to mark grief. An example from the African American tradition is "By and By When the Morning Comes," written by Charles Albert Tindley and performed by Sweet Honey in the Rock. What songs mark grief in your tradition?
- 2. Invite members of the group to take five minutes to write out a haiku marking a person, place, or thing they lost to COVID-19. A haiku is a Japanese poem of 17 syllables, in three lines of five, seven, and five. Here's an example of a haiku I wrote in ritualizing COVID-19 and the losses in my own life:

Oh life that once shone

Things have changed and I am scared.

I weep for what's next

Consider repeating the words and phrases you wrote down from the earlier group discussion. These might inspire ideas among the participants.

Order of Ritual Acts

- Light a candle.
- Play or sing together the song that the group selected.
- Invite each member to read their haiku.
 (Be sure to tell them that they have the option to pass.)
- Read the closing prayer below.

Blessed are we who mourn what will never take place again. Let us remain in grief's cold winter for as long as it takes, so that morning might be to our hearts the gentlest springtime. Let the thaw come slowly, so we can bear the pain of it and find comfort at each release. Amen.⁸

Note: When the session is over, some participants may have some lingering emotions. You may choose to leave the candles lit and offer participants additional time to talk about what the ritual brought up for them. The group might decide to hold space for each other's tears, pray together, or sit in silence to process the intensity of the moment. This time of processing could take as much time as the Spirit moves you and your group.

- 3. Marygrace Urmson, "Sing for us a song of zion!" an exegetical move towards a historical and liberative reading of psalm 137" (master's thesis, Villanova University, 2018), 5, accessed December 8, 2022, proquest.com/docview/2077098713.
- 4. Joan Huyser-Honig, "Becoming a Trauma-Informed Congregation," Calvin Institute for Christian Worship, accessed December 28, 2022, worship.calvin.edu/resources/resource-library/becoming-a-trauma-informed-faith-community.
- 5. Shelly Rambo, Spirit and Trauma: A Theology of Remaining (Westminster John Knox, 2010), 5.
- 6. Kate Bowler and Jessica Richie, Good Enough: 40ish Devotionals for a Life of Imperfection (Convergent Books, 2022), 19.
- 7. Rambo, 4.
- **8.** Adapted from a prayer found in Bowler and Richie, 18.

SESSION TWO: In the Moment

Materials Needed

- Spikenard oil or a diluted essential oil
- Pillows

Opening Practice

Breath prayer is an ancient form of prayer easily adaptable for anyone. A common approach is to meditate on one or two lines of scripture, and inhale and then exhale through them. Lead the participants in "A Prayer to Breathe," by Sarah Bessey (which follows). Invite participants to sit quietly, perhaps with their eyes closed. Read the prayer aloud, leaving pauses between the lines. Explain that participants should inhale when you read the first line and exhale when you read the second.

(From Matthew 11:28-30)

Inhale: Humble and gentle One, Exhale: you are rest for my soul.

(From John 15)

Inhale: True Vine and Gardener,

Exhale: I abide in you. (From Romans 8:38-39)

Inhale: Nothing can separate me Exhale: from the love of God.

(From Psalm 46:10) Inhale: Be still

Exhale: and know that you are God.

(From Matthew 6:10) Inhale: On earth

Exhale: as it is in heaven. (From 2 Corinthians 12:9)

Inhale: Your grace

Exhale: is enough for me.

(From 1 John 4:18) Inhale: There is no fear Exhale: in your love. (From Psalm 23)

Inhale: I will not be afraid Exhale: for you are with me.

(From Psalm 46:1)

Inhale: You are our refuge Exhale: and our strength. (From Psalm 74:16)

Inhale: Both day and night Exhale: belong to you. (From Psalm 91:1) Inhale: I find rest

Exhale: in your shelter. (From Psalm 103:4-5)

Inhale: You surround me with love

Exhale: and tender mercies. Inhale: You fill my life Exhale: with good things. (From Philippians 4:7) Inhale: Peace of Christ

Exhale: guard my heart and mind.9

Start with ten good breaths in and out, with the words that are most meaningful or steadying to your soul.

Scripture Reading: Mark 14:3-9

While he was at Bethany in the house of Simon the leper, as he sat at the table, a woman came with an alabaster jar of very costly ointment of nard, and she broke open the jar and poured the ointment on his head. But some were there who said to one another in anger, "Why was the ointment wasted in this way? For this ointment could have been sold for more than three hundred denarii and the money given to the poor." And they scolded her. But Jesus said, "Let her alone; why do you trouble her? She has performed a good service for me. For you always have the poor with you, and you can show kindness to them whenever you wish; but you will not always have me. She has done what she could; she has anointed my body beforehand for its burial. Truly I tell you, wherever the good news is proclaimed in the whole world, what she has done will be told in remembrance of her."

Reflection

Shelly Rambo writes, "The events of Jesus' cross and resurrection are often interpreted, in Christian theology, as the climax of a grand redemptive narrative.... The events of Jesus' death and resurrection provide a lens through which Christian identity is forged." ¹⁰

A few months into COVID-19, we began to see how the pandemic has affected Black and Brown communities across the globe differently from White communities.

Black and Brown individuals with underlying conditions have been dying from COVID-19 at disproportionally higher rates.

Dr. Leo Lopez III notes,

One of the most disturbing aspects of the coronavirus disease 2019 (COVID-19) pandemic in the US is the disproportionate harm that it has caused to historically marginalized groups. Black, Hispanic, and Asian people have substantially higher rates of infection, hospitalization, and death compared with White people. . . . Racial or ethnic minority patients in the US often lack health insurance, have greater comorbidities, predominantly live in low-income and often violent neighborhoods, and are dependent on care from less well-funded safety net institutions. Patients with limited English proficiency, and especially limited health literacy, also are more likely to have worse health outcomes.¹¹

The People's CDC, an independent coalition of public health practitioners, scientists, health-care workers, educators, and advocates, points out, "These vulnerable populations have unjustly had too little access to vaccines, masks, testing, and clean air. Many faced employment practices forcing them into unsafe, in-person work, while those more

privileged protected themselves by working and learning remotely. We've already seen the consequences of these inequities: disproportionate death and disability in structurally vulnerable communities." ¹²

We began to witness the inability of the health-care industry to meet the demands of caring for the quickly growing number of COVID-19 patients. Many hospitals were filled to capacity, forcing them to turn away some sick people. Patients who were able to get a bed were unable to receive visitors; those among them who died did so without family or friends around them. Many medical centers did not have adequate life-saving equipment or personal protective equipment (PPE).

The U.S. government responded by extending unemployment assistance and sending economic impact payments to Americans struggling to cover their basic living expenses. In New York City, NYC Health + Hospitals began providing free care to the uninsured. Community institutions received free PPE and COVID tests from local, state, and federal governments, to mitigate risk. In the early months of the pandemic, many grew aware that we were living in a long-term public health crisis and would need time to reflect on a traumatic global event and to recover physically, mentally, emotionally, spiritually, and financially as a society.

The unnamed woman in the Mark 14 story provided Jesus with what he needed in the moment. Likewise, at the height of COVID-19 and the global reckoning, many of our faith communities met the needs of the moment, from creating mutual-aid funds for redistributing wealth to supplying shared food storage units that provided food for their neighbors. Clergy and laypeople created online spaces where people could worship safely and find hope in community.

The Christian tradition and marginalized communities have provided many examples of community care amidst political upheaval, war, violence, global catastrophes, and epidemics over the past few centuries. What can we remember from the distant past? What can we recall that can support future generations in their flourishing? Can you identify an online worship service that had a great effect on you? How did your community pull together and create safety for one another?

It is important that we name the ways we called on our resilience. In this process of recalling our resilience, we continue to cultivate deeper and more meaningful experiences that heal our minds, bodies, and spirits of the effects of trauma.

Activity One: Group Discussion

Invite participants to respond to the following reflection questions as a group.

- How have your people supported those suffering from physical and emotional ailments during traumatic events?
- What kinds of care did they offer in times of trauma?
- Take some time to reflect on some ancestral or faith practices of healing that you or your community use and share them with the group. (10 minutes)
- What new practices of healing did you and your community take on early in the pandemic? (10 minutes)

Activity Two: Ritual Practice

Have your group split up into pairs. Give each pair the option to pour oil onto and/or rub each other's hands or feet or rest together (they may use the pillows for this). During this activity, consider playing the song "Alabaster Box," written by Janice Lyn Sjostrand and recorded by CeCe Winans. (5 minutes)

To be sure that those in a pair who decide to interact with the essential oils both have an opportunity to receive the oil, limit the time for each to two minutes. Those who decide to rest should be encouraged to sit or lie still.

A note on consent/comfort levels:

Before any touching occurs, a person should ask their partner: "Are you comfortable with touch?" If the answer is no, please allow that group to participate in the resting exercise if they are comfortable. Furthermore, if lying on the ground is not possible, you may ask participants to simply close their eyes while seated.

Closing Prayer

Dear God, we thank you for communities that cultivate care and rest practices. We ask you for your guidance as we work for a world where all people receive the resources they need to live and die with dignity. Amen.

- 9 Sarah Bessey, A Rhythm of Prayer: A Collection of Meditations for Renewal (Convergent Books, 2021), 57-59.
- 10 Rambo, 6.
- 11 Leo Lopez III, "Racial and Ethnic Health Disparities Related to COVID-19," JAMA Network, January 22, 2021, accessed December 28, 2022, jamanetwork.com/journals/jama/fullarticle/2775687.
- 12 The People's CDC, "The CDC is beholden to corporations and lost our trust. We need to start our own," *The Guardian*, April 3, 2022, accessed December 28, 2022, theguardian.com/commentisfree/2022/apr/03/peoples-cdc-covid-guidelines.
- 13 Christopher J. O'Leary, "Food Stamps and Unemployment Compensation in the COVID-19 Crisis," W. E. Upjohn Institute for Employment Research, April 1, 2020, accessed December 28, 2022, upjohn.org/research-highlights/food-stamps-and-unemployment-compensation-covid-19-crisis.
- 14 "NYC Health + Hospitals Marks One Year of COVID-19 Pandemic," NYC Health + Hospitals, April 3, 2021, accessed December 28, 2022, nychealthandhospitals.org/pressrelease/nyc-health-hospitals-marks-one-year-of-covid-19-pandemic.

SESSION THREE:

Honoring Our Trauma

Materials needed

- Journals and pens for each participant
- Butcher paper
- Markers

Opening Prayer/Meditation

Have participants spend 10 minutes journaling on the following prompt:

Are there times in your life when you are encouraged to rejoice but it doesn't quite feel right? Write about a time when you wanted to celebrate but felt something was "off." It could be about a time when you received a gift that you didn't want, or a time when someone in your life tried to reframe a bad situation to make it "good." Sometimes joy feels contrived; now's your time to write freely about it.

Scripture reading: Luke 24:1-12

But on the first day of the week, at early dawn, they went to the tomb, taking the spices that they had prepared. They found the stone rolled away from the tomb, but when they went in they did not find the body. While they were perplexed about this, suddenly two men in dazzling clothes stood beside them. The women were terrified and bowed their faces to the ground, but the men said to them, "Why do you look for the living among the dead? He is not here but has risen. Remember how he told you, while he was still in Galilee, that the Son of Man must be handed over to the hands of sinners and be crucified and on the third day rise again." Then they remembered his words, and returning from the tomb they told all this to the eleven and to all the rest. Now it was Mary Magdalene, Joanna, Mary the mother of James, and the other women with them who told this to the apostles. But these words seemed to them an idle tale, and they did not believe them. But Peter got up and ran to the tomb; stooping and looking in, he saw the linen cloths by themselves; then he went home, amazed at what had happened.

Reflection

Shelly Rambo, author of *Spirit and Trauma*, writes, "The language of restoring, rebuilding, can make people forget the existing reality of what people are experiencing."

She reflects on her interview with a survivor of Hurricane Katrina, Deacon Julius Lee.

"Things are not back to normal," he tells us. "People keep telling us to get over it already. The storm is gone, but the 'after the storm' is always here." Deacon Lee was attesting to the fact that Hurricane Katrina is not simply a singular event that took place in August 2005. It is an event that continues, that persists in the present. He is also speaking about public uneasiness with trauma and the push to move beyond it—an impatience with suffering, revealing a timeline on public attention and sympathy. Life after the storm, people in New Orleans can tell you, is not life as they once knew it. It is life continually marked by an ongoingness of death.¹⁵

In January 2022, The People's CDC was formed. The organization looks at how public policy related to the pandemic has threatened public health and social equity. The group has declared that "the pandemic is NOT over" and accuses the Centers for Disease Control of downplaying COVID's continued spread in order to appeal to the interest of corporations.

To the disciples and to the women, Jesus' story was not over, even though they had witnessed the resurrection. Their pain and disbelief were still palpable. As a faith leader who preached during the past two years of the pandemic, I can recall my own strong reactions to the text. I imagined that the women, after having lived through the trauma of seeing Jesus crucified, were horrified when they went to his grave but did not find his body. The images of refrigerated morgues for the dead during COVID-19 began to flood my mind. I began to see parallels in the experiences of the women in the sacred text and and those of the bereaved during COVID-19, awaiting the bodies of their loved ones in order to prepare for proper burials. Likewise, I can recall the disbelief of many of my parishioners when they lost loved ones to COVID-19, due to underlying conditions and older age. I recall the vacations, weddings, and holiday celebrations that were planned and canceled, the lingering grief of a missing loved one from kitchen tables.

We will reflect on natural responses to trauma that were experienced by the women, the disciples, and Peter: fright, disbelief, and awe.

Activity One: World Café (15 minutes)

Divide the participants into three groups. There should be three pieces of butcher paper and markers in each of three stations. Each group should ask one member to take notes on their conversation on one of the sheets of butcher paper. Each group will spend five minutes discussing the topic posted at their station. (See following directions.) Then they will move as a group to the next station and converse on the topic posted there, taking notes on a separate piece of butcher paper. Make sure that each group makes it to all three stations. At the end of the final round, call all participants to come together and ask each small group to share their conversation notes as they appear on the butcher paper.

Station One

Please write on each of the three pieces of butcher paper in this station:

FRIGHT

Verses 4 and 5: "While they were perplexed about this, suddenly two men in dazzling clothes stood beside them. The women were terrified and bowed their faces to the ground."

Looking at the details of the story, what are some reasons that the women might have been afraid?

Station Two

Please write on each of the three pieces of butcher paper in this station:

DISBELIEF

Verses 10 and 11: "Now it was Mary Magdalene, Joanna, Mary the mother of James, and the other women with them who told this to the apostles. But these words seemed to them an idle tale, and they did not believe them."

Given what we know, why wouldn't the disciples believe what the women said?

Station Three

Please write on each of the three pieces of butcher paper in this station:

AWE

Verse 12: "Then he went home, amazed at what had happened."

Peter was informed of what had happened and knew that Jesus was all-powerful. Why do you think Peter is amazed about what happened?

Activity Two: Discussion Questions for the Whole (five to seven minutes)

What new practices or ways of being could be birthed in your personal practice, home, or community of faith to help honor the "ongoingness of death" and to be present with those still experiencing COVID-19's continuing effects?

If relevant, what are some ways in which you can honor your own traumatic past? How can your faith community discuss COVID-19 in a way that honors its ongoing effects on the minds, bodies, and spirits of those most affected by it?

Instead of pushing others to move on and move past the pain of trauma, how might people of faith walk with those who are suffering?

Closing Prayer

God of the middle, God of the uncomplete, we thank you for the wisdom to know when the end is not the end. We ask you for community strong enough to hold us through ongoing death in the midst of life. We ask you for your grace as we continue to weather the storm of COVID-19. Amen.

Note: For further resources on becoming a trauma-informed congregation, read "Becoming a Trauma-Informed Faith Community," by Joan Huyser-Honig. You can find this at the Calvin Institute of Worship website (worship.calvin.edu/resources/resource-library/becoming-a-trauma-informed-faith-community).

- 15 Rambo, 2.
- 16 peoplescdc.org/about
- 17 The People's CDC, theguardian.com/commentisfree/2022/apr/03/peoples-cdc-covid-guidelines.

About the Author

PASTOR TABATHA HOLLEY holds a bachelor of arts degree in Comparative Women's Studies from Spelman College in Atlanta and a master of divinity with a concentration in Preaching, Worship, and the Arts from Union Theological Seminary. Pastor Holley heard the voice of the spirit calling her to the pulpit while sitting in the pews of Spelman's Sisters Chapel during her first week of student orientation. At Union, Tabatha founded the Practical Theology Caucus and received the 2020 Karen Ziegler Feminist Preaching Prize. She is currently completing her first unit of clinical pastoral education with end-of-life care patients at Calvary Hospital in the Bronx, New York.