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# Christian Ethics, Trauma, and *Dust in the Blood*: Moving Toward Enfleshed Counter-Memory

Stephanie C. Edwards

**Abstract:** While presenting very real medical and religious challenges, theology tends to both over-psychologize and over-spiritualize mental health suffering. Inspired by Jessica Coblentz's theology of depression, articulated most thoroughly in her book *Dust in the Blood*, I expand her analysis to the field of trauma studies. Reading trauma with Coblentz clearly calls theology to account for its ongoing insufficient responses to real persons in pain. It also further exposes the metaphysical/ existential import of mental health writ large. To begin to address this void, I outline a Christian social ethic that calls the wider community to work for justice in contexts of suffering and facilitate spaces for potential healing when such justice is impossible. I call this ethic "enfleshed counter-memory." Christian theology, as read by Coblentz, requires an ethic that can respond within the "wilderness" as well as point beyond its borders. Such an ethic has the capacity to enliven theological scholarship and practice to rightly respond to the ongoing global mental health crisis.

*DUST IN THE BLOOD: A THEOLOGY OF LIFE WITH DEPRESSION* contends powerfully, and personally, with depression and its challenges to Christian theology.[1] Pushing "objective" boundaries, Jessica Coblentz blends her own experiences with classic theology, popular religion, and biblical wilderness narratives, resulting in a powerful assessment of depression theologically understood. As an ethicist, I take up the task of discipleship Coblentz lays out in her final chapter, not only how to read mental health distress as a theological wilderness experience, but asking: what do we *do* in the wilderness together?

To orient how I answer this question, I will follow Coblentz's model of authorial honesty. I have been a social worker for nearly fifteen years, working now in non-profit management in higher education. Most of my direct service experience is with adults in

[1] Jessica Coblentz, *Dust in the Blood: A Theology of Life with Depression* (Collegeville, MN: Liturgical Press Academic, 2022).

various marginalized positions, chiefly the unhoused, refugees and immigrants, woman-identified survivors of violence, and all the intersections therein. While I do not, and have never, held a clinical license, my scholarship is deeply interdisciplinary and embedded in practical training and experience. My theological writing focuses on trauma, exploring all that umbrella term holds: from chronic, medicalized Post-Traumatic Stress Disorder (PTSD),[2] to socially embedded and widespread suffering,[3] to the epigenetic inheritance of harm and resilience.[4] From this blend of research and practice, I am committed to process-oriented Christian ethics that centers the real people our theology claims to impact. While this article offers a loose framework for ethical action in response to mental health conditions, I encourage readers to question my proposal, stretch and bend it to meet their contexts, and set aside what is not helpful. As Coblentz puts it, "dissonances, too, can be revealing."[5]

This way of reading, writing, and acting stems from my work in mental health, where humility and flexibility are necessary attributes. Only through honesty and adaptability can we create contexts for healing complicated people, including ourselves. These values also cultivate environments of what bell hooks calls "constructive hope" in a deeply flawed world.[6] In theology such hope is founded in the long-term, committed struggle of the messy faithful to live into God's promise of liberation. It is this type of hope-driven community I find in Jess as a person and her research. In sharing her own story and analyzing it theologically, *Dust in the Blood* offers us all the gift of intersectional insight, destroying the false distance between who we are and what we write.

This insight is clearly stated in Coblentz's central claim of the sufferer's right to self-determination of meaning. Such agential empowerment is paired with the refusal to accept theological justifications of suffering via its eschatological resolution. As Coblentz outlines her task: "I seek means for theologizing meaningless suffering and for theologizing meaningful suffering

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[2] Stephanie C. Edwards, "Pharmaceutical Memory Modification and Christianity's 'Dangerous' Memory," *Journal of the Society of Christian Ethics* 40, no. 1 (Spring/ Summer 2020): 93–108.

[3] Stephanie C. Edwards, "Creating a Multidirectional Memory for Healing in the Former Yugoslavia," in *Healing and Peacebuilding after War: Transforming Trauma in Bosnia and Herzegovina*, ed. Marie Berry, Nancy Good, and Julianne Funk, Routledge Studies in Peace and Conflict Resolution (New York: Routledge, 2020), 89–105.

[4] Stephanie C. Edwards, "Imperialism of the Mind: Decolonial Theological Approaches to Traumatic Memory," *Political Theology* 24, no. 6 (2023): 544–569.

[5] Coblentz, *Dust in the Blood*, 126.

[6] bell hooks, *Teaching Community: A Pedagogy of Hope* (New York: Routledge, 2003).

without presuming that its meaning is necessary and inherent."[7] The dedication to process and precarity in meaning-making is the essential link between Coblentz's work and my own. It is the cornerstone upon which I build my proposed ethic and demonstrates how *Dust in the Blood* can shape a vigorous Christian ethic in response to mental health writ large. To this end, I first trace connections between Coblentz's work and trauma studies, showing how her insights on theology and depression hold wider implications for how Christian theology speaks (or does not speak) about mental health overall. Second, I introduce a Christian social ethic informed by Coblentz I term "enfleshed counter-memory." This ethic calls the wider community to co-create expansive literal and figurative spaces for healing—even if justice or resolution is impossible. Christian theology, as read by Coblentz, requires such an ethic that can respond within the wilderness of mental distress, as well as point beyond its borders. Third and finally, I briefly conclude with Black queer femme organizer adrienne maree brown's *Emergent Strategy*[8] to further enliven the path of action Coblentz calls for: a way to live in, through, and out of the wilderness, together.

## COBLENTZ AND TRAUMA

Trauma is *not* depression, and to easily combine the two elides the particular nuances of the experiences. Collapsing distinct categories under the umbrella of "mental health" often leads to the ease of dominant theology's purported universal solutions to viscerally unique circumstances. This critique is well handled by Coblentz in part one of her book, so I will not spend time rehashing these intricacies here. I do, however, want to highlight that any false equivalencies between mental health challenges that may appear within this article are unintentional.[9] That said, there are resonances

[7] Coblentz, *Dust in the Blood*, 116. While the line between meaningful and meaningless suffering is blurry at best to all of us who experience pain, I agree with Coblentz that it is important, if not essential, to resist the imposition or presumption of extant meaning (*Dust in the Blood*, 106). An inherency bias that is the default position within theological reasoning around mental health suffering must be resisted to treat such experience in its fullness and respond to sufferers' testimony non-reductively.

[8] adrienne maree brown, *Emergent Strategy: Shaping Change, Changing Worlds* (Chico, CA: AK, 2017). Note: brown styles her name in all lower case and I follow her chosen grammar.

[9] Mental health and illness have a variety of definitions, but I generally use the World Health Organization as it is a leader in global service provision: mental health conditions/illnesses is a broad term "covering mental disorders, psychosocial disabilities, and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm," and mental health is "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses

between Coblentz's treatment of depression and trauma studies that reveal the need for a social ethic that reaches beyond one iteration of mental condition.

### *Individual Mental Health and Healing*

"Trauma" has become a catchall term in popular discourse. Whereas depression holds a stigma that Coblentz identifies, often setting the sufferer outside of the "norm," trauma is frequently applied to everyone. While this may be easy to understand in our context of widespread turmoil and global pandemics, trauma's popular use and its diagnostic content differ greatly. At its most simple, trauma is any experience that overwhelms one's capacities.[10] Trauma is thus convenient shorthand for when one might feel like life has handed them "too much" or when one is struggling to understand a complex life experience. Though not diagnostically "trauma," this has become the cultural interpretation of its meaning. Medically, trauma is a defined experience that most people will have in their lifetime: approximately 70% of the world's population has been or will be exposed to a traumatic life event.[11] When this happens, our bodies create chemical responses to attempt to deal with the occurrence. These physical and psychological reactions to trauma are normal and part of the way our bodies have evolved to survive extreme circumstances.[12] When the responses do not pass, however, they become pathological and can develop into a myriad of post-traumatic disorders. Despite how many people experience trauma,

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of life, can work productively, and is able to make a contribution to his or her community," World Health Organization, "The Global Health Observatory," September 2024, www.who.int/data/gho/data/themes/theme-details/GHO/mental-health.

[10] This is an intentionally over-broad definition, as US culture generally uses trauma language in this way. While there exists a multitude of ways to define trauma (such as by scale, type, symptom, or diagnosis), I utilize general language in this paper to avoid the reduction of trauma into only a medicalized definition (such as that from the American Psychological Association, referenced below). It should be noted that this is an imperfect choice, as trauma and all mental health disorders are very complex. However, I believe such a general definition has enough weight to hold a truth felt by many people, and thus motivating the social ethic that concludes this essay.

[11] Carolina Salgado, "Global Prevalence of Stress and Trauma and Related Disorders," *Global Collaboration on Traumatic Stress* (2024), www.global-psychotrauma.net/global-prevalence-of-trauma. Importantly, these can and do occur within the course of everyday life. Once considered fully "extraordinary," thinkers like Judith Herman helped reorient the understanding that "violence is violence and trauma is trauma" such that it permeates our cultural language.

[12] Responses include: gaps in memory of the event or an overwhelming inability to stop recalling every detail of the event long after its occurrence, increased heart rate/sweating, hypervigilance/anxiety, energetic or violent outbursts, and many more. These are often grouped under the "Post-Traumatic Stress Disorder" diagnosis in the US.

however, it is important to note that most people will *not* develop a chronic, disordered response.[13]

Trauma is thus distinct from depression, as it operates as an individual experience that *may* lead to disease, rather than fundamentally an experience *of* disease. That said, the sense of dislocation trauma engenders (whether one develops a disorder or not) is akin to that which Coblentz describes. This pervasive sense that one is separated from one's "home" (sense of self and meaning) unites diverse experiences of psychic interruption. This dislocation is most directly tied to a sufferer's experience of time. Where Coblentz beautifully draws forth the sense of *stasis* experienced in depression, trauma sufferers most frequently describe an intense *dynamism* in time—thrown back and forth between past and present, often unable to distinguish between the two.[14] The importance of time is a fertile connection across psychological experiences, particularly in their ties to theology. Mental challenges in general ask theology to contend with time more expansively—to open up beyond the linear and into metaphors and practices that can hold the reality of time as experienced by those suffering.[15]

Such *ongoingness* in a person's life is one of the most powerful aspects of trauma that connects to Coblentz's descriptions of the nature of depression.[16] Best practices from trauma healing methods suggest that long-term processes of integration are essential to foster healthy resilience.[17] Resilience is a broad measurement of one's ability to undergo stress or harm and recover normal health. It is used as an indicator in post-trauma contexts to reflect on a person's capacities, as "healing" is variously defined and, for some, may never be "completed." Both trauma and depression ask us to reckon honestly with the ebb and flow of health and illness across our lifespans. We must recognize that an assumption of "normalcy" is just that: an often uninterrogated mindset that can, and will, be unceremoniously upended.

One practice that can create as well as demonstrate resilience is

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[13] US Department of Veterans Affairs, "How Common is PTSD in Adults?," February 3, 2023, www.ptsd.va.gov/understand/common/common_adults.asp.

[14] Coblentz, *Dust in the Blood*, 45.

[15] Here, scholars such as Dirk Lange and David Turnbloom have played with the concept of liturgical time, John Swinton with God's time, and Madeline Jarrett with "crip time" to attempt to hold this truth within the Christian tradition.

[16] Coblentz, *Dust in the Blood*, 151 in describing Hagar, and *passim*.

[17] Juanita Meyer, "'Surviving My Story of Trauma': A Pastoral Theology of Resilience," in *Resilient Religion, Resilience, and Heartbreaking Adversity*, ed. Chris Hermans and Kobus Schoeman (Berlin: Lit, 2023), 153. See also Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985).

testimony. Naming the suffering as felt by the person is shown to have lasting positive impacts. Rather than allowing systems, be they medical, juridical, or theological, to impose outside meaning on suffering, the sufferer should be encouraged to define their own story. As such, practices such as testimony and unrestrained lament are central to empowerment in mental health challenges. These methods help uncover ways persons can and have shown resilience *after* suffering as well as emphasize moments of resistance from *within* suffering.[18] Resistance is distinct from resilience, as resistance highlights one's capacity to act even in situations of extreme harm (what Coblentz terms "small agency").[19] Such resistance is routinely ignored in cases of both trauma and depression, as these instances are often morally complex and/or involve actions considered insignificant. Yet, naming both resistance and resilience is central to re-locating oneself during a period of mental disorder. On the individual level, Coblentz's work on depression demonstrates strong connections to trauma studies through its approach to time, dislocation, and healing practices.

*Mental Health in Theological Context*

Trauma is also distinct from depression in that it is fundamentally social. Trauma involves an "other"—be they particular or universal—bound up in the experience.[20] Depression as such often has no "perpetrator" and is defined within one's individual mind and body. I contend, however, that depression theologically understood is a shared condition. I align myself with the womanist scholars Coblentz engages, who highlight a relational theological anthropology. If God's image is present in all flesh, united in the mystical body of

[18] Jennifer Beste works on this with fundamental grace via Rahner with victim/survivors of sexual assault in *God and the Victim: Traumatic Intrusions on Grace and Freedom* (Oxford: Oxford University Press, 2007). These practices are theologically tied to Coblentz's discussion of "salvation, not liberation; incorporation, not cure" (*Dust in the Blood*, 186–189). The now-classic work on testimony and trauma narratives can be found in S. Felman and D. Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992).

[19] Funlola Olojede, "Resilience and Resistance in the Book of Job: An African Socio-Economic Hermeneutical Reading," in *Resilient Religion, Resilience, and Heartbreaking Adversity*, 142. The author is presenting African Biblical Hermeneutics (ABH) as a distinctly decolonial act, socially engaged and attentive to moving the center of interpretation to a resistant and resilient Black theology. See also Coblentz, *Dust in the Blood*, 189.

[20] Trauma is not exclusively experienced in situations of interpersonal or social harm (e.g., war, sexual assault, violence), but also through accidents, natural disasters, or other situations for which there is no direct "offender" but rather a shared experience of suffering. All forms of trauma, therefore, while diverse are social.

Christ, then all iterations of individual embodiment maintain a social component.[21] Therefore, our treatment of mental health has theological as well as ethical ramifications. Not only do our attitudes and behaviors directly result in the availability or lack of healthcare resources and community support, they also shape how the sufferer views and relates themselves and their experience to God. In this way, both trauma and depression ask us to reckon with how we are bound up in the suffering of another and take seriously how such suffering can be alleviated as a matter of faith as well as justice.

This is not an easy task. Akin to how Coblentz describes the wilderness of depression, trauma reveals complexity rather than universalizes experience.[22] Critics of trauma discourse, however, rightly name the tendency to use it as a stand-in for all hardship.[23] This is particularly troubling for theologian Jennifer Beste, who calls out this universalizing behavior within the Catholic Church in response to the clergy sex abuse crisis.[24] She argues that, even though

> the narrative of a "traumatized church" can be compelling because the vivid language and images connected with trauma can resonate with many people's sense of horror at the reality of clergy sexual abuse . . . it also invites hope that, given our traumatic paralysis, God will respond to our prayers to heal and redeem the body of Christ so that the church can restore its good name, integrity, and positive influence in the world.[25]

Rather than activate moral agency in response to harm, she argues, the use of "we are all traumatized" rhetoric further disempowers victims and witnesses. It also eases our critical assessment of guilt and culpability for lay persons, parishes, and hierarchical structures, as well as perpetrators themselves. Further, it is problematic "that our hope for healing and justice in this scenario becomes more rooted in

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[21] The work of M. S. Copeland, Delores Williams, and Eboni Marshall Turman explore this relational anthropology. This is a necessarily abbreviated summary, but essential to grounding the Christian social ethic I propose.

[22] Coblentz, *Dust in the Blood*, 133, "To correlate the biblical image of the wilderness, then, does not imply *one* set of theological conclusions."

[23] This ignores the diagnostic content, where we are now in the American Psychiatric Association's Diagnostic and Statistical Manual-V (DSM-V 2013, revised 2022), where the conceptualization of trauma and the diagnostic criteria of trauma were adjusted significantly; see Laura K. Jones and Jenny L. Cureton, "Trauma Redefined in the DSM-5: Rationale and Implications for Counseling Practice," *The Professional Counselor* 4, no. 3 (July 3, 2014): 257–271.

[24] Jennifer Beste, "Critical Reflections on the Discourse on a 'Traumatized Church,'" in *Theology in a Post-Traumatic Church*, ed. John N. Sheveland (Maryknoll, NY: Orbis Books, 2023), 39–63.

[25] Beste, "Critical Reflections," 49.

an image of a sovereign God who can choose (or not) to have mercy and infuse us with grace, and less rooted on activism and concrete actions."[26]

Such a misapplication of mental health labels within theology shifts us toward acceptance of our own apathy in the face of psychological challenges. We reach toward external grace in the name of traumatic impairment/paralysis, instead of enacting already graced actions toward healing and justice. Coblentz powerfully demonstrates how similarly misguided responses to depression create further harm and continue to alienate those in pain.[27] While there may be no direct "justice" claim in a case of depression, there remains a need for a theologically rooted social ethic that calls the community into responsibility to create the conditions for healing.

### *Social/Structural Components of Mental Health*

In the mainstream US mental health sphere, the "curative" model rules.[28] This orientation emphasizes "curing" rather than "healing," giving primacy to hyper-individualized and medicalized solutions. While presenting very real medical challenges, *over*-psychologizing mental suffering ignores the metaphysical and existential import of the experience. Even though those aspects are frequently central to the sufferer, they pass uninterrogated.[29] While we must tread carefully here as theologians not medical doctors, as Coblentz rightly names, we cannot turn away from these larger contours of suffering. First, defaulting to the curative framework in theology functions practically to further burden the individual with sole responsibility for their own healing. Ignoring the existential aspects of suffering also hides or minimizes the fact that healing can and does occur in the face of an "incurable" bodily or psychological state. Finally, an over-emphasis on "cure" completely alleviates any responsibility for healing action from those outside of the individual experience. While this may emerge from a felt sense of valuing privacy ("it's your story"), a desire to get

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[26] Beste, "Critical Reflections," 48.

[27] Coblentz, *Dust in the Blood,* chapter 3.

[28] From lay conversations to medical doctors to theologians, the medical model is presumed to be the universal arbiter of objective treatment, to the exclusion or diminishment of other expert fields. This assumption also ignores the flaws within medical care in the United States, and functions to hide the deeply imperfect ethical reasoning that determines a person's treatment under the curative model. These flaws include everything from implicit bias to resource rationing. See D. P. Gopal, U. Chetty, P. O'Donnell, C. Gajria, and J. Blackadder-Weinstein, "Implicit Bias in Healthcare: Clinical Practice, Research, and Decision Making," *Future Healthcare Journal* 8, no. 1 (2021): 40–48, doi.org/10.7861/fhj.2020-0233.

[29] Coblentz, *Dust in the Blood,* 23.

proper support ("you should see someone expert"), or the real knowledge of one's own limits ("I can't imagine"), our overall unwillingness to engage in the mental health of another often results in isolation, furthering what Coblentz terms the "unhomelike" experience.[30] While not the same in cause or presentation, trauma survivors experience similar cliché responses to those Coblentz identifies within depression treatment ("everything happens for a reason").[31] They also receive similar therapy, if they can access it at all, that assesses a broken "part" instead of healing an integrated, complex person. The US healthcare system is built to find solutions, and when one is not readily available or easily apparent, the person seeking help is often abandoned to their own devices.[32]

Beyond the systemic issues in healthcare provision, depression, trauma, and mental health are shaped by our cultural context. At first glance it is easy to assume we interpret health and illness from an objective assessment. Our evaluations, however, are deeply informed by what Emilie Townes calls "the cultural production of health."[33] This production hinges upon our understanding of morality—to oversimplify, health is a moral good and illness is a moral evil. These cultural and religious scripts are so deeply embedded that they often go unnoticed or are accepted as normal, right, and even just.[34] Such attitudes have real consequences, positioning the sufferer as deserving of their situation at worst or, at best, that the pain will have a purpose. This imposition of meaning is so ingrained that we perform it unconsciously, foreclosing any creative engagement that centers the sufferer's own interpretation. Following Townes's cultural construction of health, we must find new ways to interpret health, illness, and their theological ramifications.

In the social/structural realm, such interpretation is closely linked with practice. The methods of testimony and lament described above do not only serve an individual's healing. Such practices also move mental conditions beyond the internal world of a patient and into the

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[30] This dislocation "breeds apathy" (Coblentz, *Dust in the Blood*, 84).

[31] Coblentz cites the major trauma and theology writers as pointing out this prevailing attitude (*Dust in the Blood*, 53).

[32] Alongside the prevalence of mental health conditions in the US (approximately 1 in 5 adults in 2021), there is a staggering crisis in mental health provision. In 2022, sixty percent of psychologists reported no availability for new clients, see Heather Stringer, "Mental Health Care Is in High Demand," *Monitor on Psychology* 55, no. 1 (January 1, 2024): 60.

[33] Emilie Townes, *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care* (Eugene, OR: Wipf and Stock, 1998).

[34] Yochai Ataria goes so far as to argue that trauma is a "black hole" around which all Western culture orbits, and our continual exposure and lack of healing attention to trauma has damaged our communities (*The Structural Trauma of Western Culture* [Switzerland: Palgrave Macmillan, 2017]).

community as recipients or "hearers" of the story.[35] This is considered a practice of justice in response to mental distress by psychologist and trauma studies founder Judith Herman. Herman posits that moving toward justice is necessary, even calling it a "final stage of recovery."[36] In part, this commitment stems from Herman's reading of mental health through the lens of power. Understood through social power, personal suffering is never isolated. It is emboldened and enacted through structures that support harm and/or hinder healing. Herman argues that coalitional organizing and community building are the only proper response to hegemonic, violent power that positions some to suffer more than others. This relational response also calls entire communities to account for suffering and create specific, appropriate spaces for healing. While explicit justice efforts may be more or less appropriate depending on the context and content of mental health challenges, I maintain that Herman's proposal of community and connection is universally applicable. In Coblentz's metaphor, the emergence out of one's wilderness cannot occur without others.[37]

## COBLENTZ AND ENFLESHED COUNTER-MEMORY

Noting where Coblentz's work on depression intersects with trauma on the individual, theological, and social scale, I propose the ethical framework of "enfleshed counter-memory."[38] While this tool was initially developed in response to trauma, it holds potential for application across mental health challenges. Dedicated to relational, process-oriented methods, enfleshed counter-memory is meant to be used in diverse spaces. It seeks to cultivate action within liminal spaces, the "in-between" in which so many of us find ourselves. It is here where, as Coblentz names, we feel struck down "without any apparent reason [or] resolution."[39] Rather than waiting for the heavens to break open and offer perfect clarity, as Beste cautions, I

[35] Judith Herman, *Truth and Repair: How Trauma Survivors Envision Justice* (New York: Basic Books, 2023).
[36] Herman, *Truth and Repair*, 3. See also Coblentz, *Dust in the Blood*, 97.
[37] Coblentz, *Dust in the Blood*, 124. Coblentz also emphasizes that even in cases of depression, which are often chronic and have no exterior "cause" to remedy, we do not need to fall to tragedy and hopelessness but rather must turn toward community with others and God (*Dust in the Blood*, 163).
[38] A more robust exploration of this concept is found in Stephanie C. Edwards, *Enfleshed Counter-Memory: A Christian Social Ethic of Trauma* (Maryknoll, NY: Orbis Books, 2024).
[39] Coblentz, *Dust in the Blood*, 142. I also find Coblentz a stimulating dialogue partner in thinking through the lines between necessary situationist ethical reasoning, and universal norms for right action.

instead want to cultivate methods for building paths toward healing together. Here, Coblentz's work on depression is essential for testing the applicability of enfleshed counter-memory, and rigorously evaluating its utility for reframing how we assess, interpret, and heal mental distress.

Enfleshed counter-memory as a term is intentional and unapologetically theological: "enfleshed" in relation to complex and incarnational embodiment drawn from womanist thought; "counter" as the memory of suffering runs up against systems of power, drawn from Johann Baptist Metz; and "memory" as the essential category that unites considerations of mental health with Christian theology.[40] While seemingly just a turn of phrase, easily written off as a disembodied theological "solution," enfleshed counter-memory is meant to encourage concrete action. Through providing a broad tool for situational assessment, enfleshed counter-memory can begin to peel back the layers that surround mental health struggles and provide the theoretical basis to meet the challenge of suffering with committed hope and endurance.

First, enfleshed counter-memory centers real persons and our messy bodies. As Coblentz foregrounds her own experience with depression, so too must our ethical response. Centering the self-determining, honest expressions of suffering persons is the core of this ethic, and reflects best practices from the mental health professions. The orientation of "enfleshment" honors the bodily reality of mental health, placing our complex, literal flesh as a central connection to each other and God.[41] As it speaks with Coblentz's account of depression, enfleshed counter-memory draws forth an ethical orientation focused on engagement rather than completion, process rather than

[40] Memory is the faculty of human bodies that stores and recalls information. As such, it is where memories of suffering, and many mental illnesses, exist. Despite what our Cartesian inheritance may imply, a focus on memory does not ignore our bodies for the "true self" of spiritualized minds. Rather, I use memory as the psychologically agreed-upon site of action for healing mental distress. This is particularly relevant in trauma, as traumatic disorders interrupt and corrupt memory. Memory and memory studies constitute complex, interdisciplinary fields that cannot be treated here. I will note that as the site of recall of distress, and what Coblentz describes as a lack of capacity "to remember that life can be otherwise" from inside depression, memory is a robust site from which to construct ethical action. Further, memory is a theologically critical category, as in Jesus's Gospel injunction: "Do this in memory of me." There are exciting potential ties between enfleshed counter-memory and anamnesis, such as that explored in liturgical theology by Bruce Morrill, *Anamnesis as Dangerous Memory: Political and Liturgical Theology in Dialogue* (Collegeville, MN: Liturgical Press, 2000).

[41] I draw this term from M. Shawn Copeland, *Enfleshing Freedom: Body, Race, and Being* (Minneapolis, MN: Fortress, 2010). It is also informed by Mayra Rivera, *Poetics of the Flesh* (Durham, NC: Duke University Press, 2015).

success, and humility rather than triumphalism. These are lessons our bodies continue to teach us and all too tempting to ignore. Rather than offer a spiritual response to a visceral problem, focusing on enfleshment as our first ethical tool in addressing mental distress sets up a realistic framework for action.

Second, Coblentz beautifully and tragically points out that depression runs exactly counter to the cultural expectations of "success" and even "perfection"—particularly within theology. Through enfleshed counter-memory, we can see how such a counter-position is not to be feared. In fact, this position encourages us to recognize the lived reality of vulnerability in which we all share. Life is not a constant upward trajectory, yet this false vision is too often a pitfall within the Christian vision of resurrected life. Rather than ignore the wounds we accrue, enfleshed counter-memory encourages us to accompany each other's woundedness in a vision of Christ's resurrected body: a body that is both broken and risen.[42] The counter-position of memory of suffering emboldens this type of mystical-political discipleship. Here, we accompany each other in a vision of transformation not limited by earthly systems. In creating contexts for healing, we begin to make real God's promises of liberation.[43]

Finally, enfleshed counter-memory asks us all to remember suffering rightly, to remember such struggle *for life*. Christian frames of suffering are often rightfully questioned for ties to colonial modes of power, as well as overly spiritualized responses. The work of Spanish Jesuit and psychologist Ignacio Martín-Baró, however, offers an alternative for understanding enfleshed counter-memory in a Christian view of psychology. Liberation psychology, as defined by Martín-Baró, locates psychological experiences within their context, directly naming the sources of oppression and injustice that suffocate the possibility of genuine flourishing and often determine mental health or disease.[44] This orientation understands that mental illness "*is the product of both damaged neurons and the experiences of particular forms of relationship and community.*"[45] Memory in this

[42] My thinking here is influenced by Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma* (Waco, TX: Baylor University Press, 2017).

[43] Drawn from Johann B. Metz, *Faith in History and Society: Toward a Practical Fundamental Theology* (New York: Herder and Herder, 2007).

[44] Wayne Dykstra, "Liberation Psychology—A History for the Future," *The British Psychological Society*, November 14, 2014, www.bps.org.uk/psychologist/liberation-psychology-history-future. See also Martín-Baró's own account of the development of the field of which he is considered the founder in Ignacio Martín-Baró, *Writings for a Liberation Psychology*, ed. Adrianne Aron and Shawn Corne (Cambridge, MA: Harvard University Press, 1994).

[45] John Swinton, *Dementia: Living in the Memories of God* (Grand Rapids, MI: Eerdmans, 2012), 107, emphasis original. Memory, like mental illness, is not an empty concept. It

framework resists the hyper-individualized approach of psychology that often reduces whole persons to events or illnesses. Instead, it surges forward into praxis, "not an account of what *has been done*, but of what *needs to be done*."[46] Practices of memory are thus the process of contextualization of experience toward empowerment of self and community. This memory is active, resisting what many consider the "natural" way of things.[47] Positioned within a Christian worldview, Coblentz's work helps frame the pursuit of enfleshed counter-memory in recognition of God's transcendence and the call to "go and do likewise."[48]

## DANCING IN THE WILDERNESS

Coblentz's theological treatment of depression offers a foundational conversation partner for, and nuanced challenge to, the applicability of enfleshed counter-memory outside of trauma. By no means do I claim that this initial sketch is the robust assessment necessary, but I hope it functions as inspiration for further engagement. As Toni Morrison puts it more poetically, I hope enfleshed counter-memory supports a theological model and method of a "dancing mind," here able to move in the wilderness.[49] Through exploring both depression and trauma, I maintain that a rigorous social ethic is needed in response to mental distress, to meet both the demands of justice as well as those of Christian discipleship. Enfleshed counter-memory is one such ethic, a framework that helps assess mental illness theologically as well as inspire practical action toward healing.[50] The goal of enfleshed counter-memory is by no means to

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is constructed within contexts and with individuals that have specific purposes and ends for memory. This is why memory is praxis-oriented in my framework.

[46] Adrianne Aron and Shawn Corne, "Introduction," in *Writings for a Liberation Psychology*, 5–6, emphasis original. For a more recent account of this process in action, see Rosa Lia Chauca-Sabroso and Sandra Fuentes-Polar, "Development of a Historical Memory as a Psychosocial Recovery Process," in *Psychology of Liberation: Theory and Applications*, ed. Maritza Montero and Christopher C. Sonn (New York: Springer, 2009), 205–219.

[47] Coblentz, *Dust in the Blood*, 90—fighting "naturalization" of illness.

[48] Here Coblentz is playing with Hagar's story as a tragedy, one which pushes human understanding and which God transcends (*Dust in the Blood*, 167).

[49] This is also in keeping with the method of Karen Baker Fletcher, *Dancing with God: The Trinity from a Womanist Perspective* (St. Louis, MO: Chalice, 2006).

[50] To ignore the practical nature of enfleshed counter-memory is to misunderstand its purpose, and cooperates with the structural and personal sin that encourages trauma and mental distress. See Flora Keshgegian, *Redeeming Memories: A Theology of Healing and Transformation* (Nashville, TN: Abingdon, 2000), 152. The work for relational justice is essential to a Christian enfleshed counter-memory and inherently part of its definition. For consideration here, justice falls within three major realms (micro/individual, mezzo/community, macro/social) that map roughly onto the

impose meaning on suffering, as Coblentz rightfully cautions against, but instead to provide a framework for living in resistant and resilient communities. Such communities are the context in which future possibilities are cultivated—even the possibility of hope itself.[51] Hope in this sense is not a vision of perfect functioning or the obliteration of all earthly struggle. In enfleshed counter-memory, hope is created through shared vulnerability, compassionate care, and the pursuit of justice inspired by the Gospel.

Justice within enfleshed counter-memory is a life-long practice. It demands that we develop what activist adrienne maree brown calls *emergent strategies.* These are practical strategies that reach beyond any one experience of pain. They are aimed at building new worlds in recognition of our entanglement. As brown reflects on this shared task:

> The crisis is everywhere, massive massive massive.
> And we are small.
> But emergence notices the way small actions and connections create complex systems, patterns that become ecosystems and societies [and theologies]. Emergence is our inheritance as part of this universe; it is how we change. Emergent strategy is how we intentionally change in ways that grow our capacity to embody the just and liberated worlds we long for.[52]

In all her work, brown stresses the importance of *depth* over *breadth.* While social ethics are often aimed at social transformation, emergent strategies temper such an exclusive theoretical construction. Changing a social and theological imaginary is only accomplished through relational community work. As with the examples of testimony and lament, brown offers song and circle as necessary practices to reach the goal of transformation.[53] Through small-scale, long-term group work, our singing, sharing, and processing, we create the

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multivalent usefulness of wilderness imagery Coblentz describes in chapter 5 (*Dust in the Blood*, 136–138). While these are by no means definitive of all possible routes, they are inspired by Herman's three broad phases of individual trauma healing: safety and stabilization, remembrance and mourning, and reconnection and integration (*Trauma and Recovery*).

[51] Coblentz, *Dust in the Blood*, 192, 194—inspired by her concept of "hoping that."

[52] brown, *Emergent Strategy*, 18, 3.

[53] brown, *Emergent Strategy*, 202, 257. Circle practices are commonly used in restorative/transformative justice as alternative methods of conflict resolution and accountability for harm. Only through creating alternative structures such as circles within our own communities, brown argues, can we even begin to transform our embedded attitudes and unjust power dynamics. This type of "movement healing" is also championed by modern Kingian Nonviolence, see Kazu Haga, *Healing Resistance: A Radically Different Response to Harm* (Berkeley, CA: Parallax, 2020).

contexts of trust that allow for surfacing, recognizing, and potentially healing mental distress.[54]

For Coblentz, such imagining does not ignore the "terror of the text"[55] (the very harrowing experience of complex mental health), but is rather an "expansion of possibilities for survival and improved quality of life."[56] Enfleshed counter-memory is, I hope, a part of this work: providing new ways to imagine our being that centers our contingent, entangled selves; encouraging practices of lived solidarity that challenge oppressive structures *and* provide soul-filling connection; and, ultimately, creating a way to intentionally hold suffering rightly in the Christian ethical life. To discover, as Jess puts it so well, that "it is a difficult place where God is."[57]

**Stephanie C. Edwards, MSW, PhD**, is executive director, Boston Theological Interreligious Consortium (BTI). She is a Catholic ethicist and a social worker, practicing diverse service delivery, grant writing, and nonprofit management for over a decade.

[54] Not all mental disorders can be addressed within these communal methods. While such methods can be used to structure testimony and lament for all, no matter their disability/experience, healing itself must be sought holistically, through networks of caring professionals, inclusive of medical doctors, social workers, psychologists, psychiatrists, and faith leaders.
[55] Coblentz, *Dust in the Blood*, 145.
[56] Coblentz, *Dust in the Blood*, 185.
[57] Coblentz, *Dust in the Blood*, 135.