MEADVILLE LOMBARD THEOLOGICAL SCHOOL

NEURODIVERGENT EMBODIMENT AS BOTH A SITE OF TRAUMATIC STRESS AND A MAP FORWARD TO RESTRUCTURING THE WORLD

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ABSTRACT

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This project argues that contemporary society operates as a "C-PTSD society" (Complex Post Traumatic Stress Disorder), and that those most impacted by this stress are the neurodivergent. I use the diagnostic criteria of C-PTSD as a framework to understand the embodied experience of the neurodivergent, shaped by the combined forces of racialized 'cannibal' capitalism, heteropatriarchy, White Supremacy, ableism, and neuronormativity, and existing all alongside the ecological and existential pressures of the Anthropocene. This has resulted in widespread chronic dysregulation of individual and collective bodyminds. By integrating the neurodiversity paradigm, disability justice, and immanental and mystical theologies, I propose that trauma is not merely an individual psychological event but a systemic, relational, and spiritual crisis that restructures the very conditions of human life. Within this framework, neurodivergent and disabled embodiments—particularly late diagnosed autistic bodyminds assigned female at birth (AFAB) embodiments—serve not as pathologies but as diagnostic (this is what will happen with no intervention) and prophetic (this is what intervention can be) resources, that illuminate the depth of societal trauma and the possibilities for its transformation. I argue that healing requires a theological reorientation toward relationality, embodiment, and divine immanence, through which communities, and especially Unitarian Universalist congregations, can be reimagined as trauma-healing collectives capable of metabolizing grief, restoring relational ecologies, and fostering collective liberation.

To Jason, who sees me

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LIST OF ABBREVIATIONS

AFAB: Assigned Female At Birth

CUF: Carbondale Unitarian Fellowship

C-PTSD: Complex Post Traumatic Stress Disorder

PTSD: Post Traumatic Stress Disorder

UU: Unitarian Universalism/Unitarian Universalist

UUA: Unitarian Universalist Association

INTRODUCTION

Coming to the Masters of Art in Religion, at this time, was a chance event. A crooked road. My career trajectory had profoundly shifted and I was reaching for meaningful work. I could no longer work my job in student affairs or in mental health, and I had applied and was waiting on a disability determination. I had been bullied out of the workforce because I could no longer meet the expectations of neuronormativity, but I did not know that at the time; I was just starting a long process of learning. I needed something, and ministry called. Some obstacles presented themselves right away. Others emerged over time, and those too have informed my learning. Learning to flexibly take on those challenges and still experiencing joy is part of my healing, my resistance, and hopefully my reformation of the church.

I approached all implicit, explicit, and "null curricula" of this degree with "planned happenstance" in my mind using speech and body language.[1] Planned happenstance is a novel career theory that takes into account the role chance takes in one's career and how to best prepare to make the most of those chances.[2] A plan for a path, albeit one that shifted at week two, year one, of enrollment. An openness to the idea that whatever was in front of me would be important to what I was learning, the completion of the degree, this project, and for my ultimate goal: *healing*.

Understanding that I am neurodivergent has been crucial to my healing, or the beginning of my healing. Understanding I am neurodivergent helped me to identify the "wound."[3] My life

[1] For "null curricula," see Maria Harris, *Fashion Me a People: Curriculum in the Church* (Westminster/John Knox Press, 1989), 69; For Krumboltz's suggestions for career counselors, see: D. Krumboltz, "The Happenstance Learning Theory," *Journal of Career Assessment* 17, no. 2 (2009): 135–54.

[2] For planned happenstance in career counseling, see: Krumboltz, "The Happenstance Learning Theory," 146-148.

[3] Michael Hogue, "Apertures of Loss" (Public Lecture, Meadville Lombard Theological School Virtual Public Lecture, Meadville Lombard Theological School, Chicago, IL, October 15, 2025).

has unfolded in a world structured by racialized "cannibal capitalism," a system that relentlessly extracts from human bodies, minds, and ecologies until there is almost nothing left to give.[4] And my body, because of various divergences, could give and can only give significantly less than "typical."[5]

Knowing these things has empowered me to determine where I am at and what I require to heal, and I want to take that information and apply that to the collective - to all of humanity. Entering Meadville Lombard Theological School was not necessarily a career choice, and I am not sure I will have something that looks like a career on the other side of it. But I did confirm to myself that work targeted at including all toward the ultimate goal of collective liberation is my role in this world, and I discovered a helpful framework in which to position myself as an agent of change for myself, the church, and the world.

When I became disabled, legally so, defined as "psychiatrically disabled" under the Social Security Administration, I engaged in a years-long process to discover myself after forty five years of misunderstanding who I was fundamentally as a person. And I began seeking resources to help me heal and help to build a life as a disabled person. To be clear, I have been disabled my whole life. I am Autistic, which is a neurodevelopmental condition present from birth. Autistic people think, move, interact, sense and process differently than non-autistic people and in ways others may not expect. This shows up in differences in socializing and communicating, including developing and maintaining relationships and using speech and body language. It impacts the taking in and delivering of information, and it is connected with

[4] Nancy Fraser, *Cannibal Capitalism: How Our System Is Devouring Democracy, Care, and the Planet - and What We Can Do about It* (Verso Books, 2022), 83.

[5] Janae Elisabeth studies and educates about Autism with a particular focus on polyvagal theory and nervous systems. Elisabeth taught a summer course titled "Trauma and the Nervous System" in 2025. This focus on body divergence was covered in the session "Systemic Trauma." Janae Elisabeth, "Systemic Trauma," Trauma and Nervous System Course, (virtual course, Thinkific Learning Platform, October 15, 2025).

recognizing patterns and connections, it impacts how we experience and express our senses, emotions and executive functioning. These differences look different for children and adults.[6]

Several marginalized groups have been underestimated in statistics regarding Autism, including people of color, girls, and non-binary individuals. This has led to, what seems like, in the year 2026, a dramatic increase in assigned female at birth (AFAB) women and nonbinary people being diagnosed late into adulthood.[7] A recent study by Hull et. al. suggests girls are being underdiagnosed at significant rates.[8] The most commonly heard ratio of Autism diagnosis is four to one male to female.[9] Megan Anna Neff, an AuDHD clinical psychologist, points to a helpful study from Robert McCrossin to better understand diagnostic statistics. According to Neff, "A 2022 analysis by Robert McCrossin using broad screening in an Australian population, estimated that up to 80% of Autistic females remain undiagnosed by age 18 and argued that the true prevalence ratio could be closer to 3 boys for every 4 girls. In other words, autism may actually be more common in girls than boys once underdiagnosis is accounted for."[10]

I, indeed, was not recognized as disabled by my family, the school system, or the healthcare system, including psychiatry, and instead languished for forty-five years with no help of improving because I did not understand the central problem. With a lack of understanding of oneself and neurotype, every Autistic trait is instead labeled something extraordinarily negative: defiant, disruptive, disordered, delinquent. Really it is a type of death: as I will argue here, social death of the precariat.

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[6] "Understanding Autism," Reframing Autism, 2026, https://reframingautism.org.au/about-autism/.

[7] Megan Anna Neff, "Women and Autism: Diagnostic Challenges and Co-Occurring Risks," *Neurodivergent Insights*, November 5, 2022, https://neurodivergentinsights.com/womenafab-and-autism/.

[8] Laura Hull et al., "The Female Autism Phenotype and Camouflaging: A Narrative Review," *Review Journal of Autism and Developmental Disorders* 7, no. 4 (2020): 306, https://doi.org/10.1007/s40489-020-00197-9.

[9] Hull et al., "The Female Autism Phenotype and Camouflaging: A Narrative Review," 307.

[10] Megan Neff, *Neurodivergent Insights*, n.d., https://neurodivergentinsights.com/; Robert McCrossin, "Finding the True Number of Females with Autistic Spectrum Disorder by Estimating the Biases in Initial Recognition and Clinical Diagnosis," *Children* 9, no. 2 (2022): 272, https://doi.org/10.3390/children9020272.

In these three years, I have come to believe that *neuronormativity* is the most toxic, oppressive force in modern society.[11] I believe the neurodivergent, an umbrella term that is inclusive of any person who deviates from the sociocultural standards of neuronormativity, and in particular those whose divergence is characterized as "mental illness," are the most precarious population in modern society.[12] Following this logic, correcting society for their full participation and inclusion within it will remediate the other oppressive forces and put liberatory systems in their place.

The disability justice movement and the neurodiversity movement are full of role models for understanding how environments shape disability and how to shape societies to provide support and true inclusion. In particular, I feel "traumatized" embodiments (like survivors with diagnoses like Complex Post Traumatic Stress Syndrome (C-PTSD) or Autism Spectrum Disorder, or depression), or the disabled body as text, can be a predictive and prophetic resource. This understanding, though flawed and framed through a medical model, can offer a shared language that can be used as a metaphor to understand the impact of this society on the human person at its limits.

This is a stance of "disability embrace," or recognizing disability both as a site of violence *and* a source of wisdom and resistance. This involves an acknowledgement of the harm our environment is causing and resisting this violence while in the same breath claiming disability as a "vibrant and meaningful part of social and political identity."[13] Conceptualizing the processes of system death happening in the Anthropocene amid ongoing systemic oppression

[11] Sonny Jane, "Lived Experience Educator," *Lived Experience Educator*, accessed May 10, 2026, https://www.livedexperienceeducator.com.

[12] NDView, "Neurodivergent View," *Kassiane Asasumasu on Who Is Neurodivergent and Who Is Not*, May 14, 2025, https://neurodivergentview.com/kassiane-asasumasu-who-neurodivergent-and-who-not.

[13] Julia Watts Belser, "Disability, Climate Change, and Environmental Violence: The Politics of Invisibility and the Horizon of Hope," *Disability Studies Quarterly* 40, no. 4 (2020).

like racism, heteropatriarchy, and ableism, along with the corresponding “mental health crises” all as trauma affords a better understand the phenomenon that has far-reaching impacts, and more importantly, to imagine a new hope in the healing of that – in restoration.

CHAPTER I:

THE DIFFERENCE PRECARITY MAKES

In the course of my education, I encountered scholars from interdisciplinary fields studying grief, affect, and precarity and immanence - the study of human vulnerabilities and how we respond to them. These became an entry way for me into theological thought: a point of understanding where my brain made quick connections between what I was learning and what I had lived.In my life, I was living the result of environmental, systemic trauma, and the violence of interpersonal trauma in my body. My first career was Counseling. I was led there because I wanted to solve whatever my problem was. "Counselor, heal thyself!" I come from that background, and I care deeply about healing people. I believed in it as a field to offer help to those suffering. I trained within the broad system of mental health care, and while counseling, social work, psychiatry, and psychology and their different iterations provide help to some degree, they operate, as Nick Walker describes, within the frameworks of the medical model of disability and the pathology model of neurodivergence/mental illness where illness, disease, and defect are seen as personal failing.[14]

[14] Nick Walker describes this dissonance helpfully, writing, "If we start from the assumption that neurotypicals are 'normal,' and autistics are 'disordered,' then poor connections between neurotypicals and autistics inevitably get blamed on some 'defect' or 'deficit' in autistics. If an autistic person can't understand a neurotypical, it's because autistics have empathy deficits and impaired communication skills; if a neurotypical can't understand an autistic person, it's because autistics have empathy deficits and poor communication skills. All the frictions and failures of connection between the two groups, and all the difficulties autistics run into in neurotypical society, all get blamed on autism. But when our vision is no longer clouded by the illusion of 'normal,' we can recognize this double standard for what it is, recognize it as just another manifestation of the sort of privilege and power that dominant majorities so often wield over minorities of any sort." Nick Walker, *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities* (Autonomous Press, 2021), 24.

This view is, in turn, upheld by a theology/world religion that sees being poor as the result of moral failing, also sees the sick and disabled as morally impoverished as well.[15] Early theories of mental health, trauma, and what it means to be human, etc. were useful and were vital foundations for my own understanding when working within the field. These were theorists such as Sigmund Freud and William James, who, like Freud, dealt with concepts of affect like depression or melancholy, or, in the case of James, explored religious phenomena through pragmatism and experimental psychology in *The Variety of Religious Experiences*. It excited me to find them resonate in theological space. The mental health fields to me were spirit, were calling. To see their echoes in my new hallways was symbol. But the same problems that constrained the mental health field were brought into their analysis of religion. And I experienced that in my body.

I was living in liminal space. I have also existed in a bodymind as a consumer of mental health services, and I have first-hand experienced the system's oppressive and harmful version of treatment based on profound misunderstanding of my embodiment. Mainly, as a "mentally ill" woman defined by spaces, medicine and psychiatry, shaped and dominated by men's embodiment, built on the dismissal of women's experience, and locating illness *inside* an unhealthy mind or unhealthy coping. One striking example: Judith Herman's work was foundational to the study of trauma, and yet I still obtained an entire Masters in Community Counseling, received a C-PTSD diagnosis myself, and did deep study starting with Bessel van der Kolk on trauma and somatic work, before I ever encountered Herman's contributions.

[15] See especially Chapter 2, "(De)Liberation of Ethics," in: Miguel A. De La Torre, *Doing Christian Ethics from the Margins*, 2nd ed. (Orbis Books, 2014), 18-45. The sentiment is captured here: "What is termed moral is more often a product of the power residing within a person's social location than of a person's understanding of natural law or, for that matter, an 'objective' reading of the Scriptures, or of enlightened moral reasoning or logic" (De La Torre, *Doing Christian Ethics from the Margins,* 25.

I note this to emphasize how eliding trauma is built right into the system. Ailey Jolie, a current trauma informed practitioner who writes on Substack connects some of these dots for us:

> Around 75% of practising therapists in the US and UK are women. About 70% of psychologists. The proportion is rising every year. Now name a famous one. Bessel van der Kolk. Peter Levine. Gabor Maté. Irvin Yalom. Stephen Porges. Jon Kabat-Zinn. Dick Schwartz. Dan Siegel. The household names of contemporary trauma and somatic therapy are all men, in a profession that is three-quarters women.[16]

Jolie also concludes, mostly through the exploration of Herman's work, that both psychiatry and by extension psychology were built on the dismissal of women's experience, in particular women's experience of trauma, i.e. incest as children and interpersonal domestic and sexual violence in adult relationships.[17] Butler's precarity speaks specifically to women's experience as well:

> The body implies mortality, vulnerability, agency, the skin and the flesh expose us to the gaze of others but also to touch, and to violence, and bodies put us at risk of becoming the agency and instrument of these as well. Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever our own. The body has its invariably public dimension. Constituted as a social phenomenon in the public sphere, my body is and is not mine. Given over from the start to the world of others, it bears their imprint, is formed within the crucible of social life; only later, and with some uncertainty, do I lay claim to my body as my own, in fact, if I ever do.[18]

Through years of counseling practice as provider and consumer, I felt the limits of our understanding around our own vulnerabilities to trauma and how ubiquitous trauma is. I also felt the misogyny ever-present even with a field dominated by women. I felt that gap of understanding was causing harm to bodyminds like mine. In fact, finding so many frequent limits and barriers to liberation in mental health led me to work within higher education, and then further focused that shift to education in ecclesial spaces. All of these fields, all of this work: it is

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[16] Ailey Jolie, "Therapy Is Three-Quarters Women. Why Are the Famous Names All Men? On Internalized Misogyny as a Somatic Inheritance and the Small Practice That Begins to Interrupt It," in *Words from This Body* (blog*)*, https://aileyjolie.substack.com/p/what-your-body-might-do-when-a-woman, May 3, 2026.

[17] Jolie, "Therapy Is Three-Quarters Women."

[18] Judith Butler, *Precarious Life: The Powers of Mourning and Violence*, (Verso, 2006), 26.

about providing care work to society. I keep trying to find smaller and smaller spaces within which I can have influence, and it is not going to be in the large manifestations of the system taking on that care work: education and medicine. I thought that system might be religion, and Unitarian Universalism as progressive liberal expression of religion could be the space.

I found in seminary a real answer to why the mental health field is oversaturated and unable to provide care at the level required by current society - why society is breaking down in every measurable way. I learned, or relearned, about the capitalist heteropatriarchy, White Supremacist Christian Nationalism and how theology can be used to oppress and uphold the existing status quo.[19]

Scholarship on emotion and affect, on structural grief, on public depression, resonated with me in my work. It made sense, the focus on what our vulnerabilities do to our emotions and bodyminds and not just our thoughts or mindset. It was empowering to learn about bodily intelligence, and that emotion or affect can have a kind of intelligence, a knowing that precedes knowing.[20]

A term I first encountered in my work on gender justice but became central in my religious studies, and a helpful term for me to conceptualize myself and my social status, is Judith Butler's concept of the "precariat." As Butler explains in *Precarious Life: The Powers of Mourning and Violence*, precariousness is an existential state of being human and therefore vulnerable. The state of precarity, however, is a political identity. It is through "the operations of power" that a person is made into a precariat.[21]As a precariat, your life is in the hands of another,

[19] Important resources included Michael S. Hogue, *American Immanence: Democracy for an Uncertain World* (Columbia University Press, 2018); Andreas Weber, *Enlivenment: Toward a Poetics for the Anthropocene* (The MIT Press, 2019); Fraser, *Cannibal Capitalism: How Our System Is Devouring Democracy, Care, and the Planet - and What We Can Do about It*.

[20] Hogue, *American Immanence*, 78.

[21] Butler, *Precarious Life*, 47.

and relies on social and political conditions under which your chance of surviving or thriving is bigger than just your own desire to live.[22] Because a person's suffering does not engender in others compassion, but instead a distancing from, the precariat is a life that is not recognized as a life that matters. They are living bodies that are not "grievable."[23]

Many scholars acknowledged the spreading precarity onto individuals and corresponding collective affective states. Ann Cvetkovich's exploration in *Depression: A Public Feeling*, expands an understanding of precarity. Cvetkovich describes the moods pervasive at meetings in the political uncertainty following September 11, 2001 and the war that followed "a seemingly low-grade or normalized version of the epistemic shock that is said to accompany trauma."[24] She utilizes Lauren Berlant's concept of the "impasse as block" as a corollary to public depression. And existing within a liminal space that is in fact a space for transformation.[25] She sees the potential "to depathologize negative feelings so that they can be seen as possible resource for political action rather than its antithesis."[26]

Connecting with other scholars in interdisciplinary fields that engage affect and specifically, grief, mourning and lament, as tools for changing the world was empowering. These scholars also make strong arguments that we also need to change the structures that are the cause of so much grief and mourning, the cause of spreading precarity. Connected to my thesis that we are all suffering under chronic stress is Lauren Berlant's work on the precariat as an "affective class," since "precarious bodies…are not merely demonstrating a shift in the social contract, but in ordinary affective states."[27]

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[22] Judith Butler, *Frames of War: When Is Life Grievable?* (Verso, 2010), 20.

[23] Butler gives special attention to this in: Butler, *Frames of War,* 14-20.

[24] Ann Cvetkovich, *Depression: A Public Feeling* (Duke University Press, 2012), 3, https://doi.org/10.1515/9780822391852.

[25] See especially: Cvetkovich, *Depression: A Public Feeling,* 2-6.

[26] Cvetkovich, *Depression: A Public Feeling*, 1.

[27] Berlant, Lauren, *Cruel Optimism* (Duke University Press, 2011), 197.

The problem I find in all this, is that engagement with trauma is absent and instead treated as an exception to normal affective states, even while embracing formerly pathologized states like depression. Denise Riley in her exploration of liminal time after the death of her son still professes "I shan't be having recourse to the exceptionalist diction of 'trauma'."[28] I cannot see what purpose this serves, to not include the profound grief of a parent losing a child under the heading of 'trauma."

I wonder if it is about creating distance from embodiments of precarity that seem extreme. I can only posit this through Butler's work noting that recognition of another's vulnerability often does not prompt empathy but disgust. The language of "trauma" itself acts as a block to understanding, I feel. Its entire framing as reactions to only the most extreme situations may prompt that distance as well, maybe out of humility, this resistance to the idea that their suffering could not be as profound as one elicited from trauma. I do not think the reasoning matters if the distance remains between normal affective states that everyone shares and we can build connection through versus abnormal reactions to stress or maladaptation to stress. The traumatized still serve then as an underclass even of an affective class created through structural loss. And their affect is in fact punished through the psychiatric system, all the way to incarceration, since the mental health industry is still carceral.

In my mind, the neurodivergent, particularly those "psychiatrically disabled" by the oppressive systems in place, are the current precariat. They are the canary in the coal mine announcing the final destination of all human bodyminds under continued constant traumatic stress. Their embodiment is not an anomaly, defect or disorder, however. Instead it is ubiquitous,

[28] Denise Riley, *Time Lived Without Its Flow* (Picador, 2019), 71.

immanent, or "nature naturing," and a motivation and resource to grieve and mourn our way through the lie of invulnerability.[29] Mourn for all of us.

[29] Hogue, *American Immanence*, 11.

CHAPTER II:

NEURODIVERSITY AFFIRMING AND TRAUMA INFORMED FRAMEWORKS FOR PRAXIS

In this chapter, I address two frameworks which would encourage my inclusion and that acknowledge human suffering on a continuum with extremes to which all are susceptible. Here, I will articulate significant frameworks of neuroaffirming support/neurodiversity paradigm/neuroqueering and of trauma-informed care.

Neurodiversity Affirming Paradigms

Nick Walker's "Neuroqueer Theory" is a significant framework I employ. It comes out of their work in the Autism community in the early 2000s, after the coining of neurodiversity.[30] Neurodiversity as a term was coined collectively, though often credited to Judy Singer.[31] Neurodiversity is simply biodiversity around the variety of ways human bodyminds think, feel, communicate, learn, process, and pay attention to the world (otherwise known as neurocognitive variability).[32] Neurotypical is a term to refer to individuals who hold a certain amount of privilege for how closely, comfortably and sustainably they can perform neuronormativity; neurotypical names a specific social position or social category.[33]

Walker's work emerged as a basic expansion of the idea of neurodiversity and Walker developed the "neurodiversity paradigm."[34] Their work explored how neurodiversity connected

[30] Walker, *Neuroqueer Heresies*, 9–11.
[31] Monique Botha et al., "The Neurodiversity Concept Was Developed Collectively: An Overdue Correction on the Origins of Neurodiversity Theory," *Autism* 28, no. 6 (2024): 30, https://doi.org/10.1177/13623613241237871.
[32] Jane, "Lived Experience Educator."
[33] Jane, "Lived Experience Educator."
[34] Walker, *Neuroqueer Heresies*, 5.

with the concepts of embodiment and gender and through their analysis of these intersections, they introduced the term "neuroqueer," which is central to their work, especially the idea of "neuroqueering as somatic practice.[35]

In order to understand the neurodiversity paradigm one must understand the "pathology paradigm," also a term Walker coined in relation to the way Autism is framed as disorder.[36] Walker argues that Autism framed as a disorder in this way "consistently results in autistic people being stigmatised, dehumanized, abused, harmed, and traumatized by professionals and often their own families."[37] Walker draws a parallel to the ways different marginalized populations, like Black, Indigenous, people of color (BIPOC) folk and women, are kept precarious in systems. In this same way, Autistics are also members of "an oppressed minority group.[38] Walker's analysis discerns that: "Just as there are ethnic minority groups, and gender minority groups, and that's what autistic people are."[39]

So, there are two paradigms around Autism: the pathology paradigm and the neurodiversity paradigm. Shifting society from one paradigm to the other is a key goal of the neurodiversity movement.[40] The pathology paradigm's principle contends that there is one "normal" (read "right"/moral) way for bodyminds to function. If someone diverges from this norm - which is a sociocultural standard, not a biological one - they become a problem to be solved.[41]

Psychiatry upholds this paradigm. Often educational institutions and workplaces do as well, when they look to "accommodate"in a way that is narrowly defined. The neurodiversity

[35] Walker, *Neuroqueer Heresies*, 159.
[36] Walker, *Neuroqueer Heresies*, 13.
[37] Walker, *Neuroqueer Heresies*, 15.
[38] Walker, *Neuroqueer Heresies*, 15.
[39] Walker, *Neuroqueer Heresies*, 9.
[40] Walker, *Neuroqueer Heresies*, 10.
[41] Walker, *Neuroqueer Heresies*, 15.

paradigm instead says: neurodiversity is natural. And "there is no 'normal' or 'right' style of human mind, any more than there is one 'normal' or 'right' ethnicity, gender, or culture."[42] And, importantly, what happens to autistic people, and by extension as I am arguing, all neurodivergent people and those with mental and physical disabilities, is that these folks become more precarious under the same type of oppressive dynamics that uphold all social inequality.[43] The final premise of this paradigm is when diversity is embraced, we unleash its "creative potential" within a group or society.[44]

Unfortunately, getting to the creative potential embodied in diverse bodyminds takes time and consistent safety to even approach because often those people have experienced trauma through social mistreatment. Traumatized embodiments often have cognitive processes where we talk to ourselves in the same language of the pathology paradigm and have shame surrounding that.[45] There is so much repair that we must do before we can progress forward. Creating containers of safety and healing is a type of reparations for the violence capitalism has enacted on bodyminds.

The term bodymind is central to the way I wish to conceive of human beings biologically and spiritually, mind and body and soul, beyond the bifurcation and dualism that binds us. It is also rooted in disability justice work and integral to the concept of neurodiversity, the neurodiversity paradigm. In a 2022 interview Walker clarified: "The conceptualization of neurodiversity as diversity among *bodyminds* has been central to Neuroqueer Theory from the start. The term *bodymind* points toward an understanding that mind is an embodied phenomenon,

[42] Walker, *Neuroqueer Heresies*, 15.
[43] Walker, *Neuroqueer Heresies*, 16.
[44] Walker, *Neuroqueer Heresies*, 17.
[45] Walker, *Neuroqueer Heresies*, 23.

and that mind and embodiment are inseparably entwined."[46] Here Walker also corrects the misconception that Price coined the term within the field of disability when in fact she only *integrated the term into* disability studies, while the actual term originates in somatic psychology.

Somatic psychology and other mental health care fields are gradually embracing the idea of trauma and trauma informed care. This is also central to neuroqueering. Traumatized bodies are neuroqueer. They are divergent. I argue here that to be neurodivergent is to be traumatized. To diverge in a society where conformity and "normalcy" is so prized and protected, is to live in an environment that creates trauma.

Trauma

To explore what it would mean to integrate a trauma-informed approach, I will draw from Judith Herman, an American psychiatrist who studied incest and developed the concept of complex traumatic stress, and contemporary scholar Janae Elisabeth, an educator outside the academy who links trauma to neurodiversity.

In *Herman's Trauma and Recovery: The Aftermath of Violence: From Domestic Abuse to Political Terror* she expresses: "To study psychological trauma is to come face-to-face both with human vulnerability in the natural world and with the capacity for evil in human nature."[47] I think this is the problem that prevents us from embracing its potential - confronting the evil is too much to hold. Herman explains to "hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common

[46] Nick Walker, "Interview: Neuroqueering the Future," interview by David Gray-Hammond, January 2022, *Neuroqueer: The Writings of Dr. Nick Walker*, https://neuroqueer.com/interview-neuroqueering-the-future/.

[47] Judith Herman, *Trauma and Recovery: The Aftermath of Violence: From Domestic Abuse to Political Terror* (Basic Books, 2022), 14, Kindle.

alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered."[48] Herman explains the distance we have in society from survivors of complex trauma - the changes that come from "captivity," however a body experiences that. Instead, she explains, victims are themselves blamed, framed in terms of weakness and pathology.[49] She writes, "Instead of conceptualizing the psychopathology of the victim as a response to an abusive situation, mental health professionals have frequently attributed the abusive situation to the victim's presumed underlying psychopathology."[50]

This is the reason Herman created the idea of Complex Post Traumatic Stress, gave it a name, and developed criteria. C-PTSD has been adopted under different names but as Herman expresses "These names may be awkward and unwieldy, but practically any name that gives recognition to the syndrome is better than no name at all."[51] A distillation of the diagnostic criteria, or perhaps, descriptions of embodied experience follows:

C-PTSD requires "a history of subjection to totalitarian control over a prolonged period (months to years)."[52] These include extreme instances of captivity and torture but also included is the complicated violence of daily domestic life for many women under patriarchy. C-PTSD then is characterized by alterations from the traumatic experience. These include alterations in affect regulation - so things like anxiety and depression, dysphoria, suicidal ideation. They include alterations in consciousness - differences in memory, the experience of time, the experience of self as persistent or temporary. Other alterations include those of self-perception,

[48] Herman, *Trauma and Recovery*, 67.
[49] Herman, *Trauma and Recovery*, 168–70.
[50] Herman, *Trauma and Recovery*, 170.
[51] Herman, *Trauma and Recovery*, 175.
[52] Herman, *Trauma and Recovery*, 175.

or the big feelings and affects that are overlooked which include shame, helplessness, and hopelessness. There are alterations in perception of the perpetrator, who could be a person or a system, experienced by vacillations of idolization or idealization and acceptance of oppressive belief systems/persons all the way to the other end of rage against those people and systems. It certainly causes alterations in relations with others, often because of the aforementioned alterations. When a woman comes for diagnosis in the current system, patterns of unstable relationships are often used against them. As Herman affirms, many victims received personality disorders prior to any consideration of complex stress. And finally C-PTSD causes "alterations in systems of meaning; loss of sustaining faith; sense of hopelessness and despair."[53] This is a theological problem with a theological need for repair.

Trauma and neurodivergence are highly related and hard to tease apart in terms of traits and what shows up as Autism or other neurodivergence and what shows up as trauma. Intersections of trauma that are unique to neurodivergent embodiment include: experiencing sensory overwhelm under chronic stress (due to sensory differences and sensitivities); persistent social invalidation or coercive normalization; medical and psychiatric harm when turning to these systems for help; having to mask-and-perform survival; labor leading to burnout and sometimes disability; and frequent and distressing relational ruptures due to mis attuned environments.[54]

For many autistic and neurodivergent individuals, navigating a world designed for neurotypical norms can be a source of chronic stress and trauma, akin to the experiences

[53] Herman, *Trauma and Recovery*, 175–77.

[54] Janae Elisabeth, "Nervous System and Chronic Illness," in *Nervous System and Chronic Illness*, Virtual course, Trauma and Nervous System Course, Thinkific Learning Platform, September 17, 20225.

associated with post-traumatic stress disorder.[55] As Devon Price explains, this trauma often stems from repeated invalidation, sensory overwhelm, and social exclusion, leading to hypervigilance, anxiety, and emotional dysregulation.[56] Studies have shown that autistic individuals are more likely to experience adverse life events and bullying, which can exacerbate those symptoms.[57] In fact, according to Kelly Beck, "Death by suicide is the leading cause of premature mortality among Autistic adults without intellectual disability."[58] The most commonly cited statistic of death by suicide by Autistic people (some attempts as early as age seven) is nine times more likely to die by suicide than the general population, and for autistic women, that figure climbs to thirteen times higher.[59] Moreover, the effort required to mask autistic traits to avoid stigma can contribute to a cycle of burnout and psychological distress, reinforcing trauma responses.[60] Recognizing these experiences as trauma is critical in understanding the mental health challenges faced by autistic individuals and underscores the importance of supportive interventions such as boundary-setting and trauma-informed care.

The neurodivergent experience is the experience of falling outside what is normatively acceptable in terms of expressing traits involving attention, executive functioning, emotional expression, processing of information, cognitive flexibility, needs for structure or novelty, and sensory differences.

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[55] Devon Price, *Unmasking Autism: Discovering the New Faces of Neurodiversity* (Harmony Books, 2022), 101.

[56] Price, *Unmasking Autism*, 73.

[57] Kelly Beck, "Trauma and Social Adversity in Autism: Considerations and Directions for Clinicians and Researchers," *Pennsylvania Journal on Positive Approaches* 13, no. 2 (2024): 23.

[58] Beck, "Trauma and Social Adversity in Autism," 23.

[59] For commonly cited statistics, see Beck, "Trauma and Social Adversity in Autism"; For statistics on women, see Neurolaunch Editorial Team, *Autism and Suicidality: Critical Risk Factors and Prevention Strategies*, n.d., accessed May 23, 2026, https://neurolaunch.com/autism-and-suicidality/.

[60] Price, *Unmasking Autism*, 101.

Collective trauma science clarifies that healing requires safety, co-regulation, embodiment, and communal containers. Trauma is not metabolized alone. This is why the medical system and psychiatric industrial complex cannot actually heal us. I do not believe that we as human persons were meant to sever off the softest parts of ourselves to struggle with them alone and with a paid stranger in a "neutral" container that is nothing but neutral. This knowledge refracts the theological problem into a call for new forms of community.

What does this consumption of body minds look like? I argue that it looks like C-PTSD under the enormous burden of the social prescriptive neuronormativity, or the neuronormative paradigm. When bodyminds undergo a gauntlet of constant stress in this way, it causes trauma. We do not name it trauma, and we want to downplay our suffering and not call it trauma, but that is what it is. Systemic trauma is one of the main sources of trauma, not car accidents or war, which are common ideas about PTSD. Most trauma is more accurately conceptualized as complex. It causes dysregulated bodies. It causes dysregulated nervous systems.

I argue here that we are actually a society saturated in trauma and our systems and institutions are producing complex traumatic stress in much of the population. We just don't call it "collective," and we certainly don't call it "traumatic," but how bodies behave and exist in this social environment are an indication of society's dysfunction and where pathology truly lies: not in individual bodyminds but the institutions that refuse to hold them.

CHAPTER III:

WEAVING SOURCES

Theoretical approaches to emotion, affect, structural grief, and public depression, when brought into conversation with neurodivergence paradigms and understandings of trauma resonate deeply. As I encountered these in my academic program, the focus on what our vulnerabilities do to our emotions and bodyminds, and not just our thoughts, made sense. It was empowering to learn about bodily intelligence, and that emotion or affect can have a kind of intelligence, a knowing that precedes knowing.

I am arguing here, from a trauma informed and neurodivergent lens, with knowledge of the differences embodied in the sensory systems of Autism or otherwise divergent people, that much of what we call "affect" (grief, depression, exhaustion or burnout, apathy, dread, anxiety, panic) is more accurately described as nervous system states that are frozen after years of traumatic, complex conditions, and therefore shift how we *experience the emotions we feel*. Janae Elisabeth's understanding of polyvagal theory and the powerful role of the environment in impacting nervous system states undergirds my incorporation of nervous system frameworks here.[61] Mike Hogue's proposal of structural grief and its connections to political theology make perfect sense to me at this point in my life. Hogue posits structural grief is a response to system loss: a pervasive, chronic, continuous grief at a collective level but felt and embodied personally.[62] I am the body upon which loss of every system for thriving has been taken away. And I only experience that within myself. I am currently deep in grief brought about by "illness,"

[61] Elisabeth, "Nervous System and Chronic Illness."

[62] Michael Hogue, "Structural Grief: Spirituality and Politics in A Time of Unmaking," TE454: Structural Grief and Political Theology (class lecture, Meadville Lombard Theological School, Chicago, IL, August 14, 2025).

by "disability." This is grief brought about by the stigma surrounding the social construction of mental illness and exacerbated as my material existence also shifted towards greater precarity, where I live in fear of my basics of life being taken away.

I believe this collective, structural grief is a version of my embodied experience just at a level the rest of the world has not yet felt. This is an analysis of affect as determined by nervous system states, and I, and the legally disabled, are Judith Butler's "precariat" and those who find resonance with queer theorists Laurel Schneider and Thelathia Young's "socially dead."[63] The acknowledgement of our shared vulnerability among all these theorists, and the ethical call to change systems in response, is a wisdom I embrace.

I want these theorists to "disability embrace" the idea of collective trauma as the site of violence and the embodiment of C-PTSD as the resource to creatively adapt - to restructure the world. I find it is a depathologization of C-PTSD in the same way that Cvektovich's articulation of public depression is a depathologization of depression.[64] I note an overlap between Hogue's description of the feeling of structural grief as loss without recognition, a loss that makes it diffuse, present, and unintegrated and a definition of trauma, as described by Elisabeth as an interrupted nervous system response that gets stuck in the body and manifests as something like C-PTSD.[65] To intervene in a society experiencing structural grief, we can intervene as we would on a bodymind experiencing symptoms related to complex traumatic stress. To make this argument is to also hold that depression is just a somewhat lesser stigmatized version of affect on a continuum of altered states produced by stress. To make this argument is to see "depression as

[63] Laurel C. Schneider and Thelathia Nikki Young, *Queer Soul and Queer Theology: Ethics and Redemption in Real Life* (Routledge, 2021), 31.

[64] Cvetkovich, *Depression: A Public Feeling*, 3.

[65] Michael Hogue, "Structural Grief: Affect," TE454: Structural Grief and Political Theology, (class lecture, Meadville Lombard Theological School, Chicago, IL, September 4, 2025). Elisabeth, "Nervous System and Chronic Illness."

ordinary," as it begins to impact more privileged embodiments because of collective trauma. To make this argument is to affirm with Berlant that "a spreading precarity provides the dominant structure and experience of the present moment, cutting across class and localities."[66] More people are experiencing more suffering. I want ecclesial spaces to go even further to meet that suffering.

Processing grief is an important part of our spiritual/theological/political evolution and for the multiphasic healing work required of trauma. Theologically, this is not merely a social or ethical crisis—it is a crisis of spirit, of meaning, and of embodied immanence.

The neurodiversity paradigm and burgeoning neuroscience understand trauma is not stored as "memory" or rigid beliefs/stories, but as inflexible nervous system states. These states become the default mode of entire communities under oppression.[67]

Recovery is recognition of the wisdom of trauma's human adaptations and working with them to find integration. Part of recovering that connection could be seen as a process of "enlivenment" which Andreas Weber describes as a process to solve the "global crisis of meaning making."[68] Those who defy neuronormativity and how they are treated in society are prime examples of what our current society can do to bodyminds, how it can break us, but they are also a resource for what is needed to recover from that destruction. To do that we can reframe neurodivergence not as pathology but as a living ecosystem of cognitive, sensory, emotional, and relational capacities.

It requires scaffolding to reshape the environment for the safety and attunement of body minds and not to adapt body minds to the traumatic nature of disproportionately distributed loss.

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[66] On "depression as ordinary," see Cvetkovich, *Depression: A Public Feeling*, 12; On "spreading precarity," see Berlant, Lauren, *Cruel Optimism*, 192.

[67] Elisabeth, "Nervous System and Chronic Illness."

[68] Weber, *Enlivenment: Toward a Poetics for the Anthropocene*, 20.

This framework can and will change systems. I experiment with starting small and with church collectives, in this way, practicing a way to transform society congregation by congregation.

Healing requires a theological understanding of the human person as system/relationship, a focus on the immanental experience of the other, god, and the mystical. It involves grief and mourning as essential to liberative praxis. First, Hogue's vision of immanence reveals the divine as deep relationality within material existence.[69] In an age of uncertainty, democracy and community depend on reclaiming our embeddedness in one another and in the Earth. This could potentially frame trauma not as a private event but as a distortion of relational immanence and of our capacity for mutual flourishing. As Hogue asks, "Can the feeling and awareness of the precarious value of human life, life within the larger cosmos, and our own human lives amid a multitude of other lives awaken us to the precious depths of immanence, to living as this, our one and only world, matters ultimately?"[70]

Ivone Gebara's work is also critical here. In her explanation of ecofeminism, Gebara insists that healing is always ecological, communal, and grounded in bodily experience. She names the ways patriarchal and capitalist systems degrade both women's bodies and the Earth's body. Gebara claims: "The notion of a free autonomous person has been co-opted by the ruling classes, by colonialism, and by neocolonialism, by the capitalist free market, by contemporary wars, by advanced technology, by ideology, and by religions utilized in promoting rivalries and eliminating poor peoples, especially black and native peoples-in order to uphold a power elite as it takes advantage of all the good things of this Earth."[71]

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[69] Hogue, *American Immanence*, 105.
[70] Hogue, *American Immanence*, 69.
[71] Ivone Gebara, *Longing for Running Water: Ecofeminism and Liberation* (Fortress Press, 1999), 75–76.

Through this lens, trauma is a theological form of ecological displacement, a rift in the sacred interconnectedness between bodymind and world.

The connection made between the degradation of the Earth and the violence done to women is not lost on me. Feminist wisdom is essential to not redefine trauma, but to ultimately *remember* what our matriarchal lineage says about trauma and, moving forward, listening to those AFAB women and nonbinary traumatized embodiments as a way to counter the patriarchal system that decries any "women's issue" as hysteria. And though the popular conception of war as the only real trauma, experienced by men, the epidemic of domestic and sexual violence quietly playing out on the bodies of most women, daily, and yet denied and dismissed loudly, is the true trauma in 2026 that must be repair.[72]

Mystical approaches bring a particularly powerful lens to reinterpreting the natural continuum of dissociation as varying portals to mystical experience. For example, Dorothee Söelle reframes mysticism not as escape but as deep engagement and resistance. Mystical experience is the awakening of solidarity with life, a counter-practice to capitalist numbness. Trauma and chronic dysregulation dull our mystical senses; mysticism restores the capacity to feel, connect, and resist dehumanizing systems.[73]

Hogue argues that we must reclaim mysticism—not as escape, but as radical presence.[74] Mourning becomes a spiritual opening into grief as metabolization, deep relational reconnection, a surrender to immanental divine reality and communal healing. Disassociation, often

[72] Ellen Barry, "She Redefined Trauma. Then Trauma Redefined Her," *The New York Times*, April 24, 2023, https://www.nytimes.com/2023/04/24/health/judith-herman-trauma.html.

[73] Soëlle's eco-feminist epistemology is notable here. Dorothee Soelle, *The Silent Cry: Mysticism and Resistance* (Fortress Press, 2001), 53–55.

[74] Hogue, "Apertures of Loss."

pathologized, can become a portal into mystic consciousness when reframed within trauma-informed spirituality.

This involves recognition of the continuum of dissociation from daydreams to dissociative identity disorder and what that disconnect might prompt a soul to do. In my understanding, the fact that the number one symptom of complex trauma is dissociation, is theologically significant. What might it mean to theologically reinterpret dissociation as immanent mysticism, already mapped on to the human bodymind through the nervous system and the bio electric fields centered around the brain, heart, and gut of every person?

I am curious about ways that the nervous system is humanity's "divine messenger," the most intelligent and spiritual adaptation. For when bodyminds suffer existences close to torture, their divine immanence protects, mobilizes, then motivates the healing also already accessible there.

CHAPTER IV:

TURNING TO THE COLLECTIVE

Collective trauma science clarifies that healing requires safety, co-regulation, embodiment, and communal containers. Trauma is not metabolized alone. This is why the medical system and psychiatric industrial complex cannot actually heal us. I do not believe we were ever meant to sever off the softest parts of ourselves to struggle with them alone and with a paid stranger in a "neutral" container that is nothing but neutral. Herman seems to have made this move as well. While her first book focuses on the therapeutic relationship as the primary relationship within safety to occur, in her newest book she is recognizing the necessity of community accountability towards a survivor's healing.[75] This knowledge refracts the theological problem into a call for new forms of community. Our world suffers from a spiritual collapse of connection—and neurodivergent insight, ecofeminist wisdom, mystical practice, and collective trauma frameworks help us see a path toward restoration.

Religion, in fact, could be the ethical praxis of somatics in faith spaces. These spaces could take on the gap that currently exists in care services, particularly mental health care or "therapy," and can use decolonized logic as a framework within which to implement that care. It is a shift from the domination/hierarchical culture to a consent-based culture.

Until we have universal basic income, universal healthcare, national childcare, expanded housing, free education including college, and other systems to support all to thrive, then faith communities need to pick up the slack and provide programs to the most marginalized: the bodily traumatized and chronically dysregulated. In this chapter, I articulate a model of care that

[75] Judith Herman, *Truth and Repair: How Trauma Survivors Envision Justice* (Basic Books, 2023).

includes three ways that respond to vulnerability. This model demonstrates important ways I can integrate insights from the fields of counseling, psychology, trauma, and educational reformation to an ecclesial setting.

I propose an "idea for a plan" for Unitarian Universalist (UU) congregations and other religious organizations to implement policies and programming that are neuro-affirming and trauma informed versions of religious education, worship, outreach, and pastoral care, in a triphasic model that can and should happen co-currently. This proposal draws brings together two trauma-informed approaches that each incorporate three dynamics. The first approach is based on the three phases of trauma recovery, as defined by the International Association of Trauma Professionals.[76] The three phases are: Phase One: Safety and Stabilization; Phase Two: Trauma Memory Processing; and Phase Three: Integration and Rehabilitation."[77] Recognizing Herman's essential contribution and the naming of the phases of healing, these three phases build on Herman's three phases of trauma recovery, which includes "establishing safety and stabilization; remembering and mourning traumatic events; and reconnecting and integrating trauma into one's broader life experience."[78]

Additionally, I add yet another version to the three-phase model framed around contemporary trauma and somatic practitioner Prentis Hemphill's concepts as they offer them in *What it Takes to Heal: How Transforming Ourselves Can Change the World*.[79] My hope is that this plan creates safety first in Unitarian Universalist spaces. It's relevant since humans are

[76] "The Triphasic Model of trauma treatment, widely recognized as the foundational framework in contemporary psychotraumatology, offers precisely such a structured approach, guiding clinicians step-by-step through the complexities of trauma recovery." Psychotrauma, "The Triphasic Model for Treating Trauma," July 4, 2025, https://iptrauma.org/docs/the-triphasic-model-for-treating-trauma/.

[77] Psychotrauma, "The Triphasic Model for Treating Trauma."

[78] Psychotrauma, "The Triphasic Model for Treating Trauma."

[79] Prentis Hemphill, *What It Takes to Heal: How Transforming Ourselves Can Change the World* (Penguin Press, 2024).

subjected to the ongoing environmental trauma to the earth and bodyminds, and that stress is not changing. Can our collective be the oasis? Not an escape, however, but …

Safety, Belonging, and Dignity

First, I turn to Hemphill. Prentis Hemphill's work in *What it Takes to Heal* provides an important foundation for my proposal. Their definition of healing as it relates to trauma is a foundation for congregational programming that is trauma-informed and attuned to neurodivergence. For Hemphill, "Healing is the process, often lifelong, of restoring and reawakening the capacities for **safety, belonging, and dignity** on the other side of trauma."[80] Hemphill's "metrics of healing" resonate deeply with UU theology and values.

Hemphill's first metric is safety. Throughout their work, although their focus is on individual healing to empower people to heal the collective, they note that individuals cannot heal alone. Hemphill contends: "We can't heal or act effectively under active threat, when our safety is not assured," or even more succinctly in the Prologue: "It's hard to heal when you are being hurt."[81] In such instances, Hemphill says individuals find safety or create it. Healing should include individual and collective bodies and their differing injuries. Hemphill felt the need to turn to individual healing so our embodiments could support the healing of the collective. Hemphill stresses "when we put the onus on the individual to transform but ask nothing of the culture that makes this abuse endemic, we do nothing to stop it from happening again."[82] It is also notable that Herman, in her newest work, also turns her attention back to collective healing, or the collective being responsible to heal the individual, back to accountability for perpetration.

[80] Hemphill, *What It Takes to Heal*. Emphasis is mine.
[81] Hemphill, *What It Takes to Heal*, xvi.
[82] Hemphill, *What It Takes to Heal*, 99.

Dignity is the second metric. Hemphill describes dignity as feeling that worthiness: "where we are about the business of eradicating shame and expressing our agency and choicefulness."[83] This is also part of UU's former seven principles "the inherent worth and dignity" of every person."[84] Unfortunately, this is a delicate dance, to provide dignity to those marginalized by the system within a system that mirrors the system: as Hemphill laments, persons might want to relieve pain but are stuck in maintaining the status quo: "what already lives in us undermines what we are able to do."[85] Collective spaces can create containers to heal trauma, but will often also trigger it.

The final metric is belonging. Hemphill explains: "To belong is to rest in the collective, to be woven into all."[86] This can happen in UU spaces where theology is grounded in immanence. This must happen in community. It is necessary for everyone to reckon with trauma, but there is so much that prevents us from truly doing so. Hemphill's text, which focuses on individuals healing themselves, especially as healers and activists, does not dismiss that world-changing has to happen. Their text is meant to inspire and empower to keep doing the work of world-making. They expressly state the problem we have confronted: "Most of the time mainstream healing and wellness put the pressure on the individual to 'heal' when really it's about fitting into a society that may itself be the source of the trauma. How can we best practice a culture that restores these capacities and build societies with these principles at the center?"[87]

[83] Hemphill, *What It Takes to Heal*, 37.
[84] Unitarian Universalist Association, "Seven UU Principles," 2026, https://www.uua.org/beliefs/what-we-believe/principles.
[85] Hemphill, *What It Takes to Heal*, 37–38.
[86] Hemphill, *What It Takes to Heal*, 120.
[87] Hemphill, *What It Takes to Heal*, 56.

Hemphill's Approaches and Trauma-informed Approaches

Trauma therapy/trauma healing should be the ongoing, "lifelong" work of the church. In Mike Hogue's public lecture on structural grief, he notes he is "situating mysticism and mourning in a historical moment" he "call[s] a time of unmaking," and in his explanation, I find an opening to the soma and the wisdom there. This also resonates with Hogue's theorizing of structural grief as "restoring emotional intelligibility to a world that gaslights its own violence."[88] I think there is already a methodology there in the language of interpersonal neurobiology, neurodiversity, trauma, nervous system science, and decolonized therapy.

Trauma recovery is not linear. It may be helpful to think of it as a "spiral"; we may frequently need to revisit the first "stage" to continue doing the work. In Herman's first work, which focuses on healing within a clinician's space, she laments that clinicians struggle with the "spiral" of the work.[89] I think the values of the church are a better place to enact this relational healing.

The first phase of trauma recovery is stabilization, which involves building safety and the repetitive experience of that safety.[90] This phase also connects with Hemphill's stage of "safety." Stabilization happens slowly, over time. It involves resourcing and grounding. This stage is vital and what prepares our bodyminds for the work of dignity and belonging. Stabilization takes time, especially when folks are still dealing with ongoing stressors in the environment. UU congregations can provide rituals of grounding, mystical presence, and eco-connection. Stabilization requires communal spaces—virtual and physical—to offer sensory-safe

[88] Hogue, "Structural Grief: Affect, TE454: Structural Grief and Political Theology."
[89] Herman, *Trauma and Recovery*, 22.
[90] Psychotrauma, "The Triphasic Model for Treating Trauma."

environments, peer support, collective nervous system regulation, and non-pathologizing language.

Stabilization happens in worship and educational spaces, as well as low-stakes planned times. It can look like nervous system support through being in public together and integrating somatics like music and nature; this is engagement with things that engage us in a safe way. One example might be group yoga nidra: moving the chairs to the side of the sanctuary space and allowing bodies to lie prone and experience a completely still meditation together, with music, soft seating, and green things also in the space. For some, this is experiencing safety for the first time, and a congregation must go slowly or at the "speed of the nervous system." A built sense of safety to counter all former experiences may take years of co-regulation a few times a week. If some of us can only get it at church, that one hour of worship a week becomes a lifeline and can be shaped in a way that can create the most safety.

This work is not without challenges. The challenging part for implementation in religious spaces is that different bodies will experience different environments as safe. Neurodivergent individuals especially, with differences in interoception and proprioception, have been taught to violate their own boundaries. Church spaces can be beacons of neuronormativity: just think of how there is a "right way" to behave in worship.

Part of stabilization in religious space is education about differences in bodies, brains, and boundaries. Each person must feel comfortable and safe and that requires them maintaining their own boundaries. For many, the ability to set and enforce boundaries is a learned skill that develops over time. However, for Autistic, and other neurodivergent people, navigating social expectations and asserting personal limits can be especially challenging, both because of limits to our neurobiology and the impact of lifelong social trauma. Healthy boundaries define where one

person ends and another begins, protecting an individual's sense of self. Autistic individuals mask their true selves to fit societal norms, which can lead to boundary violations and emotional exhaustion.

These challenges make boundary-setting an essential tool. Healthy boundaries empower individuals to make choices aligned with their values and needs, fostering emotional resilience and self-confidence. For Autistic folks, healthy boundaries offer numerous psychological benefits, including a reduction of stress and anxiety. Effective boundary-setting requires self-awareness, communication skills, and support. Along with the building of strong boundaries and creating containers to support those differences, stabilization includes crisis management planning, especially for mental health.

Crisis management plans or safety covenants resource stabilization in the congregational space. Congregations can work with Healthy Relations committees, examining covenant with neurodiversity in mind and considering the differences between "bad behavior" or conflict on one hand and dysregulated people on the other. Crisis management or safety covenants can provide support for things like panic attacks, shutdowns, and meltdowns. The whole congregation should be aware of emotional first aid and suicide prevention, for example. Crisis-planning in the church can be part of this as we begin to do trauma work, teaching emotional regulation. Nervous system support can happen in this phase through coregulation in community, during classes and worship, music, time in nature and by large bodies of water and with other mammals. All the curriculum of the church should be aware of what coregulation means. Such an approach starts from a place of incorporating dysregulation not as disruptions of the norm but as moments that invite care.

Currently congregations tend to give dirty looks about public crying or to public crying or ushering a distressed child away from others. Communities often isolate or remove from community what they perceive as problems that must be dealt with individually. This causes harm. There must be deliberate, compassionate responses to nervous system states that show up in traumatized people. Persons should not be expected to suppress or not participate. This phase requires education to empower and spaces like affinity groups and peer support. Personally, I have found methods like identifying personal needs, limits, and triggers through journaling or therapy helpful. I have focused on assertive communication: practicing clear and respectful ways to express boundaries, such as using "I" statements (e.g., "I need some quiet time to recharge") and not feeling bad about limitations.

Phase two of this work is trauma work or processing work. For Hemphill this is the work of dignity. We have different tools in religious space to help people with the work of processing individual and collective trauma: mourning and mysticism, public grieving and lament among them. Narrative work, or re-storying, are also important. We can do this individually and as a system by exploring narrative therapy and narrative theology. Making narrative meaning from this work is essential, but it does not need to occur with words. A sense of understanding can come outside a cognitive story. It can be a physical release like crying and dancing.

Trauma work can take place in the containers of the therapist's office and medical providers, and some modalities that support healing for trauma survivors include body work like massage and fascia manipulation. Trauma work includes things like Eye Movement Desensitization and Reprocessing (EMDR), narrative therapy, Internal Family Systems "parts work," or other relational therapy such as Acceptance and Commitment (ACT) therapy.

Containers where healing can happen must also exist outside of therapist offices and medical providers. Real care cannot be bought for a price.

While the church is not a therapeutic container, aspects of relational healing could be brought in. I'm asking the church to do it better – not to offer therapies or modalities – but to cultivate spaces for relational healing. Some examples of meaning making practices include story circles and creative expression through art, movement, and writing to help metabolize trauma across neurotypes. Mystical practice reframes emotional and sensory intensity as a site of resistance and revelation. The physiological differences and changes in perception from trauma, especially through the continuum of disassociation that exists in all humans and shows up differently in different bodyminds from daydreaming to depersonalization and derealization, all the way to disassociative identity disorder (what used to be called multiple personality disorder), can indeed produce this suspended time and liminal space in which to engage the mystic towards promoted healing.

Finally, phase three is integration, or where I see Hemphill turning to belonging. This is the work of the church building communities of care centered around disability-justice–centered ethics, a relational ecology as a spiritual vocation, and worship as collective nervous-system regulation. This phase might be termed after Hogue's: resilient democracy.[91] Communities would commit to long-term mutual aid, participatory governance, and trauma-aware structures. These spaces can serve as communal containers and must be trauma-informed, sensory-aware, non-hierarchical, queer-and disability-affirming, committed to environmental healing, able to exist both in embodied spaces and online, and grounded in mutual aid rather than commodified

[91] Hogue, *American Immanence*, 143.

care. These spaces become micro-ecologies of immanence, hopefully the beginning of societal revolution.

Though belonging permeates all phases, this is Hemphill's belonging metric actualized in material support of faith members. It would include peer support like the group Sacred Minds I tried to unveil as part of this project. The church would be a place of mutual aid. I imagine church buildings could become food distribution networks, housing support, spaces for community gardens, expanded libraries, tool sharing banks, and coordinators for ride sharing and transportation assistance which provide specialized disability support, so persons aren't seen as relying too much on our committees, committees which are all volunteer and exhausted. We could host disability care networks, restoration circles, community dancing, community arts. My congregation is starting to do some of these, and I can see many additional places for further growth and coordination.

CONCLUSION

As the work on this project took shape, I've been slowly implementing the ideas articulated here in my home congregation, Carbondale Unitarian Fellowship (CUF). I became chair and formed the first disability justice working group. The group's organization was supported by our Strategic Plan Document and around our new UU principles, especially that of Equity. The working group's objective is to "create a team to ***assess and address access for those with neurodivergence, mental health and physical disabilities.***"[92] I was tasked to charge this team by our former reverend who was leaving CUF just as I became a member, and I just ran with it. The announcement of the working group in Appendix 1 documents the group's formation (see Appendix 1). I also designed and led a service framed around mental health with these ideas in mind (Appendix 2).

Reflecting on time with the disability justice working group so far, I feel quite conflicted. The year I took to create the group, articulate my proposal for the formation of the group, and then to focus programming around a theme was quite successful. When I did my service on mental health, it was the first time much of the congregation was hearing of these initiatives. I have generated excitement now and could move forward with shaping a mental health ministry. But I am also conflicted because this is difficult relational work. I have realized that I have to create the spaces first before I can do the work of education and empowerment. These concepts are dense and they go against years of conditioning. I must create the environment, and the safety, before we can even understand things like neurodiversity, or neuronomativity, or disability justice.

[92] Carbondale Unitarian Fellowship, *Carbondale Unitarian Fellowship - Creating Our Future Our Strategic Plan Summary for FY2025 to 2029* (Carbondale, IL, 2025), 2. The words in bold are mine.

The idea of care in ministry is still framed as "ministers provide care," despite our rhetoric around shared ministry. The focus stays on the mental health of ministers and how to protect themselves with boundaries, which can be understood as distance from vulnerability. But that is not working. Religious professionals are not immune to the suffering. In an analysis of religious professionals working in the field when administered diagnostic instrumentation, one third of the group were above the clinical cutoff for PTSD.[93] The professionals are also experiencing burnout, which has two different meanings in clinical work. Burnout refers to exhaustion along with emotional, physical and cognitive depletion. In Autistic studies, burnout is a specific phenomenon that happens to Autistic people who have been forced to mask their whole lives. The depletion comes with regression in skills. Autistic burnout is what prompted my application for disability. I could no longer work the way I could work. And those around me in charge of my care were not believing my experiences of struggling to do things I once was able to do exceptionally well.

I have spent three years almost constantly working these three phases. I feel I could implement it well into congregational ministry. I also feel that because of my particular embodiment, I am probably the most qualified to help others do the work. I hold my knowledge of this capacity in tension with the knowledge that because of my particular embodiment, I could cause discomfort or might serve as a block to understanding if people are defensive. While this tension is a complex one, it is one that I am open to exploring in ministry.

This work is suicide prevention, and the work of my own suicide prevention. I have a semi colon tattooed on my left inner wrist, along my heart line. The semi colon is now a

[93] Laura Captari and Steven Sandage, "'I Love This Work, but It's Killing Me': The Unique Toll of Being a Spiritual Leader Today," *The Conversation*, June 24, 2024, http://theconversation.com/i-love-this-work-but-its-killing-me-the-unique-toll-of-being-a-spiritual-leader-today-228670.

universal symbol of suicide awareness and prevention. It is this way because of Amy Bleul who started Project Semicolon in 2013 to honor her father who died by suicide. She started the organization as a faith based non-profit. The semi colon was meant to represent a life continuing on even after thoughts of suicide or struggling with addiction and depression. The semicolon is not an end to a sentence; it moves on. The greatest tragedy is Amy Bluel also died by suicide in 2017, at the age of thirty-one. As she wrote on the Project Semicolon website:

> Despite the wounds of a dark past I was able to rise from the ashes, proving that the best is yet to come. When my life was filled with the pain of rejection, bullying, suicide, self-injury, addiction, abuse and even rape, I kept on fighting. I didn't have a lot of people in my corner, but the ones I did have kept me going. In my 20 years of personally struggling with mental health I experienced many stigmas associated with it. Through the pain came inspiration and a deeper love for others. God wants us to love one another despite the label we wear. I do pray my story inspires others. Please remember there is hope for a better tomorrow.[94]

This is a failure of the system. It is the definition of precarity, when whether you live or die is dependent on something other than your own desire to live, when you have no agency, we "buckle" in Elizabeth Antus's terms.[95] Not because depressed people are morally weak, but because the world is enormously cruel. The semicolon still stands as a powerful symbol.

Going forward, healing is my only job. I carry that symbol on my wrist. I get the opportunity to share that with others in my community in one-on-one interactions. And I rent out our building as a non-employee and give the good news of Unitarian Universalism while connecting with the community and advertising our space. I know the work is important.

On my right wrist I have a flaming chalice. It's abstract enough to look like punctuation as well. It's my stigmata: evidence of wound, evidence of divinity? If I clasp my hands together

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[94] Comfort, "Remembering Amy Bleuel in the Mental Health Community," *Comfort Shields*, May 13, 2020, https://comfortshieldspractice.com/remembering-amy-bleuel-in-the-mental-health-community/.

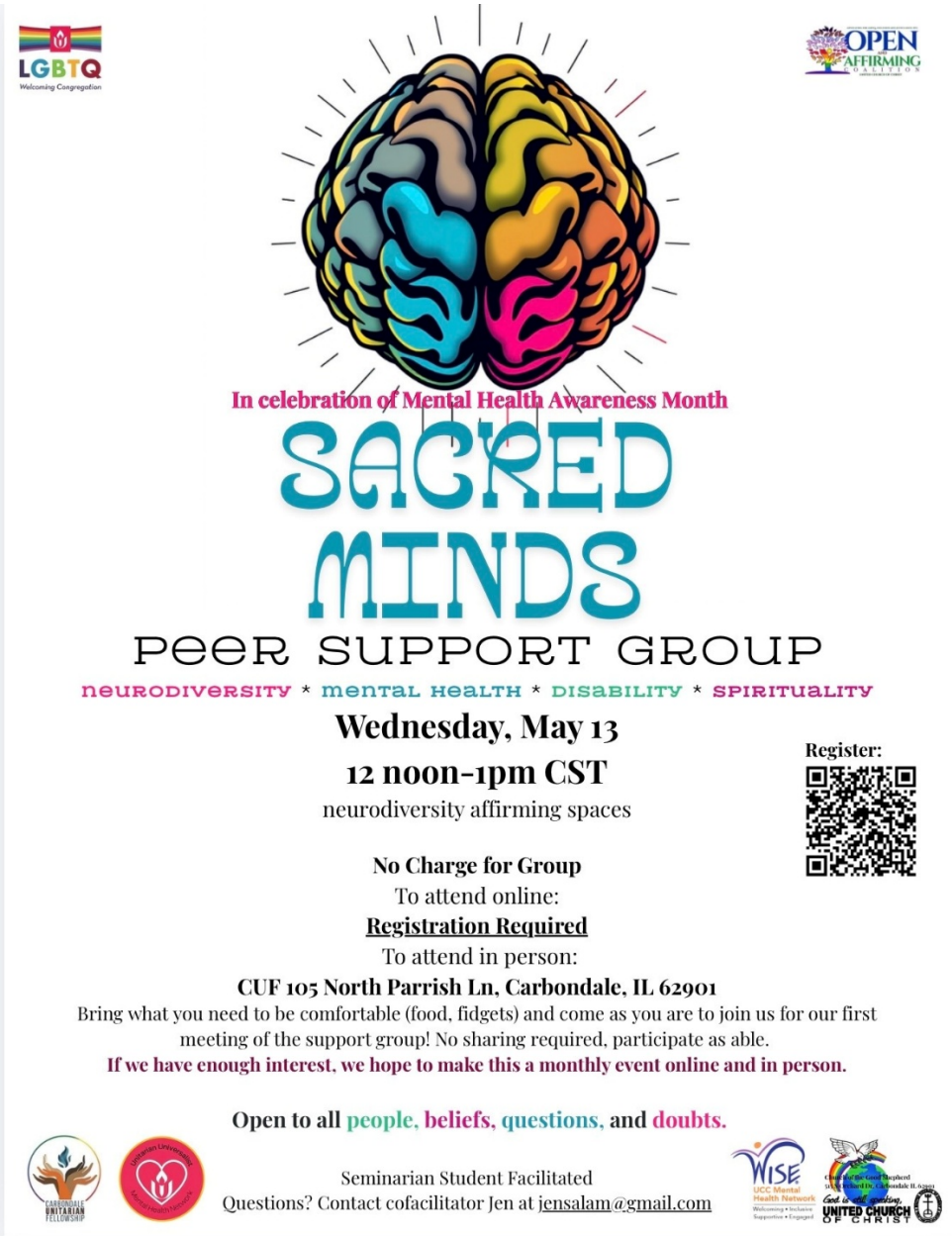
[95] Section authored by Elizabeth Antus in Toni Alimi et al., "Covid-19 and Religious Ethics," *Journal of Religious Ethics* 48, no. 3 (2020): 381, https://doi.org/10.1111/jore.12328.

in prayer, semi colon and flame, face and mirror each other. If I open my arms wide, these arms carry both wound and salve, and the wrap of both in a warm embrace, I hope their wisdom infuses you. I hope the flaming chalice can be the container in which people can rewrite their stories and punctuate their lives.

APPENDIX A:

SACRED MINDS SUPPORT GROUP MATERIALS

The following flyer and announcement below share information about the Sacred Minds Peer Support Group.



Sacred Minds

Peer Support Group

An Interfaith Collaboration

The Sacred Minds Peer Support Group is a unique interfaith collaboration between the Carbondale Unitarian Fellowship (CUF) and the Church of the Good Shepherd (CoGS) We align our efforts with the Unitarian Universalist Mental Health Network (UUMHN) and the UCC Mental Health Network. We hope to expand into other faith and progressive communities. We are both local and global, with online access a part of every meeting. Sacred Minds Peer Support Group is an inclusive space open to individuals of all beliefs, no belief, questions, and doubts, emphasizing the importance of mental well-being across diverse communities.

Purpose and Mission

Our mission is to support the mental health and spiritual growth of our community members by offering a safe and supportive environment. We believe that by embracing neurodiversity, acknowledging mental health challenges, and respecting disability, we can cultivate a nurturing space for everyone to thrive spiritually and emotionally.

A Peer-Led Support Group

The Sacred Minds Peer Support Group operates as a peer-led support group, where every participant is both a learner and a teacher. This circle encourages open dialogue, shared experiences, and mutual support, allowing participants to explore the intersection of spirituality and mental health. This is not a therapeutic group or facilitated by licensed practitioners. We are diverse peers with different lived experience and all are valuable here.

Join Us

We invite you to an interest meeting to be a part of the Sacred Minds Sharing Circle Peer Support Group, where you can share your journey, gain insights, and find solace in a community that values every person's contribution to the collective wisdom. Please join us if you are interested in being a member of such a group and also if you'd like to lead a session of such a group.

Co-facilitator: Jen Salamone

jensalam@gmail.com

Chair, Disability Justice Working Group, CUF

APPENDIX B:

ORDER OF SERVICE

Carbondale Unitarian Fellowship
More Good Days, Together
May 17, 2026

Disability Justice Working Group, Speakers: Jen Salamone, Chair, Ann Levin, Member
Jess Jobe, Facilitator
Elana Floyd-Kennett, Musician
Jill Quinn & Bill Kline, A/V Hosts
Alex Waller & Jerry Molumby, Greeters

May Theme: *Awakening Curiosity*

Good Morning
Announcements
Prelude What Was I Made For(B. Eilish & F. O'Connell)
Welcome
Lighting of the Chalice Flame We Gather Here as Individual People (Barbara Hamilton-Holway)
Hymn #1053 How Could Anyone (Libby Roderick)
Sharing of Sorrows & Joys
Moment of Silence
Reading In Sweet Company (Margaret Wolff)
Offering Words/Unison Offering Reading (Kristin Collins, adap.)

We give to remind ourselves how many gifts we have to offer. We give to remember that we are part of something bigger than ourselves. We give because we believe in the possibilities of this community. We give with the faith that, together, we have enough.

Offertory My Body (Beautiful Chorus)
Responsive Reading A Litany of Life Experiences (UCC Mental Health Sunday)
Response: *Let Us Help Each Other*
Message More Good Days, Together(Jen Salamone, Ann Levin)
Postlude Dirt and Stardust (Heather Maloney)
Thanks
Benediction Wild Emancipation for All of Us (Rebekah Taussig)

There is a gender neutral bathroom available in the RE wing.

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