

THE ATONEMENT AND THE PROCESS OF HEALING

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The atonement of Jesus Christ is accepted in the Church of Jesus Christ of Latter-Day Saints (LDS) as the central tenet of the gospel and the most important event in human history. However, the Church has not endorsed or adopted any specific atonement model as official doctrine. Instead, perhaps recognizing the value of diverse imagery, Church leaders accept and use concepts from many different models and generally discuss Christ's atonement more in terms of metaphor than theory.¹ One of the most important functions of any atonement model would be to explain its efficacy in ways that people can understand in the context of their prevailing culture. Considering the increasing visibility of trauma and its aftermath in our society, it is not surprising that some of the more recent atonement theories move away from forgiveness of sin and toward healing from woundedness.² In healing models, the Atonement involves both mankind and deity in healing the emotional, spiritual, and relational wounds caused by sin and trauma. By engaging both the Savior's redemptive power and human agency, the Atonement could potentially utilize innate neurological mechanisms to access and repair maladaptive memories and schemas without the loss of the unique memories and trials that constitute a person's earthly

1. Lorin K. Hansen, "The 'Moral' Atonement as a Mormon Interpretation," *Dialogue: A Journal of Mormon Thought* 27, no. 1 (Spring 1994): 219.

2. Fiona Givens, "Atonement and Retributive Justice," *Latter-day Saint Perspectives on Atonement*, eds. Deidre Nicole Green and Eric D. Huntsman (University of Illinois Press, 2024), 311–14.

experience. This would enable individuals to repent and forgive, and to fully participate in the divine restoration of themselves and their relationships. This essay explores LDS teachings on the Atonement that emphasize healing from sin and trauma, considers recent advances in neuroscience as providing potential mechanisms of action, examines possible applications and implications of these advances in our understanding of the Atonement, and reflects on how our collaboration with Christ facilitates both personal and relational restoration.

Atonement, Trauma, and Sin

Many LDS General Authorities have taught about the healing power of the Atonement for physical, emotional, and spiritual problems.³ There are also intimations in scripture that Christ's atonement is, at least in part, a process of healing. One of the most dramatic is the event recorded in the Gospels of Matthew, Mark, and Luke in which Jesus healed a man with palsy.⁴ The Savior initially forgave the man's sins, but upon perceiving the thoughts of the scribes and Pharisees accusing blasphemy, he associated physical healing with the forgiveness of sins and then proceeded to heal the man's disease. The words of Jesus in this situation suggest that healing and forgiveness are carried out by the same power, and that the two may be synonymous.

3. See the following general conference talks (among many others): Neil L. Andersen, "Wounded," Oct. 2018, <https://www.churchofjesuschrist.org/study/general-conference/2018/10/wounded?lang=eng>; Carole M. Stephens, "The Master Healer," Oct. 2016, <https://www.churchofjesuschrist.org/study/general-conference/2016/10/the-master-healer?lang=eng>; Richard G. Scott, "To Heal the Shattering Consequences of Abuse," Apr. 2008, <https://www.churchofjesuschrist.org/study/general-conference/2008/04/to-heal-the-shattering-consequences-of-abuse?lang=eng>; Patrick Kearon, "He Is Risen with Healing in His Wings," Apr. 2022, <https://www.churchofjesuschrist.org/study/general-conference/2022/04/24kearon?lang=eng>; Russell M. Nelson, "Jesus Christ—The Master Healer," Oct. 2005, <https://www.churchofjesuschrist.org/study/general-conference/2005/10/jesus-christ-the-master-healer?lang=eng/>.

4. Matthew 9:2–7; Mark 2:1–12; Luke 5:18–25.

Mormon scholars Fiona and Terryl Givens have suggested an understanding of the Atonement that is focused primarily on healing from woundedness, including an extensive rationale for this approach based on scriptural, theological, literary, and linguistic evidence.⁵ In this view, Heavenly Parents offered their spirit children the opportunity to be born as humans in order to obtain a body and learn by their own experience the consequences of various choices. They knew that those consequences would include not only joy, growth, and knowledge, but also physical, emotional, and spiritual trauma. As eternal beings, those children had agency and were therefore able to agree to the plan with full informed consent, knowing the risks and benefits. The Heavenly Parents knew that the wounds caused by poor choices could be devastating, and that there would need to be a process to heal those wounds. Christ experienced and suffered all the consequences of mistakes, all the injuries sustained at the hands of others, and all the other difficulties of a mortal existence so that he would know how to succor and heal the wounded. Through the Savior's example, humans would also have the opportunity to learn how to forgive and succor and heal themselves and each other. Christ's atonement is therefore a collaborative work of humans and God that can heal the traumatic effects of sin and mortality while protecting both our agency and the authenticity of our earthly education.

Our understanding of trauma and its consequences has expanded recently due to increased research in this area.⁶ What constitutes

5. Fiona Givens and Terryl Givens, *All Things New: Rethinking Sin, Salvation, and Everything in Between* (Faith Matters Publishing, 2020); Fiona Givens and Terryl Givens, *The Christ Who Heals* (Deseret Book Company, 2017).

6. Miranda Olf, Irma Hein, Ananda B. Amstadter, et al., "The Impact of Trauma and How to Intervene: A Narrative Review of Psychotraumatology Over the Past Fifteen Years," *European Journal of Psychotraumatology* 16, no. 1 (2025): 3; Samara Grossman, Zara Cooper, Heather Buxton, et al., "Trauma-informed Care: Recognizing and Resisting Re-traumatization in Health Care," *Trauma Surgery and Acute Care Open* (2021): 1.

a “traumatic event” can vary widely across contexts and cultures, as well as from person to person. Trauma can include emotional, mental, physical, interpersonal, and spiritual injuries that have interdependent impacts on the individual. Trauma of any type can have profound effects on the future health and functioning of the individual, including obesity, diabetes mellitus, cardiovascular disease, stroke, autoimmune disorders, sleep disorders, substance abuse, and suicide, among others.⁷ There is no specific universal experience of trauma, and treatment of its multiple comorbid manifestations requires a transdiagnostic view that recognizes its diverse influences and effects.

In a similar manner, individual experiences of sin are variable and multifactorial. Why a person sins, what they consider to be sin and their perceived severity of that sin can depend upon their motivations, circumstances, culture, relationships, and prior experiences. The effects of a particular sin on the individual can include such intertwined emotional, physical, spiritual, and relational injuries that there may be no specific universal experience of sin. This suggests that personal experiences of healing through the Atonement might also be individualized and transdiagnostic, focused in large part on what people have endured and how it has changed them.

All sin participates in trauma, either as cause, consequence, or reenactment. Any sin in which one person hurts another also hurts the sinner because it changes who they are and who they are becoming. It also damages the relationship between those people and their relationships with God. David L. Wheeler writes, “In as much as both humanity and God are truly and essentially constituted by their relationships, sin is therefore essentially broken, or disordered relationship,

7. Olf, Hein, Amstadter, et al., “The Impact of Trauma,” 3; Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, et al., “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study,” *American Journal of Preventive Medicine* 14, no. 4 (1998): 248–49.

and the consequence of sin for the sinner is a deformed self.”⁸ The LDS conception of heaven is distinctive because of its vision of eternal family relationships that include the entire human race. Those relationships will need to be perfected along with each individual if people are to enjoy the sociality coupled with eternal glory that Joseph Smith described as his view of heaven.⁹ This suggests that each person’s myriad damaged and injured relationships will also need healing through the Atonement. As Benjamin Keogh writes, “If sin is relational, then atonement for sin must entail the at-one-ment of all broken relationships.”¹⁰

How might this healing from trauma and the consequences of sin be accomplished? The Resurrection may heal physical ailments, but what of the intertwined emotional, spiritual, and relational injuries that impact the physical domain? The combined struggles of sin and repentance, trauma and healing, offense and forgiveness may make us stronger and better than we were before, but would that be enough for even the deepest of wounds? Will we need to live eternally with painful memories of the failings of ourselves and others? If our memory of such traumas were completely erased, it would eliminate the pain, but losing those memories would seem to also eliminate any eternal value in having endured those experiences and developed those relationships.

In a Christ-as-Healer model, the Atonement functions primarily as a healing process. Recent advances in neuroscience, especially the neurobiology of memory, provide a theoretical mechanism for how Christ can heal the deep wounds of sin and trauma while still preserving our memories and growth. This essay represents an initial attempt to understand that potential mechanism.

8. David L. Wheeler, *A Relational View of the Atonement: Prolegomenon to a Reconstruction of the Doctrine* (Peter Lang Publishing, 1989), 193.

9. Doctrine and Covenants 130:2.

10. Benjamin Keogh, “Relational Atonement: Groundwork,” in *Latter-day Saint Perspectives on Atonement*, 348.

Neuroscientific Insights

It is common for people to refer to their memories as a fixed and relatively accurate record of past experiences. They may recognize that their understanding of those memories can change with introspection and perspective over time, but they generally still assume that their core recollection of specific event details is accurate and immutable. Long-term memory has long been thought of in scientific circles as a permanent record with only passive recall, subject to decay over time but not significant alteration. However, research over the last few decades has dramatically revised the prevailing theories of how the brain forms and maintains memories and has revealed that memories are frequently subject to change and modification.

Lived experiences are rapidly captured as memories in the hippocampal region of the brain through the development of synaptic connections.¹¹ These are generally short-term “episodic” memories of specific events and may decay quickly. To become long-term memories, they need to be moved to the neocortex and stored there in a process known as consolidation, which involves not only synaptic activation but also molecular processes and protein synthesis that produce more permanent synaptic connections. However, consolidation is more than just the creation of a copy or a shift in location; it is also a conversion of the memory into a more abstract form that can include representational models of the world based on statistical evaluations of multiple episodic memories. These representational models are referred to as semantic memories and are commonly thought of as factual knowledge that helps individuals predict the outcomes of future similar situations. Recall of an episodic memory is not merely the retrieval of a copy but is

11. Santiago Abel Merlo, Mariano Andrés Belluscio, Maria Eugenia Pedreira, and Emiliano Merlo, “Memory Persistence: From Fundamental Mechanisms to Translational Opportunities,” *Translational Psychiatry* 14, no. 98 (Feb. 14, 2024): 1.

an actual reconstruction of the experience by the hippocampus based on facts and mental models stored in the neocortex. This combination of hippocampal and neocortical systems allows for long-term memory storage and rapid memory access while reserving limited hippocampal storage capacity primarily for new information. In this sense, the hippocampus functions as a teacher and the neural network of the neocortex as a student, similar to the process of an autoassociative network training a generative artificial intelligence network.¹²

However, this generative neural network introduces distortions in the recollection of events. Each time a memory is recalled, the neural connections involved are strengthened by additional molecular and cellular processes that assist in long-term maintenance. Memories that are emotionally charged are remembered better than those without strong associated feelings, probably because they are relived more often, thereby strengthening the neural connections that make up those memories. Due to these interrelated neural mechanisms, specific episodic memories gradually distill into more general semantic memories of the past as a whole. For example, if I remember several instances of a parent being angry with me for making a mistake, I may create more generalized memories that could include such things as that parent always being an angry person, mistakes being a valid reason for anger, or me being a person who frequently makes mistakes, depending on how I think and feel about those events. Since recall of a memory is a reconstruction based on mental models, not only do specific memories influence general memories, but general memories and beliefs influence the recollection of specific events. This can explain how two people may have such remarkable differences in their recollection of shared experiences. It can also explain many aspects of emotional trauma, including mental illness. As a result of intense emotional experiences, individuals

12. Eleanor Spens and Neil Burgess, "A Generative Model of Memory Construction and Consolidation," *Nature Human Behaviour* 8, no. 3 (Mar. 2024): 527.

can develop a mental model or schema that then controls behavior and thoughts from outside of their awareness.¹³ This schema can become maladaptive, causing distress and impairing daily functioning.¹⁴ A mental model that creates mental illness may seem illogical or counterproductive to an outside observer, but it makes perfect sense to the individual on a subconscious level, given their unique combination of episodic and semantic memories.

Fortunately, human brains have an experience-driven process of neurological change. Memory reconsolidation is an innate mechanism by which new experiences can update or revise existing memories.¹⁵ Whenever one has an experience that causes them to remember a prior event, that memory is activated and becomes labile, subject to modification for the next four to six hours. If no new information is apparent (i.e., the new event has the same result one has come to expect from prior events), the memory is potentiated and reinforced. If the new event has a significantly different result than prior events, the memory is reconsolidated in the neural network in a revised form that considers that new information. This reconsolidation of memories can achieve “unlearning” that permanently nullifies previous learned responses in humans as well as in experimental animals. Evidence supporting memory reconsolidation has been documented across multiple species and at multiple levels, including molecular, cellular, and behavioral.¹⁶ It is becoming apparent that the long-term persistence and re-triggering of intense emotional experiences are the proper functioning rather than

13. Bruce Ecker and Sara K. Bridges, “How the Science of Memory Reconsolidation Advances the Effectiveness and Unification of Psychotherapy,” *Clinical Social Work Journal* 48, no. 3 (2020): 288.

14. Merlo et al., “Memory Persistence,” 1.

15. Ecker and Bridges, “How the Science of Memory Reconsolidation,” 287–300; Karim Nader, “Reconsolidation and the Dynamic Nature of Memory,” *Cold Spring Harbor Perspectives in Biology* 7, no. 10 (2015): 4.

16. Nader, “Reconsolidation,” 4.

a malfunction of the brain's memory system, allowing individuals to learn and survive. Memory reconsolidation allows the brain to learn new responses and to change or unlearn mental models that are no longer accurate.

These principles aid in our understanding of how psychotherapy may actually work in helping individuals change.¹⁷ The emotional distress and behaviors from maladaptive mental models are usually elicited as a response to environmental cues, and the goal of therapy in this view is to unlearn or erase that response so that it can no longer be elicited by those cues. The erasure of the schema can thoroughly resolve a core theme of emotional distress and permanently eliminate the symptoms, behaviors, and thoughts associated with that distress. It is important to note that it is the semantic schema that is erased, while the episodic memory is preserved but interpreted differently. This distinction helps resolve any ethical dilemma on the part of the therapist, since they are not erasing the past but helping individuals consider their past in healthier ways.

For lasting change, three specific steps seem to be required.¹⁸ First is the use of cues or contexts to induce recollection and activation of painful memories and their associated feelings. This recollection must be fully experienced affectively and somatically rather than just cognitively to make those memories subject to activation. Second is a memory mismatch, a concurrent experience or understanding that contradicts what the individual knows and expects from this cue. This destabilizes the schema for several hours, transforming it from a consolidated state to a labile state susceptible to update and reconsolidation. Third is an

17. Ecker and Bridges, "How the Science of Memory Reconsolidation," 287–300; Richard D. Lane, Lee Ryan, Lynn Nadel, and Leslie Greenberg, "Memory Reconsolidation, Emotional Arousal, and the Process of Change in Psychotherapy: New Insights from Brain Science," *Behavioral and Brain Sciences* 38 (2015): 6.

18. Ecker and Bridges, "How the Science of Memory Reconsolidation," 287–300.

experience of counter-learning, a repetitive juxtaposition in which the individual experiences reality according to their schema and the reality of specific contradictory knowledge and experience, being consciously aware of both simultaneously. If this counter-learning occurs while the memory is labile, the maladaptive schema is erased or replaced. It no longer exists in memory and can no longer elicit the distress and behaviors of the past. New semantic models can then be reinforced by practicing new behaviors and new patterns of thought. The individual not only feels and functions better but remembers his or her past in different, healthier ways. The past is not forgotten but is viewed and interpreted in a new light.

Applications to Healing and Repentance

Memory reconsolidation is a possible mechanism that could be applied to an understanding of how Jesus Christ might heal trauma. Because of his atonement, the Savior knows every individual's painful memories in detail through his own experience and could therefore help activate and reconsolidate those memories more accurately and charitably. The Savior's intimate knowledge of each person's strengths as well as their weaknesses enables him to sustain them through the emotional challenges of traumatic memory activation and reconsolidation. His divine wisdom allows him to provide new experiences and understanding that can alter semantic memories in positive ways. He can guide each person to new behaviors that reinforce their reconsolidated memories and lead them in the path of emotional and spiritual healing. The earthly experiences and life lessons learned at such a staggering cost would not be wasted or forgotten but simply remembered and understood in different and more productive ways. I believe this may be how the Lord was able to promise Joseph Smith in Liberty Jail that "thine adversity and thine afflictions shall be but a small moment."¹⁹ Through the Atonement

19. Doctrine and Covenants 121:7.

and ministering of the great Healer, we can remember the details of our traumas while no longer being traumatized by them.

Don S. Browning, in his comparison of Rogerian psychotherapy with several atonement theories, suggests that emotional injuries can be the result of inaccurate conditions of worth imposed by individuals or society and that Christ can heal those injuries by accepting the person's worth unconditionally and despite their confusion of worthiness with worth.²⁰ In this example, the confusion of worthiness with worth and the acceptance of society's definition of worth would be maladaptive schemas that limit progression. With his knowledge of an individual's life experiences, Christ would know the appropriate cues to activate the memories associated with those schemas and would be able to lovingly support that person as they relive their traumas. His unconditional love and belief in their worth could provide the memory mismatch needed to make those memories labile, and his assurances that worthiness does not equal worth and that society's conditions of worth are inaccurate could provide the needed counter-learning to reconsolidate the memories and erase or update the schemas.

Adversity is commonly considered to be a source of eventual growth and strength, and this assumption may hold true for traumatic events as well. Approximately two-thirds of individuals who experience traumatic events respond with resilience and eventual healing, although that healing may come at a significant cost to overall long-term health.²¹ Some studies even suggest the potential for a response to trauma that includes positive growth and transformative change (post-traumatic growth), although the evidence for this is still somewhat

20. Don S. Browning, *Atonement and Psychotherapy* (Westminster Press, 1966), 216.

21. Olff, Hein, Amstadter, et al., "The Impact of Trauma," 3.

controversial.²² The idea of post-traumatic growth resonates with cultural narratives of learning from adversity, as well as with the Restoration doctrine of eternal progression and the desire to find some purpose in mortal suffering. If this earthly life is truly designed as an educative experience, then post-traumatic growth or some similar process would seem necessary for individuals to build additional resilience and develop divine responses to affliction.

The concepts presented above pertaining to memory reconsolidation and post-traumatic growth provide an intriguing way to consider a mechanism for the Atonement, but it is important to recognize that these are relatively new scientific advances and are not yet fully proven or understood. They may serve as placeholders for functions that we assume must be occurring in the brain, but the underlying physiology and processes are extremely complex and in need of further elucidation. Much of our current neuroscience is likely to be modified or disproven with additional research, which would require significant future revision or abandonment of any proposed mechanism of action for the Atonement.

A healing view of the Atonement should account not only for recovery from major traumatic experiences but also for the divine healing recognized in the day-to-day repentance process. The words used to describe the elements of repentance as taught by many LDS leaders (e.g., *remorse, confession, restitution, forsaking sin*) reflect the terminology of a substitutionary model of the Atonement. However, the process

22. Eranda Jayawickreme, Frank J. Infurna, Kinan Alajak, et al., “Post-Traumatic Growth as Positive Personality Change: Challenges, Opportunities, and Recommendations,” *Journal of Personality* 89, no. 1 (Feb. 2021): 146–47; Richard G. Tedeschi, “The Post-traumatic Growth Approach to Psychological Trauma,” *World Psychiatry* 22, no. 2 (June 2023): 328; Liliana Dell’Osso, Primo Lorenzi, Benedetta Nardi, Claudia Carmassi, and Barbara Carpita, “Post Traumatic Growth (PTG) in the Frame of Traumatic Experiences,” *Clinical Neuropsychiatry* 19, no. 6 (2022): 390–93.

of repentance can also be consistent with memory reconsolidation in a Christ-as-Healer model.

Repentance in the sense of healing echoes President Russell M. Nelson's discussion of the Greek word *metanoeo*, in that it is a process of changing minds rather than submitting to punishment.²³ Repentance is not just about changing behavior; it is about changing the individual's very nature. Sins are mistakes made due to fear, anger, lust, rebellion, selfishness, or other maladaptive schemas. Habitual sins and psychological addictions may be thought of as patterns of behavior due to faulty subconscious mental models that persist despite the conscious recognition that those patterns are destructive or harmful. Memory reconsolidation could potentially change those behavior patterns by erasing the underlying schemas.

For example, when an individual recognizes that they have done wrong, they naturally feel remorse for their mistake and for causing pain to others. Through remorse, they reexperience the event multiple times, thereby strengthening both the episodic memory and the semantic understanding of the consequences of the sin. True remorse allows an individual to relive the event emotionally and somatically, making the memory labile and susceptible to reconsolidation. Since the Savior knows them and their sins intimately, he can help them understand why they made that mistake. Through the Spirit, he can present to them different choices that they could have made, alternate interpretations of their deepest memories, and a new view of their sins as mistakes to avoid rather than evidence of an evil nature. This creates a memory mismatch, a counter-learning experience that can erase the faulty models and reconsolidate the memory considering the new understanding. The sinner's heart and mind are therefore changed such that they naturally forsake their sin and feel the joy of being forgiven

23. Russell M. Nelson, "We Can Do Better and Be Better," Apr. 2019, <https://www.churchofjesuschrist.org/study/general-conference/2019/04/36nelson?lang=eng/>.

by the Lord and by themselves. Confession and restitution to those they have offended are new responses to memories that used to elicit guilt and shame but now elicit a desire to change. They are also outward signs that can help those who have been hurt know that the individual is repenting, thereby hopefully assisting them in their forgiving and healing process.

Remorse in the context of repentance should be differentiated from feelings of guilt. Guilt, in the sense of excessive self-blame or shame rather than an appropriate sense of accountability, is unresolved remorse, a maladaptive schema in which individuals portray themselves as an evil or weak person unworthy of forgiveness rather than as someone who made a mistake. This type of guilt is a form of self-induced emotional trauma, a way in which an individual might seek to punish themselves for their mistake, and it is a barrier to repentance.²⁴

In this healing view of the Atonement, repentance is not a transactional process required to obtain God's forgiveness. God's disposition toward the sinner may be understood as radically merciful even prior to repentance, perhaps even at the moment of sin. Rather, repentance is how sinners can forgive themselves, and how their nature can be changed so they no longer want to sin. It is how they and their victims can heal from the consequences of their mistakes.

Implications

Critics might argue that a healing model of the Atonement minimizes the accountability of an individual for their sins, turns the Atonement into therapy rather than a reconciliation with God, and seems to negate the necessity of a divine Savior. While God's punishment of the sinner may seem like a natural consequence of sin, it is more likely a cultural

24. Browning, *Atonement and Psychotherapy*, 216; Eugene England, "That They Might Not Suffer: The Gift of Atonement," *Dialogue: A Journal of Mormon Thought* 1, no. 3 (Fall 1966): 150.

construct that makes sense to those in a legalistic society who view sin as an offense against God or justice. In actuality, the natural consequence of sin is suffering, most importantly the suffering experienced by the victim of the sin. That suffering needs healing, and although the victim may feel a desire for revenge or justice, the victim's greater need is for the healing that can only come through the Atonement. That healing does not require punishment of the sinner, and the victim's unconditional forgiveness of the sinner may be an important part of the healing process. However, the fact that the Savior can heal a victim without the sinner's repentance or assistance does not absolve the sinner of accountability. Rather, it increases accountability: the sinner has created suffering and therefore has the responsibility to do everything in their power to relieve and heal that suffering, including confession, apology, and restitution. When the sinner is eventually brought by the Savior to a full understanding of the unfolding cascade of suffering he has caused to the victim and the victim's loved ones, he will be overcome with grief and remorse. The sinner will punish himself, recognizing his overwhelming obligation both to his victims and to the Savior who has healed them, and will be unable to rest until all his victims have been healed. Those feelings of accountability to potentially unforgiving victims may be an even greater burden for the sinner than would be any punishment, and the sinner will likely also need healing from the trauma he has inflicted upon himself. This view of accountability is reminiscent of the experience of Alma in the Book of Mormon, who suffered for his sins for two days before feeling forgiven, and then spent the remainder of his life in an unrelenting effort to repair the damage that he had done.²⁵ Viewing sin as a response to maladaptive schema may sound like absolving the sinner, but it merely extends the culpability to include those who have contributed to that schema by their prior harmful actions to the sinner.

25. Mosiah 27, particularly verses 19, 23–29, and 32–33.

A Christ-as-Healer model of the Atonement does indeed focus on healing rather than on forgiveness of sins, changing both the process and the focus of reconciliation without altering its necessity. Reconciliation is the repair of a broken or damaged relationship and is one of the goals of both therapy and the Atonement. Reconciliation with God requires reconciliation with each other, and God seems to place great importance on the healing of relationships between mortals as a prerequisite for relationship with deity.²⁶ If sin is indeed trauma that damages relationships, it seems likely that a loving Father in Heaven would value healing more than blame or punishment.

If memory reconsolidation techniques can heal emotional trauma, is there still the need for a divine Savior? Elucidating a possible mechanism of action for healing through the Atonement does not mean that humans can accomplish that healing on their own. The absolute necessity of Jesus Christ remains. Only he has intimately and personally experienced each person's sins and sorrows and would be able to access the deepest memories and schema that are holding them back from their eternal potential. Only he has the unconditional love needed to comfort and support and heal each individual, far beyond what any human therapist might accomplish. Only he can fully disentangle and heal the threads of emotional, physical, spiritual, and relational trauma. Only he would be able to serve as a divine Mediator and Intercessor between the sinner and the victim, enabling the complete healing of that relationship. And only he can fully understand and witness overwhelmingly traumatic experiences, divinely accomplishing what theologian Shelly Rambo describes as knowing the unknowable, saying the unsayable, and witnessing the un-witnessable.²⁷

Although memory reconsolidation as a potential method of divine healing seems most applicable to a Christ-as-Healer model

26. Matthew 5:23–24.

27. Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Westminster John Knox Press, 2010), 21–23.

of the Atonement as presented here, it could find some relevance in other atonement models. Relational atonement theories suggest that sin results in broken or disordered relationships between people and between humans and God, and that the Atonement is a continual phenomenon of reconciling those relationships. Relational theories could utilize memory reconsolidation as a potential mechanism since it can explain relational healing as well as healing from trauma. The moral influence theory maintains that Christ's life and death are salvific because they provide the perfect example of love, obedience, and humility that can turn the sinner's heart and mind back towards God, and memory reconsolidation is plausible as an explanation of that turning process. The Christus Victor atonement model views the death and resurrection of Christ as a rescue or liberation of mankind from the slavery and sickness of sin, death, and the powers of darkness, and memory reconsolidation could explain how that liberation might occur on an individual neurobiological level. Satisfaction and substitution atonement models portray sin as an offense against God's honor or God's justice that requires punishment, and that debt of punishment is paid on behalf of the sinner by the suffering and death of Christ. Those models are not consistent with healing as the primary purpose of the Atonement, but they could still find some applicability of memory reconsolidation if they also value a mechanism for the healing of individuals and relationships from the personal consequences of sin.

Conclusion

This essay has argued that a Christ-as-Healer model of the Atonement—emphasizing the restoration of emotional, relational, and spiritual wounds—can be understood in light of contemporary insights into memory reconsolidation and post-traumatic growth. While neuroscience cannot replace the divine agency of the Savior, it provides a plausible mechanism by which the Atonement might operate in human experience, enabling individuals to heal, forgive, and participate in the

restoration of themselves and their relationships. As the field of neuroscience develops and our knowledge of memory reconsolidation and post-traumatic growth expands, future revision of these ideas will be warranted. However, these early attempts at making these connections may serve as a useful starting point for future discussion as more knowledge becomes available.

The LDS plan of salvation seems to be collaborative in almost every aspect. Premortal humans participated in the Council in Heaven and the creation of the earth. Mortals cooperate with Deity in ordinances and covenants, in family and church councils, in missionary work and temple work and ministering work, and in their day-to-day attempts to emulate the Savior. They also collaborate with Christ in his atonement, at the very least in the sense that their participation is necessary for it to be efficacious in their own lives. It may well be that they also participate in the healing effects of the Atonement as they seek to heal each other through listening and counseling, confession and restitution, forgiving and repenting. Although Christ will undoubtedly play a great part in the healing of broken interpersonal relationships, the process cannot be complete without the involvement and permission of the individuals themselves. The primary participants in those relationships will likely do much of that relational work themselves as they seek the forgiveness of and unity with all those whom they have offended or hurt in this life. An important part of the mortal educational experience may be the time spent during and after this life helping others heal from the consequences of our mistakes.

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