

The Ministry *of* Lament

To my parents

*I am dedicating this book to my mother, Mary Lenna Fowler,
who succumbed to Alzheimer's disease in October 2008,
and to my father, Gene T. Fowler, Sr.,
who cared for my mother lovingly and faithfully
throughout her illness.*

The Ministry of Lament
Caring for the Bereaved

GENE FOWLER



CHALICE
P R E S S

ST. LOUIS, MISSOURI

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Introduction

Writing about bereavement is humbling. Grief seeps into many hidden crevices of human life, and its impact on real people goes beyond what concepts and metaphors have the power to convey. Nor can the actual pastoral care of those who care for bereaved people in congregations be adequately captured and contained in writing. Pastors and those who participate in congregations go through much more in their ministry of caring for the bereaved than books can portray. Yet caring for grieving people in the congregational setting still deserves serious attention in writing, whatever the inherent limitations of the endeavor.

Caring for grieving people in congregations extends all the way from the occasional private pastoral counseling conversation to grief support groups to the caring potential found in the communal life of the congregation, including its religious practices. In light of the broad spectrum of caring possibilities in congregations, my thesis is that understanding the relationship between spirituality and bereavement is essential for practicing the ministry of caring for those who grieve and mourn effectively. The book is about this relationship, including its implications for caring ministry in congregations.

Originally, the idea for this book emerged when I was writing about the beginning of grief and mourning in relation to funerals in *Caring Through the Funeral: A Pastor's Guide*. That book was about the church's short-term care of the bereaved from the beginning of the death through the funeral and a short time after it. I did not address the ministry of caring for the bereaved for the long term. The present book, however, goes through the entirety of bereavement seen in relation to the spiritual life of grieving people in the congregational setting.

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For addressing spirituality and bereavement, I will draw on two main resources. In my funeral book, I drew on psychotherapist Therese Rando for understanding grief and mourning. One reason I found her work helpful was that she took the beginning of grief and mourning more seriously than most grief authors. In this book, I will continue drawing on Rando for the psychological understanding of grief and mourning from the beginning of bereavement throughout the long journey of grief and mourning. I also will draw on other contemporary psychotherapeutic authors in conjunction with Rando, but her schema of the mourning processes will provide the main organization of the discussion of grief and mourning throughout this book.

For discussing spirituality, I will draw on the psalms of lament in the book of Psalms because they address the relationship of a troubled person or community with God. Often, the lament psalms are used for discussing expressions of suffering, as if that were the only point of these psalms. They are far more than this. The lament psalms are poetry in which a suffering person is praying to God. This prayer exhibits an astounding array of imagery showing that the relationship with God has diverse and complex features. The lament psalms show the heights as well as the depths of the spiritual life. The biblical scholarship of Bernhard Anderson, as well as that of other Psalms commentators, will guide discussion of the lament psalms throughout the book. When I was writing the funeral book, I was fully aware of the lament psalms having been used for writing about pastoral counseling in grief situations in *Biblical Approaches to Pastoral Counseling* by pastoral theologian Donald Capps. In light of that book, I began thinking about the lament psalms being brought into dialogue with the mourning schema of Rando for exploring spirituality and bereavement in the long-term ministry of caring for bereaved people in the congregational setting. I want to give Capps full credit for being ahead of the game regarding the use of the lament psalms in caring ministry.

My use of the lament psalms explains the title of this book, *The Ministry of Lament: Caring for the Bereaved*. I am calling the ministry of caring for the bereaved in the congregational setting, the ministry of lament. Because the setting is the congregation, the book is intended primarily for pastors and lay leaders. Certainly, however, the ministry of caring for bereaved people exists in settings outside Christian congregations, such as in other religious traditions, chaplaincy, pastoral psychotherapy, psychiatry, clinical psychology, family therapy, and social work. The discussion of spirituality and bereavement can be applied in these settings, and I invite anyone who deals with grieving people to make use of this book, tailoring it to your setting and needs.

Chapter 1 will introduce the ministry of lament. The chapter includes a critique of the traditional pastoral care and counseling approach to grieving people. I will emphasize the caring potential of the congregation's communal life for the ministry of lament.

Chapter 2 is an introduction to bereavement and the main psychological and biblical resources to be used in the rest of the book. The chapter ends with a brief outline showing how the two resources will be brought into dialogue for developing an understanding of spirituality and bereavement.

In chapter 3, the discussion of spirituality and bereavement begins with the presentation of the first mourning process and the first part of the lament psalms. Next, the chapter will show how they are related in the life of a newly bereaved person. The chapter ends with implications for the ministry of lament.

Chapters 4 through 8 follow this same procedure. Each chapter presents a mourning process and the corresponding part of the lament psalms. Next, the two will be related in the context of focusing on bereaved people. Each chapter ends with implications for the ministry of lament.

You will find it helpful to keep one thing in mind while reading chapters 3 through 8. Traditionally, many psychotherapists have conceived of grief as a series of universal

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stages unfolding according to someone's preconceived timetable. That understanding of grief is no longer tenable. The ebb and flow of grief and mourning is far more diverse and dependent on the people involved, as well as the type of death and the circumstances surrounding it. Grief is more like taking the winding back roads than the dull, straight interstate when going somewhere. The chapters are not intended to be like the interstate, in which you start with the first mourning process and proceed step by step to the last one, knowing pretty closely when you should arrive at your destination. Instead, each chapter should be more like part of the winding road, in which you may get behind schedule, but you see some new territory. It may not matter that you get lost for a time and have to find your way again.

In this way, contemporary grief and mourning are more compatible with the spiritual life. As the poetry in the biblical lament psalms shows, the relationship of suffering people to God takes many twists and turns. For example, the psalmists frequently blame God for what is wrong. Observers, ministers, and friends have no reason and no right to place a time limit on this behavior. When the psalmist moves from this complaint to an expression of trusting in God's reliability, it is not a scheduled move in which the attitude of the suffering person toward God can just change on cue. The movement in the lament psalms reflects the winding road, not the interstate.

Finally, bereaved people will be portrayed as contemporary psalmists of lament. In many instances, their stories of mourning are explicit, but they contain spirituality inherently. I have used a variety of resources to tell these stories, including autobiographical books, psychiatric cases, movies, and church situations. The many ways that people share with others their mourning and their spiritual life demonstrate that ultimately we all are psalmists of lament. The relationship between spirituality and bereavement is within our own life stories, and we all have the potential to participate in the ministry of caring for others who grieve and mourn.

CHAPTER 1

Pastoral Care as the Ministry of Lament

Many twenty-first-century pastors and congregations face an incredible challenge caring for huge numbers of grieving people in their churches. This chapter presents an understanding of pastoral care that can help pastors, church leaders, and congregations care for the bereaved over months and years. This understanding of caring for the bereaved is called the ministry of lament in accord with the psalms of lament used throughout the book.

A Pastor's Dilemma

Ten months after I became interim pastor of a congregation, I experienced something new in worship when the church celebrated All Saints Day in November, just preceding Thanksgiving and Advent. On the church calendar, All Saints Day normally appears during the week, but Protestant congregations often ignore it, as I had done in the past. This congregation, however, had been celebrating it for several years on the Sunday closest to the date. The ceremony was simple, but it gave me quite a lesson.

At the appointed time in the worship service, the name of every church member who died during the previous year was read. Following each name, a member of the hand bell choir rang a bell. Because six church members had died that

year, six names were read, and the bell tolled six times. After the last name, the worshipers were invited to call out names from outside the congregation. These names could include any deceased person the worshiper wanted to remember, such as a family member, a friend, or a colleague from work who had died during the year. A name would be called and the bell rung.

I had expected a few names to be called, but I heard more than a few, many more. The naming and bell ringing seemed to go on and on. I did not count the number, nor did I look at my watch. At least twenty to thirty names were spoken in about fifteen minutes that seemed like thirty. A prayer ended this portion of the worship service, though the music, the sermon, and Holy Communion all fit the theme of All Saints Day.

This new and surprising experience opened my eyes to the breadth of bereavement in the congregation. Bereavement was far more widespread and prevalent than I, or anyone in the church, ever could have known before that day, because many were grieving deaths of people not associated with the congregation. An incredible amount of mourning lurked beneath the surface of the congregational community, waiting for a chance to emerge and be expressed through the voicing of names and the tolling of a bell.

This revelation presented a dilemma. How could I, or a group of trained lay caregivers for that matter, possibly respond to every grieving person in the traditional sense of having timely pastoral care and counseling conversation through the course of the grief process? For the sake of argument, let's say that thirty-one names were called out in the All Saints Day ceremony. Others called out no name but were in their second year of bereavement. We could go on to the third year and beyond, and the number would keep going up, for grief is no respecter of time. Others were experiencing different kinds of loss whose reaction involves grief, such as divorce and job loss. And this is just one relatively small congregation!

The idea of pastors and clinically trained lay caregivers having weekly pastoral care and counseling conversation month after month with the dozens upon dozens of bereaved people populating many congregations is an unrealistic notion. Consequently, the traditional view of pastoral care and counseling is not sufficient in this case.

This view will be even less effective in the future with the aging of the large Baby Boomer generation. Churches will fill increasingly with aging adults, adult children, and grandchildren who mourn the loss of their boomer friends, parents, and grandparents. Church leaders must create another means of caring, or the ministry of caring for the bereaved is hopeless.

Something More Is Needed

It would be quite helpful if churches saw the All Saints Day worship service itself as a way of caring for the bereaved. But in the traditional understanding of pastoral care and counseling just mentioned, still prevalent in most churches, the worship service I discussed above would not be seen as a way of caring for the bereaved normally, no matter how meaningful it may have been to grieving worshipers as they approached the holidays. Instead, the worship service would tend to be seen as an occasion presenting the possibility of future private counseling conversation with some worshipers whose bereavement was revealed because they called out a name. Even if people saw this special worship service as a way of caring for the bereaved, it would be practiced only once a year, consequently having only limited use. Clearly, something more is needed.

Think about what actually happens in churches regarding care of bereaved people. First, comes the funeral. Naturally, private conversation happens before the funeral, but all such conversation ultimately is geared toward the funeral, the most important means of caring for the bereaved during the first part of grieving. The Christian funeral is a worship service, not private counseling.

Next come the first few days and weeks following the funeral. During this time, the pastor may visit the grieving person or family. This pastoral visit is a ritual of the church in which the pastor and grieving church member, or members, reconnect post-funeral. In this reconnection, the pastor shows acceptance of the bereaved person or persons as church members who are grieving.

The next part of reconnection comes when the bereaved person or family returns to worship following the funeral. This shows that the congregation as a whole accepts grieving people as part of the congregational community and that the bereaved are indeed reestablishing relationships with their religious community, though this reconnection may be fragile depending on circumstances.

Of course, a bereaved person or family may return to church before a pastoral visit happens, but the main point is that the bereaved reconnect both with the pastor and congregation. The church could not exist if bereavement were not an accepted part of the congregation, because a significant percentage of the people who comprise the congregation have known grief, do know grief, and are not strangers to the bereavement of others. The word *acceptance* cannot be taken in an infantile all-or-nothing way, however, as if the congregation were a community whose participants exuded some superhuman perfection.

As weeks and months pass, the most common scenario is that bereaved people resume their participation in the congregation. By this time, ongoing pastoral care and counseling of the bereaved can seem to have disappeared almost completely. Yes, someone may send cards at anniversary times, or the church may offer the occasional grief group. Those grieving may receive some visitation or a counseling conversation now and then, but overall in the life of the church an intentional pastoral care and counseling focus on the bereaved person ends as new deaths occur and as pastors make decisions about how time is to be spent. This is where something more really is needed.

Do Congregations Abandon the Bereaved?

If pastors and trained lay caregivers are supposed to be having weekly, or near weekly, pastoral care and counseling conversations with grieving people month after month, the church is failing in this task. Pastoral theologian Allan Cole writes that ministers and faith communities do a credible job caring for the bereaved up to a week following the death. But after this their efforts fall short: "Ministers and faith communities usually intend to provide adequate longer-term care and support, but typically their efforts fall short. They neglect the needs of the bereaved" (2008, 61). It is unfair to say that ministers and faith communities can sustain good care of the bereaved only for a week. But one cannot deny the view that longer-term care typically falls short, assuming that this care is supposed to involve pastoral care and counseling conversation in ongoing pastoral visitation.

So what is the problem? Are ministers and faith communities uncaring or lazy? No. The problem is that the pastoral care and counseling view of caring for the bereaved in the congregational setting is unrealistic in the sense that it is unworkable, with hardly any exceptions. In the mid-twentieth century, the pastoral care and counseling movement created the ideal that following the funeral ministers should care for bereaved individuals by visiting them month after month, weekly at first and then lengthening the time between visits, having a counseling conversation during each visit. In the 1950s, even funerals were seen as a way of preparing bereaved family members for counseling with the pastor as the means of pastoral care during the months following the funeral (see Paul Irion, *The Funeral and the Mourners*, 1954, 159).

In 1974, pastoral theologian David Switzer laid out what he called a schedule for grief counseling. After pre-funeral pastoral visits with the family of the deceased, the funeral, and a follow-up visit, the minister was to begin weekly pastoral care and counseling conversations with the bereaved church member:

There should be continued regular pastoral conversations, approximately weekly during the first six weeks and then moving to perhaps every ten days to two weeks for another six weeks or so, and then tapering off into less frequent contacts as grief work seems to be in the process of being accomplished, the pain diminishing somewhat, and activities and relationships being renewed. (1974, 157–58)

More recently, in 2000, Switzer reaffirmed this view in an updated chapter, extending the time frame for weekly visits from six weeks to two or three months. He writes:

Pastoral concern needs to be offered to the grief-stricken persons for considerably longer than a single post-funeral call within a week after the service. In some parishes, it may be possible for the one ordained person to visit on a weekly basis over a period of two or three months, then every two or three weeks for another several months. Probably not every bereaved person needs such an amount or extent of time, but some number do. (2000, 114)

He then allows for variations in larger congregations: “Of course, there are many congregations and communities where the clergy really don’t have that much time. In some cases, other persons on the church staff or trained laypersons might be able to carry on this type of pastoral care” (2000, 114).

As Switzer indicates, the pastoral care and counseling ideal for the ministry of caring for the bereaved remains in force to this day in pastoral theology, and it continues to inform ministers and faith communities. Unfortunately, however, it is not workable as far as actual ministry in congregations is concerned, whatever the size of the congregation. This counseling ideal lacks viability for twenty-first-century pastors and congregations for the several reasons. First, many congregations have large numbers of bereaved people. Consequently, weekly and near weekly pastoral visitation for months on end with the bereaved in these congregations is not feasible.

Second, time management constraints in pastoral ministry are real and do not allow for the scheduling of visitation prescribed in the pastoral care and counseling model. They are real in small church solo pastorates, which are the vast majority, and they are real in the minority of larger multi-staff congregations. Ministers must balance their schedule so they can accomplish their various weekly duties in accord with congregational expectations. If this alone were taken seriously, it would be enough to call into question the pastoral care and counseling view of post-funeral care.

Another time management issue is even more significant. The nature of pastoral ministry requires a flexible weekly schedule. In any given week circumstances arising unexpectedly may require daily revision of a pastor's schedule. For instance, a church member's emergency operation on Tuesday may be followed by another church member's death on Thursday. If the pastor had allotted just enough sermon-writing time, now the sermon preparation must be pushed back; and appointments must be cancelled or rescheduled. The following week's schedule, too, must be revised to make room for the funeral and its preparation. This may require more cancellations and rescheduling and pushing back of sermon preparation. And so it goes. The point is not that a pastoral visit must sometimes get rescheduled. Rather, the notion of the pastor having multiple weekly visits with the bereaved, which could take up at least half the workweek or more in many congregations, flies in the face of reality in pastoral ministry.

Third, the extensive pastoral visitation in the homes of church members that this caring method requires is simply unreal in the twenty-first century. Since World War II, pastoral ministry has been adjusting to changing societal patterns of living, in which dropping in on neighbors and friends has, for all practical purposes, gone away for the most part. In today's world, pastors are not making regular visits in church members' homes according to their own schedules, as if making chaplain-like rounds in a hospital—for one thing, most would not be home because so many work during

the day or have otherwise busy lives, including retirees. Normally, pastors must phone church members to schedule an appointment days or weeks in advance, and even this can be complicated. Consider the example of a woman who lost her husband to a tragic car wreck and now is the single parent of two toddlers. Unless this person is an executive, she may get in trouble at work for taking a personal phone call. In this case, the pastor must phone at night, when the person is preparing dinner for the kids, getting them ready for bed, or finally collapsing after a long day. Because the person works, the pastoral visit would have to take place in the evening. Like most church members, this young widow never has experienced pastoral visits in the home, so anxiety is raised. The house must be cleaned up, refreshments prepared, and someone must be available to care for the kids. If she is offered the option of coming to the pastor's office, this is the option she will choose inevitably. But this option also has its set of complications. Because the appointment must be in the evening, she must hire a babysitter, but that costs money. Finally, if the pastor is male, meeting with the widow regularly at night either in her home or the office could lead to gossip, so another adult needs to be in the home or in the church when they meet. This is not conducive to meeting weekly for months. Many scenarios are possible, but hardly any are conducive to weekly pastoral visitation. Bereaved people work, raise families, become exhausted at night, have medical appointments, and generally lead busy lives like others. Moreover, if they believe they need weekly counseling, they will likely see a psychotherapist. Many church members have been to therapy at some point in their lives, and they do not want their pastor to be a therapist.

Fourth, pastors should not practice long-term pastoral counseling, lasting for months and potentially over a year, with any church member. If a pastor feels that a grieving church member needs weekly counseling conversation for months, referral to a therapist is appropriate.

Fifth, the mid-twentieth-century psychological models of grief, such as grief seen as a series of stages, are being

seriously questioned today and even rejected. Consequently, twenty-first-century pastors and congregations should not be saddled with a mid-twentieth-century understanding of care and counseling based on outdated models of grief. For instance, contemporary psychological models of grief do not support a yearlong time frame for grief, in the recognition that grief does not unfold on a preconceived schedule within a certain time period viewed as nearly the same for everyone. Consequently, twenty-first-century ministers and faith communities should not be confined to a pastoral care and counseling plan designed only for several months, up to a year or so.

I want to be clear that I am not arguing against pastoral care and counseling in general. Instead, I am concerned about a specific mid-twentieth-century understanding of caring for the bereaved that still influences ministers and faith communities. I have tried to show that this understanding is problematic. It has been a setup in which ministers and faith communities have been criticized unfairly for decades, because they have not been able to put the model into practice.

Neither ministers nor faith communities should feel guilty about not living up to the unworkable ideal of twentieth-century pastoral care and counseling in the realm of caring for the bereaved. Yet pastoral theologians, ministers, and faith communities all share a certain responsibility for this situation. This responsibility is at the level of the relationship between the church and society.

Church and Society

During the twentieth century, American society began supporting a way for people to address their grief on a regular basis for months and years, namely, psychotherapy. In the twenty-first century, psychotherapy has long since become the primary setting in which Americans are encouraged to address their grief and its painful feelings, as well as other forms of suffering. The church participates in this through pastoral care and counseling.

The workplace provides a telling example. On the one hand, the need for time and space to grieve runs headlong into business. To keep from being fired, a grieving person must produce at work rather than taking needed time off. On the other hand, many companies provide medical benefits that include payment for seeing a psychotherapist. Yet many citizens do not have medical coverage, making this an ongoing social issue involving humanitarian, medical, political, economic, and religious aspects. Both society and the church seem to have the same problem—not being able to provide psychotherapeutic help to all the bereaved. This view, however, presumes the desire of every bereaved person to receive psychotherapeutic help, though nothing could be further from the truth.

As a result of its commitment to psychotherapy, society has moved away from supporting more public means of addressing grief. It makes sense that public expressions of grief and mourning are discouraged, because maintaining confidentiality about what is said in a therapy session is one hallmark of psychotherapy. The psychotherapist does not tell what is discussed in a therapy session, nor are individuals expected to disclose what they discuss in therapy. It would be rude to ask. This value of confidentiality has impacted the church, seen in scholarly criticisms of the church for avoiding public expressions of suffering, such as avoiding the use of the lament psalms in worship. But this is a double bind. If the church encourages public expressions of suffering, it goes against the main societal orientation of caring for the bereaved in private settings, in which pastors are trained to participate. Yet if the church supports the practice of pastoral care and counseling of the bereaved, safeguarding confidentiality, it opens itself to criticism for abandoning the public forms of grieving.

A good example of the rise of psychotherapy for addressing grief is the famous mid-twentieth-century article by psychiatrist Eric Lindemann entitled, “Symptomatology and Management of Acute Grief.” According to Lindemann, “The essential task facing the psychiatrist is that of sharing

the patient's work—namely, his efforts at extricating himself from the bondage to the deceased and at finding new patterns of rewarding interaction" (1944/1979, 74).

In this mid-twentieth-century view, developed during World War II, grief was seen as a medical difficulty, implicitly putting it in the realm of disease from which the bereaved individual needed to be healed. The grieving person became a patient, the psychiatrist was the expert doctor who treated the patient, and grief work was the vehicle driving the psychotherapeutic process to completion. This is why Lindemann could use words such as "extricating" and "bondage," as if grief were a horrible illness needing a cure as soon as possible.

Though this older medical framework for understanding grief may not be current, Lindemann's phrase, "grief work," became a staple in the psychiatric grief lexicon. Likewise, contemporary approaches to grieving and mourning are connected to psychotherapy every bit as much as during the mid-twentieth century. Accordingly, in the United States today, bereaved people are seen as potential patients or clients who need the expert, the psychotherapist, for working through their grief; and the church continues participating in this view through pastoral care and counseling.

I want to be clear here also, that I am not arguing against psychotherapy or psychological understandings of grief. In the rest of the book, I will make extensive use of psychology. Nor am I arguing that the church should not participate in contemporary, socially supported means of healing. Rather, the particular way that pastoral theologians, ministers, and faith communities have been participating in this is not working and needs to change, which requires focusing on the religious side of the ledger.

The Church and Psychiatry

Lindemann, in his World War II article cited above, recognized that psychiatrists alone could not handle the massive number of bereaved people—quite an understatement. He suggested that "auxiliary workers" would be

needed, specifically social workers and ministers: "Social workers and ministers will have to be on the lookout for the more ominous pictures, referring these to the psychiatrist while assisting the more normal reactions themselves." This, of course, required that ministers and social workers learn psychotherapeutic method, supplementing the psychotherapeutic effort of the psychiatrist (1979, 76).

That pastors have ever seen themselves as "auxiliary workers" for psychiatrists, even in the realm of caring for the bereaved, is highly doubtful. What church member proudly introduces their pastor as an "auxiliary worker" in mental health? Yet suggestions like this one of Lindemann fit perfectly with developments happening in pastoral care education during the mid-twentieth century. Seminary students were participating in new clinical training programs found primarily in medical centers, in what today is called Clinical Pastoral Education, with its historic psychotherapeutic emphasis. Following World War II, the church increasingly embraced psychotherapy, as future pastors began learning psychotherapeutic methods in new pastoral care and counseling courses in seminaries and divinity schools. In the 1960s, the American Association of Pastoral Counselors was born, enabling clergy to become full-time pastoral counseling specialists.

These new pastoral care developments made it possible to appropriate what Lindemann wrote about the church in his article, in which he compared the church to psychotherapy. He wrote that the main way churches, or what he called religious agencies, have cared for grieving people historically is by providing comfort. Though he failed to define comfort, he did give illustrations: "They have provided comfort by giving the backing of dogma to the patient's wish for continued interaction with the deceased, have developed rituals that maintain the patient's interaction with others, and have counteracted the morbid guilt feelings of the patient by Divine Grace and by promising an opportunity for 'making up' to the deceased at the time of a later reunion." Lindemann did acknowledge that these religious means of comfort

had helped countless mourners. But he judged that this help was still inadequate: “comfort alone does not provide adequate assistance in the patient’s grief work.” Instead, the “adequate assistance” came from psychotherapy. Amazingly, Lindemann contended that the many grief work tasks to be accomplished in psychotherapy could be done in eight to ten sessions (1979, 74–75).

Using psychotherapy methods in pastoral care and counseling is still conceived as the predominant way that churches should care for the bereaved. Consequently, even today the church implicitly shares with Lindemann the assumption that psychotherapy provides more “adequate assistance” to grieving people than “Divine Grace” or any of the church’s other beliefs and practices.

A Destructive Split

One way this implicit assumption can play out in a congregation is that pastors and church members split off their understanding of pastoral care and counseling from their religious practices. On one side of the split, pastoral care and counseling is the private counseling conversation involving the pastor or a trained lay caregiver and a church member, couple, or family. The traditional view that pastoral counseling has an implicit theological dimension does not negate this split. Nor does it matter that pastoral care and counseling can include the use of religious resources, such as prayer and scripture. They always have been included as one kind of therapeutic resource among others within the context of a pastoral counseling conversation.

On the other side of the split are the explicitly religious practices of the Christian faith, in which people bring the issues of their lives before God in worship, prayer, and so forth. But this is not conceived as having anything to do with official pastoral care and counseling, even if one assumes that the communal religious life of the congregation is helpful in some way. It is as if two unrelated systems of care are going on simultaneously: official pastoral care and counseling, and unofficial religious practices in the communal life of the

congregation. The All Saints Day worship service I discussed at the beginning of the chapter is a case in point.

Some lines from a contemporary psalm of lament by Ann Weems reflect this split beautifully:

In my suffering
I am told I must
grieve correctly.
O merciful God!
What are they doing?
Aren't we supposed
to go to you with our tears? (1994, 22)

Healing the Split and Becoming a Caring Church

The continuing assumption of the church favoring psychotherapeutic methods over the Christian faith in caring for bereaved people must be abandoned. This does not mean simply switching assumptions and favoring religious practices over psychotherapeutic methods. It is not a matter of declaring one means of care superior to another.

Instead, the church should step out of the competition altogether in its care of the bereaved. Lindemann made a foil of religion to lift up his own advances in psychotherapy with grieving people. Apparently, advances often require a foil, or a straw dog to knock down. However, neither the Christian faith nor other faith traditions should be a foil for psychotherapy, just as psychotherapy should not be a foil for the church. Stepping out of the competition gives the pastor and congregation a new freedom to heal the split between pastoral care and counseling and the rest of congregational life as it relates to bereavement.

The Ministry of Lament: Healing the Split

In the ministry of lament, pastors and church members affirm that the entire communal life of the congregation contains caring potential. This affirmation forms the first step in healing the split. In this affirmation, the communal life of the church includes ordinary weekly worship, prayer,

small groups focused on spiritual growth, biblical study, fellowship, and even the various outreach ministries of the congregation, such as mission projects and evangelism. The congregation's ministry of caring for grieving people first and foremost involves leading with its strength by being a faithful religious community with its ceremonies, groups, fellowship, prayers, and ministries.

Ongoing pastoral care and counseling conversation cannot sustain the long-term care of the bereaved. Yet having such conversation on an occasional basis definitely is part of the church's life, along with the other things just mentioned. In the ministry of lament, pastoral care and counseling conversation exists as a relatively modest part of a much larger caring ministry involving the entire communal life of the congregation.

Naming the Congregation's Caring Potential

If a pastor and congregation can acknowledge that the communal life of the congregation has caring potential and is part of the caring ministry, they can take the next step toward healing the split. This involves realizing that one important aspect of grieving involves the bereaved person's spirituality, which, according to sociologist of religion Robert Wuthnow, "is the shorthand term we use in our society to talk about a person's relationship with God." In the ministry of lament, the pastor and congregation attend to the bereaved person's relationship with God. As Wuthnow says, "For many people, how they think about it is certainly guided by what they see and do in their congregations" (2007, 112).

Within the context of this focus, all life in the church is viewed as having an influence on the grieving person's bereavement, because participation in the faith community influences the grieving person's relationship with God. This is why the ministry of lament includes the affirmation that the communal life of the church has caring potential. Clearly, this affirmation is no substitution of communal religious practices for psychotherapy. Rather, it is practicing the Christian faith for an explicitly spiritual purpose. Nor is it an

argument against pastoral care and counseling. Rather, the ministry of lament relates the life of the church to bereaved people who maintain a spiritual life in the context of the faith community. Therefore, those who plan and participate in the communal practices of the church should do so with a growing attunement to every facet of bereavement, including grief understood psychologically.

Grieving people who participate in the life of the church should be enabled to address their relationship to God fruitfully, over time, in ways that are meaningful with respect to their ongoing journey of grief. This does not mean other parts of a bereaved person's life are not of concern, for all aspects of a person's life are included in this spiritual relationship inherently. Attending to a person's relationship with God is virtually a doorway into the whole of an individual's life.

Those who grieve do bring bereavement into their relationship with God. Grief influences their spiritual journey, sometimes dramatically and sometimes more subtly. This does not mean that grief always should be the center of concern in a bereaved person's spiritual life over time. Rather, the ministry of lament acknowledges that grief does influence a bereaved person's spiritual life. Consequently, pastors and church members should strive to make the congregation a community where a grieving person can ask hard questions and where faith is not viewed superficially as a bed of roses.

Those who grieve cannot help but bring God into their grief. Many bereaved people turn to God for help. This reality needs to be taken seriously by each and every person who cares for grieving people. The church should affirm unabashedly that God does care and does help. The church should affirm that God not only comforts, as Lindemann indicated, but walks through the agonizing times with us. The church should affirm that God brings healing to the wounded soul and brings positive change into human lives.

Bereaved people also continue having a spiritual life over time, in the sense of maintaining a relationship with God throughout their grieving, though this relationship

may have many fluctuations. For instance, bereaved people who attend worship on a regular basis are participating in a ceremony in which the divine and human relationship is addressed explicitly. This reality indicates that weekly worship necessarily affects the lives of those who have suffered loss. Every congregation should take into account the presence of grieving people in its planning and practice of worship, as well as other facets of church life.

God in Contemporary Pastoral Care and Counseling

Another part of the split needing healing involves the way the Christian faith is viewed in pastoral care and counseling today versus the way it is viewed in the rest of congregational life. Pastors and church members should not have to think of their religion one way in pastoral care and counseling and another way in the rest of their life in the congregation.

Without a doubt, contemporary pastoral care and counseling allows for talking about God explicitly and using religious resources. Pastoral theologian John Patton calls this the classical paradigm, whose primary feature is “the message of a God who caringly creates human beings for relationship and who continues to care by hearing and remembering them.” It began, he says, with the advent of Christianity, continued through the Reformation, and ended as the main paradigm of care with “the advent of modern dynamic psychology’s impact on ministry.” He places this paradigm alongside a second one developed in the twentieth century, called the clinical pastoral paradigm, when psychotherapy was incorporated into care, and a third contemporary paradigm, called the communal contextual paradigm, in which the focus is on the contexts of care, and virtually all the social sciences begin playing a role in care (1993, 4–5).

More recently, pastoral theologian Carrie Doehring has developed a similar view, calling the paradigms premodern, modern, and postmodern. These are three interpretive lenses through which to view the pastoral care and counseling situation, in which the premodern lens corresponds most

closely to Patton's classical paradigm. Doehring says that when using a premodern lens, "pastors assume for the moment that God or that which is sacred can be glimpsed and apprehended to some degree through sacred texts, religious rituals and traditions, and religious and spiritual experiences—the way transcendent realities seemed to be known within the ancient and medieval church" (2006, 2).

On the one hand, it is encouraging that historic religious approaches to the ministry of care are being incorporated into contemporary pastoral care and counseling, to go along with modern approaches that make use of psychology and with postmodern contextual approaches that make use of social sciences. On the other hand, the terms *classical* and *premodern* are unfortunate labels for the Christian message about God and explicit religious practices experienced in the ministry of care today. Inevitably, these labels carry the negative connotation that something premodern is not as good or helpful as something modern, such as psychotherapy, or postmodern, such as discerning ways that society and culture influence human ways of knowing. We saw this earlier in the Lindemann discussion.

Moreover, these two labels imply that all practice of the Christian faith, not just in times of care, ends up in a historical straightjacket. For instance, consider a statement by Doehring that could apply to someone who just learned that a loved one has died suddenly. She writes, "In the initial shock and denial of acute moments of crisis, people often function out of a premodern mode, appealing to God to intervene in their crisis." No inherent distinction exists between this appeal for divine intervention and, for example, a sermon, a prayer, or worship itself. Presumably, if, in a worship service, a pastor prays that a grieving family receive consolation from God, that pastor and the congregation are functioning "out of a premodern mode" (2006, 116).

Ultimately, the entire Christian religion comes to be seen only as a premodern institution, like an old church building seeming out of place now that it sits in the shadows of new skyscrapers built all around it. This is like saying that all

medical practice is premodern or classical, because medicine existed centuries ago. Consequently, such care theories or models provide no accounting for the actual practice of the Christian faith in the modern era and now in the postmodern era, other than calling it premodern or classical. This shortchanges the Christian community, as well as other religious traditions. The religion of the community of faith exists in the present among contemporary generations of people and must be taken seriously as part of the present, not as a regression to a past way of knowing.

The ministry of lament, including pastoral care and counseling conversation, requires that the Christian faith as it exists in twenty-first-century congregations be considered on its own terms, as a contemporary reality in the world today. People who suffer the loss of loved ones are standing face-to-face with life and death, with meaning, and with an uncertain future. The last thing in the world any pastor or congregation needs is a divided understanding of the Christian faith, understood as part of the past in pastoral care and counseling and understood as contemporary in the rest of church life.

What Next?

The ministry of lament involves caring for bereaved people in the congregational setting. Traditional pastoral care and counseling conversation is part of this ministry, but only a part. Such pastoral conversation exists as an occasional practice within the context of the entire communal life of the congregation, all of which contains caring potential.

Affirming the caring potential of life together in the congregation is important because grieving people in the church have a relationship with God. This relationship is affected by grief, and, in turn, this relationship also affects the grief. Participation in the community of faith facilitates the ongoing development of this relationship to the divine in whatever ways are needed during the course of bereavement. Out of this participation the occasional pastoral counseling conversation may arise, grief support groups get organized,

and ongoing supportive lay care happens, most often in informal ways. However, only through this participation over time is the church enabled to care for the many grieving people in its midst over long time periods, well beyond a few months or a year.

The question, then, is not whether pastors and congregations stop caring for the bereaved, but whether they are growing in their understanding of spirituality and grief, and reflecting this understanding in the ongoing life of the church, so that participation in the congregation can be increasingly meaningful for the bereaved. This is the primary concern in the rest of the book. The next chapter will present the resources to be used for this exploration.