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How Long?

Using Lament to Restore Hope in the Dying Process

By
Michael C. Hoppe, BCC

A Dissertation Submitted to
the Faculty of Covenant Theological Seminary
in Partial Fulfillment of the Requirements for the Degree of
Doctor of Ministry.

Saint Louis, Missouri

2021

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Graduation Date May 14, 2021

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Abstract

It is not uncommon to find people at end-of-life who feel stuck; they are neither healthy nor progressing toward death rapidly. The literature identifies this state of "stuckness" as a condition called "persistent liminality." This condition often involves a sense of being in a suspended state, lacking a sense of time and space, and feeling dislocated from God and the self. This researcher desires to provide understanding about existential loss due to persistent liminality at end-of-life and a strategy for assisting people to regain meaning and realize agency once again by connecting to God through lament. This study explores how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life.

This study employed a qualitative design using semi-structured interviews with seven pastoral counselors who have served as hospice chaplains for three years or longer. Three research questions guided this qualitative study: 1) How do pastoral counselors understand the purpose of lament? 2) In what ways do pastoral counselors use lament to minister to people in a state of persistent liminality at end-of-life? And 3) How do pastoral counselors evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

The literature review focused on three key areas central to this study: 1) understanding persistent liminality at end-of-life, 2) examining approaches currently used to address persistent liminality at end-of-life and their effectiveness, and 3) exploring how lament addresses persistent liminality at end-of-life.

The findings of this study reveal that lament contributes to restoring hope to those suffering from persistent liminality at end-of-life. Finally, several recommendations offer ideas for how believers can reclaim the practice of lament in public and private worship.

To my loving wife Carol, for her support and dedication to our life of ministry.

"We jump into that water and find ourselves in a curious liminal space. Here we are, suspended, yet moving; floating, yet in danger of sinking. And if we swim with the current, instead of fighting against it, we find a momentary state, one of motion and yet paradoxical stillness that is *flow*."

— Bonnie Tsui,
Why We Swim, pp. 215-16.

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Chapter One

Introduction

It is not uncommon to find people at end-of-life feeling "stuck;" they are neither healthy nor are they progressing rapidly toward death. The disease process prevents them from living their lives as they have. Their mobility is often limited, they complain of fatigue, and some lose the ability to see or hear well. Many who formerly found strength in the Bible can no longer access these written blessings themselves. Yet, their hospice nurse visits twice a week and informs everyone that their vital signs remain stable. This condition at end-of-life is far from rare.

The literature identifies this state of "stuckness" as "persistent liminality,"[1] a "betwixt and between" state that requires constant physical and emotional effort.[2] People living in persistent liminality have the sense of being suspended, lacking a sense of time and space, and feeling dislocated from the self.[3] This sense of dislocation often includes a sense of powerlessness and a loss of agency.[4] Often those with religious practices fare

[1] The development of this term will be explained later in this chapter.

[2] C. Nicholson et al., "Living on the Margin: Understanding the Experience of Living and Dying with Frailty in Old Age," *Social Science & Medicine* 75, no. 8 (October 1, 2012): 1429.

[3] Alex Broom and John Cavenagh, "On the Meanings and Experiences of Living and Dying in an Australian Hospice," *Health:* 15, no. 1 (2011): 106.

[4] Tara Gibb, Evelyn Hamdon, and Zenobia Jamal, "Re/Claiming Agency: Learning, Liminality and Immigrant Service Organizations," *Journal of Contemporary Issues in Education* 3, no. 1 (July 3, 2008): 7.

better than without, but religious adherence does not immunize people from this daily challenge,[5] and unfortunately, there can be no return to the preliminal state.[6]

Several liminal situations exist in the medical context, including patients who are comatose[7] or demented,[8] patients involved in organ transplants,[9] and certainly those with incurable diseases such as multiple sclerosis,[10] cancer,[11] or ALS.[12] This study narrows in on those able to converse and mentally engage at end-of-life. They might still attend a grandchild's birthday party or gather in the commons room for Bingo. They are not well but at the same time are not dying quickly, though many wish they could.

People experiencing persistent liminality report that they feel as though God has not heard their prayer for restoration of health or resolution toward the afterlife. They describe feelings of despair and loss of hope. Such people look for answers and a language to describe their plight to people and to God.

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[5] Siew Tzuh Tang et al., "Trajectory and Predictors of Quality of Life during the Dying Process: Roles of Perceived Sense of Burden to Others and Posttraumatic Growth," *Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer* 22, no. 11 (November 2014): 2962.

[6] "Preliminal," or how they were before the liminal experience. Roz McKechnie, Chrys Jaye, and Rod MacLeod, "The Liminality of Palliative Care," *Sites: A Journal of Social Anthropology and Cultural Studies* 7, no. 2 (2010): 13.

[7] Susanne W. Gibbons, Alyson Ross, and Margaret Bevans, "Liminality as a Conceptual Frame for Understanding the Family Caregiving Rite of Passage: An Integrative Review," *Research in Nursing & Health* 37, no. 5 (2014): 423–36.

[8] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care."

[9] Holly C. Standing et al., "'Being' a Ventricular Assist Device Recipient: A Liminal Existence," *Social Science & Medicine* 190 (October 1, 2017): 141–48.

[10] Benedicte Ingstad and Susan Reynolds Whyte, *Disability and Culture* (Berkeley, Los Angeles, and London: University of California Press, 1995), 113.

[11] Linda Rozmovits and Sue Ziebland, "Expressions of Loss of Adulthood in the Narratives of People with Colorectal Cancer," *Qualitative Health Research* 14, no. 2 (February 1, 2004): 187–203.

[12] Sverre Vigeland Lerum et al., "Unstable Terminality: Negotiating the Meaning of Chronicity and Terminality in Motor Neurone Disease," *Sociology of Health & Illness* 37, no. 1 (2015): 81–96.

For millennia, the psalms of lament have put into words deep anguish so hard to express.[13] The psalmists draw out the cries of the heart, direct pleas toward The One Who Saves, and appeal to the *hesed*[14] of their Covenant Lord to change their situation. Life is not as it should be, and the psalmists lament, protest, and call God to account.[15] "Do not act for my sake, or because I deserve it, or because you owe it to me, but act to keep in repair your reputation for *hesed*."[16] Psalm 13 especially provides language useful to those who feel stuck in persistent liminality. God has seemingly hidden his face, breaking off communion, and this rupture brings the psalmist to the brink of despair.[17] He calls on God's *hesed* to restore that communion.[18]

Despite the richness of these psalms, many pastoral counselors do not choose psalms of lament when supporting someone feeling despondent. "It is a curious fact that the church has, by and large, continued to sing songs of orientation in a world increasingly experienced as disoriented."[19] Quite simply, most of the American church

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[13] Consider even the name of Holladay's work which examines believers' engagement with the psalms through three millennia: William L. Holladay, *The Psalms Through Three Thousand Years: Prayerbook of a Cloud of Witnesses* (Minneapolis, MN: Fortress Press, 1995).

[14] In the Tanakh, the word *hesed* conveys this idea of covenant faithfulness. BDB defines the *hesed* of God as "*lovingkindness* in condescending to the needs of his creatures … *in redemption from enemies and troubles* … men should trust in it." Emphasis in the original. Francis Brown, *Brown-Driver-Briggs Hebrew and English Lexicon: With an Appendix Containing the Biblical Aramaic* (Peabody, MA: Hendrickson, 1999), 339.

[15] Holladay, *The Psalms Through Three Thousand Years*, 291.

[16] Walter Brueggemann and Patrick D Miller, *The Psalms and the Life of Faith* (Minneapolis, MN: Fortress Press, 1995), 55.

[17] William P. Brown, *Seeing the Psalms: A Theology of Metaphor* (Louisville, KY: Westminster John Knox Press, 2002), 173.

[18] The word translated "steadfast love" in verse 5 is the word *hesed*.

[19] Walter Brueggemann, *The Message of the Psalms: A Theological Commentary* (Minneapolis, MN: Fortress Press, 1984), 51.

worship avoids lament, ignoring the realities of a disoriented world, the power of lament in response, and the underlying narrative of suffering.[20] Interestingly, rather than passive forgetfulness, some theologians accuse the church of active neglect.[21] Many authors highlight how tempting it can be to favor "happy" passages when ministering to the hurting. Without touching the pain of the lamenter, however, the pastoral counselor will "sing songs to a heavy heart."[22] Others, however, do use the Psalms as remarkable and reliable resources for many situations, the hospital call being paradigmatic.[23] This study will explore how such pastoral counselors use lament to restore hope to those in persistent liminality at end-of-life.

Persistent Liminality and Its Effects

The Origin of the Term "Persistent Liminality"

Discussion of liminality begins with the book, *Les rites de passage*, where Arnold van Gennep introduced the idea of structure and space in times of transition.[24] Victor Turner built on this concept, indicating that someone in transition combines past

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[20] Soong-Chan Rah, *Prophetic Lament: A Call for Justice in Troubled Times* (Downers Grove, IL: InterVarsity Press, 2015), 22.

[21] G. Geoffrey Harper and Kit Barker, *Finding Lost Words: The Church's Right to Lament* (Eugene, OR: Wipf and Stock Publishers, 2017), 5.

[22] Proverbs 25:20. Scripture quotations taken from the English Standard Version, *English Standard Version: Containing the Old and New Testaments* (Crossway Bibles, 2001).

[23] Brueggemann and Miller, *The Psalms and the Life of Faith*, 6–7.

[24] Arnold van Gennep, *Les rites de passage* (Paris: Emile Nourry, 1909). Van Gennep listed three stages of social evolution, 1) separation (with its purifying preparations), 2) transition (the *liminaire*, meaning "of the threshold"), and 3) aggregation where the initiate is accepted into the society as new. This term "*liminaire*" was translated into our term "liminal." See Miles Little et al., "Liminality: A Major Category of the Experience of Cancer Illness," *Social Science & Medicine* 47, no. 10 (November 1998): 1490.

experiences with expectations of a hopeful future.[25] Eventually liminality would be characterized as a transitional state between different ways of being.[26]

Medical liminality, however, does not usually involve Turner's hopeful future, but rather focuses on the disorientation of transition. In the medical context, "liminality brings an existential vision, with its fears and dread. At the same time, it imposes a role on the sufferer."[27] Researchers in the medical context refer to "acute liminality," which begins with the patient's suspicions and subsequent investigations. Researchers then describe "sustained liminality," where recovery from active treatment moves them forward to a remission, often with continuing risk of recurrence.[28] These states of liminality are expected to be temporary; patients anticipate return in "post-liminality" to their previous lives as parents, students, employees, and so forth.[29] However, some move to "persistent liminality" where, rather than taking up a healthy and productive life, their condition forces them into this "betwixt and between" state of health and illness.[30]

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[25] Victor W. Turner, *The Ritual Process: Structure and Anti-Structure* (London: Routledge, 1969).

[26] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 11.

[27] Little et al., "Liminality," 1491.

[28] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 10.

[29] See James' hopes in Standing et al., "'Being' a Ventricular Assist Device Recipient," 15. In this work, Standing and her colleagues explore the experiences of those with a VAD, which is usually a temporary stage between heart failure and heart transplant. Standing states, however, on page 17, "A degree of liminality is likely to persist for the rest of their lives; they will always be under its lingering shadow. This pervading sense of liminality is key to the experience of 'Being' a VAD recipient."

[30] Megan Crowley-Matoka, "Desperately Seeking 'Normal': The Promise and Perils of Living with Kidney Transplantation," *Social Science & Medicine*, The Social Production of Health: Critical Contributions from Evolutionary, Biological and Cultural Anthropology: Papers in Memory of Arthur J. Rubel, 61, no. 4 (August 1, 2005): 821–31.

Effects of Persistent Liminality

Persistent liminality leaves one with "loss of empowerment … perceptions of existential constraint, an awareness of the uncertainty of future time, of constraints on choice and empowerment, of limitations in the freedom to use space."[31] Both physical and psychological decline contribute to medical expressions of persistent liminality. Researchers remark how physical frailty leads to a psychosocial imbalance.[32] This imbalance can be characterized in many ways, including a loss of identity and dignity. Patients suffering from persistent liminality complain about the loss of privacy, independence, sexual confidence, ability to work, to travel, and to socialize.[33] This undermining of dignity contributes to depression, anxiety, hopelessness, loss of will to live, desire for death, feeling of being a burden on others, and an overall poorer quality of life.[34] Such loss creates ambiguity and transition both for the individual and the community in which they live.[35] Counselors address persistent liminality in many ways, each with differing levels of effectiveness.

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[31] Little et al., "Liminality," 1488.

[32] Nicholson et al., "Living on the Margin," 1429.

[33] Rozmovits and Ziebland, "Expressions of Loss of Adulthood in the Narratives of People with Colorectal Cancer." Also, Broom and Cavenagh, "On the Meanings," 98.

[34] Andy H. Y. Ho et al., "Dignity Amidst Liminality: Healing Within Suffering Among Chinese Terminal Cancer Patients," *Death Studies* 37, no. 10 (November 2013): 955.

[35] Nicholson et al., "Living on the Margin," 1430.

Approaches to Addressing Persistent Liminality

Persistent liminality threatens quality of life. This psychological distress, however, does not condemn end-of-life to hopelessness. Quality of life at end-of-life "depends not only on physical and psychological symptom distress due to disease progression and anticipatory losses but also on social support and perceived sense of burden to others and posttraumatic growth."[36] Thus, strong social support and the patient's optimistic outlook can preserve some measure of meaning and joy at end-of-life.

Only a few nonpharmacological interventions provide therapy at end-of-life. One effective approach to addressing anxiety is cognitive-behavioral therapy. In CBT, the therapist and client identify and address distorted beliefs and irrational thinking. By changing these phenomena, practitioners experience improved moods and reduced anxieties. Part of the success behind CBT is the understanding that events, in and of themselves, do not cause suffering. Instead, the client's response to the event propagates suffering. Thus, CBT and its many corresponding therapies, such as appraisal theory, adapt the mental structure behind each client's response.

Cognitive reappraisal ability, CRA, trains clients to reframe situations to down-regulate their emotion response. Reframing a situation by introducing meaning into the equation modulates responses to stimuli such as pain. Relative to other emotion regulation strategies, such as expressive suppression,[37] cognitive reappraisal is more effective in changing emotional responses with fewer physiological or cognitive costs.[38]

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[36] Tang et al., "Trajectory and Predictors of Quality of Life during the Dying Process," 2963.

[37] As the name implies, "expressive suppression" involves concealing the overt expression of emotions.

[38] Allon Vishkin et al., "God Rest Our Hearts: Religiosity and Cognitive Reappraisal," *Emotion* 16, no. 2 (March 2016): 253.

Many studies have evidenced the positive connection between CRA and religious adherence. "This is the conclusion of nearly 500 studies during the twentieth century . . . statistically significant associations between religion and better mental health."[39] More specifically, religious adherence shapes emotion reactions directly and indirectly. People's religious beliefs shape their emotion reactions directly by prescribing specific reappraisals. For example, the divine promise of continuity after death fosters a sense of security and reduces anxiety.[40] Indirect influence comes through extrinsic community connections and intrinsic interventions such as conversing with God or offering prayer for enemies. While CRA does not require religious adherence for its efficacy, faith in a higher power does broaden and deepen a person's ability to adapt and thrive over long periods of time.

Therapists also employ dignity therapy for those facing end-of-life struggles. Loss of dignity represents the primary motivator for wanting to end one's life.[41] DT assists clients in reflecting on significant events and recording their wisdom for their loved ones. DT fosters generativity, preserves the client's role, and helps to maintain a modicum of normalcy for the dying person.[42]

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[39] Harold G. Koenig, *Faith and Mental Health: Religious Resources for Healing* (Philadelphia : London: Templeton Foundation Press, 2009), 133.

[40] K.E. Vail et al., "A Terror Management Analysis of the Psychological Functions of Religion," *Personality and Social Psychology Review* 14 (2010): 84–94.

[41] Some studies have reported that loss of dignity, according to physicians, is the most highly cited reason why patients seek out and receive assistance hastening their death. Harvey M. Chochinov, "Dignity and the Eye of the Beholder," *Journal of Clinical Oncology* 22, no. 7 (April 2004): 1337.

[42] Maggie Watson and David W. Kissane, eds., *Handbook of Psychotherapy in Cancer Care*, 1st ed. (Chichester, UK: John Wiley & Sons, Ltd, 2011), 81.

Psalms as a Form of Lament

As seen in this list of effective counseling therapies, pastoral counselors have practical, insightful methods for addressing human pain and suffering. Lasting transformation, however, results from God's work in a person's life, whether through CBT or some other approach. "Unless the Lord builds the house, those who build it labor in vain."[43] The book of Psalms contains one of the greatest treasuries of God's grace for transformation. Here "earnest prayer proceeds first from a sense of our need, and next, from faith in the promises of God."[44] Over one third of the psalms contain lament.[45] What is the value of lament in the psalms? For example, what does Psalm 13 have to teach those facing great suffering or difficulty?

Lament, especially biblical lament, connects a petitioner's heart with God's. Indeed, lament puts words to the psalmist's great distress and his cries that he has nowhere else to turn but to God.[46] This connection with God connects suffering and God's response to the petitioner's need. Thus, laments are not literary pieces for intellectual appraisal. They designate the basic modes for crying out to God: plea and praise.[47] Lament engages the faith of the petitioner to entreat God to act, based on God's

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[43] Psalm 127:1.

[44] John Calvin, *John Calvin's Commentaries On The Psalms 1 - 35: EBook Edition* (Altenmunster, Germany: Jazzybee Verlag Jurgen Beck, 2012).

[45] Jeanette Mathews, "Lament Psalms," *St Mark's Review*, no. 219 (February 2012): 6–16.

[46] Tremper Longman III, *How to Read the Psalms* (Downers Grove, IL: InterVarsity Press, 1988), 26.

[47] Claus Westermann, *Praise and Lament in the Psalms* (Atlanta, GA: Westminster John Knox Press, 1981), 153.

hesed — his pledged covenant faithfulness.[48] In the psalms of lament, "the psalmist entrusts himself to [YHWH's] pledged love and turns his attention not to the quality of his faith but to its object and its outcome, which he has every intention of enjoying."[49] Covenant faithfulness gives believers the standing they need to demand God's attention. The psalmist's basic problem stems from God's apparent absence which is "irresponsible to covenant."[50] Yet, the Psalms declare that this apparent absence, and subsequent silence, does not indict God of irresponsible neglect. Instead, the cry of the psalmist at God's silence becomes God's own voice to believers declaring that he hears their cry.[51] Herein lies power for pastoral counselors: Scripture contains the will of God, and "if we ask anything according to His will He hears us."[52]

This point cannot be overstated. Though it is tempting to view lament and psalms of darkness as an admission that God has lost control of a situation, Christians can instead view them as a record of courageous acts of human faith.[53] On the one hand, they insist, "the world must be experienced as it really is and not in some pretended way," and on the other, "all such experiences of disorder are a proper subject for discourse with God."[54]

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[48] They often follow a pattern loosely described as "a description of trouble … a petition for help … and praise of the Lord." James L. Mays, "Psalm 13," *Interpretation* 34, no. 3 (July 1, 1980): 279.

[49] Derek Kidner, *Psalms 1-72* (Downers Grove, IL: Inter-Varsity Press, 1973), 78.

[50] Brueggemann, *The Message of the Psalms*, 59.

[51] Harper and Barker, *Finding Lost Words*, 65.

[52] 1 John 5:14.

[53] Brueggemann, *The Message of the Psalms*, 52.

[54] Brueggemann, 52.

This connection with God and his power will touch and eternally change the state of persistent liminality suffered by the people this research intends to help.

Purpose Statement

The purpose of this study is to explore how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life. Considering the dearth of research connecting these concepts, this study can make an important contribution. Three main areas are central to this study: 1) understanding persistent liminality at end-of-life, 2) examining approaches currently used to address persistent liminality at end-of-life and their effectiveness, and 3) exploring how lament addresses persistent liminality at end-of-life.

Research Questions

The following questions guided this qualitative research:

1. How do pastoral counselors understand the purpose of lament?
2. In what ways do pastoral counselors use lament to minister to people in a state of persistent liminality at end-of-life?
3. How do pastoral counselors evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

Significance of the Study

This study has significance for many who visit people at the end-of-life: family, chaplains, visitation pastors, and lay leaders. Searching for ways to effectively support people at end of life, many people ask, “What shall I say to someone who is dying?” This

question takes on more meaning when patients experience diminishing hope through despair, spiritual ennui, or a loss of agency because they feel that God does not listen to their prayers. It can be counter-productive to urge the patient to pray or read scripture more, since they have already been engaging in these activities and found them wanting. Instead, the church should reclaim the power and value in lament.

This researcher desires to provide understanding about existential loss due to persistent liminality at end-of-life and a strategy for assisting people to regain meaning and realize agency once again by connecting to God through lament. More than a template for the tongue-tied pastor, this study will offer the means to sharpen active listening skills and fashion an individualized expression of love for those feeling disenfranchised in the dying process.

Definition of Terms

In this study, key terms are defined as follows:

Agency – "Agency is the degree to which an individual has the ability to make decisions about their life. To have agency means to have control over your life and the decisions that you make."[55]

Pastoral Counselor – The person providing pastoral counseling. This study uses this term generically, rather than speaking specifically of someone possessing credentials from the American Association of Pastoral Counselors (AAPC).

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[55] Agency. (n.d.). In *Alleydog.com's online glossary*. Retrieved from: https://www.alleydog.com/glossary/definition-cit.php?term=Agency

Chapter Two

Literature Review

The purpose of this study is to explore how pastoral counselors use lament to restore hope to those in persistent liminality at end-of-life. Three areas of literature were reviewed to provide a foundation for qualitative research.

First, the study examines persistent liminality, especially its implications in the medical setting. Persistent liminality disrupts the lives of those who experience it, so understanding it aids in addressing the issues it raises. Second, the study examines some approaches to addressing persistent liminality through Cognitive-behavioral therapy.

Finally, the study examines lament and in particular Psalm 13. Lament is a response to life-challenging situations by expressing the lamenter's plea to God with a cry for help. Lament, either in isolation or in tandem with previously mentioned therapies, addresses some of the more demeaning aspects of persistent liminality. It is believed that expressing lament to God is more than human dereflection (or "changing the subject" per Carlin[56]), but an appeal to the God Who is and Who was and Who is to come (Rev 4:8).

Persistent Liminality

Literature shows that liminality exists in many forms.[57] Liminality as a general concept derives from the Latin for "threshold" and refers to the ambiguity associated with

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[56] Nathan Carlin, "The Meaning of Life," *Pastoral Psychology* 65, no. 5 (October 1, 2016): 613.

[57] "Thus, liminality is frequently likened to death, to being in the womb, to invisibility, to darkness, to bisexuality, to the wilderness, and to an eclipse of the sun or moon." Turner, *The Ritual Process,* 94.

being in the middle state of a rite of passage. Adolescence, for example, represents one well-known time of liminality. The youngster faces the challenges of letting go of childhood and embracing adulthood as she navigates life's stages. In such cases, liminality consists of a boundaried transition through which the person grows. Literature also describes medical liminality in which patients very often experience this state of being as they suffer chronic illness. Many medical liminality situations include boundaries. Sometimes, however, patients never leave the state of liminality, they persist in it.

The Evolution of "Liminality"

To understand liminality better, perhaps it would be fruitful to examine the origins of this concept. In his work *Les rites de passage,* Arnold van Gennep listed three stages of social evolution: 1) separation (with its purifying preparations), 2) transition (the *liminaire*, Latin *limen*, meaning "of the threshold"), and 3) aggregation where the person is accepted into the society as new.[58] This term "*liminaire*" was translated into the English term "liminal." Victor Turner, the Scottish cultural anthropologist who studied the Ndembu people of Zambia in the 1950s, built on van Gennep's concepts. Turner described in vivid terms the lengths in which gatekeepers stripped initiates of their possessions, status, and ability to act of their own accord until they were "reduced or ground down to a uniform condition to be fashioned anew."[59] Military bootcamp illustrates this concept well. After the recruit separates from his home life, he enters the

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[58] van Gennep, *Les rite de passage*.

[59] Turner, *The Ritual Process*, 94.

liminal stage of training where ranking personnel grind him down to a uniform condition and fashion him anew. When the recruit graduates bootcamp, military society accepts the new soldier in the aggregation stage.

As the bootcamp example illustrates, liminal experience involves a dialectic process where opposites influence and challenge the initiates until they prove that they pass the requisite tests.[60] Worthy initiates then immerge with a new status, responsibilities, and expectations.[61] Through this process, then, initiates pass from the structure of everyday life through the liminal process back into the structure of everyday living equipped for their new life[62] and revitalized by their experience of the liminal.[63] Eventually, this concept of liminality would be generalized as a transitional state between different ways of being.[64]

Whereas the medical context will focus on the problematic nature of liminality, the state of liminality itself offers opportunity for people to grow. Educators have recognized in liminality the opportunity for students to unlearn and relearn important concepts. Some educators have nurtured liminal states to inspire a provisional,

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[60] Turner, 95–96.

[61] "The ritual subject, individual or corporate, is in a relatively stable state once more and, by virtue of this, has rights and obligations vis-a-vis others of a clearly defined and "structural" type; he is expected to behave in accordance with certain customary norms and ethical standards binding on incumbents of social position in a system of such positions." Turner, 94.

[62] "The neophyte in liminality must be *tabla rasa*, a blank slate, on which is inscribed the knowledge and wisdom of the group, in those respects that pertain to the new status. The ordeals and humiliations, often of a grossly physiological character, to which neophytes are submitted represent partly a destruction of the previous status and partly a tempering of their essence in order to prepare them to cope with their new responsibilities and restrain them in advance from abusing their new privileges." Turner, 99.

[63] Turner, 108.

[64] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 11.

exploratory space where tension can result in new creativity. Rather than remove students who feel "stuck" in a liminal space, students learn to operate with a sense of different-orientation, resulting in new ways of seeing and expressing things.[65] This understanding should encourage pastoral counselors to help patients through liminality, since it offers opportunity for personal growth, even at end-of-life.[66]

Although Turner pictured post-liminal initiates as revitalized people and likely anticipating a hopeful future, medical liminality does not usually involve this bright future. People who experience chronic or life-threatening illness do not necessarily pass through phases which can be neatly defined as "separation" or the acknowledgment of the disease and the subsequent diagnosis which renders the person distinct from others, "liminal," and "reincorporation" back into the fabric of society. "Our liminality is an enduring and variable state."[67] Unlike in cultural anthropology, which sees liminality as an engine for (often) positive change, medical liminality instead focuses on the

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[65] "The liminal space can also be seen as a creative space. It can be the space where, as we have mentioned, people get stuck, but it is also the space where things become fluid. Once, when I was speaking with some colleagues in an art school in Scotland and we were discussing liminality, I made a reference to students emerging out of the liminal space. They immediately commented, 'No, you are misunderstanding us; we are not talking here about our students coming out of this liminal space. We want them to stay in it. We want them to stay precisely in that fluid state, that complexity, because in that way their ideas won't become crystallised; they won't harden'. What they were seeking was a space in which their students' thinking and practice would stay emergent and fresh, without becoming stylized." Ray Land and Julie Rattray, "Threshold Concepts: From Personal Practice to Communities of Practice," in *A Closer Look at Liminality: Incorrigibles and Threshold Capital*, ed. Catherine O'Mahony et al. (The Irish National Academy's Sixth Annual Conference and the Fourth Biennial Threshold Concepts Conference [E-publication] June 27-29, 2012, Dublin: Ireland: NAIRTL, 2014), 2.

[66] Growth even at end-of-life appears as one of the goals people still maintain. Tang et al. reenforces this concept and calls counselors to intentionally address spiritual growth. "Optimal QOL at EOL may be achieved by interventions designed to adequately manage physical and psychological symptoms, enhance social support, lighten perceived sense of burden to others, and *facilitate experiences of posttraumatic growth*." (Emphasis added.) Tang et al., "Trajectory and Predictors of Quality of Life during the Dying Process," 2957.

[67] Little et al., "Liminality," 1490.

disorientation of transition. Most often in the medical context, "liminality brings an existential vision, with its fears and dread. At the same time, it imposes a role on the sufferer."[68]

What is "Persistent Liminality?"

Turner described liminality with boundaries to the time and experience of those passing through transitions. But some people experience liminality without these welcomed boundaries. Such people feel stuck in the physical and psychological effort of continually living in a "betwixt and between"[69] state. Depending on the duration of the person's liminal state, it can be defined as "acute," "sustained," or "persistent." Prolonged liminality involves a sense of living in a suspended state, lacking a sense of time and space, and feeling dislocated from the self.[70] This sense of dislocation often accompanies a sense of being disempowered and by a loss of agency.[71] Often those with religious practices fare better in this state, but religious adherence does not immunize people from this challenge to their quality of life.[72] Unfortunately for those who enter

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[68] Little et al., 1491.

[69] "The attributes of liminality or of liminal personae ("threshold people") are necessarily ambiguous, since this condition and these persons elude or slip through the network of classifications that normally locate states and positions in cultural space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial." Turner, *The Ritual Process*, 359. See also Nicholson et al., "Living on the Margin," 1429.

[70] Broom and Cavenagh, "On the Meanings," 106.

[71] Gibb, Hamdon, and Jamal, "Re/Claiming Agency," 7.

[72] "Studies in this field have shown, for example, that numerous dimensions of religious involvement can buffer or offset the psychosocial strains of traumatic life events … " Reed T. DeAngelis and Christopher Ellison, "Kept in His Care: The Role of Perceived Divine Control in Positive Reappraisal Coping," *Religions* 8, no. 8 (2017): 133. Also, see Tang et al., "Trajectory and Predictors of Quality of Life during the Dying Process," 2962.

into persistent liminality, there can be no return to the preliminal state.[73] Often the best they can hope for is a "post-liminal" state, where they can integrate life from the preliminal state with learning from the liminal state.

Persistent Liminality in the Chronic Medical Setting

Researchers in the medical context have identified "acute liminality,"[74] which begins with the patient's suspicions of the diagnosis and consequent investigations. Researchers have then described "sustained liminality,"[75] where recovery from active treatment moves them forward to a remission, but often with continuing risk of recurrence.[76] These states of liminality are expected to be relatively temporary; patients generally anticipate return in "post-liminality" to their previous lives as parents, students, employees, and so forth.[77] However, some move to "persistent liminality" where, rather than returning to a normal-looking healthy and productive life, their condition forces

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[73] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 13.

[74] "Acute liminality represents a discontinuity of subjective time, in which powerful forces operate to change perceptions of time, space and personal values. It resembles the singularities in space (such as 'black holes') which Hawking (1988) writes about, within which time and space no longer obey the familiar rules that we expect of them." Little et al., "Liminality," 1492.

[75] "Our observations suggest that sustained liminality can be understood as a prolonged dialectic between body and self, in which a narrative is constructed to give meaning to the challenging and changing biographical, physical and existential phenomena in which illness and aging evolve in the locus of the body." Little et al., 1493.

[76] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 10.

[77] See James' hopes in Standing et al., "'Being' a Ventricular Assist Device Recipient," 15. In this work, Standing and her colleagues explore the experiences of those with a VAD, which is usually seen as a temporary stage between heart failure and heart transplant. Standing states, however, on page 17, "A degree of liminality is likely to persist for the rest of their lives; they will always be under its lingering shadow. This pervading sense of liminality is key to the experience of 'Being' a VAD recipient."

them to remain in this betwixt and between state of health and illness.[78] Persistent liminality leaves one with "loss of empowerment … perceptions of existential constraint, an awareness of the uncertainty of future time, of constraints on choice and empowerment, of limitations in the freedom to use space."[79] These perceptions and limitations affect not only the persons' evaluation of themselves but even the relationships they hold dear.

Both physical and psychological decline contribute to medical expressions of persistent liminality. Researchers have remarked on how physical frailty could lead to a psychosocial imbalance.[80] This imbalance can be characterized in many ways, including a loss of identity and dignity. Patients suffering from persistent liminality also complain of a loss of privacy, independence, and sexual confidence, as well as a compromised ability to work, travel and socialize.[81] This undermining of dignity contributes to depression, anxiety, hopelessness, loss of will to live, desire for death, feeling of being a burden on others, and overall poorer quality of life.[82] "Persistent liminality draws attention to the ongoing processes of loss and separation inherent in being frail."[83] This accumulation of loss creates ambiguity both for the individual and the community in which they live.

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[78] McKechnie, Jaye, and MacLeod, "The Liminality of Palliative Care," 12.

[79] Little et al., "Liminality," 1488.

[80] Nicholson et al., "Living on the Margin," 1429.

[81] Rozmovits and Ziebland, "Expressions of Loss of Adulthood in the Narratives of People with Colorectal Cancer." Also, Broom and Cavenagh, "On the Meanings," 98.

[82] Ho et al., "Dignity Amidst Liminality," 955.

[83] Nicholson et al., "Living on the Margin," 1430.

Through most of time, medical liminality as we know it did not exist.[84] Illness — like birth, death, war, and taxes — constituted but a part of the unpredictable life trajectory. In their role as someone suffering an illness,[85] the sick person drew on social connections, such as family, healers, priests, or the country doctor for support. Should they survive the illness episode, the sick person then returned to their previous lives as best they could.

In our current secular biomedical era, however, illness is no longer regarded as a normal episode in life; instead, illness is an abnormal interruption into a life trajectory expected to be smooth. In fact, "Illness is an aberration to be engineered out of existence by a monolithic system of enormous complexity, power and cost."[86] An industry now assumes care for the health and life of the sick person, mobilizing powerful resources to restore people to their "proper" spheres. This system, unlike the familiar social networks of the past, functions each day without regard to the sick person as an individual. In its daily regard for other examples of bodily disease, [87] the System seeks other opportunities to buffer people from the specter of illness.

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[84] The following paragraphs adapted from Little et al., "Liminality," 1492.

[85] In his 1951 book on functional socialism, Talcott Parsons conceptualized "the sick role." The sick role describes the dynamic of sick people — whom Parsons labels "deviant" because they no longer contribute to the social order — and the sick people's community. According to Parsons, the sick person should be exempt from normal social roles and is not considered responsible for their condition. People around the sick person have an obligation to help them get well. In return, the sick person has the obligation to try to get well, including the mandate to seek competent technical help and comply with medical recommendations. Talcott Parsons, *The Social System* (New York, NY: Free Press, 1951), 436. His work has later also been modified to accommodate the chronically ill, who do not anticipate returning to the previous state. See, for example, Alexander Segall, "The Sick Role Concept: Understanding Illness Behavior," *Journal of Health and Social Behavior* 17, no. 2 (1976): 162–69.

[86] Little et al., "Liminality," 1492.

[87] Consider that medical students "acquire a point of view and terminology of a technical kind, which allow them to talk and think about patients and diseases in a way quite different from the layman. They look upon death and disabling disease, not with the horror and sense of tragedy the layman finds appropriate, but as

Since it interrupts the daily expectation of prospering, illness — especially chronic illness — "confronts me with my mortality, my meaning (or lack of it), with the values which sustain my society (and which are otherwise largely transparent to me)."[88] It places the person, in other words, in the state of liminality. The allopathic medical industry provides adequate answers to physical pain and hindrances to growing malignancies. Modern biomedical advances, however, cause us now to ask whether certain treatments prolong life or prolong death; because a procedure can be performed, should it? Research shows that doctors were less likely to comply with requests to terminate dialysis and were more likely to provide dialysis for incompetent patients simply because family requests it.[89] Such thinking led Kjellstrand to state that "Physicians need to … recognize better the shadow line between prolonging life and prolonging dying and to understand that death should be a human act of dignity and not a prolonged mechanical failure that can be fixed with even more technology."[90]

Moreover, secular medicine cannot replace the connection to God or the warmth of personal social networks that once helped to meet life's challenges. For those blessed with good health and material resources, the scientific worldview works well. For those experiencing stress, socioeconomic deprivation, or suffering, the scientific worldview

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problems in medical responsibility." Howard Saul Becker et al., *Boys in White: Student Culture in Medical School* (University of Chicago Press: Chicago, IL: Transaction Publishers, 2002), 421. Admittedly, this distancing sounds cold. Yet this necessary skill guarantees that the Emergency Department personnel can function without being incapacitated by the horror and grief that arrives in their operating theaters daily.

[88] Little et al., "Liminality," 1492.

[89] Stephen C. Hines, Alvin H. Moss, and John McKenzie, "Prolonging Life or Prolonging Death: Communication's Role in Difficult Dialysis Decisions," *Health Communication* 9, no. 4 (October 1997): 369.

[90] C. Kjellstrand, "Who Should Decide about Your Death?," *Journal of the American Medical Association* 267 (1992): 104.

does not work so well. The reason for the difference lies in the fact that the scientific worldview is devoid of meaning. And meaning enables those who are suffering to survive.[91] Consequently, "[c]oping with this sense of being lost now needs the services of counselors, psychologists and therapists, supplied by the system which creates and maintains the modern alienation from liminality."[92] Secularism distanced people not only from illness, but also from a connection to the traditions, community, and sense of meaning that previously enabled people to cope with overwhelming situations.

In contrast, some studies show that connection to God, especially a belief in the omnipotent nature of God, empowers believers in their ability to cope with overwhelming situations.[93] People who believe in divine control sense that their life has been ordered by God; they perceive that both good and bad outcomes are part of God's plan for them, and have confidence that they can call on God for help and guidance.[94] In fact, "Religion generally helps people appreciate what they themselves cannot control. It highlights the limitations of material goods, personal desires, and individual lives . . . [and] offers a way to come to grips with these limitations through frameworks of belief that go beyond

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[91] Koenig, *Faith and Mental Health*, 135.

[92] Little et al., "Liminality," 1492.

[93] "Studies in this field have shown, for example, that numerous dimensions of religious involvement can buffer or offset the psychosocial strains of traumatic life events (Ellison 1991), neighborhood disadvantage (Acevedo et al. 2014; Krause 1998), financial hardship (Acevedo et al. 2014; Bradshaw and Ellison 2010; Krause 2003), and interpersonal conflicts such as experiences of discrimination (Bierman 2006; Ellison et al. 2008)." DeAngelis and Ellison, "Kept in His Care," 133.

[94] "A familiar refrain about religion is that it provides the faithful with knowledge, meaning, control, and security. Common phrases such as "It is all part of God's plan" and "It is God's will" invoke God as a personally involved and causally relevant force in everyday life." Scott Schieman, "Socioeconomic Status and Beliefs about God's Influence in Everyday Life," *Sociology of Religion* 71, no. 1 (Spring 2010): 46.

oneself."[95] Feeling detached from God, therefore, can leave believers at tremendous loss for resources in coping well with liminality. In a vulnerable time of emptiness, they miss the belief in God which promotes well-being by investing alienating events with meaning. These individuals may question whether trivial, painful, or odious activities have significance.[96] Persistent liminality, with its consequences of alienation, affects this crucial relationship, a relationship which some consider as helpful in coping as any human relationship.[97]

Persistent Liminality at End-of-Life

Persistent liminality challenges quality of life in the chronic medical setting, including at end-of-life. Medical ethicist Hillel Braude concluded that Turner's account of (healthy) liminality makes it a fitting concept to understand the experience of dying well in a hospice context. According to Braude, the warm, high-touch approach to end-of-life care experienced in hospice echoes Turner's studies of liminality within a premodern society.[98] Essentially, this approach to care contributes to experiencing a good death.

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[95] Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford Press, 1997), 8.

[96] "Thus as a source of new cognitions in problematic situations, as a source of empowerment and enhancement of the self, and as a contributor to a sense of meaningfulness, interaction with a divine other may be expected to have a significant effect on well-being." Melvin Pollner, "Divine Relations, Social Relations, and Well-Being," *Journal of Health and Social Behavior* 30, no. 1 (1989): 93.

[97] Pollner, 102.

[98] Hillel Braude, "Normativity Unbound: Liminality in Palliative Care Ethics," *Theoretical Medicine and Bioethics* 33, no. 2 (2012): 110. He also writes, "Even though liminality generally refers to a social structure characterizing pre-industrial societies, the related concepts of liminality and communitas apply so readily to the hospice and palliative care contexts because they resuscitate a pre-modern form of care. Turner was aware of the problem of applying concepts derived from the study of traditional societies to

In fact, much of the literature dealing with end-of-life issues focuses on a good death and what that looks like.[99] Research demonstrates that people fear a bad death worse than death itself.[100] As Hardwig pointed out, "it is spiritual crisis that motivates many requests for physician-assisted suicide."[101] In attempting to define a good death, Bratcher quoted an ICU nurse where she stated that "A good death is one that would be as painless as possible, where you maintain the patient's dignity, and you have the family or significant others around so that they can feel loved and comfort while they're dying, and a nice quiet environment."[102] Other factors comprising a good death include acceptance of death, a certain swiftness to the passing, and where religious/spiritual/cultural needs are met.[103] It has been stated that persistent liminality erodes dignity, elongates the perception of the timeframe to the death, and can alienate a

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modern post-industrial society. He distinguished, therefore, between ''liminal'' for less complex societies and ''liminoid'' for modern symbolic inversions and expressions of disorder." Braude, 110.

[99] In contrast, consider that "A bad death is not necessarily or even primarily a "wrong death" or the result of a series of "unethical" decisions at the end of life. A bad death is also a meaningless death, or one marked by an inability to accept one's mortality, or one that is divisive and destructive to loved ones and families. Thus if good care for the dying is a part of bioethics, we cannot avoid these spiritual issues." John Hardwig, "Spiritual Issues at the End of Life: A Call for Discussion," *Hastings Center Report* 30, no. 2 (April 3, 2000): 29.

[100] Karen E. Steinhauser et al., "In Search of a Good Death: Observations of Patients, Families, and Providers," *Annals of Internal Medicine* 132, no. 10 (May 16, 2000): 825–32.

[101] "Similarly, the entire discussion of physician-assisted suicide threatens to become skewed by an inordinate focus on the pain of terminal illness. Requests for physician assisted suicide are not motivated simply by pain or fear of pain. Death is horrible not primarily because it is painful, and my fear of death is not primarily fear of pain. (I may have experienced worse pain before.)" in Hardwig, "Spiritual Issues at the End of Life," 29. Chochinov agreed, citing spiritual reasons why patients seek out and receive assistance hastening their death. See Chochinov, "Dignity and the Eye of the Beholder," 1337.

[102] Judy B. Bratcher, "How Do Critical Care Nurses Define a 'Good Death' in the Intensive Care Unit?," *Critical Care Nursing Quarterly* 33, no. 1 (2010): 91.

[103] Bratcher, 90.

believer's sense of God's nearness. These represent spiritual issues to address at end-of-life.

Where once people contracted an illness and died relatively quickly, medical advances have created an atmosphere where the average American will know roughly three years in advance what she will die of.[104] Medical advances of the contemporary era have not only changed how we live, but also have transformed the way we die.[105] Given this situation, evidence demonstrates that those who are not dead want to continue living the best life possible,[106] including maintaining a meaningful spiritual life.[107] Consequently, persistent liminality at end-of-life, with its various degrees of disorientation, sense of inter-personal inauthenticity, and loss of self,[108] threatens the possibility of enjoying what life remains for a patient and diminishes the prospect of a good death.

Unfortunately, not much research can be found on persistent liminality at end-of-life. Much of the end-of-life research concentrates on disease as it affects organs and systems, neglecting the embodied suffering that an illness produces. This lack makes it

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[104] Hardwig, "Spiritual Issues at the End of Life," 30.

[105] Ho et al., "Dignity Amidst Liminality," 954.

[106] "While forms of physical and emotional suffering were dominant themes in the interviews, so too was the notion of the hospice in-patient unit as about living not just dying … A significant number of the interviewees held great importance in the feeling that they were still 'alive' and 'having fun'. With good humour, the hospice in-patient unit and its staff were seen to create an environment where they could maintain a sense of 'living life', in a context of 'doing death'." Broom and Cavenagh, "On the Meanings," 103.

[107] "Participants confirmed the deep importance of spirituality or meaningfulness at the end of life … Issues of faith were often mentioned as integral to overall healing at the end of life and frequently became more important as the patient declined physically." Steinhauser et al., "In Search of a Good Death."

[108] Broom and Cavenagh, "On the Meanings," 109.

easy to discount non-medical insights which are important in understanding the experience of the dying person. Understanding persistent liminality at end-of-life, however, can promote greater understanding of the dying experience as it is embodied.[109] When medical personnel respond to this knowledge by addressing persistent liminality properly, they take another step toward supporting a good death.

Summary of Persistent Liminality

Building on the work of Arnold van Gennep, Victor Turner developed our concept of liminality as a transitory stage from one state of being into another. Liminality speaks to many changes that we experience as humans; not only the transition from childhood to adulthood, but also shorter-term transitions such as transitioning from civilian to military life. In most cases, the "boot camp" of liminality fosters a positive change with a novel set of responsibilities and expectations for the person's new role.

The medical field, as well, recognizes liminality, but usually with less optimistic outcomes than Turner portrayed. Medical liminality, which imposes a new role on the sufferer, most often casts an existential vision with fear and dread. Researchers recognize stages of medical liminality, such as acute (in the diagnoses phase) and sustained (where the sufferer wanders in-and-out of relapses and treatment). In most cases, patients realize a post-liminal phase where they can return to their previous roles in productive lives, though often with reduced success. Some people, however, never leave the turmoil of the liminal state. They instead enter a state of persistent liminality, which some never leave.

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[109] Adapted from Little et al., "Liminality," 1494.

Patients suffering from persistent liminality complain of a loss of identity and dignity with a compromised ability to work, travel and socialize. This undermining of dignity contributes to depression, anxiety, hopelessness, loss of will to live, desire for death, feeling of being a burden on others, and overall poorer quality of life. This accumulation of loss creates ambiguity and transition both for the individual and the community in which they live.

Despite its great promises, the advances of modern American medicine have merely shifted peoples' relationship to disease and liminality. The current medical breakthroughs have changed the outlook on many diseases, delivering more time alive with these diseases than in the past. These advances have delayed the event of death, but in so doing they have also created more space for liminality. To compound anxiety in this situation, where once people had personal networks to help them with the sick role, they often feel isolated and alienated. Additionally, if someone also feels alienated from their omnipotent God, they are separated from one of their most powerful resources for coping well in a life-challenging situation.

Not much research can be found on persistent liminality at end-of-life. This is unfortunate because people fear a bad death worse than death itself. Greater understanding of liminality at end-of-life can foster the link between medical discourse and individual suffering as it is embodied. A stronger link between these two concepts, in turn, would equip caregivers in supporting people in the dying process.

Addressing Persistent Liminality with Cognitive Behavioral Therapy

The literature does not describe many specific treatments designed to help people cope with persistent liminality at end-of-life. Rather than solving fundamental

psychological problems, professionals most often invoke strategies that resemble emotional analgesia to make the sufferer less aware of his or her suffering.[110] "In view of the association between making sense of loss and adjustment, there has been surprisingly little attention given to how [end-of-life] professionals may facilitate [resolving psychological problems] in actual therapeutic contexts."[111] Studies do, however, describe the factors caregivers engage to help people find existential significance as they cope with their approaching death. One study distilled these caregiving actions into "The Three Ps: Presence, Process, and Procedure."[112] These elements of good practice seem present regardless of a practitioner's theoretical orientation. After discussing The Three Ps, some specific approaches to addressing suffering and anxiety from such situations as liminality will be outlined.

The Three Ps

The three factors that seem to empower effective support of people including at end-of-life are Presence of the Helping Professional, Elements of the Process, and Therapeutic Procedures. These Ps answer the "Who Helps?" the "What Helps?" and the "How to Help" questions for effective support, respectively.

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[110] Harvey Max Chochinov et al., "Dignity Therapy: A Novel Psychotherapeutic Intervention for Patients Near the End of Life," *Journal of Clinical Oncology* 23, no. 24 (August 20, 2005): 5524.

[111] Joseph M. Currier, Jason M. Holland, and Robert A. Neimeyer, "Making Sense of Loss: A Content Analysis of End-of-Life Practitioners' Therapeutic Approaches," *OMEGA - Journal of Death and Dying* 57, no. 2 (October 2008): 123.

[112] Currier, Holland, and Neimeyer, 126.

Presence of the Helping Professional

Relationship represents the greatest factor for effecting outcomes in the therapeutic dynamic. Rogerian counseling especially emphasizes this aspect of the therapy enterprise. Carl Rogers stated his central hypothesis in one sentence: "If I can provide a certain type of relationship, the other will discover within himself the capacity to use that relationship for growth, and change and personal development will occur."[113] Such traits in the counselor as sensitivity, intelligence, and genuine concern for others prove helpful in creating a bridge to the person needing help. In fact, "treatment outcome studies repeatedly find that success rates in treatment have more to do with the individual therapist than the theoretical orientation or type of treatment."[114] To nurture this aspect of compassion for end-of-life patients, one study found that some care-providers highlighted the relevance of empathic attunement through listening and validation of feelings. Others emphasized the centrality of respect and not casting judgment, stating comments such as, "I try to go to where the person is in their journey rather than where I might want them to be." And still others stressed the quality of the relationship through providing emotional safety and trustworthiness.[115] Essentially, "Presence of the Helping Professional" answers the "Who Helps" question.

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[113] Certainly in Rogerian practice. "The skills the Rogerian therapist uses are empathy — a word that in Freud's time was largely restricted to the feelings with which the observer invests a work of art — and "unconditional positive regard." Carl Rogers, *On Becoming a Person: A Therapist's View of Psychotherapy* (New York, NY: Houghton Mifflin Harcourt, 2012), 47.

[114] Edward Teyber, *Interpersonal Process in Therapy: An Integrative Model* (Belmont, CA: Thomas Brooks/Cole, 2006), 4.

[115] Currier, Holland, and Neimeyer, "Making Sense of Loss," 128.

Elements of the Process

"Elements of the Process" answers the "What Helps" question, even if writers differ on what the "process" looks like. According to Currier et al. for example, "process" means outlining strategies such as generating meaning through storytelling, uncovering the paradoxical silver lining, sharing emotional expression, and focusing on the existential and spiritual significance of mortality.[116] In contrast, Teyber uses the term "process" to identify metadata about the therapeutic relationship. Fundamentally, the therapist is trying to identify how the client's maladaptive relational patterns, manifesting in the therapist-client relationship, play out in the other relationships in the client's life. By identifying these patterns, they can be addressed and corrected.[117]

Therapeutic Procedures

"Therapeutic Procedures" answers the "How to Help" question as it refers to the specific interventions used in the counseling relationship. Some interventions mentioned in the literature include keeping routine,[118] meditation,[119] engaging in playful activities,[120] nurturing dignity through family connections and continuing to affect one's

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[116] Currier, Holland, and Neimeyer, 128–29.

[117] Teyber, *Interpersonal Process in Therapy*, 348.

[118] Nicholson et al., "Living on the Margin," 1429.

[119] Tang et al., "Trajectory and Predictors of Quality of Life during the Dying Process," 2962.

[120] Broom and Cavenagh, "On the Meanings," 103.

surroundings,[121] intentionally engaging in activities on behalf of others,[122] and hobbies such as reading, exercising, watching television, or playing the guitar.[123] Still other interventions include specific narrative techniques, such as journaling, life review, eulogy writing and writing epitaphs, imaginary letter writing, empty-chair or imaginary dialogue with a significant other, and implementing rituals around death and dying, which included both religious and secular memorial services and planting a bulb or rosebush.[124]

Cognitive Behavioral Therapy

The terms Cognitive therapy (CT) and Cognitive-behavioral therapy (CBT) describe a variety of similar psychological therapies. These therapies seek to identify and address how a person's cognitive distortions and subsequent irrational thinking adversely affect their ability to cope optimally with stressful life events. CBT hypothesizes that the way people interpret a situation determines how they feel emotionally and the way they behave. "The situation itself does not directly determine how they feel or what they do; their emotional response is mediated by their perception of the situation."[125] Therapists use these treatment approaches to help clients identify distorted beliefs and Negative Automatic Thoughts (NAT). Once made aware, clients can challenge these beliefs and thoughts in the light of evidence from actual behaviors they perceive in themselves and

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[121] This is the focus of Ho's study: Ho et al., "Dignity Amidst Liminality."

[122] "Once again, this sense of boundedness can be countered by supererogatory action. Even those who had not volunteered to act as counsellors and advisers commonly expressed their wish to do something positive within the constraints of the cancer patient status." Little et al., "Liminality," 1489.

[123] Carlin, "The Meaning of Life," 611.

[124] Currier, Holland, and Neimeyer, "Making Sense of Loss," 129.

[125] J.S. Beck, *Cognitive Therapy: Basics and Beyond*, 2nd ed. (New York, NY: Guilford Press, 2011), 31.

others.[126] This vigilance often leads to an improvement in mood and a reduction of depressive symptoms. Due to its effectiveness, "Cognitive-behavioral therapy is the most commonly used psychotherapy for the treatment of depression in the United States today."[127] As an effective treatment of depression and anxiety disorders, CBT has made major contributions to the overall improvement in the emotional, psychological, and social wellbeing of many patients.[128]

As stated, the ideas comprising CBT state that situations do not directly determine how people feel or what they do, their emotional response mediates their perception of that situation. Consequently, if something undesirable happens to someone, that someone experiences suffering from the event only if she experiences it, or its effects, with grief and sorrow. These are negative emotions, yet their negative character does not constitute enough to categorize an event's aftermath as suffering. Suffering also requires understanding that the event or its effects endanger the core of someone's personhood[129] and sense of agency.

Agency involves the ability to make decisions. But what happens to agency and the essential elements that determine role and status after losing the core of personhood? Maladaptive responses to adverse events may also threaten the person as the subject of

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[126] "It is true that there is often a spectrum of responses that can be seen as appropriate to adverse circumstances, and it is also often hard to know what is an appropriate, let alone the most appropriate response. Therefore in the search of an appropriate attitude there is not only room for reflection and discussion but also for support and consolation." Govert den Hartogh, "Suffering and Dying Well: On the Proper Aim of Palliative Care," *Medicine, Health Care, and Philosophy* 20, no. 3 (September 2017): 421.

[127] Koenig, *Faith and Mental Health*, 147.

[128] Adapted from David Horne and Maggie Watson, "Cognitive-Behavioural Therapies in Cancer Care," in *Handbook of Psychology in Cancer Care*, eds. Maggie Watson and David W. Kissane, 1st ed. (Chichister, UK: John Wiley & Sons, Ltd, 2011), 15-16.

[129] Hartogh, "Suffering and Dying Well," 414.

his or her life story by making it difficult or impossible to create meaning and coherence in that story. Such a person might assume the role of the victim, where life happens to them. "Perhaps even more fundamentally it may endanger you as a person having a life of her own to live at all, by invading your daily routines and corroding your intimate relationships."[130] Thus the state of suffering involves not only an adverse event with resulting pain, but also the belief that this event forever alters the definition of who people believe themselves to be. CBT cannot reverse an adverse event, but by helping patients to reappraise their situation or to shore up the core of their personhood, it can blunt the effects of suffering.

The idea that people participate in the genesis of their experience of suffering is not new. Appraisal Theory, for example, holds that people extract emotions from their evaluations of events and situations.[131] Appraisal theorists, such as Lazarus and Folkman, promote a two-stage transactional model for stress development. In the "primary appraisal," people interpret the adverse event as dangerous or threatening to their personal goals. During the "secondary appraisal," these people evaluate the event in light of their ability to cope with it. Essentially, people develop their emotions as they take time to reflect on what happened alongside their emotional reactions. As an emotional encounter occurs rapid changes in the relationship with the environment simultaneously

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[130] Hartogh, 415.

[131] Ira Roseman and Craig Smith, "Appraisal Theory: Overview, Assumptions, Varieties, Controversies," in *Appraisal Processes in Emotion: Theory, Methods, and Research*, ed. K.R. Scherer, A. Schorr, and T. Johnstone (New York, NY: Oxford University Press, 2001), 3.

occur as well.[132] For this reason, some consider suffering as something of an intentional state,[133] in part manufactured, not merely a sensation with a certain tonality.[134]

Not everyone agrees with this two-stage transactional model of stress development, however. Robert Roberts, for example, introduces the construal of the event (the secondary appraisal) with the initial observation of the event itself (the primary appraisal). He wrote that, "[P]henomenologically the emotion is not a two-stage process in which I first perceive the interviewer as powerful, contemptuous, etc. and then add to this construal a concern that is somehow relevant to it."[135] In his opinion, emotion informs the construal to characterize the appearance of the object even in the first appraisal.

Whether suffering occurs because the adverse encounter has later been assigned emotions, or the emotions initially colored the adverse encounter, the ability to separate emotions from the encounter holds implications for coping. Different processes of coping, such as denial, distancing, and redefinition of the situation, have different implications for associated emotions. Conversely, emotions influence perceptions of the encounter from a problem-focused standpoint, but also with respect to the direct regulation of emotion through attentional diversions or cognitive coping.[136] Thus, the

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[132] Richard S. Lazarus and Susan Folkman, *Stress, Appraisal, and Coping* (New York, NY: Springer Publishing Company, 1984), 266.

[133] Robert Roberts, "What an Emotion Is: A Sketch," *The Philosophical Review* XCVII, no. 2 (April 1988): 183.

[134] Hartogh, "Suffering and Dying Well," 414.

[135] Roberts, "What an Emotion Is," 192.

[136] Lazarus and Folkman, *Stress, Appraisal, and Coping*, 266.

emotional structuring of suffering suggests that it should respond well to approaches such as CBT and Cognitive reappraisal ability.

CBT Processes

Throughout this collaborative style of therapy, the therapist must stay constantly aware of the patient's agenda and the need to work with this agenda to avoid therapeutic resistance. Rogerian attributes such as positive regard and warmth (the "Presence of the Helping Professional," discussed earlier) support this collaborative relationship between patient and therapist. Through the process of action-reflection-change, the patient learns new and better coping skills via actual practice in their day-to-day environment. By keeping some explicit record of what they have done and how effective their new efforts have been, clients can monitor their progress and provide talking points for discussion with the therapist. If need be, the therapist can suggest newer or different techniques to improve the client's experience.[137]

CBT Techniques

The techniques for CBT can be delineated as "cognitive" or "behavioral," though in practice they usually integrate. For example, when clients self-monitor thoughts and feelings, they exercises a cognitive technique. When they record these thoughts and feelings in a journal, they exercise a behavioral technique. Other cognitive techniques include identifying NATs and catching classic thinking errors such as: all/nothing thinking, selective attention, should/oughts, and negative predictions. Behavioral

[137] Watson and Kissane, *Handbook of Psychotherapy in Cancer Care*, 18–19.

techniques include constructive distractions, correcting unproductive thought patterns, and changing lifestyle choices to avoid triggering situations.[138] Having discussed CBT as a general approach, consider Cognitive reappraisal ability as a specific example of CBT.

Cognitive Reappraisal Ability

Cognitive reappraisal ability (CRA) relies on meaning-making strategies to change the emotional response to an event. "Appraisal theories of emotion suggest that it is an individual's subjective appraisal of an event — that is, its meaning and significance — rather than the event itself that leads to a specific emotional reaction."[139] Because the individual's subjective appraisal constitutes such a strong element in this equation, readjusting that appraisal can result in changes in emotional responses to an event. "[L]earning to change the appraisals one makes in emotional situations is thought to be a key ingredient of many psychological interventions, such as cognitive and cognitive–behavioral therapy."[140] Relative to other emotion regulation strategies, such as expressive suppression,[141] cognitive reappraisal is more effective in changing emotional experiences with relatively few physiological or cognitive costs.[142] CRA strategies can be applied either before or after an event to "down-regulate" an emotional response. Consider, for example, the difference between the pain of childbirth and the pain of an amputation.

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[138] Adapted from Watson and Kissane, 19–20.

[139] Allison S. Troy et al., "Seeing the Silver Lining: Cognitive Reappraisal Ability Moderates the Relationship between Stress and Depressive Symptoms," *Emotion* 10, no. 6 (December 2010): 783.

[140] Troy et al., 784.

[141] As the name implies, "expressive suppression" involves concealing the overt expression of emotions.

[142] Vishkin et al., "God Rest Our Hearts," 253.

Both involve physical symptoms, but it makes a difference to most people whether that pain signals the gain of a life or the loss of something in life.[143] Benefits associated with CRA include more positive affect, less negative affect, and greater mental health and well-being.[144]

Implementing CRA

CRA works by suggesting ways that participants can adjust their thinking and thereby change their emotional response. In one study, participants were asked to watch a sad film clip carefully. During either a second or third sad film clip, researchers randomly assigned participants to use cognitive reappraisal by asking them to think about the situation they were watching "in a more positive light." Participants then used a 9-point Likert scale to rate the greatest amount of sadness they experienced while watching each clip. Researchers found correlation in the viewers' reactions to the suggestions they received for appraising the film clips. Sometimes the test viewers recorded more anxiety than the control group, sometimes they found the "silver lining" when describing their desired reaction.[145]

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[143] "Suffering never consists of pain, dyspnea, nausea, fatigue or other physical symptoms alone. Pain, for example, is an element of suffering, not merely a cause, but in order to know, when someone is in pain, whether she is also suffering, we have to understand what the pain means to her … It is not only the case that the meaning of the pain determines to what extent you are suffering, it even determines the nature of the sensation itself: how painful the pain really is. If you learn that the pain you are feeling during an operation will be over in a minute, it is already less biting. On the other hand, fear and anxiety can intensify restlessness, vomiting, sleep disturbance and other physical symptoms." Hartogh, "Suffering and Dying Well," 415.

[144] See also Vishkin et al., "God Rest Our Hearts," 259.

[145] Troy et al., "Seeing the Silver Lining."

CRA and Religious Practices

Numerous studies demonstrate how religious adherence provides CRA-style coping strategies. "This is the conclusion of nearly 500 studies during the twentieth century that reported statistically significant associations between religion and better mental health."[146] Although religious adherence has often been considered "prudish" in our modern society, constrictions on lifestyle and characteristically constructive appraisals actually promote and enhance well-being.[147]

Research demonstrates that religious adherence can have either direct or indirect effects on emotional experiences.[148] First, religion shapes emotional reactions directly, in part, by prescribing specific appraisals. For example, the belief in a higher power and the promise of continuity after death fosters a sense of security and reduces anxiety.[149] Similarly, considering oneself relative to an all-powerful and all-good divine agent fosters appraisals that lead to awe[150] and gratitude.[151] Second, religion may also have an indirect effect on emotional experiences by facilitating either extrinsic (outside the individual) or intrinsic (inside the individual) forms of emotion regulation. For example,

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[146] Koenig, *Faith and Mental Health,* 133.

[147] Koenig, 134. Koenig asserts that adhering to religious guidelines can curb destructive behaviors which would later prove even more stress-inducing.

[148] The following adapted from Vishkin et al., "God Rest Our Hearts," 252–53.

[149] Vail et al., "A Terror Management Analysis of the Psychological Functions of Religion."

[150] D. Keltner and J. Haidt, "Approaching Awe, a Moral, Spiritual, and Aesthetic Emotion," *Cognition and Emotion* 17, no. 2 (January 1, 2003): 297–314.

[151] M.E. McCullough, R.A. Emmons, and J.-A. Tsang, "The Grateful Disposition: A Conceptual and Empirical Topography.," *Journal of Personality and Social Psychology* 82, no. 1 (2002): 112–27.

religion promotes extrinsic regulation of emotions by constructing a network of social support[152] and promoting feelings of social belonging.[153]

Religion may also cultivate certain forms of intrinsic regulation of emotions. Some research suggests that certain religious practices promote effective coping of negative events. Unique religious coping methods such as conversing with God, working with God to solve the problem, or requesting God's direct intervention, often help to ameliorate the situation.[154] Other religious practices may facilitate emotion control and/or disengage attention from emotion-arousing stimulus. For instance, praying for an aggressor decreased anger following a provocation.[155]

Religious orientation, however, does not guarantee better coping. In fact, an orienting system does not completely determine how a person will handle a stressful situation. Orienting systems simply make certain resources more available than others; patients must choose to use the resources at their disposal (Lazarus and Folkman's secondary appraisals). If none of the available resources offers a compelling solution, patients cope in a profoundly different way, one that alters the orienting system itself. [156]

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[152] E. Diener, L. Tay, and D.G. Myers, "The Religion Paradox: If Religion Makes People Happy, Why Are so Many Dropping Out?," *Journal of Personality and Social Psychology* 101, no. 6 (2011): 1278–90.

[153] Neal Krause and Keith M. Wulff, "Church-Based Social Ties, A Sense of Belonging in a Congregation, and Physical Health Status," *The International Journal for the Psychology of Religion* 15, no. 1 (2005): 73–93.

[154] Kenneth I. Pargament et al., "Religion and the Problem-Solving Process: Three Styles of Coping.," *Journal for the Scientific Study of Religion* 27, no. 1 (1988): 90–104. See also K.I. Pargament et al., "God Help Me: (I): Religious Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events," *American Journal of Community Psychology* 18, no. 6 (1990): 793–842.

[155] R.H. Bremner, S.L. Koole, and B.J. Bushman, "'Pray for Those Who Mistreat You': Effects of Prayer on Anger and Aggression," *Personality and Social Psychology Bulletin* 37, no. 6 (2011): 830–37.

[156] Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*, 198.

That CRA can be associated with religious practice does not mean that therapists should impose religious interventions on nonreligious patients or that therapists need first to proselytize the nonreligious to see results. Rather, the results of these several studies suggest that therapists might integrate their religious patients' beliefs into treatment.[157] Studies have shown that religious patients received religious psychotherapies and interventions better than the nonreligious. "It is safe to say … that all patients wish to have their religious beliefs (or lack of religious beliefs) respected, valued, and understood by their therapists."[158] Fundamentally, religious psychotherapies have been proven more effective with the religious than the nonreligious. And where religious clients are receptive to integrating religious resources into their care, they seem to fair better in their outcomes.

Cautions with CRA

Although reappraisal strategies adapt well in many contexts, it might be contraindicated in others. The literature on coping suggest that a situation's controllability (the degree to which a person can influence the situation's outcome) may be a critical moderator of the adaptiveness of one's regulatory efforts. For example, a loved one's illness presents a set of relatively uncontrollable stressors. Attempting to change the situation through problem-focused coping would likely prove futile. In contrast, a cognitive coping strategy, such as CRA, allows people to change the only thing they can control in this context: their emotions. Thus, CRA would be highly

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[157] Koenig, *Faith and Mental Health*, 145.

[158] Koenig, 149.

adaptive in the context of uncontrollable stress. Conversely, when encountering relatively controllable stressors, it may be better for people to change the situation using problem-focused coping than to use a cognitive coping strategy. A good example here might be someone losing his job because of poor performance. In this case the worker should put in longer hours at work (a problem-focused strategy), rather than changing his appraisal of the situation and therefore working simply on his emotions. Consequently, CRA would prove less useful or even maladaptive in the context of controllable stress.[159]

Furthermore, religious adherence and CRA can sometimes be at odds. Religious practice does not always promote better mental health and positive appraisal strategies. For example, transgressing religious norms may induce excessive guilt, shame, and fear, especially in situations where someone engages in unacceptable behavior. In addition, where it fosters rigid-thinking or self-righteousness, religion may restrict personal growth. And when used maladaptively, religious teachings may block therapeutic interventions and discourage professional help altogether.[160]

Problems can occur when religious professionals overstep their level of expertise in mental health matters, just as mental health professionals should not overstep their boundaries in religious issues. But mental health professionals can also work within the boundaries of the sacred to assist in developing flexibility with the religiously rigid. After demonstrating sensitivity and respect for sacred matters, the therapist can begin to address the fears underlying the reasons for the rigidity. The therapist can assist the

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[159] Adapted from Allison S. Troy, Amanda J. Shallcross, and Iris B. Mauss, "A Person-by-Situation Approach to Emotion Regulation: Cognitive Reappraisal Can Either Help or Hurt, Depending on the Context," *Psychological Science* 24, no. 12 (December 1, 2013): 2506.

[160] Koenig, *Faith and Mental Health*, 143.

patient in deepening their grasp of the divine and broadening their understanding of sacred practices. “Small gods create significant problems for people — be they the harsh god … the loving god that cannot be reconciled with pain and suffering, the distant god … or the fortress god … Whichever form small gods take, they are problematic because they cannot respond to the full range of human potential and life experiences.”[161] The therapist should assure the patient that the goal of increasing religious flexibility is to expand resources for coping with stresses in life, not to diminish cherished beliefs and practices. After all, spiritual flexibility complements rather than opposes the need for stability and structure.[162]

Dignity Therapy

Believing that “psychosocial and existential issues may be of even greater concern to patients than pain and physical symptoms,”[163] Dignity Therapy (DT) engages patients in brief, individualized projects designed to engender a sense of meaning and purpose, thereby reducing suffering in some patients nearing death. Harvey Chochinov developed DT to mitigate suffering, enhance quality of life, and strengthen a sense of meaning, purpose, and dignity.[164] Essentially the therapist offers patients the opportunity to address issues that matter most to them or speak to things they would most want

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[161] Kenneth I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (New York : London: Guilford Press, 2011), 277.

[162] Pargament, 300.

[163] Chochinov et al., “Dignity Therapy,” 5520.

[164] Some studies have reported that loss of dignity, according to physicians, is the most highly cited reason why patients seek out and receive assistance hastening their death. Chochinov, “Dignity and the Eye of the Beholder,” 1337.

remembered as death approaches. From these sessions, the therapist and the patient prepare a video or audio presentation which can be left with the patient's loved ones. In this way, the patient can meet needs such as legacy or generativity, role preservation, and maintaining normalcy.[165]

The Dignity Psychotherapy Question Protocol contains about a dozen questions, including the following:

- Are there specific things that you would want your family to know about you, and are there particular things you would want them to remember?
- What are the most important roles you have played in life (family roles, vocational roles, community service roles, etc.)? Why were they so important to you, and what do you think you accomplished in those roles?
- What are your most important accomplishments, and what do you feel most proud of?
- What are your hopes and dreams for your loved ones?
- What advice or words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, other(s))?[166]

Hartogh offers some useful reflections for those who would like to use Dignity Therapy. Therapists and patients must be sensitive to the needs of not only the patient, but to the needs of the people who would receive the product of the DT sessions. What happens when these needs clash? Patients might desire to leave behind a whitewashed image of themselves, but those people left behind might have preferred a more realistic

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[165] Watson and Kissane, *Handbook of Psychotherapy in Cancer Care*, 81.

[166] Chochinov, "Dignity and the Eye of the Beholder," 1339.

appraisal of the patient and their relationship. Statements of — or requests for — forgiveness and attempts at reconciliation could be immensely powerful gifts to leave for those who survive the deceased.[167] This supposes that patients evaluate the relationship the same as the people they leave behind, or that they have the emotional strength to face uncomfortable truths in their lives.

Summary of Addressing Persistent Liminality with Cognitive-Behavioral Therapy

There are few nonpharmacological interventions designed to provide therapy at end-of-life. What therapists find, however, is the value of the Three Ps, regardless of their therapeutic orientation. Presence of the Professional, perhaps the most important of these elements, requires of the therapist sensitivity, intelligence, and genuine concern. Elements of the Process can mean either the intentional strategy of the therapy or the attention paid to the metadata of the client-therapist relationship. Vigilance in identifying any maladaptive relational patterns between the client and therapist can produce material for discussion and opportunities for client growth. The third P, Therapeutic Procedures, consists of specific interventions to promote change.

One effective approach to addressing anxiety is Cognitive-behavioral therapy. In CBT, the therapist and client seek to identify and address distorted beliefs and irrational thinking. By changing these phenomena, practitioners find improved moods and reduced anxieties. Part of the success behind CBT is the understanding that events, in and of

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[167] " … perhaps your children would have preferred to receive a more honest assessment of your merits instead of this piece of self-advertising, maybe even a request for forgiveness for the ways in which you have made life more difficult for them, by your indifference or your relentless ambition. An instrument to pretty up your self-image is not necessarily the best you could give your children to remember you by." Hartogh, "Suffering and Dying Well," 419.

themselves, do not cause suffering. Instead, the client's response to the event inspires suffering. Thus, CBT (and its many corresponding therapies such as Appraisal Theory) offers help by adapting the mental structure behind the client response.

CBT is comprised of both "cognitive" and "behavioral" approaches to personal change and these two aspects often act in concert. For example, a client might focus on the number of times she gets angry in a situation. This is cognitive. When she then records her observations in a diary, she employs behavioral therapy. Other useful behavioral therapies include modifying activities to reduce anger-triggering situations or finding new friends altogether.

Cognitive reappraisal ability, CRA, trains clients to reappraise situations to down-regulate their emotion response. By reframing a situation, especially by introducing meaning into the equation, responses to stimuli such as pain are modulated. Consider the difference between the pain of childbirth and the loss of a leg by amputation. The new mother celebrates the one (in retrospect), but the amputee decries the other.

Many studies have examined the connection between CRA and religious adherence. Religious adherence can shape emotion reactions both directly and indirectly. It shapes emotion reactions directly through prescribing specific reappraisals. Religious adherence also shapes emotion reactions indirectly through extrinsic community connections and intrinsic interventions such as conversing with God or offering prayer for enemies. Religious adherence does not guarantee better coping, it simply provides more resources for the religious to use in coping.

CRA does not fit in every situation. Controllable-stress situations suggest problem-focused interventions while uncontrollable-stress situations respond better to

emotion-focused interventions such as CRA. Using CRA in controllable-stress situations might prove maladaptive. And sometimes CRA and religion are at odds. For example, relying on rigid religious guidelines might block useful therapeutic interventions or discourage professional help altogether.

Chochinov developed Dignity therapy to support people at end-of-life. Loss of dignity is a major complaint in those who are dying and represents the primary motivator for wanting to end one's life. DT consists of the therapist assisting the client to review significant events and condense wisdom to pass along to their loved ones. This activity fosters generativity, preserves the client's role, and helps to maintain a modicum of normalcy for the dying person. The therapist might also question whether those receiving the client's gift would also appreciate reconciliation or honest extending of forgiveness.

Lament

Lament is a persistent cry for deliverance to the God who promises to save, in a situation of suffering or sin, with the confident hope that God hears and responds to these cries, to act *now* and *in the future* to make whole.[168] More than simply a synonym for "mourning," "groaning," or "screaming," lament is a structured form of a believer's prayer addressing distress to God — calling on God's covenant love (*hesed*)[169] — so that

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[168] Rebekah A. Ecklund, "Lord, Teach Us How to Grieve: Jesus' Laments and Christian Hope" (ThD diss., Duke University, Duke Divinity School, 2012), iv. Emphasis in the original.

[169] In the Tanakh, the word חסד, *hesed*, conveys this idea of covenant faithfulness. BDB defines the *hesed* of God as "*lovingkindness* in condescending to the needs of his creatures … *in redemption from enemies and troubles* … men should trust in it." Emphasis in the original. Brown, *Brown-Driver-Briggs Hebrew and English Lexicon*, 339. Many authors stress the dimension of *hesed* as the basis for God's saving work, including Brueggemann and Miller, *The Psalms and the Life of Faith*, 278. See also Michael Card, *A Sacred Sorrow: Reaching out to God in the Lost Language of Lament* (Colorado Springs, CO: NavPress, 2005), 21.

God might hear and move on the petition. While God is the lawgiver, and covenant partners legally deserve God's attention and justice, relationship motivates deeper than the Law ever could.[170]

Lament does not signal failure by God to save, nor signal the petitioner's failure of faith for a victorious life. Rather than undermining trust in God and the confidence of being heard, objections against lament prematurely dismisses the possibility of a form of lament commensurate with Christ.[171] For example, Christians living in the "already" of contemporary circumstances lament for the "not yet" of the eschaton where Christ unites all things into Himself.[172] In time through Christ, people from "every tribe" will live together in a renewed world free from mourning and sin.[173] Ergo, lament can incorporate the work on the Cross in its treatment of the distressing situation. Furthermore, bringing one's suffering before God expresses faith; faith that God will *yet* save, though the current circumstances appear bleak.[174] For example, laments often demonstrate the lamenter's refusal to let go of a God who seems absent or uncaring.[175] Lament insists that

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[170] Bruce K. Waltke, James M. Houston, and Erika Moore, *The Psalms as Christian Lament: A Historical Commentary* (Grand Rapids, MI: Eerdmans, 2014), 9.

[171] Eva Harasta, "Crucified Praise and Resurrected Lament," in Eva Harasta and Brian Brock, eds., *Evoking Lament* (London, UK: T. & T. Clark, 2009), 204.

[172] Ephesians 1:10.

[173] See Revelation 5:9-10 with Revelation 21:4.

[174] "Sometimes the *yet* is not only retrospective but prospective. Not only *have* I praised you for what *have been* the signs of your goodness; I *will again* praise you for the goodness you *will again* show." Emphasis in the original. Nicholas Wolterstorff, "If God Is Good and Sovereign, Why Lament?," *Calvin Theological Journal* 36, no. 1 (April 2001): 44.

[175] Card, *A Sacred Sorrow*, 30–31.

the world must be experienced as it really is — not as we wish it to be — and that all the worshipper's experience is fit for sacred interaction with God.[176]

The Function of Lament

At its heart, lament gives voice to the unspeakable suffering resulting from loss. Lament is a response to the type of suffering that overwhelms a person, thereby violating their agency.[177] Because it is a response, lament is not synonymous with the suffering; it is the language of suffering.[178] Humans lament when they have lost the capacity to generate meaning through agency to their lives, thereby taking the first steps toward a new mode or outlook on life.[179] By expressing lament, believers commit to waiting for God's future activity; they await a divine reality intersecting their human experience. Also, because past human traumas and losses do not determine God's future actions, lamenters anticipate hope and a degree of restored agency untainted from their previous experience.[180]

Even Speech Act theory suggests that the act of communication, by conveying intentions, itself helps the communicator to exercise agency.[181] Simply put, when

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[176] Brueggemann, *The Message of the Psalms*, 52.

[177] Klein, "Phenomenology of Lament," in Harasta and Brock, *Evoking Lament*, 16–17.

[178] Wolterstorff, "If God Is Good and Sovereign, Why Lament?," 42.

[179] Rebekka A. Klein, "The Phenomenology of Lament and the Presence of God in Time," in Harasta and Brock, *Evoking Lament*, 16.

[180] Klein, "Phenomenology of Lament," in Harasta and Brock, 24.

[181] "Speech acts, whatever the medium of their performance, fall under the broad category of intentional action, with which they share certain general features ... An especially pertinent feature is that when one acts intentionally, generally one has a set of nested intentions. For instance, having arrived home without

someone laments something to God they regain a modicum of responsibility for a different outcome.[182] In Psalm 13, for example, David laments his feelings of abandonment by God to God. Four times David protests by asking God, "How long?" Here meaning is found in the illocution instead of the locution, for David was not portraying God as uncaring. Instead, David desired God to act and reminded God that he usually enjoys God's saving work by this time in his trials.[183] Yet, because lament cannot be reduced to a propositional attitude, understanding the communication pattern does not tell us about the most important aspect of lament: one's connection with God. So, though lament is more than a communication act, it is at *least* an act of communication, which consequently restores some agency to the speaker.

The Loss of Lament

Unfortunately, according to theologians from across the theological spectrum, most of the Church in the United States has lost the practice of lament.[184] This is not

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one's keys, one might push a button with the intention not just of pushing the button but of ringing a bell, arousing one's spouse and, ultimately, getting into one's house. The single bodily movement involved in pushing the button comprises a multiplicity of actions, each corresponding to a different one of the nested intentions. Similarly, speech acts are not just acts of producing certain sounds." Kent Bach, "Speech Acts" in Edward Craig, *Concise Routledge Encyclopedia of Philosophy*, ed. Edward Craig (London, UK: Routledge, 2013), 856.

[182] The reason for lament "breaks into their life and destroys the facilitating conditions for present orientation. As a result, a suffering human cannot act as agent, because the important coordinates of the human being's orientation system are destroyed. But the human being can lament and face this situation by protesting against it." Martin Wendte, "Lamentation Between Contradiction and Obedience," in Harasta and Brock, *Evoking Lament*, 18.

[183] Kit Barker, "Lament as Diving Discourse: God's Voice in Our Cry," in Harper and Barker, *Finding Lost Words*, 57.

[184] See Rachel Ciano in Harper and Barker, 9 ff.; Brueggemann and Miller, *The Psalms and the Life of Faith*, 84.; Michael Card, who characterizes this loss as "a harmful silence," Card, *A Sacred Sorrow*, 20.; Michael Jinkins, *In the House of the Lord: Inhabiting the Psalms of Lament* (Collegeville, MN: Liturgical Press, 1998), 2.; Rah, *Prophetic Lament*, 20.; Mark Vroegop, *Dark Clouds, Deep Mercy: Discovering the*

universal, however, since the African American Church seems never to have lost this expression of prayer. African American communities draw energy for lament from both historical memory and present experience. In these cases, lament functions not only to express pain, but to protest the need for change.[185] In contrast, the majority of both mainline and evangelical churches practicing in the United States seem to have forgotten that there is "a time to weep," as Kohelet once stated in Ecclesiastes 3:4.

Reasons for Loss of Lament

Many factors contribute to the loss of lament, though they will not all be explored in this paper. Two important factors contributing to the loss of lament are the problem of theodicy and the demythologizing of the Christian faith. These influences are not new, but their combined weight in a context of a secular plausibility structure diminishes understanding and enthusiasm for lament. Plausibility structures are "those things within society which are immediately believed; things that contradict it are simply not believed."[186] As the name suggests, plausibility structures determine what beliefs members of society should plausibly accept as truth. For example, the plausibility structure in the theocratic Israel of David's time left no room for questioning God's existence or God's reigning over the affairs of people. In that place and time, one who would question God's existence would have been considered crazy ("The fool says in

Grace of Lament (Wheaton, IL: Crossway, 2019), 18–19.; Waltke, Houston, and Moore, *Psalms as Christian Lament*, 1–2.; and Wolterstorff, "If God Is Good and Sovereign, Why Lament?," 42.

[185] Ecklund, "Lord, Teach Us How to Grieve," 253. Other parts of the Church in the West have also lost lament prayer, but this study does not intend to examine lament everywhere, simply the prevailing practice of the Church in the USA.

[186] Dae Ryeong Kim, "Understanding the Plausibility Structure of Modern Society," last modified June 24, 2009, accessed December 22, 2020, https://www.study21.org/mission/article/plausibility_structure.htm.

his heart, 'There is no God'"[187]). A psalm of lament made sense in this paradigm. If something went awry, address the author of worldly affairs, namely God.

In contrast, our current modern secular plausibility structure differs substantially from King David's. After the Enlightenment and other developments in philosophy, many Westerners questioned God's existence and/or God's exercise of rule here on earth. Rudolph Bultmann verbalized this Western secular plausibility structure well in his famous quotation that, "One cannot use electric light and radio, call upon modern medicine in case of illness, and at the same time believe in the world of spirits and miracles of the New Testament."[188] Bultmann and others like him assumed that the plausibility structure of traditional religious faith simply collapsed in the atmosphere of secular urban society. In effect, Bultmann accepted the mental world of the modern secular man as the standard of what could be believed.[189]

This modern scientific plausibility structure frames thinking in many ways, though the most poignant for this paper is how this structure suppresses biblical lament. Thomas Long, in his pastoral work on theodicy, illustrated this point with an account of Christian fundamentalist-turned-agnostic Bart Ehrman. In the late 1980s, Ehrman was asked to teach on the problem of theodicy for a university. As he explored the topic, he found that he could not reconcile the tension between the existence of an omnipotent, loving God and a world that had so many children starving to death. Long remarked that

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[187] Psalm 14:1.

[188] Rudolf Bultmann, *New Testament and Mythology and Other Basic Writings*, trans. Shubert Ogden (Minneapolis, MN: Fortress Press, 1984), 4.

[189] Lesslie Newbigin, *Foolishness to the Greeks: The Gospel and Western Culture* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 1986), 11.

had Ehrman been alive in even the 11th Century, he would have composed a lament. Instead, working within the secular plausibility structure, he penned the book *God's Problem: How the Bible Fails to Answer Our Most Important Question*.[190] Because the current prevailing plausibility structure demands secular humanism set the boundaries for its immanent frame, theodicy finds new energy in eroding the value of lament to the current church.

The Problem of Theodicy

Theodicy, [191] or the "defense of God's goodness and omnipotence in view of the existence of evil"[192] often shows up in the discussion of lament. "On the existential level, the line between lament and the theodicy question is blurred, as could be demonstrated on the example of individual prayers of lament."[193] The difference between theodicy and lament, however, seems to lie somewhere in the realm of recognizing the difference between illegitimate and legitimate lament. Illegitimate lament consists of ignoring the limits of humankind and judges God instead of subjecting itself to the judgments of God.

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[190] Bart Ehrman's experience as recounted in Thomas G Long, *What Shall We Say?: Evil, Suffering, and the Crisis of Faith* (Grand Rapids, MI: Eerdmans, 2011), 20–23.

[191] Gottfried Wilhelm Leibniz coined the term "theodicy" in his work *Essais de Théodicée*. See Gottfried Wilhelm Freiherr von Leibniz, *Essais de Théodicée: Sur La Bonté de Dieu, La Liberté de l'homme et l'origine Du Mal /Gottfried Wilhelm Leibniz ; Chronologie et Introduction Par J. Brunschwig* (Café Voltaire, Paris: Garnier-Flammarion, 1969).

[192] "Theodicy."

[193] Wüthrich writes that, "On the existential level, the line between lament and the theodicy question is blurred, as could be demonstrated on the example of individual prayers of lament." Matthias Wüthrich, "Lament for Naught?" in Harasta and Brock, *Evoking Lament*, 61.

Legitimate lament acknowledges the difference between God and humankind and positions itself appropriately in that distinction.[194]

Though the current plausibility structure creates space for theodicy, people have been exploring theodicy for millennia. Among God's people, Jewish thought wrestled with God's faithfulness in the backdrop of the Temple destruction and the fall of two kingdoms into exile. Though generally not considered theodicy, the Book of Lamentations[195] introduced some of theodicy's themes as God's people struggled to understand the destruction of Jerusalem. But while Jeremiah brought suffering before God with the hope of response, he refused to defend God's actions in light of the suffering.[196] Later examples from Job and 4 Ezra approached theodicy as anguished complaint against the Lord's treatment of God's own people and creation.[197] Job, in 7:16-18,[198] for example, asked for answers to God's activity even as he hoped to escape further notice by his Creator. In the apocryphal book of 4 Ezra, that prophet questioned God's abandonment of the People to those who had denied God's promises.[199] And by the time of the Dead Sea Scrolls, theodicy had morphed from Davidic protest lament (echoed in

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[194] Harasta and Brock, 134.

[195] "To read Lamentations as theodic is to ultimately misread it, as anti-theodic strains are also evident." Elizabeth Boase, "Constructing Meaning in the Face of Suffering: Theodicy in Lamentations," *Vetus Testamentum* 58, no. 4 (2008): 2.

[196] Boase, 2.

[197] Ecklund, "Lord, Teach Us How to Grieve," Section 6.2.3, 200-206.

[198] "I loathe my life; I would not live forever. / Leave me alone, for my days are a breath. / What is man, that you make so much of him, / and that you set your heart on him, / visit him every morning / and test him every moment?"

[199] "And now, O Lord, why hast thou delivered up the one unto the many … ? And (why) have they who denied thy promises been allowed to tread under foot those that have believed thy covenants?" (4 Ezra 5:28).

Lamentations, for example) into penitential lament.[200] The Qumran community looked away from primarily requesting divine intervention to blaming the evil inclination within humanity or the work of Belial for the current circumstances. Though this sample is small, it identifies the shift prevalent in Second Temple Judaism. In the Psalms, a petition for help consistently followed a psalmist's complaint. In this later period, writers separated the petition from the complaint, "and the associated phenomenon is the gradual disintegration of the Psalm of lament as a whole."[201] This separation of petition from complaint created more interest in theodicy in the vocabulary of God's people as they pondered the reasons behind the complaint.

The Problem of Theodicy Among Christian Authors

There have been many useful contributions to answering the problem of theodicy from Christian authors. One helpful analysis from John Hick categorized the different theodicists as following the arguments from either Irenaeus or Augustine.[202] Irenaean theodicists include Friedrich Schleiermacher and Hick himself, while Augustinian theodicists include Aquinas and Barth. Both Irenaean and Augustinian theodicies uphold the goodness and omnipotence of God, but they diverged in the purpose of evil in the world: Irenaeus argued that God uses freewill choices for "soul-making" and Augustine

[200] This paper discusses the difference between protest and penitential lament in the section entitled, *Types of lament psalms*. Protest lament objects to life's calamities, penitential lament explores the petitioner's culpability in those calamities.

[201] Westermann, *Praise and Lament in the Psalms*, 213.

[202] John Hick, *Evil and the God of Love* (Hampshire and London: McMillan Press, Ltd, 2016).

argued that God uses these same freewill choices for "soul-judging." These themes will be explored in the following paragraphs.

Irenaean theodicists have accepted God's ultimate responsibility for evil,[203] stating that both good and evil exist alongside one another intentionally. God appointed this arrangement for humankind's moral development (soul-making) since humans were created in God's image but not God's likeness.[204] In so doing, the Irenaean-structured theodicy emphasized the *O felix culpa* theme ("good out of evil"), using it as a central tenet in his argument.[205] As a result, Irenaeus' theodicy also relied on the eschaton, believing that "the person-making process continues far beyond this earthly life."[206] Irenaeus believed that he showed how a good and powerful God could oversee a world that included evil, and evil's existence to be justifiable and inevitable.[207]

Augustine's theodicy emphasized the goodness of creation, including the creation of humans.[208] Evil came about as a privation of the good and entered the human experience through the freewill choice to do evil as recorded in The Fall in Genesis 3. Human suffering, therefore, must be understood as punishment for sins, both actual as well as original. Augustine further agreed that God allowed sin for the sake of the higher good of salvation (*O felix culpa*), though sinners are then punished through eternal

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[203] Bruce Barber and David Neville, *Theodicy and Eschatology* (Adelaide, SA: ATF Press, 2005), 141.

[204] Hick, *Evil and the God of Love*, 215.

[205] Barber and Neville, *Theodicy and Eschatology*, 141–42.

[206] Hick, *Evil and the God of Love*, 376.

[207] Barber and Neville, *Theodicy and Eschatology*, 141.

[208] In *The Confessions*, Augustine asserted that "the God who made me must be good (A-40)." Elsewhere he testifies to God, "you made man in your own likeness (A-115)." St Augustine, *The Confessions, Revised*, trans. Maria Boulding (New York, NY: New City Press, 2005).

torment in hell (Irenaeus did not believe in eternal punishment). Augustine also conceded to the idea of metaphysical evil, or at least to the metaphysical imperfection and weakness of creation, which then in turn relates to the possibility of sin.[209] Augustinian theodicy, therefore, exonerated God by incriminating human beings and portraying a metaphysical evil. Not surprisingly, Schleiermacher found umbrage with Augustine's treatment of theodicy. Schleiermacher asserted that a perfect God would create flawlessly, and therefore it would be illogical for a perfect creation to go wrong.[210] Wüthrich agreed, stating that Augustine's "mechanism may not be consistently developed theologically."[211]

Aquinas supported Augustinian theodicy in the *Summa Theologica*. In Part I, Question 49, Articles 1–3, Aquinas asked and answered the following questions: "(1) Whether good can be the cause of evil." Aquinas concluded that good can cause evil only in the sense that evil is the privation of good. Evil exists where good is lacking, though freewill also plays a part in evil's existence on earth. "(2) Whether the supreme good, God, is the cause of evil." Aquinas asserted that God is goodness and there is no evil in God, and that God must have a morally sufficient reason to allow evil. Lastly, "(3) Whether there be any supreme evil, which is the first cause of all evils." Aquinas wrote that, "there cannot be a supreme evil; because, as was shown above, although evil always lessens good, yet it never wholly consumes it; and thus, while good ever remains, nothing

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[209] Harasta and Brock, *Evoking Lament*, 62–63.

[210] Friedrich Schleiermacher and Paul Nimmo, *The Christian Faith* (New York : London: Bloomsbury Publishing, 2016), 225–26.

[211] Harasta and Brock, *Evoking Lament*, 65.

can be wholly and perfectly bad."[212] Thus, Aquinas echoed Augustine in exonerating God as the author of evil, agreeing that God allowed it for divine purposes. In addition, he blamed human freewill for playing a part in ushering evil into this world.

In several pages of his *Church Dogmatics*, Barth also wrestled with the problem of theodicy. In his paragraph on "God and nothingness,"[213] Barth sought to "counteract the trivializing devilification of evil" found in Augustine.[214] Barth argued that the nothingness/evil against which Jesus claimed victory was a creation of God to be foiled by Christ, thereby charging God with full ontological responsibility for evil.[215] Barth identified nothingness/evil, then, as a good aspect of creation. Therefore, because Christ's resurrection defeated evil, and evil is created by a good God, those in Christ are denied real suffering and misery. Ergo, Barth posited that believers then have no rightful standing to "lament before God, with God, and against God," the only remaining options include docile silence and forced gratitude.[216]

The Problem of Theodicy Considering the Cross

Subscribers to either the Irenaean or Augustinian approaches to theodicy agree that God is all-good and all-powerful but differ on the origin and purpose of evil in the

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[212] Thomas Aquinas, "No Evil Comes from God," in *The Problem of Evil: Selected Readings*, ed. Michael Peterson, trans. Fathers of the English Dominican Province, 2nd ed. (Notre Dame, IN: University of Notre Dame Press, 2017), 42–49, http://www.jstor.org/stable/j.ctvpj7gm2.8. See page 47 for the quotation.

[213] See §50 in vol. III/3, in Karl Barth, *Church Dogmatics*, ed. G.W. Bromiley and T.F. Torrence, vol. I/1-IV/4 (Edinburgh, UK: T. & T. Clark, 1956).

[214] Harasta and Brock, *Evoking Lament*, 62.

[215] This paper does not contain the space necessary to debate this idea, but simply to indicate Barth's construal of the topic of lament. See Harasta and Brock, 7.

[216] Harasta and Brock, 73.

problem of theodicy. But do these treatments lead to what Wüthrich called "invalidation of the theodicy question and from there an undermining and ultimate suppression of lament"?[217] Does the use of evil for either soul-making or soul-judging leave room for lament since in these treatments God clearly appointed evil in the life of believers for their own good (Romans 8:28)? After all, even John Calvin stated that, "if it be clear that our afflictions are for our benefit, why should we not undergo them with a thankful and quiet mind?"[218] Perhaps in part these treatments of theodicy suppress lament, but they do not eliminate it. It would be simplistic to accept either the Irenaean or Augustinian treatments of theodicy as the final word on Christian lament.

Certainly, Old Testament believers had cause for lamenting in the Davidic style. Wrote Waltke, "Protest is understandable in the old dispensation, for undeserved suffering for the sake of righteousness does not fit the paradigm of covenant blessings for covenant keeping."[219] Furthermore, believers in Christ are now called friends[220] and Jesus made it clear that the Christian life includes suffering.[221] "Consequently, a voiced protest is not heard in Christ's or the apostle's teaching."[222] Indeed, Miller stated that through the work of the Cross, Jesus has fulfilled ultimate suffering, and what matters is submission

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[217] Harasta and Brock, 65.

[218] John Calvin, *Institutes of the Christian Religion*, ed. John T. McNeill, trans. Ford Lewis Battles, vol. 20, Library of Christian Classics (Philadelphia, PA: Westminster Press, 1960), 3.8.11.

[219] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 5.

[220] John 15:15: "No longer do I call you servants, for the servant does not know what his master is doing; but I have called you friends, for all that I have heard from my Father I have made known to you."

[221] John 16:33: "In the world you will have tribulation. But take heart; I have overcome the world."

[222] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 5.

to God's will and participation in Christ's suffering.[223] But since we live in the "already-and-not-yet" Christian liminal space, we have not experienced the Consummation when all things will be united in Christ (Eph 1:10). Therefore, believers have cause to join Augustine, who "insists that lament is the roaring and sighing of those awaiting Christ's eschatological consummation."[224]

Considering Jesus' work on the Cross, both Augustine and Calvin would have agreed that Christians can and should still lament. John Calvin advocated for emotional expression in the Christian life since it is part of our nature.[225] And "Augustine's Christological reading of the Psalms seeks to discern what, precisely, is truly lamentable."[226] Materialistic thinking stops at lamenting simply the loss of health, loved ones, or possessions. But in his sermons on the Psalms, Augustine stated that these injuries are merely "the *occasion* for the loss that is truly lamentable: of affective attachment to Christ, of virtue and charity."[227] So, for example, a Christian could use the event of loss to discern, as Augustine would have, whether that believer had been overly guilty of worldly affection[228] or whether opportunity for charity had been squandered.

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[223] Patrick D Miller, *They Cried to the Lord: The Form and Theology of Biblical Prayer* (Minneapolis, MN: Fortress Press, 1994), 323.

[224] "Lament is the expression of the pains of awaiting the eschaton." See Brian Brock, "Augustine's Incitement to Lament" in Harasta and Brock, *Evoking Lament*, 186.

[225] Calvin, *Institutes*, 20:3.8.9.

[226] Harasta and Brock, *Evoking Lament*, 184.

[227] Harasta and Brock, 184. Emphasis in original.

[228] Wolterstorff, "If God Is Good and Sovereign, Why Lament?," 46.

The Problem of Theodicy Among non-Christian Authors

When advocating a position indicting God, theodicy usually includes some version of the leading conundrum made popular by Hume: "EPICURUS's old questions are yet unanswered. Is he willing to prevent evil, but not able? then is he impotent. Is he able, but not willing? then is he malevolent. Is he both able and willing? whence then is evil? [sic]"[229] Sherry, however, stated that many writers have found this argument too simple, since it did not recognize cases in which eliminating one evil thereby causes another to arise, or in which the existence of a particular evil entails some good situation that morally outweighs it. These caveats have led skeptics to accept that God's existence is unlikely rather than impossible.[230] Yet many moderns still find this conundrum compelling, thus diminishing the activity of lament.

More broadly, Sarot identified how modernity altered the problem of theodicy in at least four ways, using Leibniz as the historic fulcrum. 1) Before Leibniz, the problem of evil existed *within* the Christian faith. How should people account for evil in light of a benevolent God? After Leibniz, the problem became *about* the Christian faith. How can people believe in a benevolent God in light of evil? 2) Before the eighteenth century, the problem of evil led Western people to doubt themselves. They commonly regarded themselves as vulnerable and dependent. Leibniz, however, asserted the power of human reason. Post-Enlightenment reasoning then led to doubting God and God's justice rather than the reasoner. 3) Before Leibniz, the problem of evil had a practical focus: How

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[229] David Hume, "Dialogues Concerning Natural Religion," Project Gutenberg, [1779], last modified June 20, 2009, accessed December 18, 2020, https://www.gutenberg.org/files/4583/4583-h/4583-h.htm.

[230] Patrick Sherry, *Encyclopedia Britannica*, s.v. "The Problem of Evil," November 17, 2017, https://www.britannica.com/topic/problem-of-evil.

could people obtain happiness despite evil? From Leibniz onward, however, the problem of evil became a theoretical enterprise without practical application. Theodicy morphed into simply the rational attempt to show the compatibility/incompatibility of the existence of the Christian God with the presence of evil in the world. 4) Before the eighteenth century, theodicists aimed their efforts at winning over those holding false beliefs within Christianity. From Leibniz onward, theodicy was aimed at convincing non-believers that they have chosen correctly.[231] Therefore, post-Enlightenment theodicy discounts the plausibility of lament, since the modern thinker quite likely does not believe that God exists, let alone reward those who diligently seek Him.[232]

Demythologizing the Christian faith

As Enlightenment philosophers such as John Locke[233] accepted reason over revelation, deism flourished. When human reason assumed primacy, it left little room for God to speak.[234] As Wright stated, to the new modern thinker God was a nuisance: he kept on interfering. People presuming to speak for God were seen as simply clinging to power for themselves, power they used to feather their own nests. Consequently, God

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[231] Marcel Sarot, "Theodicy and Modernity: An Inquiry into the Historicity of Theodicy", in Antti Laato and Johannes Cornelis de Moor, *Theodicy in the World of the Bible* (Leiden, Netherlands: Brill, 2003), 6.

[232] Hebrews 11:6.

[233] John Locke, *An Essay Concerning Human Understanding*, ed. Kenneth Winkler (United Kingdom: Hackett Publishing Company, 1996).

[234] "As soon as God moves into the background as the shaper of man's present fate, legitimate room is created for man to take this fate into his own hands." Bob Goudzwaard, *Capitalism and Progress: A Diagnosis of Western Society* (Toronto: Wedge Pub. Foundation, 1979), 21.

was sidelined to become an absentee landlord.[235] Deists believed that God may have made the world and may still take a passing interest in it, but God does not currently supervise the world's working.[236] Consequently, we humans must fend for ourselves as best we can. Fending for ourselves as best we can does not provide motivation to take our suffering to God, which is the heart of lament.

Somewhat after Locke wrote *Essay Concerning Human Understanding*, Immanuel Kant argued that the "pure religion of reason" ought to interpret the Scripture rather than employ religious scholarship as the vehicle for hermeneutics. In fact, he asserted that the New Testament demanded the rational mind to interpret and apply the Bible. At one point in *Religion Within the Limits of Reason Alone,* Kant showed from Matthew Chapter 5 how Jesus claimed that the moral disposition of the heart alone can make people pleasing before God, rather than the observance of outer civil or statutory obligations (Matthew 5:20–48). As a result, injury to a neighbor can be repaired only through satisfaction rendered to the neighbor, not through acts of divine worship (Matthew 5:24).[237] In Kant, then, the pure religion of reason did not traffic with God directly, which is necessary in lament.

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[235] Nicholas Thomas Wright, *Bringing the Church to the World* (Bloomington, MN: Bethany House Publishers, 1993), 21.

[236] Consider Hume's theodic restatement of Epicurus, mentioned earlier in this paper.

[237] Immanuel Kant, *Religion Within the Limits of Reason Alone*, trans. Allen Wood and George di Giovanni (Cambridge, UK: Cambridge University Press, 2003), Book IV, Part 1, Section 1.

Rudolf Bultmann built on Locke and Kant in demythologizing the Bible.[238] He believed it implausible to interpret New Testament mythology in cosmological or religious terms. Instead he favored an anthropological interpretation that "discloses the truth of the kerygma as kerygma for those who do not think mythologically."[239] In other words, demythologize the gospel message and present it to those who think scientifically. Bultmann considered it "pointless and impossible" to not strip the gospel of its original setting so that moderns could access it. "It would be pointless because there is nothing specifically Christian about the mythical world picture, which is simply the world picture of a time now past which was not yet formed by scientific thinking."[240] In his demythologized version, Bultmann defined religion according to its anthropological focus; what happened to and concerned the individual. He understood individuality and religion only in relation to one another; religion powered the realization of individuality; individuality represents the goal of religion.[241] A schema of such individualization would not seem to leave much need or room for lament to a God from a previous world picture.

Newbigin identified and decried this demythologizing project because it moved theology out of the theological and into the psychological. By adjusting the hermeneutic to the axioms of the Enlightenment, the Bible had to be interpreted according to the modern scientific worldview. This required a reconstruction of biblical history along the

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[238] "In contrast with Kant, Bultmann and other Neo-Kantians extend the sphere of Reason to encompass morality and art." Roger A. Johnson, *The Origins of Demythologizing: Philosophy and Historiography in the Theology of Rudolf Bultmann* (Leiden, Netherlands: Brill, 1974), 65.

[239] Bultmann, *New Testament and Mythology and Other Basic Writings*, 14.

[240] Bultmann, 3.

[241] Johnson, *The Origins of Demythologizing*, 70.

lines of modern historical science and the elimination of miracle. "It dictated that while the crucifixion of Jesus could be accepted as a fact of real history, his resurrection was a psychological experience of the disciples."[242] Of particular note for this paper is how Walter Brueggemann would eventually apply the psychological interpretive framework to his classification of the Psalms into the "orientation-disorientation-reorientation"[243] categories. In Breugemann's words, the psalms of disorientation help the petitioner to "enter linguistically into a new distressful situation into which the old orientation has collapsed."[244] With this rebranding, Brueggemann had supplanted the theological with the psychological.

Many scholars have responded or reacted to Brueggemann's labeling psalms of lament as psalms of disorientation. Holladay states that "few scholars in our day have done as much to bring an intelligent understanding of the Psalms into Christian sensibility as has Brueggemann."[245] Though considered helpful to many scholars, this psychological direction in hermeneutics did not appear without objection. Wrote Waltke, "Brueggemann's fixation with the lament form, summarized in his theme of 'orientation-disorientation-reorientation,' is a revolt against biblical orthodoxy in that it provides a psychological alternative, and then suggests a new approach to biblical interpretation."[246]

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[242] Newbigin, *Foolishness to the Greeks*, 45.

[243] Brueggemann and Miller, *The Psalms and the Life of Faith*, 9.

[244] Brueggemann and Miller, 9–11. This sounds similar to Mathew's "frame" function, as discussed earlier.

[245] Such as Holladay, *The Psalms Through Three Thousand Years*, 291.

[246] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 4.

Waltke called this development "subversive," intended to destroy covenantal faith between God and humankind.

Psalms of Lament

The psalms of lament offer valuable resources for Christian faith and ministry, even if they have been mostly purged from the life and liturgy of the church.[247] Their primary function is to lay a troubled situation before the Lord, asking for help.[248] In them, earnest prayer proceeds first from a sense of our need, and next from faith in the promises of God.[249] Instead of capitulating to the dismissal of God's power or God's goodness, lamenters recognize the tension between a powerful, loving God and pervasive evil. They appeal to God to make the tension bearable, rather than deny that it exists.[250]

Lament psalms are not primarily literary pieces for appraisal. They designate the basic modes which occur when people turn to God with words: plea and praise.[251] These psalms record the psalmists' cries when in great distress they have nowhere else to turn but to God.[252] Though lament can be found in different places throughout the Bible, the

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[247] Brueggemann and Miller, *The Psalms and the Life of Faith*, 84.

[248] C. John Collins, *Psalms Commentary*, Unpublish manuscript, 2020, 10.

[249] Calvin, *John Calvin's Commentaries On The Psalms 1 - 35*.

[250] "Loss, deep loss, is the shattering of meaning. The shattering of meaning at one point in one's life has rippling consequences throughout one's life; one's life as a whole threatens to lose its sense. For the believer, the meaning of life is all tied up with her experience and understanding of God. Now, suddenly there is a rip in her whole fabric of meaning. So the believer cries to God—who else to cry to—not only for deliverance from suffering but also for deliverance from the threat of meaninglessness." Wolterstorff, "If God Is Good and Sovereign, Why Lament?," 44.

[251] Westermann, *Praise and Lament in the Psalms*, 153.

[252] Longman III, *How to Read the Psalms*, 26.

book of Psalms contains prayers that "frame" lamentation and grief, thereby containing otherwise wild emotions into a safer context for expression.[253] The act of thus shaping grief transforms it from a destructive power into something constructive.[254]

Psalms of lament and darkness record courageous acts of human faith.[255] Lament represents more than just a plea; this structured prayer[256] engages the faith of the petitioner to entreat God to act based on God's *hesed*. By entrusting themselves through faith to God's pledged love, psalmists turn their attention not to the quality of their faith but to faith's object and its outcome, which they have every intention of enjoying.[257] This concept of covenant faithfulness offers believers the standing they need to demand God's attention and action. On this basis of promised covenant faithfulness, the psalmist's basic problem stems from God's apparent absence which is "irresponsible to covenant."[258] Yet, the Psalms declare to the reader that this apparent absence, and subsequent silence,

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[253] "There is a sense in which lament provides a 'frame' for the expression of suffering. When you think about a picture in a frame, you realise it is contained. The impolite language of lament, the impatient questioning, the anger and the desire for revenge are held within the frame of a prayer to the God of the covenant. The invective in lament is also allowed to be expressed but, within the frame, it is contained. It is God who is asked to act against the enemy rather than there being any justification for human vengeance." Mathews, "Lament Psalms," 9.

[254] "By the use of the form, the grief experience is made bearable and, it is hoped, meaningful. The form makes the experience formful just when it appeared to be formless and therefore deadly and destructive." Brueggemann and Miller, *The Psalms and the Life of Faith*, 86.

[255] Brueggemann, *The Message of the Psalms*, 52. Also, consider that "Only lament uncovers this kind of new faith, a biblical faith that better understands God's heart as it is revealed in Jesus Christ." Card, *A Sacred Sorrow*, 31.

[256] They often follow a pattern loosely described as "a description of trouble … a petition for help … and praise of the Lord." Mays, "Psalm 13," 279.

[257] Kidner, *Psalms 1-72*, 78.

[258] Brueggemann, *The Message of the Psalms*, 59.

should not indict God of irresponsible neglect. Instead, the cry of the psalmist at God's silence becomes God's own voice to believers declaring that God hears their cry.[259]

Types of Lament Psalms

About one third of all the psalms contain elements of lament; [260] many composed for public worship, the others for private.[261] Some label these psalms as either "lament of the people" or "lament of the individual."[262] Psalms in these two categories also usually fall within another bifurcation, "psalms as protest" and "psalms as penitence."[263] Psalms as protest are psalms which object to life's difficulties and other struggles.[264] The psalms of protest vary in their complaints; whether petitioning God to release the believer from enemies, to address situations of illness, to save from shame, humiliation, and death, or to restore relationship to our Covenant Lord.[265] Psalms as penitence comprise public or private confession and repentance of sins, usually concerning the sins of the penitent one.

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[259] Harper and Barker, *Finding Lost Words*, 65.

[260] Mathews, "Lament Psalms." Also, Waltke, Houston, and Moore, *Psalms as Christian Lament*, 1.

[261] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 1. Concerning public use, "different scholars have discerned different festivals as the major sources of the psalms. Mowinckel himself saw the feast of Ingathering and Tabernacles, at the turn of the year, as the chief of these, celebrating God's epiphany and enthronement with a ritual so elaborate that it gave rise to more than forty psalms." Kidner, *Psalms 1-72*, 9.

[262] Westermann, *Praise and Lament in the Psalms*, 33–35. In another example, Collins names them "Community laments" and "Individual laments." Collins, *Psalms Commentary*, 10.

[263] Ecklund, "Lord, Teach Us How to Grieve," 5. Names for these categories vary. It is possible, therefore, to have a public psalm of penitence (Psalm 44), a private psalm of penitence (Psalm 52), as well as a public psalm of protest (Psalm 115), and a private psalm of protest (Psalm 13).

[264] Such as illness, abandonment, enemies, death, and so forth. See Brueggemann and Miller, *The Psalms and the Life of Faith*, 70.

[265] Brueggemann and Miller, 70–71.

The Church has used the Penitential Lament Psalms throughout its history, in both public and private worship.[266] Commentaries exist on some of these psalms from such notables as Jerome, Gregory of Nyssa, Cassiodorus, and others. Yet while many churches still include some of the psalms in worship, use of full lament psalms rarely appears in corporate worship. Even the lectionary often omits the raw cries of lament or anger or confusion in the Psalms: if lament psalms are included in the worship service, leaders tend to choose the verses of trust while leaving out the complaint itself. Likewise, contemporary hymnals tend to have a far smaller proportion of laments than the book of Psalms does.[267]

Elements of Lament Psalms

The composition of lament psalms can be elaborate or simple. Many lament psalms contain several of these different elements: Address, Complaint, Petition, Motivation, Vow of offering, and Assurance of being heard,[268] though not every lament psalm contains every element.

The psalm component called "Address" most commonly contains reference to the heavenly "You." The elements in the lament Address vary, depending on the purpose of the lament or, to put it another way, the Person of God the psalmist wants to petition (for

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[266] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 14 ff. The Penitential Psalms are 6, 32, 38, 51, 102, 130, and 143. See Waltke, Houston, and Moore, 14.

[267] Vroegop, *Dark Clouds, Deep Mercy*, 40.

[268] Brueggemann and Miller, *The Psalms and the Life of Faith*, 70. The outline in this section of the paper follows the pattern described by these authors. While other authors also described the elements of lament psalms, Brueggemann's list is well known and commonly used. Breugemann's list is also reliable, as comparison to the following list demonstrates: 1) Invocation, 2) Plea to God to help, 3) Complaints, 4) Confession of sin or assertation of innocence, 5) Curse of enemies (imprecation), 6) Confidence in God's response, and 7) Hymn of blessing. Longman III, *How to Read the Psalms*, 27.

example, our heavenly Judge, Warrior, King, and so forth). After the Address, the psalmist usually presents the "Complaint." Psalmists sometimes complain about lying evildoers (Psalm 5), illness (Psalm 6), a sense of abandonment by God or by people (Psalm 13 or 22), threat of death (Psalm 88), and so forth. The Complaint usually leads into the "Petition." Here the psalmist offers ideas on how God should remedy the complaint. The remedies in the Petition usually follow the nature of the complaint. The psalmist might ask for improved health, befriending by God, deliverance from death or one's enemies, and so forth.

In "Motivation," the psalmist lists reasons for God to act. These include God's mercy and covenant love (Psalm 5:7), reputation (Psalms 5 and 13); the speaker's innocence (Psalm 26), helplessness (Psalm 25), or trust (Psalm 17); and the promise of praise (Psalm 6) to name a few. The final portion of the lament psalm includes the "Vow of offering" and the "Assurance of being heard." The psalmist might either state that God "has heard my cry" (as in 18:6), or remark that a transformation has taken place (thereby implicitly stating that God has heard).

Psalm 13

David composed a lament in Psalm 13, considered by some as the clearest, purest example[269] of this genre. Structurally, Psalm 13 contains many "threes." For example, it contains a three-part structure: "a complaint, a petition, a resolution."[270] In addition,

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[269] Walter Brueggemann and William H. Bellinger, Jr, *Psalms* (New York, NY: Cambridge University Press, 2014), 75. These authors state that "if one wants to study the genre in order to understand its dramatic power or learn to pray in such a vigorous, candid way, Psalm 13 is the preferred beginning point."

[270] W. David O. Taylor, *Open and Unafraid: The Psalms As a Guide to Life* (Nashville, TN: Thomas Nelson Incorporated, 2020), 70. Other structural categories include "lament," "urgent plea for deliverance,"

David addresses YHWH by name three times: in verse 1 to be accused, in verse 3 as the Intimate One who hears his appeal, and in verse 6 as the focus of doxology.[271] Also, the psalmist portrays the "predicament in terms of you (God), I (the one who prays), and they (the social context of the trouble)."[272]

In only three pairs of verses, the psalmist climbs from the pit of abandonment to a pinnacle of hope.[273] And while many lament psalms are elaborately constructed, David composed Psalm 13 with only these three components: complaint, petition, and resolution.

Complaint

In verses 1-2, the psalmist plies God four times with the complaint, "How long, O Lord?"[274] David laments about God forgetting him and hiding the Divine Face.[275] This might speak to a loss of intimacy[276] or a complaint against God withholding practical help.[277] Perhaps this strophe contains elements of both. This metaphor, the "face of God,"

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and "confession of trust," Gert T. M. Prinsloo, "Suffering Bodies - Divine Absence: Towards a Spatial Reading of Ancient Near Eastern Laments with Reference to Psalm 13 and an Assyrian Elegy (K 890)," *Old Testament Essays* 26, no. 3 (January 2013): 792. Kidner labels them "desolation," "supplication," and "certainty;" Kidner, *Psalms 1-72*, 77.

[271] Brueggemann, *The Message of the Psalms*, 60.

[272] Mays, "Psalm 13," 279. See also Bauer's helpful comments on Janowski: Psalm 13 "is articulated to or against God … is related to the person praying … and is concerned with one's enemies." Harasta and Brock, *Evoking Lament*, 37.

[273] Kidner, *Psalms 1-72*, 77.

[274] These questions should be construed as statements rhetorically intended to challenge God rather than inquiries for information. Brueggemann, *The Message of the Psalms*, 58–59.

[275] "When God looks at someone or something, he shows regard for it … When he refuses to look, he shows His rejection." Waltke, Houston, and Moore, *Psalms as Christian Lament*, 232–33.

[276] "This distinctly expressive feature of God's "anatomy" serves to heighten the personal dimension of God's relationship to the individual and community." Brown, *Seeing the Psalms*, 172.

[277] Kidner, *Psalms 1-72*, 77.

conveys the fullness of God's attention to sustain the psalmist in trouble. Therefore, the hidden face of God denotes either willful neglect or forgetfulness, both of which grant liberty to the wicked to act without restraint and spirals the psalmist into despair.[278] Furthermore, when Ancient Near Eastern kings "hid their faces," it signaled an unwillingness for that king to grant an audience to his suppliant.[279] Perhaps this picture of disfavor, too, went through David's mind as he composed this psalm.

Petition

In verses 3-4, David petitions God to act with three verbs: "consider," "answer," and "light up my eyes." He parallels these urgent pleas for deliverance with three "lests:"[280] lest "I sleep the sleep of death," lest my enemy boasts of "prevailing over" me, and [lest] "my foes rejoice because I am shaken." If David sleeps in death, that reflects on him almost exclusively. But if David's foes triumph, that redounds poorly on God, David's suzerain Lord and Protector. Perhaps David added these last two appeals to motivate God to act.[281] Yet, David submits to God, expressing his abject need in hope that God's absence will not last forever.[282] In this example, the lamenting psalmist

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[278] Brown, *Seeing the Psalms*, 172–73.

[279] Prinsloo, "Suffering Bodies - Divine Absence," 793.

[280] Though the text states the first two and only implies the third "lest." Brueggemann, *The Message of the Psalms*, 59. See פֶּן, "lest" in Brown, *Brown-Driver-Briggs Hebrew and English Lexicon*, 814. Pronounced "pen," this word is not far from the Hebrew word for face, "panah," which also figures prominently in this psalm (see *BDB*, 815).

[281] Brueggemann and Bellinger, Jr, *Psalms*, 76.

[282] Waltke, Houston, and Moore, *Psalms as Christian Lament*, 59.

demonstrated faith and commitment to God when God seemed to be absent.[283] Then the psalmist waits.[284]

Resolution

The last strophe of the psalm begins with an abrupt change in tone as God seems to have resolved David's troubles. Perhaps once "the cry of need is articulated, the urgency is spent."[285] Or perhaps enough time has elapsed, but David has triumphed in the Lord. David answers with three self-announcements: "I have trusted," "my heart shall rejoice," and "I will sing." These self-announcements praise YHWH's steadfast love, salvation, and bountiful dealings.[286] The groveling poet of verses 1-4 gives way to the confident believer exclaiming in verse 5, "But I, I trust in your steadfast love!" The poet engages his whole being in confessing this trust in God.[287] David turns his attention away from his troubles and from his faith to celebrate God's *hesed*, which resulted in his deliverance. Furthermore, he celebrates how "God has dealt bountifully with me," which "leaves room for God's giving to exceed man's asking."[288]

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[283] Harper and Barker, *Finding Lost Words*, 64–65.

[284] Even if the wait takes "until hell freezes over." Brueggemann, *The Message of the Psalms*, 59.

[285] Brueggemann and Bellinger, Jr, *Psalms*, 76.

[286] Brueggemann, *The Message of the Psalms*, 60.

[287] Prinsloo, "Suffering Bodies - Divine Absence," 796.

[288] Kidner, *Psalms 1-72*, 78.

Summary of Lament

Lament is a persistent cry for salvation to the God who promises to save, in a situation of suffering or sin, with the confident hope that God hears and responds to these cries, to act now and in the future to make whole. Lament is a structured form of a believer's prayer addressing distress to God — calling on God's covenant love (*hesed*) — so that God might hear and move on the petition. It does not signal failure by God to save, nor signal the petitioner's failure of faith for a victorious life. Lament is the response to deep suffering that threatens to strip the lamenter of agency, because the act of lament can help restore agency through connection to God and the very communicative act itself.

Despite its value to the life of a believer, much of the church worshipping in America has largely lost lament. There are many reasons for this loss, though only the problem of theodicy and the demythologizing of the Christian faith were explored at length. Neither of these influences are new, but the prevailing scientific plausibility structure provides the context needed for the practice of lament to languish.

Irenaeus and Augustine both addressed the problem of theodicy. They both agreed that God is all-good and all-powerful and that human free will played a part in evil entering the human experience. These two theodicists differed on the origin of evil and its use in God's hands. Irenaeus, touting the soul-maker concept, accepted God's ultimate responsibility for evil. He believed that humans were created in God's image, but not God's likeness. Therefore, by God's design, people must struggle through evil things to manifest God's likeness in their lives (*O felix culpa*). This transforming work continues into the eschaton.

Augustine, touting the soul-judger concept, sought to acquit God of authoring evil. He believed that evil is privation of the good. People were created good in God's image and God's likeness, but we chose to do evil. Suffering, then, punishes us for our sin and our sins. There is an *O felix culpa* component in Augustine's theodicy, though it did not feature as prominently as with Irenaeus. Though people are refined by evil, they will be judged in eternity for making wrong choices.

Though the problem of theodicy has contributed to the decline of lament for many, Christians can still find reason to lament. Christ fulfilled the eschatological longing of God's people, but God's people have not experienced that fulness yet. In Augustine's words, "lament is the roaring and sighing of those awaiting Christ's eschatological consummation." Rather than silence lament, Jesus' life and work turned the focus of lament away from only superficial concerns and toward inner transformation as well as mourning the lost opportunity to bless God and other people.

Theodicy among non-Christian authors traces its origins back at least as far as Epicurus. For purposes of the current scientific plausibility structure, however, the most important shifts happened in the eighteenth century guided by the pen of Leibniz. Before Leibniz, the problem of evil existed *within* the Christian faith, after Leibniz the problem became *about* the Christian faith. Before Leibniz, the problem of evil led Western people to doubt themselves. After Leibniz asserted the power of human reason, moderns began doubting God and God's justice. Before Leibniz, the problem of evil addressed the practical question of how to obtain happiness despite evil. From Leibniz onward, however, the problem of evil became a theoretical enterprise without practical application. And before Leibniz, theodicists aimed their efforts at winning over those

holding false beliefs within Christianity. From Leibniz onward, theodicy was aimed at convincing non-believers that they have chosen correctly.

Another important development in theology which influenced lament is the demythologizing of the Christian faith. Especially after relegating God to the absentee landlord status described in the tenets of deism, there was little need to appeal to any being outside of humanity. With God absent, philosophers and theologians accepted human reason as the legitimate interpreter of Scripture. These thinkers determined that historical writings must be subject to scientific scrutiny with the miraculous exorcised. Bultmann captured the mindset of this enterprise in his famous quotation, "one cannot use electric light and radio, call upon modern medicine in case of illness, and at the same time believe in the world of spirits and miracles of the New Testament."[289]

The psalms of lament offer valuable resources for Christian faith and ministry, even if they have been mostly purged from the life and liturgy of the church. They designate the basic modes which occur when people turn to God with words: plea and praise. Psalms of lament perform an incredibly important function of framing and forming our grief so that these powerful forces can be processed healthfully.

Psalms of lament are divided into categories of public and private laments, and each divided again into psalms of protest and psalms of penance. Psalms of protest petition God to release the believer from enemies, to address situations of illness, to save from shame, humiliation, and death, or to restore relationship to our Covenant Lord. The Penitential Psalms lament sin and sins.

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[289] Bultmann, *New Testament and Mythology and Other Basic Writings*, 4.

Of special interest is Brueggemann's categorization of lament psalms as "psalms of disorientation." Some find this psychological categorization helpful; others decry the abandonment of classic biblical theology. And while many authors have their own labeling for the elements of lament psalms, one popular classification lists those elements as: Address, Complaint, Petition, Motivation, Vow of offering, and Assurance of being heard. Not every lament psalm contains each of these elements.

Considered by some as the clearest, purest example of a psalm of lament, Psalm 13 contains many "threes." In only three strophes, the psalmist travels from the pit of abandonment to the pinnacle of hope. The Psalm's structure contains only three elements, complaint, petition, and resolution. David addresses YHWH three times, as the One to be accused, the One who listens, and the One to receive David's praise.

David makes three requests of the Lord, "consider," "answer," and "light up my eyes:" "lest I sleep the sleep of death," "lest my enemy prevail over me," and [lest] "my foes rejoice if I'm shaken." Once David determined that the Lord had answered his pleas, he uses three verbs of self-reflection, "I have trusted," "my heart shall rejoice," "I will sing." These verbs are echoed by three final mentions of YHWH, "your steadfast love," "your salvation," and "to the Lord." All these threes have masterfully brought the reader to the place where we can appreciate that God "has dealt bountifully with me," leaving room for God's ability to give exceeding any person's ability to ask.

Summary of Literature Review

Considering the literature examined, there are different ways to address persistent liminality. This paper examined the efficacy of CBT to address this issue, and more specifically CRA and Dignity Therapy. Each of these therapeutic approaches have

contributed to bringing sufferers back to a measure of wholeness. At least for some, though, persistent liminality is also a crisis of faith. For those suffering liminality who experience spiritual crisis, research shows that helping them engage their faith improves outcomes. One effective way to help people engage their faith and to address the spiritual crisis in persistent liminality is through lament, especially through psalms of lament. Psalms of lament help frame the internal chaos people feel in crisis and thereby convert the energy of suffering into reconnection with God and power for transformation.

Chapter Three

Methodology

The purpose of this study is to explore how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life. This study assumes that experienced pastoral counselors who regularly use lament to provide comfort to those in a state of persistent liminality have learned much about how to provide comfort this way. This study also assumes that people trapped in persistent liminality can have a sense of meaning and agency restored as they address their lament to their Covenant Lord. To address this purpose, this study identifies three main areas of focus: persistent liminality, its affects and what helps people in it; the use of cognitive behavioral therapy to address liminality; and Psalm 13 as a focus to study psalms of lament. To examine these areas more closely, the following research questions guided the qualitative research:

1. How do pastoral counselors understand the purpose of lament?
2. In what ways do pastoral counselors use lament to minister to people in a state of persistent liminality at end-of-life?
3. How do pastoral counselors evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

Design of the Study

Since this study intends to explore lament as a way to restore hope to those in a state of persistent liminality at end-of-life, this researcher employed qualitative research. If this study wanted to explore the quantity of something, or to predict or generate statistics, this study would have been structured as quantitative research. However,

because the nature of this inquiry is to understand, discover, and describe a phenomenon — and strategize on how to address it — qualitative research fits better.[290]

Sharan B. Merriam, professor emerita at the University of Georgia, states that qualitative researchers are interested in understanding the meaning people have constructed; that is, how people make sense of their world and the experiences they have in the world.[291] A qualitative researcher is able to immediately respond and adapt to the learning generated by the data and can "expand his or her understanding through non-verbal as well as verbal communication … clarify and summarize material … and explore unusual or unanticipated responses."[292] This study asks, "How have pastoral counselors addressed the needs of those at end-of-life experiencing a state of persistent liminality by using lament?" Furthermore, since this researcher constitutes the primary instrument of data collection and analysis ― employing inductive instead of deductive processing to produce a rich description[293] ― qualitative research fits best.[294] To be specific, this researcher generated data using the basic qualitative method.[295]

As well, the inherent time and resource limitations of the study dictated the use of a qualitative approach over the quantitative approach. Since this researcher constituted

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[290] Sharan B. Merriam and Elizabeth J. Tisdell, *Qualitative Research: A Guide to Design and Implementation*, 4th ed. (San Francisco, CA: Jossey-Bass Publishers, 2016), 20.

[291] Merriam and Tisdell, 15.

[292] Merriam and Tisdell, 16.

[293] A rich description is where "[w]ords and pictures rather than numbers are used to convey what the researcher has learned about the phenomenon." Merriam and Tisdell, 17.

[294] Merriam and Tisdell, 15.

[295] Merriam and Tisdell in *Qualitative Research* described how qualitative research synthesizes data to construct meaning, rather than a quantitative search for preexisting knowledge "waiting to be discovered." 23.

the sole instrument of data collection and analysis, there was no place for a quantitative study's "large, random, representative" samples collected with "inanimate instruments (scales, tests, surveys)" and so forth.[296]

Participant Sample Selection

This research required research participants able to communicate about ministering with lament to those in a state of persistent liminality at end-of-life. Therefore, the study sample consisted of a selection of people from the population of pastoral counselors conversant in lament and who have experience supporting hospice patients in a state of persistent liminality. Seven participants were selected starting from work colleagues and further connecting through their networks. Those chosen were then contacted by phone and an introductory letter. This "small, nonrandom, and purposeful" sample — in contrast to a "large, random, representative" sample — fits well into the qualitative research paradigm.[297]

Participants were chosen for a purposeful sample because together they would reflect the average person, situation, or instance of the phenomenon of interest.[298] For the sake of gaining rich data towards best practices, participants needed at least three years' experience ministering to hospice patients in a state of persistent liminality and to report using lament to do so. To reduce risk to the interviewees, this research was conducted under the oversight of an Institutional Review Board. Also, the Human Rights Risk Level

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[296] Merriam and Tisdell, 20.

[297] Merriam and Tisdell, 20.

[298] Merriam and Tisdell, 97.

Assessment is “no risk” according to Seminary IRB guidelines, which abides by federal policies and remain ethically consistent with the Belmont Report and The Nuremberg Code for research involving human subjects.

Participants were intentionally chosen to provide variation in denominational affiliation and years of ministry. Variation in sampling allows for a greater range of application of the findings by consumers of the research.[299] They also varied in location and gender, which provides a wider spectrum of experiences and approaches for the study. The final study was conducted through personal interviews with seven pastoral counselors using online communication tools.[300] All expressed interest and gave written informed consent to participate. Each participant signed a “Research Participant Consent Form” in order to respect and to protect the human rights of these participants.

Data Collection

This study employed semi-structured interviews for primary data gathering. The interviewing approach contained “specific questions that you want to ask everyone, some more open-ended questions that could be followed up with probes, and … a list of some areas, topics, and issues … to know more about ...”[301] The open-ended nature of the interview questions facilitated the ability to build upon participant responses to explore them more thoroughly. As stated in Merriam, “good interview questions are those that are

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[299] Merriam and Tisdell, 259.

[300] To maintain consistency in the data collection milieu and to respect restrictions due to COVID-19.

[301] Merriam and Tisdell, *Qualitative Research*, 124–25.

open-ended and yield descriptive data, even stories about the phenomenon."[302] With the consent of the participants, the interviews were audio-taped and transcribed. The interviews averaged sixty minutes. Participants were then offered a copy of their interview transcript and had the opportunity to change, delete, or add any information.

Initial interview protocol categories were derived from the literature but evolved around the explanations and descriptions that emerged from doing constant comparison work during the interviewing process. Coding and categorizing the data while continuing the process of interviewing also allowed for the emergence of new sources of data. As stated in *Qualitative Research*, "As you move through data collection — particularly if you have been analyzing as you go — you will be able to 'check out' these tentative categories with subsequent interviews, observations, or documents."[303]

The interview protocol contained the following questions:

1. How do you understand the purpose of lament?
2. In what ways do you use lament to minister to people in a state of persistent liminality at end-of-life?
3. How do you evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

Data Analysis

The data gathered was examined through the constant comparative method of analysis. In constant comparative analysis, incidents in the narratives are compared to

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[302] Merriam and Tisdell, 120.

[303] Merriam and Tisdell, 210.

other incidents in the same or different narratives. These comparisons lead to forming categories that are then compared to other categories or incidents.[304] The typed transcripts were subjected to this constant comparative analysis to enable categories and themes to be identified and answers derived to the research questions. The initial analysis strategy was inductive, deriving categories from bits and pieces of data. Later, a deductive strategy pieced together more evidence to support the final set of categories.[305]

After all interviews were transcribed and verified by participants, this researcher employed a careful examination of the transcripts for segments or units of data responsive to the research questions. These responsive data units were initially coded and grouped together under categories that reflected common patterns or themes. Further comparative analysis then identified patterns within and between sets of interview data. Finally, additional analysis further refined the themes into the final categories that represented the bottom-line results of the study. These are presented and discussed as findings in Chapter Four.

Researcher Position

This researcher recognizes that his preferences, relevant experiences, and potential researcher bias will affect the findings of this study. Such bias is unavoidable, since in a qualitative study all observations and analysis are filtered through the researcher's perspectives and values. Rather than trying to eliminate these subjective elements, "it is important to identify them and monitor them in relation to the theoretical

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[304] Merriam and Tisdell, 228.

[305] Merriam and Tisdell, 210.

framework … to make clear how they may be shaping the collection and interpretation of the data."[306] Note that the variation in the participants' experiences and denominational affiliations is intended to compensate for this researcher's blind spots and biases.

First, the researcher is a Christian chosen and transformed by God for his good pleasure. "For we ourselves were once foolish, disobedient, led astray, slaves to various passions and pleasures, passing our days in malice and envy, hated by others and hating one another. But when the goodness and loving kindness of God our Savior appeared, He saved us, not because of works done by us in righteousness, but according to His own mercy."[307] This researcher has served as a licensed or ordained minister since 1986.

Second, the researcher believes that the Bible is the inspired and inerrant word of God, completely true and reliable in all that it teaches and affirms. The Bible communicates God's message faithfully, a message which is singularly capable of positive eternal transformation of a person.[308]

Third, the researcher has personal experience with the research topic, having served as a chaplain for the last 17 years. He has served in a hospice capacity for 15 of those years. During that time, this researcher has served many people caught in persistent liminality at end-of-life. And while the Scripture has always provided power to bring hope and healing, learning to use lament for this purpose is particularly attractive.

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[306] Merriam and Tisdell, 16.

[307] Titus 3:3-5.

[308] According to the Chicago Statement on Biblical Inerrancy, "Holy Scripture, being God's own Word, written by men prepared and superintended by His Spirit, is of infallible divine authority in all matters upon which it touches: it is to be believed, as God's instruction, in all that it affirms; obeyed, as God's command, in all that it requires; embraced, as God's pledge, in all that it promises." ICBI, "The Chicago Statement on Biblical Inerrancy | Moody Bible Institute," accessed August 1, 2020, https://www.moodybible.org/beliefs/the-chicago-statement-on-biblical-inerrancy/.

Study Limitations

As stated in a previous section, participants interviewed were limited to those serving as chaplains with hospice experience. It is believed, however, that the findings can apply to any pastoral counselor who serves those at end-of-life. A visitation pastor from a local church or family members of the patient, for example, can use the findings in ministering to such a person. In fact, it is hoped that the findings can also serve those in persistent liminality outside of the end-of-life context. For example, organ transplant recipients complain of the state of persistent liminality.[309] How could lament restore hope to them and help them find peace in Christ? Readers who desire to generalize some of the aspects of these conclusions are invited to test those aspects in their context. As with all qualitative studies, readers bear the responsibility to determine what can be appropriately applied to their context.

[309] Standing et al., "'Being' a Ventricular Assist Device Recipient."

Chapter Four

Findings

The purpose of this study is to explore how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life. This study assumes that experienced pastoral counselors who use lament to provide comfort to those in a state of persistent liminality have learned how to provide comfort this way. This study also assumes that people trapped in persistent liminality can have a sense of meaning and agency restored as they address their lament to their Covenant Lord. To address this purpose, this chapter analyzes the findings of seven pastoral interviews and reports on common themes and relevant insights pertaining to the research questions for this study. To examine these areas more closely, the following research questions guided the qualitative research:

1. How do pastoral counselors understand the purpose of lament?
2. In what ways do pastoral counselors use lament to minister to people in a state of persistent liminality at end-of-life?
3. How do pastoral counselors evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

Introductions to Participants and Context

Seven hospice chaplains were selected to participate in this study. All have served in a hospice context for at least three years, have expressed some working familiarity with patients in a liminal state, and have employed lament in their ministry. Hospice service, by federal charter, ministers to people in their homes more than in facilities,

though occasionally patients can be found in hospitals, nursing homes, or even "hospice houses." Therefore, each of these participants ministered to patients in places that the patients identified as comfortable and safe. Since these patients were assigned to the chaplain, in contrast to church congregants who choose what church to attend, only a percentage of the patients professed Christianity. A significant portion engaged in spiritual practices outside of Christianity, whether religious or atheistic. Therefore, these chaplains needed ministry strategies beyond the churched context. In addition, all but one of these masters-level educated ordained participants received training through Clinical Pastoral Education (CPE). Five of these chaplains identified with Reformed theology; the other two identified with the Arminian theological framework. To encourage open and honest responses from the participants, this researcher promised to conceal their identities and to secure all recordings and transcripts during and after the dissertation-writing process. Consequently, the names of participants have been altered to preserve anonymity.

Anne, a chaplain in her 40s, has served in the hospice context for five years. She identified her church affiliation as "non-denominational," worshipping in an independent Christian Church. Anne ministers to a small town in Indiana and its environs; her census population contains almost equal urban-to-rural constituents. She mentioned working with patients in a liminal state prior to her theological study.

Edward, a chaplain in his late 40s, has served in the hospice context for three years. He served as a local church pastor for ten years prior to hospice ministry. Edward identified his church affiliation as Church of God, General Assembly. He ministers to a medium-sized town in Indiana, with slightly higher urban-to-rural constituents.

Ken, a chaplain in his late 30s, has served in the hospice context for eight years. He identified his church affiliation as Presbyterian Church in America. Ken is board certified through the Association of Professional Chaplains (APC). He ministers to a large city in Missouri; his census population contains somewhat higher urban-to-rural constituents.

Ryan, a 60-year-old chaplain, has served in the hospice context for seventeen years. Ryan was born and raised in Malaysia to a Chinese expatriate family. He was once board certified through the APC but allowed that certification to lapse. Ryan identified his church affiliation as Evangelical Lutheran Church in America. He ministers in a large city in Indiana; his census population contains significantly higher urban-to-rural constituents.

Susan, a chaplain in her middle 40s, has served in the hospice context for ten years. An accomplished painter, she uses art and poetry in her ministry. Susan identified her church affiliation as Presbyterian. She ministers to a medium-sized city in southern Illinois; her census population contains slightly higher urban-to-rural constituents. Susan described first-hand experience with persistent liminality at a time when she almost died.

Sean, a chaplain in his early 60s, has ministered in the hospice context for eleven years. He served as a local church pastor for nineteen years before entering chaplaincy ministry. Sean identified his church affiliation as Reformed Church in America. Sean is also board certified through the APC. He ministers to a large city in Florida; his census population contains somewhat higher urban-to-rural constituents.

Wyatt, a chaplain in his middle 60s, has served in the hospice context for fifteen years, bi-vocationally as the senior pastor of a local church during that same time. Wyatt

has ministered as a local church pastor for the last 40 years. He identified his church as Church of the Brethren. Wyatt ministers to a large part of central and southern Indiana; his census population contains roughly equal urban-to-rural constituents.

The Purpose of Lament: Persistent Liminality

The first research question sought to determine how these pastoral counselors understood liminality, specifically medical liminality. Finding patients with persistent liminality provides cause or purpose for using lament. Therefore, during this interview process, several questions encouraged suitable reflection. These included the following:

1. How do you understand liminality at end-of-life?
2. How do you commonly address liminality with your patients?
3. What non-religious approaches do you use?
4. What religious approaches do you use?

Painful Transition

When asked about liminality, Wyatt succinctly expressed what other participants had said, “I know what liminality is, but I’d never use that word with patients. They have enough going on without having to learn terms that are foreign to them.” Ryan, like other participants, had prepared for the interview. He talked about liminality’s function in the transition process. Ryan provided the most expansive description of liminality, mentioning how medical liminality begs for a resolution. And when this resolution does not come, he said, “It causes a painful transition.” Ken described patients in this liminal transition as having lost much of their independence and the things that gave them joy. Not only had they lost the ability to engage their hobbies but also the ability to provide

for their family. Some patients expressed pain in having to be dependent on others. "Many just wanted to die because of those losses, but they also have faith in God and don't really know what to do with that." Ryan continued, saying that the liminal state required letting go of what lies behind, accepting of what is, and then embracing what lies ahead. Yet, he added, the individual lamenting may not have the resources to move to such a resolution.

> And so, there is a need of a sending community to give permission, to bless the person on one end and then on the other end. A welcoming community of hope and comfort and peace, and friends and family, or a facilitator: a pastor, or a chaplain or a rabbi.

Ryan later added that the sending community should offer the resources of faith, hope, and love. He felt that these resources offered through community were necessary to help the transitioning individual to move successfully through that process.

Anne stated that she found that about one in ten of her patients suffered from persistent liminality at end-of-life. She expanded by saying, "That still leaves nine other people for whom that doesn't need to be. But it seems to me that there's still enough to have good ideas," on how to address liminality with people. Sean did not calculate a percentage of his census that experienced persistent liminality, but he did state that he thought the number of cases was rising. In his opinion, people were discovering the benefits of hospice and coming onto service earlier. Therefore, because he has seen more people while they can still interact, he has encountered more patients with persistent liminality than before.

In various ways, the participants included pain in their description of liminality. Many described liminality only in negative terms, especially Susan who experienced persistent liminality when her life almost ended. Interestingly, however, not all the

participants portrayed liminality in only negative terms. Sean, Ken, and Ryan also described liminality in neutral or positive terms: neutral in the sense that it simply represents a state of being constituted by no intrinsic malice; positive in that liminality in the hands of God could produce positive transformation in a person's life.

Negative Experience

The participants described aspects of liminality using a variety of painful adjectives. Many used words such as, "scary," "despair," "helplessness," "hopeless," "emotional, spiritual, and physical suffering," "cursed," and a place of "loss and regrets." Three of the participants described people in the liminal space as experiencing "disconnection from God and people," feeling "far from God," and "abandoned." Ken, Ryan, and Wyatt mentioned the protracted time element, describing liminality as involving "tension between wanting to die and finding peace with God," "a space wanting some resolution," and feeling "caught."

Susan shared an insightful perspective on liminality at end-of-life based on her own experience. She portrayed her experience twenty-one years ago when she spent five months in the hospital, between life and death, due to a blood disorder. She described this time as a "roller coaster," because catastrophes that could have led to her death happened almost daily. Susan felt like she was in limbo; she was not dying, but she was also not improving, and health professionals could not predict her outcome. One scripture kept circulating in her head, though she could not remember where to find it exactly. Something about God personifying Jerusalem as a just-born baby. In that scripture passage, God passed by and saw Jerusalem lying in her blood and commanded her to "live." One day Susan's hematologist visited and told her to prepare for the worst.

Susan's body was not responding to treatment, though there was one last treatment to try. When the doctor left, Susan cried out to God for wisdom and peace. Sometime later that day, a man came into her room and gave her a slip of paper with a scripture written on it, Ezekiel 16:6. "And when I passed by you and saw you wallowing in your blood, I said to you in your blood, 'Live!'" That unnamed messenger was a pastor whose wife was down the hall with cancer. The pastor stayed to hear Susan's story, laid hands on her, and then left. Susan prayed again. "I basically said in short to God, 'Either take me quickly or heal me quickly. I'll accept deliverance either way, but I can't do this anymore.'" Susan does not remember what happened for the next three days, just that she woke in a different hospital, and all the staff there were positive about her recovery. Though Susan obviously recovered, she had nothing but painful memories of her liminal experience.

Positive Experience

While each participant could acknowledge painful aspects of liminality, some cited the good that could result from liminality used as a tool in God's hand. Wyatt did not condemn the liminal space. While encountering it with patients, Wyatt did not want to even subtly impose a judgment which the patient might then internalize. Instead, he used liminality as a starting point for exploring current tensions in the patient's life. While he recognized that there can be acute episodes of liminality, Wyatt regarded all time on earth as a liminal experience since humans await entrance into the afterlife.

Furthermore, Ryan regarded liminality as a time of transition which can be positive, partially depending on contributions from the patient's community. Ryan made a point to invite the patient's community into each liminal situation so that the patient could experience affirmation, support, and even movement in that experience. At times,

when the patient's community was distant, Ryan adopted the role of the patient's community to provide support so the patient could successfully navigate the liminal experience. Ken also praised the value of community in assisting patients with persistent liminality. He noted the important role that only community fulfilled. In addition, he also mentioned how isolation, such as the restrictions placed on people during the period of the COVID-19 pandemic, added undo stress on patients who relied on community for their emotional stability.

Interestingly, both Anne and Sean used the term "dark night of the soul" as an important descriptor for liminality. In their understanding, patients undergoing liminality endured, at least in part, what John of the Cross and Teresa of Ávila described in their correspondence to each other. Anne also pictured the obscurity imposed by liminality when she said, "Sometimes on a cloudy day, it's easy to talk about how dark it feels. And yet we know in our heads that the sun's behind those clouds. We use that as a metaphor to know that God really feels far away. He has not left us, but he still feels far away."

Sean stated that in the past people talked about the dark night of the soul. This explained why liminality seems so foreign to moderns, because people these days have lost a sense of continuity to the past. Even Christians seem unaware that God's people through the ages have faced the same struggles they face today. Liminality, or the dark night of the soul, even at end-of-life, constitutes but one common aspect of a Christian's sanctification. So instead of seeking superficial relief of the tension that liminality produces, Sean used that stressful energy to prompt reflection. He asked whether they have any relationships they want to deepen or whether there are people with whom they might experience love in a deeper way. He challenged patients to consider how "to put a

bow on your life and really wrap it up in a beautiful way." He worked with patients so that relationships were better than ever with people important to them and with God.

Biblical Parallels

Several of the participants understood liminality through the lens of scripture. For example, Sean opened the interview by comparing liminality to the situation where "outwardly we waste away, but inwardly we are being renewed."[310] Sean then quoted the scripture which claims, "God's strength is made perfect in our weakness."[311] And due to the Holy Spirit's ability to use all circumstances to accomplish God's will, Sean also included the passage in Romans 5 about suffering producing hope.[312] Susan mentioned Ezekiel 16:6 as a normative description of persistent liminality because it contains elements of human inability and helplessness without God's help.

Ken likened liminality to the experience of the psalmist in Psalm 13, who introduced many emotions the liminal patient experiences:

> Just this idea of waiting and the idea that there's nothing happening. Like, "I'm just suffering." The first words are, "How long, Oh Lord?" There's this idea of a movement through to the future tense. "I will remember. I will praise you again. Maybe not right now, but your steadfast love endures forever, and that there will be a time when I will sing praises to you." Confidence comes at the end of the song.

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[310] 2 Corinthians 4:16.

[311] 2 Corinthians 12:9.

[312] Romans 5:3-5, "Not only that, but we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not put us to shame, because God's love has been poured into our hearts through the Holy Spirit who has been given to us."

According to Ken, he saw this waiting while nothing seemed to happen, along with the sense of suffering without knowing when it would resolve. He hoped, however, to help his patients to move through to the "future tense," so they could find confidence in the end.

These participants described liminality through the lens of scripture because they often used these scriptures to help religious people to visualize and cope with their liminal circumstance. Of those who commonly used scripture in their ministries, the book of Job appeared more often in conversation than lament psalms. Ken and Wyatt mentioned using wisdom and confidence psalms more often than lament psalms. Other popular passages included Lamentations 3, Romans 8, and John 11 where Jesus ministered at the death of his friend Lazarus.

Companions

How the participants addressed liminality with their patients differed only slightly despite several factors. The most common ministry technique involved providing patient presence, active listening, "using silence like Job's counselors," discerning where the patient identified their perceived pain, and helping to access the resources available to them. Edward labeled this ministry intervention as "life-review." He stated that life-review side-stepped the "fix-it" mentality so common in culture. Ken echoed this sentiment by remarking that he respects his patients "enough that I'm not there to fix them or solve them." In Ryan's words, he "just let the relationship kind of unfold." Susan stated that she followed the patient's lead in conversation "so that it's organic," though she did also exercise initiative by offering to pray. Interestingly, therapeutic humor also was mentioned by Sean, Ken, and Wyatt.

The most common term used by participants to describe their ministry posture was "companion." Four of the seven participants identified themselves with this name. Anne supplied a good definition of this ministry style. She stated, "What I hope to do in companioning is to truly be able to incarnate the presence of Christ for that individual." This incarnational ministry reminded patients that "God sees them," according to Ken. Anne added that because she held a high view of scripture, she used it in her care of patients. She noted, however, that she needed to listen first and know what the patient considered important in the moment and how attentively the patient might listen to what she had to offer. In a role as a "travelling companion," Edward would "allow the patient to direct the conversation. I don't have to come up with things; I take what is presented."

The participants stated that they help their religious patients remember where God had helped them in the past. Some stated that this effort provided a basis for hope and increasing faith. Others leveraged this collection of memories to fight against the negativities of doubt and feelings of abandonment. Ken grounded this reminiscing activity in the scripture. "The whole Bible is a tool for us to mine these emotions you're feeling. God is using this to somehow draw you closer to him and prepare you for life with him in perfection."

"Companion," though the most popular title, was not the only way the participants identified themselves in their ministries. Edward, Sean, and Ken exercised a little more direction with those entrusted to their care, though their interventions largely mirrored how the companions supported their patients. Edward also described himself as a "guide." He used the term "life-review" to name the style of listening and reflecting, but stated that he inserted himself into the process more than just allowing the patients to

direct the conversation. Sean strengthened this metaphor. He pictured himself as a "life-coach." As a life-coach, Sean guided patients toward a more defined end-point. He stated that he proposed ideas for the patients to consider as they reminisced about their life. Sean mentioned that his use of logic was intentional. He described the struggle between the "limbic brain," which directs emotions and behavior, and the "logic brain," which can guide the whole thinking process. By helping patients to re-engage the logic brain, they are not as subject to their fears and anxiety. To facilitate this cerebral migration, Sean posed such questions as, "Where were you at peace with God?" and, "If God was directing you then, why do you doubt that he is directing you now?"

Finally, Ken pictured himself as a "priest, God's rep." Ken was quick to expand on this metaphor, stating that he was a priest "in the Old Testament understanding of that office, rather than the Roman Catholic (role)." He did not amplify the comparison. Ken saw himself as "taking God to the people, and taking people to God." Anne mirrored these words when she described chaplaincy as a priestly role. Chaplains act as a "go-between, between the individual and God, to be able to help take their concerns before the throne of grace for them. Maybe the patients can't do it themselves in their despondency ... And certainly to incarnate his love."

Interestingly, this life-review ministry approach to liminality pertained whether the patient was a Christian believer or not. Where the patient was not a Christian, participants listened and gently probed for whether the patient would be open to religious resources. If the patient indicated that they were not open to religion, the participants found other available spiritual resources, such as community, gratefulness, family, and reflecting on past successes. Ryan shared a story about reading one of a patient's favorite

authors with her. Anne and Susan both mentioned using poetry. Wyatt described this support of a non-Christian when he stated:

> I'm looking at people who're feeling overwhelmed and asking, "Where can I see that you're keeping this together? Where can I pick up vibes that you're feeling good about this?" And how do I reflect that back to you and say, you know, "You haven't fallen completely apart. You're doing *this* well."

Wherever appropriate, such as for a Muslim patient, the participants also helped the patients to connect to their faith community for further support.

Psychotherapeutic Approaches

Few of the participants identified any psychotherapeutic approaches, such as cognitive-behavioral therapy, for addressing liminality. Sean, however, mentioned that he sometimes borrowed from Erik Erikson's stages of psychological development theory as he reflected on the dynamic of "ego integrity versus despair." Erikson defined ego integrity as, "a post-narcissistic love of the human ego—as an experience which conveys some world order and spiritual sense, no matter how dearly paid for."[313] In other words, ego integrity involves the human faculties for making meaning in this life. Therefore, a lack of ego integrity can lead to despair. In Sean's words, "If the person is in despair they will have no hope." As a result, Sean focused on detecting and alleviating despair. Sean's favored approach to alleviating despair was helping patients to find Bible verses that promised God's continued attention for comfort and growth.

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[313] Erik H. Erikson, *Childhood and Society*, 2nd reprint edition (New York and London: W. W. Norton & Company, 1993), 268.

Anne named "narrative therapy" as her most-used therapeutic style. Narrative therapy helps people view themselves as separate from their problems. With this new perspective, individuals feel more empowered to make changes in their thought patterns and behavior and "rewrite" their life story for a future that reflects who they are, what they are capable of, and what their purpose is, separate from their problems.[314] As Robert Doan pointed out, "Narrative therapy has been associated with the assumptions of postmodernism and social constructionism, both of which support the notion that there are no truths, just points of view."[315] As described, narrative therapy establishes the story tellers as the dominant force in their own lives.

Participants, however, employed narrative therapy without leaving their patients adrift from God's directing influence in their lives. Explained Edward, "We talk about Christ, parallel to the description of their life." Anne described the ability to sit with someone and help them assemble their life into a story with a certain integrity and trajectory. She especially used this approach to help patients reflect on times when "God seemed the most real to you." In the story Anne used to illustrate her practice, she mentioned introducing lament psalms to the woman she was sitting with. This suggestion helped the patient invite God into her "story." Ken also described helping patients to develop a narrative of their lives. He seemed uncomfortable, however, with narrative therapy's rootlessness, because he often helped patients to ground their experience in the

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[314] "Narrative Therapy | Psychology Today," psychologytoday.com, accessed March 20, 2021, https://www.psychologytoday.com/us/therapy-types/narrative-therapy.

[315] Robert E. Doan, "The King Is Dead; Long Live the King: Narrative Therapy and Practicing What We Preach," *Family Process* 37, no. 3 (1998): 379–85.

Bible. Ken found the book of Job especially helpful in this practice, and also mentioned several "go-to" psalms he used in his practice.

Summary of the Purpose of Lament: Persistent Liminality

Participants demonstrated various understandings of medical liminality, though each had encountered this phenomenon with patients in their ministries. Ryan offered the most comprehensive description, stating that liminality describes an interval in the transition from one state of being to another. Each participant recognized that liminality involved a painful transition, depicting it with words such as, "scary," "disconnected," and "abandoned." Some of these participants, however, recognized that liminality could also result in positive spiritual transformation. Two participants equated liminality with God's work in peoples' lives through what is known as "the dark night of the soul." And finally, participants offered many biblical parallels, not only because these parallels resembled the phenomenon of liminality, but also because these Bible passages directly addressed liminality in the lives of the patients encountered.

The Practice of Lament: Addressing Persistent Liminality

The second research question sought to determine how these pastoral counselors understood lament and the purpose it served in addressing persistent liminality. Questions posed included:

1. How do you define lament?
2. What are your goals in using lament?
3. Do you use extemporaneous prayer to help people lament?
4. Do you use prayers from a book of prayer to help people lament?

5. Do you use psalms or other Bible passages to help people lament?

Sit Calmly While Listening to Awful Stories

Edward characterized the work of leading people in lament as an opportunity to "sit calmly while listening to awful stories." Apparently lament, even among those for whom it figures prominently in their ministry toolbox, was neither enjoyable nor popular. Susan and Wyatt stated that they do not engage lament often, and Anne stated that she does not consider using lament with people caught in a liminal space. Edward and Sean were intentional about using lament for those in liminality; not surprisingly, they pictured themselves as a "guide" and "life-coach," respectively. Edward stated, "We go to the dark places, because that's where the healing is needed, where God's Spirit shows up." Ryan and Ken stated that they used lament if the conversation opens to it and the patient seemed willing, though in Ryan's words, "Usually my style is that I do not push lament."

Definitions of lament ranged from Ryan's description of an inarticulate "deep, deep emotional sigh from persistent spiritual and emotional pain," to Anne's very articulate:

> Lament is crying out to God when what you know and believe about God does not match your current experience. It is a way of being honest with your current experience of feeling as though God is either not present or does not care. And yet, it is often a testimony of faith and trust in God even when he feels absent.[316]

Most of the definitions fell between these extremes, such as Sean's succinct, "Lament is a heartfelt expression of grief to Almighty God." Wyatt echoed Anne's definition as he characterized lament as "something missing, a potential that used to exist but now is off

[316] Anne admits that her understanding was sharpened during a Dan Allender conference.

the table." He painted a verbal picture of visiting the beach and feeling the sand and warmth, but having no sun. In his words, "I miss that part of what I was anticipating." Intriguingly, Ryan elaborated about the gift of lament providing the ability to express the "deep emotional sigh," but he also referenced the Christian idea that Creation itself laments as it groans in eager anticipation of God's release from corruption.[317]

In defining the term "lament," participants did not always view it as a technical category of prayer. Some participants selected their meaning from its broader semantic domain by speaking of it as the act of sharing something painful. Susan, for example, stated that she does not employ lament as a category of prayer but did talk about facilitating lament with patients by helping them voice their pain and frustration. This is, of course, a form of lament, though not in the sense that Waltke or Brueggemann wrote about, for example. Other parts of this chapter will reflect the fact that not every participant viewed lament as a category of prayer.

In addition, participants did not look on lament as offering the only or final resolution to the persistent liminal experience. Ryan said, "I don't think we can necessarily bring wholeness or, I guess, complete healing to these patients that we see in one, two, three, or four visits. That seems impossible." Instead, lamenting with people provided moments of connection with another human being that affirmed and accepted them. He added, "By listening to their story and then blessing it, maybe it is a resolution

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[317] Romans 8:19-22 "For the creation waits with eager longing for the revealing of the sons of God. For the creation was subjected to futility, not willingly, but because of him who subjected it, in hope that the creation itself will be set free from its bondage to corruption and obtain the freedom of the glory of the children of God. For we know that the whole creation has been groaning together in the pains of childbirth until now."

for a moment. And perhaps with multiple moments of such resolutions, it adds up to some level of some small degree of healing and comfort and peace."

The Vestige of God's Goodness

Though facilitating lament involved calmly listening to awful stories, each participant talked about creating a peaceful atmosphere by taking time to connect with the person who would lament. Consequently, these painful conversations and times of lament grew out of demonstrated concern and trust. These relationships often required weeks or months of patient work to nurture. Sean stated, "Presence facilitates lament; words follow connection." These words included questions from Sean or Wyatt, such as, "What things do you miss?" Some participants regretted that many patients do not live long enough for their conversations to mature to this point. But for those who could, Susan expressed that this warm emotional connection and the beauty of presence offered sufferers "a vestige of God's goodness." In Ken's words, the presence of the pastoral counselor reminds patients that "they matter, and God sees them."

Sean stated that Kathleen J. Rusnack's "brick wall" concept shaped his understanding and ministry with lament.[318] Rusnack wrote that when someone hears news which signals profound loss now or anticipates it in the future, that person cannot look ahead because all they see is a proverbial brick wall. Instead, they look behind to reminisce or ask the "why?" questions. Sean found the brick wall concept a reliable guide to help him inspire conversations that facilitated lament. "And that's why I like it. I don't

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[318] Kathleen Rusnak, PhD. and Dr. Jack McNulty, *Because You've Never Died Before: Spiritual Issues at the End of Life*, (N. p.: The Brick Wall 2, Inc., 2011).

like just talking about sports and weather. Let's talk about the stuff that matters." Sean stated that picturing the brick wall with patients allowed them in conversation to begin to face those things the patient feared most about the future. Such conversation invariably provided opportunities to lament.

Most participants characterized their visits as listening and making space for stillness. Sometimes they offered a reminiscence or a glimpse at something sad or beautiful as a catalyst into the conversation. During this time, Ken and others said that they silently pray that the Spirit has opportunity to work. Sean likened this dynamic of prayerfully listening to God's Spirit in one ear and the patient in another to a musician playing along with the rest of a group. It is important to know what to play while at the same time listening to what the other musicians are playing. As patients look backward and then toward Rusnack's brick wall, their hearts become disturbed with what is missing. When patients expressed anxiety about what is missing, Wyatt, Anne, Ken, Edward, and Sean found it useful to help patients remember God's pattern of loving care in their past. These reflections inspired patients to believe God would meet their need now and on the other side of that proverbial brick wall.

To Release and Really Fall into the Arms of the Savior

Sean characterized the goal of lament as helping patients "to release and really fall into the arms of our Savior." Ken identified the goal in lament as obtaining "healing and closure." Reaching these goals involved not only the work of the counselor, but the patient being willing and able to work despite effects of their medications and physical decline. Most importantly, God had to show up in the interaction. Ryan talked about tailoring his ministry to the patients' current needs, since they often saw decline between

visits. Sometimes the best connection to be made with a cloudy-minded patient came through their previously identified religious rites. Ryan shared a story about a Greek Orthodox patient who had a prayer card next to his bed. Though the patient was sometimes somnolent, as Ryan would pray aloud through this card, the patient would stir. They would have a few moments together before the patient would drift off once again.

Two consistently identified goals of facilitating lament work involved naming and normalizing. Ken and Wyatt used the term "naming" in their interviews. For them, identifying the patients' pain helped in identifying what would remedy that pain. Other participants such as Susan, Anne, and Ryan touched on this concept when they described listening to the patients' stories. Ken specified that naming helped him to be accurate in how he prayed with patients and their families.

Normalizing grief also met an important goal in lament work. Normalizing helped break down isolation for lamenting patients, assisting them to identify with others who have endured similar tragic circumstances. Susan and Ryan talked about not only connection to the greater human community, nor even the community of believers through the ages, but also about providing connection through community to people today. Susan, for example, expanded on the blessings of sitting Shiva and how the Jewish community nurtured healing through group lament. Ryan portrayed his role, in part, as providing an affirming and loving community for those lamenting. Anne also discussed how worship in community provided an atmosphere for healing and acceptance. In her words, community lament can convey the notion that "it's OK to be not OK."

Participants looked for many different interventions to accomplish the task of normalizing. Many believed it important to create an atmosphere where the "why?"

questions would be welcomed. “Why is this happening to me?” “Why would God allow this to happen?” “Is this a result of past sin in my life?” Sean welcomed these questions, but stated that he sometimes felt a need to defend God’s honor amid these accusations. Sean shared the trope comparing his human understanding to that of his daughter’s dachshund. As he, a man, understands much more than the dachshund, so does God understand infinitely more than any human. Therefore, how can people blame God when human understanding is so limited? Others, such as Anne, did not feel a need to defend God’s honor, stating, “When we question God or get angry with God or whatever, he understands those things, he’s big enough to handle the questions, the anger … God is going to love you, despite those feelings.”

Other normalizing activities included granting permission. Susan spoke about how some patients “don’t want to bother God,” but she would tell them, “It’s OK to bother God.” Participants mentioned giving permission to cry. Wyatt, for example, drew on the account of Jesus at the tomb of Lazarus.[319] Especially when patients thought it unmanly, Wyatt recounted how Jesus arrived at the scene with the answer and, “rather than remaining in the spotlight, Jesus said, ‘I’m going to take time and cry.’” Wyatt then shared that God has an answer for the patient, but first it would be valid to have a cry with Jesus. Ryan also talked about creating a “safe emotional space” where “sometimes people just well up. I’m in tears without even saying a word yet, and then words followed.” According to Sean, crying involved the cathartic release of toxins. He said he read a scientific study which proved that the chemistry of tears varied greatly between tears shed after cutting onions as opposed to tears shed due to sadness or anxiety.

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[319] John 11:1-53.

Susan also talked about granting patients permission to be angry with and to wrestle with God. “They don’t realize that that’s all over the Bible. You know, there’s so much wrestling. And think about the honesty in the imprecatory psalms. Everything’s very open, but people need permission, or they feel like they can’t wrestle with God.” Unlike simple anger, wrestling left space for God to answer the angry patient’s questions. To Susan, the energy involved in wrestling made a difference, especially in prayer. She stated that without the desperation of anger and wrestling, prayers can remain “flowery and polite,” but not as authentic.

Sean spoke about his patients expressing displaced anger. In his experience, the disorientation of liminality happens to everyone and exposes a helplessness beyond peoples’ comfort level with that state. Sean considered helplessness, “scary, the most uncomfortable emotion that people experience.” Because helplessness was so uncomfortable, people found it easier to experience anger instead. Anger allowed people to feel like they were in control. Sean added that as Christians we say, “Jesus is Lord, which means he’s the one in charge. But when it comes to putting that into practice, the harder time we had doing that in life, the harder time we have with that at end-of-life.” Sean finished by indicating that people who have been controlling their whole lives are going to have an exceedingly difficult time with any sense of helplessness at the end-of-life. Helping people deal with their sense of helplessness assisted them in dealing with the root cause of their displaced anger.

Speaking from his own experience, Ken underlined the importance of having permission to grieve and emote freely. “I’ve had a lot of experience where grief or big feelings are not really allowed,” he said. He described that experience as “scary.” Ken

found great comfort in the reality of the Bible. “I feel like it’s really beautiful that the scriptures have real people like Isaiah and Jeremiah and David who experienced terrible things. They talked about it, and they prayed about it, and they wrote about it.” The Bible provided resources for Ken’s personal growth, and he was also able to share it for the benefit of his patients at end-of-life. “We can use that when we go through hardships and losses and ultimately death. When we’re faced with end-of-life, the last enemy is death.” The ability to speak and pray without artificial constraints allowed Ken to tune into the grace needed to face any situation, whether personal or within a ministry context.

Every Moment Holy

None of the participants carried traditional prayer books or ministers’ manuals. Edward stated that such prayers “seemed too wooden” for his ministry style. Instead of traditional prayer books, however, many participants carried devotionals, such as *My Daily Bread*, or in Ken’s case, *Every Moment Holy*. Wyatt pointed out that devotional readings avoided putting patients in a spiritual bulls-eye. Instead, he was simply reading something that someone else had already prepared. In addition, participants often mentioned the use of rote prayers, such as the Lord’s Prayer,[320] and Ken shared that he sometimes prayed Hannah’s prayer,[321], as well. Ken, Sean, and others, named passages of scripture, especially psalms, that they had memorized to guide their prayer. Often these participants would read the psalms and help the patients contextualize the passage to their circumstance. Each participant talked about offering extemporaneous prayer, what Wyatt

[320] Also sometimes called “The Our Father,” found in Matthew 6:9-13 and Luke 11:2-4.

[321] 1 Samuel 2:1-10.

named “conversational prayer.” By far participants mentioned this approach as their most developed means to lament. Wyatt talked about how the informality of conversational prayer should not diminish God’s transcendent glory but rather invite a reminder of God’s immanent closeness, echoing the way a friend speaks to a friend. Ken said, “It’s not so much using this particular formula or anything like that, but it’s like, ‘God, you see. Please have mercy, do something.’” Ken said later about the length of prayers, “For those in the stuck-phase, brief is best.” Extemporaneous prayer, many felt, offered the most versatility and integrity. Also, as Susan mentioned, this style of informal prayer was least likely to create a barrier with the patient.

Incidentally, another common book to carry was a hymnal. As Anne stated, “Music is the language of the soul.” Wyatt intentionally selected hymns with lament components when it was appropriate to their conversations. Participants found that music and hymn-singing served to facilitate lament and inspire faith, and often hymns might be the only reliable tool for reaching patients with dementia. Hymns helped the dementia patients, in Wyatt’s experience, reengage a time when they could participate in worship. Ken stated, “I’m trying to connect with people through what they enjoy still. In the past, I’ve done a lot of singing, a lot of hymn singing.” Anne mentioned how singing hymns also nurtured warmth in relationships. In one story, the person with whom she was singing invited other people who lived in the nursing home to join them. Through hymns Anne was also able to strengthen community ties for someone at end-of-life. Sean pointed out that when he did not have a hymnal, he could always use YouTube on his phone to play songs which the patients remembered and loved.

Summary of the Practice of Lament: Addressing Persistent Liminality

Characterized as "sitting calmly while listening to awful stories," participants demonstrated different relationships to the activity of lament; some turn to lament frequently, some very seldom. Each believed that emotional and spiritual connection to the patient, with the working of God, led to conversations that brought healing. Identified as "life-review" by Ken, participants described different ways each provided meaningful presence and guidance as they facilitated lament. One participant called this peaceful presence introducing "a vestige of God's goodness" into peoples' dark places. Participants expressed it differently, but the lament activities of "naming" and "normalizing" helped patients achieve the goal, "to release and really fall into the arms of our Savior."

The Power of Lament: Evaluating Efficacy

The final research question sought to understand how respondents measured the effectiveness of lament. The question posed was, "How do you evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?" This question proved to be ambiguous. As a result, participants answered the question in two ways, "How do I assess my fruitfulness in helping patients to lament?" and "How do I know the patient has benefitted from the activity of lament?"

No Check-box

When answering about evaluating his effectiveness, Ken responded, "I don't have a check-box," to measure personal effectiveness. Most stated that they trusted the Lord to work in the situation and evaluate their fruitfulness. Susan and Ryan, for example, stated

that they do not even bother to evaluate their own effectiveness. In their opinion, judging fruit was God's work. Another participant went so far as to diminish her contributions by expressing self-doubt and questioning her significance. Furthermore, Wyatt responded in part saying, "Sometimes I can't. Some of the patients that I visit are basically non-verbal you know. But there I'm comfortable saying 'Lord, when I don't know, I can offer this up and leave it in your hands.'"

In contrast, Sean and Ken gave themselves grades based on their internal assessment of the situation. Ken asked himself, "Was this encounter personal? Was this encounter genuine to the person and situation, or was this just me?" When asked how he could judge on these criteria, Ken stated that he evaluated whether the encounter rang with an "aroma of honesty." Sean voiced this slightly differently, saying that he tried to discern whether he had "practiced the presence" with them, mirroring Brother Lawrence's mindfulness and inviting God into every circumstance.

Some Have a Tell

As for the second way of responding to the research question, Ken used the phrase, "some patients have a tell" to know whether lament made a difference for the patients. Borrowing from the world of poker, Ken indicated that patients and their families demonstrated lament's effectiveness in dealing with their grief through ways that could be interpreted. These indications included both verbal and non-verbal cues.

One way participants evaluated lament's effectiveness was through verbal cues. Many times patients or their family members expressed gratitude for the visit. Edward also stated that sometimes he heard feedback from members of his hospice team, such as from the nurse or social worker. They mentioned either that they heard expressions of

gratitude or that they noticed changes in the patient's level of anxiety. Sometimes family members remarked on improvements they perceived in the patient. Said Sean, "It's a high compliment when the family says, 'I'm so grateful because I've noticed changed attitudes.'" Anne noted that when the patient expressed gratefulness for anything, this was a sign of improvement. Essentially, whenever patients could shift perspective in their lives, they were not consumed with grief and suffering. In addition, many of the participants added that they interpreted success when the patient participated in prayer. Also, Ken and Ryan mentioned that they knew they were effective when the patient or family member asked them to return. Ryan added that it was even more clear when he was also asked return to perform some rite, such as baptism or to officiate a funeral.

Anne pictured non-verbal transformation in patients by saying that she saw them changing from "tearfulness to cheerfulness." In Ken's opinion, this change was always a result of "a mysterious move of the Spirit." Sean voiced what most everyone else mentioned: effective lament can lead to laughter, tears, crying, or changes in disposition. Ken pictured this as, "when patients relax and calm down." Ryan identified this moment as "when an emotional chord was touched." Other non-verbal expressions included reaching out to hold hands and changes in facial expressions.

Summary of the Power of Lament: Evaluating Efficacy

Participants interpreted the question about evaluating the effectiveness of lament in two different ways: as personal effectiveness and as what impacted the patient. Concerning personal effectiveness, a significant number of those interviewed stated that they do not evaluate their own effectiveness; they considered evaluation as God's job, not theirs. At least one person admitted that he could not evaluate his effectiveness in all

situations, due to the patient's limitations. Other participants simply gave themselves a grade based on criteria they considered useful.

Regarding the ability to evaluate the effectiveness of lament based on the difference it made in patients' lives, participants divided their responses into verbal and non-verbal feedback. Being thanked, being joined in prayer, and being affirmed for their effectiveness made it easy for participants to know whether their work made an impact. Sometimes effective feedback could be as subtle as being asked for a return visit. But many patients also "had a tell," such things as crying, laughing, or expressions of gratitude. People could also witness when patients' minds and bodies responded to the lifting of their spiritual and emotional burdens, what one person called "touching an emotional chord." These study participants, or the patients' family members, could characterize the patient's mental and physical transformations as moving from "tearfulness to cheerfulness."

Summary of Findings

The purpose of this study is to explore how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life. This chapter analyzed interview data from seven chaplains who served in the hospice context between three to seventeen years. These participants demonstrated various levels of understanding of medical liminality, though each had encountered this phenomenon with patients through their ministries. Each participant recognized that liminality involved pain in a transition, but some of these chaplains recognized that liminality could also result in positive spiritual transformation.

Participants also demonstrated different relationships to the activity of lament; some turned to lament frequently, others very seldom. Each believed that emotional and spiritual connection to the patient, with the working of God, led to conversations that brought healing. Characterized as "sitting calmly while listening to awful stories," participants described different ways they provided meaningful presence and guidance as patients lamented. One participant called this peaceful presence introducing "a vestige of God's goodness" into peoples' dark places. Participants expressed it differently, but the lament activities of "naming" and "normalizing" helped patients achieve the goal, "to release and really fall into the arms of our Savior."

Participants evaluated the effectiveness of lament in two different ways: as personal effectiveness and as what impacted the patient. For those that evaluated their personal effectiveness, they considered spoken feedback or interpreted cues such as requests for a return visit. The criteria for evaluating the effectiveness of lament based on the difference it made in patients' lives did not vary much from the personal evaluation. Here again, participants broke down their responses into verbal and non-verbal feedback. Being thanked, being joined in prayer, and being affirmed for their effectiveness comprised the verbal feedback. Such responses as crying, laughing, or expressions of gratitude signaled the transformation in a patient's mental and physical being.

The final chapter of this study will discuss these findings considering themes that emerged from the literature review. After considering these finding and themes, several recommendations for practice and further study will be offered.

Chapter Five

Discussion and Recommendations

The purpose of this study is to explore how pastoral counselors use lament to restore hope to people in a state of persistent liminality at end-of-life. In Chapter Two, the review of literature shed insight on persistent liminality, especially in the medical setting. The second body of knowledge explored in Chapter Two involved responses to persistent liminality, with special attention on cognitive-behavioral therapy (CBT). Chapter Two finished by exploring what comprises lament and highlighted its lack in much of the American church today. In exploring how pastoral counselors serve patients at end-of-life struggling with persistent liminality by using lament, the following research questions guided inquiry:

1. How do pastoral counselors understand the purpose of lament?
2. In what ways do pastoral counselors use lament to minister to people in a state of persistent liminality at end-of-life?
3. How do pastoral counselors evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?

This chapter will bring together the literature reviewed in Chapter Two and the interview findings of Chapter Four in summary fashion. These findings will be discussed and recommendations for practice and further research will be suggested.

Summary of the Study and Findings

This study reviewed literature in persistent liminality, approaches to addressing persistent liminality with interventions such as CBT, and the topic of lament. Then, interview data was analyzed from seven pastoral counselors with experience serving patients suffering from persistent liminality. These same pastoral counselors also used lament in their ministries.

The literature review showed that many patients at end-of-life experience persistent liminality, as people transition from one phase of life to the next. In the medical context, however, sustained or persistent liminality represents a period of suspension and disorientation for patients. The literature showed that resulting loss of dignity represents one of the most cited reasons for people wanting to end their lives. These disorienting factors of liminality also contributed to loss of identity and poor symptom management in those who suffer from them. Patients navigated this liminal experience differently, and some patients did not seem to emerge from the liminal space to experience peace of mind before they died. Rather than eliminating persistent liminality in patients, allopathic medicine has perhaps intensified the experience. Patients live longer with their conditions than in the past, a contributing factor to the liminal experience. Also, the unfulfilled promises of secular science have left patients alienated from the resources of an omnipotent and loving God which have proven helpful in the past for coping with life-changing situations.

Few non-pharmacological interventions provide therapy at end-of-life. Because ready-made interventions are lacking, pastoral counselors employ attentive presence, useful processes, and therapeutic procedures, also known as the Three Ps. In the minds of

many authors, presence represented the most important aspect of this triad, especially since patients often described the most compelling factor in their improvement as the therapist's presence. To offer this presence, therapists demonstrated sensitivity, intelligence, and genuine concern for their patients. Useful processes included the intentional strategy of the therapy and the attention paid to the metadata of the client-therapist relationship. Interpreting metadata revealed maladaptive relational patterns between the client and therapist which produced material for discussion and opportunities for further client growth.

Important therapeutic procedures explored included CBT, cognitive reappraisal therapy (CRA), and dignity therapy (DT). CBT is comprised of "cognitive" and "behavioral" approaches to personal change, and these two aspects often act in concert. CRA trains clients to reappraise situations to down-regulate their emotional response. By reframing a situation, especially by introducing meaning into the equation, responses to stimuli such as pain are modulated. Many studies have examined the connection between CRA and religious adherence. Though religious adherence does not guarantee better coping, it does provide more resources for the religious in coping. DT involves assisting the patient to review significant events and condense wisdom to pass along to their loved ones. This activity fosters generativity and helps to maintain a modicum of normalcy for the dying person.

During the interviews, pastoral counselors demonstrated various levels of understanding of medical liminality, though each had encountered it. Every participant recognized that liminality involved pain in a transition, but some of these pastoral counselors recognized that liminality could also be used to result in positive spiritual

transformation. Interviews showed that these participants employed excellent skills in presence and leveraged religious resources as part of their useful processes and therapeutic procedures. Participants did not impose religious resources on every patient; instead they determined those for whom it would be meaningful.

Interview participants also demonstrated different relationships to the activity of lament; some turned to lament frequently; some very seldom. Each believed that emotional and spiritual connection to the patient, with the working of God, led to conversations that brought healing. Characterized as "sitting calmly while listening to awful stories," participants described different ways they provided meaningful presence and guidance as they lamented. One participant called this peaceful presence introducing "a vestige of God's goodness" into peoples' dark places. Participants expressed it differently, but the lament activities of "naming" and "normalizing" helped patients achieve the goal, to "release and really fall into the arms of our Savior."

Participants evaluated the effectiveness of lament in two different ways: as personal effectiveness and as what made an impact on the patient. For those that evaluated their personal effectiveness, they measured their impact by considering spoken feedback or by interpreting cues such as requests for a return visit. To evaluate the effectiveness of lament based on the difference it made in patients' lives, interview participants divided their criteria into verbal and non-verbal feedback. Being thanked, being joined in prayer, and being affirmed for their effectiveness comprised some of the verbal feedback. Non-verbal responses such as crying, laughing, or the act of expressing gratitude also signaled that lament made an impact in that ministry opportunity.

Synthesis of Findings

This study has examined the insights of writers on liminality, psychotherapeutic approaches to addressing persistent liminality, and lament. In addition, seven pastoral counselors offered perspective from their experiences. The pastoral counselors in this study had worked as hospice chaplains for at least three years, and as many as seventeen. All had experience working with patients in persistent liminality. And all these pastoral counselors used lament with their patients, though only some of them used lament consistently. In this section, I synthesize the findings into three main areas, add my own experience as a pastor for over three decades, and then provide some recommendations for ongoing pastoral practice.

Discussion of Persistent Liminality

Pastoral counselors commonly encounter end-of-life patients struggling with persistent liminality from time-to-time. The wise pastoral counselor knows how to provide effective support for the person held in that state. Both the literature and some of the interview participants recognized that liminality, though it can be painful, is not itself an evil. Chapter Two mentioned in footnote an account of art teachers who intentionally hold their students in a state of liminality to nurture those students' creativity. Correspondingly, participants mentioned that they use the tension of the liminal state to encourage spiritual growth in their patients. The associated pain of liminality can certainly motivate the sufferer to change when many other influences might not have proved effective. C.S. Lewis wrote, "The creature's illusion of sufficiency must, for the creature's sake, be shattered … And this illusion of sufficiency may be at its strongest in some very honest, kindly, and temperate people, and on such people, therefore,

misfortune must fall."[322] It is fitting for the pastoral counselor to help the sufferer to find some peace and comfort, but without bumping the hand of the divine surgeon. Therefore, working with people in a liminal state requires skill and character: skill in being able to apply resources such as scripture, lament, and therapeutic techniques, and character to refrain from trying to say something heroic when the only useful intervention is quiet encouragement.[323] Pastoral counselors do well to remember that we must fit into God's plans; God does not need to fit into ours. "So neither he who plants nor he who waters is anything, but only God who gives the growth. He who plants and he who waters are one, and each will receive his wages according to his labor. For we are God's fellow workers. You are God's field, God's building."[324]

Yet, as mentioned in the Chapter Two, the medical community most often speaks of liminality in terms of pain and distress. So it is not surprising that the participants, who all work in a medical context, recognized the darker side of liminality. Some participants expressed not finding any use for liminality. Perhaps they have never thought about liminality as a motivator, and certainly remain inspired by compassion to support those at end-of-life who find themselves in distress. Also reflective of the literature, participants spoke of how liminality generates feelings of being disconnected from God. Consequently, each participant sought to reconnect their patients with God.

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[322] C. S Lewis, *The Problem of Pain* (London: HarperCollins, 1996), 96.

[323] Though not scripture, Dr. Christina Zampitella's quote of Thema Davis remains instructive, "When someone is going through a storm, your silent presence is more powerful than a million empty words." ("Prolonged Grief Disorder." Webinar from StateServ Webinars, Boston, MA. April 30, 2021). No URL available since the webinar was not recorded.

[324] 1 Corinthians 3:7-9.

One difficult part of working with people in a liminal state, whether for growth or simply relief, is having patience to accept only incremental releases of the pain until the liminality finishes its work. Supporting someone at end-of-life in the liminal process adds levels of complexity due to the pastoral counselor's inner compulsion to protect someone who is dying. Other factors, such as the looming specters of diminishing energy, focus, and time at end-of-life, and the pressure by family members and professional colleagues to accomplish something quicker, increases the burden on the pastoral counselor. The work of liminality, however, cannot be rushed. Put another way, God's timing cannot be rushed. No matter how much therapeutic presence, process, or procedure the pastoral counselor provides, it is God's release from the tension that matters. Pastoral counselors might be able assist in discerning God's intended outcome or strategies for accepting God's lessons, but ultimately God alone determines when the divine purpose for any situation has been fulfilled.

Persistent Liminality and the Dark Night of the Soul

Two of the interview participants equated "the dark night of the soul" with persistent liminality. Persistent liminality, however, and the dark night of the soul are two different experiences. They can occur at the same time, but they are not the same phenomenon. The concept of the dark night of the soul emerged from the writings of John of the Cross and his mentor, Teresa of Ávila. John and Teresa lived through the Counter-Reformation in Spain, during the middle and late sixteenth century. They wrote to one another in Spanish, which consequently benefits the English-speaking reader. Because while twenty-first century writers often refer to "darkness" as something sinister (*tinieblas* in Spanish), John and Teresa used the Spanish word *oscura* to refer to the dark

night of the soul. Rather than "powers of darkness," these mystics were simply talking about "obscurity."[325] The dark night of the soul "is the secret way in which God not only liberates us from our attachments and idolatries, but also brings us to the realization of our true nature. The night is the means by which we find our heart's desire, our freedom for love."[326] In the dark night, God is not inflicting evil circumstances, though it can feel that way. Instead, the person experiences conditions which obscure God and God's own workings.

Though it might seem paradoxical to the one experiencing the dark night of the soul, this disorienting period represents a time when God speaks most to the believer. As the soul gives over more of itself to God, God responds.[327] The soul, however, cannot interpret this experience until it adjusts itself to it. Wolters compares this time to a television that "is swamped by the strength of the signals it receives, and is not at once (or for a long time) able to tune in sufficiently finely to distinguish these."[328] This period of longing serves to strip the soul of everything between itself and God, since all the "old apparatus" does not serve to interpret the current circumstance. The believer experiences what seems like dryness and can interpret it as abandonment, though somehow the soul

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[325] Interestingly, the author of *The Cloud of Unknowing* also described this type of darkness in terms that John of the Cross would have understood. An unknown author, a fourteenth century country parson from England's East Midlands, wrote *The Cloud of Unknowing* almost 200 years before John wrote his reflections. While describing the cloud of unknowing, he wrote, "By 'darkness' I mean 'a lack of knowing' – just as anything that you do not know or may have forgotten may be said to be 'dark' to you, for you cannot see it with your inward eye. For this reason it is called 'a cloud', not of the sky, of course, but of 'unknowing', a cloud of unknowing between you and your God." Clifton Wolters, *The Cloud of Unknowing and Other Works* (Great Britain: Penguin UK, 1978), 66.

[326] John of the Cross in Gerald G. May, M.D., *The Dark Night of the Soul: A Psychiatrist Explores the Connection Between Darkness and Spiritual Growth* (San Francisco: HarperSanFrancisco, 2004), 67.

[327] James 4:8, "Draw near to God and he will draw near to you."

[328] Wolters, *The Cloud of Unknowing*, 23.

clings tenaciously to God. John called this the *night of the senses*, as the believer learns to detach from previous activities which brought spiritual consolation.[329] The *night of the spirit* follows the night of the senses. In the night of the spirit, "The soul undergoes further purification, becoming aware of its own utter worthlessness and nothingness till it is clearly resolved to serve and love God wholly and solely for himself, and not his consolations."[330] Since the dark night of the soul is a period of receiving and reorientation, care consists in setting one's intention to renewed openness to God and learning to rejoice in God's will resulting in either bliss or darkness.

The dark night of the soul shares characteristics of distress and loneliness with persistent liminality since they are both liminal states. The writings of John of the Cross, however, provide several reasons to regard persistent liminality differently from the dark night of the soul. In several places John listed "signs" to distinguish an authentic dark night of the soul experience from other causes such as sin, depression, or physical illness.[331] First, John stated that those in the dark night of the soul saw a "diminishment of consolation in prayer and of gratification in the rest of life."[332] This first sign is consistent between those experiencing the dark night of the soul as well as those in persistent liminality. John's second sign, however, the "lack of desire to return to the old ways,"[333] begins to differentiate people in the separate experiences. When someone

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[329] Wolters, 23.

[330] Wolters, 24.

[331] May, MD, *The Dark Night of the Soul*, 137.

[332] May, MD, 138.

[333] May, MD, 140.

enters the dark night of the soul and sees that the old ways of prayer and study and service no longer produce the spiritual results upon which they once relied, they reevaluate their attachment to these things. This stripping of trusted methods produces pain in correlation to the strength with which they are gripped. And, since sojourners in the dark night cling to God, they begin to realize that life with God is not as much about methods as about a transforming relationship. In contrast, those experiencing persistent liminality very often earnestly long for a return to the previous ways of life. In John's third sign, however, the clearest differentiation emerges. According to John, this marked difference comes when someone expresses, "their deep heartfelt desire to remain alone in the loving awareness of God."[334] Once stripped of methods, the child of God rests confidently in nothing else but God alone. Finally, it seems evident, as well, that many of those commonly experiencing medical liminality — Ventricular Assisted Device (VAD) recipients awaiting heart transplant, cancer patients hoping that their chemotherapy works, or many of those at end-of-life — are often not even Christian believers. To expect them to express this devotion to God is not reasonable.

Therefore, while the dark night of the soul includes an element of the liminal experience, not every medical liminal experience descends into the dark night of the soul. The dark night describes a liminal step of stripping away old spiritual practices and presenting new realities to the believer. And, while persistent liminality has no goal, there is one goal in the dark night of the soul: the love of God. "Dark night is not *some thing* [sic], an impersonal darkness like a difficult situation or distressful psychological condition, but *someone*, a presence leaving an indelible imprint on the human spirit and

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[334] May, MD, 178–79.

consequently on one's entire life."[335] Once more, a dichotomy between the dark night of the soul and persistent liminality becomes apparent. Though these two experiences differ, providing care for people in either state shares some common elements. As the participants demonstrated, prayerful, active listening with gentle reminders of God's *hesed* consistently yields good results. There is, of course, always a place for lament and psychotherapeutic interventions as the pastoral counselor has skill and the patient is willing to participate in these activities.

Discussion of Pastoral Response

Almost none of the interview participants named a psychotherapeutic intervention they employed for addressing persistent liminality at end-of-life. But the descriptions of their ministry experiences sounded as though they engaged cognitive reappraisal ability without identifying it. Some participants inspired reminiscences of Gods' past actions, and others personalized scripture passages to help patients regulate emotional responses. Theories of CRA suggest that it is an individual's subjective appraisal of an event — that is, its meaning and significance — rather than the event itself that leads to a specific emotional reaction. And, because the individual's subjective appraisal constitutes such a strong element in this equation, readjusting that appraisal can result in changes in emotional responses to an event. CRA strategies work either before or after an event to "down-regulate" an emotional response. Appraisal theorists differ about whether the emotional appraisal takes place in two steps, as described for example by Lazarus and

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[335] Constance FitzGerald, "Transformation in Wisdom," in K. Culligan and R. Jordan, eds., *Carmelite Studies VIII: Carmel and Contemplation* (Washington, DC: Institute of Carmelite Studies, 2000), 309–10. Emphasis in the original.

Folkman, or whether emotions inform the initial construal, as described by Robert Roberts. But participants showed that that distinction is not critical.

Sean, Wyatt, and Anne expressly mentioned that as part of how they counsel those experiencing persistent liminality, they help patients recall God's past acts of faithfulness in their lives. With these memories refreshed, pastoral counselors and their patients can reappraise the current circumstances to down-regulate or adjust their emotional response. Given this model, these participants would probably align with Lazarus and Folkman's two-stage model. Yet, through these reflections, these pastoral counselors also prepare the patient's emotional landscape for the next disruptive event. By discipling patients to reflect on God's goodness during traumatic events, these participants help patients conflate the event and regulated emotions, thus honoring Robert Roberts' one-stage paradigm. Regardless of the appraisal paradigm, through religious reflection using CRA, where once there was isolation, now the patients could appreciate solitude. Where there was once doubt and fear for the future, now faith is strengthened and they can rest in the hands of the God who knows the future. Where once they felt abandoned, now they can recognize the guiding hand of a heavenly Father.[336]

Perhaps pastoral counselors who help patients to contextualize and personalize scripture verses can also be said to be employing CRA, as well. Anne and Ken mentioned that they will read a passage, Psalm 13 in Ken's case, and introduce the patient's name

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[336] Hebrews 12:7-11, "It is for discipline that you have to endure. God is treating you as sons. For what son is there whom his father does not discipline? If you are left without discipline, in which all have participated, then you are illegitimate children and not sons. Besides this, we have had earthly fathers who disciplined us and we respected them. Shall we not much more be subject to the Father of spirits and live? For they disciplined us for a short time as it seemed best to them, but he disciplines us for our good, that we may share his holiness. For the moment all discipline seems painful rather than pleasant, but later it yields the peaceful fruit of righteousness to those who have been trained by it."

into the psalm to personalize it. Other interview participants mentioned using scripture, which also fits in this discussion, though none talked about personalizing scripture in the way that Anne and Ken did. Theologically, such interventions help the patient access the means of grace available to believers, and at the same time they therapeutically assist in down-regulating and managing emotions through the introduction of meaning.

While the participants did not name commonly known psychotherapeutic approaches for their processes or procedures, they did emphasize use of presence to serve patients in the liminal state. Not surprisingly, Clinical Pastoral Education, the course of education for training pastoral counselors completed by six of the seven interview participants, emphasizes following the patients' agendas in their conversation to find meaning and access resources for resolving spiritual challenges. This apophatic approach reflects the tenets of person-centered therapy pioneered by Carl Rogers. Rogers said, "If I can provide a certain type of relationship, the other will discover within himself the capacity to use that relationship for growth, and change and personal development will occur."[337] In addition, the pastoral counselors each mentioned the importance of God's Spirit collaborating with their presence to affect change. So, with scripture confirming God's presence in peoples' lives and the witness of the Spirit's work attested to by the participants, Roger's quotation should say, "If through my presence I can provide a certain type of relationship, the other will reconnect to God and discover through grace the capacity to use that relationship for growth, and change and personal development

[337] Certainly in Rogerian practice. "The skills the Rogerian therapist uses are empathy — a word that in Freud's time was largely restricted to the feelings with which the observer invests a work of art — and "unconditional positive regard." Rogers, *On Becoming a Person*, 47.

will occur." Through their actions, it would seem that the participants would agree with this amelioration of Rogers' comment.

It is interesting that in light of culture's prevailing secular plausibility structure, these various participants considered it plausible that God would act in the lives of people today. This assumption reflects on the pastoral counselors selected for the study rather than on pastoral counselors in general. Yet for such a small group, they embodied a diverse sample of ministers: Pietist, Lutheran, Presbyterian, and Evangelical; socially liberal and socially conservative; men and women; geographically and culturally spread across the Midwest and South. These pastoral counselors stated that they would allow the patients to set the agenda for their conversations up to a point: none of the participants agreed with any deistic portrayal of God as an absentee landlord. If a patient portrayed God as deistic or somehow distant, these participants maintained the truth of God as imminent and transcendent, as revealed in the Bible. Neither did the participants speak of theodicy directly, though patients and their families sometimes posed the usual theodicy questions. Terms such as "mystery," "God's past work," and "inspire faith" suggested that these pastoral counselors continue to employ strategies to help patients navigate out of the dead-end of the deistic morass.

Discussion of Evaluating Efficacy

This researcher sought to understand how effectively lament addressed the needs of people in a state of persistent liminality. Though not intended to be ambiguous, participants naturally expanded upon the following research question, "How do you evaluate the effectiveness of using lament to restore hope to people in a state of persistent liminality at end-of-life?" In responding to the one question, participants included two

explanations. First, participants answered how they judged their personal effectiveness; second, how they knew that lament had made a difference in a patient's life. Especially after the first participants responded ambiguously, this researcher did not change the format of the question for two viable reasons:1) consistency of the study, and 2) curiosity. This researcher remained curious and found it fascinating that seven different people, who did not collaborate at all, provided these dual answers. In fact, so as not to skew results in the interviews, this researcher did not ask any follow-up questions to glean both types of answers if a participant answered in only one vein. Even so, follow-up questions proved unnecessary; given room to share their thoughts, each participant candidly replied with these two specific angles in answering the one question.

After consideration, perhaps the only way to exhaustively answer this research question involves addressing both the internal and external responses. It is perhaps the narrow scientific mindset that demands only measurable proof and dismisses the subjective data. Restricting this question to discuss only the external data, as this researcher had originally intended, discounted an important aspect of our humanness that even God respects. The Bible talks about believers being "called" by God.[338] This calling includes an internal witness of God's Spirit. Furthermore, when a person stands for ordination in many Reformed communions, the presbyters inquire about the candidate's internal call alongside the community's external witness to that candidate's fruitfulness. Finally, perhaps some would find it persuasive to know that the Westminster Confession

[338] Consider Romans 8:30, "And those whom he predestined he also called, and those whom he called he also justified, and those whom he justified he also glorified." As well as Hebrews 9:15, "Therefore he is the mediator of a new covenant, so that those who are called may receive the promised eternal inheritance, since a death has occurred that redeems them from the transgressions committed under the first covenant."

of Faith mentions the word "call" or "calling" fifteen times in this subjective meaning of an internal activity.[339]

Once we consider the dual nature of the participants' responses to the research question, their answers were not completely novel, though they were insightful. For example, many of the external expressions to lament's efficacy could be anticipated. Certainly, one would expect a patient just relieved of anxiety to cry, relax, or smile. And responding with gratitude or inviting the pastoral counselor to a return visit would seem to indicate to even the least perceptive person that lament struck an emotional chord. But some of the participants embraced the subjective aspect of evaluating their effectiveness while others dismissed the subjective experience almost entirely. Even rejecting their interpretation of the subjective data acknowledges that it exists. The participants' responses ranged from not trusting their internal witness ("only God can judge fruitfulness"), to those who gave themselves grades after their encounters. The two participants who relied on their subjective data were both Reformed (Ken is PCA, and Sean is RCA), and thoroughly biblical. Wyatt, an Arminian, explained how he assessed his subjective feelings but strongly relied on the Bible's governance over those feelings. Ergo, at first glance, the participant's Christian communion does not seem to dictate whether they trust or dismiss their subjective evaluations.

Did lament prove effective in addressing the needs of those caught in a state of persistent liminality? Yes, lament does help those in persistent liminality. This study did

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[339] Consider the internal work described in §II of Chapter X "Of Effectual Calling," "This effectual call is of God's free and special grace alone, not from anything at all foreseen in man, who is altogether passive therein, until, being quickened and renewed by the Holy Spirit, he is thereby enabled to answer this call, and to embrace the grace offered and conveyed in it." Further, the Confession uses the word "call" or "called" another twenty-two times to mean that the divines had been "called together" to craft the document. It also says that certain books "called the New Testament" contain such and such information.

not seek to quantify how much it helped, or whether it was more effective to sing hymns or to engage cognitive reappraisal therapy. Nevertheless, our participants attested to seeing positive differences in the lives of patients who engage in lament.

Discussion of Personifying Lament

Lament, the persistent cry for deliverance to the God who promises to save, acknowledges this broken world. As Brueggemann stated, "Lament insists that the world must be experienced as it really is — not as we wish it to be — and that all of the worshipper's experience is fit for sacred interaction with God."[340] Lament can seem like complaining, but it is more: lament invites God into the supplicant's situation. Some of the participants stated that they do not facilitate lament often. The question might be asked, however, does lament have to be formal to be recognized? Considering that lament is the language of connecting with God while in pain, perhaps pastoral counselors use lament more than they give themselves credit for. Many theologians have offered articulate definitions of lament, but ultimately lament is whatever God accepts as lament. Given that humans are finite in all their prayers, it always rests on God's Spirit to bridge the gap between what humans pray and how God receives and responds to our supplications. As St. Paul wrote, "Likewise the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the Spirit himself intercedes for us with groanings too deep for words."[341] Pastoral counselors can do better than to "swerve into" lament; through practice and commitment to baring even the most vulnerable parts of our

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[340] Brueggemann, *The Message of the Psalms*, 52.

[341] Romans 8:26.

souls, lament can once again become a meaningful part of our prayer lives. Perhaps a good follow-up question could have been, “How often do you use lament in your own prayer life?” This question could have determined a correlation between one’s use of lament in private and one’s use in ministry.

Honor God

Lament honors God in several ways, it reconnects the supplicant to God, it appeals to God’s *hesed*, and it embraces theism. Especially where a supplicant feels separated or abandoned by God, the act of lament opens the conversation once more. One factor plays a special role in this reconnection process: brutal honesty with oneself and with God. Deep loss can shatter a person’s sense of meaning. Here, perhaps, therapeutic presence, such as that demonstrated by the participants, makes the greatest impact. Participants showed that patient, non-judgmental presence enabled those enduring suffering to feel secure in exploring painful pathways in their lives. This shattering of meaning ripples consequences throughout one’s life, including someone’s experience and understanding of God. Because of this sudden rip in the fabric of meaning, the believer cries to God, not only for deliverance from suffering but also for deliverance from the threat of meaninglessness. Such passion cannot be contained in platitudinous prayer, and it usually requires someone else to cull benefit from the pain rather than avoid it. Interview participant Sean stated that “Presence facilitates lament; words follow connection.” These words included questions from several of the participants such as, “What things do you miss?” “Is it hard to trust God now?” “Why is God doing this, and what does God want from you now?” As Ken said, such questioning is not intended to

inflict more pain on those who are hurting but to find the emotional places of darkness and despair so God's light can shine there for healing.

Lament characteristically calls on God's covenant love, God's *hesed*. By entrusting themselves through faith to God's pledged love, those who lament direct the attention away from their own feeble efforts to save themselves. These people turn their attention to faith's object and its outcome, with every intention of enjoying relief from their suffering. Lament should sound less like a courtroom and more like conversation at the kitchen table. While covenant partners legally deserve God's attention and justice, relationship motivates deeper than the law ever could. If written prayers inspire the faith of the one who prays, they should be used. But the participants found that most people resonated with "conversational prayers." These prayers struck Ryan's "emotional chord" in which the patients acknowledged their need and acknowledged that their needs could be met only by God.

Lament also intrinsically embraces theism. One of the most compelling factors eroding lament cited in this study is the picture of a deistic God, the absentee landlord. Among other things, viewing God deistically fosters the doubt needed to sustain theodicy. Citing Goudzwaard, "As soon as God moves into the background as the shaper of man's present fate, legitimate room is created for man to take this fate into his own hands."[342] Consequently, if deism pictures God accurately then there would be no need for prayer, no place for lament. While this admission might thrill materialists, it means that humans must fend for themselves as best they can. A world without God faces a bleak existence, laboring as it would under secularism's immanent framework. To wit,

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[342] Goudzwaard, *Capitalism and Progress*, 21.

scientists in the secularist's "amoral" framework might have provided nuclear energy but not without the threat of nuclear annihilation. Secular biologists might have vastly increased the yield on an acre of corn or wheat but food scientists are still deliberating the safety of those GMOs. Secular horticulturalists have introduced new flora and fauna in places to correct problems of erosion or improve water quality. But many of these species, such as the melaleuca tree, the Asian carp, and the cane toad, have proven to be invasive, destroying local animal populations and their habitats. Rather than discarding all the gains of science, humans must reprioritize the importance of science by acknowledging the poor record of correcting problems based on human reason and science alone. Humans need God, especially the theistic God who intervenes in the affairs of people to inspire creative solutions, correct injustice, and suppress evil. Lament honors this theistic picture of God and invites God into solving the problems people face.

Helps People

Lament not only honors God, but it also helps the people who engage it. Lament helps people to express faith, lament can help restore agency to those who have lost it, and lament frames suffering to make it more manageable. Even where supplicants must dig deep to realize their faith, lament offers a platform for exploring doubt safely. The language of lament is often raw and sometimes sounds desperate, for lamenters need not offer a polished prayer. Furthermore, lament does not signal failure by God to save, nor admit the petitioner's failure of faith for a victorious life. Rather than undermining trust in God, lament offered to Christ signals belief in his offices of Priest and King. Bringing one's suffering before God energizes faith that God will *yet* save, though the current circumstances appear bleak. Ken characterized Psalm 13 according to its look into "the

future tense" of resolve. As well, examples of lament from the psalms often demonstrate the lamenter's refusal to let go of a God who seems absent or uncaring.[343]

At times, suffering and tragedy break into people's lives and threaten their personhood. During the liminal time of readjustment, people can be stripped of the ways they defined themselves and separated from the spiritual resources they have used for coping in the past. Maladaptive responses to adverse events may also threaten the person as the subject of his or her life story by making it difficult or impossible to create meaning and coherence in that story. Such people can lose their agency, and they can see themselves as victims in their own lives. But through lament people can face their liminal situation by at least protesting it. This protest can help to restore a sense that there is something a person can do in terrible circumstances. Protesters assert their will in lament, reconnect to God, and place the results in God's hands. No longer are such people mere victims, and they exercise their faith and wait on God for a better outcome.

Lament, and especially the psalms of lament, offers valuable resources for Christian faith. Though much of the American church ignores the full content of lament psalms in its life and liturgy, those compositions designate the basic modes used when people turn to God with words: plea and praise. Psalms of lament perform an incredibly important function of framing and forming grief so that overwhelming emotions can be processed healthfully. These acts of shaping grief transform lament from a destructive power into something constructive. The form of the psalm, with its revelation of God and language of pain, transforms the grief experience into something more bearable and meaningful. Lament names potent, formless emotions so their power can be recognized

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[343] Card, *A Sacred Sorrow*, 30–31.

and offered into the hands of our loving God. We might note that many of the participants mentioned using the book of Job in their counseling, rather than psalms. Both lament psalms and Job have their place. But perhaps Job presents lament in a more accessible narrative context. And unlike most psalms, Job reveals no resolution to the protagonist's sufferings. As the participants demonstrated, sharing from Job displays great pastoral sensitivity to those who do not see a resolution to their own suffering.

Summary of Synthesis of Findings

This study examined lament and how it might be used to address persistent liminality at end-of-life. Through literature on lament and the testimony of pastoral counselors who use lament in their ministries, it has been shown that lament can make a difference for those who suffer and for those suffering from persistent liminality. Persistent liminality usually results in feeling disconnected from God and a sense of hopelessness. Lament can help restore connection to God and hope that we can rely on God's *hesed* to save us from our predicament. Those experiencing persistent liminality complain about a loss of agency and even personhood. Lament restores agency by reestablishing initiative and reclaiming "authorship of one's story" simply by addressing God with petitions and reflections on our covenant relationship. Where the secular biomedical model offers cold science to address the feeling of suspension associated with persistent liminality, lament offers a warm presence to accompany the sojourner. And even where liminality simply represents a space of moving from an old way of life into a new one, lament recalls God's faithfulness in the past and invites God's hand in forming the present and future. Lament constitutes but one intervention or strategy a minister might use; this study did not argue that lament is the only strategy useful in the

counselor's toolbox. Unfortunately, lament seems like a forgotten tool, but its restoration will no doubt deepen the spiritual experience of those who use it.

Recommendations for Practice

Considering the literature reviewed, the pastoral counselors interviewed, and my own personal experience, several recommendations for pastoral practice with implications for greater ministry effectiveness emerge. They fall into these categories: patience with the process, change what defines plausible, take an honest assessment, and learn to lament.

Practice Patience with the Process

We must embrace the reality that we live in a society which demands quick results and which loves the phrase, "What have you done for me lately?" Yet, this impatience and demand for quick improvements run counter to the way most of the universe works. For example, it takes years for trees to grow or for wind and water to sculpt the Grand Canyon. In a similar vein, God determines the timing of spiritual growth. As pastoral counselors, our job is not to solve peoples' problems but to support them as God works in them to fulfill the divine will. Our non-anxious demeanor sets a tenor for how people will respond to us and goes a long way toward normalizing their current circumstances through embracing patience with God's process, even at end-of-life. How can we know the reasons for "last minute" work on someone's character? God does not finish with the earthly work of maturity until our last breath, so we help people find patience with God's work in their lives, even at the end.

Change What Defines Plausible

Pastoral counselors can change what defines "plausible" by breaking the mold of the materialistic secular plausibility structure as it seeks to restrict beliefs and ministries. St. Paul wrote, "Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect."[344] The scope of this paper does not allow for a fuller treatment of this subject, but wherever deism, the theodicy problem, and the demythologization of the Christian faith erode confidence in God, we need to be vigilant. It is not necessary to possess articulate polemics against these factors in every encounter, and seeking understanding is generally better. The pastoral counselors interviewed represented years of successful ministry through non-anxious presence while helping liminal patients bring lament to God. In the words of St. John, "For everyone who has been born of God overcomes the world. And this is the victory that has overcome the world — our faith."[345] St. John commends everyone here who has proven by their faith that they have resisted any plausibility structure at odds with God.

On a possibly related topic, few participants named a psychotherapeutic technique they commonly use. Does all of psychotherapy suffer from guilt by association with the secular plausibility structure? Certainly, Anne mentioned using narrative therapy, and as Robert Doan pointed out, "Narrative therapy has been associated with the assumptions of postmodernism and social constructionism; both of which support the notion that there

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[344] Romans 12:2.

[345] 1 John 5:4.

are no truths, just points of view."[346] Yet, Anne believed in the objective truth claim of scripture. Therefore, Anne listened and assisted patients in constructing their "story," but unlike conventional narrative therapists, she commonly introduced God as the meaning-maker and hero into those narratives. Anne modified an otherwise secular therapeutic approach to provide gospel ministry. Additionally, this study also demonstrated that CRA practitioners are encouraged to assist religious patients in using their religious resources as part of their journey toward wholeness. As has been commented, directing someone on how to apply scripture to one's thinking and behaviors sounds similar to CBT or CRA, if in fact they are not the same thing. Pastoral counselors could improve their ministries by understanding and employing some modifications of psychotherapy, despite its relationship to the secular plausibility structure.

Take an Honest Assessment

Pastoral counselors do well to know how to evaluate their effectiveness. As St. Paul wrote to Timothy, "Keep a close watch on yourself and on the teaching. Persist in this, for by so doing you will save both yourself and your hearers."[347] Self-evaluation for the pastoral counselor could become its own dissertation and probably has. But to begin, we as pastoral counselors do not always know how our words or actions might be used by God to fulfill the divine will. As Wyatt commented, sometimes we receive no useful feedback and then must pray in faith that the Spirit found our efforts valuable. But there are times when we can interpret verbal and non-verbal messages to know that our efforts

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[346] Doan, "The King Is Dead; Long Live the King."

[347] 1 Timothy 4:16.

in ministry have made a difference for someone. We must celebrate the wins, categorize what seems to work, but rely on God rather than our track record. Ministry can be lonely, so discovering ways to find encouragement in our work should strengthen our resilience.

Learn to Lament

Lament differs from praise; both require certain skills of the person creating each of them. Lament can be learned, but it must be practiced. One product of lamenting, as this researcher found, is a deeper well of compassion for those who hurt. At first the lamenter travels the same familiar topics much of the time. Most of those are personal topics that might or might not affect many other people. But as the lamenter faces more pain honestly, the Spirit opens that lamenter's heart to other people and their pain. This has implications at end-of-life, especially with someone who has seen and perhaps even perpetrated many injustices. This life-long accumulated baggage of sinning and being sinned against weighs on a person's heart. Releasing this weight back to God in lament can have the benefit of improving symptoms of anxiety as well as lead to righting wrongs. Lament adds to improvements in spiritual health which contribute toward achieving the "good death" mentioned in the literature.

No doubt the best place to start or to learn more about lament is Holy Writ. The lament psalms, for example, span the spectrum from simple to intricate. One simple lament psalm, Psalm 13, contains a complaint addressing the problem-resolving Lord. Four times the psalmist asks, "How long, Oh Lord?" with complaints of being forgotten, carrying sorrow, and feeling overwhelmed by an enemy. The psalmist then continues with a petition integrating a motivation. "Consider," "answer me," and "light up my eyes," precedes the threat that the psalmist might die because his enemy has prevailed

over him and rejoiced. Finally, Psalm 13 resolves with declarations of confidence and praise. The psalmist declares, "I have trusted," "my heart will rejoice," and "I will sing" because the Lord in steadfast love brings salvation and deals bountifully with the petitioner. This psalm is short and well-composed, which explains why it remains popular with lamenters. More so, Psalm 13 provides a powerful cache of spiritual treasures, waiting to enrich the lives of those who take time to explore it. Along with scripture, many authors continue to release good books on lament, such as Vroegop's second book on the subject, *Weep With Me: How Lament Opens a Door for Racial Reconciliation*.[348]

Composing Lament

One strategy for composing lament is to discover what "person" or function of God to address: the healer, the reconciler of relationships, or the lawgiver eager to rectify a wrong. This discovery usually results from knowing the complaint, such as poor health, the tension of an estranged loved one, or a betrayal. Next, we form the petition. What need is God supposed to meet? Better health or at least managed symptoms, a heart softened before the next phone call, or perhaps justice? And why should God answer this prayer? God is far more likely to answer prayers that fulfill the divine will rather than simply our own. Lament psalms, except for Psalm 88, commonly carry on with a "yet with confidence" component. "Though my circumstances are dire, I will yet praise God, who hears me and will answer." This component expresses faith and can build faith as we hear ourselves declare confidence in God's loving *hesed*.

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[348] Mark Vroegop, *Weep With Me: How Lament Opens a Door to Racial Reconciliation* (Wheaton, IL: Crossway, 2020).

So, a lament might look like this: "God our healer, we thank you for the gift of life and thank you for what health we have. You formed us and you know us. Everything we have is a gift from you. We ask you today for release from the pain and for easier breathing. In fact, we ask you to take away this cancer, because nothing is impossible with you. As you know, this illness threatens [Mike's] life. We ask you for this miracle because we want to be released from this illness, and because illness is part of the curse on Creation and not part of your created order. We ask you for this miracle because we are your children and know that it pleases you when your children ask you for their needs. We don't deserve to be healed because of anything we have done, but because our healing has been purchased by Christ. 'By His stripes we are healed.' And we present this request before you today so that you might move and demonstrate to the watching world your greatness. We believe and trust that you will answer this petition according to your goodness and not by what our actions deserve. Make your goodness known to us through this situation. Amen."

Of course, lament follows other principles of prayer. For example, God cannot be manipulated by volume of words. As Jesus said, "And when you pray, do not heap up empty phrases as the Gentiles do, for they think that they will be heard for their many words."[349] Nor can God be moved by flattery. God calls us to pray, in part, to teach us of our filial relationship, not because God is taunting us or seeking false praise. "Every good gift and every perfect gift is from above, coming down from the Father of lights, with whom there is no variation or shadow due to change."[350] And, "When you pray, go into

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[349] Matthew 6:7.

[350] James 1:17.

your room and shut the door and pray to your Father who is in secret. And your Father who sees in secret will reward you."[351] Finally, we make any request but know that God is not obligated to answer anything that does not conform to the divine will. "Your kingdom come, your will be done, on earth as it is in heaven."[352] And, "This is the confidence that we have toward him, that if we ask anything according to his will, he hears us. And if we know that he hears us in whatever we ask, we know that we have the requests that we have asked of him."[353] If lament goes unanswered, our motivation might be the likely reason why. The Spirit will use time and prayer to expose selfish motives or impatience or self-righteousness, especially as we persevere. Be consistent and then God will answer.

Coaching Lament

Perhaps the reader would appreciate ideas for how to coach others in lament. Consider using the acronym, "LAMENT:"[354] Look first to God, Acknowledge the pain, Meditate on the problem, Engage scripture, (confess the) Need for God's *hesed* in the situation, and Tenaciously pursue God in prayer. This formula might be useful for those starting out, similar to the way in which a novice cyclist might use training wheels. But over time, practitioners will expand and deepen this simple approach such that lament could become a natural and powerful expression of prayer. By looking first to God,

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[351] Matthew 6:6.

[352] Matthew 6:10.

[353] 1 John 5:14-15.

[354] This author concedes that acronyms are often imprecise and sometimes seem forced. They can, however, provide a helpful way to remember steps and be contextualized to current circumstances.

lamenters respond to life's challenges within the parameters of covenant faithfulness. God has vowed to defend and provide for the covenant people. So instead of turning to any other source for succor, those that first turn to God act faithfully to the new covenant which God established in Jesus. Especially in times where response to the offense or tragedy could rupture the relationship with God, this intentional step preserves the relationship between God and the covenant people. Additionally, looking first to God assists in interpreting situations through the lens of God, rather than judging God through the lens of situation.

Acknowledging pain requires honesty. It starts with honoring one's own or someone else's hurt in a situation. This step could also involve recognizing one's own participation in the problem itself. The alternative to this step would be to deny or diminish the pain suffered because of the offending circumstances. Certainly, it is not always possible to identify with someone else's experience, as in cases of racial discrimination. Yet those that lament should be able to acknowledge this limit and seek to acknowledge the other's experience. God has created humans with a capacity for empathy, such that we do not all have to experience sexual slavery to be horrified by it. At times, the pain needing to be acknowledged might instead be due to physical illness, ruptures in relationship, or loss of something important.

Once the pain has been acknowledged, it is good to meditate or contemplate the scope and depth of the problem the petitioner faces. This listening step helps to uncover the many ways in which the offense has affected the lives of those who suffer from it. Economic inequality, for example, poses very real short term limitations, but it also throws barriers in front of long-term goals. The term "meditation" could be stretched here

to include not only prayerfully listening and reflecting with God's Spirit but also listening to the other person talk about their painful experience. Having prayerfully "sat with this problem," the lamenter can leverage their greater understanding into more precise prayer.

While discovering the scope of suffering in the offense, it is wise to engage scripture. God answers prayer according to the divine will, and scripture records God's will. Pastoral counselors can seek passages which address the offense, such as the prophets decrying economic predation, the psalmist crying out in physical or emotional pain, or the work of Christ in reuniting racially segregated people to humanity's singular purpose of glorifying God.[355] We can pray these scriptures, study their original setting, contextualize them to our contemporary milieu. Just as with listening to other people speak of their experience, this step broadens our understanding. And without an inquiring mind, it is easy to consider our experience as normative for others. So this step fills, at least in part, the gap between God's thoughts and our own.[356] Furthermore, the scripture can aid in forming and framing the offending experience, thus rendering it more manageable. This concept was part of the discussion about lament psalms already mentioned in this paper.

We also confess the need for God's *hesed*. As mentioned earlier, BDB defines *hesed* as Gods "*lovingkindness* in condescending to the needs of his creatures … *in*

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[355] Examples could include Malachi 3:5, "Then I will draw near to you for judgment. I will be a swift witness against the sorcerers, against the adulterers, against those who swear falsely, against those who oppress the hired worker in his wages, the widow and the fatherless, against those who thrust aside the sojourner, and do not fear me, says the Lord of hosts"; Psalm 69:29, "But I am afflicted and in pain; let your salvation, O God, set me on high!"; and Revelation 7:9, "After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands."

[356] Isaiah 55:9, "For as the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts."

redemption from enemies and troubles … men should trust in it."[357] Most Christians understand this concept in terms of God's grace, that power to save and restore. God alone possesses the power and ability to redeem our lives cleanly from enemies and troubles.[358] This activity of God's *hesed* does not guarantee that life will return to previous levels of "normal" or comfort. But God does work good in all things for those who are called according to his purpose.[359] Therefore, value and meaning grow in the new life once God has redeemed the situation. And finally, the expression of lament and the resulting wait require tenacity in faith and prayer. Lamenters will need to present their needs to God more than once, and the lamenter will have to wait for an answer. Some answers come quickly, some answers take years, some answers arrive only in the eschaton. But we do not grow weary in doing well; the prayer of the righteous has great power as it is working.[360]

Recommendations for Future Research

In the course of this research, five topics emerged for future exploration. Three topics emerged from the interviews and two from the literature.

The course of this study examined the experience of seven different pastoral counselors with diverse experiences and life situations. What data could be mined, however, by interviewing pastoral counselors from an even greater geographical and

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[357] Brown, *Brown-Driver-Briggs Hebrew and English Lexicon*, 339. Emphasis in the original.

[358] We best consider how often, for example, strictly human answers to problems cause more problems.

[359] Romans 8:28.

[360] James 5:16.

cultural footprint? While all the counselors interviewed were white and American, what could be learned from African American participants? What about participants from outside the United States, pastoral counselors from the developing world, perhaps?

Two of the participants mentioned the dark night of the soul as they discussed liminality. The literature associated with liminality, however, does not. For reasons outlined earlier in this chapter, this researcher believes that they are separate entities. But perhaps further comparative investigation into these phenomena might demonstrate clearer similarities or ties between them.

This study considered lament as able to restore hope to those in the dying process with persistent liminality. But how does lament also benefit those who are dying but are not in the liminal state? For example, the loss of dignity, often associated with end-of-life concomitant with a sense of despair, constitutes great challenges for pastoral counselors to meet. How can lament help address these trials?

The literature on medical liminality emphasizes approaches to relieving this condition. Such a tendency underlines the negative aspects of liminality. But further exploration into liminality might reveal more of the ways in which this state could prove useful for pastoral counselors to use in nurturing spiritual growth.

The literature pointed out that loss of dignity constitutes the most mentioned reason leading to suicidal ideation and requests for euthanasia. Therefore, can lament to God be demonstrated as an effective intervention among pastoral counselors to prevent suicide?

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