

Towards a Narrative of Hope and Resilience: A Contemporary  
Paradigm for Christian Pastoral Ministry in the Face of Mortality

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## Table of Contents

<b>Abstract .....</b>	<b>4</b>
<b>Chapter One: Living with the Reality of Our Mortality.....</b>	<b>5-44</b>
<b>Chapter Two: A Historical Perspective on a Christian Narrative of Hope.....</b>	<b>45-106</b>
<b>Chapter Three: The Importance of Story: Possibilities of Healing Metaphors.....</b>	<b>107-149</b>
<b>Chapter Four: Theory for a Hermeneutic and Theology of Hope and Resilience.....</b>	<b>150-219</b>
<b>Chapter Five: A Critical Understanding of How to Foster Hope in Others.....</b>	<b>220-269</b>
<b>Bibliography.....</b>	<b>270-312</b>

## **Abstract**

### *Towards a Narrative of Hope and Resilience: A Contemporary Paradigm for Christian Pastoral Ministry in the Face of Mortality*

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Analysis of current pastoral care practice, particularly of Christian pastoral care providers and chaplains, reveals a contemporary lacuna in Christian theological frameworks which contributes to North American Christians' inability to connect a theological understanding of death with the experience of their human finitude despite the presence of considerable literature on death and dying. This gap deprives many Christians of the possibility of finding a unique and specific source of hope and strength within their own faith tradition for facing crisis. This thesis provides a methodology and theological foundation for a uniquely Christian contribution for facilitating hope, resilience--even transformation--throughout the various stages of life until the time of death.

Extensive analysis of Christian views of death, as contrasted with non-Christian views, examined through early Christian writings, late Medieval and early Reformation texts, and the late twentieth century work of Moltmann contributed insights into theological frameworks to remedy the gap and also uncovered themes, metaphors, and language that could be important as Christians interpret life experience and dying. The thesis then utilized three contemporary fields of study to apply the insights into a practical ministry model: (1) research in resilience; (2) Narrative Therapy as developed by White and Epston and utilized by Christian therapists; and (3) hermeneutic theory from Capps, Browning, and Gerkin. Insights from these sources were critically evaluated for application in pastoral counselling, support, and education to help people, both in crisis and when facing death, find a substantial hope that transcends the reality of what they are experiencing.

This thesis proposes a distinctively Christian response to death that enables people to retain a sense of their own worth and dignity in order to live meaningful lives until they die. Many people find 21<sup>st</sup> Century healthcare impersonal and non-empathetic; the work of this theses is intended to be important for helping people regain their sense of self and identity, thereby supporting healing and resilience. In addition, the thesis proposes pedagogic and theological reflection methods that would enhance the practice of chaplains in a rapidly changing healthcare environment that will increasingly require them to demonstrate how their practice enhances the wellbeing of those they serve and provides a contribution that is unique and has value to the healthcare system.

## **Chapter One**

### **Living with the Reality of Our Mortality**

*“No man has power over the wind to contain it; so no one has power over the day of his death. . . .Anyone who is among the living has hope. . . .”(Eccles. 8:8, 9:4)*

#### **Introduction**

This chapter introduces the themes that will be explored throughout this thesis, beginning with a discussion of how the fear of death and avoidance of death preparations in contemporary society influence not only people’s ability to cope with mortality and loss, but also how they live. From there, the discussion moves to examining how changes in society--particularly the medicalization of the dying process, the institutionalization of the dying, and even the individualization of society--have contributed to this anxiety and denial of death. The chapter continues by critically examining current theory that informs pastoral and chaplain practice in the United States (US), particularly the work of Elisabeth Kübler-Ross whose work is problematic for Christians because of incompatibilities in theory, language, and theology. Analysis of current practice reveals a contemporary lacuna in Christian theological frameworks which contributes to North American Christians’ inability to connect a theological understanding of death with the experience of their human finitude despite the presence of considerable literature on death and dying. This gap deprives many Christians of the possibility of finding a unique and specific source of hope and strength within their own faith tradition for facing crisis. In addition, the lack of a strategy for linking theological understanding of death to a theory of pastoral

practice means that North American Christian pastoral care providers, including chaplains, struggle with understanding specifically how theological belief helps others cope and be resilient in the face of suffering and death.

### **A Note on the Context of Thesis**

This thesis is about meaning-making and the use of narrative to facilitate people's finding hope and resilience even in the midst of suffering, dying, and death. Because I propose using narrative applications as found in Narrative Therapy, it is appropriate to also provide the context from which I write since my context shapes my research findings and interpretations in some unique ways. I am a white, American female who has been a staff chaplain since 2002, first as a staff chaplain for Hospice and now as a Board Certified lead chaplain in a large hospital system. Before seminary and chaplaincy, I taught university-level classes in Management, Human Resources, and Economics. I was raised in the Episcopal Church, but am now Anabaptist and am ordained as a Mennonite. I have experienced suffering at the hands of others and through grief and loss. (My mother died two years ago, my mother-in-law died in December 2013, and I am currently caregiving for my 92-year old father.) All of these experiences, the odd juxtapositions and contradictions of my life, and the sufferings I have experienced, are gifts that give me a unique perspective, shape me, and shape my interpretations. They also give me an ability to see and analyse situations in unique ways. My life stories are important to me because of how they have contributed to my view of self and how working with has brought personal transformation. Even the research for thesis has become part of my story and

part of the ongoing transformational work. The writing is rooted in a passion—the desire to see others overcome hardship, suffering, and even the despair so often linked to death in order to find freedom from the bondages of interpretations that do not work for them, to find life abundant, and transformation even in the face of death.

In addition, I work within a non-profit, US healthcare system rather than the UK system of statutory healthcare. Our hospitals are, by law, inclusive and respectful of all faiths; however, 77% of the US population still identifies themselves as Christian. (The number of “nones” is growing.)<sup>1</sup> According to the 2011 ONS survey, 59% of the population of the UK still identify themselves as Christian.<sup>2</sup> The US has a growing number of “cultural” Christians, people who identify themselves as Christian because of family, heritage, or culture rather than religious practice. “This group makes up around one-third of the 75 percent who self-identify as Christians—or about a quarter of all Americans.”<sup>3</sup> Despite differences, the US and UK share a growing awareness that healthcare as it has been provided in the past may not be sustainable in the future. Like the UK, US healthcare is going through a time of cost/benefit analysis and in many cases, financial austerity. Chaplains are under pressure to prove their “quality, safety, effectiveness and value for money of their practice.” Ewan Kelly speaks to the

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<sup>1</sup> Frank Newport, “In U.S., 77% Identify as Christian,” *Gallup Politics* (Princeton, NJ, 24 December 2012), Summary of Gallup Poll Survey from 2011, <http://www.gallup.com/poll/159548/identify-christian.aspx> leading U.S. pollster.

<sup>2</sup> “Religion in England and Wales 2011,” Office of National Statistics (11 December 2012) Summary of 2011 results, <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rpt-religion.html>

<sup>3</sup> Ed Stetzer, “The State of the Church in America: Hint: It’s Not Dying,” *Christianity Today* (1 October 2013), <http://www.christianitytoday.com/edstetzer/2013/october/state-of-american-church.html>. Author used 75% from another poll, Pew Charitable Trust for 2012.

unique and important role that today's chaplains have within healthcare saying, "One of the greatest challenges chaplains face in a healthcare context is to explain succinctly what they actually do and how their services can be best utilized."<sup>4</sup> In collaboration with other chaplains, the NHS Scotland developed a list of chaplain's primary responsibilities, which holds true for US chaplains also.

These are:

- Engaging in a therapeutic listening, talking and being present with people in difficult times. In doing so chaplains:
  - affirm that fear, anxiety, loss and sadness are part of the normal range of human experience in healthcare;
  - establish trusting relationships in which others can explore hard questions relating to mortality, meaning and identity;
  - help them to (re) discover hope, resilience and inner strength in times of illness, injury, loss and death.
- Helping individuals, families and communities in healthcare to make significant moments in life and death using ritual and in other meaningful ways.
- Resourcing, enabling and affirming healthcare colleagues in their delivery of spiritual care – supporting them in reflecting on their own spirituality and that of patients and their carers.
- Meeting the particular needs of all in the healthcare community in relation to religion and belief by promoting creative links with faith and belief groups.
- Helping staff reflect on the relationship between their personal stories, including their values, beliefs, experiences and sense of vocational fulfilment, and the shared story of their workplace. The interface of the two influencing: behaviours, attitudes, decision making and well being.<sup>5</sup>

This thesis grew out of a desire to help Christian chaplains know what is unique and important in their theological contribution to the healthcare team and also focuses on the **how** of helping others "(re) discover hope, resilience and inner strength in times of illness, injury, loss and death." Yet, the techniques presented

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<sup>4</sup> Ewan Kelly, "The Development of Healthcare Chaplaincy," *The Expository Times* 123 (10): 469-470.

<sup>5</sup> Ewan Kelly quoting "Identity and Role of Scottish Healthcare Chaplains" a consensual statement agreed upon at a 2 day conference in September 2010 in "The Development of Healthcare Chaplaincy," *The Expository Times* 123 (10): 471-472.



in this thesis for fostering hope, including the model presented, have a much wider application for chaplains and pastoral care providers of all faiths.

### **Living with Death Anxiety**

This thesis focuses on end-of-life support and discusses how death anxiety (fear of death) influences the dying and how others relate to them. Yet, it also highlights the need for education and preparation long before people actually face their physical death. The early Christian church made preparing for death an important part of its teaching. However, the North American Church has moved away from this vital teaching creating a lacuna that affects not only how people view death, but also whether they can appropriate their faith when they need it to help them face death and loss and die as they might desire.<sup>6</sup> This thesis addresses the lacuna while also acknowledging the challenges for contemporary Christian carers because despite death's inevitability and commonality, each death experience is shaped by the symbolism and meaning that a person has attached to death. The thesis also suggests methodology that will help pastoral care providers meet people where they are and, acting as a guide rather than an expert, create a conversation of mutual exchange out of which the person being helped will emerge with a re-written story of death that is not based on fear but faith. This process of reframing death in a more hope-filled manner is important because many people today live with an awareness of mortality, but ignore its meaning for them until an event shocks them out of their

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<sup>6</sup> I am purposely staying away from "good death" because the term is difficult to define today. As a nurse participant at a Schwartz Rounds on 25 February 2014 at Wesley Long Hospital, Greensboro, NC, US, asked: "When we say 'good' death how do we define that? Just because a death looks good to us, doesn't mean it was good to the person who died."

sense of immortality and denial.<sup>7</sup> As they grapple with the crisis, they act unprepared, unwilling, or unable to respond in a way that gives them a meaningful and hopeful ending to life. Hospice and hospital chaplains in the US often see situations where people hang onto denial until the last moments and then struggle with last minute regrets and leave chaos for survivors. Robert Neimeyer<sup>8</sup> and other researchers have documented that denial of death and death anxiety influence how people cope with all crises and is even connected with how fully they live.<sup>9</sup> He concludes that many people in today's Western world have stopped accepting death as a part of life and have resisted connecting it to

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<sup>7</sup> Ernest Becker, *Denial of Death* (New York: Free Press Paperbacks, 1973), 20-23, 26-33. Viktor Frankl also wrote of shocked awakening. See Viktor Frankl, *Man's Search for Meaning: An Introduction to Logotherapy* (Boston: Beacon, 2000). Others studying the implications of beliefs regarding mortality on behavior have noted the denial aspect of behavior, but have called it "apathy" rather than denial (See Talcott Parsons, Renee Fox, and Victor Lidz, "The 'Gift of Life' and its Reciprocation," *Social Research* 39 [1972]: 365-415, and Bruce Rumbold, *Helpless and Hope: Pastoral Care in Terminal Illness* [London: SCM, 1986], 2). For the purposes of this study we will use the language found in most contemporary studies (see later in the chapter). Even those who differ in terminology utilized, describe effects that are commonly noted in discussions about denial.

<sup>8</sup> Robert Neimeyer, "Death Anxiety," in *Dying: Facing the Facts*, eds. Hannelore Wass, Robert Neimeyer, and Felix Berardo (New York: Hemisphere, 1988), 99. Neimeyer provides an overview of the death anxiety studies with extensive documentation in his chapter, 97-136. Research in this area has increased dramatically since the mid-1960s. Neimeyer attributes this explosion of research to the development of "the first validated and widely available instruments designed specifically for the direct assessment of death fear, threat and anxiety." Since this study, even more studies have been conducted. See next note.

<sup>9</sup> In scientific and medical literature, death anxiety is a term used to "conceptualize the apprehension generated by death awareness" (A. M. Abdel-Khalek, "Death Anxiety in Clinical and Non-Clinical Groups," *Death Studies*, 29, issue 3 (2005): 251-259) Since the mid-1979s thousands of studies have been done. A search of the PubMed database using "medical studies death anxiety" yielded 253 hits. Studies have increased in sophistication and contribution. A sampling of articles and books with analysis of the studies and findings includes: Robert Kastenbaum, *The Psychology of Death*, 2<sup>nd</sup> edition (New York: Springer, 1992); Robert Neimeyer, ed., *Death Anxiety Handbook: Research, Instrumentation, and Application* (New York: Taylor & Friends, 1994); Robert Neimeyer, Richard Moser, and Joachim Wittkowski, "Assessing Attitudes Toward Dying and Death: Psychometric Consideration," *Omega*, 47 (2003): 45-76; Robert Neimeyer, Richard Moser, and Joachim Wittkowski, "Psychological Research on Death Attitudes: An Overview and Evaluation," *Death Studies*, 28 (2004): 309-340; Adrian Tomer, *Death Attitudes and the Older Adult* (Philadelphia: Brunner-Routledge, 2000); Jerrold Pollak, "Correlates of Death Anxiety: A Review of Empirical Studies," *Omega*, 10, no. 2 (1979-1980): 97-121; and Rebecca Lehto and Karen Stein, "Death Anxiety: An Analysis of an Evolving Concept," *Research and Theory for Nursing Practice* 23, no. 1(2009): 23-41.

personal human existence.<sup>10</sup> Research on death anxiety confirms that when people try to avoid thinking about their own deaths, their fear of death is greater contributing to last moments that are more anxiety filled, keeps them from being fully present with family and friends, and prevents them from finishing out their lives well.

### **How Death Came to Be Hidden and the Implications of that Change**

In the ancient world, death was a constant companion--not always a welcome one, but at least a familiar one. With the rise of professional medicine in Western culture, medical and funeral industry professionals took over the care of the dying and the corpse, thus removing “the dead from the human community.”<sup>11</sup> Around 1900, only about 10% of deaths occurred in institutions (such as hospitals or other facilities), in the 1980s, that percentage increased to 80% in the US and 65% in the UK.<sup>12</sup> According to the *Journal of the Royal Society of Medicine* (September 2004), about 22% of Americans still died at home while for the UK it was only 18%.<sup>13</sup> This change in where people die has profound implications for society. As dying people were moved from homes to institutions in which to die, death became more hidden. Moreover, as people experienced

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<sup>10</sup> Robert Neimeyer, “Death Anxiety,” in *Dying: Facing the Facts*, eds. Hannelore Wass, Robert Neimeyer, and Felix Berardo (New York: Hemisphere, 1988), 97-136.

<sup>11</sup> Gary Laderman, *The Sacred Remains: American Attitudes Toward Death, 1799-1883* (New Haven, CT: Yale University, 1996), 2-3.

<sup>12</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 1. See also Christine Cassel and Beth Demel, “Remembering Death,” *Journal of the Royal Society of Medicine* 94, no. 9 (September 2001): 433–436. The authors cite statistics from the National Center for Health Statistics National Mortality Followback Survey for 2000 ([www.cdc.gov/nchs/releases/98facts/93nmfs](http://www.cdc.gov/nchs/releases/98facts/93nmfs)) that 56% die in the hospital and 19% die in long-term care facilities.

<sup>13</sup> Barbara Gomes and Irene Higginson, “Home or Hospital? Choices at the End of Life,” *Journal of the Royal Society of Medicine* 97, No. 9 (September 2004): 413–414, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1079580/>.

death less, it became easier for them to deny it.<sup>14</sup> By the early decades of the twentieth century, Philippe Ariès, noted death historian, wrote: “A heavy silence has fallen over the subject of death. . . .Neither the individual nor the community is strong enough to recognize the existence of death.”<sup>15</sup> Geoffrey Gorer, noted cultural anthropologist, argued in 1955 that contemporary Western society was repressing the healthy acceptance of death and so in his opinion, death had “become as unmentionable as sex was to the Victorians.”<sup>16</sup> The invisibility of death also means that people have less experience preparing for and coping with its effects.<sup>17</sup> Working with end-of-life situations is a leading cause of burnout for North American trauma care providers, ICU nurses, and doctors.<sup>18</sup> Yet, though invisible, death’s reality and threat influences how people experience loss and even the choices they make in life.<sup>19</sup> Elisabeth Kübler-Ross noted that when

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<sup>14</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 1.

<sup>15</sup> Philippe Ariès, *L’Homme devant la mort* (Paris, 1977), trans. H. Weaver as *The Hour of Our Death* (Oxford: Oxford University, 1981), 614. Ariès gives a detailed and thorough account of death’s taboo status on pages 612-613. See also Sigmund Freud, “Thoughts for the Times on War and Death,” *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 4 (London: Hogarth, 1953), 304-5.

<sup>16</sup> Geoffrey Gorer, “The Pornography of Death,” *Encounter* 5 (1955): 49-52.

<sup>17</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 1.

<sup>18</sup> See Jan Hare, Clara Pratt, and David Andrews, “Predictors of Burnout in Professional and Paraprofessional Nurses Working in Hospitals and Nursing Homes,” *International Journal of Nursing Studies* 25, Issue 2 (1988): 105-115. I have counseled a number of crisis nurses who have left the field and have heard more than once “I have just seen too much death.” For more on the impact on fear and one form of intervention see “Terror Management Theory,” including the work of J. L. Goldenbert and J. Arndt, “The Implications of Death for Health: A Terror Management Health Model for Behavioral Health Promotion,” *Psychological Review* 115 (2008): 1032-1053 and Tom Pyszczynski, Jeff Greenberg, and Sheldon Solomon, “Why Do We Need What We Need? A Terror Management Perspective on the Roots of Human Social Motivation,” *Psychological Inquiry* 8 (1997): 1-20.

<sup>19</sup> Ernest Becker, *Denial of Death* (New York: Free Press Paperbacks, 1973), 11; see also Elisabeth Kübler-Ross, “On the Fear of Death,” in *On Death and Dying*, <http://www.crossroadscounselinggroup.com/resources/ebook/KublerRossElizabehOnDeathDying-complimentsofCRTI.pdf>; S. L. Goldings, G. E. Allwood, and R. A. Goodman, “Anxiety and Two Cognitive Forms of Resistance to the Idea of Death,” *Psychological Report* 18 (1966): 359-64; C. W. Wahl, “The Fear of Death,” *Bulletin of the Mellinger Clinic* 22 (1958): 214-223; and Ahmed M.

people ignored the terminal reality of their conditions, they lost chances to make decisions that would affect their dying with dignity, bring reconciliation, and create memorable good-byes for survivors.<sup>20</sup> Caregivers' avoidance strategies, linked to anxiety about acknowledging the terminal condition of a loved one, contribute to depression and despondence of the dying person.<sup>21</sup> According to Robin Hanson, Economist at George Mason University, fear of death costs Americans millions of dollars as they buy services to prolong youth and life, particularly in healthcare and security industries. She found that fear of death rather than the benefit derived from treatment is the basis for most medical spending. How could she make this claim? She links spending to the strong "need," conscious or unconscious, to believe "that medical miracles can control death" even though the intervention may prolong treatments that actually contribute to suffering for the dying person.<sup>22</sup> In addition, the anxiety generated by attempts to evade aging and death contributes to mental health problems and posttraumatic stress reactions and has been associated with heightened negative attitudes toward the elderly and aging.<sup>23</sup>

### **The Power of Narrative and Pastoral Response**

With death being less visible, it has become more difficult for people,

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Abdel-Khalek, "Why do we fear death? The construction and validation of the reason for death fear scale," *Death Studies* 26 (2002): 662-80 to name a few.

<sup>20</sup> Elisabeth Kübler-Ross, *On Death and Dying*, (New York: Macmillan, 1969), 38-49.

<sup>21</sup> Bruce Rumbold, *Helpless and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 11, 63.

<sup>22</sup> Robin Hanson, "Fear of Death and Muddled Thinking—It Is So Much Worse Than You Think," (2005), <http://hanson.gmu.edu/feardie.pdf>. *Forbes* online magazine mentioned how insurance sales people are taught to "capitalize on your fear of death" to make sales. See Tim, Maurer, "Fear of Death and Life Insurance," *Forbes* (12 April 2012), <http://www.forbes.com/sites/timmaurer/2012/04/12/fear-of-death-and-life-insurance/> [accessed 30 June 2012].

<sup>23</sup> Rebecca Lehto and Karen Stein, citing research findings in "Death Anxiety: An Analysis of an Evolving Concept," *Research and Theory for Nursing Practice*, 23, no. 1 (2009): 23-41.

including North American Christians, to arrive at an understanding of what death means, generally and for themselves. In the later chapters, this thesis will talk about how important narrative was to the early Christian church and how theological narratives linked to death are lacking today which has an impact on people facing death. It is important for people facing serious illness and death to create a meaning in what is happening to them through their use of story.<sup>24</sup> Contemporary narratives available to them for attaching meaning to the crisis often come from family, culture, and previous responses to death rather than from theological interpretation. Fortunately, pastoral care providers have many places to look for resources and methods with which to support people in end-of-life situations since narrative methodologies are widely available.<sup>25</sup> However, the availability of resources means that pastoral care providers need to critically engage with those sources rather than just adopting what seems to fit or work, but which may not be fully compatible with Christianity.<sup>26</sup>

This thesis looks at narrative methodologies and particularly at narratives that relate to healthcare and those (including Christian) that can be utilized to help people interpret suffering and mortality. Sometimes narratives are in conflict with each other or contribute to behaviours that are not appropriate or helpful for someone who is suffering. For instance, Arthur Frank, narrative researcher, has

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<sup>24</sup> Among narrative scholars, there is broad consensus that human beings make sense of reality through narratives and “that stories are means of interpreting and infusing events with meaning.” Carl Rhodes and Andrew Brown, “Narrative, organizations and research,” *International Journal of Management Reviews* 7, No. 3(2005): 6, [http://opus.bath.ac.uk/11790/1/IJMR\\_Narrative\\_Org\\_and\\_Research\\_Second\\_Submitted\\_version\\_26\\_04\\_05.pdf](http://opus.bath.ac.uk/11790/1/IJMR_Narrative_Org_and_Research_Second_Submitted_version_26_04_05.pdf).

<sup>25</sup> *Ibid.*, 167-188. Rhodes and Brown provide a historical overview of how the value of narrative research has been demonstrated time and time again “despite the dominance of positivistic (natural science) schema” (page 29 in online version).

<sup>26</sup> This will be covered in more depth in chapter four.

identified several forms of illness narratives prevalent in the West including a dominant one that he called the “restitution narrative.”<sup>27</sup> This narrative is based on the belief that “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” and in another form, that “For every suffering there is a remedy.”<sup>28</sup> This story is preferred because it reassures the listener that “however bad things look, a happy ending is possible.”<sup>29</sup> Though optimistic in tone, this narrative becomes problematic when it contributes to denial of mortality by rendering illness transitory<sup>30</sup> and when the desire for a positive outcome hinders the ability to be with people who are suffering or have received a terminal diagnosis. Illness narratives, especially ones that are not restorative, can be difficult to listen to and produce anxiety in family members and medical staff. Howard Waitzkin found in observing US physicians listening to negative sounding stories that the doctors often “curtail storytelling by patients” because “parts of the story may create feelings that are uncomfortable for the doctor, the patient, or both.”<sup>31</sup> Yet, Frank found that telling the story in and of itself could provide relief and even healing. North American clinical pastoral education programs focus on teaching students of chaplaincy how to listen to people’s stories without being an anxious presence. Yet, more work remains in helping chaplains not only listen at a deeper level to what the story might be telling them, but also how to utilize narrative techniques to work with people’s stories for fostering hope and resilience. One of the biggest

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<sup>27</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 77.

<sup>28</sup> *Ibid.*, 80.

<sup>29</sup> *Ibid.*, 97.

<sup>30</sup> *Ibid.*, 115.

<sup>31</sup> Howard Waitzkin, *The Politics of Medical Encounters: How Patients and Doctors Deal with Social Problems* (New Haven: Yale University, 1991), 28. See also Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 63.

gaps in pastoral education is in teaching ministers how to work with people who do not have a restitution narrative, particularly in areas of terminal and chronic illness. Another gap occurs when narratives between patients and staff do not line up and may even conflict. Chaplains are often called in by medical staff when a terminal diagnosis is given and the patient is resisting what staff feels is the next step for treatment and is responding to the news in a way that producing anxiety in the staff. For the person, the diagnosis comes as an interruption in his or her life or even as a tsunami that appears to have swept away all he or she had. There is no time yet for the person to find meaning, coherence, or even words to express his or her angst. Frank calls their attempts to find a voice--a time of living a "chaos narrative."<sup>32</sup> During this time of chaos and strong emotion, it is common for staff to label the patient as "depressed" and then call the chaplain. Yet, Frank identified staff behaviour as "clinical dismissal;" they label the person out of their own anxiety as they seek to make the chaos and tears end. In essence, they are rejecting the chaos narrative evidenced in the patient's reactions and words with the diagnosis of "a treatable condition," thus reflecting their hope that there will be a restitution narrative. Clinical staff can once again be comfortably in control: the reaction to the news "can be dismissed as the patient's personal malfunction. The reality is classified as either amenable or resistant to treatment; in either case it no longer represents an existential threat."<sup>33</sup> How the chaplain responds is important. Will she affirm the staff in order to diminish their anxiety and her own as she meets an anti-restitution narrative,

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<sup>32</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 97.

<sup>33</sup> *Ibid.*, 110.



will she honour the chaos narrative of the person, or will she find some way to support both groups? Without understanding illness narratives and their importance and influences culturally and individually, how will she even begin to know how and who to support in this situation? Siding with staff by affirming a diagnosis of depression and meeting the suffering person as merely depressed contributes to a diminishing of the person and to the person's feelings of hopelessness. This happens because denying a chaos story is to deny the person and their experience.<sup>34</sup> Carers come first "willing to become witnesses to the story"<sup>35</sup> and honour the chaos, and, then to help the person find continuity, congruence, and closure.<sup>36</sup> Not recognizing the type and importance of story in these situations also misses the opportunity for an opening to faith. It is paradoxical that of all the types of illness narratives, the chaos narratives are the most obviously linked with faith in the Christian scriptures. Many people find comfort in the Psalms, which is not surprising because many of them begin as chaos stories but end in faith that somehow develops out of the chaos.<sup>37</sup> Subsequent chapters of this thesis will talk more about the importance of narrative and how pastoral care providers can utilize it.

Pastoral care providers face difficult questions connected to mortality, such as: "How do we meet people in their times of loss and help them find meaning and understanding through their suffering? How do we help them

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<sup>34</sup> *Ibid.*, 109.

<sup>35</sup> *Ibid.*

<sup>36</sup> David Carr, *Time, Narrative, and History* (Bloomington: Indiana University, 1986), 96. See also Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 61.

<sup>37</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 114.

prepare to live with the losses that will eventually come and remain open to life rather than withdrawing from it to avoid the pain of love and loss?" Most especially, as Christian pastoral care providers we ask: "What does the Christian faith offer in terms of answers for these questions?" This current study has grown out of the quest to find answers to these questions and not finding them sufficiently answered in other works about pastoral care. Much of the North American material for supporting people in loss since the 1970s has come from non-Christian and temporal sources often strongly influenced by the work of Elisabeth Kübler-Ross. Though excellent, the ideas and interventions in these books and articles do not address the theological implications of loss, dying, and death nor offer an explicitly Christian theological approach to death.

### **Therapeutic Chaplain Practice Influenced by Kübler-Ross**

A search on the Internet for North American grief support will inevitably provide sites related to the grief work of Elisabeth Kübler-Ross. *Time* magazine on 29 January 2011 ran an article addressing the enduring influence of Kübler-Ross' five stages of grief (denial, anger, bargaining, depression, and acceptance)<sup>38</sup> in the US even though other grief theories now exist. The author, Ruth Davis Konigsberg said:

The five stages of grief are so deeply embedded in our culture that they've become virtually inescapable. Every time we experience loss — whether personal or national — we hear them recited: denial, anger, bargaining, depression and acceptance. They're invoked to explain our emotional reaction to everything from the death of a loved one to the destruction of the Gulf of Mexico after the BP oil spill to LeBron James' abandoning the Cleveland Cavaliers for the Miami Heat.<sup>39</sup>

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<sup>38</sup> Julie Axelrod, "The 5 Stages of Loss and Grief," *Psych Central* (2006), <http://psychcentral.com/lib/the-5-stages-of-loss-and-grief/000617> [March 3, 2014].

<sup>39</sup> Ruth Konigsberg, "New Ways to Think about Grief," *Time* (29 January 2011),

She went on to say that they have become “axiomatic, divorced from the time and place of their origin.”<sup>40</sup> In seminary, during clinical pastoral education as a chaplain, and then in Hospice, I had many hours of training in grief work, in which Kübler-Ross’ work was highlighted. Her work is still widely taught in North American seminaries, universities, and medical programs. Her ideas play a dominant role in current pastoral hospital theory.

Kübler-Ross recognized how the medical model for caring for the dying was inadequate in addressing needs of dying people and their families because it only focused on physical needs and not on the emotional and spiritual ones. By the twentieth century, advances in medical knowledge and technology were improving life expectancy and curing diseases once thought incurable. However, the focus on diagnosis, care plan, and cure brought with it a language and narrative that influenced how the medical world treated people. Death became metaphorically an enemy to be conquered and every death a sign of the system’s failure, a defeat.<sup>41</sup> This becomes problematic when a cure is no longer possible and the person becomes not only a reminder of the “failure” of the system focused on healing, but also no longer a part of the “work” of that system.<sup>42</sup> Currently, when people reach the point where cure is no longer possible, they are

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<http://content.time.com/time/magazine/article/0,9171,2042372,00.html#ixzz2i5L79vVc>.

<sup>40</sup> *Ibid.*

<sup>41</sup> See Daniel Callahan’s discussion of how medicine has utilized the metaphor of war since the 1880s and the repercussions of this, in “Is Research a Moral Obligation? Plagues, Death and Aging,” in *What Price Better Health? Hazards of the Research Imperative* (Berkeley: University of California, 2003), [http://bioethics.georgetown.edu/pcebe/background/callahan\\_paper.html](http://bioethics.georgetown.edu/pcebe/background/callahan_paper.html), [accessed 8 December 2012].

<sup>42</sup> John Morgan, “Living Our Dying: Social and Cultural Considerations,” in *Dying: Facing the Facts*, eds. Hannelore Wass, Robert Neimeyer, and Felix Berardo (New York: Hemisphere, 1988), 23, 25.

discharged home or to another facility where they wait to die. Medical attitudes, language, and behaviour regarding death convey a subtle yet powerful message to the dying and those who witness the treatment.

Kübler-Ross observed how staff attitudes, especially avoidance strategies, affected patients and she saw their loneliness. In response, she began to talk directly to patients about their needs and wrote about what she learned in *On Death and Dying*. The book became a best seller, bringing her international media attention, support, and a following, and bringing death and dying back into public view.<sup>43</sup> This work has been foundational for the Palliative Care and Hospice movement (medical specialties that work with those beyond a cure or who are dying) in the United States.<sup>44</sup>

Despite her influence, in the years since her death on August 24, 2004,

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<sup>43</sup> Evidence of her popularity and impact can be seen on <http://www.elisabethkublerross.com/>, the website for the Elisabeth Kübler-Ross Foundation.

<sup>44</sup> Used in this thesis, Hospice as defined by Webster's New World Medical Dictionary is "a program or facility that provides special care for people who are near the end of life and for their families. Hospice care can be provided at home, in a hospice or another freestanding facility, or within a hospital." Definition available online at: [www.medterms.com/script/main/art.asp?articlekey=24266](http://www.medterms.com/script/main/art.asp?articlekey=24266), 2009. Palliative Care is "the medical specialty focused on relief of the pain and other symptoms of serious illness. The goal is to prevent and ease suffering and to offer patients and their families the best possible quality of life." Definition available online at: <http://www.getpalliativecare.org/whatis>. For implications and results of Kübler-Ross' work see Carol P. Germain, "Nursing the Dying: Implications of Kübler-Ross Staging Theory," *The Social Meaning of Death. Annals of the American Academy of Political and Social Science*, 447 (January 1980), 46 and 50; Jonathen Rosen, "Rewriting the End: Elisabeth Kübler-Ross," *New York Times Magazine*, 1995: 22; and Glen W. Davidson, *The Hospice Development and Administration*, 167, which talks about the service done by Kübler-Ross but also is critical of how the movement has taken her staging theory as "exemplary paradigm." Kübler-Ross Webinars for medical professionals and chaplains are still widely available in America. See for instance: [http://cesearchengine.com/ce\\_details.php?ce\\_id=8721](http://cesearchengine.com/ce_details.php?ce_id=8721) which closes 12/31/2013 for the Association of Death Education and Counseling. Her work is referenced on the National Hospice and Palliative Care Organization, <http://www.nhpco.org/search/node/kubler-ross>; numerous American colleges and universities and Clinical Pastoral Education programs for training chaplains medical and chaplaincy programs still list her book on *Death and Dying* as required reading; and professional counselling sites utilize it such as PsychCentral, <http://psychcentral.com/lib/the-5-stages-of-loss-and-grief/000617>. See also the work of Michele Catherine Gantois Chaban, *The Life Work of Dr. Elisabeth Kübler-Ross and Its Impact on the Death Awareness Movement*, Symposium Series, Volume 49 (Lampeter, Wales: Edwin Mellen, 2000), 316-322.

many critics have stepped forward to question the subjective nature of her work and her lack of adherence to existing scientific protocols and standards.<sup>45</sup> Others support her work, but find her staging theory does not fit actual clinical experience. Her later work with the paranormal has made her theories less palatable to many in scientific and research fields.<sup>46</sup> Yet, though often seen as a maverick by the medical community, she was a pioneer in helping the dying find meaning in their suffering and encouraging further research which has led to a proliferation of thanatological research. Furthermore, her message resonated with the public and nursing personnel because she recognized, acknowledged, and named the natural fears and suffering that arise as people think of and experience their mortality.

Yet, as she worked to make death more understandable and manageable, she created a narrative and a theology of death that have had negative unintended consequences. Kübler-Ross' attention to the stages and her judgment that some were more desirable than others does a disservice not only to patients who do not reach the "appropriate" level of acceptance but also to the

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<sup>45</sup> James C. Carpenter, "Accepting Death: A Critique of Kübler-Ross," Review of *To Live Until We Say Goodbye*, The Hastings Center Report, vol. 9, no. 5, (October, 1979) 42. See also Charles Garfield, *Psychological Care of the Dying Patient* (New York: McGraw Hill, 1978); Richard Schultz and David Aderman, "Clinical Research and the Stages of Dying," *Omega: The Journal of Death and Dying* 5 (1974): 137-143; Charles A. Corr, "Coping with Dying: Lessons That We Should and Should Not Learn from the Work of Elisabeth Kübler-Ross," *Death Studies* 17 (1993): 69-83; Charles A. Corr, "A Task-Based Approach to Coping with Dying," *Omega: The Journal of Death and Dying* 24 (1992):81-94; Charles A. Corr, and Kenneth J. Doka. "Current Models of Death, Dying, and Bereavement." *Critical Care Nursing Clinics of North America* 6 (1994): 545-552; and Charles A. Corr, Kenneth J. Doka, and Robert Kastenbaum, "Dying and Its Interpreters: A Review of Selected Literature and Some Comments on the State of the Field." *Omega: The Journal of Death and Dying* 39 (1999): 239-259.

<sup>46</sup> Michele Catherine Gantois Chaban, *The Life Work of Dr. Elisabeth Kübler-Ross and Its Impact on the Death Awareness Movement* Symposium Series, Volume 49 (Lampeter, Wales: Edwin Mellen, 2000), ix and 307. Chaban has written a thorough and definite work examining the validity of Elisabeth Kübler-Ross works, analysis of the impact she has had on the Death Awareness Movement and the validity of main criticisms of her work.

staff who treat them. Her work contains examples of her judgment of patients who did not fit the pattern including her stating that those who struggle (“fight for life”) until the end would not reach the stage of acceptance and would instead face dying as a “painful last experience.”<sup>47</sup> She also said that people could “regress” and not reach acceptance.<sup>48</sup> In her utilization of “symptom-based” and staging language, Kübler-Ross created a “user-friendly construct for healthcare professionals” which re-enforced the very science-based thinking that she had originally identified as being the cause of the suffering and hiddenness of the dying.<sup>49</sup>

### **Kübler-Ross’ Problematic Legacy for Pastoral Care Providers**

Kübler-Ross became a voice for the voiceless as she documented the impact of the institutionalization of dying on people. For centuries, dying had been a process that the church, dying person, family, and community not only experienced but also managed. As the management and control over the dying process shifted to institutions, physicians, and hospital teams, structures and procedures—even infection control and care plans—dehumanized the process of death and marginalized the dying person. Kübler-Ross documented the impact this had on the dying and created awareness of their plight. In the process, she touched many individual lives through her interviews, teaching, and workshops.

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<sup>47</sup> Elisabeth Kübler-Ross, *On Death and Dying* (New York: Macmillan, 1969), 114. In *Questions and Answers on Death and Dying* she also said that if a person had been angry all his or her life, “was a revolutionary or a fighter,” or was often depressed and filled with self-pity, that it was unlikely that the person would achieve acceptance. Elisabeth Kübler-Ross, *Questions and Answers on Death and Dying* (New York: Macmillan, 1974), 36-7.

<sup>48</sup> Elisabeth Kübler-Ross, *Questions and Answers on Death and Dying* (New York: Macmillan, 1974), 26 and 37.

<sup>49</sup> Michele Catherine Gantois Chaban, *The Life Work of Dr. Elisabeth Kübler-Ross and Its Impact on the Death Awareness Movement*, Symposium Series, Volume 49 (Lampeter, Wales: Edwin Mellen, 2000), 29.

She helped many people find meaning in dying, helped those providing care for the dying recognize when the “countdown to death” began, and offered suggestions for how to meet the dying where they were while supporting the loved ones they were leaving behind. It is ironic that she is mostly remembered and celebrated for her earlier work; yet, her later application-oriented workshops probably had a greater impact on the people she sought to serve. The way she utilized her developing understanding of hope and acceptance in workshops has given many people the:

opportunity to say and do all the things that they have left undone, to make preparations for their funerals, if that is what they would like to do, and to make arrangements for those they leave behind. It allows for the saying of goodbyes and the affirming of affections. ‘Last works’ take on a special significance.<sup>50</sup>

Through her work, Kübler-Ross created a language of grief and a narrative of hope that has helped some people find meaning for their suffering and hope through a belief in an after-death experience. The language of her grief work continues to influence theological discussions in the US palliative realm, but is it Christian? Does that matter? Kübler-Ross’ popularity and lasting influence even among US. Christian chaplains involved in supporting the dying, reveals not only the lack of critical engagement with her ideas, but also the gap in a Christian theological understanding and pastoral intervention for the dying. It is important for Christian pastoral care providers to examine her underlying assumptions and the implications of her spirituality. In addition, pastoral care providers should critically examine the language of this model of support to determine whether it

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<sup>50</sup> Jeanne Katz and Moyra Sidell, *Easeful Death: Caring for Dying and Bereaved People* (London: Hodden and Stoughton, 1994), 19.

adequately contributes to a person's sense of self, dignity, and value and helps people find meaning. Contemporary language associated with dying is medical. People are considered "terminally ill" when "nothing further can be done" and "patients" are labelled with a diagnosis that often defines how they are treated. This language has the effect of diminishing people's humanity and robbing them of their individualistic identities. Kübler-Ross' staging theory language also contributes to this when it does not take into account the individualistic nature of dying and death as experienced within the religious, cultural, spiritual, social, and financial realities of a person's life.<sup>51</sup> According to the Christian view, people have value and dignity because "every human life is created to be the image of God on earth and must be respected as such."<sup>52</sup>

Moreover, grief theory is taught within a framing of Kübler-Ross' narrative of what a "good death" means. The unintended message conveyed is that a "good death" is one that follows a certain pattern.<sup>53</sup> In this North American model, care providers for the dying are mostly medical professionals who manage the dying process and attempt to make the determination of the exact moment of death. Albert Banerjee says of this: "No longer is death a figure with whom we dance throughout life, but a temporally bounded and physically contained micro-event in the brain."<sup>54</sup> This paradigm of professional, managed care opens up new

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<sup>51</sup> See "Limitations Related to Staging Theory," Carol Germain, "Nursing the Dying: Implications of Kübler-Ross' Staging Theory," *Annals of the American Academy of Political and Social Science* 447, (Jan., 1980), 52-4.

<sup>52</sup> Jürgen Moltmann, *Ethics of Hope* (Minneapolis: Fortress, 2012), 72.

<sup>53</sup> Mark Kuczewski, "Re-Reading On Death & Dying: What Elisabeth Kübler-Ross Can Teach Clinical Bioethics" *The American Journal of Bioethics* (Fall 2004) 4:4, W20. As a former Hospice chaplain and current hospital chaplain, I have also experienced the training first hand.

<sup>54</sup> Albert Banerjee, "Speaking of Death: Representations of Death in Hospice Care," paper presented at Canadian Hospice Palliative Care Conference in Victoria B.C., October 22, 2001,



vistas of ethical concerns as it permits people other than the patient to take control over the decisions regarding life and death, and, in the case of someone dying, even over how that person may prepare for death.<sup>55</sup> In the institutional setting, people grieve the loss of control, lack of power to make decisions for themselves, and the everyday, normal rituals that were once a part of life along with the activities, possessions, and people that helped define who they were. The North American medical model does not attempt to “treat” this sickness of the heart and soul. Yet, for pastoral care providers, such as chaplains, the medical failure of emotional and spiritual support has created new opportunities for supporting people: first, by affirming people’s right to have control in their decisions and choices and in advocating for them; second, by helping people regain some of the dignity and identity stripped from them in institutional settings; and, third, by helping people find meaning in death from a Christian theological perspective. The contemporary lacuna in Western society regarding death and dying presents the Church with the challenge of and opportunity for finding a Christian response to death. In 1970, James Lapsley from Princeton Theological Seminary in Princeton, NJ, wrote an article on the “flood of books and articles on the subject of death and dying.” He focused on three that he thought were the most important for understanding the significance of this movement: Kübler-

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[www.fsu.edu/~proghum/interculture/pdfs/banerjee%20speaking%20of%20death.pdf](http://www.fsu.edu/~proghum/interculture/pdfs/banerjee%20speaking%20of%20death.pdf).

<sup>55</sup> Stella Mary O’Gorman, “Death and dying in contemporary society: an evaluation of current attitudes and the rituals associated with death and dying and their relevance to recent understandings of health and healing,” *Journal of Advanced Nursing* 27 (1998), 1130. See also Albert Banerjee, “Speaking of Death: Representations of Death in Hospice Care,” (paper presented at Canadian Hospice Palliative Care Conference in Victoria B.C., October 22, 2001), [www.fsu.edu/~proghum/interculture/pdfs/banerjee%20speaking%20of%20death.pdf](http://www.fsu.edu/~proghum/interculture/pdfs/banerjee%20speaking%20of%20death.pdf).

Ross' *On Death and Dying*, Toybee's *Man's Concern with Death*,<sup>56</sup> and Mills' *Perspectives on Death*.<sup>57</sup> He wrote that among other things, the literature reflected and documented the "secularization of death."<sup>58</sup> He clearly saw the void and the implications. He wrote: "We need a new theology of death to provide us with the shape of an imaginable, viable future, to provide us the hope necessary for productive risk in the present."<sup>59</sup> Daisaku Ikeda—significant American educator, Buddhist philosopher, and peacebuilder--arrived at a similar conclusion about the need for a theology of death though looking at it from a Buddhist perspective rather than a Christian one. He said that the Christian ethic that helped people make meaning out of suffering and death had effectively vanished leaving society "a-religious and even amoral and with confused ideas regarding health and death." He continued, saying that people of faith need to revise the

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<sup>56</sup> Arnold Toynbee, ed. *Man's Concern with Death* (New York: McGraw-Hill, 1969).

<sup>57</sup> Liston Mills, ed. *Perspectives on Death* (Nashville: Abingdon, 1969).

<sup>58</sup> James Lapsley, "Perspectives on Death; Man's Concern with Death; On Death and Dying," Review Section, *Theology Today* 27, no. 1 (April 1970). Lapsley connects secularization with a decline in the traditional belief in the immortality of the soul. This is true perhaps of Mill's collection of essays, but is not as easily supported with Kübler-Ross' work. His contention about the importance of the decline of the traditional view of the soul is worthy of further consideration. For this thesis, the importance of his statement is related to his recognition of the secularization of death rather than the causes of it. It must be added that many from a variety of fields have written a great deal about the term "secularization," without reaching agreement on a definitive meaning. I will be using the term according to the following: "The term 'secularization' as used today normally refers to the writings of sociologists Max Weber (1864-1920), Ferdinand Tönnies (1855-1936) and Ernst Troeltsch (1865-1923) who used the term to perpetrate the religion-in-decline thesis. . . . Hence, even though the term remains ambiguous and is tainted with a predetermined ideology, for the purpose of this paper, 'secularization' can be defined as a description / theory that describes / theorizes the increasing loss of religious influence and authority at the different levels of life—on the societal level, on the organizational or institutional level and the level of individual religiosity." Quoting from Joseph Tham, "Secularization of Death" in *End of Life Issues*, (presentation at BioEthics Workshop III—End of Life, School of Medicine, Universitè R Descartes Paris V, Paris, October 3-5, 2007). See also K. Dobbelaere, "Towards an Integrated Perspective of the Processes Related to the Descriptive Concept of Secularization," *Sociology of Religion* 3 (1999): 1-213.

<sup>59</sup> James Lapsley, "Perspectives on Death; Man's Concern with Death; On Death and Dying," Review Section, *Theology Today* 27, no. 1 (April 1970).

Christian ethic or find a better one suited for our current situation.<sup>60</sup> Pat Jalland has also documented the impact of the void in a theological understanding of death saying that without a dominant Christian theology related to death and the afterlife, the meaning of death has largely been excluded from public culture, except through burials or cremations. The loss of the meaning of death has contributed to a loss in the meaning of human life, a cultural problem that Western post-Christian societies are struggling to resolve.<sup>61</sup>

Related to this loss of a Christian theological understanding of death that helps people of Christian faith interpret death is the loss of a theological language regarding faith and loss. Professor of Religion Lucy Bergman at Temple University has documented how the new medical language of death has “displaced the traditional Christian language of Death and Dying.”<sup>62</sup> Although Kübler-Ross contributed to this shift in the language of death, her influence represented only a small part of a larger movement that favours the languages of psychology and the social sciences over theology. Charles Gerkin says of this change that the US has become “psychologized.”<sup>63</sup> In his works, he speaks not

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<sup>60</sup> Stella Mary O’Gorman, “Death and dying in contemporary society: an evaluation of current attitudes and the rituals associated with death and dying and their relevance to recent understandings of health and healing,” *Journal of Advanced Nursing* 27 (1998), 1131, summarizing what Ikeda said on this matter in *Unlocking the Mysteries of Birth and Death and Everything Inbetween: A Buddhist View of Life* (Santa Monica, CA: Middleway, 2004). For more on his thoughts: and particularly interesting in this matter is Daisaku Ikeda, Rene Simand, and Guy Bourgeault, *On Being Human: Where Ethic, Medicine, and Spirituality Converge* (Montreal: University of Montreal, 2002).

<sup>61</sup> Pat Jalland, *Death in the Victorian Family* (Oxford: Oxford University, 1996), 357. Though the focus of the book is a comparison of how Christians and agnostics in Victorian society dealt with death, the author makes important points about the importance of having a system of belief about death and mortality.

<sup>62</sup> Lucy Bregman, *Beyond Silence and Denial: Death and Dying Reconsidered*, (Louisville: Westminster John Knox, 1999), 1.

<sup>63</sup> Charles Gerkin, *The Living Human Document: Re-Visiting Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon, 1991), 12.

only about the loss of the Christian narrative and what this means for pastoral counselling, but also of the change in language that pastoral care providers utilize. He says:

Language constructs world. To have a world, to live in a world, means, for humans, to inhabit a time and place in which a certain language is connected with experience to give meaning to that experience. More than anything else, the capacity to make meaning marks the human as human.<sup>64</sup>

Changing the language not only changes how we talk about death and dying, but also changes the interpretation of and meaning we give to the experience of death and dying. Lapsley, Bergman, and Gerkin are among a growing number of Western pastoral care providers and theologians who are aware that Christians have lost some fundamental method of creating meaning for suffering and mortality. Bergman and Lapsley argue for a new Christian theology of death that can be used for meaningful pastoral ministry and counselling. Lapsley, Keda, Jalland, Bergman, and Gerkin have all documented the loss of a Christian theology and language of death. More fundamentally, what has been lost is a narrative and narrative methodology that the early Christians utilized *to create meaning* for suffering and mortality. In looking for “an explicitly theological account of death”<sup>65</sup> to help Christian believers make informed ethical and political decisions, David Jones documented the loss of the Christian death narrative. Though the focus of his PhD work is different from this thesis’ focus, his words are true for pastoral support for the dying when he says: “If Christians are to live

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<sup>64</sup> Charles Gerkin, *The Living Human Document: Re-Visiting Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon, 1991), 39-40.

<sup>65</sup> David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), 19.

well in the face of death, then they require a clear and explicit theological articulation of the meaning of human death.”<sup>66</sup> This thesis’ journey has been to find a distinctly Christian voice of hope and resilience in the face of death. The goal is not to provide a theological understanding of death to help people avoid or deny the reality of suffering, but to help them find a path of meaning and purpose through the experience of suffering and death.

### **The Importance of Narrative for Meaning and Freedom from Fear**

In the 1980s, a group of researchers from diverse fields began critically and passionately uncovering, writing about, and devising ways to utilize the idea that story (narrative) is a basic building block for how human beings understand and shape life. Kenneth Burke and Walter Fisher developed the idea that the root metaphor for human beings is *homo narrans*, human beings as storytellers.<sup>67</sup> In addition, psychoanalyst Roy Schafer did seminal work in understanding how people perpetually recreate their sense of self through their stories.<sup>68</sup> Scholarly work continues in this area as researchers build on the pioneering work and find ways to utilize the findings in therapeutic interventions. The continuing work helped therapists such as Michael White and David Epston understand that the

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<sup>66</sup> David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), 22.

<sup>67</sup> Walter Fisher, “Narration as a Human Communication Paradigm: The Case of Public Moral Argument,” *Communication Monographs* 51 (March 1984): 6. See also C. W. Wahl, “The Fear of Death,” *Bulletin of the Melling Clinic* 22 (1958): 214-223; Kenneth Burke, *A Rhetoric of Motives* (New York: George Braziller, 1955); Kenneth Burke, *The Philosophy of Literary Form* (New York: Vintage Books, 1957); and Kenneth Burke, “Definition of Man,” in Kenneth Burke, *Language as Symbolic Action: Essays on Life, Literature, and Method* (Berkeley, CA: University of California, 1968). Fisher points out in his work that the narrative does not have to be true for it to bring meaning and power to a person’s life.

<sup>68</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), 53. See also Roy Schafer, “Narration in the Psychoanalytic Dialogue,” in W.J.T. Mitchell, ed., *On Narrative* (Chicago: University of Chicago, 1981), 31.

“self is born” in stories<sup>69</sup> and human beings utilize story to “establish a meaningful life-world.”<sup>70</sup> Understanding how people utilize narrative to create meaning is particularly important for helping people find meaning in their suffering and mortality. Becker and Wahl have both observed that: “Death itself is not only a state, but a complex symbol, the significance of which will vary from one person to another and from one culture to another.”<sup>71</sup> Based on what we now know about narrative, we can understand how the significance of death will vary from person to person. Yet, despite death’s not having an exact, universal meaning, we can acknowledge its power to shape behaviour as people interpret death symbolically through their own memory and story. When death was framed in religious terms (in the early Christian Church), teachings of the Church (language and narrative) combined with rituals and art (metaphor and symbol) helped people find meaning in death and thereby understand what they needed to do to prepare for it. This is how Carlos Eire could say: “Attitudes toward death and the afterlife are indeed a barometer of faith and piety, and a unique manifestation of the interrelationship between belief and behavior, between the abstract world of theology and the practical world of deeds and gestures.”<sup>72</sup>

Research confirms that narrative contributes to meaning, and meaning is important for how people interpret and respond to death. Therefore, we can infer that utilizing narrative methodology in connection with Christian theological ideas

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<sup>69</sup> Paul Ricoeur, “Life: A Story in Search of a Narrative,” in M.C. Doerer and J. N. Kraay, eds., *Facts and Values* (Dordrecht: Martinus Nijhoff, 1986), 132.

<sup>70</sup> Walter Fisher, “Narration as a Human Communication Paradigm: The Case of Public Moral Argument,” *Communication Monographs* 51 (March 1984): 6. See also Joseph Campbell’s work on metaphor including *Myths to Live By* (New York: Bantam Books, 1973).

<sup>71</sup> Ernest Becker, *Denial of Death* (New York: Free Press Paperbacks, 1973), 19.

<sup>72</sup> Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 5.

could be an important and powerful way for people to find meaning in suffering and dying. This process would also support people's integration and appropriation of faith into experience, thereby reducing fear so that they could plan better for death and live more fully in whatever time they have remaining. For this process, the Christian narrative must be brought into a contemporary context with themes and language that is not only Christian, but also resonates with someone who is suffering. In looking for narratives and themes to serve the purpose discussed here, one method that suggested itself was to examine and analyse early pastoral writings of Christian leaders and writings by non-Christians who witnessed Christian responses to crises, to see if there was evidence that Christians once had of a clear theological understanding of death. Engagement with the thought of early Christian writers, provided evidence that early Christian church teachings and practice about preparing for end-of-life were coherent and well-defined enough not only to help people cope with their mortality, but also to overcome their fear of it.<sup>73</sup> In fact, the Christian lack of fear in the face of death was so well known in the first centuries after Christ's death that non-Christians analysed, struggled to understand, and wrote about it positively and negatively.<sup>74</sup> For many early Christians, the theological interpretations of Christ's death and resurrection as taught and applied created hope for people that helped them cope with life's crises. They understood the words of the Bible: "Oh death where

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<sup>73</sup> See David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), particularly the Introduction, and Robert Wilken, *The Christians as the Romans Saw Them*, 2<sup>nd</sup> ed. (New Haven: Yale University, 2003).

<sup>74</sup> See Robert Wilken, *The Christians as the Romans Saw Them*, 2<sup>nd</sup> ed. (New Haven: Yale University, 2003). Wilken did extensive research working with non-Christian sources for this book. I have also documented early Christian attitudes towards death in chapter three.

is your sting?" (1 Cor. 15:55) to be a rhetorical question that connected them to a hope that transcended the eventual decline and decay of their bodies.<sup>75</sup> This narrative of faith and hope despite circumstances strengthened people, helping them trust in God even when they faced uncertainty, providing a coping mechanism without denial, and facilitating their process of finding meaning for their sufferings. Furthermore, the theological understanding of death undergirded pastoral practice as not fearing death opened avenues of ministry for Christians that they would not have pursued if they were afraid of death. Examples of the courageous behaviour of Christians are: their tending of plague victims, opening their homes to strangers, and founding the first hospitals and hospices--activities that put them at risk for dying from a disease or through violence.<sup>76</sup>

Yet, as the Church experienced social and societal changes in doctrine, theology, or practice, the changes undermined the strong theological understanding of death as expressed in narrative, language, and practice.<sup>77</sup> The loss of the existential and theology frameworks, profoundly affected how people understood, responded to, and spoke of mortality--in essence, "reforming"<sup>78</sup> the whole culture of death. As the undergirding structures, symbols, and rituals that helped people prepare for and understand death gave way to new structures that did not adequately address the meaning of death for people of Christian faith,

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<sup>75</sup> See Tertullian, "On the Resurrection of the Flesh," particularly chapters 47 and 54, *Fathers of the Church*, New Advent, <http://www.newadvent.org/fathers/0316.htm>. Also, David Albert Jones' discussion of Augustine's teaching in *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), 7.

<sup>76</sup> Chapter two provides concrete examples of these behaviors along with the documentation from sources.

<sup>77</sup> David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), 16.

<sup>78</sup> See Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin's, 2000).



people were less prepared for death when it came and more fearful about it.<sup>79</sup>

Chapter two contains important analysis regarding how the narrative formed and influenced behaviour, demonstrating the power of narrative to influence—even to the point of helping people face death bravely. This work also confirms how effective Christian end-of-life pastoral care, based on well-integrated theological reasoning, could open doors of opportunity for helping people prepare for death. In addition, the study shows how difficult it is to maintain one dominant narrative and validates the call for a new methodology for hope-creating narratives of faith. Finally, the historical analysis reveals much about how pastoral ministry in the hospital arrived at its current state of dependence on psychological and medical models.<sup>80</sup> The loss of a distinctly Christian pastoral response has touched individual Christians and the Christian community of faith particularly through pastoral ministry.<sup>81</sup> Yet, the lacuna also represents opportunity for a new response in a contemporary context.

### **A Christian Narrative Hermeneutical Theology**

While psychology and medicine have much to offer pastoral care providers, these sciences contribute little to understanding of the emotional and spiritual *meaning* of human death. Without theological reflection that connects

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<sup>79</sup> See Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin's Inc., 2000). I speak more about this in chapter five.

<sup>80</sup> Laderman, Gary, *The Sacred Remains: American Attitudes Toward Death, 1799-1883* (New Haven: Yale University, 1996), 2-5.

<sup>81</sup> In 1970, James Lapsley from Princeton Theological Seminary in Princeton, NJ wrote a book review of Kübler-Ross' *On Death and Dying* and Toynbee's *Man's Concern with Death*, and Mills' *Perspectives on Death*. In his review, he mentioned two things: (1) the breakdown of a traditional theological approach to understanding death and (2) the secular approach that was not fully compatible with Christianity. He concluded that what was needed was a theology of death that was applicable to today.

theology to life, a gap remains between what most Christians say they believe and how their faith and knowledge integrates into their lives when facing their own or a loved one's death. When they finally face the reality of their mortality, many struggle with how to appropriate their faith to alleviate their fear of suffering and death. Yet, Christian scriptures and themes have much to contribute to helping people find hope and strength for facing illness, change, and death.

To answer the question of how Christians would access a contemporary narrative of hope and resilience, this thesis looks to Narrative Therapy. Of the various counselling theories and interventions available, Narrative Therapy works specifically with narratives to help people find understanding and meaning for their lives. Despite research that says it is natural for people to fear death, not all people seem to let fear control their lives or their dying, and some even face death with peace and hope. An example of this courage in the face of death was evident in a woman named Lily,<sup>82</sup> who died on the palliative care unit at a local hospital. She would tell anyone that she "loved Jesus." She was convinced that she would see him or angels as she died. She also had "work to do" before she died. As a result, she refused strong pain medication, telling the nursing staff that she wanted to remain lucid as long as she could. She said, "This is my one chance to see what dying is like. I don't want to miss it."<sup>83</sup> She did indeed seem to make the most of the dying, calling in all her children to say goodbye, giving them wisdom for life, and mentoring her family and hospital staff in courage. At the

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<sup>82</sup> Not her real name. In this thesis I do not name or describe anyone so they can be identified.

<sup>83</sup> This even took place at the hospital where I serve. The name and identifying details are withheld for privacy reasons.

end, when she felt like she had completed all the work she needed to do, she allowed herself to be put on a morphine drip. She died peacefully on her own terms. Another woman Sandy had four children who all died with cancer. Normally, children's deaths are particularly difficult for parents. Many grieving parents have told me "your children aren't supposed to die before you." I asked Sandy how she was making sense of what she had endured. She said simply, "I brought them into the world. Now it is my turn to help them get home." She cared tenderly for each one until the last daughter died. How do we explain Lily's lack of fear and Sandy's peace with her loss? Both had a strong Christian faith; yet, faith alone does not guarantee freedom from fear or sorrow. The fact that researchers cannot isolate faith as a factor mitigating fear confirms other forces are at work along with faith for helping people cope. How is it that some people seem better able to cope with suffering and death than others are? Lily had a clearly defined sense of purpose and found meaning in her dying. She would tell you the story of how she interpreted her dying. Sandy also had taken the events of her life and interpreted them. She had found meaning in them that allowed her to see God's love even in the midst of unspeakable loss. In working with these two women, they thought the questions asked were what helped them draw out meaning in and helped them interpret their suffering. Narrative techniques allow the chaplain to collaborate with each woman in this work. Scriptural themes were important, but the work was each woman's and the meaning each found was unique for her because it came from who she was. Viktor Frankl found that meaning can be found even in the most hopeless situation and that "suffering

ceases to be suffering at the moment it finds a meaning.”<sup>84</sup> They were examples of the importance of finding meaning for hope.

Richard Kalish’s research holds some clues to the importance of narrative, especially as it relates to contributing to peoples’ feeling of preparedness for death. He has created a list of significant tasks that people do to cope with death and make sense of their dying. They are:

- Coping with the unknown;
- Coming to grips with the meaning of death and the things of life that it destroys;
- Coping with the relational and self losses connected with the process of dying;
- Making practical arrangements for others, such as handling the estate, belongings, funeral, etc.;
- Being able to openly communicate with others as they experience a new awareness of what is happening to them;
- Reconciling the desire to hang on to life and live it fully with wanting to let go and die;
- Finding ways to live fully until the end even as physical abilities diminish.<sup>85</sup>

Kalish found that the one task most apt to reduce anxiety is “coping with the unknown” because the activities associated with this task help people feel like they have some control, feel less helpless, and give their remaining days

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<sup>84</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 135.

<sup>85</sup> Richard Kalish, “Coping with Death,” in *The Final Transition*, in the *Perspectives on Death and Dying Series*, ed. Richard Kalish (Farmingdale, NY: Baywood, 1984), 13-14.

purpose. Kalish found that providing dying people with information about their situation, diagnosis, plan of care, and expected progression of the disease could help some people cope with the unknown. Bruce Rumbold has also said that providing information helps reduce anxiety, not only by reducing the unknown of the situation, but also by helping people feel less helpless and more in control over what is happening to them.<sup>86</sup> Yet, facts alone about diagnosis, plan of care, etc., are nothing if not combined with interpretation and meaning. Kalish concludes from his research that faith can have the greatest impact for a dying person in coping with the unknown, because it has the power to help the person with the process of interpreting and finding meaning in death. He states that beliefs about what happens in life and death can be so strong that, “the unknown is really known.”<sup>87</sup> Though people may not be able to know in scientific or purely objectifiable terms what being dead is like, “some people have a religious faith strong enough to know what death means and what follows death.”<sup>88</sup> If people do not know what they believe or cannot integrate belief with practice, then they are more apt to end life with depression or resignation than with hope.<sup>89</sup> Helping people find hope is another justification for developing a contemporary theological account of death and for training pastoral care providers in utilizing it

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<sup>86</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 22-42, particularly 23-24.

<sup>87</sup> Richard Kalish, “Coping with Death,” in *The Final Transition*, in the *Perspectives on Death and Dying Series*, ed. Richard Kalish (Farmingdale, NY: Baywood, 1984), 14.

<sup>88</sup> Richard Kalish, “Coping with Death,” in *The Final Transition*, in the *Perspectives on Death and Dying Series*, ed. Richard Kalish (Farmingdale, NY: Baywood, 1984), 15. Fritz Marti writing in 1946, also documented how faith “is the ground for” beliefs and points “at a reality much deeper than belief.” It is this faith that provides a “conviction about things we cannot see” and makes the unknown known. See Fritz Marti, “Faith Versus Belief,” *The Journal of Religion* 26, 1 (Jan. 1946): 30-41.

<sup>89</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 60-61.

to help people interpret and find meaning in their dying. Chapter three continues the discussion of the importance of narrative and critically examines narrative techniques that might be utilized as therapeutic pastoral care interventions to help people find meaning and overcome fear.

To answer what a contemporary Christian narrative of hope and resilience might look like, this thesis examines various methods of hermeneutic theological reflection that marry therapy and theology. In particular, chapter four looks at the work of Donald Capps, Don Browning, and Charles Gerkin. For theological themes that support hope and resilience chapter four also critically examines the work of Jürgen Moltmann. This thesis works with Moltmann's theology because of the ways in which he frames the Christian story and the themes of hope that he articulates. His experiences and personality led him to ask questions that many are afraid to ask, to sit with paradox and not knowing, to engage critically with other theologians even when they have not agreed with him, and to struggle to the depth of his soul with the issue of why we suffer and how God is affected by this suffering.<sup>90</sup> Moltmann, himself, acknowledges the importance of this struggle and questioning his theological work.<sup>91</sup>

Moltmann as a human being is also a model and mentor of resilience. As a young man, he experienced a series of crises, beginning when his friend was killed during the firebombing of Hamburg, which made death real to him. In response to the crisis, he has spent a lifetime reflecting and studying the

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<sup>90</sup> His autobiography provides us with a narrative of his struggles and life. See Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress, 2009).

<sup>91</sup> Richard Bauckham, Forward to *Moltmann: Messianic Theory in the Making*, by Jürgen Moltmann (Basingstoke: Marshall, Morgan and Scott, 1987), vii.

theological issues and implications of hope in a world of suffering and death. His personal story of existential crisis led him to a new place of faith and understanding that this thesis connects to, drawing from his discussion pieces that support a model for pastoral care that can help others find hope and resilience.

A key question in his life has been: “My God, where are you?”<sup>92</sup> After the loss of his friend, this question propelled him on a “despairing search for God and a personal struggle with the dark side of ‘the hidden face’ of God.”<sup>93</sup> According to his own accounts in his autobiography and elsewhere, though suffering for a while with depression, hope dispelled the darkness when he realized that though God felt absent, God had not actually abandoned him. His moment of insight came when he connected personally with the passion of Christ through Christ’s cry, “My God, why have you forsaken me?” (Mark 15: 34; Matt. 27:46) and saw Christ as a “divine brother in distress.”<sup>94</sup> Writing later of this moment he said: “. . . in the dark pit of my soul, he found me.” God’s work and love expressed even in Christ’s godforsakenness showed him “where God is, where he had been with me in my life, and where he would be in the future.”<sup>95</sup> His theological reflection helped him interpret his experience through Christian faith and find meaning in

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<sup>92</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress, 2009), ix, 17; see also Jürgen Moltmann, ed., *How I Have Changed: Reflections on Thirty Years of Theology* (Harrisburg, PA: Trinity, 1997), 13 and Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress, 2000), 3.

<sup>93</sup> Jürgen Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress, 2000), 3.

<sup>94</sup> Jürgen Moltmann, “Wrestling with God: A Personal Meditation,” *The Christian Century*, 114, 23 (1997): 726.

<sup>95</sup> *Ibid.*

his suffering.<sup>96</sup> He also experienced the empathy and love of God expressed in the “loving surrender of the triune community”<sup>97</sup> which became the basis of hope for him then and in the future. Moltmann joined Luther in understanding that God is revealed in and known through his sufferings.<sup>98</sup>

Moltmann’s theological work was also important for this thesis for the themes, metaphors, and language of hope and resilience expressed in his writings. He has worked extensively with how Christ’s suffering connects to the suffering, unfairness, and brutality of life<sup>99</sup> and how this contrasts with the self-sacrificial love of God. His theology of hope and discussion of the meaning of resurrection and God’s empathy have also been important. Though Moltmann did not find a Christological interpretation for why we suffer,<sup>100</sup> he did find an “ethics of hope”—an ethos rooted in Christian theology and hope.<sup>101</sup> Moltmann’s narrative of the suffering of a passionate God, a “God of passionate love for his people, and of love for righteousness and justice in his creation”<sup>102</sup> continues to inform his life and work in very specific and practical ways.

Moltmann’s utilization of theological reflection and reframing of attitudes

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<sup>96</sup> *Ibid.*

<sup>97</sup> Frederic Burnham, Charles McCoy, and M. Douglas Meeks, eds., *Love: The Foundation of Hope: The Theology of Jürgen Moltmann and Elisabeth Moltmann-Wendel* (Philadelphia: Harper and Row, 1988), ix.

<sup>98</sup> Paul Althaus has a good discussion of Luther’s “theology of the cross.” See *The Theology of Martin Luther*, trans. Robert Schultz (Philadelphia: Fortress, 1966), 25-35.

<sup>99</sup> Philip Yancey, *Disappointment with God: Three Questions No One Asks Aloud* (Grand Rapids, MI: Zondervan, 1988), 183-186.

<sup>100</sup> In fact, he thought it was better to allow the question “My God, why, why . . . ?” to remain open and unanswered “as with an open wound in our lives” to let it cause us to continue to pursue God and seek to see suffering and injustice from God’s point of view. See Jürgen Moltmann, *God for a Secular Society: The Public Relevance of Theology* (Minneapolis: Fortress, 1999), 172.

<sup>101</sup> Jürgen Moltmann, *Ethics of Hope*, trans. Margaret Kohl (Minneapolis: Fortress, 2012), xii.

<sup>102</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress, 2009), 194.



towards suffering and injustice demonstrates how narrative techniques work in reality. Moltmann's healing began when he became actively engaged in transcending his loss through search for meaning and, in the process, experienced personal transformation.<sup>103</sup> His lifelong quest to find a distinctly Christian language of hope is important for later discussion of Narrative Therapy and language.

Though Moltmann does not develop a theology specifically for understanding death or for pastoral ministry to the dying, he has always written that theology is practical. For Moltmann, Christianity is lived hope and lived love; Church's mission is grounded in "this kindling of live hopes that are braced for action and prepared to suffer, hopes of the kingdom of God that is coming to earth in order to transform it, . . ." <sup>104</sup> into something filled with resurrection life, justice, peace, and hope. This thesis, utilizing Moltmann's theology in a way that he did not, is in keeping with his desire for theology to be practical and connected to his view of Christ's mission to the world.<sup>105</sup> It seeks to do what Moltmann did not—to understand and utilize lessons of his life and theology to help others reframe and give meaning to their experiences of suffering and death on a personal level. Will such a narrative work for everyone, or even every Christian? No. For some Moltmann's narrative particularly about God's ability to suffer will threaten not only their theology but also their worldviews and even their identities tied to their worldviews. Yet, even understanding how it will not work will be important for helping people understand how the faith narrative affects behaviour

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<sup>103</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 170.

<sup>104</sup> Jürgen Moltmann, *Theology of Hope* (New York: Harper and Row, 1967), 328.

<sup>105</sup> See Jürgen Moltmann, *Theology of Hope* (New York: Harper and Row, 1967), 304-338.

in a crisis and the interpretation of life events. In later chapters, this thesis will critically engage with Moltmann's theology for the purpose of understanding how the themes associated with the Christian narrative of God's presence in life and suffering could be utilized to help people overcome their fear of death.

### **Not Freedom from Fear but Resiliency in the Face of Fear**

This thesis builds on the lessons of the past and the strategies that come from the new research with narrative applications. Yet, it goes beyond current work to examine how narrative techniques could be combined with Christian themes and narratives for meaning-making, hope that transcends cure, and resilience. Much new work is being done in the area of resilience in Western scholarship. Yet, currently no one is utilizing the research in resilience in the way this thesis proposes, bringing what we currently know about resilience into pastoral counselling to support transformation even in situations of terminal care. After developing the theory for weaving together narrative applications, theology, and meaning-making, this thesis moves to the practical. Having developed the theoretical argument, the final chapter returns to the field of reflective practice as it proposes methodology that North American chaplains, Western pastoral care providers, and educators working within a Christian context could utilize to foster hope, resilience, and transformation in those who are suffering and dying.

### **Conclusion**

This chapter has introduced themes that will be analysed in more depth in future chapters, particularly the importance of story and how a theological understanding of life events contributes to people's search for meaning and

purpose contributing to an outcome of hope. David Jones said, “Christian hope affirms both the need and the difficulty of acknowledging one’s own approaching death.”<sup>106</sup> Hope often is defined in contemporary terms as hope for a cure or other positive outcome. When the positive outcome is not forthcoming, hope is lost and resignation or depression follows. Christian hope that comes with a “realistic knowledge of the situation” enables people to hope when a cure is no longer possible and opens them to new experiences, new relationships, and a broader perspective on life.<sup>107</sup> Narrative techniques utilized within a Christian theological context provide key tools for facilitating hope in others.

If pastoral care providers are to help and support people who are in places where traditional hope (for a cure) does not work, they must understand theologically the rich tradition of hope that Christianity brings and be able to utilize the riches of Christian story, language, metaphor, and themes. Ministry comes out of what Christians hold most dear, not theory then practice but with the realization that:

everything done and suffered must conform to what is believed, loved, and hoped for. The relation between theory and practice is not a one-way affair. Theory is not in the vanguard, nor is practice. In the hope to which both are related, they share a dialectical relationship of reciprocal influence and correction.<sup>108</sup>

This thesis has endeavoured to follow in the same spirit, looking for and allowing a “dialectical relationship of reciprocal influence and correction” between theory

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<sup>106</sup> David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford: Oxford University, 2007), 7.

<sup>107</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London, SCM, 1986), 61.

<sup>108</sup> Jürgen Moltmann, *Ethics of Hope*, trans. Margaret Kohl (Minneapolis: Fortress, 2012), xiii.

and practical pastoral ministry to the dying.

## **Chapter Two**

### **A Historical Perspective on a Narrative of Christian Hope**

#### **Introduction**

Even though this thesis has application for all pastoral care providers working with people who are suffering and/or dying, it is particularly appropriate for ministry within a palliative setting and for chaplains. Because hospital chaplains function between two worlds--medicine and religion—this chapter looks not only at the Christian Church’s pastoral response to the dying, but also how the Church found its way into and out of the world of healthcare. In addition, this chapter provides a brief overview of how the Christian narrative influenced praxis and how changes in the narrative over time influenced not only pastoral care interventions but also how individual believers experienced life and death. Engagement with and analysis of Christian theology and past practices provides evidence that the early Church leaders had a clear understanding of their identity and that theological reflection on that identity compelled them to respond with courage in the face of death and with hospitality and ministry to the sick. We can look back on these writings, not to replicate the early Church practices, but to understand the connection between belief and practice, theology and narrative, so that Christian care providers can appropriate their Christian heritage and utilize it in contemporary ways.

The chapter also examines prominent themes related to the Christian narrative, particularly: how changes in pastoral practice and doctrine influence

behaviour and belief; how changes in how the Church presents the Christian narrative influence action and how the recovery of a distinctly Christian understanding of Christ's suffering and death could provide meaning, hope, and freedom from fear for Christian living and dying.

### **Interpreting Death in Early Christianity**

Even though all human beings die, how we interpret and respond in the twenty-first century to death is different from responses of the ancient world when death was much more visible in terms of numbers of dead and how the dying and their corpses were treated. From writings about death, we know that though familiar, it still stirred strong, conflicting emotions and reactions such as anger, guilt, and remorse that might be directed at the dying person at the time of death, and for a long time after the person's corpse had disappeared from view.<sup>109</sup> In addition, the physical realities of decay, disease, and pollution inherent with the body's decomposition were interpreted and given meaning that affected how people viewed the corpse itself, apart from any relationship the living person had with others. Though the Roman Empire was culturally diverse, it appears, as reflected in writings and through analysis of archaeological evidence, that many people viewed death and the corpse in negative terms. Some of the supporting evidence of this is found in:

- primary sources for Semitic perspectives on death in the Roman Empire including *2 Esdras* which reflect a belief that a failure to properly dispose of the remains brought repercussions such as bodily and spiritual

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<sup>109</sup> Roger Grainger, *The Social Symbolism of Grief and Mourning* (Philadelphia: Jessica Kingsley Publishers, 1998), 38-41.

impurity and ritual uncleanness.<sup>110</sup>

- non-Jewish burial instructions for and archaeological excavation of (for the wealthy and poor) burials outside the walls and gates of the cities signifying the separation of the living from the contamination of the dead.<sup>111</sup>
- archaeological evidence, including pit or mass communal graves<sup>112</sup> and bones from bodies obviously left to rot or inadequately cremated or buried,<sup>113</sup> suggesting that the living often buried the corpses quickly or not at all, as if being around the bodies might contaminate or somehow infect the living.
- eyewitness accounts and discussion of the incidences of corpses of soldiers left on battlefields where they fell to decay openly under the heavens.<sup>114</sup>
- letters describing incidents of public dishonour of corpses and the disdainful and disrespectful treatment that people who handled the

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<sup>110</sup> See Lev. 11: 32; Lev. 22:4; Numbers 5: 2; Numbers 9:6-14; Haggai 2: 13. See also: Gerhard von Rad, *Old Testament Theology*, Vol. I (New York: Harper & Row, 1962), 383-418; Lloyd Bailey, Sr., *Biblical Perspectives on Death* (Philadelphia: Fortress, 1979); and C. Clifton Black II, "Pauline Perspectives on Death in Romans 5-8," *Journal of Biblical Literature* 103, no. 3 (1984) 413-433.

<sup>111</sup> Linda Gigante, "Death and Disease in Ancient Roman," The Innominate Society of Louisville, <http://www.innominate.com/Articles/Death%20and%20Disease%20in%20Ancient%20Rome.htm>.

<sup>112</sup> Valerie Hope, *Death in Ancient Rome: A Sourcebook* (New York: Routledge, 2007) 132-136.

<sup>113</sup> Valerie Hope, "Contempt and Respect: The Treatment of the Corpse in Ancient Rome," in Valerie Hope and Eireann Marshall, *Death and Disease in the Ancient City* (New York: Taylor and Francis, 2000), 111-2.

<sup>114</sup> Suetonius, *Vitellius*, 10; Tacitus, *The Histories*. 2.45, trans. Alfred John Church and William Jackson Brodribb, The Internet Classics Archive, <http://classics.mit.edu/Tacitus/histories.2.ii.html>.

corpse received.<sup>115</sup>

- the widely-held custom that the home of the deceased was “cursed” for nine days, during which passers-by were warned about entering it, and after which a purification ceremony was conducted.<sup>116</sup>

A majority of letters, writings, and archaeological findings from this period generally portray a view of death that though conflicting<sup>117</sup> is generally negative reflecting fear and anxiety related to what would happen to the people’s corporeal selves at the end of life.

The meaning ascribed to the event of death and the narratives surrounding it also portrayed death as a formidable adversary. In Greek religious tradition, death was viewed as the god who had “a heart of iron,” and a spirit as “pitiless as bronze.<sup>118</sup> Descriptions of him in *The Theogony of Hesiod* say that even the “deathless gods” hated and feared him.<sup>119</sup> Great Greek epics, including the *Iliad*,<sup>120</sup> contain depictions of the struggle of individuals to choose to evade death (when faced with their fear) or to overcome their fear in order to die bravely

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<sup>115</sup> Valerie Hope, “Contempt and Respect: The Treatment of the Corpse in Ancient Rome,” in *Death and Disease in the Ancient City*, eds. Valerie Hope and Eireann Marshall, (New York: Taylor and Francis, 2000), 111-5, and John Bodel, “Dealing with the Dead,” in *Death and Disease in the Ancient City*, eds. Valerie Hope and Eireann Marshall (New York: Taylor and Francis, 2000), 128-151, particularly 141-143.

<sup>116</sup> James Jeffers, *The Greco-Roman World of the New Testament Era: Exploring the Background of Early Christianity* (Downers Grove, IL: InterVarsity, 1999), 45. This period was called Funestra. See also “Death in Ancient Rome,” [http://deat.wikia.com/wiki/Death\\_in\\_Ancient\\_Rome](http://deat.wikia.com/wiki/Death_in_Ancient_Rome).

<sup>117</sup> For example, even as fear of death was reflected in Semitic thought in 2 Esdras 7:64, “But now the mind grows with us, and therefore we are tormented, because we perish and know it,” (RSV) it was tempered by the societal ties that bound people together in the face of death (see Gen. 48:21 and Deut. 31:2-3), the promises of being remembered and blessed after death (see Prov. 10: 7 and Isa 56:3-5), and faith in God’s care in this life (see Psa. 90: 12-14). See Gerhard von Rad, *Old Testament Theology*, Vol. I (New York: Harper & Row, 1962), 383-418, and Lloyd Bailey, Sr., *Biblical Perspectives on Death* (Philadelphia: Fortress, 1979).

<sup>118</sup> Hugh G. Evelyn-White, trans., *The Theogony of Hesiod* (1914), <http://www.sacred-texts.com/cla/hesiod/theogony.htm>.

<sup>119</sup> *Ibid.*

<sup>120</sup> Homer, *Iliad*, trans. A. T. Murray. <http://www.theoi.com/Text/HomerIliad9.html>.



in battle, and receive a hero's legacy. An example of this struggle is the portrayal of Achilles' decision to returning to fight in the Trojan War rather than going home to safety. Achilles reasons:

For my mother the goddess, silver-footed Thetis, telleth me that twofold fates are bearing me toward the doom of death: if I abide here and war about the city of the Trojans, then lost is my home-return, but my renown shall be imperishable; but if I return home to my dear native land, lost then is my glorious renown, yet shall my life long endure, neither shall the doom of death come soon upon me.<sup>121</sup>

Marcus Aurelius, emperor and follower of the philosophic school of stoicism, provided advice about how to face death without fear.<sup>122</sup> He said of death that it is: "a dissolution of the elements of which every living being is compounded"<sup>123</sup> and rather than fearing this dissolution, the dying were exhorted to endure, accepting all that happens and wait for death with a cheerful mind.<sup>124</sup> For the stoics, enduring bravely the suffering and fear associated with death, showed character and moral virtue. Epicurus (founder of a philosophical school named after him, 341-270) helped disciples overcome their fear of death by teaching them that human beings ceased to exist at death. He said: "Death, therefore, the most awful of evils, is nothing to us, seeing that, when we are, death is not come, and, when death is come, we are not."<sup>125</sup> Both the Epicurean and Stoic philosophical schools acknowledged the natural fear of death and

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<sup>121</sup> Homer, *Iliad*, 9. 410-416, trans. A. T. Murray, <http://www.theoi.com/Text/HomerIliad9.html>. Often seen in research as the "cult of the hero" this worship of heroes is documented not only in Greek culture but also in other early cultures such as the Viking's and Celt's culture. See also Carla Antonaccio, *An Archaeology of Ancestors: Tomb and Hero Cult in Ancient Greece* (Lanham, MD: Rowman and Littlefield, 1995).

<sup>122</sup> Marcus Antoninus, *Meditations*, trans. George Long (167 A.C.E). <http://classics.mit.edu/Antoninus/meditations.html>.

<sup>123</sup> *Ibid.*

<sup>124</sup> *Ibid.*

<sup>125</sup> Epicurus, *Letter to Menoeceus*, trans. Robert Hicks, <http://classics.mit.edu/Epicurus/menoec.html>.

death's fearfulness and sought in their own ways intellectual paths that would help people find comfort in the face of mortality. Yet, each has its weaknesses when the time of death is near. Epicurean logic addresses the fear of suffering *after* death, but does not address the suffering and pain that often *accompany* dying.<sup>126</sup> Stoic arguments promoting endurance as a sign of ethical behaviour and character can create a greater emotional burden for the sufferer if the person must carry the physical pain and the fear of judgment for appearing weak.

Contrast the following views of death with the Christian view: (1) death is fearful, but can be meaningful if it is a heroic death in battle; (2) death is not to be feared, but endured and in the enduring there is meaning; or (3) death is not to be feared because at death body and soul cease to exist. In Romans 5-8, 1 Corinthians 15: 25-25 and 31, and other places in Christian scripture, the authors discuss how Christ's death changes how Christians view death. Though it could appear as a heroic death since Christ offers himself up as a heroic sacrifice; yet, it is not a heroic death as understood by the Greeks and Romans. This sacrifice is motivated by love, not just love of a country or cause or for a certain group of people, but for all people, and, even for God's entire creation. The goals that justify human sacrifice in human warfare are often to acquire resources, territory, power, and glory.<sup>127</sup> According the Christian scriptures, the goals of Christ's sacrifice are obedience to God the Father and love that redeems and brings hope for human beings. In addition, Christ dies for people who do not merit or

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<sup>126</sup> Steven Luper, "Death," *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, (Summer 2009), 3.3, 3.4., <http://plato.stanford.edu/archives/sum2009/entries/death/>.

<sup>127</sup> Matthew Jackson and Massimo Morelli, "The Reasons for Wars—An Updated Survey," in *Handbook on The Political Economy of War*, ed. Chris Coyne (Northampton, MA: Elgar Publishing, 2009), <http://www.stanford.edu/~jacksonm/war-overview.pdf>.

deserve such sacrifice (Romans 5: 6-8). The focus on Christ and the linkage of his death with “bodily redemption and transformation” was unique for contemporary culture.<sup>128</sup> In addition, Paul, in the scriptural references listed above and in others, utilized language and metaphor that spoke of Christians dying with Christ and being raised to live a new life not only after death, but even without a bodily death, while disciples were still alive (Romans 6: 3-11, 7: 4-6, 2 Corinthians 4:7-11, Philippians 1:21). This “resurrection” without a bodily death, evidenced in new attitudes towards life and death and corresponding actions, differed even from traditional Jewish perspectives where you lived righteously now to be remembered by God after death.<sup>129</sup> Paul’s discussion of Christ’s death as a sacrificial atonement of sin in Romans 5:1-11, including, “while we were still sinners, Christ died for us.” (ESV), may have sounded like the Semitic belief in death as a payment owed to God for sin, yet, it differed in regards to the uncompromising Christological focus.<sup>130</sup> The Christian portrayal of death and the meaning Christians ascribed to the actual event was not only quite different from their neighbours’ views but also disturbing to them.

### **A Narrative of Courage and Hope**

It was not long before Christian differences in belief and behaviour brought Christians into conflict with those in leadership with unexpected results—the development of their theological ideas and a distinctive identity. As wild rumours about Christians spread, leading to charges and investigations, Christian writers

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<sup>128</sup> C. Clifton Black II, “Pauline Perspectives on Death in Romans 5-8,” *Journal of Biblical Literature* 103, no. 3 (1984) 432. See Romans 5: 10-11.

<sup>129</sup> *Ibid.*, 432.

<sup>130</sup> *Ibid.*, 420, 432.

felt compelled to articulate and defend their views using a “new vocabulary to speak about God, human beings, the world, and history.”<sup>131</sup> Robert Wilken has observed that this action unwittingly:

performed an enormous service to the developing Christian tradition. They helped Christian thinkers to see the difficulties of the positions they adopted, to grasp the implications of Christian belief earlier than would have been possible if they had talked only among themselves—in short, to understand the very tradition they were defending. . . .Christian theology took shape in dialogue and discussion with alternative viewpoints.<sup>132</sup>

The interchange of letters and documents caused by charge and defense between Christians and non-Christian philosophers and leaders forced Christians to focus on their narrative of faith in Jesus the Christ. In non-Christian terms, Christians worshipped Jesus “the man who was crucified in Palestine because he introduced this new cult into the world.”<sup>133</sup> For Christians, Jesus was no ordinary man and leader; to them Jesus was the Christ who died and rose from the dead. This truth for them had significance not only for what they believed but also for how they lived and responded to the world around them. Through thoughtful reflection on the meaning of this, the story of Jesus was becoming a narrative that gave their lives meaning and purpose. The teachings on the Scriptures about death were changing how Christians interpreted death and how they viewed *without fear* their own mortality. In fact, their lack of fear became a distinguishing characteristic of their faith. Judith Perkins has observed that:

it is safe to say that the one thing contemporaries knew about Christianity (in fact for some the only thing that they give evidence of knowing) is that

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<sup>131</sup> Robert Wilken, *The Christians as the Romans Saw Them*, 2<sup>nd</sup> ed. (New Haven: Yale University, 2003), xii.

<sup>132</sup> *Ibid.*, 200.

<sup>133</sup> Lucian of Samosata, *The Passing of Peregrinus*, <http://www.tertullian.org/rpearse/lucian/peregrinus.htm>.

Christians held death in contempt and were ready to suffer for their beliefs.<sup>134</sup>

Richard Walzer who translated the writings of Galen found only six references in Galen's writing to Christians; yet, one of them specifically mentioned Christian "contempt of death."<sup>135</sup> To the Stoic and Epicurean philosophers, Christian views on death seemed not only irrational, but also dangerous, as they led Christians to behave in ways that were often at odds with society as a whole.<sup>136</sup> Christian bravery in the face of death came out of their connection to a narrative that had at its heart a death by crucifixion, which the Roman world saw as a violent, shameful way to die—the antithesis of a heroic or virtuous death. "By Roman law no citizen could be disgraced through this dishonourable means of execution. The cross was reserved for insurrectionists, foreigners, and slaves."<sup>137</sup> Yet, despite the connotations of shame and disgrace, Christians talked about Christ's death as a place of grace and glory and, because of the resurrection, not an end but a beginning.<sup>138</sup>

For the Christians, Christ's death and resurrection held special meaning, helped them overcome their natural fear of death, and gave them hope.

According to the Christian scriptures (Hebrews 2), Jesus took on the nature of

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<sup>134</sup> Judith Perkins, *The Suffering Self: Pain and Narrative representation in the Early Christian Era* (London: Routledge, 1995), 18. See also Robert Wilken, *The Christians as the Romans Saw Them*, 2<sup>nd</sup> ed. (New Haven: Yale University, 2003).

<sup>135</sup> Richard Walzer, *Galen on Jews and Christians* (Oxford: Oxford University, 1949), 15.

<sup>136</sup> For instance, letters of Pliny imply that Christians in Pontus were "unpopular with the local citizenry." See Robert Wilken, *The Christians as the Romans Saw Them* (New Haven: Yale University, 1984), 24.

<sup>137</sup> Joel Green and Mark Baker, *Recovering the Scandal of the Cross* (Carlisle, UK: Paternoster, 2003), 163.

<sup>138</sup> Though the doctrine of resurrection was not unfamiliar to Jews and Romans, it became an important doctrine for Christianity by 200 CE. See Catherine Edwards, *Death in Ancient Rome* (New Haven: Yale University, 2007), 219; Carolina Bynum, *The Resurrection of the Body in Western Christianity, 200-1336* (New York: Columbia University, 1995), 21-58.

man that “he himself likewise partook of the same things, that through death he might destroy the one who has the power of death, that is, the devil, and deliver all those who through fear of death were subject to lifelong slavery.” (Hebrews 2:14-15 ESV). Paul asserts that followers of Christ share the victory over death when they too (like Christ) put off the “perishable” and “mortal” for the “imperishable” and “immortal” (1 Corinthians 15:53-55, referencing Isaiah 25:8). Paul rejoices, saying “O death, where is your victory? O death, where is your sting?” (1 Corinthians 15: 55, ESV; See also Hosea 13:14). As church leaders expounded on these scriptures the understanding of Christ’s death and resurrection were becoming a powerful narrative that would shape the identity of Christ’s followers and became a part of liturgy, ritual, language, and practice. Rituals naturally grew out of interpretation as an application to support the theological understanding of scriptures and provide a tangible visual of the narrative. For instance, a prayer quoted by Hippolytus (approximately 215 CE) is not only a paraphrase of Hebrews 2:14-15, but also provides meaning in the ritual of the Eucharist:

“We give thanks to you O God through your beloved son Jesus Christ whom in these last times you have sent to us as the redeemer and saviour and messenger of your will. . . .Fulfilling your will and buying for you a holy people, he stretched forth his hands when he suffered, that by his Passion he might deliver those who believed in you. When he was delivered over to his Passion of his own will, to destroy death, to break the bonds of the devil, to trample upon Hell, to enlighten the just, and to manifest his resurrection, taking bread and giving thanks to you, he said: Take and eat, this is my body which shall be broken for you. . . .”<sup>139</sup>

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<sup>139</sup> Hippolytus, *Apostolic Tradition*, from H. Achelis, *Die Canones Hippolyti* (Leipzig, 1881) 48-55, *Ancient History Sourcebook*, <http://www.fordham.edu/halsall/ancient/christian-cannibals.html>. In mentioning these specific rituals here, the goal is not to discuss the meaning of them per se since there is much discussion already on this, but on looking at the language and metaphor as related to mortality that are presented in ancient texts.

Ignatius calls the bread of communion “the medicine of immortality, and the antidote which prevents us from dying. . .”<sup>140</sup> In Romans 6:3-4 baptism is paralleled with Christ’s crucifixion:<sup>141</sup>

Or don’t you know that all of us who were baptized into Christ Jesus were baptized into his death? We were therefore buried with him through baptism into death in order that, just as Christ was raised from the dead through the glory of the Father, we too may live a new life.

Ambrose of Milan when speaking of baptism said:

For in the water is the representation of death, in the Spirit is the pledge of life, that the body of sin may die through the water, which encloses the body as it were in a kind of tomb, that we, by the power of the Spirit, may be renewed from the death of sin, being born again in God<sup>142</sup>

Chrysostom also compares baptism to a metaphorical burial and resurrection, saying, “. . .the sins are buried, the former things are blotted out, the man is made alive, the entire grace written upon his heart as it were a table.”<sup>143</sup> In these examples, we see belief and language working together to create the narrative and meaning; in turn, the narrative shaped the language and belief. The metaphor of death used in these rituals was an important one, shaping people’s interpretation of the meaning and value not only of the ritual but also of death itself.<sup>144</sup> The writers used something familiar—death--to help people understand the meaning and importance of the ritual. However, in the process of connecting

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<sup>140</sup> Ignatius, *Epistle to the Ephesians*, chapter 20 in *Ante-Nicene Fathers*, Vol. 1, ed. Philip Schaff. <http://www.ccel.org/ccel/schaff/anf01.v.ii.xxi.html>.

<sup>141</sup> Everett Ferguson, *Baptism in the Early Church: History, Theology, and Liturgy in the First Five Centuries* (Grand Rapids, MI: William B Eerdmans, 2009), 149.

<sup>142</sup> Ambrose, *On The Holy Spirit*, 1:6, in *Fathers of the Church*, <http://www.newadvent.org/fathers/34021.htm>.

<sup>143</sup> John Chrysostom, "Homilies on Second Corinthians," 390 AD, in *Nicene and Post-Nicene Fathers*, Vol. 12, 307.

<sup>144</sup> See Neil Postman’s discussion of metaphor and its impact on culture in *Crazy Talk, Stupid Talk* (New York: Delacorte, 1976), 132.

death (the familiar event) to a positive language of “new life” and freedom from the bondage of the old life and sin (a new way of thinking), Christian leaders were changing the meaning and interpretation given death. Through language and ritual, they connected mortality to the promise of something that exceeded what the people had known in the past and helped people see death in a new way. Death for a Christian, even if not fully understood, was couched in words of comfort and hope, of life and reward, which transcended the harsh reality of life and reshaped how Christians viewed their mortality. As people came to believe what they heard and trusted in God’s faithfulness to his word and promise of life, love, and hope transcending death, they responded courageously and unexpectedly in times of crisis and persecution. Eyewitness accounts and stories about the courage of the martyrs, even in the face of the harshest of Roman punishments, *damnatio ad bestias*--being killed by a wild animal<sup>145</sup>--provide evidence of how the narrative, doctrine, and practice were becoming intricately connected in the early Church. According to Catherine Edwards, expert on ancient Rome’s arena deaths, audiences at Christian executions expected to see victims who were terrified and suffering pain and despair. Instead, Christians responded with “joyous collaboration”<sup>146</sup> and sometimes, as in the account of Perpetua’s martyrdom, with a powerful testimony of faith coming at the time of death.<sup>147</sup> The fact that we have recorded the names of many of these martyrs

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<sup>145</sup> See Eusebius, *Martyrs of Palestine and Ecclesiastical History*, trans. J. Vandervoort. <http://people.ucalgary.ca/~vandervoort/Courses/texts/eusebius/eusempaf.html>, [accessed 1/20/2012]. For *Ecclesiastical History* see Book 6:41; 7:12, 15; 8: 10,13; 9:6 in particular.

<sup>146</sup> Catherine Edwards, *Death in Ancient Rome* (New Haven: Yale University, 2007), 210. See also Tertullian’s discussion of Arrius Antoninus’ (proconsul of Asia in the second century) amazement at Christians clamoring to undergo judicial execution (*Ad Scapulam*, 5).

<sup>147</sup> Herbert Musurillo, compiler, “Martyrdom of Perpetua,” in *Acts of the Christian Martyrs*,



(whether fictional or not) attests to the popularity and influence of the stories. The Christian martyrs demonstrated a different kind of courage, and even joy, in facing death that attracted and repelled the Romans. The Romans could understand a brave death in battle; contemporary writers such as Cicero, Seneca, Diogenes, Pyrrhus, Homer, and Callinicus wrote words of instruction regarding how men ought to bear suffering and death courageously.<sup>148</sup> But, to the Stoics, as exemplified by Marcus Aurelius and Epictetus, the Christian lack of fear of death, particularly as demonstrated in the behaviour of the martyrs, was irrational, lacked dignity and intelligent thought, and was based on “mere obstinacy” and “tragic show.”<sup>149</sup>

Christian leaders, such as Athanasius, utilized the martyrs’ lack of fear of death to draw attention to the Christian narrative and to prove Christ’s resurrection. In his treatise "On the Incarnation" (around 320 CE), Athanasius wrote:

Before the divine sojourn of the Savior, even the holiest of men were afraid of death, and mourned the dead as those who perish. But now that the Savior has raised His body, death is no longer terrible, but all those who believe in Christ tread it underfoot as nothing.<sup>150</sup>

Such bravery attracted people to the new faith even as others mocked Christian

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(Oxford: Oxford University, 1972) 9. Of note, is the use of “second baptism” in this account. The author of the account links martyrdom with baptism in the account of Felicitis’ and Saturnus’ martyrdoms. Augustine often spoke of the power of the “witness” of the Christian martyrs during the martyrs feast days in his sermons.

<sup>148</sup> Tertullian, *Apology* (chapters 50), trans. S. Thelwall, in *Ante-Nicene Fathers*, Vol. 3, ed. Allen Menzies (Grand Rapids, MI: Eerdmans, 2009), <http://www.ccel.org/ccel/schaff/anf03.html>. The Greek hero cult is well documented. See Jennifer Lynn Larson, *Greek Heroine Cults* (Madison: University of Wisconsin, 1995).

<sup>149</sup> Marcus Aurelius, *Meditations* 11.3 (167 ACE), trans. George Long, <http://classics.mit.edu/Antoninus/meditations.11.eleven.html>. See also Epictetus, *Discourses* 4.7 <http://www.constitution.org/rom/epicdisc4.htm>. Epictetus calls the Christians “Galilaens.”

<sup>150</sup> Athanasius, *On the Incarnation: The Resurrection*, V, <http://www.spurgeon.org/~phil/history/ath-inc.htm>.

foolishness. Tertullian commented that: “The oftener we are mown down by you, the more in number we grow; the blood of Christians is seed.”<sup>151</sup> Tertullian’s language is the language of battle, but he expresses an idea that was foreign to the Roman soldiers of this day. He says that through death comes victory and that the Christian conquers in dying. Romans and Greeks could understand dying in battle for the lasting glory of a “hero’s” remembrance; however, humans and sometimes the gods ascribed this glory to the man, and humans would continue to see the grave and repeat the story thus perpetuating the honour attached to the dead hero. Christians wrote about a glory that came from God and would not necessarily be seen or understood by others. They talked about immortality not through memory and legacy—but through dying and being “raised” to “bear fruit in resurrection.”<sup>152</sup> This concept of dying to live was paradoxical coming out of the theology of the cross and resurrection. Tertullian describes the Christian paradox as follows:

Well, it is quite true that it is our desire to suffer, but it is in the way that the soldier longs for war. No one indeed suffers willingly, since suffering necessarily implies fear and danger. Yet the man who objected to the conflict, both fights with all his strength, and when victorious, he rejoices in the battle, because he reaps from it glory and spoil. It is our battle to be summoned to your tribunals that there, under fear of execution, we may battle for the truth. But the day is won when the object of the struggle is gained. This victory of ours gives us the glory of pleasing God, and the spoil of life eternal. But we are overcome. Yes, when we have obtained our wishes. Therefore we conquer in dying;<sup>153</sup> we go forth victorious at the very time we are subdued.<sup>154</sup>

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<sup>151</sup> Tertullian, *Apology* (chapter 50), trans. S. Thelwall, in *Ante-Nicene Fathers*, Vol. 3, ed. Allen Menzies (Grand Rapids, MI: Eerdmans Publishing, 2009), <http://www.ccel.org/ccel/schaff/anf03.html>.

<sup>152</sup> Tertullian, *On the Resurrection of the Flesh* (Chapter LII), trans. Dr. Holmes, [http://www.tertullian.org/anf/anf03/anf03-41.htm#P10240\\_2860552](http://www.tertullian.org/anf/anf03/anf03-41.htm#P10240_2860552).

<sup>153</sup> *Vicimus cum occidimur*

<sup>154</sup> Tertullian, *Apology* (chapter 50), trans. S. Thelwall, in *Ante-Nicene Fathers*, Vol. 3, ed. Allen Menzies (Grand Rapids, MI: Eerdmans Publishing, 2009),

The language and theology ideas expressed in this passage are found in a number of Christian writings, including works of Athanasius;<sup>155</sup> in Polycarp's advice to the Philippians;<sup>156</sup> and in Ignatius' instructions. As he faced martyrdom, Ignatius said:

I long after the Lord, the Son of the true God and Father, even Jesus Christ. Him I seek, who died for us and rose again. Pardon me, brethren: do not hinder me in attaining to life; for Jesus is the life of believers. Do not wish to keep me in a state of death, for life without Christ is death. While I desire to belong to God, do not ye give me over to the world. Suffer me to obtain pure light: when I have gone thither, I shall indeed be a man of God. Permit me to be an imitator of the passion of Christ, my God.<sup>157</sup>

Augustine would also encourage Christians to live with this courage and lack of fear of death even in the face of illness.<sup>158</sup> Contained in Christian teaching was a paradox: "to win, they had to lose." In the *Acts of the Martyrs*, we find echoes of this idea that through suffering came a kind of power.<sup>159</sup> For people in ancient Rome and even today, this was often a difficult concept to understand. Yet, we cannot dismiss all martyr activity as merely the experiences of masochistic or insane individuals. In later centuries in times of persecution, the stories of the martyrs would serve to encourage those who would be dying for their faith. Stories of martyrdoms continue to encourage some Christians today as they try to live out their faith through humility and surrender in ways that are sometimes

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<http://www.ccel.org/ccel/schaff/anf03.html>.

<sup>155</sup> Athanasius, *On the Incarnation: The Resurrection*, V, <http://www.spurgeon.org/~phil/history/ath-inc.htm>.

<sup>156</sup> "Let us then be imitators of His patience; and if we suffer for His name's sake, let us glorify Him for He has set us this example in Himself, and we have believed that such is the case," Polycarp, *Epistle to the Philippians*, 8, *Ante-Nicene Fathers*, vol. 1, ed. Phillip Schaff (Grand Rapids, MI: Eerdmans Publishing, 2001), <http://www.ccel.org/ccel/schaff/anf01.iv.i.html>.

<sup>157</sup> Ignatius, *Epistle to the Romans*, 6, eds. Alexander Roberts and James Donaldson (Edinburgh: T&T Clark, 1867), <http://mb-soft.com/believe/txv/ignatiu4.htm>.

<sup>158</sup> Augustine, *Sermons*, 286.7; 328.8.

<sup>159</sup> Catherine Edwards, *Death in Ancient Rome* (New Haven: Yale University, 2007), 217.

at odds with cultural norms. Among the modern-day groups that who find particular inspiration in the stories of the martyrs are the Amish, Brethren, and Mennonite communities and those who read the *Voice of the Martyrs'* materials.<sup>160</sup>

Some historians have proposed a connection between the response of the martyrs and that of the Stoics (bravery in the face of death); however, their responses differed in the motivation behind the action. The Stoics taught that death in battle was better than death by other means because of the glory gained in society. Early Christians died for the glory of Christ, which gave them a meaning in their deaths and helped them persevere in suffering with hope. The consistent language of hope anchored in the interpretation of Christ's work on the cross and in his resurrection is evidence of the development of a consistent theological narrative that was impacting not only how Christians lived, but also how they died. It is a narrative that supported a realistic view of mortality while being strong enough to make the unknown known, and provide Christians with the resilience and strength they needed to overcome their fear of death. It included a hope for a "happy ending" to life that was unknown to the non-Christian writers of the day.<sup>161</sup>

### **A Narrative that Informs Pastoral Care**

Current studies that link fear of death with behaviour bring insight regarding how the early Christians' lack of fear may have affected their behaviour and may, in fact, have contributed to acts of charity and self-sacrifice that were

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<sup>160</sup> See Donald Kraybill, Steven Nolt and David Weaver-Zercher, *Amish Grace: How Forgiveness Transcended Tragedy* (San Francisco: Jossey-Bass, 2007), 28.

<sup>161</sup> Catherine Edwards, *Death in Ancient Rome* (New Haven: Yale University, 2007), 218.

often noted in early writings as unique and unusual for the society as a whole.<sup>162</sup> If people are not afraid to die, they will be ready to take risks that they would not take if they feared death. Facing a martyr's death bravely was only one risk that Christians in the Roman Empire embraced. Christians also held different views than many people in the Empire regarding how to respond to the sick, suffering, and dying. Their interpretation of the actions and teachings of Jesus Christ influenced how they responded to the sick and dying wherever they found them, even when they were not fellow believers. It was a natural progression for later Christians to move into the area of healing and pastoral ministry as they followed in the footsteps of Christ. Terence Fretheim has written that Jesus demonstrated that God is compassionate, that "He can be moved by human suffering."<sup>163</sup> Christ's disciples would be instruments of healing because they were "above all else an exhibit, a demonstration, of the character of God."<sup>164</sup> They, like their God, were moved by the suffering they witnessed, and they responded. H. E. Sigerist said of early Christianity:

It remained for Christianity to introduce the most revolutionary and decisive change in the attitude of society toward the sick. Christianity came into the world as the religion of healing, as the joyful Gospel of the Redeemer and of Redemption. It addressed itself to the disinherited, to the sick and afflicted

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<sup>162</sup> See Corwin, Jennifer Haskin, "The Fear of Death and the Fear of Dying: Possible Barriers to Altruistic Behavior" (Masters Theses and Doctoral Dissertations, Paper 123 2005), <http://commons.emich.edu/theses/123>. Although Corwin's research does not demonstrate a direct relationship between fear of death and not behaving altruistically, it contains a number of sources to other studies linking lack of fear and willingness to engage in "risky" acts of altruism. See also Robin Hanson's, "Fear of Death and Muddled Thinking -- It Is So Much Worse Than You Think," in *Death And Anti-Death, Volume 3: Fifty Years After Einstein, One Hundred Fifty Years After Kierkegaard*, ed. Charles Tandy (Palo Alto, CA: Ria University, 2005).

<sup>163</sup> Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress, 1984), particularly chapters 8 and 9. More will be discussed on this later in the thesis.

<sup>164</sup> *The Proceedings of the Consultation on the Study Program of Healing Ministry*, October 30-November 1, 1980 (Seoul: Asian Center for Theological Studies and Mission/Korea Christian Medico-Evangelical Association, n.d), 3, 5.

and promised them healing, a restoration both spiritual and physical.<sup>165</sup>

They took Jesus' words to heart when he said:

Come, you who are blessed by my Father, take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me . . . whatever you did for one of the least of these brothers of mind, you did for me (Matt. 25:34-6, 40).

Thus, "it became the duty of the Christian to attend to the poor and the sick of the community."<sup>166</sup> Later teachers, such as Paul, encouraged them in compassionate ministry with words such as:

"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. For just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows" (1 Corinthians 1:3-5, NIV).

Loving God and neighbour found expression in outreach to the sick, suffering, and dying even when caring for others put their own lives at risk, demonstrating that the underlying narrative of hope in the face of death was now developing credence and practicality through application. In turn, Christians were taking doctrinal beliefs about loving God and neighbour and weaving them into a larger story that guided their relationships with others. This story was providing meaning and purpose, even a sense of call, for followers.

The testing of the Christian narrative's strength came as a cycle of plagues swept through the Empire.<sup>167</sup> In A.D. 65, an epidemic in Rome killed

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<sup>165</sup> H. E. Sigerist, *Civilization and Disease* (Chicago: University of Chicago, 1943), 62. See also Gary Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: Johns Hopkins, 2009).

<sup>166</sup> H. E. Sigerist, *Civilization and Disease* (Chicago: University of Chicago, 1943), 62.

<sup>167</sup> William H. McNeill, *Plagues and Peoples* (New York: Doubleday, 1976), 53. McNeill and

thirty thousand people. Then in the second century, another outbreak in Rome erupted and raged for fifteen years, claiming the lives of five thousand in Rome alone, including the emperor Marcus Aurelius Antoninus.<sup>168</sup> Despite persecution and danger to themselves, Christians took an active part in ministering to the sick, tending the sick even when others were too afraid to help.<sup>169</sup> Dionysius of Alexandria (Bishop from 247-264) described the devotion with which Christians tended the sick, often catching the plague themselves and subsequently dying<sup>170</sup> and Eusebius described their charity the following way:

Then did the evidences of the universal zeal and piety of the Christians become manifest to all the heathen. For they alone in the midst of such ills showed their sympathy and humanity by their deeds. Every day some continued caring for and burying the dead, for there were multitudes who had no one to care for them; others collected in one place those who were afflicted by the famine, throughout the entire city, and gave bread to them all.<sup>171</sup>

Never before had nursing of the sick been so widespread nor had it been so well organized and so self-sacrificially done.<sup>172</sup> The Christian response to the plagues contrasted sharply with the typical non-responses of deserting the sick or

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other epidemiologists believe rapid urbanization and the deployment of the army led to the sudden increase in the incidence of plagues. See also John Stambaugh, *The Ancient Roman City* (Baltimore: Johns Hopkins University, 1988); Donald Engels, *Roman Corinth* (Chicago: University of Chicago, 1990), 28, 84; and L. Michael White, "Urban Development and Social Change in Imperial Ephesus," in *Ephesus: Metropolis of Asia*, ed. Helmut Koester (Valley Forge, PA: Trinity Press International, 1995), 35.

<sup>168</sup> George Kohn, "Antonine Plague (Plague of Galen)," in *Encyclopedia of Plague and Pestilence* (New York: Facts on File, 1995), 6-7.

<sup>169</sup> Eusebius, *Ecclesiastical History*, 7.22.6-8, Loeb Classical Library, trans. Krisopp Lake and J. E. L. Oulton (Cambridge: Harvard University, 1926-32).

<sup>170</sup> Dionysius, "To the Brethren in Alexandria," in *St. Dionysius of Alexandria: Letters and Treaties*, trans. Charles Feltoe, (New York: MacMillan, 1918 ), <http://www.ccel.org/ccel/feltoe/dionysius.dionysius.letters.e14.html>. See also Eusebius, "The Occurrences at Alexandria," *Ecclesiastical History*, 7: 22 in *Nicene and Post-Nicene Fathers of the Christian Church*, Vol. 1 (Grand Rapids, MI: Eerdmans), <http://www.ccel.org/ccel/schaff/npnf201.iii.xii.xxiii.html>.

<sup>171</sup> Eusebius, *Ecclesiastical History*, 9:8, <http://people.ucalgary.ca/~vandersp/Courses/texts/eusebius/eusehef.html>.

<sup>172</sup> Leopold Senfelder, "History of Medicine," *Catholic Encyclopedia* 10. (n.p: Robert Appleton, 2011), [www.newadvent.org/cathen/10122a.htm](http://www.newadvent.org/cathen/10122a.htm), [accessed 12/12/11].

throwing the corpses out into the streets.<sup>173</sup> The narrative not only informed praxis and stood the test of death itself, but also attracted the attention of non-Christians. Julian the Apostate would write of this care:

Now we can see what makes Christians such powerful enemies of our gods. It is the brotherly attitude of love which they manifest toward strangers and toward the sick and the poor.<sup>174</sup>

As the Christian narrative developed and was expressed more consistently in practice, Christians as a community were establishing themselves as a people willing to reach out to help others, their own and non-Christians, even when the act put their own lives in danger. Their faith and lack of fear of death also found expression in hospitality. Luke Bretherton calls hospitality “a root metaphor and practice” in early Christianity.<sup>175</sup> Within the culture of the ancient Middle East, hospitality helped people determine who was a friend or enemy, created connections for resources, prevented war, and contributed to peace.<sup>176</sup> Yet, hospitality was always risky because of the threat posed by

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<sup>173</sup> Darrel W. Amundsen, "Medicine and Religion: Early Christianity through the Middle Ages," in *Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine*, ed. Martin Marty and Kenneth Vaux (Philadelphia: Fortress, 1982), 110. Even Galen (129-199), physician and philosopher, fled from plague patients even though he is known for documenting the symptoms and treatment. See Abigail Zuger and Steven Miles, "Physicians, AIDS, and Occupational Risk: Historic Traditions and Ethical Obligations," *Journal of American Medical Association* 258, no. 14 (October 9, 1987): 1924-1928.

<sup>174</sup> Julian was quite alarmed by the charity of the Christians, which drew people away from the worship of the gods and their heritage. See his discussions in his letters, especially 20, 37, and 39 in *Letters*, trans. Wilmer Wright, *Works*, Vol. 3, (1923), 2-235, [http://www.tertullian.org/fathers/julian\\_apostate\\_letters\\_1\\_trans.htm](http://www.tertullian.org/fathers/julian_apostate_letters_1_trans.htm). Julian the Apostate, *Against the Galileans*: remains of the 3 books, excerpted from Cyril of Alexandria, *Contra Julianum* (1923) 319-433. See also Morton Kelsey, *Healing and Christianity* (Minneapolis: Augsburg, 1995), 117; quoting from Juliani Imperatoris, *Quae Supersunt Praeter Reliquias apud Cyrillum: Omnia*, 1:391-92.

<sup>175</sup> Luke Bretherton, *Hospitality as Holiness: Christian Witness Amid Moral Diversity* (Aldershot, UK: Ashgate, 2006), 128.

<sup>176</sup> Michael Herzfeld, "As in Your Own House: Hospitality, Ethnography, and the Stereotype of Mediterranean Society" in *Honor, Shame and the Unity of the Mediterranean*, ed. David Gilmore, (Washington, DC: American Anthropological Association, 1987), 77.



strangers.<sup>177</sup> Coming out of this background in which hospitality was valued, it is not surprising that Christians would also embrace the practice. However, Christians carried hospitality further than most people were willing to take it because of the risk that could be involved.<sup>178</sup> As with other actions, Jesus life was the model and his life reflected times when he was “both guest and host, dependent on others for welcome and startlingly gracious in his welcome to outsiders, seekers, and sinners.”<sup>179</sup> N. T. Wright has written that: “Most writers now agree that eating with ‘sinners’ was one of the most characteristic and striking marks of Jesus’ regular activity.”<sup>180</sup> We see the theme of hospitality not only in the recorded teachings of Jesus but also in the letters. In Romans 12:9-13, for example, we find a challenge to be hospitable:

Love must be sincere. Hate what is evil; cling to what is good. Be devoted to one another in love. Honor one another above yourselves. Never be lacking in zeal, but keep your spiritual fervor, serving the Lord. Be joyful in hope, patient in affliction, faithful in prayer. Share with the Lord’s people who are in need. Practice hospitality.

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<sup>177</sup> See Victor Matthews and Don Benjamin, *Social World of Ancient Israel: 1250-587 BCE* (Peabody, MA: Hendrickson, 1993), 82-87. See also Ana Maria Pineda, “Hospitality” in *Practicing Our Faith: A Way of Life for a Searching People* (San Francisco: Jossey-Bass, 1997), 33.

<sup>178</sup> Luke Bretherton, *Hospitality as Holiness: Christian Witness Amid Moral Diversity* (Aldershot, UK: Ashgate, 2006), 129. Bretherton also discusses places in the Old Testament in which the people are told “not to entertain its neighbors or have contact with those who are unclean.” See page 130.

<sup>179</sup> Christine Pohl, “Hospitality, a Practice and a Way of Life,” *Vision* (Spring 2002): 35. See examples in Luke 14-15. There are numerous biblical accounts of Jesus presence at social gatherings including the: wedding at Cana, joyous meal at Jericho with Zacchaeus, feast when woman washed Jesus’ feet, Last supper, meal with disciples after he’d risen, etc. See also Luke Bretherton, *Hospitality as Holiness: Christian Witness Amid Moral Diversity* (Aldershot, UK: Ashgate, 2006), 130.

<sup>180</sup> N. T. Wright, *Jesus and the Victory of God* (London, SPCK, 1996), 431. Wright is talking about this in connection with Jesus’ claim of inaugurating the long-awaited kingdom. The Christian idea of family and community that overrode “the strictest of normal symbolic obligations” would have allowed Christians to see the stranger in his or her humanity rather than as merely a threat. If this reasoning is correct, modern scholarship would contribute to the claim that Christian hospitality is linked Christians’ feeling a greater connectedness to others which would have contributed to less fear of death and greater altruism. See Corwin, Jennifer Haskin, “The Fear of Death and the Fear of Dying: Possible Barriers to Altruistic Behaviour” (Masters Theses and Doctoral Dissertations. Paper 123, 2005): 62, <http://commons.emich.edu/theses/123>.

This is not the patient endurance of the stoics, but a heart-felt, joyous embracing of life, giving, and charity in response to God’s grace and love. Christian leaders supported the narrative of a people of love and charity in their sermons and writings. Clement praises the Corinthians for “the magnificence” of their “habitual hospitality.”<sup>181</sup> In the *Shepherd of Hermas*, we find these words encouraging hospitality:

Hear now what follow upon these; to minister to widows, to visit the orphans and the needy, to ransom the servants of God from their afflictions, to be hospitable (for in hospitality benevolence from time to time has a place), . . .<sup>182</sup>

Justin Martyr also talks about the Christians’ charity and hospitality:

And they who are well to do, and willing, give what each thinks fit; and what is collected is deposited with the president, who succours the orphans and widows and those who, through sickness or any other cause, are in want, and those who are in bonds and the strangers sojourning among us, and in a word takes care of all who are in need.<sup>183</sup>

Even the *Didache* provides instruction on hospitality by saying: “Give to anyone that asks you, and demand no return; the Father wants His own bounties to be shared with all.”<sup>184</sup> Christians loved and gave self-sacrificially, because they believed that God first loved and gave to them in just such a self-sacrificial way (See 1 John 4:19).

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<sup>181</sup> Clement of Rome, *First Epistle: Letter to the Corinthians*, Chapter 1, trans. Roberts-Donaldson, [www.earlychristianwritings.com/text/1clement-roberts.html](http://www.earlychristianwritings.com/text/1clement-roberts.html).

<sup>182</sup> J. B. Lightfoot, trans., *Shepherd of Hermas*, Mandate 8, <http://www.earlychristianwritings.com/text/shepherd-lightfoot.html>.

<sup>183</sup> Justin Martyr, *First Apology*, Chapter 67, trans. Marcus Dods and George Reith in *Ante-Nicene Fathers*, Vol. 1, eds. Alexander Roberts, James Donaldson, and A. Cleveland Coxe (Buffalo, NY: Christian Literature Publishing Co., 1885.) Revised and edited for New Advent by Kevin Knight. <http://www.newadvent.org/fathers/0126.htm>.

<sup>184</sup> *Didache* 1.3 See also 4.5, modern translation based on L.B. Lightfoot. [http://www.orthodox.cn/patristics/apostolicfathers/didache\\_en.htm](http://www.orthodox.cn/patristics/apostolicfathers/didache_en.htm). See also *Didache* 12:1-8, modern translation based on L.B. Lightfoot, [http://www.orthodox.cn/patristics/apostolicfathers/didache\\_en.htm](http://www.orthodox.cn/patristics/apostolicfathers/didache_en.htm) where the *Didache* talks about how long a guest is to stay.

When the Christians extended hospitality not only to other believers, but also to those beyond their community, it became part of their identity and set them apart from others--sometimes in ways that were threatening to others' views of cultural norms. The Emperor Julian, who had converted from Christianity and wanted to see the ancient religions prosper again, was alarmed at how Christian hospitality was attracting new converts. He wrote to one of his high priests in Galatia to express his concern and admonishing the priests:

In every city establish frequent hostels in order that strangers may profit by our benevolence; I do not mean for our own people only, but for others also who are in need of money. . . For it is disgraceful that, when no Jew ever has to beg, and the impious Galilaeans [Christians] support not only their own poor but ours as well, all men see that our people lack aid from us.<sup>185</sup>

Martyrdom, caring for plague victims and the poor, and hospitality could be dismissed as individual acts of kindness. But the sheer volume of references to acts of charity in ancient sources reveals a pattern of behaviours that suggests that Christians, as a group, had developed a collective ethos that informed their behaviour and provided a sense of identity and meaning for their lives. That ethos was continuing to evolve as the early church leaders continued to defend and explain their faith. The teaching of hospitality as an important Christian practice continued into the fourth century, as found in the writing of Chrysostom. In his *Homily on the Acts of the Apostles*, he admonished the people not to depend on the Church to respond to those in need, but instead to create a space within their own homes--to set up a bed for visitors, showing them care and

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<sup>185</sup> Julian, "To Arsacius, High-priest of Galatia," trans. W.C. Wright, [http://www.tertullian.org/fathers/julian\\_apostate\\_letters\\_1\\_trans.htm](http://www.tertullian.org/fathers/julian_apostate_letters_1_trans.htm).

furnishing “them with everything.”<sup>186</sup> He linked the physical action of compassion with the spiritual, saying: “Be not uncompassionate, nor inhuman: be not so earnest in worldly matters, so cold in spiritual.”<sup>187</sup> From individual hospitality to hospitality that touched the entire community, Christians were building on an underlying narrative of self-sacrificial love growing out of their interpretation of Christ’s sacrifice on the Cross. As the Church attracted disciples and leaders trained in medicine (such as Basil), its leaders were also developing an early Christian applied-theological-theodicy that incorporated a theological understanding of suffering and evil with a pastoral response that included, along with prayer and ritual, medical practice.<sup>188</sup> A natural outgrowth of this expanded understanding of their purpose meant that Christians founded and maintained the first hospitals (*hospitia*) and hospices (*xenodochia*),<sup>189</sup> including Basil’s hospital outside Caesarae (370 C.E.)--the first public institution devoted to free care of the sick.<sup>190</sup> Called Basiliad, it became a prototype for Christian hospitals for those afflicted with either contagious or noncontagious diseases.

Three things are notable about the writing from this period. First, writers were using theology to help people find meaning in their suffering. Examples of this marriage of theology and medicine are found in Gregory of Nazianzus’

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<sup>186</sup> Chrysostom, *Homily 45*, (Acts 22:32) in *Chrysostom’s Homilies on the Acts of the Apostles, Part II*, trans. Members of the English Church. A Library of Fathers of the Holy Catholic Church (Oxford: John Henry Parker, 1852), 611, [www.ccel.org/ccel/schaff/npnf111.vi.xlv.html](http://www.ccel.org/ccel/schaff/npnf111.vi.xlv.html).

<sup>187</sup> *Ibid.*, 612.

<sup>188</sup> Gregory Nazianzus repeatedly praises Basil for his medical ability and compassion in medical care in *Oration 43: Funeral Oration on the Great S. Basil, Bishop of Caesarea in Cappadocia*, <http://www.ccel.org/ccel/schaff/npnf207.iii.xxvi.html>.

<sup>189</sup> Eusebius, in *The Ecclesiastical Histories*, said that Christianity was influential in the development of public hospitals and hospices and it undertook the building of them “with vigor.” See the discussion of this in Joseph Mauceri, *The Great Break: A Short History of the Separation of Medical Science from Religion* (Barrytown, NY: Pulse Books, 1986), 50.

<sup>190</sup> Morton Kelsey, *Healing and Christianity* (Minneapolis: Augsburg, 1995), 133.

eulogy for his father, in which he discusses the reasons why people suffer,<sup>191</sup> and in Gregory the Great's *Pastoral Rule*. The *Rule* provides direction to priests for speaking to the sick and healthy within their care, linking the physical reality to the spiritual by use of scripture. Second, pastoral care providers of the time were being taught and encouraged to help people link the larger narrative of faith to their individual narratives. Notice how Gregory links an individual's suffering to the larger narrative of hope that will help the person find meaning in his or her suffering:

. . . the sick are to be admonished that they feel themselves to be sons of God in that the scourge of discipline chastises them. For, unless He purposed to give them an inheritance after correction, He would not have a care to educate them by afflictions. For hence the Lord says . . . *My son despise not the discipline of the Lord, nor faint when you are rebuked of Him. For whom the Lord loves He chastens, and scourges every son whom He receives* Hebrews 12:5-6. Hence the Psalmist says, *Many are the tribulations of the righteous, and out of all these has the Lord delivered them* Psalm 33:20. Hence also the blessed Job, crying out in his sorrow, says, *If I be righteous, I will not lift up my head, being saturated with affliction and misery* Job 10:15. The sick are to be told that, if they believe the heavenly country to be their own, they must needs endure labours in this as in a strange land. For hence it was that the stones were hammered outside, that they might be laid without sound of hammer in the building of the temple of the Lord; because, that is, we are now hammered with scourges without, that we may be afterwards set in our places within, without stroke of discipline, in the temple of God; to the end that strokes may now cut away whatever is superfluous in us, and then the concord of charity alone bind us together in the building.<sup>192</sup>

Third, the writing expresses the understanding that healing ministry (through spiritual and physical interventions) and care for the sick had become

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<sup>191</sup> Gregory Nazianzus, "Funeral Oration on His Father, in the Presence of S. Basil," *Oration 18*, 28 (n.p., 374), <http://www.fordham.edu/halsall/basis/gregnaz-fathr.html>.

<sup>192</sup> Gregory the Great, *Pastoral Rule*, 3:12, in *Nicene and Post-Nicene Fathers*, First Series, Vol. 9, ed. Philip Schaff, trans. by W.R.W. Stephens (Buffalo, NY: Christian Literature Publishing Co., 1889.). Revised and edited for New Advent by Kevin Knight, <http://www.newadvent.org/fathers/19221.htm>.

foundational elements in the practice of faith. Gregory of Nazianzus referred to the hospital as a place "where illness became a school of wisdom, where disease is regarded in a religious light, where misery is changed to happiness, and where Christian charity shows its most striking proof."<sup>193</sup> Related contemporary Christian endeavours included the development of extensive plans for caring for deserted children, the disabled, the unemployed, and those on pilgrimage.<sup>194</sup> Further evidence of the abundance of these places of care is found in letters such as the *Dialogue of Palladius* in the section on "Reform of Church Finance" and in the letter of Jerome regarding Fabiola, which talks about her founding the hospital at Rome.<sup>195</sup> One of the most well-known writings, Benedict of Nursia's *Rule*,

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<sup>193</sup> Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University, 1996), 109. See also Gary Ferngren, *Medicine and Healthcare in Early Christianity* (Baltimore: Johns Hopkins University, 2009), particularly 113-139.

<sup>194</sup> Leopold Senfelder, "History of Medicine," *Catholic Encyclopedia* 10 (n.p: Robert Appleton, 2002), [www.newadvent.org/cathen/10122a.htm](http://www.newadvent.org/cathen/10122a.htm), 12.

<sup>195</sup> Herbert Moore, trans. *The Dialogue of Palladius concerning the Life of St. John Chrysostom* (1921), [http://www.tertullian.org/fathers/palladius\\_dialogus\\_02\\_text.htm#C2](http://www.tertullian.org/fathers/palladius_dialogus_02_text.htm#C2). See "Fabiola," from *Nicene and Post-Nicene Fathers of the Christian Church*, Volume 6, Saint Jerome letters, letter number 77 quoted at <http://erinipasy-eng.blogspot.co.uk/2010/05/fabiola-by-saint-jerome-having-found.html#/2010/05/fabiola-by-saint-jerome-having-found.html>. See also *The XXX Canons of the Holy and Fourth Synods, of Chalcedon*, in *Nicene and Post-Nicene Fathers Series II*, <http://ecmarsh.com/fathers/npnf2/NPNF2-14/Npnf2-14-105.htm>. Canon X has a note from Bright that includes the following: "From note to Jerome writes to Pammachius: 'I hear that you have made a xenodochion in the port of Rome,' and adds that he himself had built a diversorium for pilgrims to Bethlehem (Epist. xvi., 11, 14). Chrysostom reminds his auditors at Constantinople that 'there is a common dwelling set apart by the Church,' and 'called a xenon' (in *Act. Hom.*, xlv. 4). His friend Olympias was munificent to xenotrophia (*Hint. Lausiac*, 144). There was a xenodochion near the church of the monastic settlement at Nitria (ib., 7). Ischyron, in his memorial read in the 3d session of Chalcedon, complains of his patriarch Dioscorus for having misapplied funds bequeathed by a charitable lady cenewsi kai ptwkeioij in Egypt, and says that he himself had been confined by Dioscorus in a xenon for lepers (*Mansi*, vi. 1013, 1017). Justinian mentions xenodochia in *Cod.*, i. 3, 49, and their wardens in *Novell.*, 134, 16. Gregory the Great orders that the accounts of xenodochia should be audited by the bishop (*Book IV*, Epistle 27). Charles the Great provides for the restoration of decayed xenodochia (*Capitul. of 803*; Pertz, *Leg.*, i. 110); and Alcuin exhorts his pupil, archbishop Eanbald, to think where in the diocese of York he could establish 'xenodochia, id est, hospitalia' (*Epist. L.*)." See also Michele Voltaggio, "Xenodochia and Hospitia in Sixth-Century Jerusalem. Indicators for the Byzantine Pilgrimage to the Holy Places", *Zeitschrift des Deutschen Palästina-Vereins* 127 (2011): 197-210. [http://uniroma1.academia.edu/MicheleVoltaggio/Papers/1084122/Xenodochia\\_and\\_Hospitia\\_in\\_Sixth-Century\\_Jerusalem\\_Indicators\\_for\\_the\\_Byzantine\\_Pilgrimage\\_to\\_the\\_Holy\\_Places](http://uniroma1.academia.edu/MicheleVoltaggio/Papers/1084122/Xenodochia_and_Hospitia_in_Sixth-Century_Jerusalem_Indicators_for_the_Byzantine_Pilgrimage_to_the_Holy_Places) See also D. James Kennedy and Jerry Newcombe, *What If Jesus Had Never Been Born?* (Nashville:

contains passages stressing the importance of caring for the sick.<sup>196</sup> Missionary activity not only included taking the message of Christ out into the world, but also acts of charity. As monks established new monasteries in England, Ireland, Germany, France, Scandinavia, and beyond, they carried the *Rule* with them and built hospitals, lazar houses<sup>197</sup> (wards for leprosy), orphanages, and homes for the poor and the aged<sup>198</sup> which often included an *infirmarium* (a small hospital) for their own members, pilgrims, and the community. The best known of these infirmaries was at a Swiss monastery at St. Gall established in 720 by an Irish monk.<sup>199</sup>

### **Changes in the Church's Narrative**

The interpretation of the death and resurrection of Christ became a story of tremendous hope for Christ's followers. Even though the importance of this story has often been neglected or minimized in research, its impact as a narrative can help pastoral care providers understand the power of story, as well as its limitations. In the early Church, it worked well and had power because Christians not only believed the story, but also connected to it personally and applied it. Christians taught that because the sinless Son of God had given himself up to his own execution and risen from the dead, he had destroyed the power of death.

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Thomas Nelson, 1994), 145.

<sup>196</sup> Terrence Lardong, *Benedict's Rule: A Translation and Commentary* (Collegeville, MN: Liturgical, 1996), 31: 9; 36.

<sup>197</sup> Arthur Gibson, "Leprosy," UCLA, *Economic Botany*, <http://www.botgard.ucla.edu/html/botanytextbooks/economicbotany/Hydnocarpus/>, 2003. At one time, there were 326 lazar houses in Great Britain alone.

<sup>198</sup> Margaret Clarke, "A Brief Benedictine History," The College of St. Scholastica, [www.css.edu/about/benehistory.shtml](http://www.css.edu/about/benehistory.shtml); and Martin E. Marty and Kenneth L. Vaux, eds., *Health/Medicine and the Faith Traditions* (Philadelphia: Fortress, 1982), 108.

<sup>199</sup> Florence Glaze, "The Medical Writer," in *Voice of the Living Light: Hildegard of Bingen and Her World*, ed. Barbara Newman (Berkeley: University of California, 1998), 127.

Through baptism, Christians identified themselves not only with Christ but also with his sufferings, death, and resurrection. Through participation in the ritual, the promise of resurrection anticipated became reality. Yet, the narrative contained not only the promise of future joy, but strength and hope for the day through its understanding of who Jesus was. Jesus, the man of sorrows and acquainted with grief (Isaiah 53:3) understood the pain that comes as a part of loss and suffering in life and could, by the power of the Holy Spirit, bring people through those losses and grief with hope and joy. The promise for the day was one of love, that now because of Christ's sacrifice, nothing could separate them from the love of Christ (Romans 8:38-39). In Jesus, as believers experienced the unconditional love exhibited in the cross, the fears of rejection by God and of what would happen to them at death were quelled. In the language of the prayers and the metaphors represented in the rituals, lay the evidence of a hope in life beyond suffering and even beyond the grave. They lived out the story fearlessly through hospitality and care for the sick and dying.

In the early Church, new converts to the faith were taught the rituals and theology as an important part of initiating them into the culture of the Church. Persecutions forced them to interpret scripture, understand it so that they could utilize it, articulate its meanings, and defend its message to others. As Robert Wilken has observed, this process of interpretation and defense helped the early Church develop a clearly articulated theology and identity about who a follower of Christ was and how followers behaved and practiced their faith.<sup>200</sup> However, as

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<sup>200</sup> Robert Wilken, *The Christians as the Romans Saw Them*, 2<sup>nd</sup> ed. (New Haven: Yale University, 2003), 200.



persecutions ended, Christianity became the state religion, and the Church grew, the focus of the Church naturally began to shift from learning what it meant to be a follower of Christ to administering and growing the new faith. The shift in the identity and goals of the Church reveals limitations in communication and a growing lack of awareness about why they had been engaging in the activities, such as hospital ministry, in which they had been engaged. This had a profound impact on the original narrative. One way of looking at how growth influenced the narrative is to look at how growth affects institutions generally. Steve Blank, successful entrepreneur and consultant, has written extensively about the life cycle of institutions, particularly businesses, and how different start-ups are from large businesses: “different in every possible way – from goals, to measurements, from employees to culture.”<sup>201</sup> Even though a Church was not a business, there are similarities in how growth influenced development of administrative structures, goals, culture, and sense of identity. The Church continued in the role of guardian and teacher of the story; however, it is probable that the excitement and zeal of discovery would have waned for many people who heard the story all their lives and then became full members through catechism. The Church was also developing strategies, structures, and doctrines to facilitate the growth and deal with the challenges of heresy and cultural change.<sup>202</sup> As with a start-up, the early Church grew on a foundation of a narrative that propelled it forward. Then as it grew in scope of practice and in

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<sup>201</sup> Steve Blank, “A Startup is Not a Smaller Version of a Large Company” (14 January 2010), <http://steveblank.com/2010/01/14/a-startup-is-not-a-smaller-version-of-a-large-company/>.

<sup>202</sup> Up until *The Third Lateran Council in 1179*, the councils had concerned various heresies of the Church. See <http://www.dailycatholic.org/history/councils.htm#rc-1> for a summary.

numbers of followers, it experienced a “metamorphosis”<sup>203</sup> not just a transition from small Church to large, but from a community of followers of Christ to an institution of society that transcended its followers and influenced the larger society. It is common in these times of metamorphosis for institutions to experience “unintended consequences”<sup>204</sup> that may not always be what the institution would desire. It appears that an unintended consequence of the changes taking place in the Church as it grew was a movement from the focus of the original narrative and its implications to a focus on the Church’s survival, growth, and the development of doctrines that supported the growth and influence of the Church.

### **The Doctrine of Purgatory**

One of the doctrines which would influence the narrative profoundly was Purgatory, the belief that those who had died, after generally faithful service to God, did not immediately go to heaven but went instead to an intermediary place or state where they “underwent a painful purgation of the debt due for their sins.”<sup>205</sup> Though developed over time, by the fourteenth century the Church had succeeded in bringing the concept down from scholarly theological levels to everyday teaching and pastoral practice, so much so that it was mentioned in sermons, wills, and literature.<sup>206</sup> Because of its frequent appearance in a variety

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<sup>203</sup> Steve Blank, “A Startup is Not a Smaller Version of a Large Company” (14 January 2010), <http://steveblank.com/2010/01/14/a-startup-is-not-a-smaller-version-of-a-large-company/>.

<sup>204</sup> Steve Blank, “The Elves Leave Middle Earth—Sodas are No Longer Free,” <http://steveblank.com/2009/12/21/the-elves-leave-middle-earth---soda's-are-no-longer-free/>.

<sup>205</sup> Peter Marshall, *Beliefs and the Dead of Reformation England* (Oxford: Oxford University, 2002), 6. See also Jacques LeGoff, *The Birthing of Purgatory* (London: Scolar, 1981), 4. LeGoff provides an in depth discussion of the rise of the doctrine of Purgatory, see particularly “The Third Place,” 1-14.

<sup>206</sup> Jacques LeGoff, *The Birthing of Purgatory* (London: Scolar, 1981), 289.

of manuscripts and documents, contemporary scholars believe that it was so significant as to be called the “defining doctrine of medieval Catholicism.”<sup>207</sup>

Donald Logan says that by the Middle Ages: “The antechamber of heaven where the good but not perfect souls suffer their temporary punishment had a fixed place in the beliefs of virtually all Christians in the Western Church and deeply affected their religious practices.” He also believes that the doctrine was so significant that people believed in it “as firmly as the Eucharist, the divinity of Christ, the Trinity and other central beliefs of the church and played a role almost as large as the Eucharist and the Virgin in the daily devotional lives of people.”<sup>208</sup>

What were the consequences of this influential doctrine? One consequence was that the Church became an integral player in the preparation for death and dying process in a new way. Instead of linking human death (figurative and/or literal) to Christ’s death, leaders focused on teaching people to prepare for death and eternity through a series of steps or actions that required the Church. Leaders linked teachings and practices (confession, penance, prayers for the dead, indulgences,<sup>209</sup> and pilgrimage) to create a “sacral process,”<sup>210</sup> a carefully constructed model of pastoral care interventions, that contributed to the peoples’ understanding of suffering and meaning of life and death. This process not only

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<sup>207</sup> Eamon Duffy, *The Stripping of Altars: Traditional Religion in England 1400-1580*, (London, 1992). See also Jacques LeGoff, *The Birthing of Purgatory* (London: Scolar, 1981); Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 3; F. Donald Logan, *A History of the Church in the Middle Ages* (London & New York: Routledge, 2002); Robert Atwell, "From Augustine to Gregory the Great: An Evaluation of the Emergence of the Doctrine of Purgatory," *Journal of Ecclesiastical History* 38.2 (1987): 173-186; David Brown, "No Heaven without Purgatory," *Religious Studies* 21.4 (1985): 427-456.

<sup>208</sup> F. Donald Logan, *A History of the Church in the Middle Ages* (London & New York: Routledge, 2002).

<sup>209</sup> Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, Cornell University, 1996), 36. Binski defines indulgences as “relaxations of the penalties for sins committed.)

<sup>210</sup> *Ibid.*, 30.

connected people to the Church, but also contributed to their being dependent upon it for important salvific rituals. In the last hours of life these rituals included having a priest: (1) hear the final confession; (2) grant absolution; (3) give communion; and (4) administer the sacrament of extreme unction (anointing of the body—eyes, ears, nostrils, mouth, hands, feet and back—for the forgiveness of sins committed in each part of the body<sup>211</sup>). The priest and/or family would also call a notary to complete the will, a process almost as sacramental as prayer, which included provisions for almsgiving (for humility and purification)<sup>212</sup> or, in the case of the poor, a formal declaration of poverty.<sup>213</sup> With worldly matters in good order and preparations completed, the Christian could die knowing that:

Death is nothing else but a going [out] of prison, and an ending of exile; a discharging of an heavy burden, that is the body; finishing of all infirmities; a scaping of all perils; destroying of all evil things; breaking of all bonds; paying of [the] debt of natural duty; turning again into his country; and entering into bliss and joy.<sup>214</sup>

Family and friends could also conclude since the person had prepared and met

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<sup>211</sup> Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 30-31. See also Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, NY: Cornell University, 1996), 29-33. Rosemary Horrox, "Purgatory, prayer and plague," in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 96.

<sup>212</sup> Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 233-240. Carlos Eire has done extensive work at studying wills done during this time and documenting the language used in these end of life documents.

<sup>213</sup> Luis de Rebolledo wrote in 1600 that, "Writing a testament is called putting one's soul in order; wretched is the soul that is not well ordered at that hour." Luis de Rebolledo, *Primera parte de cien oraciones funebres en que se considera la vida, y sus miserias: la muerte y sus provechos* (Madrid, 1600), fol 318 v, quoted in English in Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 23.

<sup>214</sup> From Compter, Frances, ed., *The Craft of Dying in The Book of the Craft of Dying: and Other Early English Tracts Concerning Death*. Taken from Manuscripts and Printed Books in the British Museum and Bodleian Libraries, (New York: Longmans, Green and C., 1917), 6. Jean Gerson, chancellor of the University of Paris, brought a brief essay that he had written, *De Arte Moriendi*, to Council of Constance (1414–1418). From this essay came two widely circulated works by the same title. (Cited from *Encyclopedia of Death and Dying*, <http://www.deathreference.com/A-Bi/Ars-Moriendi.html>).

death without fear and with faith and courage, that their loved one had experienced a “good death.”<sup>215</sup> Yet, there was still much to do for them since the duties of eternal salvation did not end with death. After death, family, friends, and/or others, including the clergy, continued the process by giving alms, praying, and saying masses for the relief of the soul of the deceased, all of which was necessary for shortening the time the deceased spent in purgatory.<sup>216</sup> Again, the Church was essential in this process, providing the liturgy of the dead consisting of vespers on the evening before the funeral, lauds and matins on the following morning, and a Requiem mass.<sup>217</sup>

The Church benefited from the income and influence, people benefited by feeling supported by Church, family, and community, in dying and afterwards, and the doctrine of Purgatory continued to develop and influence not only praxis but also narrative. An outgrowth of the dependence on the doctrine was the development by the late fourteenth and early fifteenth centuries of a flourishing *Ars Moriendi* literature genre to guide people in their preparations in life and at the time of death.<sup>218</sup> These manuals and tracts, written first by the Church, do not

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<sup>215</sup> Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 315-317. See also Rosemary Horrox, “Purgatory, prayer and plague,” in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 96.

<sup>216</sup> Peter Marshall, *Beliefs and the Dead of Reformation England* (Oxford: Oxford University, 2002), 18. See also Philip Morgan, “Of Worms and War: 1380-1558,” in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 134. He talks about the “five massive updraughts of prayers of intercession.” See also Jacques LeGoff, *The Birthing of Purgatory* (London: Scholar, 1981), 11 and Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 21-22, 29.

<sup>217</sup> Rosemary Horrox, “Purgatory, prayer and plague”, in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 103.

<sup>218</sup> Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, Cornell University, 1996), 36-41.

appear to be written to scare or “terrorize”<sup>219</sup> people into belief, but to comfort, console, and encourage while promoting the rituals of the Church.<sup>220</sup> In these writings, the time of death is portrayed as a time of much peril and temptation: to doubt and despair, to be impatient or complaisant, or to resist death’s arrival. The writings warned readers to let go of the things and people that they loved “inordinately,” to resist the temptations and the devil, and accept dying patiently, surrendering into “God’s will and to God’s disposition alone.”<sup>221</sup> They linked Christ’s work to the ability of ordinary men and women to “triumph over the devil and be with God everlastingly.”<sup>222</sup> If suffering was a part of the dying, people were encouraged to bear up bravely, to compare their sufferings to Christ’s. In the dying, grief, and pain, the hope for the sufferer came in focusing on and identifying with what Christ had accomplished on the cross:

The disposition of the body of our Lord Jesu Christ hanging on the cross

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<sup>219</sup> Jean Delumeau in a series of books contended that people during the 15<sup>th</sup> and 16<sup>th</sup> Centuries were filled with fear and that clergy who were also consumed with fear transmitted their fear, pessimism, and guilt onto the people through sermons and writings. The “Delumeau thesis” has been refuted by a number of other historians and researchers. See an insight and thorough discussion of this refutation by David Ross, “Challenging the Delumeau Thesis: Evidence From the Artes Moriendi” (Master’s Thesis, Simon Fraser University, Canada, 2005), <http://ir.lib.sfu.ca/retrieve/739/etd1619.pdf>, accessed May 2010.

<sup>220</sup> Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, NY: Cornell University, 1996), 30.

<sup>221</sup> Compter, Frances, ed., *The Craft of Dying in The Book of the Craft of Dying: and Other Early English Tracts Concerning Death*. Taken from Manuscripts and Printed Books in the British Museum and Bodleian Libraries (New York: Longmans, Green and C., 1917), 9-20. See also temptations listed in *The Craft to Know Well to Die*, very similar, but difference contribute to meaning of original thoughts regarding temptations facing a dying person. See also Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 33. Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, NY: Cornell University, 1996), 40-41.

<sup>222</sup> Mary Scott, “Go, Crysen Soul: A Critical Edition of the Crafte of Dying” (PhD Dissertation, Miami University, 1995), 49 quoted in David Ross, “Challenging the Delumeau Thesis: Evidence From the Artes Moriendi,” (Master’s Thesis, Simon Fraser University, Canada, 2005). <http://ir.lib.sfu.ca/retrieve/739/etd1619.pdf>, accessed May 2010. See also Mary O’Connor, *The Art of Dying Well: The Development of the Ars Moriendi* (New York: Columbia University, 1942), 5 and Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 25.

ought much to induce a sick person, paining to the death, to have very hope and confidence in God. For He hath the head inclined and bowed to kiss us; the arms stretched abroad for to embrace us; the hands pierced and open for to give us; the side open for to love us; and all His body stretched for to give Himself all to save us.<sup>223</sup>

The Purgatory narrative of preparation for death and way to eternal bliss was not only beneficial to the Church, but also was effective at helping Christians not fear death and find meaning and purpose in their mortality. However, their lack of fear was less because of identification with Christ's victory over death than it was because they had prepared well and knowing that if a person was somehow lacking in preparations, there would still be time in Purgatory to finish the work and, thus, get into heaven. (The importance of this shift will be covered again as we talk further about the impact of the doctrine.) One way of understanding the power and effectiveness of the doctrine in the Church and in medieval minds is through analysis of the tremendous volume of writings that document the support and maintenance of the doctrine, including those in ritual books, canon laws, wills and testaments, together with eye witness accounts in diaries, family records, and city chronicles.<sup>224</sup> A second form of evidence of its importance is the widespread popularity of *Ars Moriendi* literature and, indeed, a whole genre of art that developed around the doctrine.<sup>225</sup> Death as a prevailing

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<sup>223</sup> Compter, Frances, ed., *The Craft of Dying in The Book of the Craft of Dying: and Other Early English Tracts Concerning Death*. Taken from Manuscripts and Printed Books in the British Museum and Bodleian Libraries (New York: Longmans, Green and C., 1917), 61.

<sup>224</sup> Prominent historians documenting this important doctrine include: Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain*; Peter Marshall, *Beliefs and the Dead of Reformation England*; Paul Binski, *Medieval Death: Ritual and Representation*; Jacques Le Goff, *The Birthing of Purgatory*; and Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700*.

<sup>225</sup> Robert Swanson, *Religion and Devotion in Religion: 1215-1515* (Cambridge: Cambridge University, 1995), 89, and Philippe Ariès, *The Hour of Our Death* (New York: Knopf, 1981), 5. See also Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century*

image and metaphor is found in the words of Teresa of Avila in language such as her exclamation, “*Me muero porque no me muero*” (I am dying to die); in the work of the artists such as Giotto di Bondone (Raising of Lazarus) and Rogier van der Weyden (The Last Judgment); and in the architecture such as the palace of Escorial (built “with a floor plan based on the outline of the grill on which the martyr St. Lawrence had been roasted alive”<sup>226</sup>). During the medieval period, funerary monuments became more common and more macabre with skeletons, and grisly faces.<sup>227</sup> Artists, being people of faith, created art and architecture in keeping with the message they heard in Church and represented death in allegorical ways; Church leadership linked the images and art back to teachings about death. Through art and word, symbol and deed, the Church provided a “comprehensive and coherent body of available guidance as to what to believe and do about death.”<sup>228</sup> A third form of evidence of the doctrine’s importance was the belief in the efficacy of their prayers for the dead as attested by the number of requests for requiem masses in wills from this period.<sup>229</sup> The desire to know loved

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*Spain* (New York: Cambridge University, 1995), 6; Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, Cornell University, 1996); Stephen Kaplain, ed., *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century* (Ithaca: Cornell University, 1984); Phoebe Spinrad, *Summons of Death on the Medieval and Renaissance English Stage* (Ohio State University, 1987); and Christine Kralik, “A New Vision of Death: Re-Evaluating Huizinga’s Views on the Late Medieval Macabre” (paper presented at The 31st Annual Canadian Conference of Medieval Art Historians, March 2011), <http://www.medievalists.net/2011/03/19/a-new-vision-of-death-re-evaluating-huizingas-views-on-the-late-medieval-macabre/>; and Robert Gottfried, *The Black Death: Natural and Human Disaster in Medieval Europe* (London: Robert Hale, 1985), 82.

<sup>226</sup> Carlos Eire, *From Madrid to Purgatory: The Art and Craft of Dying in Sixteenth-Century Spain* (New York: Cambridge University, 1995), 6-7.

<sup>227</sup> Robert Gottfried, *The Black Death: Natural and Human Disaster in Medieval Europe* (London: Robert Hale, 1985), 90.

<sup>228</sup> Ralph Houlbrooke, *Death, Religion, and the Family in England, 1480-1750* (Oxford: Clarendon, 1998), 1.

<sup>229</sup> Peter Marshall, *Beliefs and the Dead of Reformation England* (Oxford: Oxford University, 2002), 29.



ones are safe even after death and, to know (even at a subconscious level) that we also will be safe, is a natural response in the human grief process. Dying arouses the natural human fear of the unknown and of people's sense of helplessness. As human beings look for ways to reduce the anxiety and feelings of helplessness, prayer becomes a method for support and comfort. Purgatory and Prayers for the Dead provided clearly defined structures and rituals to help the grieving feel connected to their loved ones. As death approached, intercession intensified, reaching a crescendo at death. Family and friends repeated the prayers said at the deathbed in the house afterwards, at the burial, and on significant anniversaries and religious holy days.<sup>230</sup> The rituals created a link between the living and the dead and the Church reminded the living that they had a duty to remember and pray. In return, the Church taught that the dead would intercede for the living creating a cycle of support that extended beyond time and life into eternity. Though there was a natural tendency to fear death and death could be a fearsome thing, yet teaching and human support helped people make sense of the dying experience and helped them have the hope that death could be "something to be welcomed, for it opened the way to completion, to the final ascent to God."<sup>231</sup>

### **Implications of the Doctrine of Purgatory**

Based on the Doctrine's prominence for people and their practice of its rituals, it can be inferred that the doctrine helped make the unknown, known, and

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<sup>230</sup> Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin's Inc., 2000), 23.

<sup>231</sup> Robert Swanson, *Religion and Devotion in Religion: 1215-1515* (Cambridge: Cambridge University, 1995), 201.

helped people face even the fear of death, seeing that through the eyes of faith, dying “could be the beginning of wisdom, an appreciation of the totality of human existence.”<sup>232</sup> The doctrine also addressed suffering that often accompanied dying by including the idea that suffering in this life could diminish the time in Purgatory; therefore, suffering had a redemptive purpose. The doctrine, furthermore, contributed to a person’s sense of hope about the future--in this case, that eventually the soul would make it to heaven and be united with those who had already arrived. Hope was also generated through the practice of others praying for the dead. Jacques LeGoff, in his important work on Purgatory, retells a number of stories related to how Purgatory “was hope.” In one, the family of a nun seduced by a priest who died in childbirth is reassured and regains hope about her eternal destination after intercession is made.<sup>233</sup> So Purgatory was a mechanism the guilt-ridden could utilize to find hope that their lives would not end in extinction or eternal damnation. Richard Fenn says that, in essence, Purgatory created a “sense of endless spiritual possibility.”<sup>234</sup>

Finding peace, however, was predicated upon a person’s doing what the Church prescribed for him or her to do. If, on the other hand, a person, or his or her loved one, was estranged from family, community, and Church, then it was likely that the person would go to Hell rather than Heaven. Thus, the doctrine created strong incentives for connection to the Church and for restitution and forgiveness with Church leaders and the family and friends who would support

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<sup>232</sup> *Ibid.*

<sup>233</sup> Jacques Le Goff, *The Birthing of Purgatory* (London: Scolar, 1981), 306. Le Goff discusses several similar contemporary stories reflecting “Purgatory as Hope,” 306-315.

<sup>234</sup> Richard Fenn, *The Persistence of Purgatory* (Cambridge: Cambridge University, 1995), 7.

the deceased after death while also contributing to anxiety about whether or not the person were adequately prepared to enter eternity.

In terms of effectiveness for providing hope and comfort for the dying and the survivors, the doctrine did serve many well. However, by focusing on the prescribed acts and works in order to get through Purgatory, the Purgatory narrative came to overshadow the meaning ascribed to Christ's resurrection and victory over death and diminished this narrative's importance. The narrative of hope in Christ that transcended circumstances became hope in an outcome achieved through human efforts. Ultimately, the Purgatory narrative had the corrosive effects of weakening the influence of the original narrative, undermining faith in Christ's victory over death, and making people more dependent on the Church and subject to fear and despair.<sup>235</sup>

It would be too complex an issue to determine today if the weakening of the original narrative changed the Church's sense of mission and identity or whether the change in identity weakened the narrative. However, the change in practices as a result of Church growth and competition from the growing influences of state and science contributed to an uncoupling of the practices linked to the original narrative, particularly as it informed Christian praxis as significant providers of healing ministry. The understanding of mission, legitimacy, and authority lost continues to plague Hospital chaplains in the twenty-first century who struggle with differentiating, understanding, and interpreting their role within the healthcare environment.

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<sup>235</sup> Otto Gerhard Oexle, "Die Gegenwart der Totem", in *Death in the Middle Ages*, ed. Herman Braet and Werner Verbeke (Leuven, 1982), 19-77.

People's dependence on the Church also had significant implications for their ability to find hope when the Church was not able to fill the need for the important rituals. A series of plagues would create a crisis of faith as lack of priests meant that people could not prepare for death and eternity as the Church had taught them must do. The doctrine also became a lightning rod for controversy when the Church developed another method by which people could free their loved ones from Purgatory, indulgences for the dead, in the late fifteenth century. This practice was controversial and led to discussions and challenges of the doctrine of Purgatory and prayers for the dead.

### **Growth and Challenge to the Healing Mission of the Church**

For centuries, Christianity was in the forefront of providing charity and care to the sick. As human knowledge about science and medicine expanded, the Church at first embraced the new advances in and professionalism of medicine by supporting and encouraging monks to study medicine so they could work in the infirmaries or visit the sick in their homes.<sup>236</sup> However, the motivations for the forays into the new professionalism of medicine were quite different from the original vision of Christians as a people of healing because Christ had been a healer. As the Church focused more pragmatically on managing Church medical facilities and utilizing the new science, potential for considerable remuneration increased. Many priests began to leave the monasteries to go into medicine

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<sup>236</sup> Roberto Margotta, *The Story of Medicine*, ed. Paul Lewis (New York: Golden, 1968), 117-8. The earliest signs of "professionalization of nursing," can be found in the convents where orders of nuns, such as the Sisters of St. Catherine of Siena and Sisters of St. Elizabeth of Hungary provided a level of healthcare sanitation unknown in earlier times. See Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1978), 8.

while those who stayed in the Church often accepted fees for practicing medicine sometimes without proper training. As a result, stories of gross abuses, including "allegedly miraculous performances under the auspices of corrupt clergy," began circulating.<sup>237</sup> What began as an opportunity for the Church, became such a liability that the stories of abuse led to changes in Church policy. The Church responded to the accusations of abuse and clergy flight into private practice by fluctuating on its policies, first banning all visitation of the sick and medical education for those in the Church in 1123<sup>238</sup> and 1139,<sup>239</sup> and then allowing both with restrictions designed to prevent corruption and keep monks from leaving the monasteries (1163).<sup>240</sup>

As the practice of medicine became more lucrative, there was also a sharp increase in the popularity of scholastic medical studies outside religious control. The eleventh and twelfth centuries saw an increase in the number of universities, often beginning as corporations or guilds of either students or teachers. At universities, medical students studied materials coming from many sources, including Greek, Alexandrian and Islamic philosophy.<sup>241</sup> During the

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<sup>237</sup> Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University, 1996), 114.

<sup>238</sup> "We forbid abbots and monks to impose public penances, to visit the sick, to administer extreme unction, and to sing public masses." Halsall, Paul, ed., *The Canons of the First Lateran Council, 1123*, Canon 17, in *Internet Medieval Sourcebook*, Fordham University Center for Medieval Studies, <http://www.fordham.edu/halsall/basis/lateran1.html>.

<sup>239</sup> Halsall, Paul, ed., *The Canons of the Second Lateran Council, 1139*, Canon 9, in *Internet Medieval Sourcebook*, Fordham University Center for Medieval Studies, <http://www.fordham.edu/halsall/basis/lateran2.html>. This decree is identical to Canon 5 of the Clermont council.

<sup>240</sup> At the Council of Tours, Pope Alexander III moderated the church's stand on practicing medicine when he said the church could continue practicing medicine as long as monks did not leave the church to pursue medical studies. Florence Eliza Glaze, "The Medical Writer," in *Voice of the Living Light: Hildegard of Bingen and Her World*, ed. Barbara Newman (Berkeley: University of California, 1998), 128.

<sup>241</sup> U. Benigni, "Salerno," *Catholic Encyclopedia* 13, trans. Stan Walker.

Renaissance, these universities were the first to embrace humanism, the cultural and educational movement that embraced "returning to the sources" of the western culture and allowing these sources to "refresh and renew the culture." This allowed medical professionals to embrace intellectual knowledge having a different language, culture, and source of authority from the Church.<sup>242</sup>

Church leaders were concerned about the increase in the number of non-Church affiliated physicians who Church officials viewed as greedy and unreligious. John Mirfield, an English cleric wrote in 1404:

The physician, if he should happen to be a good Christian (which rarely chances, for by their works they show themselves to be disciples, not of Christ, but of Avicenna and of Galen), ought to cure a Christian patient without making even the slightest charge if the man is poor; for the life of such a man ought to be of more value to the physician than his money.<sup>243</sup>

The charges of greed and corruption were exaggerated in many cases; nevertheless, there were enough cases of unscrupulous behaviour that licensure became a necessity to protect the people. The earliest attempt to license healthcare providers occurred in 1140 when Roger II of Sicily tried to require all physicians to get a license to practice medicine. Though he was unsuccessful, his grandson, Frederic II strengthened the requirements in 1231 and was able to achieve some success with this.<sup>244</sup> The Church often supported the efforts at licensure as a way to have control over medical and surgical guilds. These efforts sometimes worked when Church and guilds united around their mutual interests. However, when the Church tried to interfere in the ways physicians practiced

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<http://www.newadvent.org/cathen/13396b.htm>. See also E. M. Burns, R. Lerner, and S. Meacham, *Western Civilizations: Their History and Their Culture*, Vol. 1 (New York: W. W. Norton, 1980), 353-357. Joseph Mauceri, *The Great Break: A Short History of the Separation of Medical Science from Religion* (Barrytown, NY: Pulse Books, 1986), 53.

<sup>242</sup> Alister McGrath, *Christian Theology: An Introduction* (Oxford: Blackwell, 2001), 41.

<sup>243</sup> P. H. S. Hartley and H. R. Aldridge, *Johannes de Mirfeld of St. Bartholomew's Smithfield: His Life and Works* (London: n.p., 1936), 132.

<sup>244</sup> Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996), 121.

medicine, its actions angered the guilds and alienated them. The Church had two concerns: (1) it wanted the physicians to bring the pastoral clergy into health care situations and (2) it was concerned that the medical practitioners might by commission or omission harm a patient spiritually.<sup>245</sup> The Church endeavoured to maintain control over medical practice by publishing warnings to physicians, noting in the *Summae confessorum* at the Fourth Lateran Council (1215), for instance, how easily a physician could fall into sin.<sup>246</sup> Attempts to maintain oversight of the profession annoyed physicians especially when the Church would interfere with treatment by “prescribing” religious acts along with medical therapy. Instances of this occurred when the Church defied quarantines in order to hold public processions to seek divine aid.<sup>247</sup> At the Fourth Lateran Council, it passed a law requiring physicians to call for a confessor for a patient before they prescribed a medical treatment:

Since bodily infirmity is sometimes caused by sin, the Lord saying to the sick man whom he had healed: "Go and sin no more, lest some worse thing happen to thee" (John 5: 14), we declare in the present decree and strictly command that when physicians of the body are called to the bedside of the sick, before all else they admonish them to call for the physician of souls, so that after spiritual health has been restored to them, the application of bodily medicine may be of greater benefit, for the cause being removed the effect will pass away.<sup>248</sup>

Evidence that physicians tried to comply is found in the instructions of Arnold of Villanova (late thirteenth and early fourteenth centuries) to other physicians, "When you come to a house, inquire before you go to the sick whether he has

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<sup>245</sup> *Ibid.*, 122-3.

<sup>246</sup> *Ibid.*, 124-5. Physicians could sin by practicing without a certain level of competency and/or by harming a patient by negligence or ignorance; by intentionally administered an ineffective medicine that prolonged the illness and caused the patient to have to pay for their services longer; or by charging too much or deserting their patients.

<sup>247</sup> Ronald Numbers and Ronald Sawyer, "Medicine and Christianity in the Modern World," in *Health/Medicine and the Faith Traditions*, ed. Martin E. Marty and Kenneth L. Vaux (Philadelphia: Fortress, 1982), 138-9.

<sup>248</sup> Halsall, Paul, ed., *The Canons of the Fourth Lateran Council, 1215*, Canon 22, in *Internet Medieval Sourcebook*, Fordham University Center for Medieval Studies, <http://www.fordham.edu/halsall/basis/lateran4.html>.

confessed, and if he has not, he should immediately or promise you that he will confess immediately.<sup>249</sup> Such works show a remarkable degree of toleration and cooperation between the Church and the physicians that lasted until the Church leadership itself came under increased scrutiny for corruption. By the late twelfth century, non-church affiliated physicians were the main providers of medical care both because of problems within the Church and because advances in medicine meant physicians seemed to be better able to heal and bring miracles than the Church.<sup>250</sup>

The implications of the Church's loss of power in terms of medical oversight were twofold. First, the uncoupling of spiritual and physical care meant that physicians focused on cure of the body rather than care for the whole person. Even though advances in science continue to bring improvements to physical care, many health leaders today are realizing that something integral to true "compassionate care" was lost and are endeavouring to bring back "serving the whole person—the physical, emotional, social, and spiritual."<sup>251</sup> In looking at research on best practices for supporting people at end of life, a new trend is evident; the language of religion has entered the medical field, brought by business executives. For example, a recent book discussion group of hospital executives of the Cone Health System in Greensboro, NC, read *Radical Loving Care* which includes chapter headings such as: "Sacred Encounters, Sacred

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<sup>249</sup> Henry E. Sigerist, trans., "Bedside Manners in the Middle Ages: The Treatise De Cautelis Medicorum Attributed to Arnold of Villanova," *Quarterly Bulletin of the Northwestern University Medical School* 20 (1946): 41.

<sup>250</sup> Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University, 1998), 6.

<sup>251</sup> Christina Puchalski, "The Role of Spirituality in Healthcare," *Baylor University Medical Center Proceedings* 14, Iss. 4 (October 2001): 352, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1305900/>.



Work,” “The Servant’s Heart,” “Presence and Affirmation,” “Creating a Culture of Sacred Work,” and “The Sacred Encounter in Practice,” and includes quotes by Henri Nouwen, such as:

Because hospitals were established as places of hospitality, we should consider, as Nouwen does, what ‘hospitality’ means. . . . ‘Maybe the concept of hospitality can offer a new dimension to our understanding of a healing relationship.’<sup>252</sup>

The medical field is looking back to the early Church for keys to providing holistic care. Yet, chaplains are struggling with what is their place when physicians, social workers, and nurses are also providing spiritual support and even praying with patients. The lasting legacy of the split between the Church and medicine may be the insecurity it left regarding what spirituality looks like in healthcare today.

Second, as physicians focused on cure, the understanding of hope for people changed also. Hope for a cure replaced hope in the promises of God and hope grounded in a theological reality. As long as cure was possible, people did not need to think about hope that transcended cure. When people trusted God no matter what the outcome and believed that even suffering had redemptive purposes (purification before death), they could bear almost anything. When people shifted their faith from the religious unconditional reality, “conviction about things that we *cannot see*,”<sup>253</sup> to faith in science’s ability to cure (a conditional occurrence) their anxiety regarding death increased since medicine could not conquer death, and people had lost their mechanism, faith, that reduced their

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<sup>252</sup> Erie Chapman, *Radical Loving Care: Building the Healing Hospital in America* (Nashville, TN: Erie Chapman Foundation, 2011), 6, quoting Henri Nouwen, *Reaching Out* (New York: Doubleday, 1975), 66.

<sup>253</sup> Fritz Marti, “Faith versus Belief,” *The Journal of Religion* 26, 1 (Jan. 1946): 31-32.

fear of death. As long as cures were possible, they had no need for religious faith and hope, but then the plagues came, overwhelming their ability to cope.<sup>254</sup>

### **The Plagues Impact on Narrative and Trust in the Church**

The shift in narrative from a focus on the works of Christ to a focus on the sacral process linked to the doctrine of Purgatory had shifted hope based on a transcendent reality to a conditional one—the works of the Church--and in the process made people dependent on the Church for the rites of salvation. When the plagues came, a crisis of faith ensued which attested to the weakness of the new narrative for providing hope and preventing fear of death. Many people believed that Christian faith would save a person; however, it quickly became obvious that this was not true when even the elect and priests got sick and died.<sup>255</sup> Death rates as high as 600-800 per day in larger cities overwhelmed existing structures for handling the sick, dying, and dead.<sup>256</sup> Consumed by fear, many, including priests, fled the towns to save their own lives. Historians have noted that one of the “most shocking” occurrences of the Black Death for the

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<sup>254</sup> Philip Morgan, “Of Worms and War: 1380-1558,” in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 121.

<sup>255</sup> In monasteries, where people lived in close quarters, every person might die. At Montpellier, France, only seven out of 140 monks survived. See Henry Knighton, *Knighton's Chronicle 1337-1396*, ed. and trans. G. H. Martin (Oxford: Clarendon Press, 1995), 95-105. Petrarch's brother, Gherardo, left a written account of how he buried thirty-four fellow monks one by one, sometimes three a day. In Kilkenny, Ireland, Brother John Clyn of the Friars Minor, kept a record of the deaths until his own death, so that others would know what had occurred and those who had died would not be forgotten. “Sensing ‘the whole world, as it were, placed within the grasp of the Evil One,’ and waiting for death to visit him too, he wrote, ‘I leave parchment to continue this work, if perchance any man survive and any of the race of Adam escape this pestilence and carry on the work which I have begun.’” “The Disastrous 14<sup>th</sup> Century,” University of Wisconsin, <http://www.uwgb.edu/dutchs/WestTech/x14thc.htm>, last updated 24/9/1998. See also Colin Platt, *The Architecture of Medieval Britain* (New Haven, CT: Yale University, 1990), 159.

<sup>256</sup> John Morgan, “Living Our Dying: Social and Cultural Considerations,” in *Dying: Facing the Facts*, eds. Hannelore Wass, Felix Berardo, and Robert Neimeyer (New York: Hemisphere, 1988), 17.

people was the flight of family, friends, and clergy when the disease was discovered.

One man shunned another. . . .Kinsfolk held aloof, brother was forsake by brother, oftentimes husband by wife; nay what is more, and scarcely to be believed, fathers and mothers were found to abandon their children to their fate, untended, unvisited as if they had been strangers.<sup>257</sup>

People were left “to die alone, like animals.”<sup>258</sup> Compare this to the early Church’s response when many Christians risked their lives and died tending plague victims.

The cycles of plague brought other disruptions to Church and family structures. Church teaching said that a long, gradual process of death was desirable since it gave people time to prepare for their death. The rapid spread of the plague and decline of plague victims (often dying within a week) meant that people had little time to prepare for death. Though family members deserted the sick, people still expected the local priest who was “sacramentally central for salvation”<sup>259</sup> to provide the necessary prayers at the bedside. When the priests disappeared--sometimes overnight—people felt abandoned without prayers or support to help them face the “trial of faith” that dying brought.<sup>260</sup> Those priests

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<sup>257</sup> Barbara Tuchman, *A Distant Mirror: The Calamitous 14<sup>th</sup> Century* (New York: Knopf, 1984), 97.

<sup>258</sup> Rosemary Horrox, “Purgatory, prayer and plague”, in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 97-8. See also Rosemary Horrox, *The Black Death* (Manchester: Manchester University, 1994), 23, 31, 44, 70.

<sup>259</sup> Andrew W. Taubman, *Clergy and Commoners: Interactions between Medieval Clergy and Laity in a Regional Context* (PhD thesis, University of York, Centre for Medieval Studies, 2009), 11, [http://etheses.whiterose.ac.uk/791/1/Thesis\\_Final.pdf](http://etheses.whiterose.ac.uk/791/1/Thesis_Final.pdf).

<sup>260</sup> Ralph Houlbrooke, *Death, Religion, and the Family in England, 1480-1750* (Oxford: Clarendon, 1998), 196-7. “Many parish priests fled, leaving no one to offer services, deliver last rites, and comfort the sick. . . .In the English dioceses of York and Lincoln, close to 20% of the parish priests in certain deaneries fled the Black Death.” See two articles by A. Hamilton Thompson: “The Pestilences of the Fourteenth Century in the Diocese of York,” *Archaeological Journal*, 71 (1914); “The Registers of John Gynewell, Bishop of Lincoln, 1347-50,” *Archaeological*

who remained often died with the people they ministered to, leaving fewer and fewer priests to hear confession and to help people prepare for death. Henry Knighton, an Augustinian canon at the abbey of St. Mary's in Leicester wrote:

At that time there was such a shortage of priests everywhere that many churches were bereft of the divine office: of masses, matins, and vespers, of sacraments and observances. . . there was almost no one willing to take a vicarage for £20, or perhaps 20 marks. But within a short time there came into holy orders a great multitude of those whose wives had died in the plague, many of them illiterate, the merest laymen, who if they were able to read at all were unable to understand what they read.<sup>261</sup>

The shortage of priests to hear confession, perform last rites, and say prayers for the dying and the hiring of new priests who were illiterate or untrained and worse than not having a priest at all, affected how the people viewed the Church, its role in their lives, and even God. Dying had been a community process—family, friends, neighbours, the priest, and even the notary had their place in a much larger process of moving the soul from this world to the next. The plagues caused the disruption of societal ties, and the doctrine of Purgatory that had been so important in people's lives actually exacerbated the fear when there were no priests to say masses or people to pray for the dead.

The plagues not only brought a crisis that challenged liturgical and pastoral practice, but also overwhelmed the traditional Church response to the corpse. For centuries, the Church provided the hallowed burial ground for those who died in good standing with the Church,<sup>262</sup> usually in or around the

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*Journal*, 68 (1911). See songs about priests' flight in Thomas Wright, *Political Poems and Songs* (London: Rolls Series, 14, 1859-61), 251 and British Library, British Museum, *Digby MS. 102*, f.33.

<sup>261</sup> Henry Knighton, *Knighton's Chronicle 1337-1396*, ed. and trans. by G. H. Martin. (Oxford: Clarendon, 1995), 95-105.

<sup>262</sup> The Fourth Lateran Council (1215) defined this in Article 21 in the following manner: "All the faithful of either sex, after they have reached the age of discernment, should individually

community's church. As the dead filled church cemeteries, public health officials called for moving cemeteries away from churches and city centres.<sup>263</sup> Even Luther endorsed extramural burial since he thought it was dangerous to continue the practice of having burials within city walls because "vapours and mists arise from the graves to pollute the air."<sup>264</sup> Because of the new laws, fewer people were buried in churchyards with little said in protest<sup>265</sup> and little thought of the implications of this symbolic act on people spiritually and emotionally. Historians now recognize that the movement of cemeteries away from the centre of life in the towns was a "powerful symbolic rejection of dead from the community of the living."<sup>266</sup> One event after another was working to uncouple faith and belief that had formed a careful network of structures that the doctrine of Purgatory had created and the narrative that supported the doctrine was not strong enough to provide people with faith, hope, and freedom from fear of death.

## Reforming Death

The Reformation brought the death of the doctrine of Purgatory as it had become and further undermined the narrative that supported it and the Church.

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confess all their sins in a faithful manner to their own priest at least once a year, and let them take care to do what they can to perform the penance imposed on them. Let them reverently receive the sacrament of the eucharist at least at Easter unless they think, for a good reason and on the advice of their own priest, that they should abstain from receiving it for a time. Otherwise they shall be barred from entering a church during their lifetime and they shall be denied a Christian burial at death."

<sup>263</sup> Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin's Press Inc., 2000), 159.

<sup>264</sup> LW 43: 136; WA 23: 375. Though supporting extramural burial, Luther did not support priests fleeing the plague. In "Whether One May Flee From A Deadly Plague," Luther was one voice encouraging priests to stay and care for the sick as he had in Wittenberg city. He stressed Christian care for one's neighbor over seeking to save one's own life. LW 43: 113-138.

<sup>265</sup> Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin's Press Inc., 2000), 159.

<sup>266</sup> Ralph C. Johnston Jr., *Confronting Death: Psychoreligious Responses* (Ann Arbor: MI: UMI Research, 1988), 3.

Before the Reformation, the dead occupied:

a series of spaces, close to the heart of late medieval English religious culture. Their fate in the afterlife was the hub around which the theology of the Church revolved, and evolved. Their demands for memory and intercession shaped the liturgy, molded the fabric and furnishing of churches, provided employment for an army of massing priests, and, so reformers would claim, made the Church a great deal of money.<sup>267</sup>

Early in the 1500s, reformers were still utilizing the concept of Purgatory.

In 1518 Luther was still teaching about Purgatory for “those whose faith is imperfect, ranging anywhere from complete faith to no faith at all.” In his sermons, he taught: “no one shall enter heaven without perfect spiritual health.” By “perfect spiritual health,” he meant being perfected in love and being without fear (perfect love casts out all fear). He utilized the concept of Purgatory to teach: “souls in purgatory grow in love.”<sup>268</sup> Yet, his thinking was evolving and in 1530, he finally rejected the doctrine of Purgatory completely and explained his position in *Widerruf vom Fegefeuer* (Repeal of Purgatory).<sup>269</sup> Others were quicker to denounce the doctrine, including Simon Fish who wrote a short influential pamphlet printed in Antwerp, in late 1528 and early 1529, summarizing the arguments against the doctrine. He drew attention to the ‘multitude of money’, and the ‘yerely exaccions’ that went into the hands of pardoners and priests for dirges and masses and claimed that the wealth of the kingdom of England was

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<sup>267</sup> Peter Marshall, *Beliefs and the Dead of Reformation England* (Oxford: Oxford University, 2002), 6.

<sup>268</sup> Martin Luther, “Explanations of the Ninety-Five Theses” (1518), trans. Charles Jacobs, revised by George Forell in *Luther’s Works: Career of the Reformer* (V. 31), ed. Harold Grimm (Philadelphia: Muhlenberg Press, 1957)

<sup>269</sup> A. F. Mayne, “Disputes about Purgatory in the Early Sixteenth Century” (University of London M. Phil thesis 1975), 10-13; Craig Koslofsky, *Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (Basingstoke, 2000), 2, 19-39; Peter Marshall, *Beliefs and the Dead of Reformation England* (Oxford: Oxford University, 2002), 48-49.

slipping into the hands of the clergy and the Pope.<sup>270</sup> The pamphlet had a profound impact on public opinion particularly in England, inciting people against the doctrine. Radical changes to Church doctrines were transforming practice<sup>271</sup> and bringing a new narrative.

Luther's suggestions for preparing for death were quite different from the process linked to the doctrine of Purgatory. His sermons provide a series of steps for preparing for death: (1) people had to come to the realization that they were "children of wrath" (recognize their sin); (2) then, believe that--"God has sent his only-begotten Son that we may believe in him and whoever trusts in him shall be free from sin and a child of God;" (3) then, love for through love we "do to one another as God has done to us through faith. For without love faith is nothing. . ."; and finally, (4) people had to be patient--"to continue practicing love day by day."<sup>272</sup> Salvation and preparedness depended on an internal process of preparation that began long before death as people recognized their sins and prayed to God for a softening of heart so they could fruitfully "meditate upon Christ's Passion."<sup>273</sup> Luther presented salvation as a gift from God through grace that could not be earned by actions. Death, sin, and hell were overcome in Christ with life, grace, and heaven.<sup>274</sup> Consolation and comfort come in believing that:

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<sup>270</sup> Simon Fish, *A Supplicacyon for the Beggars*, in Thomas More, *The Supplication of Souls*, ed. F. Manley et al (New Haven, 1990) 413, 419-20.

<sup>271</sup> Ralph Houlbrooke, in *Death, Religion, and the Family in England 1480-1750* (Oxford: Clarendon, 1998) documented the Acts under Henry VIII, Elizabeth, and beyond that dismantled the rites associated with prayers for the dead and Purgatory. See page 38 particularly.

<sup>272</sup> Martin Luther, "The First Sermon, March 9, 1522 Invocavit Sunday," in *Eight Sermons at Wittenberg, 1522* in *Luther's Works: Sermons I*, vol. 51, ed. and trans. John Doberstein (Philadelphia: Muhlenberg, 1959).

<sup>273</sup> Martin Luther, "Christ's Holy Sufferings," in *The Sermons of Martin Luther*, Vol. II (Grand Rapids, MI: Baker Book House, 1983).

<sup>274</sup> Martin Luther, "A Sermon on Preparing to Die" (1519) *Luther's Works* 42:105.

“If we believe on Christ, death cannot harm us; yea, it is no longer death. The Lord utters the same truth in another passage when he says to the Jews: “Verily, verily, I say unto you, If a man keep my Word, he shall never see death” (John 8:51). Here he speaks definitely of the Word of faith, and of the Gospel.”

and in knowing that:

The death of Christians is only a sleep, as the Scriptures everywhere call it. A Christian neither tastes nor sees death; that is, he is never conscious of any death; for this Saviour, Christ Jesus, in whom he believes, has destroyed death so that he no longer needs to taste it and pay its penalty. Death is to the Christians only a transition of life, yea, a door to life: as Christ says in John 5:24: “Verily, verily, I say unto you, He that heareth my Word, and believeth him that sent me, hath eternal life, and cometh not into judgment, but hath passed out of death into life.”<sup>275</sup>

The Protestant church, through sermons and treatises, was beginning to create a new narrative of faith. Over the next century, after these doctrinal changes began, religious leaders would argue over the language for liturgy and over which doctrines and practices needed to be kept and which ones removed.<sup>276</sup> Out of these discussions and arguments, the Church was developing a new identity and developing pastoral practices that determined whether or not people would pray for the sick, give the dying communion, or utilize liturgy to honour the dead.<sup>277</sup>

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<sup>275</sup> Martin Luther, “On Faith & Coming to Christ,” in *The Sermons of Martin Luther*, Vol. II (Grand Rapids, MI: Baker Book House, 1983).

<sup>276</sup> Simon Roffey, “Deconstructing a Symbolic World: The Reformation and the English Medieval Parish Chantry,” in *The Archaeology of Reformation*, eds. David Gaimster and Roberta Gilchrist. Papers given at the Archaeology of Reformation Conference, February 2001, hosted jointly by Society for Medieval Archaeology and Society for Post-Medieval Archaeology (Leeds: Maney, 2003), 347-9.

<sup>277</sup> Judith Maltby, *Prayer Book and People in Elizabethan and Early Stuart England* (Cambridge: Cambridge University Press, 1998), 46-52 and 56-63. See also a discussion of how Thomas Cromwell, in “Injunctions to the Clergy,” affected doctrine and practice. Frank Bewsher, ed., *The Reformation and The Renaissance* (London: G. Bell and Sons, 1913), 75-9, [http://www.hillsdalesites.org/personal/hstewart/Documents/\(1538\)%20Injunctions%20to%20the%20Clergy%20\(Cromwell\).pdf](http://www.hillsdalesites.org/personal/hstewart/Documents/(1538)%20Injunctions%20to%20the%20Clergy%20(Cromwell).pdf). See also Thomas Cranmer, “To Albert Hardenberg,” in *Miscellaneous Writings and Letters of Thomas Cranmer*, ed. John Edmund Cox (Cambridge, Cambridge University, 1846), 423, <http://archive.org/stream/theworksofthomas02cramuoft#page/>



## Implications of the Reformation

Before the Reformation, the concern for the afterlife, preparation for it, and duties regarding the corpse and deceased created a complex liturgy and structure for sacral linking of the living and the dead. The abolition of prayers for the dead, Purgatory, and the structures that supported them coupled with new views on salvation changed the nature of communal and private religious practice.<sup>278</sup> One of the most obvious changes was in the funeral itself. The liturgy for burial was shortened and contained mostly scripture to comfort the family and friends of the deceased. The cleric addressed the mourners rather than the deceased. There were no charitable works to do for the deceased to ease his or her suffering in Purgatory. The words and actions sent a powerful message of the finality of death, the great separation between the living and the dead, and the loneliness of the dying experience. Luther said it succinctly:

The summons of death comes to us all, and no one can die for another. Every one must fight his own battle with death by himself, alone. . . every one must himself be prepared for the time of death, for I will not be with you then, nor you with me. <sup>279</sup>

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<sup>278</sup> Philip Morgan, "Of Worms and War: 1380-1558", in *Death in England: An Illustrated History*, eds. Peter C. Jupp and Clare Gittings (Manchester: Manchester University, 1999), 141-2. One act in particular, the Chantry Act of 1547 with its dissolutions of the chantries and the abolition of prayers for the dead, "not only dramatically altered the former relationship between the living and dead, it also consigned the elaborate rituals and practices, colours, lights, symbols and artistic representations from and in which this relationship had been expressed." Simon Roffey, "Deconstructing a Symbolic World: The Reformation and the English Medieval Parish Chantry" in *The Archaeology of Reformation*, eds. David Gaimster and Roberta Gilchrist (Papers given at the Archaeology of Reformation Conference, February 2001, hosted jointly by Society for Medieval Archaeology and Society for Post-Medieval Archaeology, Leeds: Maney, 2003), 341. See also Clive Burgess, "'Longing to be Prayed For': Death and Commemoration in an English Parish in the Later Middle Ages" in *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe*, eds. Bruce Gordon and Peter Marshall (Cambridge: Cambridge University, 2000), 46-7 for further discussion of the importance of parish churches to ministry pre-Reformation.

<sup>279</sup> Martin Luther, "The First Sermon, March 9, 1522 Invocavit Sunday," in *Eight Sermons at Wittenberg, 1522*, in *Luther's Works: Sermons I*, vol. 51, ed. and trans. by John Doberstein (Philadelphia: Muhlenberg, 1959).

The subtle shift of focus to the individual over communal responsibility for eternal outcomes meant that funerals, often at night, became more of a time of display of social and intellectual status. “At these nocturnal funerals, the sermon was replaced by secular oration; clerical meditation at death was reduced or eliminated entirely.”<sup>280</sup>

Yet, the promise of salvation offered a new way for people to find comfort and hope in the face of universal death. With the doctrine of Purgatory, hope sprang from the power of the living to intercede for the dead. With the teachings of Luther, hope for believers came through individual faith in Jesus’ sacrifice, death, and resurrection.<sup>281</sup> This narrative promised to provide a hope for people that would transcend hope in a specific outcome based on performance. Luther’s words of comfort about the powerlessness of death and Christians’ victory over it, should have led to a reduction in fear of death. However, several scholars including Clare Gittings and Gordon Geddes have observed from their analysis of writings and sermons in the Reformation and afterwards, that Christians were not utilizing the new narrative of faith to help them overcome their fear. Gittings attributed the fear of death she found expressed in Reformation writings to the loss of Purgatory, noting how the doctrine helped survivors find consolation through the actions for their loved ones.<sup>282</sup> Geddes linked the strong fear of death reflected in Puritan sermons to the doctrine of separation of body and soul that

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<sup>280</sup> Craig M. Koslofsky, *The Reformation of the Dead: Death and Ritual in Early Modern Germany, 1450-1700* (New York: St. Martin’s Press Inc., 2000), 158. More work remains to be done in identifying the consequences of these changes.

<sup>281</sup> *Ibid.*, 154.

<sup>282</sup> Others including historians Koslofsky, Marshall, Houlbrooke, and Eire have similarly noted the fear linked with the loss of this important doctrine.

became more prominent in the late Middle Ages (through teachings linked to Purgatory and to the Reformation<sup>283</sup>). He noted:

The Resurrection and the Last Judgment faded into the background. Rather than death, dying itself became feared and dreaded, and the fate of the soul for all eternity was held to be determined by the manner in which it passed through the dark valley of dying.<sup>284</sup>

Work remains to understand the “why” Christians fear death; however, it is probably due to a combination of factors, as discussed in this chapter and primarily from the loss of the original narrative and how it was conveyed to followers of Christ. Though we cannot go back to first days of the Church, nor would we desire to go through the time of persecution and martyrdom that forced the Church to articulate its theology and develop an identity linked closely to Christ, pieces of the original narrative—particularly in themes of hope--remain intact. These pieces found in monastic, mystic, and devotional writing could provide clues to what themes might provide hope Christians facing their mortality today.

### **Dying to Live and Identification with the Sufferings of Christ**

Francois de La Rochefoucauld said, “Neither the sun, nor death, can be looked at without winking.”<sup>285</sup> Yet, in every age, there have been people who

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<sup>283</sup> Calvin, “Psychopannychia,” *Tracts and Treatises of the Reformed Faith*, Vol. 3, trans. by H. Beveridge (Grand Rapids: n.p., 1958), 413-490. Also see *Westminster Confession* (1646).

<sup>284</sup> Gordon Geddes, *Welcome Joy: Death in Puritan New England* (Ann Arbor, MI: UMI Research Press, 1981), 11. Samuele Bacchiocchi has also linked Christian fear of death with the doctrine of separation of body and soul. See Samuele Bacchiocchi, “The Biblical View of Death,” in *Immortality or Resurrection* (Berien Springs, MI: Biblical Perspectives, 1997), [http://www.biblicalperspectives.com/books/immortality\\_resurrection/4.htm](http://www.biblicalperspectives.com/books/immortality_resurrection/4.htm). The issue of what happens to the soul at death is too complex theologically to address in this thesis. Scholars supporting separation and those not supporting it believe their view is comforting to the dying and surviving. For purposes of this thesis, mention of this research supports the fact that research on both sides provides evidence that Christians experienced fear of death despite doctrines that would seem to work against that anxiety.

<sup>285</sup> Francois de La Rochefoucauld, *Relections or Sentences and Moral Maxims*, trans. by

thought that meditating on mortality was helpful for overcoming fear of and preparing for death. Scriptures in the Bible, particularly in Psalms and Ecclesiastes, remind readers of the evanescence of life. One of the most complete discussions of the importance of the mindfulness of human finitude connected to liberation from fear of death is expressed in the work of John Climacus. In Step Six: “On Remembrance of Death,” Climacus taught his followers that fear of death is a natural instinct and could be a sign of spiritual state. He says that for many, “The remembrance of death amongst those in the midst of society gives birth to distress and frivolity, and even more—to despondency.” Yet, he says for those who receive the “gift” of remembering their mortality, it is a beneficial action producing: “the putting aside of cares and constant prayer and guarding of the mind.” And, he goes on to say that in remembering: “thy last end, . . . thou shalt never sin.”<sup>286</sup> The idea that remembering our finitude has benefit is echoed in the writings of Jeremy Taylor, particularly *The Rule and Exercises of Holy Dying* and *Contemplations of the State of Man, Book I, Chapter 1*.<sup>287</sup> Luther and John Wesley also thought it was beneficial to remember that we all die and to think about what that means. In fact, Luther thought that “only Christians and God-fearing men are completely aware of “the true meaning of death.”<sup>288</sup> Key here is **how** Christians find meaning in

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Bund and Friswell (London: Simpson Low, Son, and Marston, 1871), <http://www.gutenberg.org/files/9105/9105-h/9105-h.htm>.

<sup>286</sup> John Climacus, *The Ladder of Divine Ascent*, trans. Archimandrite Lazarus Moore (Harper & Brothers, 1959), <http://www.prudencetrue.com/images/TheLadderofDivineAscent.pdf>, [accessed 20 June 2013].

<sup>287</sup> Thomas Carroll and John Booty, eds., *Jeremy Taylor: Selected Works* (New York: Paulist, 1990), 466-505; Jeremy Taylor, “Contemplations on the State of Man, Book I, Chapter 1,” in *The Whole Works of the Right Rev. Jeremy Taylor* (London: James Moyes, 1839).

<sup>288</sup> Paul Althaus, *The Theology of Martin Luther* (Philadelphia: Fortress, 1966), 406.

death, which gives them courage to face death when it comes. Grace Jantzen identified how Christian theology (providing “the true meaning of death”) gave Christians a hope that the Epicureans and Stoics of Roman did not have. The Epicureans believed that death meant extinction, “like a very deep sleep prolonged to eternity,”<sup>289</sup> and therefore, was not to be feared. Jantzen found in her research that though the writers, such as Lucretius, said this, their writing reflects much anxiety. She concluded:

What people really did fear, then as always, was the possibility of long and intense suffering: not death so much as the process of dying. For this fear Lucretius’ philosophy supplies no effective remedy. The assurance that death is extinction is at best a reassurance that the suffering will end, but it hardly eliminates anxiety at its prospect.<sup>290</sup>

The Stoics also taught that death was not to be feared and recommended frequent rehearsal of dying.<sup>291</sup> Yet, the highest ideal for the Stoic was to live in accordance with nature, which meant accepting whatever happened with equanimity. Jantzen says of this:

This determination to equanimity that is what the Greek Stoics mean by passionlessness (*apatheia*): . . . signifies ‘the man who refuses to allow anything that goes badly for him to affect him’ even such things as the loss of a friend or the loss of a hand or an eye.<sup>292</sup>

These two philosophical arguments contrast dramatically with Christian teachings about response to death. Christian identification with Christ’s suffering and death inspired and encouraged early martyrs. Later writings linked theological understanding (of the meaning of Christ’s death and resurrection) to behaviour through the use of language and metaphor. Consider this passage from John

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<sup>289</sup> Grace Jantzen, *Foundations of Violence* (New York: Routledge, 2004), 261.

<sup>290</sup> *Ibid.*, 265.

<sup>291</sup> *Ibid.*, 322, quoting Seneca.

<sup>292</sup> *Ibid.*, 320, quoting Seneca.

Wesley about how faith brings a peace that:

banishes fear, all such fear as hath torment; the fear of the wrath of God; the fear of hell; the fear of the devil; and, in particular, the fear of death: he that hath the peace of God, desiring, if it were the will of God, “to depart, and to be with Christ.”<sup>293</sup>

The early Church saw the martyrs as having gone through a “baptism of blood,” a tangible example of “fellowship with Jesus in death.”<sup>294</sup> They were not merely imitating the sufferings of Christ and bearing witness to them, but in their body completing “what is lacking in Christ’s afflictions for the sake of the Church.”<sup>295</sup>

When persecution ended, followers of Christ continued to identify with the sufferings of Christ through a type of self-surrendering, dying daily. In the Patristic era, asceticism,<sup>296</sup> which often included fasting, was linked to self-sacrificial living that enabled one to make God – not the self—the centre of one’s life and assisted the follower in “dying to self,” (see Galatians 2:20, 5:24; Luke 9:23; Mark 8:35; etc.) in order to live more fully for God.<sup>297</sup> The teachers of this doctrine believed that praxis helped a person focus on God before self through identification with the sufferings of Christ. Notice how this dying while alive is

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<sup>293</sup> John Wesley, “The Way to the Kingdom: Mark 1:15,” *Sermons on Several Occasions*, Christian Classics Ethereal Library, <http://www.ccel.org/ccel/wesley/sermons.html>, [accessed 24 June 2013].

<sup>294</sup> Jurgen Moltmann, *The Crucified God* (Minneapolis: Fortress, 1993), 57.

<sup>295</sup> *Ibid.*, See Col. 1: 24.

<sup>296</sup> Used here to express “a strict, purposeful life, expressed in spiritual labors, that is, in prayer, contemplation, the directing of the mind toward God, frequently in conjunction with corresponding physical undertakings, and simultaneously with abstention from any negative activity and unnecessary natural satisfactions.” Sergei Baikolor-Latyshev, “Asceticism and the Contemporary World,” *Orthodox Life*, Vol. 27, No. 3 (May June 1977), pp.33-39. Translated from: *The Messenger of the Western European Diocese of the Russian Church Abroad*, no. 7 (Nov., 1976), pp. 8-15. Original source: “A Letter to the Astrologers,” trans. Seraphim F. Engelhardt, *Russian Life* (San Francisco, November 23, 1974). I chose this definition since asceticism tends to have negative connotations in contemporary Christian society and this more positive rendering seems to be more in keeping with patristic views on asceticism.

<sup>297</sup> Olivier Clement, *The Roots of Christian Mysticism: Texts from the Patristic Era with Commentary* (New York: New York City Press, 2000), 140-145.

expressed in the following:

**Romans 6: 3-4** Do you not know that all of us who have been baptized into Christ Jesus were baptized into his death? We were buried therefore with him by baptism into death, in order that, just as Christ was raised from the dead by the glory of the Father, we too might walk in newness of life.

**2 Corinthians 4: 7-11** But we have this treasure in jars of clay, to show that the surpassing power belongs to God and not to us. We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be manifested in our bodies. For we who live are always being given over to death for Jesus' sake, so that the life of Jesus also may be manifested in our mortal flesh.

**Philippians 1: 21** For to me to live is Christ, and to die is gain.

And in the writing of Ignatius:

All the pleasures of the world, and all the kingdoms of this earth, shall profit me nothing. It is better for me to die in behalf of Jesus Christ, than to reign over all the ends of the earth. "For what shall a man be profited, if he gain the whole world, but lose his own soul?" Him I seek, who died for us: Him I desire, who rose again for our sake. This is the gain which is laid up for me. . . . Permit me to be an imitator of the passion of my God.<sup>298</sup>

Jantzen has documented other metaphors that link dying and living including the "persistent metaphors. . . of seeds and plants and flourishing, connected with metaphors of resurrection."<sup>299</sup> In the writings of medieval mystics, these contributed to a "vision of hope."<sup>300</sup> Furthermore, the metaphors of resurrection and life are often linked to love. In his Sermon on "The Witness of the Spirit," John Wesley makes this connection as he interprets 1 John 3:14: "We know that

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<sup>298</sup> Ignatius, *Epistle to the Romans*, 6, eds. Alexander Roberts and James Donaldson (Edinburgh: T&T Clark, 1867), <http://www.earlychristianwritings.com/text/ignatius-romans-roberts.html>.

<sup>299</sup> Grace Jantzen, *Foundations of Violence* (New York: Routledge, 2004), 338.

<sup>300</sup> *Ibid.*, 339.

we have passed from death into life, because we love the brethren.”<sup>301</sup> The follower of Christ enters into the love of Christ through identification with the suffering of Christ on the cross, which then shapes his or her response to life as the inward struggle is transformed into “the consuming flame, which turns outward.”<sup>302</sup> We see this in the Franciscan tradition in the writing and life of Francis, Clare, Bonaventure, and Angela of Foligno<sup>303</sup> and in the twentieth and twenty-first centuries in the writings of Thomas Merton, Henri Nouwen, Richard Foster,<sup>304</sup> and Jürgen Moltmann. For Moltmann’s works, in particular, to be crucified with Christ became a narrative of hope. Dying to self not only opens the door to a new life lived with a distinctly Christian ethic of love, but also to a narrative that could help people today find freedom from fear.

In the Christian tradition, death loses its “sting” when people understand it theologically and utilize their faith to find meaning in their own suffering. Accepting that suffering is a part of life and seeing how Christ can enter that place and transform it through love, for good, has the possibility of making even the worst suffering bearable. Yet, to utilize faith to overcome fear of death, people must first be willing to look at and accept their mortality. “In a civilization which is constructed on the principle of achievement and enjoyment, and therefore makes pain and death a private matter, excluded from its public life,” taking such a path means mustering our courage to look at death and identify

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<sup>301</sup> John Wesley, “The Witness of the Spirit, Romans 8:16,” *Sermons on Several Occasions*, Christian Classics Ethereal Library, <http://www.ccel.org/ccel/wesley/sermons.html>, [accessed 24 June 2013].

<sup>302</sup> Jürgen Moltmann, *The Crucified God* (Minneapolis: Fortress, 1993), 57.

<sup>303</sup> Ursula King, *Christian Mystics: Their Lives and Legacies throughout the Ages* (Mahwah, NJ: Hidden Spring, 2001), 74, 78-79.

<sup>304</sup> See Richard Foster, “Crucifying our Will,” *Knowing and Doing*, C.S. Lewis Institute (Fall 2005), [http://www.cslewisinstitute.org/Knowing\\_and\\_Doing](http://www.cslewisinstitute.org/Knowing_and_Doing).



with the “crucified God.”<sup>305</sup> In seeing life through the lens of mortality, people are then able to also see the Christian themes and messages that embrace suffering and death and transcend them. These themes: identification with Christ’s suffering, death, and resurrection, and God’s self-sacrificial love could enable contemporary Christians to find understanding and meaning not only in what God did on the cross but also in their own times of suffering. What is needed is a methodology of pastoral intervention for helping others interpret and connect faith to life experience. The following chapters propose how this might be done within a contemporary pastoral care context.

## **Conclusion**

This chapter has provided a focused historical analysis that demonstrates how early Christians developed and sustained a theological understanding of death grounded in a narrative that defined and shaped their identity and action. Woven together with that narrative were structures in the form of doctrines, rituals, and actions that supported the narrative and grew out of it. Language and metaphor provided meaning for the events in life and for death and helped Christians not only recognize themselves as a group or community with a common language and story, but also gave them an identity that informed praxis. The story of who they were helped them find purpose in life and death and helped them develop a sense of call. The story not only influenced the method of their response and their belief, doctrines, rituals, and teaching, but also was influenced in turn by the practical ministry that developed in response to beliefs generated by the narrative. Belief and story, response and doctrine, language

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<sup>305</sup> Jurgen Moltmann, *The Crucified God* (Minneapolis: Fortress, 1993), 39.

and metaphor-- all formed a carefully crafted tapestry that helped people cope with crises and the harsh realities of life. The strong Christian narrative gave the people an anchor that allowed them to stay moored to their faith when tested by the storms of life, helped them know the unknowable about what happened when they died, and find a hope that transcended circumstances.

By the Middle Ages, the narrative that had helped people not fear death in the early Church had lost its power for most people. Church growth, the development of important doctrines such as Purgatory, changing views on Church practice and how the corpse was treated, along with the social upheaval brought about by the plagues, had all contributed to a loss in the earlier narrative and the uncoupling of theology and practice. The Reformation brought a new narrative of faith and salvation by grace, but did not help allay most people's fear of death. Without an understanding of what they believed and why they believed it (the strong narrative), change overwhelmed the ability of people to stay anchored to a hope that transcended circumstances. Yet, certain themes and theological ideas remain to be recovered and utilized within a contemporary ministry context. The next chapter explores a contemporary methodology (Narrative Therapy) that could be utilized to recreate a narrative for fostering hope and resilience even when events appear hopeless as in the case of impending death.

## Chapter Three

### The Importance of Story: Possibilities of Healing Metaphors<sup>306</sup>

#### Introduction

In 1995, Anne Hawkins wrote about her studies of contemporary narratives of illness and death that she called “pathographies.”<sup>307</sup> She not only identified various types of narratives, but also observed that her studies of pathographies written in the past thirty years contradict the idea that there is a contemporary *ars moriendi*.<sup>308</sup> She said that, “Instead, there seem to be almost as many versions of an art of dying as there are books on dying,” as people desperately search for a helpful model for how to die and even a definition of a “good death.”<sup>309</sup> She went on to say:

Our modern technological culture is unusual in that it has no central, vital myth about death that can dictate an “art of dying” appropriate to the pluralistic world of twentieth-century values and medical realities. What replaces an effective cultural myth about dying is the tendency to deny death—a tendency that, paradoxically, exists side by side with our obsession with death.”<sup>310</sup>

Today the individual is responsible for “structuring, sharing, planning, and even

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<sup>306</sup> Title adapted from “Unpacking the “Healing” Metaphor,” Panel Discussion at *Catching the Winds of Change Conference* (Co-produced by Dalhousie University, School of Social Work Continuing Education Department and Brief Therapy Training Centres-International, a division of the Hincks-Dellcrest Institute) Halifax, Nova Scotia, Canada / 2005. Panelists: David Paré, Karen Young, Jill Freedman, Tod Augusta Scott. Moderator; Chris Behan.

<sup>307</sup> She defines these as “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death.” Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University, 1993), 1.

<sup>308</sup> In particular, she cites the work of David Duclaw. See discussion on page 92, *Reconstructing Illness: Studies in Pathography*.

<sup>309</sup> Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University, 1993), 92.

<sup>310</sup> *Ibid.*, 94.

‘experiencing’ death.”<sup>311</sup> The individualistic nature of death makes the work of dying more difficult today since:

the individual is expected not only to face his or her death—in itself a task arduous enough—but also to create a way of dying out of the fragments of ideologies and religious sentiments that our culture provided us.<sup>312</sup>

Does dying really have to be so difficult? Early Christians recognized gifts in their theology that helped them to not fear death and to find hope that transcended suffering. As an alternative to “fragments of ideologies and religious sentiments,” Christian scripture contains metaphors and themes that are still relevant and applicable for fostering hope and resilience. Yet, the process with which pastoral care providers help people connect to and utilize theological themes today must be suitable for Christians, who may or may not be connected to a community, in a postmodern world. Hawkins does not provide a solution for the lack of a coherent *ars moriendi*; however, her work with identifying narratives suggests ways that pastoral care providers could better support the sick and/or dying through listening to and working with peoples’ stories.

In the hospital, chaplains meet people living with a variety of stories about life and themselves. Some of these narratives were created before people came to the hospital and others are created as they adjust to new experiences and information. As people have these new experiences, they interpret them and give them meaning through story.<sup>313</sup> That process becomes even more important when facing illness as the illness disrupts the old stories about how life worked

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<sup>311</sup> *Ibid.*, 124. See also Robert Kastenbaum and Ruth Aisenberg, *The Psychology of Death* (New York: Springer, 1972), 208.

<sup>312</sup> Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University, 1993), 124.

<sup>313</sup> *Ibid.*, 15.

and new stories are needed to help people cope with the shock and chaos that often accompany a new diagnosis.<sup>314</sup> Hawkins says that illness narratives that grow out of this new reality not only describe the “disordering process” that people experience, but also provide a method for the person to restore life’s lost coherence and to discover, or create, a meaning that can repair the damage that the crisis brings to their lives.<sup>315</sup> Arthur Frank says that the process whereby people become “wounded storytellers” is a necessary way for them to “recover the voices that illness and its treatment often take away.”<sup>316</sup> These illness narratives are the evidence of a deeper reality--that all human beings “give meaning to existence.”<sup>317</sup> However, the stories created, though serving a purpose at a specific time, can become inadequate as conditions change. Stories growing out of original interpretations may not support what people really want for their lives or give them hope for new beginnings or of meaningful dying. In some cases, the stories may actually contribute to feelings of hopelessness and despair as circumstances change. For instance, a story that provides inspiration to continue treatment when the person is “fighting heroically against cancer” may lead the person to feel like a “loser” when it looks like the “battle is lost” and

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<sup>314</sup> See Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995). 1-2.

<sup>315</sup> Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University, 1993), 2.

<sup>316</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago, 1995), xii.

<sup>317</sup> Jerome Frank and Julia Frank, “Therapeutic Components Shared by All Psychotherapies,” in *Cognition and Psychotherapy: Second Edition*, Arthur Freeman, Michael Mahoney, and Paul Divito, eds. (New York: Springer, 2004), 48. Recent improvements in measurement have allowed greater empirical investigation into the construct of meaning leading to a growing body of data that revealed the correlation between search for meaning and traumatic or life-changing events such as illness. See Steger, Michael, Shigehiro Oishi, and Selin Kesebir. “Is a Life Without Meaning Satisfying? The Moderating Role of the Search for Meaning in Satisfaction with Life Judgments.” *The Journal of Positive Psychology* 6, No. 3 (May 2012): 173-180.

death becomes a certainty. By understanding how people seek and find meaning in their lives through narrative, it is possible for pastoral care providers to help people change the dominant problem story as new insight comes and new meaning is ascribed to the lived experience.

A pastoral intervention of hope uncoupled from circumstances will facilitate the telling and meaning-making<sup>318</sup> while also helping people “step from the ‘known and familiar’ of the problem experience into the ‘not yet known, but possible to know’ territory”<sup>319</sup> of a re-created story that will fit them and support life and hope better. Yet, creating and telling a story is not enough; there must also be a listener. When a caring, empathetic listener is hearing the stories, it communicates to the storyteller, “You matter, and your life matters.” As Barbara Myerhoff has said: “A kind of fundamental healing takes place when a story is told and heard.”<sup>320</sup> A pastoral intervention of hope for helping people face suffering and experience a “growing of soul”<sup>321</sup> occurs when a special kind of listening is added to meaning-making, narrative work, and compassionate presence.

To understand the basic need to find meaning and how meaning can be found even in the most hopeless places, this chapter begins with an examination

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<sup>318</sup> I am using this term as Roy Baumeister and Kathleen Vohls have as referring to “an active process through which people revise or reappraise an event or series or events.” Roy Baumeister and Kathleen Vohls, “The Pursuit of Meaningfulness in Life,” in *Handbook of Positive Psychology*, eds. C.R. Snyder and Shane Lopez (New York: Oxford, 2002): 613.

<sup>319</sup> Maggie Carey, Sarah Walther, and Shona Russell, “The Absent by Implicit: A Map to Support Therapeutic Enquiry,” *Narrative Practices*, <http://www.pratiquesnarratives.com/-TheAbsentbutImplicitAMaptoSupportTherapeuticEnquiry.html>, [accessed 5 September 2013].

<sup>320</sup> Barbara Myerhoff, *Stories as Equipment for Living: Last Talks and Tales of Barbara Myerhoff*, edited by Marc Kaminsky and Mark Weiss (Ann Arbor, MI: University of Michigan, 2007), 19.

<sup>321</sup> *Ibid.*, 17.

of insights derived from Viktor Frankl's work particularly as expressed in *Man's Search for Meaning*. This work begins with Frankl because of his enduring influence to our understanding of how human beings need and find meaning for life.<sup>322</sup> However, the thesis will move beyond Frankl to examine current work regarding the importance of meaning. Then this chapter will critically examine narrative practices, particularly those within Narrative Therapy as developed by Michael White, as methods for use by pastoral care providers for facilitating meaning, hope and resilience with sick and dying Christians within a hospital setting. The chapter will also address key Christian criticisms regarding narrative therapy's use of social constructionism and deconstruction as presented in Michael White's works. The next chapter will then weave together the methods discussed here with a Christian perspective to begin building a model for pastoral intervention to foster hope and resilience.

### **The Importance of Meaning-Making for Human Beings**

Frankl is best known for his insights regarding how human beings find meaning and purpose in life particularly in suffering, which is an inevitable and necessary part of life ("Without suffering and death human life cannot be complete"<sup>323</sup>). In the midst of the brutal suffering of the concentration camps, he utilized his training as a neurologist and psychiatrist to find a way to "add a

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<sup>322</sup> See Alexander Batthyany and David Guttman, *Empirical Research on Logotherapy and Meaning-Oriented Psychotherapy* (Phoenix: Zeig, Tucker, and Theisen, 2006), particularly part 1. Roy Baumeister, Kathleen Vohls, and Michael Steger, along with others working in the field studying the link between meaning and life satisfaction, credit Frankl for his insight in this "critical component of being human." See Steger, Michael, Shigehiro Oishi, and Selin Kesebir. "Is a Life Without Meaning Satisfying? The Moderating Role of the Search for Meaning in Satisfaction with Life Judgments." *The Journal of Positive Psychology* 6, No. 3 (May 2012): 173-180.

<sup>323</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 88.

deeper meaning to his life”;<sup>324</sup> and thus, was able to transcend the hopelessness of the camps and the despair that accompanied suffering. After the war, he continued to build on this insight (through a methodology that he called “Logotherapy”) to help people not only accept suffering and death as part of life, but also to transcend their suffering, find hope, and grow.

Frankl proposed that meaning-making came as people followed, unconsciously or consciously, a process which often began with the question, “Why is this happening to me?” and ended with a response that yielded a “unique and specific”<sup>325</sup> meaning for their experience. Barbara Myerhoff in her studies on meaning found that the quest for meaning-making, particularly as it is linked to suffering, makes it impossible for a person to lead an unexamined life<sup>326</sup> and is so strongly supported by peoples’ natures that it happens even when there are no answers for the “why.” A meaning that helps explain who we are and what our lives are about is “able to elevate mundane affairs, bringing to each moment a heightened consciousness” that renders even “suffering and scarcity explicable and because explicable bearable.”<sup>327</sup>

Others such as Baumeister at Florida State, Vohs at University of Minnesota, and Aaker and Garbinsky at Stanford have continued studying the human connections to meaning and happiness and have found that meaning in life is a more complex construct than Frankl’s work suggests. They have found

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<sup>324</sup> *Ibid.*, 76.

<sup>325</sup> *Ibid.*, 121. It is interesting the Jürgen Moltmann response to the suffering he experienced—his quest to understand--led him, like Frankl, to his life’s work.

<sup>326</sup> Barbara Myerhoff, *Number Our Days: A Triumph of Continuity and Culture Among Jewish Old People in an Urban Ghetto* (New York: Dutton, 1978), 24-5.

<sup>327</sup> *Ibid.*, 21. See also Robert Lifton, *Death in Life* (Chapel Hill, NC: Chapel Hill Press, 1991), 526.



that though interrelated, happiness and meaning have “different roots and implications” and happier people may not seek meaning in life.<sup>328</sup> However, research does corroborate Frankl’s ideas on the importance of meaning connected to suffering. Stegel, Oishi, and Kesebir, and others, have documented how people search for meaning to help them cope when experiencing illness, suffering, or grief, and that not finding meaning in those times is associated with greater distress.<sup>329</sup> In fact, suffering “appears to stimulate the needs for meaning.”<sup>330</sup>

Frankl’s work is important, however, for the insight it brings into **how** human beings create meaning. He identified three “avenues on which one arrives at meaning in life”:

- (1) finding or creating meaningful work;
- (2) having the experience of love-- a deep love that touches the deepest part of the soul and allows people to focus beyond the situation at hand; or

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<sup>328</sup> Roy Baumeister, Kathleen Vohls, Jennifer Aaker, and Emily Garbinsky, “Some Key Differences between a Happy Life and a Meaningful Life” *Journal of Positive Psychology*, online (20 August 2013), [http://facultygsb.stanford.edu/aaker/pages/documents/SomeKeyDifferencesHappyLifeMeaningfulLife\\_2012.pdf](http://facultygsb.stanford.edu/aaker/pages/documents/SomeKeyDifferencesHappyLifeMeaningfulLife_2012.pdf). See also Roy Baumeister, *Meanings of Life* (New York: Guilford, 1991). See also Steger, Michael, Shigehiro Oishi, and Selin Kesebir. “Is a Life Without Meaning Satisfying? The Moderating Role of the Search for Meaning in Satisfaction with Life Judgments.” *The Journal of Positive Psychology* 6, No. 3 (May 2012): 173.

<sup>329</sup> See Steger, Michael, Shigehiro Oishi, and Selin Kesebir. “Is a Life Without Meaning Satisfying? The Moderating Role of the Search for Meaning in Satisfaction with Life Judgments.” *The Journal of Positive Psychology* 6, No. 3 (May 2012): 173-180; R. L. Silver, S. Boon, and M.H. Stones, “Searching for Meaning in Misfortune: Making Sense of Incest,” *Journal of Social Issues* 39, Iss. 2 (Summer 1983): 81-101; Steven Schwartzberg and Ronnie Janoff-Bulmann, “Grief and the Search for Meaning: Exploring the Assumptive Worlds of Bereaved College Students,” *Journal of Social and Clinical Psychology* (1991): 270-288; Suzanne Thompson “The Search for Meaning Following a Stroke,” *Basic and Applied Social Psychology* 12 (1991): 81-96; and Christopher Davis, Camille Wortman, Darrin Lehman, and Roxane Silver, “Searching for Meaning in Loss: Are Clinical Assumptions Correct,” *Death Studies* 24 (2000): 497-540.

<sup>330</sup> Roy Baumeister and Kathleen Vohls, “The Pursuit of Meaningfulness in Life,” in *Handbook of Positive Psychology*, edited by C. R. Snyder and Shane Lopez (New York: Oxford, 2002), 612.

(3) experiencing an inner change of attitude or identity<sup>331</sup> that allows people to transcend the circumstance and grow beyond themselves--what Frankl called, “the defiant power of the human spirit.”<sup>332</sup>

Frankl saw how these avenues could lead to hope as people actively engaged with transcending their circumstances and, in the process, gained a sense of agency, feeling as though they could initiate and direct parts of their lives in directions that worked for them.<sup>333</sup> Frankl utilized an example from his own life to illustrate how the process worked. While in the concentration camp, rather than asking himself, “Will we survive the camp?” as others did, he pondered the question: “Has all this suffering, this dying around us, a meaning?” He said that the former question, linked to a specific outcome—survival--raised the issue that the suffering and death only had meaning if one survived. The latter question went deeper by looking at what meaning could come in the midst of suffering. If one’s suffering, which is a part of all life, had no meaning in itself, “then ultimately there is no meaning to survival; for life whose meaning depends upon such a happenstance—as whether one escapes or not—ultimately would not be worth living at all.”<sup>334</sup>

In his post-war therapy work, Frankl emphasized four types of engagement that foster the creation of meaning: (1) people gain distance from

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<sup>331</sup> Looking at life events differently or in alternative ways, giving them a different interpretation, often called “reframing.”

<sup>332</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 170-1. Jerry Long presented a paper on Logotherapy by this title at the Third World Congress of Logotherapy in June 1983.

<sup>333</sup> *Ibid.*, 170.

<sup>334</sup> *Ibid.*, 138.

the disturbing symptoms through “deflection;”<sup>335</sup> (2) they modify attitudes, which helps to reduce the harmful symptoms; (3) they become open to change; and (4) they develop goals that help them focus on purpose and meaning in life.<sup>336</sup> Shelley Taylor, also working in this area, attests to the validity of Frankl’s assumptions about how active engagement in a quest for meaning contributes to people’s sense of control or even mastery, which bolsters their self-worth, facilitates coping, and provides hope.<sup>337</sup> Another field that works with similar therapeutic interactions but is also quite different philosophically from Logotherapy is Narrative Therapy.<sup>338</sup> While Frankl helped people reinterpret their experiences to find meaning for life, Narrative Therapists help clients “re-story,”<sup>339</sup> or reinterpret their experiences to transform their image of self. Frankl utilized “deflection,” a method for helping people objectify their problem so they could see it more clearly; in Narrative Therapy this is similar to externalization.<sup>340</sup>

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<sup>335</sup> William Gould, *Viktor Frankl: Life with Meaning* (Pacific Grove, CA: Brooks/Cole, 1993), 151.

<sup>336</sup> He work has been described and built upon in a number of research works including Baumeister (1991, 2002), Vohls (2002), and Taylor (1983).

<sup>337</sup> Shelley Taylor, “Adjustment to Threatening Events: A Theory of Cognitive Adaptation,” *American Psychologist* 38, No. 11 (November 1983): 1163-1164. Finding meaning here “involves the need to understand why a crisis occurred and what its impact has been” (1162).

<sup>338</sup> When capitalized, I am speaking of the specific field of therapy as opposed to narrative therapeutic interventions that could be utilized in other counseling therapies.

<sup>339</sup> Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011) 22.

<sup>340</sup> Michael White introduced the idea of externalization. Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 34. Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 47, 58-9. See also Michael White, *Deconstruction and Therapy*, in David Epston and Michael White, *Experience, Contradiction, Narrative and Imagination* (Adelaide, Australia: Dulwich Centre, 1992); Michael White, *Re-authoring lives: Interviews and Essays* (Adelaide, Australia: Dulwich Centre, 1995); Michael White, “The Externalizing of the Problem and the Re-authoring of Lives and Relationships,” *Dulwich Centre Newsletter* [Special Issue], Summer, 3-20, 1988/1989. Michael White, *Narratives of Therapists’ Lives* (Adelaide: Dulwich Centre, 1997); Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 22-26; Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (London: Sage, 2006), 12; and Michael White and David Epston,

Logotherapy also contains three core characteristics/perspectives: value of the individual, freedom of choice, and value of the individual's past, supported and valued in Narrative Therapy. These techniques and perspectives are important for helping people find meaning, hope, and resilience when suffering particularly in a hospital or institutional environment.

Frankl also presents a positive view of people that helps them see their worth even when illness or age limits them. According to Frankl:

Just as life remains potentially meaningful under any conditions, even those which are the most miserable, so too does the value of each and every person stay with him or her, and it does so because it is based on the values that he or she has realized in the past, and is not contingent on the usefulness that he or she may or may not retain in the present.<sup>341</sup>

Narrative Therapy takes this view further by helping people to see themselves as more than a diagnosis, problem, situation, or even productive capability,<sup>342</sup> and, therefore, works against the de-humanizing influence of medicine and behavioural health therapies, which label people with a diagnosis. Frankl also warned that the modern way of understanding identity (what Michael White called "naturalistic accounts"<sup>343</sup>), which categorizes people as "nothing but" and makes problems a part of their identity, was problematic because it contributed to peoples' feelings that they are pawns and victims "to outer influences or inner

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*Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), particularly 38-76. This story also provides another example of re-authoring.

<sup>341</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 176.

<sup>342</sup> Donald McMenamin, "The Self God knows and the socially constructed identity," in *Interweavings: Conversations Between Narrative Therapy and Christian Faith*, Richard Cook and Irene Alexander, eds. (North Charleston, SC: CreateSpace, 2008), 144. Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 25-30.

<sup>343</sup> Michael White, "Narrative Practice and the Unpacking of Identity Conclusions," *Gecko: A Journal of Deconstruction and Narrative Ideas in Therapeutic Practice*, 1 (2001): 28-55.

circumstances.”<sup>344</sup> He observed that when people come to believe the fatalistic idea that they are trapped by some outer influence or inner circumstance, they do not feel free to choose a path other than the one that is currently leading them to despair.

Separating the person from the problem, as happens with Narrative Therapy’s externalization, opens the way for people to exercise more choice in their response to the problem they are facing. Externalization helps people:

. . . resist the temptations of their circumstances, while not being defined within them, and not being totally at their mercy either. Thus a person being tempted by anger or anorexia, or perfectionism or fear, can both admit that this is the condition in which they find themselves, and separate themselves from that condition by resistance and the recruitment of others into the struggle.<sup>345</sup>

The use of externalization opens hope for the person seeking help in that it provides a way for them to experience a “greater freedom to choose a course of action.”<sup>346</sup>

In addition, Frankl laid the groundwork for how counsellors might help people prepare for death and live more fully now by connecting past losses to present and future losses to teach people about the transitory nature of life and challenge them to live each moment fully.<sup>347</sup> Past loss experiences became a rich

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<sup>344</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 153.

<sup>345</sup> Nicola Hoggard Creegan, “Narrative and Being Free: A Theological Look at Narrative Therapy and Implications for Conceptualising Human Freedom,” in *Interweavings: Conversations Between Narrative Therapy and Christian Faith*, Richard Cook and Irene Alexander, eds. (North Charleston, SC: CreateSpace, 2008), 55. See also Michael White’s discussion of externalizing conversations in his *Maps of Narrative Practice* (New York: Norton, 2007), 9, 26-27.

<sup>346</sup> Nicola Hoggard Creegan, “Narrative and Being Free: A Theological Look at Narrative Therapy and Implications for Conceptualising Human Freedom,” in *Interweavings: Conversations Between Narrative Therapy and Christian Faith*, Richard Cook and Irene Alexander, eds. (North Charleston, SC: CreateSpace, 2008), 55. William C. Madsen, “Inviting New Stories: Narrative Ideas in Family-Centered Services,” *Journal of Systemic Therapies* 18, no. 3 (1999): 1-22.

<sup>347</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 175.

repository since they are “stored and treasured” in memory, a place from which they can be retrieved and reconnected to present experience for meaning-making. Frankl said:

To be sure, people tend to see only the stubble fields of transitoriness but overlook and forget the full granaries of the past into which they have brought the harvest of their lives; the deeds done, the loves loved, and last but not least, the sufferings they have gone through with courage and dignity.<sup>348</sup>

Current studies give support to Frankl’s findings by demonstrating how meaning is linked to the continuum of life while happiness is only linked “to the immediately present stimulus environment.” Meaning integrates events across time, and present events draw meaning from past and future events.<sup>349</sup> Narrative Therapists also utilize the past to create new paths of meaning for people, as illustrated in the following quote:

A case has been made for the notions that persons are rich in lived experience, that only a fraction of this experience can be storied and expressed at any one time, and that a great deal of lived experience inevitably falls outside the dominant stories about the lives and relationships of persons. Those aspects of lived experience that fall outside the dominant story provide a rich and fertile source for the generation, or re-generation, of alternative stories.<sup>350</sup>

### **Limitations of Frankl’s Work**

Thus far, this thesis has discussed how Frankl has contributed much to present understanding of how people find meaning in suffering and is important for understanding the importance and some of the methods of meaning-making

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<sup>348</sup> *Ibid.*, 175.

<sup>349</sup> Roy Baumeister, Kathleen Vohls, Jennifer Aaker, and Emily Garbinsky, “Some Key Differences between a Happy Life and a Meaningful Life” *Journal of Positive Psychology*, online (20 August 2013), [http://facultygsb.stanford.edu/aaker/pages/documents/SomeKeyDifferencesHappyLifeMeaningfulLife\\_2012.pdf](http://facultygsb.stanford.edu/aaker/pages/documents/SomeKeyDifferencesHappyLifeMeaningfulLife_2012.pdf).

<sup>350</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 15.

for human beings. Yet, his work has limitations that make it less desirable as a therapeutic intervention when working with illness and death narratives. First, though separating himself from Freud and Adler as he developed his own field of Logotherapy, he continued to honour them as foundational to thinking.<sup>351</sup> Both Freud's psychoanalysis and Adler's individual psychology place emphasis on the individual and the internal "flaws" that cause people to behave the way they do. Even though Frankl focuses on the possibilities rather than flaws, the language utilized in Logotherapy places responsibility for problems or limitations within the client, and interventions focus on how the person must change to find hope and inspiration, meaning and grow.<sup>352</sup> For a person in a hospital, for instance, who is already struggling with feeling diminished by illness and cultural narratives that link illness and fault,<sup>353</sup> any further suggestion that he or she must be take on more responsibility for his or her state of health can contribute to feelings of hopelessness. This is particularly true of someone struggling with a chronic disease that leads to constant life losses and a state called, "chronic sorrow."<sup>354</sup>

In addition, Logotherapy, which takes many sessions, focuses on bringing out the person's potential—for living a long life that is more meaningful. Tasks of therapeutic sessions include setting life goals to fulfil the person's "special

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<sup>351</sup> Anna Redsand, *Viktor Frankl: A Life Worth Living* (New York: Clarion, 2006), 29.

<sup>352</sup> Paul Wong, "From Logotherapy to Meaning-Centered Counseling and Therapy, In Paul Wong, Ed., *The Human Quest for Meaning: Theories, Research, and Applications, 2<sup>nd</sup> Edition* (New York: Routledge, 2012): 624, <http://www.drpaulwong.com/documents/HQM2-chapter28.pdf>.

<sup>353</sup> Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University, 1993), 128ff. Cultural narratives regarding illness and health will be discussed in more depth in a later chapter.

<sup>354</sup> See Susan Roos, *Chronic Sorrow: A Living Loss* (New York: Psychology Press, 2002) and also the work of Kaethe Weingarten.

mission,” which depends on significant self-knowledge.<sup>355</sup> A chaplain or pastoral care provider may not have the opportunity for multiple therapeutic visits with people in the hospital nor the opportunity for this kind of in-depth work. In the case of end of life, the focus is not on the special mission of life, but on finding hope and meaning for the days that remain. Finally, even though Frankl acknowledged that people needed a specific meaning at a given moment and that “every meaning is unique to each person and each person has to discover the meaning of each particular situation for him- or herself,”<sup>356</sup> Logotherapists stand in the role of expert and helper in therapy. This can, unfortunately, mean the creation of a meaning that the therapist thinks fits the client’s situation, rather than a meaning that comes from the client him- or herself.

The ongoing research in the fields of counselling, psychology, and medicine continues to attest to the importance of a meaning-making component in support interventions for people who are dying or ill. Support also must be adaptable to fit different people at various stages of life who may find meaning in different ways. Analysis of Frankl’s Logotherapy reveals its strengths for providing insight in how and in what ways people seek meaning in suffering and its contributions to the positive worth of all human beings, techniques of deflection and externalization, and views on the importance of memories. Because of these insights, Frankl’s work is important for pastoral work with the dying. However, given Logotherapy’s limitations as a therapeutic intervention, a

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<sup>355</sup> Paul Wong, “From Logotherapy to Meaning-Centered Counseling and Therapy, In Paul Wong, Ed., *The Human Quest for Meaning: Theories, Research, and Applications, 2<sup>nd</sup> Edition* (New York: Routledge, 2012): 623.

<sup>356</sup> *Ibid.*, 622.



better fit for end-of-life therapeutic pastoral responses is Narrative Therapy. This thesis focuses on how this therapy could be utilized for chaplains and pastoral care providers because it goes beyond Frankl while offering techniques that work with externalization, meaning-making, and past memories. It also focuses specifically on people's stories (interpretations of life events) as sources of meaning and life transformation. In their work, therapists have discovered not only how narratives are created, but also how narratives influence behaviour and belief.<sup>357</sup> As Lorraine Hedtke has said: "We all make sense out of our lives through stories and act in accordance with them."<sup>358</sup> In addition, despite criticism of Narrative's postmodern and post-structuralist discourses, narrative practice is compatible with Christian ideas and values in ways that other therapeutic methods are not.<sup>359</sup> In a panel discussion with other Narrative Therapists, David Paré said of Christianity's compatibility to Narrative Therapy that: "with its beautiful devotion to respect, social justice, community connection," it "resonates in some ways more with Western (Christian) traditions" that it does with other traditions. He went on to say that while being the "most deconstructive of the therapies" that he had encountered, he saw how it "re-enacts longstanding Christian values."<sup>360</sup> The rest of this chapter will focus on how narrative practices

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<sup>357</sup> Alan Parry and Robert Doan, *Story Re-Visions: Narrative Therapy in the Postmodern World* (New York: Guilford, 1994), 2-3. Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 75-78. Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (London: Sage, 2006), 62.

<sup>358</sup> Lorraine Hedtke, "Remembering Practices in the Face of Death," Association for Death Education and Counseling, *The Forum* 27, Issue 2 (March/April, 2001): 5-6.

<sup>359</sup> I will discuss this further in the section specifically on Narrative Therapy and Christian faith.

<sup>360</sup> "Unpacking the "Healing" Metaphor," Panel Discussion at *Catching the Winds of Change Conference* (Co-produced by Dalhousie University, School of Social Work Continuing Education Department and Brief Therapy Training Centres-International, a division of the Hincks-Dellcrest

can be utilized as tools for helping people not only find hope and meaning in suffering and dying, but also to connect to their faith in ways that could help them find a hope that transcends death.

### **Narrative Therapy**

In the 1980s, Michael White, a family therapist, became interested in “how persons organize their lives around specific meanings and how, in so doing, they inadvertently contribute to the ‘survival’ or, as well as the ‘career’ of,” the problem affecting their lives.<sup>361</sup> He, and David Epston who joined him, not only studied people’s stories through a process that came to be called Narrative Therapy, but also helped people change their relationship with the problem to “re-author or constitute themselves, each other, and their relationships.”<sup>362</sup> In therapy, they people were able to gain “a new sense of personal agency”; which allowed them to “to assume responsibility for the investigation of new choices in their lives and to pursue new possibilities.”<sup>363</sup> White said that events and emotional reactions do not have meaning in and of themselves, but that people attach meaning to them by their place in the overall configuration of their lives and through language.<sup>364</sup>

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Institute) Halifax, Nova Scotia, Canada / 2005. Panelists: David Paré, Karen Young, Jill Freedman, Tod Augusta Scott. Moderator; Chris Behan.

<sup>361</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 3.

<sup>362</sup> *Ibid.*, 75. White preferred re-authoring to reframing believing that reframing referred more to the therapist’s developing a “better story” while re-authoring “engages all persons actively in ‘meaning-making.’” Michael White’s, *Re-Authoring Lives: Interviews and Essays* (Adelaide, South Australia: Dulwich Centre Publications, 1995), 66. See also Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 26-27.

<sup>363</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 65.

<sup>364</sup> White found that the ideas of Jerome Bruner on the structure of literary texts could be applied to how people ascribe meaning to their lives. See Jerome Bruner, *Acts of Meaning* (Cambridge, MA: Harvard University, 1990), 43. See also Gregory Bateson, “Introduction,” in *Mind and Nature: A Necessary Unity* (New York: Dutton, 1972), <http://www.oikos.org/mind&nature.htm>. Michael White and David Epston utilized Bateson’s ideas in their work. See

As the human mind takes in the life experiences, happening *within a context*, it creates interpretations of the events, the lived experience, that become the life stories.<sup>365</sup> Often one story will become dominant and will influence how the person views him- or herself and cause problems in how he or she relates to others and life. People will often seek counselling when the problem begins to interfere with daily, lived experience. According to White:

Many people who seek therapy believe that the problems of their lives are a reflection of their own identity, or the identity of others, or a reflection of the identity of their relationships. This sort of understanding shapes their efforts to resolve problems, and unfortunately these efforts invariably have the effect of exacerbating the problems. In turn, this leads people to even more solidly believe that the problems of their lives are a reflection of certain 'truths' about their nature and character, about the nature and character of others, or about the nature and character of their relationship.<sup>366</sup>

A main intervention of this therapy is a "linguistic separation of the problem from the personal identity of the patient,"<sup>367</sup> which begins when the therapist helps the person externalize the problem by naming it and talking about it as though it is "another person with an identity, with tactics and intentions that are designed to oppress or dominate the person or the family."<sup>368</sup> Then, through a purposeful series of questions, the therapist helps the person remember a time when the problem did not control his or her life. Questions also help the person deconstruct

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"Story, Knowledge and Power" in *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), particularly pages 2, 10, and 27.

<sup>365</sup> Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006); Gregory Bateson, "Introduction," in *Mind and Nature: A Necessary Unity* (New York: Dutton, 1972), <http://www.oikos.org/mind&nature.htm>. See also M. M. Gergen and K. J. Gergen, "The Social Construction of Narrative Accounts," in K. J. Gergen and M. M. Gergen (Eds.), *Historical Social Psychology* (Hillsdale: Lawrence Erlbaum Associates, 1984).

<sup>366</sup> Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 9, 24-25.

<sup>367</sup> Bill O'Hanlon, "The Third Wave: The Power of Narrative," Chelvington, East Sussex: Human Givens, 1995, <http://www.hgi.org.uk/archive/thirdwave3.htm#UinqKeCLSR4>.

<sup>368</sup> *Ibid.*

the “problem-saturated”<sup>369</sup> story to see it from different perspectives, bringing insight about how the story has been constructed.<sup>370</sup> Then the therapist will facilitate the person’s recognition that despite the problem’s dominance in his or her life up to that point, it was not the only narrative—for all human life is “multistoried”<sup>371</sup>-- and there were other interpretations of experiences that do not support or sustain the problem.

In any life there are always more events that don’t get ‘storied’ than there are ones that do—even the longest and most complex autobiography leaves out more than it includes. This means that when life narratives carry hurtful meanings or seem to offer only unpleasant choices, they can be changed by highlighting different, previously un-storied events or by taking new meaning from already-storied events, thereby constructing new narratives.<sup>372</sup>

When the problem-saturated story predominates, it contributes to peoples’ disappointment, misery, and feelings of hopelessness. Through therapy, people begin to inhabit and live out their alternative stories, and as they refuse to cooperate with the requirements of the problem, they undermine its influence in their lives.<sup>373</sup> As the influence weakens, they gain freedom “to assume responsibility for the problem”<sup>374</sup> and hope as they see that they can overcome the problem’s effects in their lives. Seeing themselves as being more than the

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<sup>369</sup> “Problem-saturated story” is a term unique to Narrative Therapy. It is the dominant story that is affecting the person’s life and relationships. Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 16.

<sup>370</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 120.

<sup>371</sup> Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 12. The concept of “multi-storied” lives comes from the work of Jerome Bruner. See Bruner’s, *Acts of Meaning* (Cambridge, Ma: Harvard University, 1990).

<sup>372</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 32.

<sup>373</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 63.

<sup>374</sup> *Ibid.*, 65.

problem provides the energy, hope, and desire to investigate “new self-images, new possibilities for relationship, and new futures.”<sup>375</sup> The therapist’s sequence of questions is the primary tool for facilitating the dialogical process of helping “people access and relive ‘resourceful’ experiences.”<sup>376</sup> Through this re-authoring process, the person can “experience a newfound capacity to intervene in their world.”<sup>377</sup>

Within the field of Narrative Therapy, there is considerable diversity of thought and practice. However, most practitioners hold to this basic process and certain themes influence how they conduct therapy. Typically narrative approaches view “people as the experts in their own lives and view problems as separate from people.” Therapists also “assume that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives.”<sup>378</sup> Narrative Therapy differs from other forms of counselling in its therapeutic techniques<sup>379</sup> and its incorporation of social theory that recognizes how peoples’ stories are formed not only out of

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<sup>375</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 16. See also Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 14.

<sup>376</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 116. Harlene Anderson and Harold Goolishian, “The Client is the Expert: A Not-Knowing Approach to Therapy,” in S. McNamee & K. Gergen, eds. *Social Construction and the Therapeutic Process*. (Newbury Park, CA: Sage, 1992), 27-28.

<sup>377</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 65.

<sup>378</sup> “Commonly-Asked Questions about Narrative Approaches to Therapy, Community, and Psychosocial Support,” (Adelaide, South Australia: Dulwich Centre Publications), <http://dulwichcentre.com.au/common-questions-narrative-therapy.html>.

<sup>379</sup> Narrative Therapists who note the differences between narrative applications and traditional therapies include: Bill O’Hanlon, “The Third Wave: The Power of Narrative,” Chalvington, East Sussex: Human Givens, 1995, <http://www.hgi.org.uk/archive/thirdwave3.htm#.UinqKeCLSR4>; Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006), 5-17, 18, 157-160; and Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 4-11.

what people “know” about themselves, but also “by the cultural practices (of describing, labelling, classifying, evaluating, segregating, excluding, etc.)” and influences.<sup>380</sup> According to Foucault, as White interpreted his work, modern “dividing” and “scientific classification practices” objectify people and their bodies.<sup>381</sup> This process of treating people as though they are things makes them less human and cuts them off from self-expression and self-determinism. The process of deconstructing the problem narrative, is a counter-practice that engages people in the “de-objectification” of themselves and their bodies, allowing them to be fully who they are.<sup>382</sup> The therapeutic relationship is also different from non-postmodern therapies where the therapist is the expert coming into the session with theoretically formed truths and knowledge. Instead, a narrative therapist comes to interview with a “not-knowing” stance and “must rely on the explanation made by the client.”

By learning, by curiosity, and by taking the client’s story seriously, the therapist joins with the client in a mutual exploration of the client’s understanding and experience. Thus the process of interpretation, the struggle to understand in therapy, becomes collaborative. Such a position allows the therapist always to maintain continuity with the client’s position and to grant primary importance to the client’s world views, meanings, and understandings.<sup>383</sup>

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<sup>380</sup> Karl Tomm, “Forward,” in *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), xv.

<sup>381</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 66. Epston and White appropriated and adapted many of Foucault’s ideas about how people are objectified through the labeling and diagnosing process. See Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 40, 42. See also discussion on Foucault and on social control and power in Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 66-75.

<sup>382</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), 66.

<sup>383</sup> Harlene Anderson and Harold Goolishian, “The Client is the Expert: A Not-Knowing Approach to Therapy,” in S. McNamee & K. Gergen, eds. *Social Construction and the Therapeutic Process* (Newbury Park, CA: Sage, 1992), 29-30.

Narrative therapists engage with clients while intentionally “keeping out of the way” so the client “can be the agent of what is happening.”<sup>384</sup> This therapeutic position allows meaning to come from the person him- or herself and for the person to recognize and draw on his or her own coping mechanisms, strengths, and skills for hope and resilience.

Even the language utilized in connection with therapy is part of the “de-objectification” process. People come into therapy already feeling inadequate in some way. Narrative therapists are careful not to contribute to these feelings by suggesting that the problem is “in” the person, but instead seek ways to help the person find their own way forward in dealing with the problem that is influencing his or her life and relationships. For instance, therapists do not normally speak of people growing or developing, but instead speak of clients being enriched or experiencing transformation. This is because saying someone has “grown” depends on a person-deficit assumption—that the person has been lacking in either maturity, thinking ability, or responsibility.<sup>385</sup> Growth/Change as a goal also carries with it the possibility of “failure” if the person does not change or find relief as the therapist feels he or she should.<sup>386</sup> In fact, therapists utilizing narrative applications frequently discuss the implications of the language they utilize among themselves revealing their understanding of how “language shapes our

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<sup>384</sup> “Unpacking the “Healing” Metaphor,” Panel Discussion at *Catching the Winds of Change Conference* (Co-produced by Dalhousie University, School of Social Work Continuing Education Department and Brief Therapy Training Centres-International, a division of the Hincks-Dellcrest Institute) Halifax, Nova Scotia, Canada / 2005. Panelists: David Paré, Karen Young, Jill Freedman, Tod Augusta Scott. Moderator; Chris Behan. See also Payne’s discussion of the therapeutic relationship in Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006), 172.

<sup>385</sup> Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006), 169-170.

<sup>386</sup> *Ibid.*, 166-7.

perceptions of reality” and that the words we utilize come from and with assumptions.<sup>387</sup> In narrative therapy, every effort is made to respect and not blame or judge.<sup>388</sup>

### **Narrative Applications and Christianity**

So far, in this chapter, we have documented how Logotherapy and narrative therapy bring tools that could be helpful for opening avenues of hope and meaning for people. It is important to look more critically at narrative therapy from a Christian perspective before talking about how a pastoral care provider could utilize these tools and ideas to facilitate meaning and hope in people. This chapter began with a discussion of Hawkins work with narratives and her finding from research that there is no contemporary *ars moriendi*.<sup>389</sup> Yet, we know from the documents of the early Church, particularly the martyrdom narratives, that not only were there narratives that influenced people’s behaviour, but also that some of these narratives became meta-narratives, “a narrative path,”<sup>390</sup> as the stories were circulated among Christian communities who told and re-told them. These narratives provided hope in times of suffering, created a Christian culture (or subculture) with distinctly Christian activities, and shaped Christians’ sense of self and collective identity. The narratives of the martyrs were so powerful in influencing behaviour that they “radically reconfigured constructions of death. . .

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<sup>387</sup> Gene Combs and Jill Freedman, “Tellings and Retellings,” *Journal of Marital and Family Therapy* 24, No. 4 (1998): 406. See also Gene Combs and Jill Freedman, *Narrative Therapy with Couples and a Whole Lot More* (Adelaide, South Australia: Dulwich Center, 2002).

<sup>388</sup> Alice Morgan, *What is Narrative Therapy* (Adelaide, South Australia: Dulwich Centre Publications, 2000), Introduction.

<sup>389</sup> In particular, she cites the work of David Duclaw. See discussion on page 92, *Reconstructing Illness: Studies in Pathography*.

<sup>390</sup> Judith Perkins, *The Suffering Self: Pain and Narrative Representation in the Early Christian Era* (New York: Routledge, 1995), 25.



in ways that would have a lasting impact of the genealogy of death in the Middle Ages and beyond.”<sup>391</sup> However, even though these narratives provided hope for Christians facing death at an earlier time, it is unlikely that a single meta-narrative will arise and have such widespread acceptance in the Western Christian community in this postmodern age.<sup>392</sup>

Nevertheless, even in our contemporary individualistic culture,<sup>393</sup> human beings have not changed in their need to make sense of death and dying. As stated earlier in this chapter, Frankl, utilizing narrative techniques, did much successful work with helping clients overcome fear of death.<sup>394</sup> Narrative therapy’s ideas, values, and techniques are beneficial for helping people deal with fear, including fear of death; yet, for Christian pastoral care providers, any therapeutic response should be critically examined to ensure it is compatible with Christian context, language, and theological ideas. Indeed, pastoral care providers who uncritically adopt psychological or sociological methodology and interventions, may not only find the methods incompatible with Christian thought, but also lose the ability to use Christian tools, such as theological reflection, that could be important for helping Christians find meaning and hope and integrate their faith into experience.<sup>395</sup> Carroll Wise warned that:

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<sup>391</sup> Grace Jantzen, *Foundations of Violence* (New York: Routledge, 2004), 338.

<sup>392</sup> Irene Alexander, “Power: A Conversation between Narrative Ideas and Christian Perspectives,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 70-72.

<sup>393</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 15. Gerkin documents the impact of modern individualistic culture. More on this is in the next chapter.

<sup>394</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 175. See also pages 110-11 in this chapter.

<sup>395</sup> See Christopher Swift, *Hospital Chaplaincy in the Twenty-first Century* (London: Ashgate, 2009), 145. Charles Gerkin in *The Living Human Document: Re-visioning Pastoral Counseling*

The abstractions of theology and psychology are not easily reconciled, nor should they be. They stem from completely different faith assumptions; they involve different dimensions of being; and they have their own ways of creating and resolving tensions.<sup>396</sup>

Because of its postmodern and post-structural premises based on the work of Michel Foucault (as interpreted by Michael White), some Christian counsellors and pastoral care providers have struggled with Narrative Therapy, particularly when the philosophy behind it seems to challenge some traditional theistic ideas and interpretations of scripture. Three philosophical ideas of Foucault<sup>397</sup> that seem the most problematic for Christians are the: “challenge to the existence of essential truth,”<sup>398</sup> the view of “self,”<sup>399</sup> and concept of deconstruction (a questioning of existing beliefs that some fear could lead to loss of faith in God). The challenges raised have led Christian therapists such as Irene Alexander and Richard Cook, along with others, to wrestle with the “interweavings” of narrative therapy and Christian faith to see how this therapeutic practice could be utilized to help Christians find hope and healing.<sup>400</sup>

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(Nashville, TN: Abingdon, 1984), summary on 12-16, documents “deep cultural shift toward the primacy of psychology and psychotherapeutic language” and its impact on pastoral counseling and theological language. Pastoral counselors vary in response to the cultural shift, examples of differing approaches include Seward Hiltner’s *Pastoral Counseling* (Nashville, TN: Abingdon, 1949; reprinted 1981); Howard Clinebell’s *Basic Types of Pastoral Care and Counseling* (Nashville, TN: Abingdon, 1966, revised and enlarged edition 1984); and Wayne Oates’ *Pastoral Counseling* (Philadelphia: Westminster, 1974).

<sup>396</sup> Carroll Wise, *Pastoral Psychotherapy* (New York: Jason Aronson, 1980), 25, 26. Even thirty years ago, some Christian counsels were already expressing disillusionment with the uncritical acceptance of psychological methods. See Thomas Oden, “Recovering Lost Identity,” *The Journal of Pastoral Care* 345, no. 1 (March 1980): 15.

<sup>397</sup> For more on Foucault’s influence in narrative therapy see Stephen Madigan’s in-depth discussion in Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 40-70.

<sup>398</sup> Lex McMillan, “Stories of Encounter: Christianity Meets Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 27.

<sup>399</sup> Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (London: Sage, 2006), 159.

<sup>400</sup> Richard Cook and Irene Alexander have collected a series of essays by Christian

The process of analysis and critique has led them to a deeper understanding not only of the use of certain terms and concepts of narrative therapy, but also of their faith—often coming out with a deeper understanding of relationship with God.<sup>401</sup>

The question related to this postmodern challenge to existing views of Truth is: How can we know what is truth when “access to objective reality or Truth is always mediated by our own linguistic and conceptual constructions” which we may not be able to see because of culture?<sup>402</sup> For Christians who have believed that there is a universal Truth and have defined that truth according to certain parameters, this question can be challenging. Lex McMillan, a Christian narrative therapist, acknowledges the fear of the loss of an objective “truth” and the perceived consequences of subjectivity where “anything goes – there are no absolutes.”<sup>403</sup> Yet, he says that postmodernism is less about questioning the existence of essential truth and the values that flow from it than it is about making visible and deconstructing “taken-for-granted assumptions about how things ought to be.”<sup>404</sup> There is a difference between the existence of Truth and the accurate knowing of it. When people are open to exploring, they find that reality is more complex and more varied than the constructs placed upon it, which

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counselors on how they have come to understand the “interweavings” and contradictions between Narrative Therapy and Christianity. See their excellent book: Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008).

<sup>401</sup> Irene Alexander, “The History, Ideas and Practices of Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 12.

<sup>402</sup> Lex McMillan, “Stories of Encounter: Christianity Meets Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 27, 33-4.

<sup>403</sup> *Ibid.*, 33.

<sup>404</sup> *Ibid.*, 25.

allows them to creatively engage with life in new ways.<sup>405</sup> For Christians, this can lead to a more expansive view of God and positive changes in how they engage with their faith. John Meteyard, another Christian therapist, says that the key for understanding Narrative Therapy's relationship to truth from a Christian perspective is: to recognize the Christian story as "a divinely authorized narrative," that we can trust to tell us rightly about God and about ourselves.<sup>406</sup> In utilizing the Christian story in a therapeutic context, Meteyard recommends following the example of Hans Frei (*The Eclipse of Biblical Narrative*, 1974) in returning to the biblical text itself, in context, and letting it speak directly.<sup>407</sup> This hermeneutic method allows for a wider range of interpretations and helps counsellors and pastoral care providers utilize the scriptures "without necessarily imposing overly propositional and narrowly defined meanings to them."<sup>408</sup> This method also keeps the focus on God, the human condition, and the purpose of human existence<sup>409</sup> rather than taking it off on general philosophical questions about truth and morals. Meteyard calls this process "standing under scripture" which means that the believer and the faith community is encouraged to allow the biblical narrative to impact, speak to and shape their views and experiences while still allowing for different outcomes and "remaining true to the original life-transforming purpose of the biblical narrative."<sup>410</sup> Questions he utilizes to

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<sup>405</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: W.W. Norton, 1996), 35-36.

<sup>406</sup> John Meteyard, "Narrative Therapy and Narrative Theology: A Conversation," in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 105-107.

<sup>407</sup> *Ibid.*, 95.

<sup>408</sup> *Ibid.*, 104.

<sup>409</sup> *Ibid.*, 95-96.

<sup>410</sup> *Ibid.*, 104. Meteyard in utilizing the phrase "standing under scripture" is referring to word

encourage meaning-making through use of scripture include: “As you consider this issue, is there a biblical story that really seems relevant or significant to you?” and “As you sit with this story, what stands out or seems important for you right now?”<sup>411</sup>

Narrative therapy’s deconstructing taken-for-granted assumptions does not destroy faith in God unless God or what people believe is “truth” are merely cultural constructs for them,<sup>412</sup> but instead opens the way for people to gain deeper insights into what scripture says about God. The gift in deconstructing is that it causes people to ask questions that expose underlying motives thereby bringing transparency to power structures and exposing harmful cultural constructs. In addition, questions challenge people to look at the biblical text as they ask: “Did Jesus teach this?” and find meaning and new ways of living out their faith in God.<sup>413</sup>

Christian critics of narrative therapy also find Foucault’s philosophy of the self as problematic because of the loss of an “essential self” and the idea that people can create self or re-create their “selves.” According to Martin Payne:

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of Adolf Schlatter spoken in 1893 and utilized in discussions in Gerhard Sauter, “‘Scriptural faithfulness’ is not a ‘scriptural principle,’ in Gerhard Sauter and John Barton, eds., *Revelation and Story: Narrative Theology and the Centrality of Story* (Burlington, VT: Ashgate, 2000).

<sup>411</sup> *Ibid.*, 104.

<sup>412</sup> Lex McMillan, “Stories of Encounter: Christianity Meets Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 26. See Richard Middleton and Brian Walsh, *Truth is Stranger than it Used to Be: Biblical Faith in a Postmodern Age* (Downers Grove, IL: InterVarsity Press, 1995), 33-36. The discussion here particularly related to constructs that allow for discrimination and violence.

<sup>413</sup> See Daria Kutuzova, “Narrative Practice and Christian Belief: A Review of Interweavings: Conversations Between Narrative Therapy and Christian Faith,” by Alexander and Richard Cook, eds., in *Explorations: An E-Journal of Narrative Practice*, No. 2 (2010): 99-106. Lex McMillan, “Stories of Encounter: Christianity Meets Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 36-7.

White assumes that 'human nature' and 'the self' are socially constructed, whereas person-centred therapists assume a permanent, essential self, and an objective, real entity called human nature.<sup>414</sup>

Elaborating on what this means for narrative practice, Payne says: "Post-structuralist thinking does not conceive human beings as possessing universal inner essences or one essential human nature unrelated to cultural and changing circumstances."<sup>415</sup> Instead, people are able to shape their own lives "through re-assessment of how the meaning they give to their experience has permeated the situation."<sup>416</sup> However, contrary to Payne, Christian narrative therapists or counsellors typically have a belief both in a "structural and relational"<sup>417</sup> self. As a Christian, Irene Alexander sees people as co-authors with God rather than seeing them as totally authoring their own lives. For Alexander:

the discovering of the 'true self' is a process of partly looking back at my life . . . to the times when I have felt most 'at home' with myself, and God and partly in seeking to become what most fits with my values and dreams.<sup>418</sup>

This process is not static, but is a "dynamic interchange" occurring between the person and God, producing "freedom and the promise of abundant life."<sup>419</sup> Donald McMenamain says of self, "I see the Self as being a self-in-relationship-with-God," and he compares this relationship to a "joyous dance." McMenamain separates out self and identity, saying: "Identity is the result of the everyday conclusions I

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<sup>414</sup> Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006), 159.

<sup>415</sup> *Ibid.*, 161.

<sup>416</sup> *Ibid.*, 163.

<sup>417</sup> Lex McMillan, "Stories of Encounter: Christianity Meets Narrative Therapy," in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 30.

<sup>418</sup> Richard Cook and Irene Alexander, eds., "The History, Ideas and Practices of Narrative Therapy," in *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 12-3.

<sup>419</sup> *Ibid.*, 13.

arrive at when I think about who I am.” The Identity conclusions sometimes keep him from full realization of his Self-in-relationship-with-God and the larger dance. For him, understanding purpose means learning to align his every day Identity (who he is) with the truth (“the dance”) of his “God-known Self.”<sup>420</sup> McMillan also works with the concept of “self” as he acknowledges the limitations of the prevailing individualistic view of self that contributes to peoples’ sense of disconnection and alienation—“one that fell short of explaining the wonder and splendour of human experience.”<sup>421</sup> For McMillan, the Christian view of self contains both an essential self and a view of self that is “at least in part a relational achievement.”<sup>422</sup> A focus of therapy is facilitating “the formation of how people understand themselves at both the individual and communal level.”<sup>423</sup> As mentioned previously, narrative therapists though sharing much in terms of practice and themes, differ in some areas. How they understand the concept of “the self” demonstrates that narrative applications can be utilized even when therapists differ in their understanding of complex postmodern philosophical ideas.<sup>424</sup>

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<sup>420</sup> Donald McMenamin, “The Self God Knows and Socially Constructed Identity,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 144-5.

<sup>421</sup> Stephen Madigan, *Narrative Therapy*, in *Theories in Psychotherapy Series* (Washington, DC: American Psychological Association, 2011), 160. See also the work of Kenneth Gergen, particularly *Relational Being: Beyond Self and Community* (New York: Oxford University, 2009).

<sup>422</sup> Lex McMillan, “Stories of Encounter: Christianity Meets Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 30.

<sup>423</sup> John Meteyard, “Narrative Therapy and Narrative Theology: A Conversation,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 100.

<sup>424</sup> For more postmodern’s challenges to therapy, see David Pare and Glenn Lerner, eds., *Collaborative Practice in Psychology and Therapy* (New York: The Haworth Clinical Practice, 2004), especially for the discuss here: Stephen Frosh’s essay, “Knowing More Than We Can Say,” 61-63.

## Narrative Therapy and Hope

During the 1980s, Michael White noticed that:

Many people who seek therapy believe that the problems of their lives are a reflection of their own identity, or the identity of others, or a reflection of the identity of their relationships. This sort of understanding shapes their efforts to resolve problems, and unfortunately these efforts invariably have the effect of exacerbating the problems. In turn, this leads people to even more solidly believe that the problems of their lives are a reflection of certain 'truths' about their nature and character, about the nature and character of others, or about the nature and character of their relationship.<sup>425</sup>

The thinking, that “I am the problem,” leads people into shame, blame, and failure views of self that often lead to despair. Traditional counselling and medical practice that operate on a person-deficit assumption can contribute to peoples' feelings of entrapment and hopelessness as was the case of Trevor, a counselee of Alice Morgan, a narrative therapist. Trevor was referred to her for “acute anxiety” after traditional therapy had not worked. He shared how therapy up to that point had only contributed to his ongoing feelings of shame and failure when the assigned work he did between sessions did accomplish what the therapist thought it should have.<sup>426</sup> Much modern end-of-life medical practice has a dehumanizing influence on people—a process called the “medicalization of death.”<sup>427</sup> Societal pressure and unrealistic expectations of medical treatment have given physicians almost godlike power and authority. Many elderly or dying people have little control over decisions that influence their end-of-life care and

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<sup>425</sup> Michael White *Maps of Narrative Practice* (New York: Norton, 2007), 9. See also pages 24-25.

<sup>426</sup> Alice Morgan, “Beginning to Use a Narrative Approach in Therapy,” *The International Journal of Narrative Therapy and Community Work*, No. 1 (Adelaide, South Australia: Dulwich Centre Publications, 2002).

<sup>427</sup> Ivan Illich, “The Medicalization of Life,” *Medical Nemesis* (New York: Penguin, 1990), [www.soilandhealth.org/03sov/0303critic/030313illich/Frame.Illich.Ch2.html](http://www.soilandhealth.org/03sov/0303critic/030313illich/Frame.Illich.Ch2.html).



experience and many go into institutions where they face “exile, loneliness, and indignities.”<sup>428</sup> Sweeting and Gilhooley have documented how in institutional situations where people have dementia or are dying, they experience “social death,” being treated as though they are already dead, long before they experience a physical death.<sup>429</sup> Even the most compassionate staff can be unintentional accomplices to this social death process. The objectifying, dehumanizing process begins with a diagnosis (the problem) that, though important for determining a care plan, becomes a label and the lens through which care providers perceive people. The focus shifts from the person to the plan of care. If the person will not or cannot follow that plan, they are labelled “non-compliant.” Lab work, tests, and medical activities replace normal routines; family and friends return to work and life--away from the person. All the actions performed “on” the person, the lack of privacy and control, and the loss of community and normal routines, contribute to the person’s feelings of being a problem or burden. When the “aggressive treatment” plan shifts as a result of changing medical conditions (a cure is no longer a goal), the person experiences even more separation from life routines and a diminishing of personhood. Often there is a medical pronouncement of helplessness such as, “There is nothing more that we can do” and curing activities and staff visits cease. The hospital (insurance company) may even require the person to leave since no curing interventions are necessary. Unintentionally the behaviours and language send

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<sup>428</sup> *Ibid.*

<sup>429</sup> Helen Sweeting and Mary Gilhooley, “Dementia and the Phenomena of Social Death” *Sociology of Health & Illness* 19, issue 1 (28 June 2008), [onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.1997.tb00017.x/pdf](http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.1997.tb00017.x/pdf).

the message that this life is over, nothing productive will happen from here on out.<sup>430</sup> Kaethe Weingarten, who has written extensively about illness narratives, describes how North America culture “values a progressive illness narrative”—meaning there is incremental movement toward improvement. The regressive narrative (that the illness or situation is not improving but is getting worse) is the most “frightening illness narrative” for both families and patients-- for the family because it means the battle is lost and for the patient because it signals the potential for stigmatization and marginalization.<sup>431</sup> In a world that equates life and productive output with value, people come to feel valueless and alienated from others, themselves, and life. Narrative applications—helping people tell, understand, and recreate their sense of self through their stories—helps them not only cope with their experience, but also see beyond it. They can find meaning for their lives, “greater freedom, acceptance of the best of who they are, and agency which is both responsible and embracing of Life.”<sup>432</sup> This is the promise of narrative therapy utilized within a hospital setting. From a Christian point of view, it brings techniques and a worldview that can help people connect to the larger narrative of God and to their faith in positive and life enhancing ways—to find meaning through their faith for the life struggle in which they are engaged. Narrative therapy’s philosophy and techniques are promising for working against the dehumanizing, disheartening, and disempowering forces that are part of the

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<sup>430</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 9.

<sup>431</sup> Kaethe Weingarten, “Making Sense of Illness Narratives: Braiding Theory, Practice and the Embodied Life,” in *Working with the Stories of Women’s Lives* (Adelaide, South Australia: Dulwich Centre, 2001), <http://www.dulwichcentre.com.au/illness-narratives.html>.

<sup>432</sup> Irene Alexander, “The History, Ideas and Practices of Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 1-2.

modern world of medicine and for helping people find meaning and hope even in deep places of suffering and despair.

The first way that narrative contributes to hope is in its approach to and understanding of people. As Alice Morgan has described it: “Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives.”<sup>433</sup> Each therapeutic encounter is an opportunity to see how a person will utilize his or her unacknowledged skills and knowledges to find new meanings and new directions to take his or her life. The person trained in narrative techniques collaborates with people in a manner that shows deep concern, caring, and respect. In fact, deep caring is what makes this therapeutic intervention work.

If you don't believe, to the bottom of your soul, that people are not their problems and that their difficulties are social and personal constructions, then you won't be seeing these transformations. When Epston or White are in action, you can tell they are absolutely convinced that people are not their problems. Their voices, their postures, their whole beings radiate possibility and hope.<sup>434</sup>

The attitude of respect, active listening, and caring, in and of itself, makes people feel valued and heard. Margaret Warner believes that this attitude, that she calls empathy, is healing particularly with people who have not experienced empathy in their lives.<sup>435</sup> Barbara Myerhoff often spoke of how important this kind of listener is in helping people make meaning in life. She said: “a fundamental

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<sup>433</sup> Alice Morgan, “Introduction,” in *What is Narrative Therapy*, (Adelaide, South Australia: Dulwich Centre Publications, 2000).

<sup>434</sup> Bill O'Hanlon “The Third Wave? The Promise of Narrative,” Human Givens Publishing online newsletter, <http://www.hgi.org.uk/archive/thirdwave3.htm#.UinQKeCLSR4>, [accessed on 5 September 2013].

<sup>435</sup> Margaret Warner, “Does Empathy Cure? A Theoretical Consideration of Empathy, Processing, and Personal Narrative,” in Arthur Bohard and Leslie Greensberg, *Empathy Reconsidered: New Directions in Psychotherapy* (Washington, DC: American Psychological Association, 1997), 137-8.

healing takes place when a story is told and heard. The healing does not take place in the same way if the story is not heard, if there are not witnesses.”<sup>436</sup>

Whether it is the fundamental response of respect, the embodied empathy, or the active listening, narrative therapeutic practice brings the gift of truly being present with people in a listening, caring way.

The second way narrative practice works to help people feel valued and opens hope to them is through the use of externalization. Narrative therapists realize that people connect the problems they are having in their life to their identity and sense of self. Through externalization, the person comes to see that “the problem is the problem not them;” people are more than the story they have told themselves about who they are.<sup>437</sup> This opens the door for transformation, for new beginnings, for hope. Separating the problem from the person allows people in a non-threatening way to examine ways that the problem has been ruling their lives and causing them problems. It also allows for collaboration between the client and supporters to develop strategies for resisting the problem, finding support and help,<sup>438</sup> for taking more responsibility, and finding hope in what has appeared to be a hopeless situation. “If the person’s relationship with the problem becomes more clearly defined, as it does in externalizing conversations, a range of possibilities becomes available to revise this relationship [with the

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<sup>436</sup> Barbara Myerhoff, *Stories as Equipment for Living: Last Tasks and Tales of Barbara Myerhoff*, edited by Marc Kaminsky and Mark Weiss (Ann Arbor, MI: University of Michigan, 2007), 19.

<sup>437</sup> Bill O’Hanlon, “The Third Wave? The Promise of Narrative,” Human Givens Publishing online newsletter, <http://www.hgi.org.uk/archive/thirdwave3.htm#.UinqKeCLSR4>, [accessed on 5 September 2013].

<sup>438</sup> *Ibid.* See also Michael White, *Narrative Practice: Continuing the Conversations*, edited by David Denborough (New York: W.W. Norton, 2011), 118-122 and Michael White, “The Externalizing of the Problem and the Re-authoring of Lives and Relationships,” *Dulwich Centre Newsletter* [Special Issue], Summer, 3-20, 1988/1989.

situation].”<sup>439</sup>

A third strength of Narrative Therapy is its use of progressive questioning that open hope for people.<sup>440</sup> Early questions help people clarify, describe and name their problems and understand how they are influencing their lives. The next series of questions deconstructs the problem narrative (called the dominant narrative) and helps them explore alternative narratives and begin to live into the “other person” than what the problem story has made them.<sup>441</sup> Within a hospital setting, the language and process of questioning counters the language of deficit and limitation and helps people feel empowered. Since language “is responsible for the construction of people in deficit, then it stands to reason that the use of language is critical for re-constructing the self so that it is not positioned in deficit.”<sup>442</sup> Narrative deconstruction also helps people explore the social and cultural contexts, including the health/medical ones, that have shaped their views on their competencies and limitations.<sup>443</sup> Through this process of discovery and re-visioning they may be able to find a much broader and richer understanding of themselves, an understanding that enables them to see themselves as more than a diagnosis or limitation.

In later chapters of this thesis, the author will discuss applications arising

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<sup>439</sup> Michael White, *Maps of Narrative Practice* (New York: Norton, 2007) 26.

<sup>440</sup> Bill O’Hanlon “The Third Wave? The Promise of Narrative,” Human Givens Publishing online newsletter, <http://www.hgi.org.uk/archive/thirdwave3.htm#.UinqKeCLSR4>, [accessed on 5 September 2013], quoting Karl Tomm.

<sup>441</sup> Michael White *Maps of Narrative Practice* (New York: Norton, 2007), 43-49. See also Michael White, *Selected Papers* (Adelaide, South Australia: Dulwich Centre, 1989).

<sup>442</sup> James Arkwright, “Thinking Beyond Deficit Positioning of Self: Relevance for Practice and Faith,” in Richard Cook and Irene Alexander, eds., “The History, Ideas and Practices of Narrative Therapy, in *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 132.

<sup>443</sup> Margaret Rustin and Michael Rustin, “Narratives and Phantasies,” in Arlene Vetere and Emilia Dowling, eds., *Narrative Therapies with Children and Families: A Practitioner’s Guide to Concepts and Approaches* (New York: Routledge, 2005), 28.

from research in Narrative Therapy. A more recent development in the field is the insight into and utilization of “illness narratives,” particularly through the work of Kaethe Weingarten. Weingarten’s personal experience of suffering, first with her daughter’s diagnosis of Beckwith-Wiedemann Syndrome and then with her own struggle with breast cancer, led her to seek classificatory schemes to help her understand and explain how people make sense of illness, pain, and suffering.<sup>444</sup> She has classified and described various illness narratives in terms of degrees of coherence (how understandable the illness is to the person affected, family, and medical personnel), closure (how familiar people are with the situation and whether they can relate to it or not), and independence (how interrelated the person’s narrative is to another person’s narrative).<sup>445</sup> More recently, Weingarten has worked with other classificatory schemas: “restitution, chaos, and quest narratives” [named first by Arthur Frank in *The Wounded Storyteller: Body, Illness, and Ethics* (2000)] and “stability, progressive and regressive narratives” that she identified.<sup>446</sup> Weingarten utilizes these narratives to help others understand the thoughts, feelings, and silence that accompany various stages of illnesses. She writes about how profoundly peoples’ relationships to illness threaten the way they know themselves and how they are known and

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<sup>444</sup> Kaethe Weingarten, “Making Sense of Illness Narratives: Braiding Theory, Practice and the Embodied Life,” in *Working with the Stories of Women’s Lives* (Adelaide, South Australia: Dulwich Centre, 2001), <http://www.dulwichcentre.com.au/illness-narratives.html>. See also Kaethe Weingarten and M.E.W. Worthen, “A Narrative Analysis of the Illness Experience of a Mother and Daughter, *Families, Systems, & Health: The Journal of Collaborative Family Health Care* 15, No. 1 (1997): 41-54; Kaethe Weingarten, “Unreliable Bodies and the Politics of Hope,” Manuscript Submitted for Publication (1999); and Kaethe Weingarten, *The Politics of Illness Narratives: Who Tells, Who Listens and Who Cares in Narrative Therapy and Community Work: A Conference Collection*, (Adelaide, South Australia: Dulwich Centre, 1999): 13-26.

<sup>445</sup> *Ibid.*

<sup>446</sup> Kaethe Weingarten, “Making Sense of Illness Narratives: Braiding Theory, Practice and the Embodied Life,” in *Working with the Stories of Women’s Lives* (Adelaide, South Australia: Dulwich Centre, 2001), <http://www.dulwichcentre.com.au/illness-narratives.html>.

experienced by others. When conflicts arise between the patient, family members, and/or medical staff it is often because of differing narratives. Understanding these schemas will help chaplains and pastoral care providers work with and support patients and families when narratives are in conflict or changing at different points in an illness' trajectory. They may also make more intelligible difficult situations where a dominant narrative is combined with and supported by theological views.<sup>447</sup> Weingarten has gone deeper into suffering than many people have, becoming a Wounded Storyteller herself. Her understanding of the difficulties of finding meaning in situations of "chronic sorrow" and the need for "compassionate witnesses" who accompany the wounded ones, gives power and meaning to her own voice and means that she has much to offer for those seeking to be compassionate witnesses with the suffering.<sup>448</sup> As she has lived in her "unreliable body" she has learned that "care not cure" will keep people afloat on the ocean of suffering.<sup>449</sup> Her work is important for all pastoral care providers who seek to ease the suffering of others.

Research has proven what White knew, that the power of relationships, even imagined, is so strong that when people feel supported and affirmed, they experience "a reduction in their sense of vulnerability to the problems of their lives and begin to feel less stressed by their circumstances."<sup>450</sup> Narrative Therapy occurs within a relational context; the therapy includes others: family, friends, role

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<sup>447</sup> This will be discussed in subsequent chapters.

<sup>448</sup> See Kaethe Weingarten, "Sorrow: A Therapist's Reflection on the Inevitable and the Unknowable," *Family Process* 51, No. 4 (December 2012): 440-445.

<sup>449</sup> Kaethe Weingarten, "Making Sense of Illness Narratives: Braiding Theory, Practice and the Embodied Life," in *Working with the Stories of Women's Lives* (Adelaide, South Australia: Dulwich Centre, 2001), <http://www.dulwichcentre.com.au/illness-narratives.html>.

<sup>450</sup> Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 29.

models, or pets that are living, deceased, or even imaginary.<sup>451</sup> Therapists invite others to journey with the person in therapy and have sought even people from memories, to remind clients of alternative stories or to strengthen new narratives. Jennifer Freeman, who does considerable therapy with children, has found that using puppets, toys, or even imaginary or mythic entities can act as “co-therapists” to support the client and enliven the conversation.<sup>452</sup> Pastoral care providers or therapists can encourage purposeful reengagement with past relationships, asking questions about people who were significant figures of support or who could be a supportive ally in the future. As some therapists have shown in their work, re-storying can even involve play, humour, and the unexpected.<sup>453</sup>

The relational aspect of all narrative therapeutic interactions helps people understand that meaning comes through connection.<sup>454</sup> The narrative collaborator (narrative therapist or someone trained in narrative therapy) connects through caring to the person seeking help, and the person receiving the caring brings stories. Through questions and conversation, people re-vision their experiences and find meaning. As others are involved, either those present in the person’s life now or those present through re-membering of past relationships, a community forms and the person is supported as he or she goes forward with new life, hope, and transformation.

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<sup>451</sup> *Ibid.*, 129.

<sup>452</sup> Jennifer Freeman, *Playful Approaches to Serious Problems* (New York: W.W. Norton, 1997), 172, 179-182.

<sup>453</sup> See Jennifer Freeman, *Playful Approaches to Serious Problems* (New York: W.W. Norton, 1997) for one.

<sup>454</sup> Sheila McNamee, “Social Construction as Practical Theory,” in David Pare and Glann Lerner, eds., *Collaborative Practice in Psychology and Therapy* (Binghamton, NY: Haworth, 2004), 9-11.



## Narrative and Death

Narrative therapy's lessons are particularly important when working with situations involving end of life and grief support. Understanding how people create meaning in life and about death through a variety of social and cultural contexts helps the pastoral care provider enter an encounter with a greater level of sensitivity towards the dying person, family, and staff. Medical staff often struggle with needing to speak to a patient about dying, yet being afraid to because of their own cultural and societal beliefs about death. According to Glenda Fredman, the helping intervention is to talk about, not avoid, the subject; however, understanding how narratives about death vary, reminds the helper to enter into relational conversations where the focus is on helping people find the narrative of death that works best *for them*.<sup>455</sup> With narrative techniques, the helper can facilitate this process collaboratively through discussions of narrative and metaphor, and with questions that seek alternative narratives or help uncover interpretations and understandings about death. For Fredman, this means that helpers:

might use their own beliefs about death and dying derived from their families, their experience, their relationships, their religion, and their culture as a resource to facilitate their conversations with the dying and bereaved.<sup>456</sup>

However, the helper enters this conversation aware of his or her own shapings and comes with transparency and respect.

Narrative Therapy also brings certain perspectives on grief support that

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<sup>455</sup> Glenda Fredman, *Death Talk: Conversations with Children and Families* (London: Karnac, 1997), chapter 1.

<sup>456</sup> *Ibid.*

may differ from conventional ideas in this area. White utilized what he called the “saying hullo” metaphor.<sup>457</sup> Typically, grief therapy (largely following a Kübler-Ross model in America) focuses on helping people accept “saying goodbye” in order to accept their loss. White and others see how grieving people have “already lost too much” not only through loss of the relationship, but also in their losses to their identity. White developed a process of questioning to help people retrieve and re-incorporate the lost relationship into their lives.<sup>458</sup> Other narrative therapists, Lorraine Hedtke in particular, have expanded on this metaphor, encouraging people to remember the relationship and to be intentional about thinking of it not as ending but as continuing in a different form. Hedtke also utilizes this practice to help dying people and their families prepare for death by asking the dying questions about the stories they would like carried forward or how they would like their voice and life to continue to teach future generations.<sup>459</sup>

## Conclusion

Anne Hawkins in her work with illness narrative has found that the most problematic part of dying in the Western world today “is not the absence of a viable, contemporary *ars moriendi*, but the frantic and uncritical way in which we seem to be creating individual versions of how to die.”<sup>460</sup> Fear of death, the

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<sup>457</sup> Michael White, “Saying Hullo Again: The Incorporation of the Lost Relationship in the Resolution of Grief,” *Dulwich Centre Newsletter* 2, (Spring 1988): 29-36.

<sup>458</sup> Michael White, *Maps of Narrative Practice* (New York: Norton, 2007), 134.

<sup>459</sup> Lorraine Hedtke, “Remembering Practices in the Face of Death,” *The Forum*, Association for Death Education and Counseling 27, Issue 2 (March/April, 2001): 5-6. See also Lorraine Hedtke, “The Origami of Remembering,” *The International Journal of Narrative Therapy and Community Work* No. 4 (2003): 57-62 and Lorraine Hedtke, “Dancing with Death,” *Gecko: A Journal of Deconstruction and Narrative Ideas in Therapeutic Practice*, No. 2 (2000) which contain specific cases and ideas for incorporating this practice into therapy. More will be said in a later chapter about this practice.

<sup>460</sup> Anne Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN:

uncertainty about it, the lack of control, all feed a societal anxiety that finds expression in behaviour that ranges from denial of to obsession with death.<sup>461</sup> Christians today are not immune from the anxiety, and often fear death or at least its approach, as much as non-Christians. This behaviour is in sharp contrast to the courage of early Christian martyrs and of early Christians who put their lives at risk to help others. Grace Jantzen, who has researched early Christian metaphors, found that the early metaphors show a preoccupation with life rather than death. Christians found meaning in their deaths through identification with Christ's death, but they also found hope in the imagery of resurrection and birth. The metaphors taught Christians, "the God who created life in the first place, . . . could bring new life out of death."<sup>462</sup> She references the work of Teresa Shaw who has shown that the Christian narratives about paradise influenced behaviour by turning people "from the preoccupation with death to the love of life," which enabled Christian communities to develop a narrative for living now within that life, of "anticipating it, and helping to bring it about by their actions."<sup>463</sup> This narrative influenced peoples' behaviour and contributed to their finding hope and life in the present.

Narrative techniques offer a methodology for Christians to again find courage in facing death. The first step may be what Jantzen says an early non-Christian writer tried to do to quell his anxiety about death. Living in a time when

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Purdue University, 1993), 124.

<sup>461</sup> See Hannelore Wass, Robert Neimeyer, and Felix Berardo, "An Overview of the Facts," in *Dying: Facing the Facts*, eds. Hannelore Wass, Robert Neimeyer, and Felix Berardo (New York: Hemisphere, 1988), 3, 4.

<sup>462</sup> Grace Jantzen, *Foundations of Violence* (New York: Routledge, 2004), 339.

<sup>463</sup> *Ibid.*, 340.

threat of destruction by war, social upheaval, and political turmoil, Lucretius (55BCE) was understandably anxious. He tried by drawing on the teachings of Epicurus to persuade others and himself that death brought an end to all existence, including pain and suffering and so it was not to be feared. Yet, his writing about death is fraught with anxiety. This leads Jantzen to conclude:

Deep anxieties cannot be resolved merely by rational argument. . . . What is needed instead is to bring the anxieties out into the open, to articulate and examine them in all their most threatening detail. Only when this is done is it possible to let go of the fears and to find a healthy way forward.<sup>464</sup>

This is what narrative does; it provides a vehicle for people to bring out into the open all their anxieties. The dominant narrative in Western culture is one that feeds the fear of death by showing death as “bad,” as an overwhelmingly negative force that robs people of the future opportunities to enjoy life and creates meaningless suffering.<sup>465</sup> Yet, a trained pastoral care provider utilizing narrative techniques could help people examine the “monster” terrorizing their lives and deconstruct the problem narrative, to help them re-story their identity and meaning of death in accordance with their understanding of their relationship with God and God’s story.<sup>466</sup>

One challenge in this for a Christian pastoral care provider is in the “how”-- how can he or she help people connect their personal stories to God’s story? For

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<sup>464</sup> *Ibid.*, 263.

<sup>465</sup> Robert Kastenbaum, “The Good Death,” in *Macmillan Encyclopedia of Death and Dying*, Vol. 1, ed. Robert Kastenbaum (New York: Macmillan Reference, 2002), 338-9 and 341, <http://library.worldtracker.org/Reference/Encyclopedia's/Encyclopedia%20of%20Death%20and%20Dying.pdf> and Grace Lukach, “Living Beside the Shadow of Death,” Rothman Awards, USCC, 3, at [writing.uscc.edu/RothmanAwards/pdfs/rothman11-12/lukach.pdf](http://writing.uscc.edu/RothmanAwards/pdfs/rothman11-12/lukach.pdf).

<sup>466</sup> Irene Alexander with John Silver and Jo-anne Brown, “Narrative Ideas and Practices in Pastoral Care and Counselling,” in *Interweavings: Conversations between Narrative Therapy and Christian Faith*, eds. Richard Cook and Irene Alexander (North Charleston, SC: CreateSpace, 2008), 195.

people to find meaning that brings hope despite circumstances, hope that continues even when there is no longer a cure, the meaning must be unique for them. It cannot be a meaning adopted from another, such as the counsellor. Narrative provides a process and a therapeutic stance for this action to occur by seeing the role of counsellor as a collaborator with the client rather than an expert. Yet, there still remains the question in how to bring God's story—or even how to interpret that—into the therapeutic conversation. In conversation with several theologians and pastoral counsellors including Garrett Green, Donald Capps, Don S. Browning, and, particularly, Charles Gerkin, the next chapter will examine how a narrative hermeneutical theology could be utilized within a therapeutic setting to help Christians find meaning. The remaining questions for this work concerns which God story or pieces of God's story might be the most supportive and hopefilled for people dying. To explore answers to these questions, the chapter looks at the theology of Jürgen Moltmann, particularly as it relates to hope.

## Chapter Four

### Theory for a Hermeneutic and Theology of Hope and Resilience

#### Introduction

As chaplains support people in a variety of crises, they see varying approaches to mortality. For many people a main coping mechanism when facing mortality is denial and most people in the US spend little time thinking about their own or others' deaths. In one week at Wesley Long hospital one person told the Palliative Care doctor that palliative care was "an obscene concept" because he (the patient) was "going to live forever" and another dying patient's elderly spouse told the chaplain that neither she nor her spouse had prepared for death because they "never thought of dying."<sup>467</sup> Yet, whether we acknowledge death's existence or not, we cannot escape its reality. Seeking to avoid the inevitability of death is not without cost. In "Letting Go," Dr. Atul Gawande discusses how difficult it is for physicians and patients to acknowledge that a cure is no longer possible and it is time to prepare for the final stages of life. Instead, terminally ill people do not want to talk about dying and both patients, families, and physicians will continue seeking treatments despite degradations such treatments may bring to their quality of life and which may, in fact, increase suffering. At times technology and new medications may provide false hope since there always seems to be "one more thing" that a physician can try. Gawande says: "Death is the enemy. But the enemy has superior forces. Eventually, it wins. And, in a war that you cannot win, you don't want a general who fights to the point of total

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<sup>467</sup> These are not isolated incidents and both speakers were lucid and mentally competent.

annihilation.”<sup>468</sup> Our attempt to avoid death creates more suffering for the very people we seek to help, raises medical costs, influences how we live today, and how we treat others. William May links the current North American obsession with violence to a paradoxical drive to conceal death while remaining “enthralled before it” because of its “overmastering power before which all other responses are unavailing.” Furthermore, he says that our obsession with death reveals an attempt to separate the event of death from the natural emotions of grief and suffering that come with it.<sup>469</sup> This occurs when the games and movies, which graphically portray death, allow us to see our fears without facing them. The game or movie ends and we walk away feeling as though we have seen death but have escaped it and the suffering that goes with it. Avoidance behaviours are not problematic as long as death remains an abstract concept, but they become problematic when people face the reality of death and are unprepared to cope with it.<sup>470</sup> Furthermore, the desire to deny mortality, consciously or unconsciously, has an impact on how people treat those who are actually dying. In recent years, North American researchers have documented the lack of societal support for the dying, particularly in the lost understanding “of the importance of rituals associated with death and dying and the need for appropriate death

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<sup>468</sup> Atul Gawande, “Letting Go,” *The New Yorker* (2 August 2010), [www.newyorker.com/reporting/2010/01/02/100802fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2010/01/02/100802fa_fact_gawande).

<sup>469</sup> William May, “The Sacral Power of Death in Contemporary Experience,” in *On Moral Medicine: Theological Perspectives in Medical Ethics*, eds. Stephen Hammers and Allen Verhey (Grand Rapids: Wm. B. Eerdmans, 1998), 199.

<sup>470</sup> See Margot Phaneuf’s article “Resilience: Abstract Concept or Survival Skill,” [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 21 September 2012]. Phaneuf discusses various studies on resiliency in terms of how people survive, succeed, and grow in the face of adversity. She states that one of the “essentials of resilience” is learned defense mechanisms used to overcome adversity.

education.”<sup>471</sup> With hospitals to house the dying and the funeral industry to contribute to the distance between the living and the dead, it has been easier for Americans to live with the illusion of immortality; yet, it has also made dying a much more lonely experience for many. This thesis has analysed how death was viewed in the early Christian church. This is important because it teaches us that we create the death narrative that informs how we face death and that narrative can change. In an age when death is viewed as such a powerful negative force, it is difficult for people to find a positive meaning in life when the enemy Death could invade at any time to take away all that is valued. Rediscovering Christian hope even in the face of mortality opens the way for people to re-vision death in terms that give greater meaning to life today. For some this will mean: living fully until they die; making choices about how they want to live and die; and reflecting back over their lives to find meaning, insight, and God’s faithfulness even in the midst of crises. There are no universally accepted standards for death, nor should there be, but the lessons from the past teach us that there are ways that we can rediscover a more positive meaning for death and narrative techniques promise methods for reflection that could open possibilities for people to see and live life with more hope and joy until they die. This chapter looks theoretically at how hermeneutic practice could be utilized with narrative techniques and a Christian theology of hope (particularly through the work of Jürgen Moltmann) to contribute to the support of people facing crises and death thereby reducing fear

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<sup>471</sup> Stella Mary O’Gorman, “Death and Dying in Contemporary Society: An Evaluation of Current Attitudes and the Rituals Associated with Death and Dying and Their Relevance to Recent Understandings of Health and Healing,” *Journal of Advanced Nursing* 27 (1998), 1127-1135.



and fostering hope. The next chapter will then look at how this theory can be applied to practice within a North American hospital setting.

### **Current Hermeneutic Practice in the American Hospice Movement**

In the 1970s, Elisabeth Kübler-Ross, a Swiss-born psychiatrist, brought dying back into public view. Chapter one of this thesis discussed her contributions to support for the dying while also highlighting the problematic legacy of her work. Despite her valuable contributions, Kübler-Ross unintentionally created a mythology, language, and metaphors that came to define and interpret a good death in her terms and, yet, contributed to the denial death. By the end of her life, because of her work with near-death experiences and parapsychology, she said: “there is no death to deny”. . .because “death does not exist, . . . it is only a transition from life to more life.”<sup>472</sup> Her language and interpretation of the death experience deny the reality of suffering that often accompanies the dying process. Traces of her hermeneutic of death are found today in the expressions of the goals of palliative care practitioners to provide comfort care and in language that suggests that a person has been at peace with themselves and their dying when in fact they may only have appeared peaceful because of the medications utilized to lessen agitation. The utilization of the terminology *comfort care* may be a misnomer if we do not consider what *comfort* means. Is it only defined in absence of physical pain? For most patients, family members, and friends, death and the suffering that accompanies death is still

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<sup>472</sup> Michele Catherine Gantois Chaban, *The Life Work of Dr. Elisabeth Kübler-Ross and Its Impact on the Death Awareness Movement*, Symposium Series, Volume 49 (Lampeter, Wales: Edwin Mellen Press, 2000), 333.

met with a mixture of resignation, despondency<sup>473</sup> (hopelessness) as something “one must do,” or even anxiety,<sup>474</sup> rather than an “experience of grace in which a person is transformed, where meaning emerges out of confusion and hope appears out of despair.”<sup>475</sup> Kübler-Ross’ work, though ground breaking and helpful in pain management, tempts us to ignore that fact that: “Dying remains ugly and dirty. We do not easily tolerate anymore what is ugly and dirty.”<sup>476</sup> Few deaths today match the myth of the beautiful “good” death as presented by Kübler-Ross and the dying process today does little to allay the fears of observers about their own dying<sup>477</sup> nor does it help people see the gifts that sometimes come in the midst of suffering and dying. Modern death support rarely

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<sup>473</sup> Carl Nighswonger, “Ministry to the Dying as a Learning Encounter,” *Journal of Thanatology* 1, (1971): 101-108. Nighswonger proposed that a more common “endpoint in dying” is depression and resignation.

<sup>474</sup> In the process of writing this thesis, my mother died 27 October 2010 and my mother-in-law died 12 December 2013. My mother came home with me in Hospice care while my mother-in-law died in residential hospice care. Their dying processes gave new meaning to my work. We made them “comfortable,” defined as free from pain, but the other suffering—the recognition of the end of a life, the emotional grief of saying good-byes, the physical discomfort of a body that no longer responds as your active mind wants it to, the indignity, fear of dying alone, and so much more—remained. Both women were Christians. At one point, when we were struggling to get Mom turned and she was struggling with her inability to help yourself, she said, “Oh well, I guess this is just something I have to get through.” For my mother-in-law, a woman of strong faith, dying was hard work and caused her much anxiety.

<sup>475</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 40.

<sup>476</sup> Sherwin B. Nuland, *How We Die: Reflections on Life’s Final Chapter* (New York: Knopf Doubleday, 1993), 255. The medical director, Christina Rama, at Wesley Long Hospital, Greensboro, NC, voiced the same thoughts recently after a Christian’s death that had been so bloody and filled with emotional suffering that the family could not bear to remain with the patient. (23 January 2014). In our discussion of the family’s suffering, she said, “Death is ugly.”

<sup>477</sup> The social worker at a residential hospice where my mother-in-law died in December 2014 said, “Very few deaths are peaceful and without some kind of emotional suffering today.” Research on death anxiety and its impact on people’s ability to cope in crisis reveals that Christians are no more prepared to deal with their own mortality than non-Christians and may in some cases be less prepared. See appendix for death anxiety studies. Notable ones attempting to measure the impact of religiosity on death anxiety include: Koenig, Smiley and Gonzales (1998); Leming (1980); Chenard (1972); Feifel (1959); Berman and Hayes (1973); Feifel and Branscomb (1972); Martin and Wrightsman (1975); Templar (1972); Duff and Hong (1995) Kraft, Litwin, and Barber (1987); Shadinger, Hininger and Lester (1999); and Donovan (2002). Since 2002, I have witness many deaths; as my mother-in-law was dying, a long time social worker with the residential hospice confirmed my experience that few deaths fit the dream of a quiet, peaceful death free of suffering, pain, and anxiety.

touches the existential despair and emotional suffering that is often a part of the dying process. Yet, the fact that Kübler-Ross' work is still as popular today in the US as it was twenty- five years ago, despite the criticism of her research methodology, confirms the words of Robert Kastenbaum that her work "meets social and emotional needs. . . ." <sup>478</sup>

This thesis work has included an analysis of Kübler-Ross' hermeneutic of end-of-life and bereavement care because it continues to influence nursing practices in America. <sup>479</sup> In utilizing the term hermeneutics, this thesis is utilizing the term in the manner proposed by Gerben Heitink, Donald Capps, Don S. Browning, Charles Gerkin, and others who have expanded the meaning of hermeneutics to encompass "the conditions for, principles of and execution of the process of understanding" particularly in areas of pastoral care, but also applying to other disciplines. <sup>480</sup> They recognized that the same hermeneutical principles utilized for scripture and texts are valid for all language usage in both written and oral communication. According to Donald Capps, the process by which a minister, as interpreter, explains, makes understandable, or helps another person

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<sup>478</sup> Robert Kastenbaum, *Death, Society, and Human Experience*, 8<sup>th</sup> Edition, (New York: Pearson, 2004), 140.

<sup>479</sup> In 1994, a study of 650 baccalaureate nursing education programs reported that 75% of death education content in nursing curriculum, theoretic models, a organ/tissue donation programs were still working off the theory of Kübler-Ross. Many of the nurses trained in this these programs still practice and continue to operate with Kübler-Ross framing of death and grief. Margaret Coolican, June Stark, Kenneth Doka, and Charles Corr, "Education about Death, Dying, and Bereavement in Nursing Programs," *Nurse Educator* 19, No. 6 (November/December 1994): 35-40, [www.ncbi.nlm.nih.gov/pubmed/7862330](http://www.ncbi.nlm.nih.gov/pubmed/7862330).

<sup>480</sup> Yolanda Dreyer, "Reflections on Donald Capps' Hermeneutical Model of Pastoral Care," *HTS Theological Studies* 61 Issues 1 & 2 (2005): 112. See Donald Capps, *Pastoral Care and Hermeneutics* (Philadelphia: Fortress, 1984); Charles Gerkin, *The Living Human Document: Re-visioning Pastoral Counselling in a Hermeneutical Mode* (Nashville, TN: Abingdon, 1983); and Gerben Heitink, *Pastorale Zorg: Theologie, Differentiatie, Praktijk* (Kampen: Kok, 2000).

“bring out the meaning of” an experience is hermeneutical.<sup>481</sup> Other fields utilize the hermeneutic process including the field of medicine where it is called medical hermeneutics, the philosophy of medical practice. Utilizing this broader understanding of hermeneutics to analyse Kübler-Ross’ work with the dying, we realize that she was not only documenting the medicalization of death and its impact, but also creating a lasting hermeneutic for understanding death which remains a dominant one within American hospital ministry. Although she worked within a medical rather than religious setting, as she created and employed workshops to reach more people, she incorporated spiritual language and interpretation into the narrative activities to teach people to reframe their experience of mortality in more hopeful and growth-producing ways.<sup>482</sup> Her “Life, Death and Transition” workshop format was so successful that therapists working with the terminally ill still utilize the methods of life review and sharing of stories that she developed to help participants work through their anger, reinterpret their experiences of loss and terminal illness, and find meaning in their suffering.<sup>483</sup> It is important to examine Kübler-Ross’ work as a hermeneutic for dying in order to understand how it influences current pastoral support for the dying and to see where the influence is not compatible with Christian thought.

Kübler-Ross’ work with the groups provides evidence that what we believe about death helps us either cope or not cope with mortality. In addition, belief and

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<sup>481</sup> Donald Capps, *Giving Counsel: A Minister’s Guidebook* (St. Louis, MS: Chalis, 2001), 143-144.

<sup>482</sup> See her book *On Life After Death* (Berkeley: Celestial Arts, 2008).

<sup>483</sup> See her discussion of these workshops and case stories from them in Elisabeth Kübler-Ross, *Working It Through*, 2<sup>nd</sup> ed. (New York: Scribner, 1997). I utilized these techniques in support groups while working as a staff chaplain for Hospice and Palliative Care of Greensboro and we utilize them for support groups at Cone Health’s Regional Cancer Center.

expectation either supports care providers ability to be with or keeps them from being with those who are dying. In Kübler-Ross' works and interviews we see a developing spirituality that led her to reinterpret death and hope and this reinterpretation influenced how she supported, taught, and responded to the dying. In earlier work, she focused primarily on helping people accept their dying. Acceptance was the goal because she saw how the negative emotions—anger, bargaining, and denial-- created emotional suffering for the dying patient, family and friends, and staff.<sup>484</sup> At this point in her work, hope for Kübler-Ross was primarily hope for a cure as evidenced in the examples and language of *Questions and Answers on Death and Dying*. Of note, is her wording in regards to informing a patient that he is dying: “he should be given hope immediately, and by this I mean he should be told of all the treatment possibilities.”<sup>485</sup> She believed that the possibility of a cure, the discovery of a new drug, or last-minute success in a research trial, gave patients the hope that helped them endure the days, weeks, or months of suffering.<sup>486</sup> For some it provided meaning-- representing a testimony of courage despite suffering--while for others it was “a form of temporary but needed denial.”<sup>487</sup> She believed that patients who ceased having hope for a cure died quickly (“within twenty-four hours”). She expressed the act of dying in science-based language as the “cessation of an individual’s bodily functioning”<sup>488</sup> and the idea that to live and enjoy life, people must realize their

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<sup>484</sup> Elisabeth Kübler-Ross, *On Death and Dying* (New York: Macmillan, 1969), 140.

<sup>485</sup> Elisabeth Kübler-Ross, *Questions and Answers on Death and Dying* (New York: Macmillan, 1974), 1974, 2.

<sup>486</sup> Elisabeth Kübler-Ross, *On Death and Dying* (New York: Macmillan, 1969), 139.

<sup>487</sup> *Ibid.*, 140.

<sup>488</sup> Elisabeth Kübler-Ross, *Death is of Vital Importance: On Life, Death and Life After Death* (Barrytown, N.Y: Station Hill Press, 1995). A collection of pieces drawn from speeches

finiteness, accepting that, “We only have now,”<sup>489</sup> and every moment is precious.

In later written works and speaking engagements, her growing eclectic spirituality led to her reframing of hope in terms of an eternal outcome rather than cure. She incorporated the metamorphic imagery of a larva (caterpillar) becoming a butterfly to describe what she called the freeing of the true soul or spirit to begin a multi-staged journey to perfect peace. In an interview, she described the stages of the journey as she understood them. She said that in the first stage of that journey, the self, transformed into a butterfly-like state, left the body with its imperfections and limitations.<sup>490</sup> In the second stage, people gained awareness that they were “whole again” and connected to others—to the living, to spirit guides, and to those who had “preceded” them in death.<sup>491</sup> As people entered the third stage, they crossed a bridge or went through a tunnel symbolizing the severing of all connections with physical life. Then in the third stage, they felt themselves “infused” into light. Kübler-Ross said, “In that light you will know, and everybody will know, that you were all particles of light.” She also said that in this stage, people know and feel complete love and affirmation as they review their lives before God and become part of God. Kübler-Ross continued: “In that love field, in that presence of God, you know whether you accomplished the things you promised.” She summed up the process by saying: “In the first stage you have consciousness, in the second you have awareness, and in the third you

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transcribed in the early 1980s that focus on the paranormal phenomena associated with near-death experiences.

<sup>489</sup> Elisabeth Kübler-Ross, *Death: The Final Stage of Growth* (Englewood Cliffs, NJ: Prentice-Hall, 1975), 22.

<sup>490</sup> Kenneth Kramer, “You Cannot Die Alone: Interview with Dr. Elisabeth Kübler-Ross (1994),” *Omega*, 50 no. 2 (2005): 83-101, 89.

<sup>491</sup> *Ibid.*, 91.

have knowledge.”<sup>492</sup> This philosophical/spiritual narrative became integral to the educational component of her workshops, providing comfort and meaning for attendees as they saw their suffering as a part of the process of purification that would lead to a greater awareness and knowledge after death. Kübler-Ross thickened the narrative by presenting anecdotal evidence “that the death experience can be a positive, constructive, and creative force.”<sup>493</sup> Two spiritual themes are prominent in her work: First, she believed that death did not mean that all of a person ceased to exist. She described death as the “final stage of growth in this life. There is no total death. Only the body dies. The self or spirit or whatever you wish to label it, is eternal.”<sup>494</sup> In her writing, she expressed the idea that death, in fact, freed people’s true selves to finally become more truly who they were meant to be, “to become more fully human”<sup>495</sup>—as pictured by a butterfly bursting from a cocoon. Her metaphors—the butterfly, the bridge, the light—have such symbolic power that they are North American hospices still utilize these images. Second, she said that what people do in life determines their existence after death. She said, “Our concern must be to live while we’re alive—to release our inner selves from the spiritual death that comes with living behind a façade designed to conform to being external definitions of who and

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<sup>492</sup> *Ibid.*, 83-101, 92.

<sup>493</sup> Thomas Sullivan, review of *Death: The Final Stage of Growth* by Elisabeth Kübler-Ross *Journal for Scientific Study of Religion* 15, no 2 (June 1976), 213.

<sup>494</sup> Elisabeth Kübler-Ross, ed. *Death: The Final Stage of Growth*. (Englewood Cliffs, NJ: Prentice-Hall, 1974), 166. In her description of the soul’s separation from the body, Kübler-Ross echoes the Greek idea of the immortality of the soul (see Plato, *Phaedo*, online at: <http://classics.mit.edu/Plato/phaedo.html>) and that of the *Bhagavad Gita* (See chapter II, 20), <http://www.bhagavad-gita.org/Gita/verse-02-20.html>.

<sup>495</sup> Elisabeth Kübler-Ross, ed. *Death: The Final Stage of Growth*. (Englewood Cliffs, NJ: Prentice-Hall, 1974), x.

what we are.”<sup>496</sup> She wrote, “It is essential that you become aware of the light, power, and strength within each of you and that you learn to use those inner resources in service of your own and others’ growth”<sup>497</sup> for this prepares you to finally achieve the fullness of who you are at death. People who came to her workshops incorporated her interpretation of identity and self into their own view of self to help them prepare mentally and emotionally to face death. The meaning and purpose they assigned to suffering and death, allowed them to transcend their fears of death and experience personal challenge, growth, and triumph<sup>498</sup> even in the reality of limited days to live. The community Kübler-Ross brought them into through the workshop supported them as they lived out their last days.

Some of Kübler-Ross’ ideas are valid for people of diverse religious beliefs: (1) the possibility of experiencing growth (transformation) until the end of life, and (2) life as a preparation for death. However, other spiritual themes, though popular, are often problematic theologically for Christians, particularly her ideas on the self, death, and eternal life. The Christian concept of death is quite different than the descriptions found in her writings. For example, though physical death is necessary for the final resurrection (1 Corinthians 15: 53-54); metaphoric language surrounding death in scripture often describes death as an enemy not a natural event. Death (personified) is thrown into the lake of fire in Revelation 20:14 and 1 Corinthians 15: 26 speaks of Death as the last enemy of man and

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<sup>496</sup> *Ibid.*, 164.

<sup>497</sup> *Ibid.*, 165.

<sup>498</sup> See Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 170, regarding how finding meaning can help even a “helpless victim of a hopeless situation, facing a fate he cannot change” to “rise above himself, . . . grow beyond himself, and by so doing change himself.”



God that will be destroyed.<sup>499</sup> Dying in scriptural representations is ugly (See Hezekiah's experience in Isa. 38:10ff and Jesus' death on the cross).

Furthermore, unlike Kübler-Ross' view of death, biblical death is not experienced just as the separation of the soul from the body, but as "the separation of the whole person from the living God."<sup>500</sup> In Christian thought, the hope comes not in the soul's escape from the body, but in the Resurrection which represents the victory of God over death (See I Cor. 15:55).

The North American Death Awareness Movement developing from Kübler-Ross' work has so powerfully influenced contemporary ministry practice and thought that even the focus of funerals has shifted. Thomas Long has noted that memorial services have replaced funerals. These services focus on "the personal life of the deceased and the immediate experiences of the bereaved" rather than on the spiritual journey of the dying person.<sup>501</sup> It may seem like a subtle shift; however, it represents movement from a ritual ascribing theological meaning to life and death to a therapeutic grief support event (like a support group). The

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<sup>499</sup> The complexity of the Christian views on death is particularly evident in Paul Althaus' exposition on Luther's theology of death particularly in Psalm 90 (*LW* 13, 75-141) saying that "death is not the result of a natural process created by God. . . ." Nevertheless "God uses a man's death to set him free from himself and from death." Therefore, for a Christian death is viewed in a more positive light as a "remedy for sin." Paul Althaus, *The Theology of Martin Luther* (Philadelphia: Fortress, 1966), 405-417, particularly 405-408. See also Jürgen Moltmann, "Love, Death, Eternal Life: Theology of Hope—the Personal Side," in Frederic Burnham, Charles McCoy, and Douglas Meeks, eds., *Love: The Foundation of Hope: The Theology of Jürgen Moltmann and Elisabeth Moltmann-Wendel* (San Francisco: Harper & Row, 1988), 8.

<sup>500</sup> Jürgen Moltmann, "Love, Death, Eternal Life: Theology of Hope—the Personal Side," in Frederic Burnham, Charles McCoy, and Douglas Meeks, eds., *Love: The Foundation of Hope: The Theology of Jürgen Moltmann and Elisabeth Moltmann-Wendel* (San Francisco: Harper & Row, 1988), 8.

<sup>501</sup> Thomas Long, "Whatever Happened to the Christian Funeral?" *The Cresset* (Lent, 2005). Karen Scheib, "'Make Love Your Aim:' Ecclesial Practices of Care at the End of Life," in *Living Well and Dying Faithfully*, eds. John Swinton and Richard Payne (Grand Rapids: Eerdmans, 2009), 38-39. See also Lucy Bregman, *Beyond Silence and Denial: Death and Dying Reconsidered* (Louisville: Westminster John Knox, 1999), 43-76 and 99-132.

ongoing impact of Kübler-Ross and the Death Awareness Movement on grief support for the dying and grieving confirms the observations of Don S. Browning that religious leaders are being shaped less by the religious thought (theologies) of our own religious traditions, and more “by the interpretive perspectives of the social sciences and, especially, psychology in its various forms.”<sup>502</sup> Furthermore, Browning states that people have looked to constructs arising from social sciences to function as “alternative faiths” since they contain, “quasi-religious visions and have pointed to, or at least seen themselves as compatible with, some kinds of ethical norms in contrast to others.” He continued: “In the minds of some people, psychology competes with religion not as psychology but more properly as something which itself begins to take on the logical form of religion.”<sup>503</sup> The popularity of these quasi-religious constructs is evidence of the theological lacuna in North American contemporary life, an unfulfilled need that people seek to fill. For purposes of this thesis, a theological gap in understanding death often prevents people from finding the meaning they need to sustain them when the suffering of death becomes real. A distinctly Christian hermeneutic of pastoral care combined with recovery of Christian constructs on death and suffering would contribute much to hospital and chaplaincy ministry.

### **Christian Theological Perspective in Praxis, Hermeneutic Theory, and Education**

For early Christians, death was more than a slipping into a new dimension

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<sup>502</sup> Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 2.

<sup>503</sup> *Ibid.*, 117.

or spiritual reality. The Christian life could be seen as a progressive embracing of death that brought life, a paradox of movement from life to life through the identification with the death and resurrection of the risen Christ. This understanding of theology and the work of Christ had a profound effect on the lives of early Christians facing death and it gave its followers an authority and power for pastoral ministry to the suffering and dying. Yet, based on research findings discussed earlier in this thesis, it appears that many contemporary Christians face their own deaths ill prepared and unable to cope. Lack of teaching about death coupled with incomplete theological understandings of death, loss of metaphors that provided meaning and comfort, and changes in language continue to undermine the Church's ability to mentor and support people regarding mortality.<sup>504</sup> This weakness represents a lost opportunity for ministers and pastoral caregivers who work with Christians for facilitating hope in those who sufferer emotionally and physically. Too often pastoral care providers resort to "Hallmark theology" and miss the rich resources that Christian theology offers for finding hope for the present as well as meaning in suffering.<sup>505</sup>

For a Christian facing death, the "why is this happening to me?" opens the person either to existential despair and/or despondency or to seeing how the "God of all hope" (Romans 15:13) seeks to transform present reality and shape it into conformity with his present and coming kingdom. If God is at work seeking to transform present experience, then God is present with us in our trials, suffering,

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<sup>504</sup> Gary Laderman, *The Sacred Remains: American Attitudes Toward Death, 1799-1883* (New Haven: Yale University Press, 1996), see "Introduction," 1-11.

<sup>505</sup> One of my students came up with "Hallmark theology" to describe the theology of trite responses expressed in greeting cards he received when he was struggling with treatment for leukemia.

and dying. Life experience, including birth and death, requires a hermeneutic, a means whereby experiences may be symbolized, given significance, interpretation, and meaning.<sup>506</sup> In seeking this hermeneutic, this thesis examines the work of three theologians known for their research, writing, and teaching in the field of applied theology: Donald Capps, Charles Gerkin, and Donald S. Browning. The three were chosen particularly for their: research and writing about practical hermeneutical models for pastoral care (although their work is within a congregational setting rather than a hospital setting); methods and theory for interweaving Christian theology, narrative, and pastoral practice; and understanding of the strengths and limitations of the North American Clinical Pastoral Education (CPE) model that is utilized for training chaplains. In addition to their hermeneutic work in the areas of counselling, their critical engagement with the CPE model of learning has been important for the educational contribution suggestions made later in this chapter.

CPE brings a perspective to pastoral education through the study of the “human document” as well as the biblical and theological texts that is lacking in many seminary programs in the US.<sup>507</sup> It could be a key component in training that pastors and chaplain receive as they learn how to help others prepare for loss and death. However, the current CPE process is not without weaknesses that would need to be addressed for it to serve in the way this thesis proposes. Though CPE goes further than many seminary programs in requiring students to

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<sup>506</sup> Charles Gerkin, *Crisis Experience in Modern Life: Theory and Theology for Pastoral Care* (Nashville, TN: Abington, 1979), 321.

<sup>507</sup> Don S. Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 59. Anton Boisen first utilized this term.

look critically at their theology and how it informs praxis through its action-reflection model, CPE programs often are weak in terms of systematic discussion of how “reflection” is defined and implemented.<sup>508</sup> Browning has recommended incorporating the strengths of the model, bringing “application into the theological learning process,” while noting its uncritical “progression through the last three steps of the practical hermeneutical process: through historical and systematic theology to strategic practical theology.”<sup>509</sup> Browning has gone further than Capps or Gerkin in developing a theory for how the insights of CPE could “be moved out of the medical setting and into theological studies in the seminary and university and into the humanities.”<sup>510</sup> Gerkin’s later work, though less constructive than Browning’s work in terms of improvements for CPE,<sup>511</sup> is useful for theoretical explorations. Browning’s ideas for incorporating CPE methods into theological studies and pastoral practice were the most beneficial of the three for this thesis’ educational theory.

### **Hermeneutics and Pastoral Care**

The medical community and pastoral care providers operating within a medical setting have tended to view the utilization of social sciences as neutral in terms of providing a hermeneutic. Capps, Gerkin, and Browning are among the theologians who disagree with this assumption although each has developed his

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<sup>508</sup> Donald Capps has identified and briefly discussed this weakness. See Donald Capps, *Pastoral Care and Hermeneutics* (Philadelphia: Fortress, 1984), 12.

<sup>509</sup> Don S. Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 60.

<sup>510</sup> *Ibid.*, 60. His discussion of theory to incorporate CPE techniques into theological education follows on pages 61-66. A section later in this chapter comes back to the importance of the action-reflection model of CPE as part of the education of pastoral care providers.

<sup>511</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 79.

own way of being in conversation with social sciences in order to adapt what is beneficial while maintaining a Christian message. In addition, all three have similarly stated as Capps has, that an uncritical acceptance of modern psychologies can be “potentially destructive of human values unless they are guided in their practical application by tested religious and ethical traditions.”<sup>512</sup> Each will be discussed in turn as their work relates to this thesis.

### **Donald Capps’ Contribution to Theory**

Donald Capps often brings psychotherapeutic practices into his Christian counselling and pastoral care theory, and has written about integrating narrative techniques into pastoral counselling. Two of his books in particular, *Reframing* and *Living Stories*, focus on utilizing narrative techniques and were important for this thesis. Chapter one of *Living Stories* introduces and reconciles narrative practices, particularly as applied by Janine Roberts, Patricia O’Hanlon Hudson and William Hudson O’Hanlon, Alan Parry, and Robert Doan, with Christian theology.

In his earlier publications and practice, his method of critical engagement with psychological counselling models or approaches is what he called “pragmatic.” In *Living Stories*, he described this method in the following manner:

If an approach is effective and is congruent with fundamental Christian values, one may well choose to use it. If it fails either of these two tests, then we should not use it, and, in any case, we are under no obligation to convince ourselves to a single method or approach.<sup>513</sup>

His pragmatic approach is demonstrated in *Living Stories* as he explores three

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<sup>512</sup> Donald Capps, *Pastoral Care and Hermeneutics* (Philadelphia: Fortress, 1984), 9.

<sup>513</sup> Donald Capps, *Living Stories: Pastoral Counseling in Congregational Context* (Minneapolis: Fortress, 1998), 13.

counselling approaches-- Ericksonian, Watzlawickian, and de Shazerian--that he feels are congruent with Christian thought. In his earlier works, Capps drew on hermeneutic methods developing out of the work of Paul Ricoeur. According to Ricoeur, readers of a text not only interpret the text, but also are changed by it as they are drawn into and/or react to its world.<sup>514</sup> For Capps this idea was significant for pastoral care, because as the pastoral care provider presents a biblical text to a counselee, the text opens up a new world for that person with new possibilities of interpreting experience. "This corresponds with the aim of pastoral care, which is to help people to enlarge their world in order to see beyond the limitations of their immediate situation."<sup>515</sup> Capps' work with narrative has been important for this thesis, particularly his adaption of the work of Janine Roberts in naming six types of stories and discussing how understanding these types leads to a strategy for helping people deconstruct their problem story so it can be viewed as only one interpretation among many possible ones (both past and present). Capps makes a strong case for the use of narrative saying that people want "more than a listening ear and a word of assurance." They want the pastor to join with them in interpreting the story they tell and hope that he or she "will be able to see things in the story that we cannot see."<sup>516</sup>

The main limitation of his work for this thesis lies in his emphasis on

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<sup>514</sup> Yolanda Dreyer, "Reflections on Donald Capps Hermeneutical Model of Pastoral Care," *HTS Teologiese Studies/Theological Studies* 61, nos. 1 & 2 (2005), [www.hts.org.za/index.php/HTS/article/download/450/349](http://www.hts.org.za/index.php/HTS/article/download/450/349).

<sup>515</sup> Yolanda Dreyer, "Reflections on Donald Capps Hermeneutical Model of Pastoral Care," *HTS Teologiese Studies/Theological Studies* 61, nos. 1 & 2 (2005), [www.hts.org.za/index.php/HTS/article/download/450/349](http://www.hts.org.za/index.php/HTS/article/download/450/349). See also Donald Capps, *Pastoral Care and Hermeneutics*. (Philadelphia, PA: Fortress, 1984), 21.

<sup>516</sup> Donald Capps, *Living Stories: Pastoral Counseling in Congregational Context* (Minneapolis: Fortress, 1998), 11.

Freudian and neo-Freudian views. This thesis addresses two constructs of Capps that are not in keeping with proposals: first, his utilization of Freudian theory for counselling, and second, his utilization of psychological hermeneutics<sup>517</sup> as found particularly in his later works, such as *Jesus the Village Psychiatrist*. Freud's influence is seen in Capps' contention that people with anxiety exhibit physical symptoms, "somatoform disorders," and his arguing as Freud did that "both disease and illness have psychological cause and explanation."<sup>518</sup> Freudian psychoanalysis utilizes a deterministic language, "derived from electronics and hydraulics to conceptualize the working of our instinctual wishes,"<sup>519</sup> and presents a view of human behaviour, particularly in terms of the source of behavioural problems, that can contribute to peoples' feelings of hopelessness and despair. Freudian practice grows out of presumption that every act, thought, or emotion happens because underlying causes determine it even though they may be complex and hard to disentangle. The limitation of this approach in a counselling context is that it places the problem within the person needing help and can contribute to feelings of hopelessness if the person cannot find the cause for the problem within themselves or make changes in behaviour and thought that bring relief. This

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<sup>517</sup> With "psychological hermeneutics," the biblical text is interpreted through insights derived from psychological models. See J. Harold Ellens and Wayne Rollins, *Psychology and the Bible* (Westport, CT: Praeger, 2005) and the upcoming J. Harold Ellens, *Psychological Hermeneutics for Biblical Themes and Texts: A Festschrift in Honor of Wayne G. Rollins* (New York: Bloomsbury T & T Clark International, July 2014) for more on this "new way to read scriptures."

<sup>518</sup> Daniel Gaztambide, "Psychoneuroimmunology and Jesus' Healing Miracles in *Miracles: God, Science, and Psychology in the Paranormal*, ed. J. Harold Ellens (Westport, CT: Greenwood, 2008), 98. See also Donald Capps, *Jesus: A Psychological Biography* (St. Louis, MO: Chalice, 2000), 170.

<sup>519</sup> Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 40.



thesis utilizes narrative therapy which places the problem outside the person (through objectifying and externalizing); then, through mapping the problems' effects, looking at societal/cultural contributions, looking for unique outcomes, and re-storying, helps the person gain a sense of agency, hope, and even freedom from the influence of the problem.

Browning, though esteeming Freud's genius and his impact on western culture, not only confutes Freud's use of deterministic language but also his ethic and cosmology (his metaphors of ultimacy) in terms of Christian thought.<sup>520</sup> Browning says that under Freudian models, "freedom is denied or deemphasized."<sup>521</sup> Browning admits that in practice "Paul Ricoeur and others have demonstrated some modicum of freedom" in Freud's therapeutic interactions; nevertheless, the theory does not support this freedom.<sup>522</sup> In contrast, "the metaphors of ultimacy of the Christian tradition explicitly allow for and promote understanding of human freedom and agency."<sup>523</sup> The Freudian and neo-Freudian perspective that the problem is within the person and that the person needs to be "fixed" lends itself to language and actions by the fixer that diminishes the person seeking treatment. The medical view of patients, largely influenced by Freudian theory (a diagnosing pathology model), contributes to peoples' feelings of shame and blame and a deficit construction of self as the diagnosis becomes part of their sense of identity. In a hospital setting, where

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<sup>520</sup> *Ibid.*, 32-60.

<sup>521</sup> *Ibid.*, 133.

<sup>522</sup> Browning says that the same is true of Skinner's dogmatic behaviorism. Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 133.

<sup>523</sup> *Ibid.*, 134.

people often feel alienated from others and themselves, such an approach can exacerbate their suffering. Narrative therapy, however, brings new insights into human freedom and responsibility particularly through externalization of problems. It stands in contrast to the medical/psychological model as Carl Hilker has observed:

Externalizing practices create a context in which problems are treated as separate from people. . . . This process is quite unique within a Western culture that values a scientific medical model that situates problems within individuals' biology and character.<sup>524</sup>

Another limitation of Freudian methods within a hospital setting is how it frames the role of the pastoral counsellor as expert (solver of the problem) rather than collaborator, non-expert, or “fellow journeyer”— typical roles of narrative therapists. Freudian practice and theory that support the view of counsellor as expert justify the dismissing of people who continue in what appears to be self-defeating repetition of neurotic symptoms despite treatment or who express rejection of the counsellors curative solutions. This “sending away of people” who appear noncompliant often contributes to the counselees' own feelings of hopelessness.

The second identified limitation of Capps' hermeneutic methods lies in his utilization of psychological models to interpret biblical text. Instead, this thesis discusses how biblical text and Christian themes might be in dialogue with a personal narrative and the larger narrative of Christian thought. Rather than drawing on Capps' Freudian work, the proposed model draws on how Capps

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<sup>524</sup> Carl Hilker, *Making Trouble for Problems: Therapeutic Assumptions and Research Behind the Narrative Practice of Externalizing Conversations* (Argosy University Ph.D. Thesis, 2007) quoted in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations Between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 55.

utilized Ricoeur regarding how text changes the reader as he or she is drawn into and/or reacts to its world.<sup>525</sup> For Christians the text opens possibilities for interpreting experience. The thesis builds on Ricoeur's contribution as framed through Capps' work, by integrating his ideas on utilizing biblical text not for the purpose of telling someone what to believe, but to see how the text might help a person reframe their experiences as suffering and hope is seen through a Christian perspective.

### **Charles Gerkin's Contribution to Theory**

While not without limitations, Gerkin's work also provides theory for a Christian pastoral care hermeneutic within a hospital setting. While Capps utilizes scriptural text in his counselling, his focus is still on psychological methodology. Gerkin emphasizes a *dialogue* between social sciences and the Christian message.<sup>526</sup> As a chaplain and CPE educator, he saw how the social sciences had gained too much weight in determining what was constructive pastoral care<sup>527</sup> as evidenced in the following quote:

Because of the current emphasis on counseling and problem solving, pastoral care within the psychotherapeutic model fails. . .to recognize that one of the most basic caring functions that a community of faith can offer is a storied context of ultimate meaning within which life can be lived.<sup>528</sup>

His works challenge the pastoral care provider to think theologically about human experience, particularly through examination of the language of narratives and

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<sup>525</sup> Yolanda Dreyer, "Reflections on Donald Capps Hermeneutical Model of Pastoral Care," *HTS Teologiese Studies/Theological Studies* 61, Nos. 1 & 2 (2005), [www.hts.org.za/index.php/HTS/article/download/450/349](http://www.hts.org.za/index.php/HTS/article/download/450/349).

<sup>526</sup> Charles Gerkin, *The Living Human Document: Re-visioning Pastoral Counseling* (Nashville, TN: Abingdon, 1984), 20.

<sup>527</sup> Thomas St. James O'Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario, Canada: Canadian Corporation for Studies in Religion, 1998), 73.

<sup>528</sup> Charles Gerkin, *An Introduction to Pastoral Care* (Nashville, TN: Abingdon, 1997), 103.

reflection about where that language originates.<sup>529</sup> Analysis of the language is key since “to belong to a religion is to adopt a certain grammar, a way of speaking, an interpretive schema that structures one’s understanding of oneself and one’s world.”<sup>530</sup> Gerkin incorporated this view on language into his “cultural-linguistic model for pastoral care” which he called a “narrative hermeneutical model.”<sup>531</sup> A pastoral counsellor utilizing this model is not only a listener to and a bearer of stories, but also an empathetic guide who facilitates a serious open dialogue that includes the “sharing of feelings, stories of past experiences, mutual questioning, and search for authentic connections” between the person’s particular life stories and the Christian story.<sup>532</sup> As guide, the counsellor aids the connections in this process by helping the counselee interpret or reinterpret his or her experience in such a way that a “new set of images emerges” thus revealing “a new, less painful and more hopeful story.”<sup>533</sup> This finding of the alternative story that takes the place of the old, problem saturated narrative is what contributes to peoples’ ability to find meaning, hope, and resilience when facing crisis.

Though Gerkin expresses his task in language similar to the language of narrative therapists White and Epston, he espouses a dialogue between other disciplines, including the psychologies, and professions “within a hermeneutic

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<sup>529</sup> Thomas St. James O’Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario, Canada: Canadian Corporation for Studies in Religion, 1998), 73. See also Gerkin’s discussion about language in *An Introduction to Pastoral Care* (Nashville, TN: Abingdon, 1997), particularly part 2.

<sup>530</sup> Charles Gerkin, *An Introduction to Pastoral Care* (Nashville, TN: Abingdon, 1997), 108.

<sup>531</sup> *Ibid.*, 111.

<sup>532</sup> *Ibid.*, 112.

<sup>533</sup> Charles Gerkin, *The Living Human Document: Re-visioning Pastoral Counseling* (Nashville, TN: Abingdon, 1984), 28.

framework of the Christian message.”<sup>534</sup> He recognizes that a person’s individual narrative or “story of self” is at the deepest levels connected to the larger narratives and metaphors of family and culture into which the individual has been born.<sup>535</sup> His model not only helps people see how familial and cultural languages and messages have shaped their dominant life narratives, but also goes beyond to look at what the larger narrative of Christianity might have to bring to their life experience. For Gerkin this larger narrative focuses on “incarnational life-style,”<sup>536</sup> the awareness of who God is and how human beings’ “activities are permeated and given redemptive coherence and direction by the activity of God.”<sup>537</sup> In practice, this means helping counselees perceive, be open to, reflect upon, and cultivate “the awareness of the presence and function of grace”<sup>538</sup> operating within their lives. Gerkin explains what he means by “function of grace” when he says:

God’s grace is more than a promise; it is a reality present in human experience to be recognized and appropriated as it appears in myriad forms incarnate in the events and relationships of life. Its appearance is a mystery to be grasped only through the eyes of faith. Its grasping is . . . a new way of seeing and giving significance to what occurs. Certain events can become parabolic, as if capturing in their significance the power and meaning of grace.<sup>539</sup>

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<sup>534</sup> Thomas St. James O’Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario, Canada: Canadian Corporation for Studies in Religion, 1998), 72. See also Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 19.

<sup>535</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 19.

<sup>536</sup> Charles Gerkin, *Crisis Experience in Modern Life: Theory and Theology for Pastoral Care* (Nashville, TN: Abingdon, 1979), 321.

<sup>537</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 71. See also Charles Gerkin, *Crisis Experience in Modern Life: Theory and Theology for Pastoral Care* (Nashville, TN: Abingdon, 1979), 320.

<sup>538</sup> Charles Gerkin, *Crisis Experience in Modern Life: Theory and Theology for Pastoral Care* (Nashville, TN: Abingdon, 1979), 322.

<sup>539</sup> *Ibid.*, 324.

Connecting incarnational theology to the theological work of Moltmann, particularly the theology of the cross and Trinity, also provides a framing with which Gerkin interprets death within a Christian context. In response to the question: “In what sense does God participate with us in that final crisis of life, the paradigm of all human suffering?” Gerkin responds:

In Moltmann’s interpretation, the doctrine of the Trinity is a symbol pointing to the event of Jesus’ death on the cross. It is an event “in God.” God the Father forsakes, abandons God the Son, who becomes thereby the crucified God. But God the Father suffers in his abandonment of Jesus to his fate. Thus both the suffering of abandonment and the suffering of love in the act of abandoning are joined together in the event that takes place “in God” in the cross.<sup>540</sup>

The incarnational narrative, the knowledge that God is with us even when we feel he is absent, provides people with a theological theme that enables them to endure suffering and find meaning and purpose. For pastoral care providers, we both identify with the suffering of forsakenness experienced by the dying person (through empathy) and simultaneously experience the “forsaking” of the dying one when we must leave them. For the carer, this understanding of the cross and God’s suffering love enables us to help people see that they are not abandoned by God even when their anguish says they are, and that we, as human beings, have a kinship in that suffering as we all experience loss in our lives and then at some point, die. In this theologically grounded stance we understand that: “The helpless human vulnerability before death needs to be acknowledged and a final resting place of trust in God’s future embraced.”<sup>541</sup>

In his later work, *Widening the Horizons*, Gerkin develops a schema for

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<sup>540</sup> *Ibid.*, 101.

<sup>541</sup> *Ibid.*, 96.

pastoral care ministry for pastors within the context of the parish which could easily be adapted to a hospital setting. The process begins as the person reflects on the present story that is informing his or her life and choices. From there the pastor, in the role of interpretive guide, helps the person map out and trace the origins and influences of the present interpretation of an experience, utilizing whatever tools of analysis (from other disciplines) fit the work being done. When the person returns to the present situation, it will be with a new interpretation. What makes Gerkin's schema different from traditional narrative therapeutic interactions, is how he weaves the Christian narrative into the discussion through questions that help the person connect to and understand what he or she believes. Rather than telling counselees what to believe, the counsellor draws on what is already within people, their resources for resilience—their gifts and strengths, the feeling of call they may have, the memories of past positive experiences with God, and their own styles of worship and prayer. Gerkin calls this the fusion of two narrative structures—"that of human activity about which we seek greater clarity and that of the Christian story"—in a process of "mutually critical correlations."<sup>542</sup> His work demonstrates that practical theology seems to work best when it "finds its primary coherence in a contextual approach to the theological text."<sup>543</sup>

For the purposes of this thesis, Gerkin's model provides possible answers to the question that led him to his philosophical hermeneutic theory: "What must I

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<sup>542</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 65-67.

<sup>543</sup> Paul Ballard, "The Use of Scripture," in *The Wiley-Blackwell Companion to Practical Theology*, ed. Bonnie Miller-McLemore (Wiley-Blackwell, 2012), 164.

do to help this person?”<sup>544</sup> Yet, there are gaps in Gerkin’s work and he readily admits them. Though Gerkin provides case studies of how this process works, he admits that more exploration is needed in how this narrative approach to practical pastoral theology would look outside the parish in the “real” world and in other forms of ministry practice.<sup>545</sup> He also utilizes a behaviorist approach to family systems and counselling and Freudian psychotherapy which opens his technique to the same criticisms of Capps’ work discussed earlier.

Another gap in Gerkin’s work, concerns its primary focus in pastoral counselling on the hermeneutics of the self and therapy in relational situations which, though important for much therapy, overlooks other forms of anxiety that people struggle with, including death anxiety. In addition, though he writes about narrative theology in *Widening the Horizons*, he does not actually work at creating a “narrative paradigm.” He writes: “I am deeply interested in doing further work in probing the biblical images and metaphorical resources that may offer those of us in the West a way through the cultural malaise with which we are afflicted.”<sup>546</sup> Pastoral counsellors working with people who are dying or grieving will need to look for biblical/theological metaphors and narratives that would be powerful enough to work against fear and instead foster hope. Gerkin’s connection with Moltmann’s theology explains how the cross of Christ may be a biblical metaphor that could be strong enough to overcome fear, but needs more development. His schema for utilizing narrative techniques to help people

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<sup>544</sup> Thomas St. James O’Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario, Canada: Canadian Corporation for Studies in Religion, 1998), 78.

<sup>545</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 129, 131.

<sup>546</sup> *Ibid.*, 129.



connect their personal narrative to the larger Christian narrative is also important for this work although this thesis goes beyond what he proposed and has utilized his schema as a part of a strictly narrative therapy process without bringing in Freudian or behavioralist techniques.

### **Donald S. Browning's Contribution to Theory**

In like manner to Gerkin, Browning critically engages in a conversation between theology and the social sciences. This conversation not only considers the cultural understanding that comes with each psychology but also analyses whether its culture is in “conflict with the claims of theology”<sup>547</sup> by examining the “religio-ethical judgments,” religious metaphors, and “quasi-religious attitudes and language”<sup>548</sup> that the social science brings to therapy. His discussion of Freud was particularly pertinent to this thesis not only because narrative therapists contrast their therapy with Freudian-based therapies, but also because of the possibility for a non-Freudian approach (competency-seeking model vs. diagnosing pathology model) to bring hope in a hospital setting.<sup>549</sup>

Browning's primary concern in utilizing social psychologies centres on the difference theology and psychology bring to interpretation of life experiences. Theology is concerned with interpreting a human experience and life in its entirety, while clinical psychologies focus on the interpretation of basic patterns, modalities, themes, and narratives which give individual lives their underlying

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<sup>547</sup> Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 6.

<sup>548</sup> *Ibid.*, 6, 33-35. See also his discussion beginning on page 81 in Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996).

<sup>549</sup> See interview with JoAnn DePetro, “Narrative Therapy and Making Write Women's Lives,” *San Francisco Examiner* (27 July 2009), <http://www.joanndepetro.com/article.html>.

cohesion.<sup>550</sup> Both disciplines also utilize different frameworks “of meaning from which they make their interpretative judgments.”<sup>551</sup> To reconcile the differences, Browning recommends a “practical moral reflection” method for pastoral care consisting of five levels of moral reflection or inquiry: (1) a metaphorical/visional level,<sup>552</sup> (2) an obligational level, (3) a tendency-need level, (4) a contextual or situational level<sup>553</sup>, and (5) a rule-role level.<sup>554</sup> Browning’s model challenges people in ministry to think systematically and theologically about what they do and why they do it for without theological reflection acts become “vacuous.”<sup>555</sup> His model, though designed for the ministry in a parish setting, reminds pastoral care providers to consider the entire context including the culture in which they practice. Within a hospital environment, not only are the stories of people important, but also the context, culture factors, metaphors and language, theological concepts and image of God, self-perceptions, and connections with others; any of which can work for or against healing in a total sense of the word. If a chaplain goes in to see a patient without understanding the complexity of factors involved in how a person connects to his or her faith, the chaplain may still be able to say a prayer or provide some ease of loneliness but he or she will

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<sup>550</sup> He sees them both as interpretative rather than explanatory disciplines. See discussion Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 7.

<sup>551</sup> Donald S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987), 7.

<sup>552</sup> Model discussed in Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 105-9. Browning utilizes “visional” in Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 105.

<sup>553</sup> Browning utilizes “environmental-social” in Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 106.

<sup>554</sup> Don Browning, “The Revival of Practical Theology,” *Religion-Online*, Claremont School of Theology, <http://www.religion-online.org/showarticle.asp?title=1373>.

<sup>555</sup> Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis: Fortress, 1996), 96-7.

miss an opportunity to minister at a much deeper level to that person. Browning's message regarding complexity of ministry and the need for strategic practical theology is one that needs to be heard not only by chaplains, but by all pastoral care providers. The CPE (clinical pastoral education) model utilized to train chaplains is the perfect methodology for training pastoral care providers involved in palliative and end of life ministry because of its "unsystematic practical hermeneutical model of learning"<sup>556</sup> which "includes in its reflective processes interpretations of the personal dimensions of practices."<sup>557</sup> This thesis suggests combining Gerkin's theoretical schema which weaves together narrative therapeutic practises with Christian narratives with the work of another practical theologian, Stephen Pattison, to create a model of support that can be taught and practised as part of the CPE process. Pattison, though often critical of contemporary western Christianity, developed a model for theological reflection that he calls "critical conversation" which invites pastoral care providers to engage in a critical conversation at three levels: (1) with his/her own ideas, beliefs, feelings, perceptions and assumptions; (2) with the beliefs, assumptions and perceptions provided by the Christian tradition and; (3) with the contemporary experience and insights that may come from sociology, psychology, philosophy, and other disciplines.<sup>558</sup> Numbers one and three in this model are typically a part of the CPE process. Unfortunately for seminary and

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<sup>556</sup> *Ibid.*, 60.

<sup>557</sup> *Ibid.*, 61.

<sup>558</sup> Stephen Pattison, *A Critique of Pastoral Care, 2<sup>nd</sup> edition* (London: SCM, 1993, 82. See also Stephen Pattison, *Shame: Theory, Therapy, and Theology* (Cambridge: Cambridge University Press, 2000), 11, for how he utilizes this critical conversation in "structuring the practical theological conversation about shame." See also Stephen Pattison, "On Theology and the Christian Tradition," in *The Challenge of Practical Theology: Selected Essays* (London: Jessica Kingsley, 2007), 193.

CPE students, there are sometimes few opportunities for them to reflect on how their faith impacts their behaviour, ministry, and counselling. The strength of Pattison's theological reflection is that it requires pastoral care providers to critically examine their own theological beliefs as well as helping others examine theirs. The practice of articulating chaplains' own theology and integrating it into pastoral practice is a part of the process for Board Certification for Chaplains in the US.<sup>559</sup> Applicants for certification must write an essay on how their theology influences their personal beliefs about the transcendent, the human condition, and their pastoral role. This process of reflection is helpful for development of congruence and ethical practice. Going through the process of reflection also helps applicants understand how they might help others articulate and understand what they believe and how their beliefs impact their lives. Narrative therapists learn that the interaction they have with a client is influenced not only by what the client brings, but also by what the therapist brings in terms of perceptions and beliefs. Self-awareness training along with reflection on how self influences outcomes is an important part of their learning. In CPE group activities such as through verbatim work, students learn to see how their own interpretations of life influence their interactions with patients. Yet, self-awareness is not enough if the student does not know how to utilize that awareness to work collaboratively with people utilizing narrative techniques. CPE and seminary programs would benefit from adding instruction that not only strengthens critical theological reflection skills, but also connects reflection to

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<sup>559</sup> Board of Chaplaincy Certification, Inc. and affiliate of Association of Professional Chaplains, Schaumburg, IL. The author was Board Certified in June 2012.

theology and practice as suggested by Browning.

### **Application Case**

In Fall 2013, I taught a hospital ministry course for a local seminary. The class was for pastors of local churches and though this seminary does not include a CPE component in curriculum, I adapted CPE techniques for the class including group reflection. Included in the assignments was a personal theological reflection paper similar to what Board Certification requires and other activities that linked theology and practice including shadowing chaplains and then reflecting on chaplain practice versus practice within a congregational setting. Students reported that they had not had a class like this at the seminary and it helped them understand not only their own theological beliefs, but also how their beliefs influenced their views of human nature, God, and ministry. They felt better equipped to help congregants in situations of suffering understand how what they believed might connect to what they were currently experiencing.

### **Challenges in Reframing Death**

Of Capps, Gerkin, and Browning, Gerkin spends the most time in his works discussing the challenges of combining a contemporary Christian hermeneutic theory with practice, particularly for supporting people facing death or grieving the loss of a loved one. Much has happened since the first centuries after Christ died—the Reformation, distancing of family members and others who would support one another, changes in science and technology, not to mention many other changes that shape how people receive information about

experience today and interpret it.<sup>560</sup> However, despite the challenges, the need for a contemporary theory for supportive practice is too great not to seek one. James Lapsley, writing from a Christian perspective about the dearth of support people have today when struggling with mortality, said that modern Christianity lacks a theology of death and this loss means that people lack understanding to give them “the hope necessary for productive risk in the present.<sup>561</sup> Even though, developing a theology of death may not be possible given the pluralism in theology,<sup>562</sup> we have the basic building blocks to help people reframe the death experience so that hope to endure can be found in the midst of suffering. Christianity with its rich narratives, metaphors, and themes, may provide narrative material with which to mitigate fear that so often brings emotional suffering at the time of death and robs Christians of a fuller life even when it is not the time of death. Christian narratives of hope woven into personal narratives would provide wisdom and direction for “interpreting life situations, making choices among conflicting values, and maintaining a core of identity.”<sup>563</sup> Identifying these narrative would have implications not only for narrative therapy with Christians, but also for a theological reframing of death and dying.

Yet, there are challenges, as Gerkin has identified and named, in identifying Christian narratives and metaphors for narrative therapy. The impact

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<sup>560</sup> Utilizing Bevans definition of contextual theology: “contextual theology takes into account: the spirit and message of the gospel; the tradition of the Christian people; the culture in which one is theologizing; and the social change in that culture. . . .” See Stephen Bevans, *Models of Contextual Theology* (Maryknoll, NY: Orbis, 1992), 1.

<sup>561</sup> James Lapsley, “Perspectives on Death; Man’s Concern with Death; On Death and Dying”, Review Section, *Theology Today*, v. 27, no. 1 (April 1970).

<sup>562</sup> See David Tracy, *Blessed Rage for Order: The New Pluralism in Theology* (New York: Seabury, 1975), particularly here page 3.

<sup>563</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 19.

of these challenges must be considered and taken into account when providing pastoral care. The most important ones are:

**(1) Plurality of languages.** Gerkin speaks of “a pluralism of languages for interpretation of what human life in the world is about.”<sup>564</sup> People today, Christian and non-Christian, go through their days having to “move from one social context governed by one primary language of interpretation to another governed by another, and often, to yet a third or fourth.”<sup>565</sup> Another way of understanding what Gerkin means by the languages of interpretation that are linked to social contexts is to think of the how researchers understand culture—whether it is a nation’s culture or a business company’s culture. Culture can be seen as values, symbols, interpretations, and perspectives that distinguish one group of people from another. People interpret their experiences and give meaning to the symbols through the lens of their culture. Language is an integral part of the interpretation process since it “is a way of seeing and reflecting the delicate nuances of cultural perceptions.”<sup>566</sup> A person in the Western world may have one language for interpreting the meaning of life at home, another at church, and another at work. These languages for interpreting life meaning, evaluating actions and attitudes, and deriving purposes may be in conflict with one another. An example illustrating the conflict that can arise out of this clash of languages is what happens when new chaplaincy students enter a clinical pastoral education

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<sup>564</sup> *Ibid.*, 15. The reference here is not to foreign languages

<sup>565</sup> *Ibid.*

<sup>566</sup> Jefwa Mweri, “Interpretation: Signs and Meaning, Diversity in Language Use, Equivalences and Cultural Untranslatability,” *Journal of Language, Technology, and Entrepreneurship in Africa* 2, no. 1 (2010): 21, quoting Schulte (1995).

training program and face the reality of crisis work and the new language of the hospital world. Sometimes this creates an identity crisis for students when their worldview rooted in a language and narrative of faith shaped by family system, church, or seminary clashes with the medical world of evidence-based care and science. In working with people, chaplains must be able to identify and translate these different languages and voices that shape experience, including their own, if they are to help people find their own meaning, in their own language of interpretation; otherwise the meaning will have little value for the people they are trying to support.

**(2) Interpreting experience.** Each interpretation of an experience is shaped by what the person brings from life experience at that particular moment and interpretations can change as new information brings insight. This means there can be many interpretations of the same experience. This accounts for the success of narrative therapy with many people as they learn to reframe their experiences and find new interpretations that bring hope. Yet, the changing nature of interpretation is threatening to some particularly when discussing the experience of death theologically. The Bible provides us with a theistic perspective on the world, a conceptual framework. It deals with human beings in relation to God and how God reveals himself in scripture and, from a Christian viewpoint, in Christ. Yet, “revelation comes from the infinite God to finite man.”<sup>567</sup> Though God gives wisdom and understanding to human beings, it will be a partial understanding precisely because of human limitations and finiteness. This

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<sup>567</sup> David Tyler, “The Impact of the Copernican Revolution on Biblical Interpretation,” *Origins (Journal of Biblical Creation Society)*, no. 21 (July 1996): 2-8.



is evident in the biblical discussions of the afterlife where humans cannot know exactly what happens after death. However, our lack of complete revelation does not mean that we cannot understand at some level, or that we cannot have beliefs about the afterlife that somehow make it real enough to inform our behaviour. Fear of getting the interpretation wrong should not silence discussion; rather, recognizing our limited knowledge frees us to use accommodation<sup>568</sup> and to grow in our ability to “not know” and still believe. For Gerkin the plurality of interpretations presented an opportunity for the chaplain to “be aware of the various interpretations and to recognize God’s invitation incarnated in the midst of many possible interpretations.”<sup>569</sup> Pastoral care providers help the most when they have the courage to critically engage with ideas about the afterlife, exploring their own and others’ ideas. Our modern tendency, particularly in the medical field, to not discuss religion or spiritual matters, including death, has contributed to death illiteracy. Either people do not know much about what the Bible says about dying, death, and the afterlife or they have views shaped by best sellers and teachings that have little scriptural basis. There is a tremendous need for death literacy education that incorporates cognitive and affective learning.

**(3) Individualistic culture.** A strong and supportive community helped early

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<sup>568</sup> David Tyler discusses how all readers of scripture, past and present, use accommodation as a basic and important method of biblical interpretation. See David Tyler, “The Impact of the Copernican Revolution on Biblical Interpretation,” *Origins (Journal of Biblical Creation Society)*, no. 21 (July 1996): 2-8. He cites examples in early church writers including Tertullian, Origen, and Clement of Alexandria. See also Ford Battles, “God Was Accommodating Himself to Human Capacity” *Interpretation* 31 (1977): 19-38, <http://int.sagepub.com/content/31/1/19>. Calvin also used the concept of divine accommodation in his hermeneutic studies. See Michael Tinker, “John Calvin’s Concept of Divine Accommodation,” [http://www.churchsociety.org/churchman/documents/Cman\\_118\\_4\\_Tinker.pdf](http://www.churchsociety.org/churchman/documents/Cman_118_4_Tinker.pdf)

<sup>569</sup> Thomas St. James O’Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario: Canadian Corporation for Studies in Religion, Wilfrid Laurier University, 1998), 41.

Christian's understand and live their narrative. When a person's identity was based more on the group to which he or she belonged than solely on self and his own narrative, death was not as threatening as it is today.<sup>570</sup> Societal changes have led to a breakdown of community and support structures while technologizing death has removed the dying person from the control and view of families. This has contributed to the loneliness of the dying person and those who care and grieve for them.<sup>571</sup> Without support, the griever may feel overwhelmed by grief from the current loss and cumulative losses. Some people will seek out a counsellor or therapist to help them with their "unresolved grief" while others will find other ways to cope or not cope. Yet, feelings of isolation may persist making the grief experience more severe and even contributing to suicidal ideation. The societal/medical move away from recognizing grief as a normal process in life to looking at grief as a disease to be treated and medicated may even contribute to feeling of isolation and loss.<sup>572</sup>

One method for alleviating the isolation of dying and grief would be the creation of intentional communities of support. One of Kübler-Ross' contributions to end of life care was her workshops which brought cancer patients together and fostered relationships of support that lasted until people died. Workshops or support groups for facilitating hope and resilience could incorporate intentional

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<sup>570</sup> Philip Mellor and Chris Shilling, "Modernity, Self-Identity, and the Sequestration of Death," *Sociology* 27 no. 3 (August 1993): 415, <http://soc.sagepub.com/content/27/3/411.full.pdf>.

<sup>571</sup> *Ibid.*, 412-415. See also Norbert Elias, *The Loneliness of Dying* (Oxford: Blackwell, 1985).

<sup>572</sup> In the DSM IV TR (the diagnostic manual of mental disorders published by the American Psychiatric Association) bereavement is recognized but not classified as a mental disorder. DSM V places grief under depression. See Stephen Diamond, "DSM-5 Hysteria: When Normal Mourning Becomes Neurotic Bereavement," *Psychology Today* (19 February 2012), <http://www.psychologytoday.com/blog/evil-deeds/201202/dsm-5-hysteria-when-normal-mourning-becomes-neurotic-bereavement>.

community building activities to help people create communities of hope and support. Another community building method would be the training of parish chaplains to go out into the community. A model in the US, for how this might work is the congregational nurse program in which community congregations develop and implement a Health Ministry Program with the help of a volunteer or paid congregational nurse.<sup>573</sup> She or he makes home visits to check on members. Lay ministers could also be utilized with this, but they would need special training. To build community, however, the program will need more than visits. Groups of people need to be connected to one another. A workshop format with intentional activities for teaching people how to support one another and visits for follow up could be developed to address the lack of community that is prevalent today.

**(4) Death and Grief as Disease.** Alan Harrington said: “Death is an imposition on the human race, and no longer acceptable.”<sup>574</sup> When Roger Grainger quotes Alan Harrington he could have been speaking of America’s medical community:

Man’s spiritual self-confidence has grown so rapidly over the last few centuries and his actual ability to control his environment had increased to such an irresistible extent, that death, the last enemy of all, could now be considered quite straightforwardly as a problem to be solved, instead of being set aside as the unavoidable destiny of all flesh.<sup>575</sup>

Furthermore, not only death but the emotions and associations with it are an imposition. Americans, and particularly medical professionals who want to help people, are uncomfortable with the chaos narratives associated with grief and the

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<sup>573</sup> “Congregational Nurse Program,” Cone Health System, <http://www.conehealth.com/community/congregational-nurse-program/>.

<sup>574</sup> Alan Harrington, *The Immortalist* (Celestial Arts, 1977).

<sup>575</sup> Roger Grainger, *The Social Symbolism of Grief and Mourning* (Philadelphia: Jessica Kingsley, 1998), 8.

tears and anger that often accompany emotional suffering. This was evident when some on the writing team for the DSM-5 proposed that this edition remove the bereavement exclusion and recognize the symptoms of grief as depression. In earlier versions depressive symptoms: “feelings of sadness, loss, sleeplessness, crying inability to concentrate, tiredness, and no appetite” were viewed as a normal part of grief if the person experiencing them had recently had a significant loss.<sup>576</sup> Other physicians were afraid that removing the exclusion would medicalize grief and legitimize over-medicating people with antidepressants rather than letting them do the painful but necessary grief work; fortunately, their voices prevailed. Changes in how grief is treated medically influence perceptions about grief and the grieving which would in turn contribute to the view that certain signs of grief are a sign of mental illness or instability. Neither death nor grief are illnesses to be feared or treated, and since we do not have the power to escape them it would be better to make them familiar neighbours than powerful enemies to fear. More education on death and grieving is needed for medical professionals in medical schools—not with the aim of diagnosing them but with sensitivity to the people actually involved.

**(5) The lack of a theological understanding of death and dying.** The changes before and since the Reformation have unravelled the carefully woven strands of story about the afterlife that had contributed to hope. The new North American medical narrative, called evidence-based care, that dominates medical practice and response:

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<sup>576</sup> Megan Brooks, “*Lancet* Weighs in on DSM-5 Bereavement Exclusion,” *Lancet* 379 (2012): 589, 608-609.

has created a hierarchy with meta-analysis of randomised controlled trials at the top and the personal account, ‘anecdote’ or story at the bottom – of temporary and conditional value until it is replaced by higher-quality evidence.<sup>577</sup>

The danger in over emphasis on this approach is that when a “metric for existential qualities such as inner hurt, despair, hope, grief and moral pain” is lacking, we overlook the impact that such qualities bring to life and health. According to Greenhalgh and Hurwitz, the unquantifiable aspects of life, frequently accompany, and often indeed constitute, the illnesses from which people suffer. Often the only way to know those factors is not tests but through stories.<sup>578</sup> Unfortunately, in the Church’s uncritical acceptance of the medical narrative which silences talk of faith, religion, and belief, it has unintentionally contributed to the loss of a theological understanding of death and death-talk.<sup>579</sup> Today, pastoral support provided in the Church is highly varied, some churches doing better than others at filling the gaps of support in responding to the human experience of dying and death. A theological understanding of death cannot be developed from near-death testimonies or pop fictional portrayals, but must come out of sound theological reasoning grounded in the identity of God. “It is only when the self is perceived in the experience which God has with that self that an undistorted perception of the history of one’s own self with God and in God emerges.”<sup>580</sup> Seen through God’s perspective, as reflected in the biblical account,

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<sup>577</sup> Glenn Roberts, “Narrative and Severe Mental Illness: What Place Do Stories Have in an Evidence-based World?” *Advances in Psychiatric Treatment* 6 (2000): 432.

<sup>578</sup> Trisha Greenbalgh and Brian Hurwitz, *BMJ* 318 (7175) (2 January 1999): 48–50.

<sup>579</sup> See also Philip Mellor and Chris Shilling, “Modernity, Self-Identity, and the Sequestration of Death,” *Sociology* 27 no. 3 (August 1993): 415-416, <http://soc.sagepub.com/content/27/3/411.full.pdf> and Peter Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Doubleday, 1967), 112.

<sup>580</sup> Jürgen Moltmann, *The Trinity and the Kingdom: The Doctrine of God* (Philadelphia:

death becomes more than the ending of an individual life. A strong narrative of faith and hope in the face of death would lead us to ask less often, “Why is this happening to me?” and would perhaps lead us to wonder and ask, “Where is God in this?”; “How does God experience each of our deaths?”; or even, “What meaning does God’s experience of our death have for us as we face our own death?”

As pastoral care providers, we do not need to have all the answers and in fact, in looking into the infiniteness of God and life, we will not have answers. Nevertheless, we need to seek the courage to speak of the afterlife by critically engaging with our fears and beliefs so that we can help others engage with their fears and beliefs.<sup>581</sup> It is when all hope for a cure is gone that people can truly find a hope that transcends.<sup>582</sup> It is at this place, even as death approaches, that a person can find meaning in his or her dying, and continue to grow. For a Christian, when death finally becomes a reality and we see its enormity, we can find a hope that transcends through the themes, symbols, and stories of our faith. For this thesis, Jürgen Moltmann’s work has been particularly important for identifying these themes and for reframing death from a faith perspective because of his critical reflection and dialogue on theology and practice particularly in the face of suffering, hope, and mortality. His life is a model for those seeking healing after tragedy and loss and his theology of hope provides a

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Harper and Row, 1981), 4.

<sup>581</sup> Stephen Pattison has said, “There is a courage of facing your own mortality.” See Stephen Pattison, *A Critique of Pastoral Care, 2<sup>nd</sup> edition* (London: SCM, 1993), 106.

<sup>582</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 63-65. I am referring here to a “mature hope” as Rumbold (65) describes it, a hope that transcends circumstances and helps a person find resiliency.

Christian ethic, narrative, metaphor, story, and language that are compatible with Christian faith and praxis. Moltmann's deep understanding of God's love as expressed in his views on the cross, God's suffering, and the Trinity, can help many people not only find meaning, but also feel God's empathic care and presence. Because Moltmann suffered personally, his theological work, particularly in the area of hope has an authenticity to it that has the potential to speak to and change others seeking Christian hope.

### **Moltmann's Struggle for Hope**

Moltmann's life changed dramatically one night in July 1943, when as a young soldier he witnessed and was caught up in the horror of the British Royal Air Force's bombing of Hamburg, Germany.<sup>583</sup> The bombing created a firestorm that destroyed the city and killed "more than 40,000 people, most of them women and children." In his autobiography, he describes the horror of seeing death all around him. In the night, feeling overwhelmed, he looked for the first time to God and asked: "My God, where are you?" and "Why am I alive and not dead like the others?"<sup>584</sup>

That night Moltmann began "a despairing search for God and a personal struggle with the dark side of 'the hidden face' of God."<sup>585</sup> Moltmann has said that Hamburg was the beginning of his journey to find hope and that everything he has done in his life since then was a response to the questions he asked that

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<sup>583</sup> See Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl, (Minneapolis: Fortress Press, 2009), 16-17 for a description of the firebombing and his experience.

<sup>584</sup> *Ibid.*, ix, 17; see also Jürgen Moltmann, ed., *How I Have Changed: Reflections on Thirty Years of Theology* (Harrisburg, PA: Trinity Press, 1997), 13 and Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress Press, 2000), 3.

<sup>585</sup> Jürgen Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress Press, 2000), 3.

night.<sup>586</sup> Yet, the road from Hamburg was not straight or clearly visible before him. Moltmann says in looking back over this life: “The road emerged only as I walked it.”<sup>587</sup> His road would take him through suffering and healing from the trauma to a long and prolific journey of theological research, study, teaching, and writing.

He left Hamburg to face more death and finally imprisonment in prisoner-of-war camps, first in Belgium and then in Kilmarnock, Scotland. During his internment, Moltmann began to “see the world differently” as his emotional vulnerability was transformed into emotional strength.<sup>588</sup> Though often overwhelmed by shame, hopelessness and depression,<sup>589</sup> light and hope began to move him forward as he experienced the support and hospitality of the Scottish people and a new Christian faith.<sup>590</sup> That he found hope to continue through these sources is supported by the research of Cyrulnik who says, “The paradox of the human condition is that we cannot become ourselves without the influence of others.”<sup>591</sup> In addition, Moltmann’s reading of scripture, given him by

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<sup>586</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), ix.

<sup>587</sup> Jürgen Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress Press, 2000), xv.

<sup>588</sup> Boris Cyrulnik, expert on resilience, sees this new way of seeing as an essential part of resilience. see Aminatta Forna, review of *Resilience* by Boris Cyrulnik, *The Telegraph* (24 May 2009) <http://www.telegraph.co.uk/culture/books/bookreviews/5361000/Resilience-by-Boris-Cyrulnik-review.html>.

<sup>589</sup> For Moltmann’s discussion of his emotional suffering see: Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2008), 29. See also Jürgen Moltmann, *The Source of Life: The Holy Spirit and the Theology of Life* (Minneapolis: Fortress Press, 1997), 7 and Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 26. Moltmann goes into considerable depth regarding his experience in the war and later at Norton in an article: Jürgen Moltmann, “Wrestling with God: A Personal Meditation.” *The Christian Century* 114, 23 (1997): 726-29.

<sup>590</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2008), 28-29.

<sup>591</sup> Margot Phaneuf, “Resilience: Abstract Concept or Survival Skill,” Translating from Boris Cyrulnik, *Les nourritures affectives*. Odile Jacob: Paris, (2006), [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 15 October 2012].



the camp chaplain, gave voice to his suffering:

I found words to express my feelings of isolation and forsakenness in these psalms of lamentation. . . . Then I went to the Gospel of Mark, and when I came to the death cry of Jesus, 'My God, my God, why have thou forsaken me?' I found in Jesus somebody who understood me.<sup>592</sup>

“Companionship with Jesus, the brother in suffering,” brought more than a personal experience of comfort and presence, for as Moltmann sought to understand the meaning of his new faith, his theology was born; the camps were his “first *locus theologicus*.”<sup>593</sup> Further theological study exposed him to Luther’s theology of the cross as presented by Hans-Joachim Iwand, which became foundational for his understanding of the meaning of the cross.<sup>594</sup> However, the catalyst that precipitated Moltmann’s move into theological writing came when Moltmann read Ernst Bloch’s *The Principle of Hope*. Though Moltmann found points of agreement between some of his views and Bloch’s, he differed with him over Bloch’s Marxist utopian philosophy. For Bloch, human beings and the world are unfinished works waiting for something better-- for people, without God, to finish the work.<sup>595</sup> Moltmann rejected Bloch’s humanist view; yet, Bloch’s discussion of hope challenged him and caused him to ask: why there was no

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<sup>592</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press: 2009), 26. Hope McPherson, “Wartime Blessings: Two German WWII Veterans Remember British POW Camp with Gratitude,” *Response* Seattle Pacific University, 31, 1 (Spring 2008), <http://www.spu.edu/depts/uc/response/spring2k8/features/wartime-blessings.asp>. See also Jürgen Moltmann, ed., *How I Have Changed: Reflections on Thirty Years of Theology* (Harrisburg, PA: Trinity Press, 1997), 13.

<sup>593</sup> Jürgen Moltmann, *Experiences in Theology: Ways and Forms of Christian Theology* (Minneapolis: Fortress Press, 2000), 4.

<sup>594</sup> *Ibid.* See Hans Joachim Iwand, “Theologia Crucis: Theology of the Cross” (a paper prepared for the Beinroder Konvent in Herbst 1959), trans. Aaron Moldenhauer (2004), [http://www.doxology.us/downloads/33\\_cross-iwand.pdf](http://www.doxology.us/downloads/33_cross-iwand.pdf).

<sup>595</sup> Ernst Bloch, *Geist der Utopia*, (*The Spirit of Utopia*), trans. Anthony A. Nassar (Stanford: Stanford University Press, 2000), 279. This is a translation of the second edition of this work, published as *Geist der Utopie: Bearbeitete Neuauflage der Fassung von 1923*, Frankfurt am Main, deiser Fassung Suhrkamp, (1964).

Christian response to what he believed was a particularly Christian theme.<sup>596</sup>

Whereas Bloch utilized “modern Feuerbach-Marx atheism as a ground for hope,”

Moltmann looked to the biblical history of God as the source of hope.<sup>597</sup> In a

second review of Bloch’s work, Moltmann challenged Bloch:

. . . to complement the social utopias for ‘the weary and heavy-laden’ and human rights for the ‘the humiliated and insulted’ by developing hopes of resurrection for the dying and the dead, so as to give hope to those whom ‘death has swallowed up.’ Only when ‘death is swallowed up in victory does ‘the principle of hope arrive at its goal.’<sup>598</sup>

Subsequently, he met with Bloch (23 May 1963) and then began writing a distinctly Christian response.<sup>599</sup> Responding to Bloch’s atheism was the catalyst for Moltmann to develop his Christian theology of hope along with a narrative and ethic of hope.

## Theology of Hope

Moltmann says that his intention in the *Theology of Hope* was “to give back to Christianity its authentic hope for the world.”<sup>600</sup> Rather than choosing to espouse Bloch’s view of hope in ‘a world without God,’ Moltmann focused on hope originating in “the God of hope” (Rom. 15:13) as found in the Jewish and

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<sup>596</sup> Jürgen Moltmann, ed., *How I Have Changed: Reflections on Thirty Years of Theology* (Harrisburg, PA: Trinity Press, 1997), 15. Richard Bauckham, “Jürgen Moltmann,” *The Modern Theologians* (Oxford: Blackwell Publishing, 1997), 210.

<sup>597</sup> Jürgen Moltmann, ed., *How I Have Changed: Reflections on Thirty Years of Theology* (Harrisburg, PA: Trinity Press, 1997), 16.

<sup>598</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl, (Minneapolis: Fortress Press, 2009), 28, quoting himself in his review of Bloch’s (ET) “Natural Law and Human Dignity”, trans. D. J. Schmidt.

<sup>599</sup> Jürgen Moltmann, “The Principle of Hope and the Christian Assurance: A Conversation with Ernst Bloch,” *Evangelische Theologie*, (1963), included in third German edition of *Theology of Hope*. Moltmann discusses this in *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 81. See also Jürgen Moltmann, “Ernst Bloch and Hope without Faith,” in *The Experiment of Hope*, ed. M. Douglas Meeks (London: SCM Press, 1975), 30-43. In Moltmann’s essay in “Ernst Bloch and Hope without Faith,” Moltmann critically engages with Bloch’s atheistic hope and contrasts it with Christian hope.

<sup>600</sup> In this thesis, I will be using theology of hope not only to refer to Moltmann’s first book, but also to cover many aspects of his theology that contribute to hopefulness.

Christian traditions.<sup>601</sup> Christian theologians often associate Christian hope with eschatology, and although Moltmann discusses eschatology in *Theology of Hope*, Richard Bauckham, an expert on Moltmann, said that the book is less about that than it is about “reorienting theology”<sup>602</sup> so that Christian hope for the future informs life today. For Moltmann, the historical death and resurrection of Christ created a narrative of hope based on God’s abiding love and faithful promises, which bring a positive expectation of possibility and transforming action.<sup>603</sup> Although Moltmann speaks more in terms of “world transforming hope”<sup>604</sup> rather than personal transforming hope, the language and vision expressed in this book and later work, is often associated with the concept of resilience,<sup>605</sup> a concept that is important for people moving beyond trauma and crisis. For this thesis, Moltmann’s theological conceptualization of hope has been linked to resilience theory found in sociological research popular since the 1970s<sup>606</sup> in order to provide Christian pastoral care providers and chaplains with one way to support Christians struggling with hopelessness. Moltmann’s work to recover hope as a theological concept could be a significant contribution for opening a dialogue between resilience studies and theology.

In *Theology of Hope*, Moltmann begins developing his narrative of hope by

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<sup>601</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 101. See also Ed. Miller’s and Stanley Grenz’s discussion of Moltmann’s reaction against Bloch in “Hope in the Midst of Suffer: Moltmann,” in *Contemporary Theologians* (Minneapolis: Fortress Press, 1998), 109-110.

<sup>602</sup> Richard Bauckham, “Jürgen Moltmann,” St. Johns Nottingham, Interview for Timeline Project. Available through WN Network, [http://wn.com/Jurgen\\_Moltmann](http://wn.com/Jurgen_Moltmann), [accessed 10 July 2011].

<sup>603</sup> Jürgen Moltmann, *Ethics of Hope*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2012), 41.

<sup>604</sup> Jürgen Moltmann, *The Politics of Discipleship and Discipleship in Politics* (Eugene, OR: Cascade, 2006), 18.

<sup>605</sup> Defined here as the ability to overcome adversity and grow.

<sup>606</sup> Brené Brown, *The Gifts of Imperfection* (Center City, Minnesota: Hazelden, 2010), 63.

utilizing “three key concepts” of promise which help Christian find hope for today.

They are:

1. the concept of *the divine promise*,
2. the concept of *the raising of the crucified Christ as God’s promise for the world*,
3. an understanding of human history as *the mission of the kingdom of God*.<sup>607</sup>

The first key concept of “divine promise” refers to the promise of presence coming through the covenant made to Noah, Abraham, Israel, and the Messiah that: “I will be your God and you shall be my people” (See Lev. 26: 11-12; 2 Cor. 6:16). According to Moltmann, this promise by a faithful God, “throws open the future” and gives people the courage to begin a journey with God without fully understanding where they were going or even what following means. This faith of the believer does not involve a reckless stepping out into the unknown, but is rather a demonstration of a willingness to trust God because he is faithful to his promises.<sup>608</sup>

The second key concept of promise is the “final and universal promise of the new creation of all things” expressed in the resurrection of Jesus.<sup>609</sup> Even though for a time, followers of Christ still experience death in their bodies, they will experience resurrection and the fullness of God’s defeat of death in due time (see I Cor. 15:12 ff). This promise creates a hope that transcends current suffering. Furthermore, it is not a concept growing out of optimism or the “power

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<sup>607</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 101.

<sup>608</sup> *Ibid.*, 101-102. See also Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 19-20.

<sup>609</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 102. For more detail see *The Way of Jesus Christ: Christology in Messianic Dimensions*, trans. Margaret Kohn (Minneapolis: Fortress Press, 1993).

of positive thinking.” Nor is it based on a “naïve belief that human ingenuity alone can heal all social ills or overcome the power of evil and injustice.”<sup>610</sup> Christian hope does not ignore the realities of life (guilt, suffering, death, and putrefying decay remain for every believer) by promising a suffering-free utopia nor does it dream itself into a reality of a different kind,<sup>611</sup> but is grounded in God’s faithfulness to his promises as demonstrated by, in, and through Christ’s passion, death, and resurrection. “It is not a theology *about* hope, but a theology growing *out of* hope in God.”<sup>612</sup>

The third key concept of promise is rooted in “mission.” Because Christians believe that God is faithful to his promises, they interpret the present reality incarnationally and this generates meaning and hope even in the presence of suffering, evil, and death.<sup>613</sup> Christ’s passion becomes “the practical direction of a new relationship to reality,” through which the believer “meets God in the reality of an entirely unpredictable, historical life filled by infinite and to a great extent unfathomable vicissitudes.”<sup>614</sup> Furthermore, Christ’s death and resurrection provide the meaning and mission by which the Church responds in the world.<sup>615</sup>

Rather than withdrawing from the world, the Christian engages with the world,

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<sup>610</sup> Douglas Koskela, “Remembering the Future: Jürgen Moltmann’s Theology of Hope”, *Response*, Seattle Pacific University, 31, 1 (Spring 2008).

<sup>611</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 19.

<sup>612</sup> Jürgen Moltmann, *The Experiment of Hope*, ed. M. Douglas Meeks (London: SCM Press, 1975), 45.

<sup>613</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 18-19.

<sup>614</sup> Hans Joachim Iwand, “*Theologia Crucis: The Theology of the Cross*” (paper prepared for the Beinroder Konvent in Herbst (1959), trans. Aaron Moldenhauer (2004), [http://www.doxology.us/downloads/33\\_cross-iwand.pdf](http://www.doxology.us/downloads/33_cross-iwand.pdf). Moltmann says in his autobiography that he wrote *The Crucified God* in the “his spirit” [meaning Iwand’s], 41-2.

<sup>615</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 104.

seeing possibilities where others see hopelessness. The faith that gives believers hope becomes a “contradiction to the world of death”<sup>616</sup> and compels believers to take a stand against injustice and evil that exists in the world. For Moltmann, this “living” hope brings a “new understanding of the world.”

This world is not the heaven of self-realization, as it was said to be in idealism. This world is not the hell of self-estrangement, as it is said to be in romanticist and existentialist writing. The world is not yet finished, but is understood as engaged in a history. It is therefore the world of possibilities, the world in which we can serve the future, promised truth and righteousness and peace. . . . Thus self-expenditure in this world, day-to-day love in hope, becomes possible and becomes human within the horizon of expectation which transcends this world.<sup>617</sup>

According to Noel B. Woodbridge, this view of the Church as a people empowered by hope and looking to a coming kingdom is:

a much broader view of reality than merely a private vision of personal salvation. The coming kingdom also creates a confronting and transforming vision of the mission of the church as the people of God.<sup>618</sup>

Moltmann’s theology of hope became an ethic of hope for the liberation of the suffering people and a stimulus for the work of reconciliation<sup>619</sup> which has appealed to liberation theologians who have embraced his work and, yet, criticized him for not going far enough politically.<sup>620</sup> For the purposes of this

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<sup>616</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 21. See also Jürgen Moltmann, *Ethics of Hope* (Minneapolis: Fortress, 2012), 41.

<sup>617</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 338.

<sup>618</sup> Noel B. Woodbridge, “Revisiting Moltmann’s *Theology of Hope* in the light of its renewed impact on emergent theology” [http://www.satsonline.org/userfiles/Woodbridge\\_RevisitingMolmannsTheologyOfHope.pdf](http://www.satsonline.org/userfiles/Woodbridge_RevisitingMolmannsTheologyOfHope.pdf)

<sup>619</sup> Jürgen Moltmann, *The Experiment of Hope*, ed. M. Douglas Meeks (London: SCM Press, 1975), 40-1.

<sup>620</sup> Harvie M. Conn, “Theologies of Liberation: Toward a Common View,” *Tensions in Contemporary Theology*, eds. Stanley N. Gundry and Alan F. Johnson (Chicago: Moody Press, 2nd ed., 1979), 350, 352. Moltmann has refuted these criticisms. See Jürgen Moltmann, *God for a Secular Society: The Public Relevance of Theology*, trans. Margaret Kohl (Minneapolis: Fortress Press, 1999), 57-58. See also Jürgen Moltmann, *The Politics of Discipleship and*

thesis, his work with a theology of hope is important because of the themes of hope and God's faithfulness that it contains and the positive image of God presented. The next chapter will demonstrate how these areas are important for helping people reframe their experiences to foster hope.

### ***The Crucified God***<sup>621</sup>

Moltmann's second book, *The Crucified God*, enlarged upon the theology of hope by looking deeply and critically at the meaning of cross and its response to the cruelty and suffering inflicted on the innocent. Significant to his quest were his questions: "My God, where are you? . . . Where is God in the suffering?"<sup>622</sup> rather than the common question: "Why did God allow this to happen?" These questions rather than responsibility questions lead people to different conclusions and often to a different place where they can find meaning and hope. For Moltmann, questioning where God is, led to three conclusions which speak to people in places of suffering, injustice, and dying: (1) God is present even when he feels absent; (2) God's true nature of love and our own need for that love can be most clearly seen in the cross; and (3) God sees, feels, and is affected by our suffering.

Moltmann saw that Christ's experience on the cross contains the paradox that even when God seems the most absent—as in the godforsakenness of the cross—he is present and as God was present then, he is present in our times of

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*Discipleship in Politics* (Eugene, OR: Cascade Books, 2006), particularly 4.

<sup>621</sup> Moltmann acknowledges that he uses a language first used by Martin Luther when he spoke of 'the crucified God' (Luther, *WA I*, 614, 17) and in Luther's theology of the cross (*theologia crucis*). See Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 47, 60, 65.

<sup>622</sup> Jürgen Moltmann, *God for a Secular Society: The Public Relevance of Theology*, (Minneapolis: Fortress Press, 1999), 172.

godforsakenness.<sup>623</sup> Moltmann observed that in times of trauma or evil, it is natural for people to feel alone and/or abandoned by God. Like Christ, people cry out in their hearts: “My God, why have you forsaken me?” Hope arises when they (like Moltmann in his time of suffering) realize that God is not absent but with them and is an important theme for pastoral ministry. This aspect of Moltmann’s incarnational theology, which fosters hope for today in the form of God’s presence and hope for the future in the promise that God does not forsake those he loves,<sup>624</sup> will be discussed in more depth in the next chapter.

The second response to “Where is God?” is that God is found and his love is understood in weakness and suffering. In Moltmann’s discussion of the theology of the cross, we see the influence Luther’s *theology of the cross*, particularly as he presents it in the *Heidelberg Disputation* and in *Theses 19 and 21*.<sup>625</sup> Moltmann contrasts the theology of glory that is commonly accepted in the West with Luther’s theology of the cross. Rather than celebrating a God who is like a “Superstar,”<sup>626</sup> Luther (particularly through his references to Romans 1:20 and I Corinthians 1:21ff) spoke of a God who hides himself, whose “power is made perfect in weakness” (RSV: 2 Corinthians 12:9) and in all that which the theology of glory considers weak and foolish.<sup>627</sup> Through natural theology and

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<sup>623</sup> Paul Althaus has a good discussion of Luther’s “theology of the cross.” See *The Theology of Martin Luther*, trans. Robert Schultz (Philadelphia: Fortress Press, 1966), 25-35.

<sup>624</sup> Jürgen Moltmann, “Wrestling with God: A Personal Meditation,” *The Christian Century*, 114, 23 (1997): 726-29.

<sup>625</sup> Martin Luther, *Heidelberg Disputation*, 1518, in *The Book of Concord: The Confessions of the Lutheran Church*, <http://bookofconcord.org/heidelberg.php> (accessed 10/15/11). See also the “Proofs of these Theses,” particularly 21, 22, and 24 debated in the Chapter at Heidelberg, May 1518 on the same page.

<sup>626</sup> Jürgen Moltmann, *The Politics of Discipleship and Discipleship in Politics* (Eugene, OR: Cascade, 2006), 32.

<sup>627</sup> Jürgen Moltmann, *God for a Secular Society: The Public Relevance of Theology*



speculative metaphysics, reason and science, human beings began to take credit for the works and wisdom that came from God as a result of the law and utilized that knowledge to exalt themselves.<sup>628</sup> They came to despise the cross because of its weakness and shame. In response, God no longer chose to reveal himself through the glory, but instead chose to reveal himself in the cross to confound human wisdom. For Luther, those who would truly find God are the ones willing to be emptied of their own strength through weakness and suffering. In that emptying, they are then ready to recognize God's works rather than their own and are "healed" in the sense of being "de-divinized" and restored to their true humanity.<sup>629</sup> In his views, Luther follows Paul's lead (for example: Romans 1: 21-22, I Corinthians 1:18-31, II Corinthians 12: 7-10, and 13: 4) and argues against Aquinas.<sup>630</sup> Luther would utilize his interpretation of the cross to preach salvation and justification. Moltmann, who also came to believe this paradox that God is in and revealed in the humility and shame of the cross, would utilize this insight to connect God's and human beings' suffering and to demonstrate the depth and all-encompassing nature of God's love.<sup>631</sup> To people feeling weak and vulnerable physically, emotionally, and spiritually, healing in their sense of self comes as

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(Minneapolis: Fortress Press, 1999), 181-3. See also Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 45, 213.

<sup>628</sup> Knowledge in itself is not evil. It is what man has done with it to exalt himself. See Luther, Thesis 24 of the *Heidelberg Disputation*, "Yet that wisdom is not of itself evil, nor is the law to be evaded; but without the theology of the cross man misuses the best in the worst manner." *WA* 1, 362-3; *LW* 31, 52ff. See also *Explanation of the Disputation Concerning the Value of Indulgences*, 1518, *LW* 31, 225-6 and *LW* 31, 227.

<sup>629</sup> Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 213.

<sup>630</sup> *Ibid.*, 209-211.

<sup>631</sup> Luther makes the connection through his discussion of God's works and man's works through the cross. See Paul Althaus, *The Theology of Martin Luther*, trans. Robert Schultz (Philadelphia: Fortress Press, 1966), 26-27.

they truly see how much God loves them with their imperfections and limitations.<sup>632</sup>

Moltmann's third response to "Where is God?" acknowledges how God is affected by human suffering. Moltmann credits his indebtedness to Jewish theologians, particularly Rabbi Abraham Heschel, for his understanding of how God responds to human beings in times of suffering and trauma.<sup>633</sup> Two concepts are key to understanding God's response: "divine concern," and "divine *pathos*."<sup>634</sup> Divine concern means that God is concerned about what happens to his creation and intervenes in history out of "pure concern." He utilizes the term "divine *pathos*" not as the Greeks understood it but as the ancient prophets of Israel understood it:

God does not reveal himself in an abstract absoluteness, but in a personal and intimate relation to the world. He does not simply command and expect obedience; He is also moved and affected by what happens in the world, and reacts accordingly.<sup>635</sup>

Heschel utilizes the writings of the Hebrew prophets to develop a "theology of pathos." He says of the prophets: "They did not offer an exposition of the nature of God, but rather an exposition of God's insight into man and His concern for

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<sup>632</sup> Brené Brown quoting from Margery Williams, *The Velveteen Rabbit* (1992) in *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead* (New York: Gotham, 2012), 110-111.

<sup>633</sup> Moltmann summarizes his response to the Jewish theologians, particularly Richard Rubenstein, Emil Fackenheim, Eliezer Berkovits, and Elie Weisel, in Jürgen Moltmann, *God for a Secular Society: The Public Relevance of Theology* (Minneapolis: Fortress Press, 1999), 174-180. Berkovits also influenced Moltmann with his idea of "divine self-restriction implicit in the creation of free human beings." See 178 in particular regarding this concept.

<sup>634</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 285-298. Abraham Heschel, *Between God and Man: an interpretation of Judaism* (New York: Free Press Paperbacks, 1997) particularly "Divine Concern," 108-113.

<sup>635</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 288-9. See also Abraham Heschel, *Between God and Man: an interpretation of Judaism* (New York: Free Press Paperbacks, 1997) particularly "Divine Concern," 108-113. See also Jürgen Moltmann, *The Trinity and The Kingdom*, trans. Margaret Kohl (Philadelphia: Harper & Row, 1981), 25-30.

man. They disclosed attitudes of God rather than ideas *about* God.”<sup>636</sup> This picture of God is in opposition to the God of the Greek philosophers whose God is unmoved and indifferent to human beings. The God of the Hebrew prophets experiences joy or sorrow, pleasure or wrath, but not in the way human beings do. The Greeks described human emotions in terms of passions that displayed a “drunkenness of mind, an agitation of the soul devoid of reasoned purpose, operating blindly in its purpose or accomplishment.”<sup>637</sup> They describe passion as though it is something frightening. The strongest emotions such as anger take over people and change them in negative ways, often making them weak, unable to think, or less rational than they were when fully in control of themselves. According to the Greek philosophers, a person experiencing passion is the victim of an outside force. This view shaped the philosophy of pathos.<sup>638</sup> However, the prophets would not have understood God’s reactions in these terms. Pathos in the biblical tradition is understood as resulting from decision and determination formed with intention and depending on free will.<sup>639</sup> Furthermore, it is a:

functional rather than substantial reality; not an attribute, not an unchangeable quality, not an absolute content of divine Being, but rather a situation or the personal implication of His acts.<sup>640</sup>

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<sup>636</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 28.

<sup>637</sup> *Ibid.*, 289. See also Aristotle, *Nicomachean Ethics*, 110b, 20ff.

<sup>638</sup> See Eric Dodds, *The Greeks and the Irrational* (Berkeley: University of California Press, 1951), 5-6; 38ff. Plato, *Dialogue, Phaedrus*, Parts II and III, <http://ebooks.adelaide.edu.au/p/plato/p71phs/phaedrus.html>, [accessed 11/1/11] and *The Republic*, Book IX, emotions are part of the lower passions. [http://www.gutenberg.org/files/1497/1497-h/1497-h.htm#2H\\_4\\_0012](http://www.gutenberg.org/files/1497/1497-h/1497-h.htm#2H_4_0012), [accessed 11/1/11]. See Heschel’s full discussion of the influence of Greek philosophy on the western perception of God in Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), particularly 318-343. See also Jürgen Moltmann, *The Trinity and the Kingdom* (New York: Harper and Row, 181), 25-27.

<sup>639</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 290.

<sup>640</sup> *Ibid.*, 297-8, 362-3.

Even God's wrath would not have been viewed as a defect in his character or justice, as we might view human anger. It is never unpredictable, irrational, or purely spontaneous, but instead, comes out of God's justice and his concern for right and wrong. According to Heschel, it is "an aspect of divine pathos, as one of the modes of God's responsiveness to man" and, in particular, is a sign that God is not indifferent to evil.<sup>641</sup> For Moltmann this revelation of God's divine pathos, coming out of God's deep caring for human beings and all of creation, helped him find healing and comfort. This understanding of God also brings hope for other Christians as they come to understand that God's love triumphs over indifference, injustice, and evil itself and opens the door for them to experience the empathy of God. According to Paul Fiddes, the theology of the cross was particularly significant to Moltmann because:

the particular death of Jesus was more than a disclosure of the continual love of God, though of course it was at least that. In his [Moltmann's] view it was also the critical point in the contact of God with human suffering in general, and somehow even assists the participation of God in all human suffering now<sup>642</sup>

God's very nature is sacrificial love and this is what we see exhibited through Christ's death on the cross in two ways.<sup>643</sup> As a "disclosure of God's love," the crucifixion reveals how God (the Father) loved to such an extent that he gave up "his own Son, abandoned him, cast him out and delivered him up to an accursed death"<sup>644</sup> to accomplish the work of redemption. At the same time,

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<sup>641</sup> *Ibid.*, 297-8, 364-5.

<sup>642</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 6.

<sup>643</sup> Jürgen Moltmann, *The Trinity and the Kingdom of God: The Doctrine of God*, trans. M. Kohl (London: SCM Press, 1981), 82.

<sup>644</sup> Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and*

God the Son “allows himself to be forced out. . . to be crucified and is crucified, [for and by the godforsaken who hate him] and in this consummates his unconditional love that is so full of hope.” It is hope because in the crucifixion, God<sup>645</sup> enters into the utmost human desolation and transforms it by forgiveness and self-sacrificial love. God’s love in the midst of suffering “proves to be stronger than hate. Its might is powerful in weakness and gains power over its enemies in grief, because it gives life even to its enemies and opens up the future to change.”<sup>646</sup> This is a paradox. The darkness of abandonment and godforsakenness of the cross is the consummation of God’s unconditional love and grace. Because there is meaning in the suffering of the cross, human beings can also find meaning and hope in their times of loneliness and abandonment. Yet, Moltmann takes this discussion from the cross to the resurrection. Through the power of the resurrection and the triumph of Christ over death, God’s faithfulness to his promises is proven.<sup>647</sup> For Moltmann the very heart of the Christian tradition is the history of Christ’s passion. The words of the Bible, in their proclaiming the redemption of the world, and even Christianity’s rituals

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*Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 242.

<sup>645</sup> Moltmann is speaking of God as Father, Son, and Spirit. See Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 248.

<sup>646</sup> Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 248-9. This thought is echoed in Dietrich Bonhoeffer’s writing when he says, “God lets himself be pushed out of the world on to the cross. He is weak and powerless in the world, and that is precisely the way, the only way, in which he is with us and helps us. Matt 8.17 makes it quite clear that Christ helps us, not by virtue of his omnipotence, but by virtue of his weakness and suffering. . . Only the suffering God can help. . . That is a reversal of what the religious man expects of God. Man is summoned to share in God’s sufferings at the hands of a godless world.” Dietrich Bonhoeffer, “16 July 1944” *Letters and Papers from Prison: The Enlarged Edition*, ed. Eberhard Bethge (New York: Touchstone Book, Simon and Schuster, 1997), 360-1.

<sup>647</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 223.

(such as the Eucharist) communicate Christ's suffering and self-giving.<sup>648</sup>

## The Suffering of God Controversies

Moltmann's understanding of God's love led him to critically examine the doctrine of the impassibility of God even though he knew such a move was controversial to some conservative theologians. In his book *The Trinity and the Kingdom* he took on critics when he examined the reasons why the Church has clung to the "apathy axiom."<sup>649</sup> He has readily admitted that the idea of "the passion of a passionate God contravenes the fundamental axiom of Aristotelian philosophical theology, which was God's essential apathy."<sup>650</sup> He is also aware that the doctrine of the impassibility of God was affirmed by most of the Greek Fathers of the Church and was codified by articles and confessions of faith;<sup>651</sup> however, according to Moltmann and others, the doctrine did not seem adequate in current historical context, biblical scholarship, and pastoral practice.<sup>652</sup> The

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<sup>648</sup> Jürgen Moltmann, *The Trinity and The Kingdom*, trans. Margaret Kohl (Philadelphia: Harper & Row, 1981), 21.

<sup>649</sup> *Ibid.*, 23. See particularly chapter 2, "The Passion of God," 21-60. See also Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), x.

<sup>650</sup> See the work of Abraham Heschel regarding *divine pathos* that God "is moved and affected by what happens in the world, and reacts accordingly" and prophetic sympathy, the idea that the Old Testament prophet "is guided not by what he feels, but by what God feels" in Abraham J. Heschel, *The Prophets*, Vol. II (New York: Harper and Row, 1962), 4 and 94 respectively.

<sup>651</sup> The Council of Chalcedon in AD 451 made the following strong declaration against anyone teaching God's passibility: "The synod deposes from the priesthood those who dare to say that the Godhead of the only-begotten is passible." (Text in J. Stevenson (ed.), *Creeds, Councils and Controversies* (SPCK, London, 1966), p. 336. See also Article I of the *Articles of Faith of the Church of England* (1562) reprinted in editions of the *Book of Common Prayer and The Confessions of Faith*, Westminster (1647).

<sup>652</sup> In the last century, John Kenneth Mozley noted in 1926, that there was already a "growing reaction against this doctrine." See John Kenneth Mozley, *The Impassibility of God: A Survey of Christian Thought* (London: Cambridge University Press, 1926), 127-66. Paul Fiddes, writing in 1988 in *The Creative Suffering of God*, acknowledges Moltmann's contribution to the debate: "Moltmann has made some of the most profound explorations into the meaning of divine suffering in contemporary theology." See Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 12.

most common criticism expressed in regards to Moltmann's ideas on the impassibility of God is that his concept of God's suffering undermines the sovereignty and power of God and renders God unable to overcome evil. To counter this argument, Moltmann contends that God's suffering is different from man's for he "remains master of the pain that love causes him to suffer." Furthermore, he says, "God does not suffer out of deficiency of being, like created beings. . . .But he suffers from the love which is the superabundance and overflowing of his being."<sup>653</sup>

Like Karl Barth, Moltmann found the concept of God as Trinity indispensable<sup>654</sup> for explaining the belief in a God who suffers and yet remains God. Fiddes says that Barth laid the foundations for speaking of a passion of God in the immanent Trinity; however, for Barth, God's suffering in the cross "is being isolated within the work of God in human history, and not carried back into the essence of God."<sup>655</sup> Moltmann disagreed with Barth on this point and said instead that when we witness Christ's suffering through the lens of the Trinity, "we perceive that in Christ God himself is present." Action is connected to inner passion as the Son co-suffers with the world on the cross, and the Father suffers through his grief.<sup>656</sup>

Moltmann's ideas regarding God's suffering have drawn critics, including

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<sup>653</sup> Jürgen Moltmann, *The Trinity and The Kingdom*, trans. Margaret Kohl (Philadelphia: Harper & Row, 1981), 23. He refers to the writings of Origen when he talks about "divine suffering" to support his views. See Origen, *Commentary on Romans*, VII. 9; MPG 14.1129 A.

<sup>654</sup> *Ibid.*, 25, 83. See also: Jüngel Eberhard, *The Doctrine of the Trinity* (Edinburgh: Scottish Academic Press, 1976) and Kazoh Kitamori *Theology of the Pain of God*, (Richmond: John Knox Press, 1965) 45-6, among others.

<sup>655</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 118-9.

<sup>656</sup> Jürgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress Press, 1993), 243. Jürgen Moltmann, *The Trinity and The Kingdom*, trans. Margaret Kohl (Philadelphia: Harper & Row, 1981), 81.

Dorothee Sölle although she later adjusted her views saying that God is a co-sufferer and is with those who suffer.<sup>657</sup> Veli-Matti Kärkkäinen<sup>658</sup> and Leithart<sup>659</sup> have summarized the Moltmann criticisms. Kärkkäinen, in particular, has accused Moltmann of tritheism<sup>660</sup> although his evidence for this claim has been refuted.<sup>661</sup> Many of the tritheism criticisms are linked to Moltmann's use of the Cappadocian Father's doctrine of the Trinity as a social analogy which had all but disappeared from use following Aquinas' development of Augustine's psychological analogy,<sup>662</sup> but which has recently made a "remarkable comeback, attracting quite a diverse group of theologians."<sup>663</sup> The criticisms directed at this model tend to deal with the terminology utilized, particularly regarding the modern term "person."<sup>664</sup> John Gresham, however, feels that critics of the social

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<sup>657</sup> See Sölle, Dorothee, *Suffering* (Philadelphia: Fortress Press, 1975), 148. See also Sölle, Dorothee, *Suffering* (Philadelphia: Fortress Press, 1975), 146-9 and Moltmann's discussion on their disagreement and other critics with similar views in Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Philadelphia: Fortress Press, 2009), particularly 199.

<sup>658</sup> See Veli-Matti Kärkkäinen's works: *The Trinity: Global Perspectives* (Westminster-John Knox Press, 2007) particularly chapter eight, "Jürgen Moltmann: Trinitarian Panentheism," and "The Trinitarian Doctrines of Jürgen Moltmann and Wolfhard Pannenberg in the Context of Contemporary Discussion," Chapter 13 in Peter Phan, *The Cambridge Companion to the Trinity* (Cambridge: Cambridge University Press, 2011), 223-243.

<sup>659</sup> Peter J. Leithart, "Criticism and Responses regarding Moltmann," Tuesday, October 23, 2007, <http://www.leithart.com/archives/003379.php>. Leithart is mostly quoting Kärkkäinen.

<sup>660</sup> Moltmann has responded to this charge by acknowledging that he has at times erred on the side of the Trinity's threeness in order to "take sides" and admitted in retrospect that a more ontological view of God's relationality would have helped to prevent this charge from being leveled against him. See Moltmann's *Crucified God*, 227.

<sup>661</sup> Veli-Matti Kärkkäinen, "Trinitarian Doctrines of Jürgen Moltmann and Wolfhard Pannenberg in the Context of Contemporary Discussion," Chapter 13 in Peter Phan, *The Cambridge Companion to the Trinity* (Cambridge: Cambridge University Press, 2011), 236-7. He cites: Roger Olson, "Trinity and Eschatology: The Historical Being of God in Jürgen Moltmann and Wolfhart Pannenberg," *Scottish Journal of Theology*, 36 (1983), 217-8. Some other critics have accused Moltmann of Modalism. Moltmann refutes this criticism in *The Trinity and the Kingdom: The Doctrine of God*, trans. Margaret Kohl (Philadelphia: Fortress Press, 1993), 144.

<sup>662</sup> John Gresham, "The Social Model of the Trinity and Its Critics," *Scottish Journal of Theology*, 46 (1993): 325.

<sup>663</sup> *Ibid.*, 325-6.

<sup>664</sup> If not utilized carefully, this term has contributed to the accusation of tritheism. For examples see Claude Welch, *In This Name: The Doctrine of the Trinity in Contemporary Theology* (New York: Charles Scribner's Sons, 1952), 269-70 and George Heyer, Jr.,



analogy have overstated the contrast between the meaning of *persona* and person, which underlies the criticism. Moltmann's response to the charge of tritheism emerges out of his reading of what Christ did on the cross. The unity of the Trinity is not "monadic" or "numerical" but is "communal." Moltmann finds the unity in the "fellowship" shared by the Father, Son, and Spirit. This unity is best expressed by the Greek term, *perichoresis*<sup>665</sup> and Moltmann describes its essence in the following way:

Because of their eternal love, the divine persons exist so intimately with each other, for each other, and in each other that they themselves constitute a unique, incomparable, and complete unity.<sup>666</sup>

The criticisms raise legitimate questions about God's nature, questions that theologians have struggled with since the early Church Fathers. Even Moltmann's admirers, like Fiddes, would be quick to point out that gaps remain in how Moltmann has explained some of his theological ideas. In *The Creative Suffering of God*, Paul Fiddes has done a careful and thoughtful analysis of what it means to talk about the suffering of God.<sup>667</sup> He has tried to capture the basic arguments for the impassibility of God while presenting a strong case for a "God who suffers eminently and yet is still God, and a God who suffers universally and yet is still present uniquely and decisively in the sufferings of Christ."<sup>668</sup> Fiddes

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"Theological Reflections on 'Imago Trinitatis: The Being of God as a Model for Ministry,'" *Austin Seminary Bulletin* 102 (1986), 17-18. Gresham does a nice job of dealing with this criticism. He cites modern scholarship that the terms utilized come from the Church's own exegetical tradition.

<sup>665</sup> Jürgen Moltmann, *The Trinity and the Kingdom*, trans. Margaret Kohl (New York: Harper and Row, 1981), 149-50.

<sup>666</sup> Jürgen Moltmann, "The Unity of the Triune God," *St. Vladimir's Theology Quarterly* 28 (1984), 166.

<sup>667</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992). Fiddes presents the classical theist arguments for God's impassibility based on denying God's ability to change. He looks at Aquinas' arguments in depth.

<sup>668</sup> *Ibid.*, 3.

approaches God's suffering by saying:

If God suffers then he is changed by the world, and he can only be changed to become more truly himself; but he opens himself to this suffering because he chooses mankind for fellowship, and so chooses to be fulfilled through his creation. While this suffering love is a matter of free choice for God it is at the same time a desire in which there can be no question of God's not longing for our love.<sup>669</sup>

And:

God can only change to become more fully himself, to fulfil his being. . . . If God suffers in the full sense of being changed by his suffering, then he fulfils his own being in love since he cannot change to become any less himself. While God suffers to bring many sons (sic) to glory, he completes his own glory as well.<sup>670</sup>

Rather than viewing suffering through the human perspective of weakness, Fiddes stands with Bonhoeffer in describing God's strength demonstrated in the humility of Jesus and the weakness of the cross.<sup>671</sup> Fiddes utilizes Luther's theology of the cross to demonstrate that "God is the most divine in his humility."<sup>672</sup> He acknowledges, however, that the suffering God must remain "recognizably God within the Christian tradition of strength through weakness. We must try to think of a God who can be the greatest sufferer of all and yet still be God."<sup>673</sup> God's suffering must somehow be different from human suffering even as it touches all human beings.

Most of Fiddes' criticisms of Moltmann focus on how Moltmann defines and describes the workings of the Trinity—the theological language he chooses

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<sup>669</sup> *Ibid.*, 75. Fiddes builds his case through the chapter "The God who Suffers Change." He also discusses Moltmann's arguments based in God's love and his desire which Fiddes finds problematic because it raises more questions than it answers (73-4).

<sup>670</sup> *Ibid.*, 170.

<sup>671</sup> *Ibid.*, 2, quoting Dietrich Bonhoeffer, *Letters and Papers From Prison*, 360-1.

<sup>672</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 30-1.

<sup>673</sup> *Ibid.*, 2. He is complimentary of Moltmann's discussion of a God who suffers and remains transcendent. See pages 135-143.

to utilize.<sup>674</sup> Bauckham also has identified weaknesses in Moltmann's Trinitarian discussions even as he defends Moltmann by implying that some of that criticism may come from a lack of understanding of what Moltmann means when he talks about the Trinity, particularly as it relates to how the persons of the Trinity are divided. He says that to understand Moltmann's Trinitarian theology, one must:

appreciate the paradox he presents, according to which the Father and the Son are most deeply united in their division. The event of the cross is the act of God's love for the world, in which the Father and Son are united in a 'deep community of will.' It is in the common love that that Father surrenders the Son to death and the Son surrenders himself to death". The unity comes through the love expressed in surrender.<sup>675</sup>

Jennifer Anne Herrick in her doctoral thesis and later article<sup>676</sup> argues that the ineffable nature of God means that we will always struggle with finding words to discuss some doctrines such as the Trinity. How does one describe things related to a transcendent God with a human language that is often limited? Yet, even as Herrick discusses the problems and limitations of our language, she commends Moltmann for his efforts in struggling to find a language to express these profound concepts.

Moltmann's writings, even though controversial with some classical theistic theologians,<sup>677</sup> have been key in shaping contemporary discussions and

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<sup>674</sup> Paul Fiddes, *Participating in God: A Pastoral Doctrine of the Trinity* (Louisville, KY: Westminster/John Knox, 2000), 47-48. For others who see problems in how Moltmann describes the relationship of the Father, Son, and Holy Spirit see Gérard Rossé, *The Cry of Jesus on the Cross: A Biblical and Theological Study*, trans. Stephen Wentworth Arndt (New York: Paulist Press, 1987), 136-8.

<sup>675</sup> Richard Bauckham, *The Theology of Jürgen Moltmann* (London: T&T Clark, 1995), 56.

<sup>676</sup> Jennifer Anne Herrick, "1+1+1=1: Making Sense of Nonsense: The Concept of the Trinity at the End of the 20th Century," <http://escholarship.usyd.edu.au/journals/index.php/SSR/article/viewFile/137/158>, [accessed 11/2/11]. See also Her PhD thesis *Trinitarian Intelligibility: An Analysis of Contemporary Discussions An Investigation of Western Academic Trinitarian Theology of the Late Twentieth Century*, University of Sydney (2006), <http://www.bookpump.com/dps/pdf-b/1123531b.pdf> (accessed 11/2/11)

<sup>677</sup> Names more recently associated with the impassibility of God include: Thomas

in bringing back an interest in discussion about God's nature.<sup>678</sup> These discussions are important because they remind us that though we may use anthropomorphic metaphors when speaking of God in these discussions, this does not mean that God is a human being. Mozley, in *The Impassibility of God: A Survey of Christian Thought*, Fretheim in *The Suffering God*, and Richard Lucien

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Weinandy, *Does God Suffer?* (Notre Dame: University of Notre Dame Press, 2000); Stephen Charnock's works, particularly "A Discourse of God's being the Author of Reconciliation," <http://www.sacred-texts.com/chr/charnock/cha07.htm>; Richard Watson, *Theological Institutes*, Part II, Chapter 16, "Humanity of Christ—Hypostatic Union—Errors as to the Person of Christ," <http://wesley.nnu.edu/other-theologians/richard-watson/theological-institutes-by-richard-watson/theological-institutes-by-richard-watson-part-second-chapter-16/>; John Gill, *The Body of Doctrinal and Practical Divinity*, Book 1, <http://www.gracesermons.com/robbeeee/Gill-book1.html>; and Phillip Johnson, *God Without Mood Swings: Recovering the Doctrine of Divine Impassibility*, (Moscow, ID: Canon Press, 2000); Paul Gavrilyuk, *The Suffering of the Impassible God: The Dialectics of Patristic Thought* (New York, NY: Oxford University Press, 2006); John Piper's works including "How Does a Sovereign God Love," *Reformed Journal*, 1983; and Richard Creel, *Divine Impassibility* (Cambridge, UK: Cambridge University Press, 1986).

<sup>678</sup> There are significant earlier discussions, see for instance Gregory of Nazianzus' "The Fourth Theological Oration," *Theological Oration XXX*, V: "For we were the forsaken and despised before, but now by the Sufferings of Him Who could not suffer, we were taken up and saved. . . ." and Martin Luther's "theology of the cross" (theologia crucis) in *Heidelberg Disputations of 1518*. Other theologians contributing to this understanding: Adolf von Harnack *History of Dogma*, 7 vols. 1894-99 available online on numerous sites; Horace Bushnell, *The Vicarious Sacrifice* (London: Alexander Strahan, 1866); Frederick Dillistone, *The Christian Understanding of Atonement* (Welwyn: James Nisbet, 1968), 243-6; John Mozley, *The Impassibility of God: A Survey of Christian Thought* (Cambridge: CUP, 1926), chapter 2; Hastings Rashdall, *The Idea of Atonement in Christian Theology* (London: Macmillan, 1919), 450-4; Arthur Ramsey, *From Gore to Temple* (London: Longmans, 1960), 58-9; Bertrand Brasnett, *The Suffering of the Impassible God* (London: SPCK, 1928); Herbert Relton, *A Study in Christology* (London: SPCK, 1929); Walter Matthews, *God In Christian Thought and Experience* (London: Nisbet, 1930), 246-9; E. Stanley Jones, *Christ and Human Suffering* (London: Hodder and Stoughton, 1933); *Doctrine in the Church of England* (London: SPCK, 1938), 55-6; O. C. Quick, *Doctrines of the Creed* (London: Nisbet, 1938), 184-7; H. W. Robinson, *Suffering Human and Divine* (London: SCM, 1940); L. Hodgson, *The Doctrine of the Trinity* (London: Nisbet, 1943), 71; William Temple and T. H. Hughes, *The Atonement* (London: Allen and Unwin, 1949); D. Jenkins, *The Glory of Man* (London: SCM Press, 1967), 106-10; K. J. Woolcombe, "The Pain of God", *SJT* 20 (1967), 129-48; L. Paul, *First Love: A Journey* (London: SPCK, 1977), 187-9; and William Vanstone, *Love's Endeavour, Love's Expense* (London: Darton, Longman and Todd, 1977). From other traditions: Unamuno's concept of "infinite sorrow of God," in Miguel de Unamuno, *Tragic Sense of Life* (London: Constable, 1954) that Moltmann referenced in *Trinity*, 36-42]; the concept of tragedy in divine life in N. Berdyaev, *The Meaning of History* (London: Geoffrey Bles, 1939) that he refers to in *Trinity*, 42-7; Kazoh Kitamori's concept of divine suffering in *Theology of the Pain of God* (Eugene, OR: Wipf & Stock Publishers, 2005); Douglas John Hall, *God and Human Suffering: An Exercise in the Theology of the Cross* (Minneapolis: Augsburg, 1986) and Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress Press, 1984).

in *What Are They Saying About Suffering*<sup>679</sup> remind us that though there may be points of similarity, there are differences in divine feeling and human feeling. We do not want to “reduce God to human frailty.”<sup>680</sup> Paul Fiddes sees the benefit of listening to those who hold to classical theism because they have kept the passibility of God supporters from falling into a “merely sentimental attachment to belief in a suffering God”<sup>681</sup> and they force people to look at what they believe and how their beliefs influence ministry. For pastoral care providers theological engagement even with those of differing ideas is important to remind us that we all “know in part” (1 Cor. 13: 12) and allowing ourselves to be challenged in ideas can lead to growth. It is important for us as representatives of God to remember that our callings must “begin with an epistemological humility that acknowledges the ineffable nature of God.”<sup>682</sup>

Furthermore, an uncritical acceptance of passibility can lead to other theological problems. Because of this concept, Greek philosophers and some early church leaders were ready to deny compassion to God. This would restrict “God’s love in the world”<sup>683</sup> and cause Him to appear indifferent to evil and suffering. Denial also limits the biblical witness to the pathos of God as discussed earlier in this chapter and presented by Abraham Heschel, other Jewish

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<sup>679</sup> J. K. Mozley, *The Impassibility of God: A Survey of Christian Thought* (Cambridge: CUP, 1926); Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress Press, 1984); and Richard Lucien, *What Are They Saying about Suffering* (New York: Paulist Press, 1992).

<sup>680</sup> Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress Press, 1984), 8. See also Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 346.

<sup>681</sup> Paul Fiddes, *The Creative Suffering of God* (New York, NY: Oxford University, 1988), 15.

<sup>682</sup> Jesse Zink, “‘We Know in Part and We Prophecy in Part’: Epistemological Humility in Gregory of Nazianzus Doctrine of God,” *Glossolalia* 2.2 (June 2010): 46, [glossolalia.sites.yale.edu/node/38/attachment](http://glossolalia.sites.yale.edu/node/38/attachment).

<sup>683</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 18.

theologians, Kazoh Kitamori (*Theology of the Pain of God*<sup>684</sup>), and Moltmann.<sup>685</sup>

### **Implications of Moltmann's Work for Theory and Practice**

Moltmann's work is key because he is not only a theologian of much depth who has struggled with questions regarding theodicy for most of his life, but also because his personal struggles with suffering have taught him to sit with paradox and not knowing and to engage critically with other theologians even when they have not agreed with him. Moltmann is also consistent in his themes and his emphasis on liberation and hope for all of God's creation in his works, including his most recent work, *The Ethics of Hope*. Moltmann is a model of resilience in his "ability to survive, to succeed, and to evolve in the face of adversity."<sup>686</sup>

Even though Moltmann does not fully interpret this incarnational concept for practice, Charles Gerkin's theoretical discussions of incarnational theology suggest methodology allowing for a conversation between Moltmann's theology and pastoral practice. For praxis, Gerkin assumed that God is present in practices of ministry (empathy, listening, and identification) and that the "understanding of the incarnation shapes how one does ministry in the name of Christ."<sup>687</sup> However, he took the concept of presence further than have other theologians, including Moltmann, who often define and describe incarnational theology in passive terms.<sup>688</sup> For Gerkin, God definitively appeared in the life,

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<sup>684</sup> Kazoh Kitamori, *Theology of the Pain of God* (Eugene, OR: Wipf & Stock, 2005).

<sup>685</sup> Paul Fiddes, *The Creative Suffering of God* (Oxford: Clarendon Press, 1992), 18.

<sup>686</sup> Margot Phaneuf quoting Boris Cyrulnik in "Resilience: Abstract Concept or Survival Skill," [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 21 September 2012].

<sup>687</sup> Thomas St. James O'Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario: Canadian Corporation for Studies in Religion, Wilfrid Laurier University, 1998), 41, 42.

<sup>688</sup> *Ibid.*, 42.

death, and resurrection of Jesus, but God is also present in crisis events, in relationships, in both ordinary and unexpected events and experiences that are part of a person's life. He concluded that the goal of ministry is not only listening and empathy, but also embracing an active prophetic role of helping people recognize God's presence in their lives today by helping them connect their personal narratives with God's narrative to provide new meaning new life.<sup>689</sup> Utilizing Moltmann's interpretation of incarnational theology with Gerkin's theory for practice, provides a way for chaplains and ministers to not only bring assurance, but also to be bringers of anticipation and expectation that helps people connect to enduring hope when circumstances do not change (as in the case of behavioural health issues or terminal illness). This understanding of God's presence has been a source of comfort for people such as Beverly who commented that though God did not heal her of her mental illness ("Faith never took away her pain"<sup>690</sup>), "in drawing closer to Him" she gained increased strength to endure.

Gerkin also allows for mystery in the midst of ministry by acknowledging that God's presence incarnated in a situation defies total understanding.<sup>691</sup> When the "unconditional becomes incarnated in the conditional"<sup>692</sup> there is always more than what is seen and understood—and important insight to bring with

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<sup>689</sup> *Ibid.*, 42-43.

<sup>690</sup> Nancy Kehoe, *Wrestling with Our Inner Angels: Faith, Mental Illness, and the Journey to Wholeness* (San Francisco: Jossey-Bass, 2009), 32.

<sup>691</sup> Thomas St. James O'Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario: Canadian Corporation for Studies in Religion, Wilfrid Laurier University, 1998), 52.

<sup>692</sup> "God is incarnated in the conditional and yet this conditional should not be made an absolute. God's nature is revealed in a multitude of ways. . . ." Thomas St. James O'Connor, *Clinical Pastoral Supervision and the Theology of Charles Gerkin* (Waterloo, Ontario: Canadian Corporation for Studies in Religion, Wilfrid Laurier University, 1998), 45.

application.

Several of Moltmann's personal responses to experience are noteworthy for understanding how he applied his faith to find meaning in his suffering. Moltmann has been able to externalize his negative experiences from himself and what he believed about God. This enabled him to hang on to his faith in the midst of crisis. Moltmann found meaning in his experience of suffering through his search for a theological understanding of where God was in his suffering. His theological reflection changed his attitude about the situation in such a way that he was no longer a victim of the experience but became actively engaged in transcending it and in the process experienced personal challenge, growth, and triumph.<sup>693</sup> Finding the language to describe the revelation he had experienced became his lifelong quest. Finally, Moltmann's understanding of the cross and later of God's nature helped him connect his personal narrative to a larger narrative of faith. Rather than focusing only on his own and human suffering generally, he sought to find God in the midst of suffering and understand what suffering means for God. This does not mean that he found a Christological interpretation for why we suffer. In fact, he thought it was better to allow the question, "My God, why, why . . .?" to remain open and unanswered and instead, to continue to pursue God and seek to see suffering and injustice from God's point of view. He found in the search a narrative of the suffering of a God who passionately loves his people and desires righteousness and justice for all of his creation.<sup>694</sup> This image of God, a God of passionate love, not only brought some

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<sup>693</sup> Viktor Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1984), 170.

<sup>694</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis:



peace to his own wounded self, but also holds the promise of bringing transcending faith to others as they experience God's acceptance and love. The next chapter will talk about a pastoral care provider can help a person respond in similar, helpful ways when facing a crisis. Through caring, compassionate presence in genuine relationship, Christian care providers can help people express their fears and reduce them.

## **Conclusion**

This chapter has focused on the different aspects of theory for Christian pastoral care response within a hospital setting. The chapter began with a look at current North American practice and how Kübler-Ross' work continues to influence medical practice and support for the dying in America. From there, the focus of the chapter shifted to looking at three hermeneutical approaches—Capps', Browning's, and Gerkin's-- utilized in congregational settings, but which contain elements that might translate into working with existential and theological frameworks within a hospital setting. Capps' interpretation and utilization of Ricoeur was the most helpful for this thesis' work. Browning's and Gerkin's works were helpful for their critical engagement with the social sciences. Gerkin's work with incarnational life-style, involving incarnational narrative and theology, and discussions of how important language is for contributing to interpretation and meaning that people ascribe to events is particularly important to chaplaincy work within a Christian context. Browning's work is important for recognizing how culture shapes interpretations, for his reflections on strategic practical theology, and his ideas for how CPE could be strengthened and utilized to train ministers

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Fortress Press, 2009), 194.

for work in institutional and congregational settings. The main limitations of Gerkin's and Browning's methodology are related to their use of Freudian or neo-Freudian psychotherapy or behavioural approaches to counselling.

This chapter has also critically engaged with the theology work of Jürgen Moltmann, particularly his work on hope and compassionate, empathetic presence of God as evidenced in this theology of the cross. In Moltmann's life and work we see how a deep understanding of theology influences and vitalizes experience and practice. His work to find a theological language of hope is important for all people who journey with those who suffer.

The next chapter will discuss and illustrate how the hermeneutic and theological theory presented in this chapter is embodied in actual practice utilizing narrative therapy techniques for supporting the dying and teaching people how to live more fully in life. Christian care providers cannot give another person hope, but they can facilitate their finding hope and being more resilient. Methods, theory, language, and themes of hope help some people understand at a deeper level God's love and their own worth and value as his beloved creations. For others these methods help them find the meaning and purpose for their lives. The interventions work, but for helping people move beyond existential despair, there must be a connecting of individual story to the larger Christian story of hope. By facilitating the process of theological and faith understanding in Christians, pastoral care providers help people make the unknown, known which helps them overcome their fear of death and find a transcending hope. The meaning of the cross and promise of resurrection make

present suffering more bearable as people recognize the presence of God with them, realize his empathetic response to their suffering, and hope for life beyond death grounded in the promises of a God who loves humankind passionately.

## Chapter Five

### A Critical Understanding of How to Foster Hope in Others

“May the God of all hope fill you with all joy and peace as you trust in him so that you may overflow with hope by the power of the Holy Spirit.”  
(Romans 15:13 TNIV)

#### Introduction

Ewan Kelly, Programme Director for Healthcare Chaplaincy and Spiritual Care, wrote an article in 2012 foretelling the considerable challenge healthcare chaplaincy is and will be facing as healthcare goes through rapid change, including financial austerity measures, in the coming years.<sup>695</sup> His predictions are true as much in the US as they are in the UK. His article challenges chaplains to not only demonstrate how “their practice enhances the wellbeing of service users, their carers, staff and organisations,” but also how “their contribution is unique and value for the tax payers’ money,”<sup>696</sup> or in the US, the healthcare system’s money. His voice is not alone in the challenge. Unfortunately, too often chaplains hear the challenge without knowing how to respond to it. This thesis fills that gap in understanding by providing a model and theological foundation from which Christian pastoral care providers, particularly chaplains, can respond. The focus of the “how” is on one area in which chaplains can provide a unique contribution—facilitating hope and resilience and, even, transformation--by not only “embodying the love and compassion of Christ,” but also through theological

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<sup>695</sup> Ewan Kelly, “The Development of Healthcare Chaplaincy,” *The Expository Times* 123, No. 10 (July 2012 ): 469-470.

<sup>696</sup> *Ibid.*, 469.

reflection woven together with narrative therapy interventions. This chapter brings together all the previous discussion to help people (re)discover hope and resilience, to experience a transcending hope rooted in God's faithfulness and presence as revealed through the fulfilment of what he has promised in scripture and in ongoing relationship with his beloved people now and in a future.<sup>697</sup> This hope is not a false hope or utopianism, for the story of God's people is grounded in the real world of suffering and tears. This real hope is not for a specific outcome, but hope found in God's love and his promise for "a future in which God is finally and completely present . . .and in which all the misery of the creation is overcome."<sup>698</sup>

The chapter will begin with an examination of a model for pastoral care focused on supporting outcomes of hope, resilience, and transformation, and then move to demonstrating how theory presented earlier in this thesis supports and explains parts of the model. Finally, the chapter will look more deeply at hope-filled themes of the early Church and in Moltmann's works and how they contribute to meaning, endurance, and encouragement that provide an underpinning for hope.

### **Model for Fostering Hope, Resilience, and Transformation**

Chapters one and three in this thesis have discussed how people utilize story to interpret experience and how those stories in turn shape their lives and relationships.<sup>699</sup> The stories or narratives that people live with are not objective

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<sup>697</sup> Jürgen Moltmann, *The Experiment of Hope*, ed. M. Douglas Meeks (London: SCM, 1975), 45.

<sup>698</sup> *Ibid.*

<sup>699</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W.W.

accounts of events but are a creative way of exploring and describing reality. The meaning attached to the experience is shaped by the overall context of a person's life, which includes family and cultural narratives about life and comes through language.<sup>700</sup> The stories of people's lives can be influenced even by their views about God.<sup>701</sup> Once the stories are formed, they shape people's lives and influence how they interpret other events such as illness, crisis, or death contributing to feelings of hope or hopelessness, behaviours supporting resilience, or in some cases helping people find new meanings that foster inner strength and contribute to spiritual growth. The outcomes of our lives (hope or hopelessness, resilience, and/or transformation) are not unalterable, but can change as the stories change. There are factors that influence the stories such as: meaning-making activities, resilience factors, contrary evidence,<sup>702</sup> and willpower and waypower.<sup>703</sup> Narrative therapy offers the pastoral care provider or

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Norton, 1990), 81.

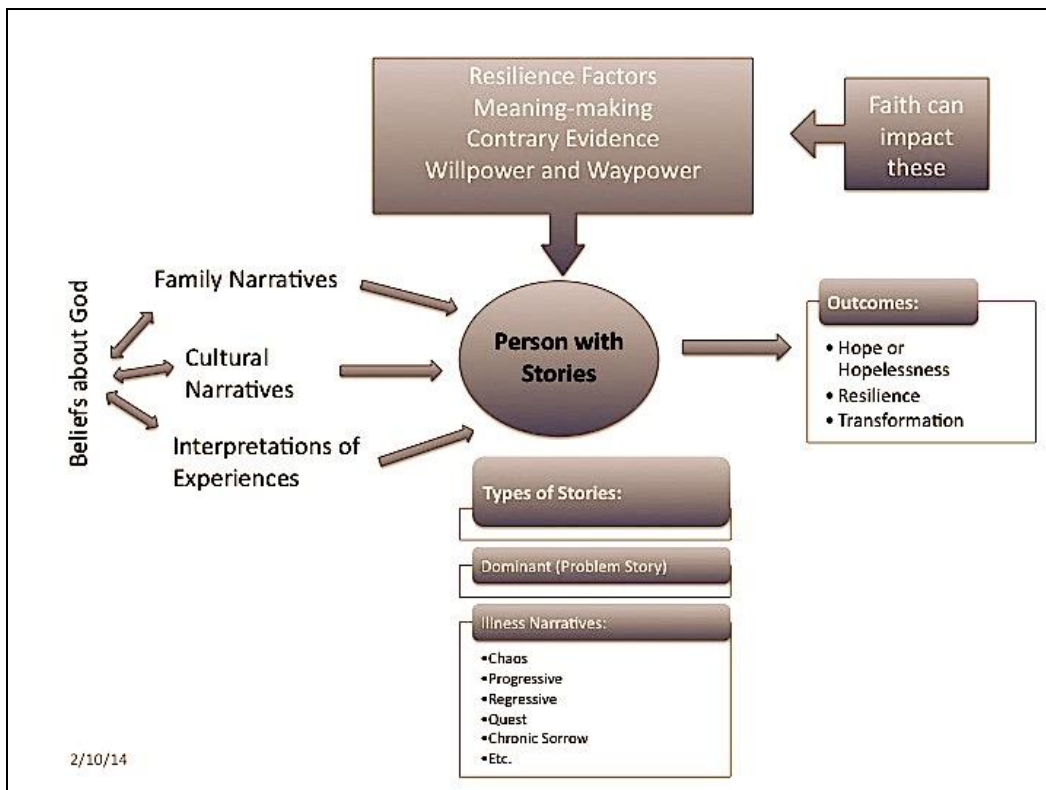
<sup>700</sup> Jerome Bruner, *Acts of Meaning* (Cambridge, MA: Harvard University, 1990), 43. See also Gregory Bateson, "Introduction," in *Mind and Nature: A Necessary Unity* (New York: Dutton, 1972), <http://www.oikos.org/mind&nature.htm>. Michael White and David Epston utilized Bateson's ideas in their work. See "Story, Knowledge and Power" in *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1990), particularly pages 2, 10, and 27. See also Martin Payne, *Narrative Therapy: An Introduction for Counsellors* (New York: Sage, 2006); Gregory Bateson, "Introduction," in *Mind and Nature: A Necessary Unity* (New York: Dutton, 1972), <http://www.oikos.org/mind&nature.htm>. See also M. M. Gergen and K. J. Gergen, "The Social Construction of Narrative Accounts," in K. J. Gergen and M. M. Gergen (Eds.), *Historical Social Psychology* (Hillsdale: Lawrence Erlbaum Associates, 1984).

<sup>701</sup> See Ana-Maria Rizzuto, *The Birth of The Living God: A Psychoanalytical Study* (Chicago: University of Chicago, 1979) and David Seamands, *Healing of Memories* (Wheaton, Illinois: Victor, 1985). A negative image of God was linked to increased mortality in a 2-year longitudinal study of mentally ill elderly inpatients (K. Parment, H. Koenig, N. Tarakeshwar, and J. Hahn, "Religious Struggle as a Predictor of Mortality among Medically Ill Elderly Patients: A Two-Year Longitudinal Study," *Archives of Internal Medicine* 161 (13-27 August 2001): 1881-1885. See Sharon Cheston, Ralph Piedmont, Beverly Eanes, and Lynn Lavin, "Changes in Client's Images of God over the Course of Outpatient Therapy," *Counseling and Values*, 47 (2003).

<sup>702</sup> Evidence that contradicts what the person believes about life and/or the meaning or interpretation that they have attributed to an event in his or her life.

<sup>703</sup> According to Charlies Snyder, Willpower and Waypower are both necessary for someone to move beyond despair. People need not only desire or motivation, but also the way to achieve

chaplain tools with which to help a person “re-write” the outcomes. What a person believes about God, his or her faith, can also influence not only the outcomes but also any of the factors that influence the stories. Below is a schematic diagram that illustrates how all the factors come together.



An essential tool that the pastoral care provider brings from narrative therapy is narrative questioning. This form of questioning has the intent of uncovering meaning and generating hopeful interpretations of experience. It emphasizes people making their own interpretations of events and formulating their own insights through a process in which their self-discovery and understanding are central, and the pastoral care providers role is facilitator and

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the goal that will bring them to hope. Charles Snyder, *The Psychology of Hope: You Can Get Here from There* (New York: The Free Press, 1994), 10-13.

ally. For example, dialogic questions<sup>704</sup> are utilized to invite people to see their stories from different perspectives and to understand how they are influenced by sociocultural factors. Questions also invite them to envision different, more-hopeful outcomes for themselves, to probe the significance of rare but hopeful events in their lives (contrary evidence to what they believe), and help them recognize that they can change their interpretations of events and, therefore, the outcome in terms of belief, hopefulness, or resilience.

The rest of this chapter will discuss how the theory discussed in chapter four, narrative techniques discussed in chapter three, and themes discussed in chapters four and two can be utilized to foster outcomes of hope, resilience, and transformation.

### **Theory of Hope and Resilience**

Hope is one of those attributes that people recognize without being able to define. The process of defining the word may even rob the hope experience of the depth of meaning that it has for a person. Generally though, it is associated with the belief that tomorrow will be better than today. Often people equate wishful thinking or desire for a particular outcome (e.g., at cure) with hope; however,

hope is not the same thing as wishful thinking or unfounded optimism, nor is it merely a set of concepts to be given intellectual assent. Rather, hope has its birth in a realistic assessment of our situation, and is grounded in our experiences and the values by which we live.<sup>705</sup>

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<sup>704</sup> See Catherine O'Connor and Sarah Michaels, "When Is Dialogue 'Dialogic'?" *Human Development* 50 (2007): 275-285.

<sup>705</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 59.



Hope and denial are “antithesis, not fellow travelers.”<sup>706</sup> According to Rumbold, real hope lasts through, and may even form in, a time of testing or struggle. Crisis, chaos and suffering may dash immature hopes; yet, as meaning is found, and people continue to trust that somehow things will be okay or even that some good will come out of the suffering, hope is birthed. Trust and hope give people the ability to endure and wait until fresh options appear.<sup>707</sup>

The importance of hope for helping people heal and be resilient is recognized in the medical community. There are many references regarding hope in contemporary medical research projects, and it is widely recognized as an important factor in healing. In fact, measuring hopefulness is often included as part of the spiritual/emotional assessments conducted by nurses and social workers/case managers.<sup>708</sup> An example of how medical staff assess for hope is the Geriatric Depression Scale developed by Drs. Robertson and Montagnini which contains several questions related to hopefulness including: “Do you feel that your situation is hopeless?”<sup>709</sup> There are a number of assessment methods available for chaplains and pastoral care providers to utilize to assess for hopefulness.<sup>710</sup> Yet, assessment is only the beginning. Pastoral care providers

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<sup>706</sup> *Ibid.*, 66.

<sup>707</sup> *Ibid.*

<sup>708</sup> See discussion in Larry Vandecreek, Christian Nye, and Kaye Herth, “Where There’s Life, There’s Hope, and Where There is Hope, There is. . .” *Journal of Religion and Health* 33, No. 1 (Spring 1994): 51-59, particularly 52 and Paul Bay, Daniel Beckman, James Trippi, Richard Gunderman, and Colin Terry, “The Effect of Pastoral Care Services on Anxiety, Depression, Hope, Religious Coping, and Religious Problem Solving Styles: A Randomized Controlled Study,” *Journal of Religion and Health* 47, No. 1 (March 2008): 57-69.

<sup>709</sup> Russell Robertson and Marcos Montagnini, “Geriatric Failure to Thrive” *American Family Physicians* 70, no. 2 (July 15, 2004), 347.

<sup>710</sup> Prominent models are 7X7 developed by George Fitchett and his colleagues (1993) and since revised (2002), from which other models are often derived CSI-MEMO (Koenig, 2002); FICA (Puchalski and Romer, 2000); HOPE (Anandarajah and Hight, 2001); FAITH (King, 2002); SPIRIT (Abridged: Maugans, 1997; Ambuel & Weissman, 1999); and FACT (LaRocca-Pitts,

can help people connect to and build on their spiritual, emotional, and relational resources through therapeutic interactions. They can help them see the inner resources they have for resilience and help them remember times when they have been resilient.

According to Cyrulnick, expert on resilience, resilience, as we are utilizing the term here, “is the ability to survive, to succeed, and to evolve in the face of adversity.” Being resilient does not make the problems go away, but it does help the sufferer see past them, still find enjoyment in life, handle the stress better, and grow.<sup>711</sup> John Reich, social psychologist sees resilience as an important human trait.

At the heart of human adaptation is resilience, the ability to create a positive world for ourselves, often in the face of stressful life experiences, and the ability to resist being overtaken by negative experiences when they seem to be overwhelming.<sup>712</sup>

Core characteristics that foster resilience in people are the ability to: respond in diverse ways to a change; be flexible or able to change; rebound rapidly; and learn from the experience and adjust. These characteristics in turn are influenced by individual protective factors such as: learned coping mechanisms, temperament, creativity, capacity to bond and form significant relationships, empathy, compassion, self-esteem, sense of purpose, and capacity to have some control and autonomy in the situation.<sup>713</sup> For people to find hope that

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2008).

<sup>711</sup> See “Resilience: Build Skills to Endure Hardship,” Mayo Clinic (19 July 2011), <http://www.mayoclinic.org/resilience/art-20046311>.

<sup>712</sup> John Reich, quoted in *Resilience: Health in a New Key* St. Luke’s Health Initiative of Arizona Health Futures (Fall 2003), 8.

<sup>713</sup> *Resilience: Health in a New Key* St. Luke’s Health Initiative of Arizona Health Futures (Fall 2003): 1-28, [www.slhi.org/pdfs/issue\\_briefs/ib-03fall.pdf](http://www.slhi.org/pdfs/issue_briefs/ib-03fall.pdf). See also Margot Phaneuf, “Resilience: Abstract Concept or Survival Skill,” <http://www.infiressources.ca/fer/>

enables them to endure whatever they are facing, they must have waypower--the capability (i.e. a goal **and** way to achieve that goal)--and willpower--the motivation or determination to endure.<sup>714</sup> Cyrulnick, Phaneuf, Snyder, and others, have documented how important human companionship is for helping people be resilient in times of crisis and suffering.<sup>715</sup> When people are discouraged, they have neither the energy nor creativity to see or imagine the way out of the problem facing them. The person who comes to hear the sufferer's story allows the person to give voice to the pain that must be heard for healing to begin. Empathy, "other-oriented feelings of concern and compassion which result from witnessing another person suffer,"<sup>716</sup> helps another person feel heard, understood, and valued. However, just having the story heard might not be enough to help people find the hope they need to move beyond despair. Telling a story with themes of disappointment, loss, and shame may actually contribute to greater despair, as the suffering is re-lived. Instead, the person needs a companion--a person to hear the story (in a non-judgmental and compassionate manner) and help him or her do the work of hope--to move beyond despair. This companion comes not as an expert, but as one who recognizes his or her own helplessness and is a collaborator and fellow learner. A trained pastoral carer in

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Depotdocument\_anglais/Resilience\_abstract\_concept\_or\_survival\_skill.pdf, [accessed 21 September 2012].

<sup>714</sup> Charles Snyder originated the terms: "Waypower" and "Willpower." See Charles Snyder, *The Psychology of Hope: You Can Get Here from There* (New York: The Free Press, 1994), 13-18.

<sup>715</sup> Charles Snyder, *The Psychology of Hope: You Can Get Here from There* (New York: The Free Press, 1994), 13-18. Margot Phaneuf, "Resilience: Abstract Concept or Survival Skill," [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 21 September 2012].

<sup>716</sup> Mark Davis, *Empathy: A Social Psychological Approach* (Boulder, CO: Westview, 1996), 8.

this role helps people see their stories from different perspectives. Through paraphrasing, open-ended questions, and reflection on feeling, the companion helps the sufferer clarify the situation and see problematic beliefs, practices, feelings, and attitudes that bring emotional suffering as the person struggles to find meaning in his or her suffering. Hope arises as alternative stories about the world, self, others, life purpose, and reality provide another set of meanings and perspectives.<sup>717</sup>

### **The Importance of Others: Geel**

A powerful and often studied example of the power of others for facilitating hope and seeing the impact of hope on healing is found in the story of the village of Geel in Belgium. Research teams travel to Geel<sup>718</sup> to study its unusual community method for treating psychiatric patients that has continued in operation since the Middle Ages, even surviving the Nazis (who somehow left the town untouched). Under the current system, prospective “patients” arrive first at a large hospital in town, which screens, diagnoses, and places those who are not violent in host homes in the community where they are able to take part in everyday life. The town’s people have grown used to behaviour that elsewhere arouses fear or prejudice. Here, no one laughs at the mentally ill, nor are they labelled as being under the judgment of God. Because of the caring, normalizing treatment people receive, they often improve and their symptoms lessen or even

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<sup>717</sup> Richard Cook and Irene Alexander, “The History, Ideas, and Practices of Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 15.

<sup>718</sup> See <http://faculty.samford.edu/~jlgoldst/> for various links about the city and its work with the mentally ill. See also Jackie Goldstein, “An International Perspective: The Geel Story,” [Lecture, Eighth Annual Conference of National Association of County Behavioral Health Directors, Milwaukee, WI, 11 July 2003], <http://med.brown.edu/HistoryofPsychiatry/Geel.html>.

disappear.

For the purpose of this thesis, this town is also significant because of its connection to the Church. The history of this unusual system begins in 1249 when people began coming to the church in Geel for healing of behavioural health related illnesses. As news of miraculous healings spread, so many pilgrims began arriving that the number overwhelmed the church facilities forcing the church canons to find more places to house them. They turned to the people of the town and asked them to open their homes to the pilgrims. Though now largely secular, the foster family program continues built on the same principles that it has operated with since the Middle Ages. Researchers, who study Geel to try to duplicate the results, believe people improve because of the way caring presence within genuine relationship is offered to the patients by the people of the town. As the visitors receive respect and feel valued, they find hope. The hope found in Geel may not be for a cure, but pilgrims find a hope that transcends illness. Their hope comes in knowing that they have value and that their lives have meaning. Sometimes physical healing does come; yet, in Geel, medical interventions are not the main instrument of healing. Even when motor function improves and medication levels go down there is a deeper healing taking place—healing from a lifetime of rejection. The stories visitors believed about themselves that shaped their self view and behaviour are contradicted by contrary evidence of love from the families and townspeople with whom they live. As a result, the mentally ill feel that they are people of value and that they have a place where they belong. Healing comes through the sheer normalcy with which

people treat those who come.<sup>719</sup>

## **Language and Context for Facilitating Hope and Resilience**

Words convey the meanings prescribed by the social world in which the person lives.<sup>720</sup> In Geel, the context and community contribute to words and a language that support interpretations of possibility and hope. Trained chaplains and pastoral care providers understand that “language constitutes or constructs social reality, as persons interact with one another”<sup>721</sup> and are able to hear the “pluralism of languages”<sup>722</sup> of human life and discern where language and narrative contribute to and/or constrain hope. Through dialogue between the interpreting subject and “another” (the pastoral care provider), meaning is negotiated and created.<sup>723</sup> As facilitators of this dialogue, pastoral care providers contribute to the liberating process of helping others see where they have been constrained and experience the liberating power of the alternative story.

In chapters three and four, this thesis discussed how language is learned, symbolic, and flexible. In his discussion of the moral reflection model (first level: visional level), Browning says that human beings use metaphorical language to express an underlying vision about the nature of life in general and to help them

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<sup>719</sup> One study in particular, though not specifically about Geel, has documented how an increase in hope and a decrease in despair and hopelessness are critically important factors for health and longevity. Julio Peres, Alexander Moreira-Almeida, Antonia Nasello, and Harold Koenig, “Spirituality and Resilience in Trauma Victims,” *Journal of Religion and Health* 46 (2007): 343-350.

<sup>720</sup> Richard Cook and Irene Alexander, “The History, Ideas, and Practices of Narrative Therapy,” in Richard Cook and Irene Alexander, eds., *Interweavings: Conversations between Narrative Therapy and Christian Faith* (North Charleston, SC: CreateSpace, 2008), 14.

<sup>721</sup> Jeff Chang, “Hermeneutic Inquiry: A Research Approach for Postmodern Therapists,” *Journal of Systematic Therapies* 29, No. 1 (2010): 20.

<sup>722</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: Westminster, 1986), 15. The reference here is not to foreign languages.

<sup>723</sup> Jeff Chang, “Hermeneutic Inquiry: A Research Approach for Postmodern Therapists,” *Journal of Systematic Therapies* 29, No. 1 (2010): 21.

interpret the “intangible and mysterious ultimate features of experience.”<sup>724</sup>

However, metaphors can change as context and interpretation change and new symbols are created.<sup>725</sup> Pastoral care providers knowing this can facilitate the process of change as seen in experiences of suffering and death, situations where metaphors and their interpretation can be particularly powerful in their impact on behaviour (agitation, questioning, calm surrender, etc.), emotions (anger, fear, peace, etc.), image of self, and relationships with others and God.<sup>726</sup> In these situations, the pastoral care provider listens deeply, asks questions that help the person identify and describe the metaphors, and reflect on the meaning the metaphors contain for his or her life. The deconstructing of assumptions about life, death, and suffering can be threatening at first but can also contribute to a new search for meaning<sup>727</sup> and a more substantial hope.

Christian language and metaphor regarding death is well suited for the work of examining metaphors and their impact on belief and behaviour. It is common for people facing death to fear it either for what it represents (oblivion, separation from human relationships, etc.), or for the suffering and indignity, that accompanies dying. Kübler-Ross utilized a narrative technique in her workshops to help people objectify death so that they could look at the dying process with more objectivity and less anxiety.<sup>728</sup> The process of externalizing the problem

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<sup>724</sup> Don Browning, *Religious Ethics and Pastoral Care* (Philadelphia: Fortress, 1983), 58.

<sup>725</sup> Dennis O'Neil, “What is Language?” *Language and Culture: An Introduction to Human Communication* (Page last updated: 31 August 2006), online textbook, [http://anthro.palomar.edu/language/language\\_2.htm](http://anthro.palomar.edu/language/language_2.htm). Accessed 2 February 2014.

<sup>726</sup> Don Browning, *Religious Ethics and Pastoral Care* (Philadelphia: Fortress, 1983), 60-61.

<sup>727</sup> See Alistair MacIntyre, *After Virtue* (Notre Dame: University of Notre Dame, 1984), 203-4.

<sup>728</sup> In externalization, the problem, becomes a separate entity from the person and/or family. See Thomas Carlson, “Using Art in Narrative Therapy: Enhancing Therapeutic Possibilities,” *The American Journal of Family Therapy* 25, no. 3 (Fall 1977): 271-283.

(death) and exploring death metaphorically helps people set aside their emotional reaction, to think creatively about what they want their last days to look like and what they want to do with the time they have left. As people objectify death, the feelings of fear and lack of control that overwhelmed them are replaced by understanding that they do have some control over what happens to them as they begin to think with the carer about strategies for dealing with approaching death. The Bible utilizes language that is well suited for externalization since scriptures often personify death. Familiarity with scripture references helps people externalize death as “enemy” or “problem” that can be faced with courage (see, for instance, I Corinthians 15, particularly verses 26, 52-55; Hebrews 2:15; and Revelation 6:8, 20:13-14, 21:4). Scripture also teaches that though Death may come for us now, he does not have to be feared. Death tempts us to think that our finitude means that no matter what we have done in life it is ultimately meaningless.<sup>729</sup> Christian faith rejects this view by revealing a God who is concerned with and loves his creations. Even human suffering has meaning. This does not mean that suffering that results from illness or death is “good” which would be a rejection of the healing ministry of Christ.<sup>730</sup> However, scriptures teach Christians that value can be found even in suffering through the way people allow it to affect their lives and relationships to themselves, others,

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<sup>729</sup> Morton Kelsey, *Afterlife: The Other Side of Dying* (New York: Crossroads, 1988), 254, discussing C. G. Jung's views in *Memories, Dreams, Reflections*.

<sup>730</sup> People involved in healing ministry such as Francis MacNutt, Paul Feider, Agnes Sanford, Michael Brown, and others differentiate suffering from illness versus suffering from persecution. There is also a time for all of us to die. See chapter five in Francis MacNutt, *Healing* (Notre Dame: Ava Maria, 2002), 60-70; Paul Feider, *Healing and Suffering: The Christian Paradox* (London: Darton, Longman, and Todd, 1988), particularly 54-57; and Agnes Sanford, *Sealed Orders* (Plainfield: NJ: Logos, 1972), particularly 259; Michael Brown, *Israel's Divine Healer* (Grand Rapids, MI: Zondervan, 1995), 231-235.



and God.<sup>731</sup> The scriptures provide a language and metaphorical understanding of faith that stands in opposition to the fear.

In addition, Christian pastoral care providers are aware that the language of faith can be useful in its ability to bring people together. The language of Christian faith makes possible a common life among Christians. This does not mean that Christians always speak of the Bible, but it does mean that they share common metaphors and culture, which brings strangers together and provides a unifying resource for support to the suffering and dying. Yet, the Christian pastoral care provider also carries the responsibility for keeping that language “alive and relevant” and serving at times as the “interpretive guide” by utilizing the languages’ images and themes to foster hope for individuals and the larger community of faith.<sup>732</sup>

### **Christian Hope and Its Connection to Resilience**

According to Moltmann, having a foundation for hope that is not based in circumstances, but is based instead in deep belief or historical event, such as a hope growing out of the experience of God’s faithfulness to his biblical promises, provides the possibility of a hope that can withstand the reality of suffering. People facing a terminal illness need a transcending hope to help them resist the temptation to think that life is meaningless which contributes to feelings of hopelessness. Without hope, a “bleakness of beliefs” that numbs people to inaction settles in colouring their view of the whole world and contributing to

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<sup>731</sup> Paul Feider, *Healing and Suffering: The Christian Paradox* (London: Darton, Longman, and Todd, 1988), 57-58.

<sup>732</sup> Charles Gerkin, *An Introduction to Pastoral Care* (Nashville, TN: Abingdon, 1997), 122-123.

despair. Transcending or substantial hope “frees” people from this lethargy and contributes to what is called “cognitive resolve.”<sup>733</sup> This hope is different from optimism in that it “is intentionally sustained,” and is an “essentially avowable response” whereas “optimism is a spontaneous, perhaps unconscious habit of belief formation.”<sup>734</sup> This hope also acknowledges that “death is real death, decay is putrefying decay. Guilt remains guilt, suffering remains, even for the believer, a cry to which there is no ready-made answer.”<sup>735</sup> Yet, substantial, transcending hope gives people the courage to face the contradiction of experience<sup>736</sup> and still go on believing and trusting in God.

There are a number of themes and metaphors, many unique to Christianity,<sup>737</sup> that contribute to the creation of this kind of hope. The thesis will now examine these themes and discuss how they can be utilized by pastoral carers to help people be resilient and hopeful.

### **The Past as a Resource for Hope**

The biblical stories of people in covenantal relationships of promise and faith strengthen people’s faith. God’s faithfulness is an important theme for Christians as evidenced by the number and popularity of books, songs (such as

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<sup>733</sup> Philip Pettit, “Hope and its Place in Mind” in *Annals of the American Academy of Political and Social Science* 492, *Hope Power and Governance* (March, 2004): 152-165, 159. See also Michael Bratman *Intention, Plans, and Practical Reason* (Cambridge, MA: Harvard University Press, 1987) and Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 61.

<sup>734</sup> Philip Pettit, “Hope and its Place in Mind” in *Annals of the American Academy of Political and Social Science* 492, *Hope Power and Governance* (March, 2004): 152-165, 159.

<sup>735</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 19.

<sup>736</sup> *Ibid.*, 20.

<sup>737</sup> Buddhism, for instance, places great importance on living in the present at all times, not looking back to the past or to the future, as a mean of eliminating suffering. While Christianity looks back for signs of God’s faithfulness and forward to a future hope, as well as teaching Christians how to live abundantly in the present.

“Great is Thy Faithfulness”), and devotionals that speak of this theme. A pastoral care provider using narrative therapy can help people not only connect to the biblical narrative of God’s faithfulness, but also to their own stories in order to find meaning in their pain and time of transition, chaos, or loss. In helping people make these connections, the pastoral carer is facilitating people’s search for a mature hope that Rumbold says is, “supported and validated by memory.”<sup>738</sup> People find the meaning that gives them hope and helps them trust in life, others, and God as they reflect on the past and interpret and re-interpret the events of their lives through the lens of God’s faithful presence.

Asking questions or providing prompting statements helps people connect their story to the biblical narrative and reminds them that they have already endured difficult times in the past. The care provider might ask questions such as:

- “When have you experienced God’s faithfulness in the past?”;
- “How was God’s presence evident in your life at that time?”; and/or
- “Tell me the story of how you have experienced God bringing you through a difficult time.”

This interactive method of reflection has a three-fold effect. First, it connects people to the faithfulness of God and his presence with them in the past, which can then be drawn into the present with a question such as: “How might he be present with you now?” The carer’s presence in this place of meaning-seeking can also be utilized to infer that God may have seen the person’s plight and sent

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<sup>738</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 65.

someone to remind him or her that he is with them. Again, it is better to ask a question that draws the answer from within the person rather than telling him or her what to believe. A question such as: “What do you make of my coming to see you today? Could God somehow be communicating something to you in this visit?” Utilizing memory to connect to the present helps people understand that God is faithful not only to his promises, but in his love for them. He is present in suffering as an empathetic, loving companion who does not abandon his people, but keeps track of their sorrows and treasures each tear (see Psalm 56:8).

Second, the pastoral care provider can utilize this method to help people connect to comforting scriptures<sup>739</sup> about God’s accompanying presence with his people. The scriptures remind them of God’s faithfulness to his people in their wanderings, providing a tabernacling presence<sup>740</sup> through the tent of meeting, ark, and temple. Scriptures also provide stories that emphasize God’s desire to be more intensely present with and in intimate relationship with his people. For the prophets, presence was not in terms of the “image of an idea” as it was for Greek philosophers. They speak of God as “a Being Who is supremely real and staggeringly present.”<sup>741</sup> This finds its greatest expression in John 1: 14, “The Word became flesh and made his dwelling among us.” Utilizing scripture with themes of faithfulness and presence helps people re-interpret their current experience in light of where God has been with them in the past so they can say,

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<sup>739</sup> Such as those found in the Psalms and other places in the Old and New Testament (i.e. Romans 8: 35-39).

<sup>740</sup> Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress Press, 1984), 63.

<sup>741</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 353.

“I was in trouble and was delivered from it here, and here, and again here in my life. Now I once again face the unknown, but I believe that somehow it will be all right.”<sup>742</sup>

Third, looking back to times of resilience and endurance helps people see where they have been successful at finding resources for courage, hope, and resilience as they struggled with difficult circumstances in the past. As they look back at places where they have faced difficulty but have coped, they are reminded of their inner strengths and resources. In this process of remembering, the carer is helping them focus on their strengths and affirming their feelings of worth and dignity, which supports finding resiliency for a mature hope.<sup>743</sup> Even though people may enter a time of questioning the ultimate meaning of life when there is no longer hope for a cure, pastoral care providers can facilitate people’s process of drawing on their inner strengths, coping mechanisms, and faith, and by suggesting possibilities for reframing their experience in ways that foster growth and guide them toward being more hope-filled. In this way, carers can help them strengthen their resolve and find the courage they need to transcend their fear of dying. Questions to explore past resilience might include:

- Tell me about a difficult time in your life? How did you get through it? (Explore this with the person, reflecting on places of courage and strength.)
- Tell me a story about an event that came out differently from what you

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<sup>742</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 65.

<sup>743</sup> See Margot Phaneuf, “Resilience: Abstract Concept or Survival Skill,” [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 21 September 2012], and Sybil Wolin and Steven Wolin, “Shaping a Brighter Future by Uncovering ‘Survivor’s Pride’,” *Reaching Today’s Youth*, 2, 3 (Spring 1998), <http://projectresilience.com/images/article19.htm>.

expected? (Look for themes. Name the beliefs that came out of the event.)

Follow up with: Could this experience provide alternative interpretations about who you are and who God is?

Other questions to consider as the person is telling their story are:

- What might have been useful about this experience for you?
- How has it changed you?
- How would someone else describe your behaviour?
- What did you do well?

### **Reflecting on the Afterlife: Promise and Waiting**

Often people know they are dying even before they hear the words: “There is nothing more we can do.” They may hold the fear of dying close and quietly, afraid to express it to others. Family members or others may find it too difficult to face losing the loved one and may not want to talk about it. Even many doctors have a difficult time accepting the time when further treatments are providing no additional benefit but may in fact be prolonging or increasing suffering.<sup>744</sup> As medical staff, family members and friends deny the reality that a person is dying, they may unintentionally silence the voice of this person who knows it is his or her time to die and may want to stop aggressive treatment. Instead of respecting the person’s wishes and humanity, they may instead label the person as “giving up,” “being depressed,” or “non-compliant,” and work against the right of the person to choose how he or she meets death. When this

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<sup>744</sup> See Nancy Jecker, “Medical Futility and Care of Dying Patients,” in *Caring for Patients at the End of Life* [Special Issue] *Western Journal of Medicine* (1995): 287-291. More education on palliative practice still needs to be done for all physicians. See also Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 64-65.

silencing occurs, it robs people of the chance to talk about the full range of options open to them.

One of the gifts a carer can bring in these situations is having the courage to bring up the subject of death and then listening as the person shares his or her perceptions of and fears about what is happening. With some people, narrative techniques can be useful by creating a safe space for people to express their interpretations and fears about dying and death, and in so doing, reduce some of their anxiety. People will often make some comment during the conversation that indicates that the subject of dying is on their mind and it is causing them distress. It might be embedded between thoughts as though they are testing the listener to see if he or she is really listening or is willing to talk about talk about the subject. The carer can open the conversation by commenting on what has been said with a statement such as: “I hear that you have some fear right now. Tell me about that.” Asking open-ended questions provides a space for people to open up about their fears. At some point, the carer may be able to ask: “What is the greatest fear?” and other theological reflection questions such as: “What do you believe will happen to you when you die?”

The most difficult step for the dying is often the first—admitting that they are thinking about dying. Yet, once the conversation is opened to look at this new reality, people seem almost relieved as evidenced in their physical bearing, ability to shed tears, and willingness to speak openly about their concerns and wishes. During these discussions, the carer should not correct theological views or offer suggestions for how to “fix” the fears as this will stop the flow of the

conversation. Listen instead, for what the person believes and how it could support hope or lead to despair. As the conversation moves along, look for places where the person expresses or seems to feel hope. The carer acts more as a reporter collecting information than as the expert coming to fix a situation. The carer will reflect back to people what they have heard and ask questions that draw out the metaphors and meanings that they have ascribed to the experience. Together listener and speaker collaborate to find a hopeful interpretation and meaning of the present experience. In the southern US, many people speak a language filled with religious words often without really understanding what those words mean. As part of the dialogue, the carer may help people reflect on the theological implications of the language they utilize in discussing ultimate metaphors. Within the context of collaborative dialogue, the words can come to life and bring a whole new meaning for the one who is suffering.

Of course, it is important to remember that the underlying assumption of this Socratic discussion is that people who utilize Christian religious language have had some religious teaching to draw on for meaning. Yet, it is possible to talk about ultimate metaphors and their meaning for life even with people who have a different belief system and even with someone who does not believe in an afterlife at all but believes that existence ends at death. Since meaning comes out of the person, the dialogue must adapt to the person and the carer allows him or her to set the direction by asking about beliefs and by listening for and utilizing the language that provides meaning for the person. These discussions can be quite powerful in terms of helping people and even family members feel less



anxious.

Questions that could be asked during this discussion to open the narrative up are:

- What do you think will happen to you when you die?
- Have you experienced a death of someone you loved? What was it like? (If the death was unpleasant for them, look for ways that you can help them understand and reframe this. Reframing helps them see the event differently and consequently have a different conclusion.)

Asking about meaning also helps particularly if they have had an unpleasant experience with death:

- How do you understand what happened?
- What meaning does it have for you?

Connecting what they believe, particularly about the afterlife, to their reality opens up the possibility of their envisioning a future (however long that may be) that is different from what they are experiencing today and opens them to the hope that though they wait for the fullness of God's promised peace and joy, it is coming.

A promise is a declaration which announces the coming of a reality that does not yet exist. Thus promise sets man's heart on a future history in which the fulfilling of the promise is to be expected. If it is a case of a divine promise, then that indicates that the expected future does not have to develop within the framework of the possibilities inherent in the present, but arises from that which is possible to the God of the promise.<sup>745</sup>

Though people suffer now, Christians wait for a time when suffering and death will not be part of life. It is insightful that scriptures connect mortal life with

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<sup>745</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 103.

groaning and even the pain of childbirth (see Romans 8: 18-23). Though people may hate waiting and waiting can contribute to the emotional suffering, this life is about waiting—for the completion of God’s promises and for the perfect to come. Asking people, “What purpose might this time of waiting have for you?” opens the discussion to look at what value waiting and suffering have for people. It prompts a search for meaning in the waiting, helps people connect to longings too deep for words, and heightens awareness of peoples’ desires. Waiting blocks people from going on with their own agendas but also pushes them to move forward onto a new path that they had not expected. As people respond one step at a time, they find faith awakened and trust in God developing. Often in the times of “not yet,”<sup>746</sup> when life feels chaotic and out of control, what is most important suddenly becomes apparent and people find transition and growth that brings hope even as transition means the end to what has been.

Pastoral care providers can help people focus beyond the situation at hand and find purpose in the waiting, chaos of change, and “new normal” that emerges. By asking open-ended questions, they can help people clarify what they are feeling and experiencing and help them reflect on what meaning they can find in this current time of waiting and change. While fear and the acute pain of suffering may immobilize people as they worry about what will happen to them, the process of clarification and reflection helps people connect to their sources of hope and faith, unlocking the courage and energy they need to let go of what they had and who they have been, for the promise of a hope and future that

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<sup>746</sup> A phrase I developed for use in a newsletter column I write for the Cone Health System.

transcends.<sup>747</sup> As people trust in God to lead them and fulfil his word, “God becomes the companion on the way and the fellow-sufferer of his people in the exile of this world, in order with them to come to the kingdom of glory.”<sup>748</sup>

### **Meaning in the Cross and Resurrection**

The narrative of hope for Christians is not pushed off until “the return of Christ . . . and the new creation of all things” leaving Christians living today in a “peculiarly barren existence.”<sup>749</sup> Christian eschatology starts out in the “reality of history”<sup>750</sup> by recognizing the meaning of Jesus’ crucifixion and resurrection for today. The Christian worldview informs the present and becomes a lens through which people interpret the present existence of suffering, evil, and death.<sup>751</sup>

The theology of the cross can be an amazingly hopeful narrative for some people. Unfortunately, the metaphor of the cross as a method for salvation has overshadowed its other meanings. Moltmann’s work with the cross contributes to the discussion of other meanings and themes of the cross. One common response to a patient’s recognition that their medical condition is going to lead to death is anger over the unfairness of death. Moltmann utilizes the cross to remind people that life is not fair or just. Yet, hope arises despite the unfairness and injustice as people contemplate the reality of the resurrection that proves that there is a hope and love that transcend the evil of this world and open the

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<sup>747</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 101.

<sup>748</sup> *Ibid.*, 102; see also Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 19-20.

<sup>749</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 15.

<sup>750</sup> *Ibid.*, 17.

<sup>751</sup> *Ibid.*, 18-19.

way to hope and life.<sup>752</sup> The resurrection awakens hope for a future of joy and blessedness even as we suffer now.

The meaning of the cross and promise of resurrection also present a paradox to the world that idealizes self-reliance, perfectionism, and performing well.<sup>753</sup> Victory over sin and fear of death came not through perfectionism and strength, but in the cross' suffering, weakness, and love. Hope is possible in weakness and vulnerability because God in Jesus became weak and suffered to death; yet, was not conquered by evil, but overcame evil with good (love).

Followers of Christ enter into that same reality knowing that:

if Christ went through weakness, failure and death, and that these did not destroy him. . .then if we abandon our attempts to establish our own strength, success and our very existence, we too will not be destroyed.<sup>754</sup>

This is a message that resonates with people whose bodies are no longer strong and healthy. The need to appear perfect (reflected in performance anxiety) is a strong Western cultural message that works against hope and internal peace. Helping people connect to Christ's suffering on the cross and to the concept of grace, can help people understand that though they may have a diagnosis (label), they are more than that diagnosis to God because of his unconditional love reflected in the cross and many other ways.<sup>755</sup>

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<sup>752</sup> Richard Bauckham, "Jürgen Moltmann," St. Johns Nottingham, Interview for *Timeline Project*, WN Network, [http://wn.com/Jurgen\\_Moltmann](http://wn.com/Jurgen_Moltmann) [accessed 10 July 2011].

<sup>753</sup> David Seamands, *Healing Your Heart of Painful Emotions* (New York: Inspirational, 1993), 402-403, 421-430.

<sup>754</sup> Thomas Finger, "Moltmann's Theology of the Cross," in Jürgen Moltmann, *The Politics of Discipleship and Discipleship in Politics* (Eugene, OR: Cascade, 2006), 77-78. See also Paul Athaus, *The Theology of Martin Luther* (Philadelphia: Fortress, 1966), 25-34 for a discussion of the Luther's Theology of the Cross and the paradoxes of faith.

<sup>755</sup> In some cases, recognizing powerlessness can actually be liberating and healing, much in the same way that an addict in a Twelve Step Program learns that healing begins with powerlessness. See Richard Rohr, *Breathing Under Water: Spirituality and the Twelve Steps*

Questions to open this discussion are:

- Think of a time when you felt weakness or pain. How did this experience change you? What insight did you gain that you didn't have before? How did that insight change your life?
- Tell me about yourself before this illness (looking for their self-image). How has this illness affected your view of yourself?
- What still remains of who you are?
- How do you experience God's grace in this time of weakness?

Research in meaningfulness confirms that suffering stimulates the need for meaning and the search itself is one way that people cope.<sup>756</sup> Generally, people cope with suffering and misfortune by means of three strategies: "finding purpose in it, rebuilding a sense of mastery or control, and bolstering their self-worth."<sup>757</sup>

The search and creation of meaning constitutes a form of control when everything else seems to be in upheaval and chaos. For Christians with a well-integrated faith, Christ's suffering becomes an avenue of meaning in their suffering.

Moreover, as their old lives end along with the roles that helped them understand who they were, they can still see themselves as unique and loved children of God. Though this disease or illness may lead to physical death, they still are very much alive in this moment and choosing to live with what they have left is one way to fight back against death. The resurrection hope of Christ

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(Cincinnati, OH: St. Anthony Messenger, 2011), xvii-xix and 1-6.

<sup>756</sup> Roy Baumeister and Kathleen Koh, "The Pursuit of Meaningfulness in Life," in *The Handbook of Positive Psychology*, edited by C. Richard Snyder and Shane Lopez (New York: Oxford University, 2005), 612.

<sup>757</sup> *Ibid.*

encourages us to “commit ourselves to a love for life everywhere and at all times, because it allows us to look for the universal victory of life beyond death.”<sup>758</sup> What this “victory” over dying will mean for each person will differ, but as care providers we can assist people in the process of finding their way to triumph over the forces of death—lethargy and apathy—to live life and love fully to the end.

The raising of the crucified Christ is the “final and universal promise of the new creation of all things.”<sup>759</sup> This promise stands in contradiction to the reality presently experienced. The contradiction gives Christians the evidence that renews trust in God despite what is seen, that says to them there is another reality known through faith that will overcome the darkness and bring light and hope into any situation. Moltmann portrays the paradox in the cross and resurrection when he says, “Christian hope is resurrection hope.”<sup>760</sup> The cross would say there is no hope; yet, resurrection proves there is hope despite the reality of the suffering that has been endured. Rumbold also expresses this idea when he says, “Resurrection is a hope which does not deny the reality and threat of death, but looks beyond it for an act of God bringing new meaning and possibility.”<sup>761</sup>

### **Identification with Christ’s Sufferings**

Suffering people tend to identify more closely with Christ’s sufferings than

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<sup>758</sup> Jürgen Moltmann, *Ethics of Hope* (Minneapolis: Fortress Press, 2012), 60.

<sup>759</sup> Jürgen Moltmann, *A Broad Place: An Autobiography*, trans. Margaret Kohl (Minneapolis: Fortress Press, 2009), 102. For more detail see, *The Way of Jesus Christ: Christology in Messianic Dimensions*, trans. Margaret Kohn, (Minneapolis: Fortress Press, 1993).

<sup>760</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 18-19. John Calvin also discusses the contradiction between Christian hope and experience in his *Commentary on Hebrews 11:1*, translated by John Owen, <http://www.ccel.org/ccel/calvin/calcom44.xvii.i.html>.

<sup>761</sup> Bruce Rumbold, *Helplessness and Hope: Pastoral Care in Terminal Illness* (London: SCM, 1986), 74.

people who have not suffered.<sup>762</sup> We see this in the writings of the WWI military chaplain, G. A. Studdert Kennedy.<sup>763</sup> Kennedy found that God's suffering on the cross was comforting to him as he suffered and witnessed the suffering of the war.

It's funny how it is always Christ upon the Cross that comforts; never God upon a throne. One needs a Father, and a Father must suffer in His children's suffering. I could not worship the passionless potentate. . . . I don't know or love the Almighty potentate—my only real God is the suffering Father revealed in the sorrow of Christ.<sup>764</sup>

Kennedy is not unusual in his choosing to identify with Christ on the cross rather than the passionless potentate. Bonhoeffer wrote while in a Nazi prison cell awaiting execution: "only the suffering God can help."<sup>765</sup> The concept of an Almighty God out of touch with our suffering has meant that many people feel bereft of their faith when they need it most. They do not know if God loves them and/or they cannot feel that love. Moltmann found the greatness of God's love in the midst of his suffering.

The living God is the loving God. The loving God shows that he is a living God through his suffering. 'For to us in our suffering God reveals himself as the suffering God. As sufferer, he demands our compassion, and on other sufferers he confers his own compassion. He envelops our anguish with his immeasurable anguish, which knows not end.'<sup>766</sup>

People often experience God's love and compassion the most in their places of suffering. When life is going along well, they may have little need for God's

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<sup>762</sup> Roy Baumeister and Kathleen Koh, "The Pursuit of Meaningfulness in Life," in *The Handbook of Positive Psychology*, edited by C. Richard Snyder and Shane Lopez (New York: Oxford University, 2005), 612.

<sup>763</sup> G. A. Studdert Kennedy, *The Hardest Part* (London: Hodder and Stoughton, 1918), from his journals.

<sup>764</sup> *Ibid.*, 10.

<sup>765</sup> Dietrich Bonhoeffer, *Letters and Papers from Prison*, edited by Eberhard Bethge (New York: Touchstone, 1971), 361.

<sup>766</sup> Jürgen Moltmann, *The Trinity and the Kingdom* (Minneapolis: Fortress, 1993), 38 quoting and explaining Unamuno's thoughts.

comfort. When they are in the dark, difficult places of life, they reach out through prayer and tears to receive his love and presence. Their identification with Christ's suffering leads them to believe that since God suffered, he understands their suffering (empathy). In wrestling with the ugliness and despair of the cross, they more fully understand the depth of the resurrection's power for life.

Understood together, the cross and resurrection provide a narrative of hope that becomes a foundation for trust in God no matter what people face. The inescapable suffering linked with illness and dying can threaten people's basic sense of meaning in life. Often this means that suffering is experienced as a loss of self, strength, independence, possessions, or the things that people hold dear. Yet, this challenge to meaning can be an occasion for growth in a deeper understanding of God, self, and life.<sup>767</sup> Pastoral carers exploring what the crisis of suffering means to people can help them accept the reality of their humanness and find meaning. Though Christ's suffering did not come from illness, he still suffered in his body from the treatment he received. He also suffered the abandonment and rejection that may accompany people's deaths. The questions, "Does God understand my pain? Does he see my suffering?" provide an opening to ask how the cross and Jesus' bodily suffering might have meaning for us when we suffer. It also provides a venue for discussion of gifts that can be present even in the pain and darkness. God's amazing grace and love were revealed in Christ's suffering on the cross. A question such as: "What insights are you gaining in this time of suffering?" Or, asking, "How might God be present in

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<sup>767</sup> Paul Feider, *Healing and Suffering: The Christian Paradox* (London: Darton, Longman, and Todd, 1980), 58-59.



this time?" Can be utilized to help people not only connect their suffering to Christ's, but also to see how God is present in the suffering and dark times of our lives. They can even be utilized to help people understand what they are learning in this new experience of life and to see that even in times of suffering, each day is a new opportunity for resurrection, a new beginning.

### **The Empathy of God**

Origen came to understand the passion of God by focusing on God's love. He wrote: "When we call upon him, He is merciful and feels our pain with us. He suffers a suffering of love, becoming something which because of the greatness of his nature He cannot be, and endures human suffering for our sakes."<sup>768</sup> This is the suffering of love that Moltmann experienced and found through his theological work.<sup>769</sup> Through this theological concept, we see a God who responds with mercy and compassion and not as one who remains coolly unaffected by our actions. God's suffering differs from human beings' suffering in that:

God's suffering is not such that he is overwhelmed by the experience; his emotions do not get out of control or lead to incapacitation. Nor is God embittered in any way by what has occurred. . . . In spite of the suffering God undergoes, God's salvific will does not waiver; God's steadfast love endures forever. In this respect, God offers the supreme example of what to do with suffering.<sup>770</sup>

God's love, despite and in the midst of suffering, is an important gift offered to each sufferer. For Moltmann this understanding of God's presence and love were

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<sup>768</sup> Jürgen Moltmann, *The Trinity and the Kingdom: The Doctrine of God* (Minneapolis: Fortress, 1993), 24 quoting Origen. See also Samuel Eyzaguirre, "'Passio Caritatis' According to Origen *In Ezechielem Homiliae* IV in the Light of DT 1, 31" *Vigiliae Christianae* 60, no. 2 (May, 2006): 135-147.

<sup>769</sup> See his discussion in "The Passion of God" in *The Trinity and the Kingdom: The Doctrine of God* (Minneapolis: Fortress, 1993), particularly 22-25.

<sup>770</sup> Terence Fretheim, *The Suffering God* (Philadelphia: Fortress, 1984), 124.

key to his resiliency and contributed to his ethic of hope. In places of suffering,—in sickness, mental illness, addiction, the weakness of aging, or death—it is not uncommon for victims to feel anger at the losses in their lives and feel that they are suffering undeservedly. The sense of being wronged or diminished in selfhood<sup>771</sup> intensifies their pain. As human beings experience their helplessness and feelings of injustice, they need to know that God hears their sorrow and pain, and is “not indifferent to evil,”<sup>772</sup> but is instead moved, angered, saddened, and pained by it. According to Christian scriptures, despite the reality of evil and injustice, God’s love **is** and that love triumphs over indifference, injustice, and evil itself. Moltmann found healing and comfort in God’s deep caring for human beings and all of creation in God’s divine pathos as expressed in scripture; others also find healing (in all its forms) in God’s unconditional love and caring.

The theological idea that God understands and suffers with his creations allows people to visualize a God of empathetic caring. Though there is some disagreement in the field of social sciences regarding how to define it, empathy is an important emotional and cognitive concept for human beings. The term is “routinely used to refer to two distinctly separate phenomena, cognitive role taking and affective receptivity to others.”<sup>773</sup> Even though social scientists largely agree that these two constructs should be distinguished from one another, the term continues to apply to both, because it is difficult to separate cognitive from emotional response. Social scientists know that empathy is linked to compassion

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<sup>771</sup> See Boris Cyrulnik, *Resilience* (New York: Jeremy P. Tarcher/Penguin, 2009).

<sup>772</sup> Abraham Heschel, *The Prophets*, Vols. I and II (New York, NY: HarperPerennial, 2001), 297-8, 364-5.

<sup>773</sup> Mark Davis, *Empathy: A Social Psychological Approach* (Boulder, CO: Westview, 1996), 9.

and altruism (non-selfish actions) and is important because it allows one person to enter into another person's pain through identification. That identification means that people are less prone to offer easy optimism or quick answers. Giving empathy and compassion makes people feel less alone even if there are no words of answer or remedy. Moltmann's own words, as he wrestled with depression and shame, show what this meant to him. He said that he began to understand Christ's suffering because:

I felt that he understood me: this was the divine brother in distress, who takes the prisoners with him on his way to resurrection. I began to summon up the courage to live again, seized by a great hope. I was even calm when other men were "repatriated" and I was not.<sup>774</sup>

In Clinical Pastoral Education chaplains learn how to utilize their life experiences without overstepping boundaries to bring empathy to suffering people. This does not mean that a carer will ever understand completely the other person's pain. However, it does give carers a connection as one suffering human being to another and this allows for compassion to be present. In situations where there is no "fix," the presence of another caring person helps the sufferer feel less alone. Answers are not as important as having a fellow companion who listens to and hears your pain expressed through your words and is present with you in the darkness and pain of loss.

### **God's Passionate Love for His People**

When people are in crisis or times of stress, studies have shown that **how** they utilize their faith has a direct impact on their health, mental health, and

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<sup>774</sup> Jürgen Moltmann, "Wrestling with God: A Personal Meditation," *The Christian Century*, 114, 23 (1997): 726.

healing.<sup>775</sup> What they believe about God, their image of God, is important, confirming what Terence Fretheim says:

It is not enough to say that one believes in God. What is important finally is the kind of God in whom one believes. Or, to use different language: metaphors matter. The images used to speak of God not only decisively determine the way one thinks about God, they have a power impact on the shape of the life of the believer.<sup>776</sup>

This image of a God of passionate love, as found in Moltmann's theology, is particularly powerful for promoting healing, joy, and peace. Resilience research has shown that the single most important factor helping people heal from a trauma or crisis is helping them feel unconditional acceptance and love.<sup>777</sup> This comes from other people, but also from a well-integrated faith that contains an image of a God who loves and values all human beings, is caring and present in good and bad times, and helps people feel loved and accepted unconditionally. Moltmann's own recognition of God who loved him unconditionally and cared deeply about the pain and injustice of life, transformed his life.

Narrative therapy utilized in connection with theology can help people realize that the essence of who they are is still intact despite their illness and help them maintain their sense of dignity, identity, and self-worth. As people tell their stories to an empathetic, non-judgmental listener, their sense of who they are and that they are valued by God is affirmed. Illness often diminishes people's sense of worth and makes them feel more vulnerable and helpless. Pastoral care

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<sup>775</sup> Kenneth Pargament, "Is Religion Good for Your Health? It Depends." (Presentation to Heritage Foundation, Washington, D.C., 3 December 2008).

<sup>776</sup> Terence Fretheim, *The Suffering of God: An Old Testament Perspective* (Philadelphia: Fortress Press, 1984), 1.

<sup>777</sup> See Margot Phaneuf's article "Resilience: Abstract Concept or Survival Skill," [http://www.infiressources.ca/fer/Depotdocument\\_anglais/Resilience\\_abstract\\_concept\\_or\\_survival\\_skill.pdf](http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_abstract_concept_or_survival_skill.pdf), [accessed 21 September 2012]. Phaneuf provides an overview of the research in this area. See also Boris Cyrulnik, *Resilience* (New York: Jeremy P. Tarcher/Penguin, 2009).

providers and chaplains can help by asking,

- “Are there things about you that this disease does not affect?”<sup>778</sup>

Other areas to explore with the dying include:

- “What does it mean to be a child of God or a Christian?”
- “How do you experience this in your life?”

With parents, you can also utilize their experience of being a parent and feeling parental love to help them connect to God’s love for us as his children.<sup>779</sup> This line of reasoning can be especially beneficial when trying to help people disconnect their suffering and dying from a belief that they are being punished by God. Asking, “How does your belief about God influence your life?” can be the beginning of a narrative of hope that contributes to resiliency, meaning, and life right up until the moment of death. The Christian message of the incarnation, crucifixion, resurrection, and outpouring of the Spirit is that God cares deeply about mortal men, women, and children and that each one of them is desired, wanted, and loved. This means that life is filled with the presence of God, and every life has meaning. In the midst of suffering, God often feel distant. Pastoral carers utilize whatever they have available, including their visit, to remind people of God’s presence with them. Working within a Christian framework of unconditional, accepting, and non-judgmental love, helps people see themselves through God’s eyes. This vision transcends the weakness and vulnerability of their bodies as they die and helps them retain identity and understanding of

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<sup>778</sup> Harvey Max Chochinov, “Dignity Interventions,” *Dignity Model and Therapy*, <http://dignityincare.ca/en/the-model-in-detail.html#model>

<sup>779</sup> I utilize the person’s own experiences as a parent rather than their own experiences as a child. People tend to view their parental skills more highly than their parents’ parental skills.

selfhood when old ways of knowing themselves are lost due to illness.

A word of caution is necessary here, however. As authority figures representing God, chaplains and ministers have the power to influence what people believe about God--whether God is present or absent, loves or condemns, is indifferent to or deeply caring about suffering and injustice. This is why it is so important for people in ministry to be self-aware and do critical theological reflection similar to what is done in Clinical Pastoral Education. Narrative therapy also reminds pastoral care providers that rather than being experts telling people what to believe, they are collaborators with people seeking spiritual support in getting to know who God is and in exploring their beliefs about faith, hope, healing, and life. Most pastoral care providers have worked with someone struggling with spiritual angst because they believe they have committed an unpardonable sin that separates them from God and his love, are impure or damaged by physical or emotional abuse, or are abandoned by God in their time of loss or crisis. Pastoral care providers have the potential to bring the reality of God's unconditional acceptance and love to others through listening and actively demonstrating caring through presence in genuine relationship.

### **Community in the Trinity and with Others**

Moltmann's view of the Trinity as a social analogy also has profound implications for pastoral care and praxis. When doing spiritual assessments in hospital environments, it is common practice to check on a person's connectedness to others. Research is showing that people do better, heal faster, and are happier when they are in close, loving relationships, when they have

community.<sup>780</sup> The idea that we are created in the image of God takes on another level of meaning when we consider the Trinity as a community, united in eternal love. It has the potential to change how we relate to ourselves and others in healthy, life giving ways.

Moltmann's view of the divine persons existing intimately "with each other, for each other, and in each other" because of their eternal love<sup>781</sup> becomes a model for the Church of mutual recognition and love. People find affirmation and acceptance through the connections they have with others who they love and who also love them. "Life comes alive when it finds that other people enter into it, and when it can enter into other life. . . . Human existence is social existence."<sup>782</sup> Life requires connectedness—to God and to others. This loving, compassionate, relational connectedness works against the de-humanizing medicalization of death to bring life even into dying.

Moltmann's view of the community of the divine Persons of the triune God indwelling each other (*perichoresis*) also speaks of God's love and desire for intimacy. This concept is helpful in grief support and crisis because it is comforting for people to think of God's desire for community and intimacy with his people as part of his character. The message of the Trinity is that God is with his people and calls them to share in the Trinity's loving communion, reminding them of his empathy and bringing comfort when they feel alone and abandoned. The

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<sup>780</sup> Goetz Ottmann, John Dickson, and Paula Wright, "Social Connectedness and Health: A Literature Review," Cornell University ILR School, Gladnet Collection (21 July 2006), <http://digitalcommons.ilr.cornell.edu/gladnetcollect/471>, [accessed 21 February 2014]. An impressive and comprehensive literature of research currently available on the topic of social connectedness and its impact of health.

<sup>781</sup> Jürgen Moltmann, "The Unity of the Triune God," *St. Vladimir's Theology Quarterly* 28 (1984), 166.

<sup>782</sup> Jürgen Moltmann, *Ethics of Hope* (Minneapolis: Fortress Press, 2012), 62.

Trinity also becomes a model of human interrelatedness, love with space or distinctiveness,<sup>783</sup> to remind pastoral care providers that they are part of this interrelatedness; work becomes participation through love.

Narrative therapy provides some key insights for fostering social connectedness and linking it to discussions of God's sense of community. From this modality, therapists have learned that, "We live out the stories of our lives in our interactions with others and those interactions substantiate our narratives and further shape our lives."<sup>784</sup> As people connect to hope and live out a story that brings them life in the days that remain of their lives, the community witnessing this change takes on great significance. Pastoral care providers are part of this community but so are medical staff, family members, and others. These "allies" do not have to be "directly known" in the person's life for the person to feel supported and acknowledged, but could be authors, characters in books, admired people, animal companions, or spiritual figures.<sup>785</sup> However, caution should be utilized here in affirming someone's tendency to withdraw from relationships with living people.

As a person is finding some meaning for their suffering, questions such as the following can help connect him or her to others who could be supportive presences:

- Who would be supportive of you as you go through this time?
- Can you think of other people who share your view about what is important

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<sup>783</sup> Neil Pembroke, *Renewing Pastoral Practice: Trinitarian Perspectives on Pastoral Care and Counseling* (Burlington, VT: Ashgate, 2006), 2.

<sup>784</sup> William Madsen, "Collaborative Helping: A Practice Framework for Family-Centered Services," *Family Process* 48, No. 1 (2009), 113.

<sup>785</sup> *Ibid.*



here?

- What does/would the approach you are taking mean to them?
- Can you tell me about these people?
- What difference does it make in your life to think of these people?<sup>786</sup>

By facilitating this process of evoking the presence of important others as allies for support, the pastoral care provider is helping the suffering person identify, utilize, and sustain a community of support that will transcend the short time that the pastoral care provider is with them. This community effect is why support groups have such an effective and important role to play. Research shows that the process itself is more important than the content. The curriculum is a “vehicle for carrying the group members to a sense of connection to others, themselves, and the transcendent.”<sup>787</sup>

### **Preparing for Death**

In the past, church teachings, doctrines, and rituals provided people with tools, metaphors, and narratives to help them find meaning and purpose in their suffering and dying. For many in the Middle Ages, “the deathbed was seen as a supreme trial of faith.”<sup>788</sup> How one died took on enormous significance because it was linked to an individual’s eternal destiny. The deathbed was often a time of family gathering, even bringing home prodigals who had gone their own way and

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<sup>786</sup> Maggie Carey, Sarah Walther, and Shona Russell, “The Absent by Implicit: A Map to Support Therapeutic Enquiry,” *Narrative Practices*, <http://www.pratiquesnarratives.com/-TheAbsentbutImplicitAMaptoSupportTherapeuticEnquiry.html>, [accessed 5 September 2013].

<sup>787</sup> Douglas Miller, John Chibnall, Susan Videen, and Paul Duckro, “Supportive-Affective Group Experience for Persons with Life-Threatening Illness: Reducing Spiritual, Psychological, and Death-Related Distress in Dying Patients,” *Journal of Palliative Medicine* 8, No. 2 (2005): 336.

<sup>788</sup> Ralph Houlbrooke, *Death, Religion, and the Family in England, 1480-1750* (Oxford: Clarendon, 1998), 183.

now returned home to receive grace and restoration, a time of making wills, of final and important advice and counsel, blessings and farewells. For many, visiting the sick was part of one's religious duty. Those visiting the dying, whether kin or neighbour, came not only to provide care, but also to receive practical wisdom and "lessons in dying."<sup>789</sup> How the person summoned his or her inner resources and how others provided support for the person in their last days left an example of how to die, comforted the grieving, and provided an example to strengthen the Christian faith of others.<sup>790</sup> All of these actions associated with dying created networks of relationship and belief that contributed to the support for the dying and grieving. They provided meaning, hope for life, love beyond death, sense of purpose, and the knowledge that there was important work to do right to the end. The Church was good at helping people prepare to die.

An article in *Psychology Today* from April 2013 sums up the experience of most Americans dying today:

One in five Americans still die using emergency services, with more than 14% of these deaths occurring among patients 85 years and older. Although death is our only exit strategy in life, few of us are preparing for it. Ask any person how they want to die and they will have a definitive response, "quick and painless." Yet despite this authoritative choice, we remain shy when planning to achieve such an exit--which is why many of us will end up in an emergency room to die.<sup>791</sup>

The loneliness of this picture of death is striking and well known for chaplains in hospitals. Yet, as history teaches, this does not have to be the cultural norm.

Preparing for death would help people recognize its inevitability and take some of

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<sup>789</sup> *Ibid.*, 192.

<sup>790</sup> *Ibid.*, 183, 188.

<sup>791</sup> Mario Garrett, "Preparing for Death," *Psychology Today*, <http://www.psychologytoday.com/blog/iage/201304/preparing-death>, [accessed 3 March 2014].

the fear out of it. Encouraging and educating people about the need to prepare for death would also help people feel like they have more control when the time came for them to face death and be better able to recognize and utilize their spiritual and relational resources to cope. Research has shown a lived and understood faith reduces feelings of loss of helplessness and provides a “cognitive framework that can decrease suffering, and strengthen one’s purpose and meaning in the face of trauma” as well as providing “hope and motivation.”<sup>792</sup> Addressing fear and encouraging people to plan, brings meaning into their last days. Hospice, Dignity in Care<sup>793</sup> (developed by a research team in Winnipeg, Canada), and many cancer centres are working on providing programs for generating activity ideas, some of these include providing opportunities for the dying: “to share recollections, to extend their influence after their death, and to express feelings of love and appreciation for life’s blessings.”<sup>794</sup> Some work people desire to do may be difficult for them such as last acts of forgiveness or repentance. However, the deadline of death can push people to do things that they would never have done, sometimes with amazing results. At a local hospital, a young woman lay dying of breast cancer. Despite her physical challenges, she wrote autobiographical letters to her young children so that when they were older, they would know who their mother was as a person and how special each of them was to her. She wrote letters to her parents and friends, thanking them

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<sup>792</sup> Julio Peres, Alexander Moreira-Almeida, Antonia Nasello, and Harold Koenig, “Spirituality and Resilience in Trauma Victims,” *Journal of Religion and Health* 46 (2007): 347-348.

<sup>793</sup> Harvey Max Chochinov developed the Dignity Model and Therapy out of 15 years of research to learn more see <http://dignityincare.ca/en/the-model-in-detail.html#model>.

<sup>794</sup> Stacy Simon, “Study: Dignity Therapy Effective for Dying Patients” *American Cancer Society News* (August 1, 2011), <http://www.cancer.org/Cancer/news/News/study-dignity-therapy-effective-for-dying-patients>.

for the way they had touched her life. She reconnected with estranged friends. Her courage and faith was more obvious to others because she was dying. This made small acts into large ones of importance. It was a tragedy that she died so young; yet, she left a legacy that far exceeded anything she had done up until that point. She knew that she was “doing great things” as she lay dying. This knowledge made her suffering bearable as she created a legacy that comforted and changed the survivors who loved her.

Pastoral care providers can assist in this preparation not only by creating an open space for theological exploration about the meaning of death, but also through education about advanced directives and legacy. Questions for meaning-making could include the following to help people understand what is most important about who they are and what they would like their life to be like until the very end:

- What do you enjoy most?
- What do you want to be remembered for?
- What is something you are proud of?
- If this illness was not happening to you, what would your life look like?
- How could you incorporate some of these really important things about who you are into your life now?
- How do you want to be remembered?
- What can you do now to create lasting memories that will comfort and support those who care about you after you are gone?

## Christian Suffering

“All sorrows can be borne if you can put them into a story.”<sup>795</sup>

It is precisely in Jesus' death that God's love is most fully known and it is often in the darkest times that we meet God in the fullness of that love. The faith that gives believers hope becomes “contradiction to the world of death”<sup>796</sup> and propels believers to take a stand to contradict the suffering that exists in the world. For Moltmann, this “living” hope brought about a “new understanding of the world.”<sup>797</sup> As carriers of living hope, Christians reach out to the world, other suffering human beings, and creation itself, through day-to-day acts of love. Helping people see the bigger view of their suffering can also help them interpret their own suffering more positively. If people become more self-focused as a result of their suffering, it makes their view of life smaller and works against hopefulness. This creates additional emotional pain for them as they worry and question why they are experiencing this suffering, contributing to feelings of alienation from others and God. Yet, suffering can lead people to quest narratives where their search for meaning leads them to deeper insights about life, themselves, and God. An example of this is the story of a young man and worship leader at a local church who died of cancer two years ago. He spent much time in his last days studying and talking about the book of Job. He said that it was only in suffering that he finally understood the book. He found

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<sup>795</sup> Aminatta Forna, review of *Resilience: How Your Inner Strength Can Set You Free From the Past* by Boris Cyrulnik. *The Telegraph*. (24 May 2009), <http://www.telegraph.co.uk/culture/books/bookreviews/5361000/Resilience-by-Boris-Cyrulnik-review.html> (accessed 6 October 2012).

<sup>796</sup> Jürgen Moltmann, *Theology of Hope: On the Ground and the Implications of a Christian Eschatology*, trans. James Leitch (New York: Harper and Row, 1965), 21.

<sup>797</sup> *Ibid.*, 338.

meaning for his own suffering, not through interpreting the cancer as a test of God, but by interpreting his fidelity to God in his suffering as a way that he could express his love to God. Rather than letting the suffering distance him from God, it provided a new way for him to experience the depth of God's love and worship. He found this meaning through his connection with Job and the bigger narrative of God's work and love. Unfortunately, his wife did not share his way of making sense out of his suffering until after he died. Yet, when she was ready to hear the story, she called the hospital and the chaplains were able to share not only his story, but also to help her reinterpret his dying so that she found meaning in her own suffering. Her reframing of her image of God allowed her to understand her husband's courage and faith, which "taught" her how she could face life without him, and then death when it came for her. Philip Yancey says in *Disappointment with God*: "We have little comprehension of what our faith means to God."<sup>798</sup>

Pastoral care providers can help people deconstruct problem interpretations through utilizing questions and then encourage people to situate their narratives in the larger narrative of God's story to get "God's perspective" on events. A change in perspective, perhaps even reinterpreting situations through God's lens rather than their own, can help people find a new meaning and interpretation for suffering.

There is mystery in suffering and humans do not like either paradoxes or mystery because they create untidiness and unanswered questions when we want closure. When it appears that God is silent, it may be because he is at work

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<sup>798</sup> Philip Yancey, *Disappointment with God: Three Questions No One Asks Aloud* (Grand Rapids, MI: Zondervan, 1988), 209.

in ways that we cannot see or understand or he may not be responding in the way that we would like him to respond. Some like Moltmann spend their lives struggling with the challenges raised by suffering, with why evil and suffering happen, and with a language for expressing the message of theodicy. We know more because they have wrestled with these difficult issues; however, it is good to remind ourselves that “For now we see in a mirror dimly, . . .and only “know in part.” (I Cor. 13: 12 ESV)

### **When These Techniques Do Not Work**

Unfortunately, for many there is no language or God’s story with which to begin to work, which makes the work more difficult, although many of the techniques mentioned in this thesis can be utilized with people of different faiths, letting them be the teacher and in the process they “teach” themselves. Some people are too anxious about death to talk about it, but Hospice carers know that often the ones most afraid to talk about death are those who care for the dying person, not the one actually dying. Many dying people are grateful to be able to speak openly about their fears. Speaking openly defuses the powerful emotions and gives a voice to the pain of loss. Furthermore, the ideas presented in this PhD thesis can also be adapted to support those in hopeless places of chronic illness and mental illness as the methods suggested in this thesis are utilized more fully.<sup>799</sup>

### **Further Research and Education**

This thesis has been a response to a need for better understanding of what Christianity brings that is specifically helpful for fostering hope in the face of

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<sup>799</sup> I have utilized them in these areas with success.

mortality. It also addresses another need: the “how” to foster hope and resilience by examining the factors that influence hope and resilience and utilizing narrative therapy techniques. The distinctly Christian focus and the use of narrative techniques have made this thesis original. Yet, there is still work to do. Patients, families, and staff still face barriers and challenges when seeking support for implementation of last wishes and needs. Much work remains to counteract the medicalization of death and the dehumanizing effect it has had on care for the dying. Medical staff need more palliative education; pastors and pastoral counsellors need more death literacy materials and training, particularly related to facilitating the processes of resiliency and hope, and providing empathetic, non-judgmental presence. Among the gifts of Clinical Pastoral Education, is a curriculum and practices that teach new chaplains how to be comfortable with uncertainty and with their own helplessness, and to take those gifts to people in places of uncertainty and helplessness. Traditional counselling and pastoral education programs would also benefit from this form of education in the manner that Browning has suggested. In addition, more research is needed to understand empathy as it applies to God and human beings. If social scientists cannot agree on what empathy is and yet see how important it is for human growth and community, how much more important is it for theologians to understand how it relates to God?

We also need more theologians like Moltmann who have looked deeply into the meaning of Christ’s suffering on the cross and have asked what this has to do with our suffering today. Yet, we face resistance to look deeply into the



meaning of the cross as reflected in these words by Kennedy that still hold true today:

Men (sic) were ashamed of the Cross, and they could not see it as God's real throne. They invented the so-called "glorified Christ," Who, with all His sorrows ended and His struggles won, ascends to share the throne of God Almighty and enjoy His perfect peace. . . .But the Cross remained. It made its mark, and men could not forget. It is of course God's real throne, the throne of love that lifts Him up, and draws all men to Him at last. The power of the Cross is the power of God.

More work with interpretation and theological reflection is needed to bring the deeper meaning of the cross to sufferers today.

Research in religion's impact on healing is revealing that what people believe adds a rich and complex dimension to life. More research needs to be done to understand the impact of faith on life, healing, hope, and resilience. Researchers are learning that it is not enough to just believe in God; what you believe, how you believe, and how you utilize faith in differing contexts all influence how people will respond to crises and life. It is not helpful to say, "Go and have faith" or "God loves you" without helping people understand in their own way **how** to have hope and faith, or experience God's love, when their whole world is falling apart.

Along with good, solid teaching about mortality, pastoral care providers need more research on pastoral care interventions and best practices that work to support people who are dying. This thesis proposes linking narrative therapy with theology as expressed through the work of Jürgen Moltmann to see how Christian theology could help people connect to their stories in order to facilitate hope, resiliency, and faith. This theological approach will not work for everyone

since people must have some basic understanding of Christian thought for the care provider to utilize. Yet, it does promise hope to many people as they come to know and experience God's empathy and love.

A continuing dialogue regarding theological views and their implications for healthcare is important in that it continues to push theologians and pastoral care providers to examine their foundational beliefs as these beliefs inform praxis. New scholarship and research blurs the lines between science and theology opening up new avenues of thought to help us understand ourselves and, and perhaps God, in more expansive, deeper, and broader ways. Dialogue and education mean that pastoral carers will be more self aware, a positive since uncritical acceptance of beliefs can lead to unintended theological consequences that could undermine the very hope they seek to bring to people.

People of faith, need a God who is truly God for them. It seems that creating a god based on ourselves would take us back to a place of aloneness that Moltmann describes as godforsakenness. There are times when no amount of wisdom, gifts, talents, or persistence can save us. Where do we look for hope in those times? On the other hand, having a god that is far removed from our suffering and is apathetic to our cries is not helpful either. How will we as pastoral care providers respond when the person in acute physical, mental, and spiritual distress ask: "Does God even know I'm here?" Would it not make the person feel more hopeless to think that there is a god who knows he or she is there but doesn't care? And, yet again, if we are depending on a god who will rush in like Superman to save us from our suffering, how do we then survive physically,

mentally, emotionally, or spiritually when our super human hero does not arrive?

“Only the suffering God can help”<sup>800</sup> wrote Bonhoeffer from his cell shortly before his death. He seemed in the last months of his life, to have realized some truth that helped him cope as he faced the surety of death. Fear is a defense behaviour basic to survival.<sup>801</sup> Yet, there are those who face death bravely and maintain faith and hope in the face of loss or death. What people believe gives them meaning and “can give them a larger framework than the immediate fear or crisis.”<sup>802</sup> Something we believe can be greater than the fear we feel, and that changes our dying experience and our living.

## **Conclusion**

This thesis has examined how the early Christian church had a distinctly Christian narrative that was powerful enough, because of the metaphors, structures, and teaching that supported it, to impact the praxis and belief of the people. It has also examined how a series of cultural and societal transitions, including the Reformation, brought unintended consequences in terms of how people viewed death and left a gap theologically and pastorally in how the Western Church supported the dying and grieving. This gap remained until the twentieth century when Kübler-Ross and others sought to provide the missing support with a language and therapeutic approach that were sometimes incompatible with Christian theology and belief. In addition, this thesis has examined that lacuna and its implications for people who are dying and for those

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<sup>800</sup> Dietrich Bonhoeffer, *Letters and Papers from Prison*, English Translation, 1977, 361.

<sup>801</sup> Vernon Mountcastle, *Medical Physiology*, 1, (St. Louis: CV Mosby Co, 1974), 1-73.

<sup>802</sup> Richard Penson, Rosamund Partridge, Muhammad Shah, David Giansiracusa, Bruce Chabner, and Thomas Lynch, Jr., “Update: Fear of Death,” *The Oncologist*, Schwartz Center Rounds, 10 (2005), 166.

supporting them.

The uncoupling of religious values, language, and institutions from experience has removed a fundamental way in which people in the past were able to find meaning in suffering and death. This has created a situation where society has “confused ideas regarding health and death.”<sup>803</sup> Sometimes, family members and friends withdraw from the patient because of their own feelings of helplessness and not knowing what to say. Separated from loved ones and the rituals that represented life, a person suffers and grieves on a physical, emotional, and/or spiritual level. For those who witness the treatment of the dying, death anxiety increases when they think of their own life ending like this.

Hospice homecare has been one response to the reality of social death, but only a small percentage of the population uses Hospice care in the US and many agencies are understaffed so the full impact of their service is not always felt for the family that does use Hospice. A 2006 report from The National Association of Home Care and Hospice estimated that approximately 70% of the dying still use institutional and clinical facilities for end-of-life care.<sup>804</sup> The Hospice Association of America published a report in 2010, discussing the problems with continuing low participation:

Nevertheless, only a fraction of those who have the option of hospice care choose to participate in it. Physicians and nurses caring for patients with terminal illnesses in clinical facilities need to open the dialogue with families about the option of hospice and its possible benefits to patients and their

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<sup>803</sup> Stella Mary O’Gorman, “Death and dying in contemporary society: an evaluation of current attitudes and the rituals associated with death and dying and their relevance to recent understandings of health and healing,” *Journal of Advanced Nursing* 27 (1998), 1131 summarizing what Ikeda said on this matter in *Unlocking the Mysteries of Birth and Death and Everything Inbetween: A Buddhist View of Life* (Santa Monica, CA: Middleway, 2004).

<sup>804</sup> The National Association of Homecare and Hospice, “Basic Statistics about Homecare,” (Washington, DC, 2008), [http://www.nahc.org/facts/08hc\\_stats.pdf](http://www.nahc.org/facts/08hc_stats.pdf).

caregivers. Until clinicians, patients, and families become more comfortable talking about death and the dying process, hospice will remain marginalized as an excellent option for accessing supportive services during an extremely difficult time.<sup>805</sup>

Our modern technology and knowledge has brought many improvements in areas that prolong life, but when prolonging life is no longer the goal, we are woefully inadequate at accepting and supporting those who are going through one of the most important phases of life. We have rituals, activities, and celebrations that surround births and recognize the meaning of this new life. Yet, we have lost many of the rituals, activities and meaning-making structures that used to surround death. C. G. Jung expressed the idea that “our lives find fulfilment in a non-physical dimension.”<sup>806</sup> In losing a narrative that supports mortality, we have lost a way to overcome fear of death, find meaning and purpose in suffering and death, and live life fully as God intended.<sup>807</sup>

Christian pastoral carers face challenges today that the early Church carers did not face; yet, the Christian message of hope is more relevant and needed today precisely because it works against the medicalization, secularization, and individualism of death that have impacted dying in the twentieth and twenty-first centuries.<sup>808</sup>

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<sup>805</sup> Hospice Association of America, “Hospice Facts and Statistics,” (2010), <http://www.nahc.org/facts/HospiceStats10.pdf>.

<sup>806</sup> Morton Kelsey, *Afterlife: The Other Side of Dying* (New York: Crossroads, 1988), 254, discussing C. G. Jung’s views in *Memories, Dreams, Reflections*.

<sup>807</sup> C. G. Jung, *Collected Works*, Vol. 8, *The Structure and Dynamics of the Psyche* (Princeton: Princeton University, 1969), 402.

<sup>808</sup> Tony Walter, *The Revival of Death* (London: Routledge, 1994) 12-16.

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