

USING *LAMENTATIONS* TO LAMENT:
A SACRED JOURNEY TO WHOLENESS

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Thesis Submitted in Partial Fulfillment of
Requirements for Doctor of Ministry Degree

Hebrew Union College-Jewish Institute of Religion
Graduate Studies Program
New York, NY

1 March 2010:
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ACKNOWLEDGEMENTS

I offer my heartfelt thanks to the following for their contributions to my process and progress in this educational endeavor:

Rabbi David J. Zucker, Ph.D., BCC, for being my Rabbi, colleague, and D.Min. Advisor and for generously and patiently sharing his expertise with me;

The Rev. Ann Akers, M.Div., LP, NCPsy.A., for being my D.Min. Advisor and teacher, setting an example and committing energy and time to my learning;

The Rev. Walter J. Smith, S.J., Ph.D., the CEO and President of HealthCare Chaplaincy, for inspiring me, initiating this D.Min. course of study and ensuring that I had access to resources that were essential for its success;

Jackson Kytle, Ph.D., the Vice President of Academic Affairs of HealthCare Chaplaincy, for encouraging me and making himself available to me for advice;

Helen Tannenbaum, MLIS, the librarian of HealthCare Chaplaincy, for unfailingly providing me with much-needed books, articles and reassuring words;

Rabbi Harry Rothstein, D.Min., Katherine Jankowski, Ph.D., Kathleen Galek, Ph.D., The Rev. Martin Montonye, D.Min., Brian Kim and other members of the community known as HealthCare Chaplaincy, for extending themselves to me with helpful information and valued support;

Rabbi Judith Edelstein, D.Min. and Rabbi Shira Stern, D.Min. for being trailblazers in this D.Min venture;

my colleagues and students for allowing me to guide them through one or another version of this Project. Once my students, they became my teachers;

Tony Gold, Sue Leventhal, Marsha Garelick, Martha Partridge, and The Rev. Joan Witkowski for their participation in my endeavors in their own inimitable ways.

I am sustained by the love of my family: Larry and Nadine Schneider, Ted and Charla Schneider, and Aimee and John deJarnette. They are always in the forefront of my heart.

I dedicate this D.Min. Project to my Mother, Marcia Coltun Bernfeld, for her unending support and unqualified love. She is an awesome and inspiring role model.

From its earliest conception, and throughout its development, this Project has always felt as though it came through me and not from me. I feel immeasurably blessed by God for Divine Presence in my life.

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AUTHOR’S NOTE

To ensure confidentiality, names of Pilot Project participants are omitted from this Demonstration Project. Any questions regarding this Project or individuals who participated at any stage or in any capacity should be directed to the author.

CHAPTER 1

STATEMENT OF THE ISSUE

Background

Professional Pastoral Caregivers and Secondary Post-Traumatic Stress Disorder

Most Americans turn to their faith to cope with traumatic situations and their aftermath. The *New England Journal of Medicine* [has] reported that 90% of Americans turned to religion as a coping response to the terrorist attacks on September 11th [2001]. They also turn to the clergy, including Rabbis, to help them in difficult times...of grief, crisis, and trauma. Indeed, clergy are front-line mental health workers for millions of Americans and play a prominent role in community mental health.... Their work also exposes them to the effects of the traumatic events. (Taylor, Weaver, Flannelly, and Zucker, 2006, pp. 35-36)

This Demonstration Project focuses upon professional pastoral caregivers. In this document, the phrase “professional pastoral caregiver” refers to clergy, seminarians, and other qualified religious professionals who engage a therapeutic role while taking care of others as significant aspects of their professional responsibilities. The focus of this Project is further narrowed to those professional pastoral caregivers who do not generally acknowledge that the impact of an exposure to an accumulation of painful situations from both their professional and personal worlds can harm them.

Professional pastoral caregivers work with patients, residents, and other clients in (at least) the following contexts: acute- or long-term care hospitals, senior care centers, hospices, prisons, developmental programs, rehabilitation settings, home-care environments, 911 and other telephone hot-lines, and private offices. The situations that

bring clients to professional pastoral caregivers are invariably some of life's cruelest moments, including those that are derived from the ravages of: illness, accidents, domestic or military violence, substance abuse, emotional and/or developmental challenges, environmental tragedies, treatment modalities, and/or aging. These situations can cause afflicted individuals to grieve for their changing physical, spiritual, emotional, and/or cognitive functioning and well-being; their lost job status, family position and/or other roles in life; their damaged, missing or stolen property; and/or their separation from loved ones.

As a Board Certified Chaplain and a Clinical Pastoral Education (CPE) Supervisor, I am a member of this professional pastoral caregiver population. As such, my skills and knowledge in this area derive from both educational and professional experience, as well as from research carried out specifically for this Project.

According to physician Barry Bub (who studied CPE with me, including an earlier version of this Project), professional pastoral caregivers need to know “how to listen *better* rather than *longer*.” In other words, they need to know “*what to listen for*; to understand the significance of *what is being heard*, and to know how to respond *therapeutically*” (Bub, 2004, p. 64). When professional pastoral caregivers achieve these therapeutic levels of listening, they help their clients to speak about the distress that is diminishing their quality of life and that may be damaging to their spirits and sometimes, to their bodies as well. These professional pastoral caregivers are adept at responding to the plights of what frequently seems like a never-ending roster of clients – but at a cost.

According to trauma specialist Laurie Anne Pearlman, “In working with victims...there's a lot of anguish and grief and pain and sorrow.... It really affects [the

caregiver's] own emotional life" (quoted in Landau, 2009, n.p.). The negative impact of hearing many stories of suffering intensifies because therapists are ethically enjoined from sharing client information with others. Consequently, unless these caregivers have a sanctioned way in which to release this intensified impact, the potential for harm builds within them.

In my conceptualization of the problem under consideration, I understand the spiritual and emotional vulnerability of professional pastoral caregivers as analogous to the physical vulnerability that occurs when individuals accumulate toxins in their bodies. For example, when a part of the body – say an arm – is overwhelmed by harmful bacteria, it may form a boil. That boil is filled with pus. Left alone, the poisons that are contained in this pus may compromise the individual's ability to heal. These poisons may fester, infiltrate that individual's cells and organs and further harm the arm and perhaps, the whole body.

However, if that individual is treated by a medical practitioner, that practitioner may help that individual to discharge that pus through a process that expresses it from that body. One such process is lancing and gently pressing along the edges of the boil – a messy process at best. Among other things, this means that the medical practitioner and the patient have to deal with the green, yellow, white, and red gooey pus that is expressed from that individual's body. Further, it may take multiple visits before that individual's body can regain its self-healing properties. When treatment is effective, the individual is relieved of the pus and may be said to be "healing" or even "healed."

In a similar manner, I suggest that for the professional pastoral caregiver, the potentially harmful impact of recurring exposure to primary and/or secondary trauma

creates an accumulation of “spiritual pus.” If it remains unattended and unexpressed, this spiritual pus may increasingly overwhelm and endanger an individual’s spirit. If, however, this individual is treated by an appropriate practitioner or is otherwise encouraged to express his or her spiritual pus in a safe environment that allows the discharge of the spiritual and/or emotional “mess,” then that individual may be relieved of the potential for danger – in this case, a danger to his or her spirit.

In an ideal world, pastoral caregivers and other therapists would follow their own advice in helping themselves to deal with the impact of being exposed to so much sorrow; that is, they would recognize and express their own sorrow and pain. Unfortunately – and disconcertingly – the need for professional pastoral caregivers to attend to, integrate, and subsequently heal from toxicity is often overlooked.

Too often, the secular world sees these pastoral caregivers as experts who are also connected to Divinity and therefore are able to integrate and resolve their own issues. Far too often, however, these caregivers close their eyes to the accumulation of spiritual pus that accompanies their ongoing intimate exposure to a flow of painful loss and grieving by others. They act as though they were immune to the potentially harmful impact upon their own spirits – yet nothing could be further from the truth. Frequently, pastoral caregivers absorb some of the trauma to which they are verbally (secondarily) exposed. According to Dr. Frank Ochberg, former associate director of the National Institute of Mental Health, “It’s not that I am feeling sorry for [my patients] and empathize with them, it’s that I’m becoming them” (quoted in Landau, 2009, n.p.).

The active, personal involvement that is required for caregivers and therapists to listen therapeutically and to demonstrate the empathy that is so beneficial to their clients

renders them vulnerable to a syndrome that has been discussed in recent decades under a variety of terms. Weaver, Taylor, Zucker, Flannelly, and Roberts (2004) use the term “compassion fatigue” and explain this disorder as “a cluster of symptoms caused by the indirect exposure to trauma that results from working with individuals that have been exposed to a horrific event. It also has been referred to as secondary post-traumatic stress, and vicarious traumatization” (n.p.). In other words, even though the professional pastoral caregiver may be exposed only to the traumatized person and not to the traumatizing event, “Research has shown that Rabbis and other clergy who deal with persons exposed to extreme stressors are susceptible to secondary-traumatic reactions” (Taylor, Weaver, Flannelly, and Zucker, 2006, p. 36).

In addition to being vulnerable to the negative impact of secondary trauma from exposure to sorrowful stories in their *professional* lives, professional pastoral caregivers are additionally vulnerable to the negative impact of primary trauma from exposure to traumatic events themselves in their *personal* lives. The combined impact of these factors is potentially pernicious to the professional pastoral caregiver.

The Pernicious Impact of Too Much Giving

Despite this professional awareness of the potential for damage to pastoral caregivers, many clinical employers depend upon their pastoral caregivers to engage their duties without considering the possibility that they may be harmed by their devoted service. For example, it is not unusual to hear of clinical institutions that require their one- or two-person pastoral care departments to be available to clients “24/7.” Further, too many chaplains can be overheard comparing stories with one another about who has logged the most on-call hours, often with a hint of disdain for those who do less and pride

for those who do more. Thus, it appears that chaplains themselves have accepted this 24/7 work ethic – often to their spiritual and/or physical detriment.

Emblematic of this syndrome is Shel Silverstein's book entitled *The Giving Tree* (1964), which tells of the relationship between a boy and a tree. The tree gives the boy anything that he wants: branches on which to swing or to build a home, shade under which to sit, or apples to eat. As the boy grows, he requires more and more from the tree, which always acquiesces to his wishes. Finally, in an act of self-sacrifice, the tree lets the boy finish cutting it down so that he can build a sailing boat. He then leaves the tree – now a stump. Many years later, the boy/man returns. The tree says, "I have nothing left to give you," and the boy/man replies that all he needs is a quiet place to sit. Once again, the tree – now significantly diminished – obliges.

When this book was published, it gave rise to many heated discussions over whether the story was a beautiful dream or a nightmare. Among other details, it was noted that the story reflects the boy/man's insatiable "wants" and not his "needs." Only at the end of the book does the boy/man ask for something that he "needs" – a place to rest. We are left to ponder whether, in his relationship with the tree, the boy/man was practical or selfish, as well as whether the tree was self-sacrificing or selfless.

The same questions could be asked of clinical institutions and their clients in relationship to their pastoral caregivers. How much of what clinical institutions and their clients ask of their pastoral caregivers are "wants" and how much are "needs"? Are the institutions being practical or selfish when they demand that caregivers be available day and night? Are the pastoral caregivers being self-sacrificing or selfless when they agree to be available to clients 24/7?

At the end of Silverstein's story, the tree is worn down and damaged irreparably by the boy/man's incessant demands. Professional pastoral caregivers are vulnerable to being similarly worn down and damaged by the ongoing demands of their clinical institutions and clients. Thus, they are vulnerable to burnout, "a cluster of symptoms characterizing physical and emotional exhaustion resulting from chronic exposure to emotionally demanding work conditions" (Weaver, Taylor, Zucker, Flannelly, and Roberts, 2004, n.p.). This vulnerability may result because caregivers do not adequately deal with the toxic impact upon their own spirits and bodies of giving away so much of their compassion, empathy, time, and energy to others.

There are additional potential complications for the professional pastoral caregiver who works with the hardships that are experienced by others. According to physician and trauma expert Judith Herman (1997), "Trauma is contagious. In the role of witness to disaster or atrocity, the therapist at times is emotionally overwhelmed. She experiences, to a lesser degree, the same terror, rage, and despair as the patient.... [Moreover], hearing the patient's trauma story is bound to revive any personal traumatic experiences that the therapist may have suffered in the past" (p. 140). Thus, Herman (1997) recognizes that it is the convergence of the caregiver's professional "traumatic countertransference," as she calls it, and his or her personal traumatic life experiences that leads to the greatest "risk to the therapists' own psychological health" (p. 141).

Like everyone else, professional pastoral caregivers face and have faced personal experiences that involve the toxic impact of losses and subsequent grieving. Given this external and internal barrage of toxicity, it is not surprising that the professional pastoral caregivers that I counsel are exhausted and in psychic pain from the unrelenting and

insatiable demands to which they are continually required to respond. As Herman (1997) further articulates, “Therapists who work with traumatized people require an ongoing support system to deal with these intense reactions. Just as no survivor can recover alone, no therapist can work with trauma alone” (p. 141).

There are, however, stumbling blocks on the path to an ideal, ongoing system of therapeutic support for professional caregivers. Support sessions and groups need to be scheduled with other professionals, release time needs to be arranged at work and/or with loved ones, and, especially in the current economic climate, financial issues often compound the logistical challenges. Moreover, in some cases, a stigma is attached to acknowledging that spiritual or emotional help is needed. As a consequence, too many professional caregivers function without a therapeutic support system, often to their detriment and to that of the clients in their care. Thus, without attempting to present itself as a substitute for *ongoing* care with an appropriate therapeutic support system, the Pilot Project described in this document is designed to provide a framework within which professional pastoral caregivers can use a form of Guided Lamenting to facilitate the release of some of the spiritual pus that they have accumulated.

The Pervasiveness and Insidiousness of Loss

We all have dreams of where we hope to be during the many stages of our lives. Frequently, our dreams and our plans come true. However, it can also be said that often the reality of our lives does not match either our dreams or our plans. Instead, we engage lives that are beset with the occurrence and the aftermath of traumatic events, which invariably includes loss: “At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters,” like

hurricanes, tornadoes, earthquakes and tsunamis. “When the force is that of other human beings, we speak of atrocities,” like terrorist attacks and home, school, workplace and military violence. “Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death” (Herman, 1997, p. 33).

In a narrow sense, the above describes events that “confront human beings with the extremities of helplessness and terror” (Herman, 1997, p. 33). However, in a broad sense, these descriptions of traumatic events can apply to any acute or significant loss, for any loss can “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 1997, p. 33). What Herman refers to as “helplessness and terror” and “threats to life or bodily integrity” may arise from uncommon occurrences, but they may also occur every day through illness, injury, aging, and other undesired changes in our spirits, minds, bodies, relationships, roles, and property. Each of these unwanted changes may immerse us in experiences in which we feel the toxic impact of intense loss, often including the loss of our safety and security.

Kenneth R. Mitchell and Herbert Anderson’s book, *All Our Losses, All Our Grievs: Resources for Pastoral Care* (1986) provides a foundation for understanding the painful spiritual and emotional dynamics that accompany loss. The authors divide loss into the following six categories:

1. “material loss” as “the loss of a physical object or of familiar surroundings to which one has important attachment”;
2. “relationship loss” as “the ending of opportunities to relate oneself to, talk with, share experiences with, make love to, touch, settle issues with...and otherwise be

in the emotional and/or physical presence of a particular other human”;

3. “intrapsychic loss” as “the experience of losing an emotionally important image of oneself, losing the possibilities of ‘what might have been,’ abandonment of plans for a particular future, the dying of a dream. Although often related to external experiences, it is itself an entirely inward experience”;
4. “functional loss” as the loss of “some of the muscular or neurological functions of the body”;
5. “role loss” as “the loss of a specific social role or of one’s accustomed place in a social network,” including family; and
6. “systemic loss” as the loss of a disruption of patterns of behavior that have developed in a social system over time.

(pp. 36-45)

Beyond these categories, there are variables that influence how individuals are affected by specific loss. These include the intensity of the event and whether it is experienced as avoidable or unavoidable, temporary or permanent, active or imagined, or anticipated or prolonged (Mitchell and Anderson, 1986). Individuals are also affected by whether the loss is accepted or disenfranchised in the individual’s society – i.e., whether individuals feel that they can publicly acknowledge a loss without incurring an additional loss of integrity and status that might accompany revelation of this loss to disapproving loved ones, colleagues and/or acquaintances (Doka, 1989).

Finally, it can make a difference whether the loss is certain or ambiguous.

According to Pauline Boss, Ph.D. (1999), the principal theorist of ambiguous loss, “Of all the losses experienced in personal relationships, ambiguous loss is the most devastating

because it remains unclear, indeterminate” (pp. 5-6). It is associated with circumstances in which a loved one may be physically absent but psychologically present for the grieving individuals, as happens when it is unclear whether an individual is dead or alive – either in actuality, as during kidnappings, wars, earthquakes, tsunamis, and terrorist attacks, or in an emotional/psychological sense, as after a divorce or conversion.

Alternatively, an individual can be physically present but psychologically absent, as happens in the case of dementia, addiction (including workaholics), emotional illness, brain injuries, etc. Ambiguity complicates both loss and mourning. In such cases, “People can’t start grieving because the situation is indeterminate. It feels like a loss but it is not really one. The confusion freezes the grieving process” (Boss, 1999, pp. 10-11).

In fact, loss is pervasive in life and is rarely simple. It affects everyone at different life stages, during both times of sorrow and times of joy. Moreover, traumatizing events generally involve the occurrence of more than one type of loss. For example, individuals who move to senior centers because of functional loss may also be vulnerable to material, relationship, intrapsychic, role, and systemic losses; or, individuals who lose property because of environmental or terrorist disasters may also be vulnerable to relationship, intrapsychic and systemic losses. Even joyous events may involve loss. Individuals who rejoice at retirement or promotions may also be vulnerable to the sorrow that comes with changes in collegial relationships and daily contexts, resulting in intrapsychic, role, and systemic losses.

In responding to the painful impact of loss, clients and caregivers alike can benefit from a process that includes verbally validating the effects of that loss (Mitchell and Anderson, 1986). Yet caregivers, although they are typically the most proficient

individuals at helping clients to take steps to move towards integration and potential healing, often tend not to avail themselves of similar processes in service to their own health.

Grieving or Mourning: A Response to Loss

Loss leads to emotional suffering. In response to emotional suffering, individuals grieve or mourn: “Mourning, according to Freud, is the reaction to the loss of a loved person or cherished abstraction, overcome after a period of time” (Mitchell and Anderson, 1986, p. 56). The ultimate goal of grieving is that “the mourner gradually becomes able to make attachments and investments in other persons and things once again” (Mitchell and Anderson, 1986, pp. 95-96).

Grieving occurs in those moments, weeks, months, or years when we are no longer who we were but are not yet who we are becoming. It is

the normal but bewildering cluster of ordinary human emotions arising in response to a significant loss, intensified and complicated by the relationship to the person or the object lost. Guilt, shame, loneliness, anxiety, anger, terror, bewilderment, emptiness, profound sadness, despair, helplessness: all are part of grief and all are common to being human.

(Mitchell and Anderson, 1986, pp. 54-55)

For grieving to be successful, individuals need to access, explore, liberate, and express the toxic spiritual and emotional dynamics that may ensue after a significant loss occurs, no matter how raw those expressions are.

Unfortunately, confronted with adversity, many pastoral caregivers ignore and/or stifle their own feelings when they involve spiritual and emotional dynamics like those identified above. This is especially true of anger, even though “Anger is an immediate, common, and inevitable response to loss” (Mitchell and Anderson, 1986, p. 78).

Leaman (2009) citing Luecke (1981) identifies the following reasons upon which individuals often justify this aversion:

1. anger is morally wrong,
2. anger is a sign of weakness,
3. anger is dangerous and destructive, and
4. anger is not compatible with love and caring.

(Leaman, 2009, p. 8)

In particular, expressing anger toward God is frequently censored. Too often, pastoral caregivers accept the teachings of their respective religious leaders who teach that it is a sign of weak faith to express anger toward God or to otherwise challenge or accuse God of uncomplimentary attributes, motivations, or actions. Yet there are other ways to look at this issue. As Carol Tavris (1989) notes, “Anger is a sign of attachment, of connection. People rarely feel angry with others who are of no consequence to them” (p. 284). Moreover, according to Leaman (2009), “For many people their relationship with God is of ultimate consequence.... People need to know that anger *is* compatible with faith” (p. 8).

Effective grieving includes having permission from oneself and from others to fully express suffering, even when that full expression includes anger toward God. In fact, this sort of expression is given full attention in a work that has been canonized as sacred literature by both Jews and Christians, the biblical Book of *Lamentations*. This quintessential text of loss, with its copious expressions of grief and of anger toward God, carries scriptural authority for many Jewish and Christian pastoral caregivers, as well as immense authority for readers from other religious traditions. I posit that *Lamentations* is

intended to serve as a paradigm that permits, indeed encourages, its adherents to respond to adversity with agonizing expressions of grief – even when these expressions are directed toward God.

Using Lamentations to Lament

We can – and frequently do – teach individuals to suffer silently; however, this behavior only compounds the original suffering with additional feelings of isolation. Consequently, the first step toward healing the toxic impact of loss is acknowledging the fact “that even though there is pain in the world, this pain can be put into words” (Jones, 2007, p. 48). The second step is “to find a language that leads out of the uncomprehended suffering that makes one mute, a language of lament, of crying or pain, a language that at least says what the situation is” (Soelle, 1981, p. 70) – no matter how “unspeakable” and “unnamable” (Jones, 2007, p. 49) the situation may seem. This is because when grieving is “set in a cohesive narrative, it [becomes] integrated and symptoms [are] alleviated” (McGee, 2005, p. 31).

In response to extraordinary brutality by its conquerors, the inhabitants of Jerusalem in 587-586 BCE (Before the Common Era) grieved aloud. Their expressions of grief are preserved in the sacred Book of *Lamentations*. This ancient text offers a historical record that reveals the suffering of the people in their own words, their own laments. For Israel, the lament was the characteristic way of expressing and voicing the “hurt of life.” Through lamenting, Israel coped with its agony: “Israel did not try to explain [its griefs] away, deny them, or avoid them. Instead, Israel held to the premise that all of life – even the hurtful dimensions – was embraced by its covenantal relationship with God” (Jones, 2007, p. 48). This relationship was valued as a significant

aspect of a “profound faith” that included dialogue. To the Israelites, this meant that there had to be

exchange in open and honest ways. There can be no holding back. Everything is on the table: doubt, anger, despair, guilt, [and] resentment. There is no requirement of politeness [or] gentility. If the relationship is authentic, then it can endure and even thrive on the honest and even candid expression of all of the hurtful feelings. These feelings have to be spoken in order for them to be dealt with. Silence in the face of hurt does no good. The anguish of life calls for speech, for words, for prayer.... Through the lament, the psalmist invites each of us deeper into the life of faith. (Jones, 2007, p. 49)

This need to lament is true for us today. In fact, the “ultimate state of despair and loss of faith is found in a person who cannot lament” (Bub, 2004, p. 65).

The laments in the biblical Book of *Lamentations* can have a cathartic affect in both ancient and modern contexts because these lamentations are not concerned with historical actuality. Instead, they focus upon the psychological states of individuals who are engaged in profound suffering. As such, the ancient text is effective for use as a role model by modern-day sufferers when they need help in expressing their own profound anguish. The ancient text transcends time and place because:

1. its poems are resources for use during times of crisis
2. its poems legitimate grief which is intricately reflected
3. its poems do not encourage sufferers (or readers) to a hasty confidence in the goodness of God
4. its poems do not urge sufferers (or readers) to experience the horrors shallowly
5. in the biblical book, God is held accountable for the disaster
6. even if it could be said that those afflicted deserve their punishment, God has choices and does not have to act with ferocity

7. if there is even a moment of hope, it arises from the memory of past experiences of God's goodness and not from the cry of despair over the present misery
8. the sufferer's cry for deliverance may be intended to motivate God to act favorably but, it is no guarantee that God will reply, much less act favorably
9. repentance is not seen as a way to persuade God to change; God may change - or not
10. it is possible that God may have ended the covenant with Israel.

(Clines, 2003, p. 618)

Jones (2007) reports that, generally speaking, the "lament" is "a stylized form of speech. It is a cry of distress [that] gives expression to the kinds of experiences and feelings we are told constantly and relentlessly by our culture to suppress" (p. 48). *The Concise Oxford Dictionary of Current English* defines a "lament" as a passionate expression of grief, a song or a poem of sorrow or mourning (Allen, 1990, p. 663). According to the *American Heritage Dictionary*, a "lament" is a dirge, a wail, and/or an expression of deep regret (Morris, 1974, p. 397).

Caregivers who listen daily to the sorrowful stories of their counselees have been known to describe their clients as "complaining." The *American Heritage Dictionary* defines a "complaint" as an expression of feelings of pain, dissatisfaction, or resentment (Morris, 1974, p. 147), while *Oxford* defines "complaint" as a mournful sound, or an announcement that one is suffering from an ailment (Allen, 1990, p. 232). These definitions tell us that the two terms, "lament" and "complaint" overlap; however, there is a subtle distinction that becomes part of the equation in light of the stigma that accompanies the word "complain(er)" and its Yiddish equivalent, *kvetch*.

When professional pastoral caregivers listen to clients relate sorrowful stories while simultaneously wanting to “fix” the irresolvable issues that are raised by these clients, they frequently report feeling exhausted and/or helpless as the result of the experience. In response to these feelings, these caregivers often, consciously or unconsciously, label these clients “complainers.” Too often, they then find themselves wanting to tune out, dismiss, or silence these clients by attempting to “cheer” them out of feeling the way that they feel. By contrast, when professional pastoral caregivers listen to the same sorrowful stories from the perspective of a witness to their clients’ suffering and a validator of their clients’ laments, these caregivers respond with greater compassion and empathy. This benefits the listener and ameliorates the suffering of the teller.

What happens when there is suffering and no one to listen? Or, when laments are directed to God with no way to know whether God is listening? When all is said and done, although listeners matter, they may not matter as much as the act of lamenting itself. Bub (2004) frames this distinction well when he writes that “there is something universal and specific that [sufferers] want heard and understood. This ‘something’ is the ‘lament’ – an expression of suffering so pervasive that it may well be considered *the hidden agenda in every [sufferer] until proven otherwise....* Most importantly, validating one’s own personal lament is an ultimate act of self care” (p. 64).

Whether in company or alone, caregivers and care receivers alike whose plans and dreams have been interrupted and are now going in different, dramatically painful, and unwanted directions, have the right to lament their plight. When grievors lament, they may be said to be “singin’ the blues.” This understanding is congruent with the references to musical forms in the earlier-quoted definitions of “lament.” In addition, the

Hebrew word for “song” or “poem” is the same: *shir*. These *Lamentation* poems then could be called lament-songs or, in modern parlance, the blues.

In typical blues songs, singers lament over life’s universal themes, including: unrequited, steamy, tumultuous, or lost loves; bad luck and bad times; cruelty at the hands of others; and other forms of misery. Their woes are expressed through gritty, realistic, hard-hitting, and heart-rending lyrics, which express one or more of the following spiritual and/or emotional dynamics: loneliness, abandonment, isolation, exile, disrespect, grief, hopelessness, helplessness, alienation, disenfranchisement, exhaustion, absence of meaning, and other forms of suffering. These existential dynamics are common to being human. They are also at the soul of both the lament and the blues song.

Sometimes, laments are expressed through a blues genre known as the “talking blues.” I think of the Guided Lamenting model that is described in this Demonstration Project as a form of “talking blues.” This Project encourages and guides pastoral caregivers to compose and then “sing” their blues, either in company or alone.

Summary of the Specific Needs to which I Plan to Minister

As discussed, the inner lives of many professional pastoral caregivers are filled with an accumulation of spiritual and/or emotional “pus” or “toxins.” These toxins develop from ongoing, unresolved loss and grieving that emerges from the impact of traumatic events that occur in the caregivers’ lives and in the lives of their clients. Without integration, these toxins have the potential to adversely affect the quality of the lives of these professional pastoral caregivers, as well as the quality of care that they offer to others.

This Project supports the principle that singin' the blues – or, in this case, lamenting – is “a normal, healthy, integral part of the healing process.... In the face of... severe losses, crying, bemoaning, and wailing serve to generate the energy that frees the individual from the numbness created by the shock of trauma and allows the traumatised individual to adjust and realign to the new reality” (Bub, 2004, p. 65). Ideally, there is movement in the process that begins with a traumatizing event. This trauma leads to spiritual, emotional, and/or physical loss. This loss generates suffering and grieving, which, when permitted by the individual or by his or her loved ones or pastoral caregivers, may be expressed through lamenting. As these laments are witnessed and the initiating “losses are validated by the self or another...they become integrated...and the individual moves on” (Bub, 2004, p. 65).

If individuals ignore or stifle this process, they may accumulate spiritual and emotional toxins from the negative impact of trauma in their lives and become vulnerable to Post-Traumatic Stress Disorder (PTSD). If these individuals are also professional pastoral caregivers who are simultaneously exposed to the sorrows of an abundance of traumatized individuals, they may accumulate spiritual and emotional toxins and become vulnerable to developing Secondary PTSD or Compassion Fatigue. In either event, the individual may be experiencing what I call, *Present PTSD*.

Grieving is a complex process. Unfortunately, it “cannot be done in controlled doses at scheduled times...The feelings of grief are experienced as invading us suddenly, sometimes when we least expect them” (Mitchell and Anderson, 1986, p. 89). What is called for, then, is a model for assisted grieving that is readily available, transportable, and time-friendly, through which professional pastoral caregivers can initiate and engage

a therapeutic process that could lead to healing.

The Guided Lamenting that is described in this document is one such approach. It offers professional pastoral caregivers a conceptual foundation along with a convenient methodology through which they are encouraged to express their spiritual and emotional angst in their own time and place, without burdensome expense, risk of stigma, and/or additional therapeutic support. Beginning with an intense engagement with the biblical Book of *Lamentations* and continuing with samples of contemporary laments that were composed by other professional pastoral caregivers, it encourages and permits professional pastoral caregivers to divest themselves of the spiritual pus that they have acquired through the deleterious impact of meaningful loss.

Relevance of this Project to Ministry in a Wider Context

The Project “Using *Lamentations* to Lament: A Sacred Journey to Wholeness” is relevant in a wider context than my own ministry. My primary ministry is as a rabbi, a chaplain, and an educator in a Clinical Pastoral Education (CPE) context. In the latter context, I serve multi-denominational Jewish and multi-faith Christian, Muslim, and Buddhist clergy, seminarians, and qualified laity.

This Project, however, is relevant in the wider world of the *non*-CPE professional *pastoral* caregiver context. Professionals in this context include pulpit clergy and qualified religious laity who serve as pastoral counselors in, for example: synagogues, churches, and other religious institutions where *Lamentations* is accepted as sacred text. Further, it is relevant in the wider world of the *non*-CPE professional *secular* caregiver context. Professionals in this context include: psychiatrists, psychologists,

psychoanalysts, social workers, support group leaders, et al who serve as therapists in, for example: medical centers, schools, telephone hot lines, and private offices. These pastoral and secular caregivers may also engage as participants who write their own laments, which some may share publicly in peer groups.

It should be noted that for this Project to be effective, all involved, especially the facilitators, must be authentic when they claim *Lamentations* as sacred literature. It is also important that all involved, especially the facilitators, accept and/or are willing to work with the premise that *Lamentations* is (or, for skeptics, may be) one of God's ways of giving adherents permission to lament when life goes awry. Finally, all involved must have a need to lament at least one plight in their personal lives.

Summary of Chapters

In Chapter 1, I introduce the need for this Project, I identify and define my focal population of professional pastoral caregivers, and I introduce what I call "spiritual pus." I present the pernicious impact of too much giving, and the pervasive and insidious issues of loss and grieving. Further, I address the vulnerability of this population to PTSD from the toxic impact of experiencing personal trauma and/or to Compassion Fatigue or Secondary PTSD from the toxic impact of listening to an abundance of traumatized individuals. I also introduce what I call *Present PTSD*.

Thereafter, I introduce the biblical Book of *Lamentations*, define the word "lament," and I introduce its connection to the expression "singin' the blues." Finally, I summarize the specific needs to which I plan to minister, the relevance of this Project to ministry in a wider context, and the chapters that make up this Demonstration Project.

In Chapter 2, I present some of the religious and clinical principles that guide and inform this Project. First, I offer the following pertinent religious principles:

1. *Avodah* (Sacred Service to God)
2. *B'tzelem Elohim* (Created in God's Likeness)
3. *Refuat Ha-Nefesh, Refuat Ha-Guf* (Healing of the Spirit/Soul, Healing of the Body)
4. *Dabru Emet* (Speaking the Truth)
5. *Keva* versus *Kavannah* (Fixed versus Intentional).

Next, I present clinical principles that guide and inform this Project. I explore relevant insights from the work of Sigmund Freud, Melanie Klein, Charles Figley, and James Pennebaker, among others. I address selected aspects of:

1. psychoanalytic and psychodynamic theory and practice
2. who takes care of the caregiver?
3. grief and lamenting: adapting the "talking cure" for pastoral caregivers

Further, I highlight: trauma, catharsis, transference and countertransference, object relations theory, and clinical literature on Secondary PTSD (also known as Compassion Fatigue, Vicarious Traumatization, Secondary Trauma, etc.).

In Chapter 3, I outline my anticipated Pilot Project approach and procedures for a four-hour workshop at a multi-faith, multi-association chaplains' conference. I explore relevant insights from the work of educators Marge Denis and Billy B. Sharp, among others. I describe how participants will engage with the Book of *Lamentations* passively, as listeners or "consumers." This includes offering them didactics on: the historical context of the biblical Book of *Lamentations*; its use in liturgy; its multiple gender

voices; and how it can serve as a foundation for the expression of contemporary grieving.

In a step-by-step process, I further explain how I help participants to widen their perspectives and to view the ancient text through the lens of their own experiences of sorrow. Finally, I demonstrate how I encourage participants to engage actively as “producers,” to access, explore, liberate, express, and perhaps disclose and discuss their own laments.

Thereafter, in the remainder of the chapter, I detail methods for assessing outcomes of the Pilot Project. I make use of four methods by which to assess the effectiveness of this Pilot Project, each of which offers information that is potentially valuable to participants and leaders. These methods are as follows:

1. official conference evaluation forms
2. my impressions of participants’ verbal and non-verbal behavior during the workshop
3. my guest-presenter’s impressions
4. follow-up evaluation forms.

In Chapter 4, I describe what actually happened during the Pilot Project. In this context, I guide a self-selected group of seasoned and mostly board certified, multi-faith professional pastoral caregivers to an enlightened understanding and experience of the healing that may ensue when individuals who are vulnerable to – and possibly suffering from – the negative impact of an accumulation of spiritual pus verbally unburden themselves through lamenting.

I also report upon participants’ responses to two surveys in addition to the articulated perceptions of both my guest-presenter and myself. Further, I present

participants' comments, both during the workshop and after several months. Finally, I reflect upon developments that were not anticipated in the original design but which figured prominently in the results along with improvements that I could make in subsequent presentations of this Project.

In Chapter 5, I discuss the implications of these results. I also address some of the contributions of the Project to clarifying and expanding upon the religious and clinical principles that were outlined in Chapter 2, the contributions of this Project to ministry in a wider context, and the implications of the Project for my future ministry.

CHAPTER 2

RELIGIOUS AND CLINICAL PRINCIPLES

Religious Principles

Introduction

Reb Zusya of Annapol dies and goes to the world-to-come (the afterlife). There, God asks him about his accomplishments on earth. Reb Zusya replies that he had been as strong as David, as wise as Solomon, and as dedicated as Moses. Expecting God to smile upon him, Reb Zusya is dismayed when God frowns and says, “But Zusya, the world has already seen the best David, Solomon, and Moses. I put you on earth to be the best Reb Zusya that you could be. Tell me how you fulfilled that potential.” (Jewish tradition)

My engagement with this Demonstration Project: ‘Using *Lamentations* to Lament: A Sacred Journey to Wholeness,’ flows out of my efforts to fulfill my God-given potential to be the best “Bonita” that I can be, to try to approach a state of *shleimut*, wholeness, or, in the words of theologian, psychologist, and educator Abraham Maslow, to “self-actualize.” In particular, this involvement is connected to what I have learned through my personal experiences with loss and subsequent grieving. It also flows out of my professional observations about loss and grieving that are experienced by others.

Finally, it is linked to what I believe is my “calling” to assist others in being the best that they can be, in approaching their own *shleimut*. One way that I try to achieve this is through co-creating with others safe environments in which we each feel free to “name and claim” our stories, with all of the pathos that may be inherent within them. I believe that what I call “Guided Lamenting” can play a significant role in this endeavor.

Lamenting has a long history in Jewish thought. There are many examples of laments that have been canonized in the Bible; most especially, there is an entire book devoted to it: the Book of *Lamentations*. *Lamentations* was composed in response to the devastation caused by the Babylonian victory over Judah in 587-586 BCE. This event resulted in the destruction of the city of Jerusalem and the holy Temple and also, in the exile of the people of Judah. The Book of *Lamentations* is “a funeral service for the death of the city” (Peterson, 1992, p. 115). It contains intense diatribes against God who treats the people with inordinate ferocity. As Peterson notes, the anonymous authors (although *Lamentations* is attributed traditionally to the prophet Jeremiah) do not minimize or avoid the people’s suffering, suggest that better times are coming, or soften their expressed grief in response to this defeat by mightier forces.

In Judaism, the text of *Lamentations* is chanted annually on *Tisha B’Av*, a summer holy day, which is also associated with several other disastrous events in Jewish history. I propose that one major reason for the inclusion of *Lamentations* in the sacred canon (and the Jewish liturgical cycle) may be that it offers examples of permissible responses for us to use during our times of adversity. The book of *Lamentations* then, is a gift given to us by the sages who canonized it as sacred. It is a text to be emulated.

This idea is encouraged by the teachings of the eighteenth century Eastern European Hasidic master Reb Nahman of Bratslav (1772-1810), whose work is enjoying a renaissance that began in the late twentieth century. Reb Nahman urged his students

to speak out to God from the depths of their being, saying exactly what was in their hearts [to] give voice to a spontaneous, uncensored flow of words.... Today’s pastoral caregivers...can encourage those who seek help to talk to God.... It might be suggested that they write letters to God in which they “shout out” what is in their hearts. (Brener, 2001, p. 132)

Nowhere is this “shout out” more evident than in the laments of the historical sufferers. In fact, their “shout out” to God could just as easily be the cries of today’s sufferers who feel ravaged by various contemporary adversities, including: illness, accident, aging, domestic and military violence, environmental disasters, and the various afflictions that arise despite, or in many cases because of, modern technology, and pharmaceutical treatments.

I believe that the text of *Lamentations* provides a theological precedent that encourages us to lament our plights through grieving, weeping, and articulating anger over the negative impact of life’s unkindnesses that may be festering in the depths of our spirits. My Project, “Using *Lamentations* to Lament: A Sacred Journey to Wholeness,” reflects the following five religious principles that are pertinent to this premise:

1. *Avodah* (Sacred Service to God)
2. *B’tzelem Elohim* (Created in God’s Likeness)
3. *Refuat Ha-Nefesh, Refuat Ha-Guf* (Healing of the Soul/Spirit, Healing of the Body)
4. *Dabru Emet* (Speaking the Truth)
5. *Keva* versus *Kavannah* (Fixed versus Intentional).

These five principles, which are foundational for my work both in and beyond this Demonstration Project, and by which I am motivated and guided, are discussed in what follows, along with selected literature that clarifies and supports these concepts.

1. *Avodah* (Sacred Service to God)

The world stands on three things: Torah, *Avodah*, and Kindness.
(*Mishna Avot* 1.2. The *Mishna* is the first part of the Babylonian Talmud, compiled c. 200 CE. Torah can refer to the Five Books of Moses, to all of Jewish teaching and tradition, or to a specific teaching.)

Avodah, or “Sacred Service to God,” is something to which I am dedicated.

Historically, the term refers broadly to the service that was performed by the priests in

Jerusalem thousands of years ago: their ritual acts in the First Temple (c. 980-586 BCE) and later, in the Second Temple (c. 518/444 BCE-70 CE [Common Era]). More narrowly, *Avodah* refers to the service that was conducted by the High Priest on *Yom Kippur*. Details are in Leviticus 16:2-34 and are elaborated upon in Tractate *Yoma* of the Talmud. (The Talmud is the vast compendium of Jewish thought that was developed in the post-biblical world between c. 200 BCE and 500 CE. There are two Talmuds: the Jerusalem and the Babylonian Talmuds. The Babylonian Talmud is more authoritative and is referred to in this document). Today, *Avodah* also refers to the *Musaf* (additional) synagogue service on *Yom Kippur*, which recounts the acts of those ancient priests (Millgram, 1971, pp. 252-254).

After the Second Temple was destroyed in 70 CE, such historic priestly rites were no longer possible. The rabbis asserted that then, prayer took the place of these Temple rituals. The Talmud asks: “What is *Avodah* of the heart?” It answers: “Prayer” (*Ta’anit* 2a). Further, the *Midrash*, which consists of collections of rabbinic interpretations, tales, sermons, legends, allegories, ethical reflections, and epigrams that were compiled c. 400-1550 CE, asserts: “Prayer is *Avodah*” (*Pirke De Rabbi Eliezer*, chapter 16).

Avodah, as Sacred Service to God, requires a connection to – and communication with – God. This connection is facilitated by prayer. One form of prayer is the lament, which Allen (1990) defines as the “passionate expression of grief” or as a “song or poem of mourning or sorrow” (p. 663). Our passionate expressions of grief are attempts to dialogue with God. We seek to tell God that we have had enough and to express our hope that God will respond by sending relief. In our darkest moments, our laments are often attempts to keep open the channels of communication with God.

My Torah, my Avodah

In my capacity as a Board Certified Chaplain, I occasionally carry away a negative impact from some of the sorrow-filled stories that I am told by those in my professional care. Moreover, my own life has not been exempt from what Shakespeare's Hamlet called "the slings and arrows of outrageous fortune." One of my personal and professional challenges has thus been how to integrate my suffering within the fabric of my *Avodah*, my Sacred Service to God.

As a professional pastoral caregiver, I have observed how significant it can be to those who suffer various losses when I am successful in helping them to articulate their sorrows, to lament. However, it was only while I was in the midst of handling my personal sorrows that I began to explore lamenting as the mainstay of a consciously thought-out plan to deal with the personal suffering that I, like many other professional pastoral caregivers, have been taught to stifle. In combination with my goal to bring *shleimut*, wholeness, to others, I was motivated to seek solutions that would work not just for me, but also for those around me.

In my 1994 ordination sermon, I reflected upon the chain of tradition by which the Torah was transmitted. We are taught that first God transmitted the Torah to Moses on Sinai; next, it was transmitted to Joshua; then, to the men and women known as the elders (*Mishna Avot* 1.1) – and so on, through today's various *semikha* (ordination) ceremonies. When I took my place in this holy line of transmission, I did so with the understanding that I had a rabbinical *responsibility* to serve as a connecting link from the past, to the present, and prophetically to the future. I have taken my response-*ability* to use my talents and skills in this endeavor seriously.

In my professional life as a chaplain, I invite individuals who are facing medical and spiritual challenges to connect to the secrets of their souls and to Divinity, however they “understand” Divinity. As a CPE supervisor, pastoral care educator, published author, and workshop presenter on topics that are related to professional pastoral caregiving, I offer opportunities to other professional pastoral caregivers to strive for *shleimut* while they are in the process of actualizing their good intentions and deeply felt compassion with compromised and vulnerable individuals. Sometimes, these two groups remain separate, as those needing care and those offering care. In other cases, those offering care need care themselves. For, like me, other professional pastoral caregivers are not exempt from the negative impact of life’s direct or indirect unkindnesses.

As a rabbi, I am a “living Torah.” What I am, what I do, what I transmit is my Torah. It is not enough that I reflect upon what others need. My *Avodah* includes what I *do* in response to a given situation. According to theologian and educator Rabbi Abraham Joshua Heschel, Judaism is a “theology of the common deed” (1991, p. 88). In this regard, Heschel taught that “A Jew is asked to take a leap of action rather than a leap of thought” (1955, p. 47) and that “God sings in our good deeds which are but a counterpoint in the music of [God’s] Will...and we discover the Divine within ourselves and its accord with the Divine beyond” (1970, p. 6).

My accord or congruence with the Divine necessitates that I engage in deeds that assist others and myself to move toward *shleimut*. In pursuit of this goal, I try to put aside obstacles to *shleimut* and to assist others to do the same. Leviticus teaches: “Do not put a stumbling block before the blind” (19:12), and I believe that this can also be taken as an injunction to proactively *remove* stumbling blocks from our paths.

In my Demonstration Project, the obstacles to *shleimut* that are conceived as ripe for removal include the spiritual pus that has accumulated in the souls of the professional pastoral caregivers who place themselves in my care. In my work with this population, I plan to co-create a safe and sacred space – one in which they feel free to say what is true for them, much as they encourage their patients, residents, inmates and other clients to articulate their truths.

Although these caregivers will be coming from diverse multicultural, and multi-denominational spectrums, I hope that they will be willing to engage together in activities that have the potential to help them divest themselves of the negative impact of hardships, those that they experience indirectly and especially those that they experience directly. In striving for this goal, a task that I see as part of my *Avodah*, my Sacred Service to God, my aim is to assist those in my care to see for themselves that healing can be facilitated through grieving, weeping, and articulating anger; in other words, through lamenting. The Guided Lamenting process that lies at the core of this Demonstration Project is one strategy to accomplish this aim.

2. B'tzelem Elohim (*Created in God's Likeness*)

And God created humankind in the divine image [*B'tzelem Elohim*],
creating it in the image of God.
(Genesis 1:27; *The Contemporary Torah*, 2006, p. 2)

With the gift of *B'tzelem Elohim*, which means being created in God's image, come human responsibilities, such as the responsibility to be holy: "You shall be holy, for I, your God...am holy" (Leviticus 19:2). This holiness is accomplished through *Imitatio Dei*, or emulating God: "For I command you this day, to love your God [by] walking in God's ways...that you may thrive" (Deuteronomy 30:16; cf. Deuteronomy

10:12-13, Deuteronomy 28:9, and Micah 6:8). Both the Bible and the rabbinic *midrashim* (the plural of *midrash*) anthropomorphize the Divine, suggesting that God intentionally engages in human behavior: “It is the Eternal your God alone whom you should follow” (Deuteronomy 13:4).

Yet how can humans walk after God, who is a “devouring fire” (Deuteronomy 4:24)? The answer is that we are meant to follow God’s attributes and, where possible, God’s deeds. God clothed the nakedness of Adam and Eve (Genesis 3:21), so we should provide for those who need to be clothed. God visited the sick, visiting Abraham when he was unwell (Genesis 18:1 ff.), so we should do likewise. God comforted the grief-stricken, blessing Isaac after Abraham’s death (Genesis 25:11), so we should do the same (see Talmud, *Sotah* 14a).

Note that in the above situations, God performs the action and thereby, sets the example for us to follow. Scripture teaches us that “It shall come to pass, that whosoever shall call by the name of [God] shall be delivered” (Joel 3:5). A *midrash* then teaches us:

How is it possible for humans to be called by the name of [God]? Rather, as God is called *compassionate*, so should you be compassionate. As [God] is called *gracious*, so too should you be gracious, as it is said, God “is gracious and compassionate” (Psalm 145:8). (*Sifre: A Tannaitic Commentary on the Book of Deuteronomy*, Piska 49)

Thus, translating rabbinic tradition into contemporary language, we can say that God is a Divine Role Model. God leads by example in a “do as I do and as I say” model of leadership. This contrasts to the leadership model of many human authorities, who frequently act in a “do as I say and not as I do” manner:

A mortal ruler issues an order. Then, if the ruler wishes to execute it, the ruler does so. If not, someone else is directed to carry out the order. However, God is not like this. God issues a Divine decree and then performs it first. For example, it is written, “You shall rise before the

aged and show deference to the old; you shall fear your God” (Leviticus 19:32). God says, I was the first to carry out the precept of rising before the aged, because I visited that old man [this refers to God visiting Abraham in Genesis 18:1 ff.]. Hence, it says, “If you walk in my statutes...” (Leviticus 26:3). (*Midrash Leviticus Rabbah* 35.3; cf. *Midrash Exodus Rabbah* 30.9)

Generally, the rabbis in these talmudic and *midrashic* selections teach moral values – such as caring for those who are weak, helpless, or otherwise downtrodden, and being compassionate, merciful, and respectful to the aged – by ascribing to God idealized human-like behaviors. They do this by interpreting and building upon biblical texts.

However, walking in God’s path can mean regarding God as the Divine Role Model for other human behaviors. For example, there are many clear biblical and rabbinic examples in which God openly grieves, weeps, and/or articulates anger; in other words, God openly laments. In the same way that God models compassion and expects me to demonstrate compassion, I learn that God models lamenting and expects me to include lamenting in my repertoire of sanctioned behavior. I engage this teaching seriously and conceptualize it as a foundation of my Demonstration Project.

God Grieves

In Scripture, things do not always transpire as God would have liked. In response, God publicly laments the undesirable turns of events. I propose that these passages in the sacred canon, like those referenced above, demonstrate behavior that God expects us to emulate. For example, we read in Genesis that God laments: “And [God] regretted having made humankind on earth. With a sorrowful heart, [God] said, ‘I will blot out from the earth humankind whom I created’” (Genesis 6:6-7). Elsewhere in Scripture, we may infer that God is grieving: “[God] spoke to Moses, ‘Hurry down, for your people,

whom you brought out of the land of Egypt, have acted basely...I see that this is a stiff-necked people” (Exodus 32:7, 9).

A grieving God is also featured in rabbinic writings (Laytner, 1990, p. 83). In the following example, God grieves that the earthly Divine dwelling place in Jerusalem was destroyed:

At that time, the enemy entered the Temple and burnt it. When it was burnt, God said, “I no longer have a dwelling place in this land; I will withdraw my *Shekhinah* [God’s presence] from it and ascend to my former habitation [the heavens],” so it is written, “I will go and return to my place, till they acknowledge their guilt and see my face” (Hosea 5:15). (*Midrash Lamentations Rabbah* Proem 24)

In a second example, God’s grief over the people’s exile from Jerusalem is linked to God’s grief over Adam and Eve’s exile from Eden. God felt solitary when Jerusalem and God’s Temple were destroyed and most of the population was exiled to Babylonia. So too, God had felt solitary at losing Adam and Eve’s company, when they were expelled from Eden:

God uttered a lament over Adam before he was banished from Eden. God called and said: “*Ayekah?*” (“Where are you?”) (Genesis 3:9).

[The *midrashist* notices that the word *Ayekah* “Where are you?” is spelled similarly to the opening word of the biblical Book of *Lamentations*: *Aykhah* (or *Ayka* “How?”). Grammatically, these are two different words, with different roots. That fact does not stop the *midrashist* from punning upon these terms].

Ayekah is usually spelled *Ayka*. In Genesis, it is spelled differently: with the Hebrew letter “*hey*” at the end of the word. This changes its meaning to the word that is also the first word of *Lamentations*. “How?” we can almost hear God exclaim with an ache over being so isolated [as in *Lamentations* 1:1], “How [solitary God has become]!” (*Pesikta de-Rab Kahana*, *Piska* 15.1).

People Grieve

We also find many examples throughout sacred literature in which biblical characters grieve through lamenting, as do speakers like these: “I have been pouring out my heart [before God].... I have only been speaking all this time of my great anguish and distress” (1 Samuel 1:15-16). “On my part, I will not speak with restraint, I will give voice to the anguish of my spirit; I will complain in the bitterness of my soul” (Job 7:11). Moreover, the following *midrash* shows how the ancient rabbis differentiated between internal and external grieving:

Rabbi Abbahu, in the name of Rabbi Yose bar Hanina, opened his discourse with the text: “Her gates shall lament and mourn” (Isaiah 3:26). Lamenting is internal and mourning is external. [A textual note explains:] The first term, lament, denotes grief in the heart, the second term, mourn, the outward manifestations of mourning. (*Midrash Lamentations Rabbah*, Proem 7)

Whatever terms are used, this notion of an outward response that expresses an internal state remains valid today. The primary goal of this Project is to seek to heal the internal state through guided and supported outward expressions of grief, through lamenting.

God Weeps

Sometimes, Scripture records that sorrow permeates God’s experience of the human world. In response, God does not suppress the Divine tears, but rather laments by weeping and letting the tears flow. As creatures committed to *B’tzelem Elohim*, behaving as God behaves, so we too should weep:

“Oh, that my head were water, my eyes a fount of tears! Then, I would weep day and night for the slain of my poor people...[declares God]” (Jeremiah 9:1 [8:23H]).

“[The word of God] came to Zechariah.... ‘Shall I weep . . . as I have been doing all these years?’” (Zechariah 7:1, 3).

Rabbinic writings also teach that God laments through weeping: “you may infer that in any generation, you will find righteous, faithful and worthy men [for whom the Holy One grieves]. [God] strikes both hands together, clasps them over the Divine heart, then folds the Divine arms as [God] weeps over the righteous sometimes secretly, sometimes openly” (*Tanna Debe Eliyyahu: The Lore of the School of Elijah, Eliyyahu Rabbah*, Chapter (30) 28, section 154, p. 335).

Rabbinic teachings of this kind arose during the period following the Roman victory and subsequent destruction of the Second Temple in Jerusalem in 70 CE, along with the concomitant exile of large numbers of Jewish people from the Holy Land. Hence, the background story to these *midrashim* is both the grief of the people and the grief of God. God not only weeps but also – according to the *midrashim* – insists upon these tears being public. Note that God does not encourage vicarious weeping:

At that time God wept.... Then Metatron [one of the senior angels] came and fell on his face, and spoke before God and said, “Sovereign of the universe, let me weep, but you should not weep.” God replied, “let me weep, for if you do not let me weep, I will go weep in a place where you cannot enter,” as it is written, “But if you will not hear it, my soul shall weep in secret” (Jeremiah 13:17). (*Midrash Lamentations Rabbah* Proem 24; cf. *Pesikta Rabbati* 28.1, 28.3, 29.1, 29.2)

While it is true that God is our Role Model, at times God also follows human example. A *midrash* based upon the opening line of *Lamentations*, “How the city sits solitary,” teaches that God consults the ministering angels and says to them: “What does a human ruler do in a situation like this?” The angels answer that the ruler “sits and weeps.” God then says to them: “I will do likewise”; “as it is written: ‘My Lord God of Hosts summoned me on that day to weeping and lamentation’” (Isaiah 22:12) (*Midrash Lamentations Rabbah* 1.1.1).

People Weep

In addition to the examples addressed above, there are also biblical precedents for human tears, as in the following:

Summon the dirge-singers, let them come;
Send for the skilled [mourning] women; let them come.
Let them quickly start a wailing for us,
That our eyes may run with tears, our pupils overflow with tears.
(Jeremiah 9:16-17)

According to rabbinic teaching, there are different types of tears: “Rabbi Yohanan said in the name of Rabbi Yose, the son of a laundress: ‘There are six kinds of tears.... Those induced by smoke, by weeping, and by [pain in] the privy [and] those induced by chemicals, laughter, or plants’” (Talmud, *Shabbat* 151b-152a). Today, fifteen hundred years after the Talmud was codified, the science available supports such distinctions. According to award-winning science writer Curt Supplee, “...science can now distinguish physiologically between reflex tears (stirred, for example, by onions) and emotional tears (arising mainly from grief)” (quoted in Frey, 1985, p. 41).

Indeed, these different kinds of tears are chemically different from one another and, as such, they have a different impact upon an individual. Tears that are provoked by suffering – which may be spiritual and/or emotional in origin – are filled with toxins and waste. Thus, this tearing is basically “an excretory process,” as these tears leave our bodies taking with them waste products and harmful materials. In other words, one of the reasons that we feel better after crying is that we “may be removing...chemicals that build up as a result of emotional stress” (Frey, 1985, p. 12).

Another reason that we feel better after spiritual and/or emotional tearing is because the production of these tears releases endorphins and other natural pain relievers.

As Frey notes, this reduces stress levels and elevates mood, which supports overall well-being. Stifling the excretory processes of spiritual and/or emotional tearing can contribute to an increase in stress levels. This can aggravate medical conditions that are affected by stress, such as high blood pressure, heart problems, and peptic ulcers. Such physiological facts add additional meaning to the psalmist's statement: "They who sow in tears shall reap with songs of joy" (Psalm 126:5).

Contemporary social science scholarship also supports ancient views about the significance of weeping. For example, anthropologist Ashley Montagu (1981) concluded that weeping contributes not only to an individual's health, but also to a group's sense of community by tending to "deepen involvement in the welfare of others" (p. 32). Further, the modern Talmudic authority Rabbi Joseph B. Soloveitchik (1977) has written that the "*hesped* [funeral oration/eulogy] seeks, first of all, to make people weep.... To mourn, to feel a great sorrow, to be of a distressed mind when confronted with death, is according to *halakhah* (traditional Jewish law), a cathartic experience" (p. 511).

God Articulates Anger toward People

According to Coleman (2006), anger is mentioned in the Bible over five hundred times. Some of these instances are noted here beginning with Scriptural examples in which God articulates anger toward people. God articulates anger over the violence that humans practice upon each other (Genesis 6:5 ff.), with Moses and Aaron (Numbers 20:12), and with Miriam and Aaron (Numbers 12:2-9). God articulates anger with the people in general in many other examples (e.g., Exodus 32:9, Numbers 14:26-35, Deuteronomy 1:34-37), to name a few.

In Exodus 32, taking notice of the Israelites' building of the Golden Calf, God

turns to Moses and says: “I see that this is a stiff-necked people. Now, let me be, that my anger may blaze forth against them and that I may destroy them, and make of you a great nation.” Moses, however, decides to confront God, and asks God to calm down: “Let not your anger...blaze forth against your people” (Exodus 32:9-11). God takes Moses’ words seriously. When Moses is next on Mt. Sinai, God self-describes as “compassionate and gracious, *slow to anger*” (Exodus 34:6; emphasis added).

Elsewhere, we learn from the prophet Nahum that “[God’s] anger pours out like fire” (Nahum 1:6). Zephaniah offers the following: “I will sweep everything away from the face of the earth, declares [God], I will sweep away man and beast; I will sweep away the birds of the sky and the fish of the sea, I will make the wicked stumble, and I will destroy humankind from the face of the earth, declares [God]” (Zephaniah 1:2-3). A major premise of this Demonstration Project is that such passages provide a theological foundation for lamenting, even when it includes expressions of rage.

People Articulate Anger toward God

Another important lesson that goes hand-in-hand with God articulating anger toward people derives from the fact that a number of biblical characters are portrayed as becoming angry with God. Often, they show no noticeable fear, let alone reluctance, about expressing their anger toward God. Abraham’s anger toward God is implicit when he asks rhetorically, “Shall not the Judge of all the earth deal justly?” (Genesis 18:25). A few verses later, Abraham, recognizing that God may be angry, nonetheless continues his challenge to Divine decision-making: “Let not my Lord be angry if I go on: What if thirty should be found there [in Sodom and Gomorrah]?” (Genesis 18:30). Jeremiah expresses defiance and righteous indignation when he says: “You will win, O [God], if I make

claim against you, yet I shall present charges against you” (Jeremiah 12:1).

Similarly, Jonah does not hesitate to show exasperation when he feels justified in articulating an “I told you so” to Divinity: “This displeased Jonah greatly, and he was grieved! He prayed to [God], saying, ‘[God]! Isn’t this just what I said when I was still in my own country?’” (Jonah 4:1). Likewise, anger is evident in the words of Habakkuk: “I will stand on my watch, take up my station at the post, and wait to see what [God] will say to me, what [God] will reply to my complaint” (Habakkuk 2:1). Finally, Job, whom God describes as the quintessential servant (Job 1:8), is not afraid to call the Divinity to account: “God has wronged me; [God] has thrown siege works against me. I cry, ‘Violence!’ but am not answered, I shout, but can get no justice” (Job 19:6-7).

It is highly significant to note that in none of these cases – indeed, in no case of which I am aware – does God fall apart in response to anger. God does not take Divine umbrage, nor does God retaliate against those individuals who challenge Divine authority. Even God’s retort to Job is framed in a respectful way. Although God accuses Job of speaking out of ignorance (Job 38:2), God does not eviscerate – much less annihilate – this “servant.” Rather, God addresses Job out of the whirlwind at considerable length (Job 38-41), a fact that in itself suggests patience, acceptance and regard. Moreover, God neither attempts to stifle challengers nor seems to consider their rebukes blasphemous. Rather, God seems to appreciate these interchanges with humans. Indeed, in my view, a careful reading of Abraham’s debate with God over the fate of Sodom and Gomorrah in Genesis 18, suggests that God is impressed with Abraham’s defiance.

Based upon the many stories about God and the biblical characters who publicly

articulate their anger, I glean that anger is an emotion that God accepts as being as worthy of emulating as is compassion. Anger – be it God's anger or ours – seems, from these passages, to be an inevitable part of life. And, unless I believe that I am greater than my Creator, I must accept the likelihood that anger cannot be eradicated through religious principles or education, no matter how devout we become. In fact, the opposite may be true: it may be that articulating anger is something that we should cultivate.

Clergy of many faiths commonly preach against feeling and articulating anger toward God. Yet Scripture repeatedly teaches us that God not only can abide people's anger, God values it. As noted earlier, in the aftermath of the Golden Calf betrayal, God self-describes as being “slow to anger” (Exodus 34:6). Significantly, God does not self-describe as being devoid of anger! Further, God neither apologizes nor expresses shame for having felt or articulated anger. Thus, a major premise of my Project is that we, who are created in the Divine image and invested in *Imitatio Dei*, should likewise be slow to anger, but not devoid of this valid emotion. Neither should we feel shame when we feel or articulate anger. Indeed, the Jews who wailed their raw truths in *Lamentations* have much to teach those of us who stifle similar behavior in ourselves and in others!

All in all, the principle of *B'tzelem Elohim* offers a major foundational religious component for this Demonstration Project. I am created in God's Likeness and God serves as my Divine Role Model. “God issues a Divine decree, but then performs it first.... God says, ‘I was the first to carry out the precept.... Hence...walk in my statutes’” (*Midrash Leviticus Rabbah* 35.3). So it is that when God is unutterably pained that God openly grieves through weeping, and articulating anger; in other words, through lamenting. So must I.

In my efforts to fulfill my mandate to emulate God, I understand that not only am I meant to emulate Divine compassion, I have God's encouragement to emulate Divine behaviors of grieving, weeping, and articulating anger; in other words, of lamenting. Since God has sanctioned these behaviors, we have good reason to believe that they have healing properties that can assist us in approaching *shleimut*.

3. Refuat Ha-Nefesh, Refuat Ha-Guf (*Healing of the Spirit/Soul, Healing of the Body*)

Heal me, O Eternal, and let me be healed. (Jeremiah 17:4)

Maimonides, the great twelfth century medical doctor and theologian (d. 1204 CE), stated that Jewish law "...aims at two things: the welfare of the soul and the welfare of the body" (1963, p. 510). Judaism teaches that helping someone to heal – for example, by visiting the sick – is one of the activities for which one accrues "credit" in the world-to-come (Talmud, *Shabbat* 127a). Indeed, the concept of healing is so central to Jewish life that in synagogues throughout the world, either the traditional or a contemporary version of the *Mi she bei rach* (literally, The One Who Heals, i. e. God) prayer, like the contemporary version below, is likely to be chanted as part of the Torah service:

*Mi she bei rach avoteinu
M'kor habracha l'imoteinu*

May the source of strength
Who blessed the ones before us
Help us find the courage
To make our lives a blessing

And let us say, Amen.

*Mi she bei rach imoteinu
M'kor habracha l'avoteinu.*

Bless those in need of healing
With *refuah shleima*
The renewal of body [*refuat ha-guf*]
The renewal of spirit
[*refuat ha-nefesh*]

And let us say, Amen.
(Friedman, 1988)

Jewish tradition acknowledges the soul/spirit and the body as separate entities, with each requiring individualized attention. (In this Demonstration Project, the terms

soul and *spirit* are used interchangeably to represent the Hebrew concepts of *nefesh* and *neshamah*.) Inherent in both the traditional and contemporary prayers for healing, is the understanding that if healing comes, it may do so in three configurations: to the spirit alone, to the body alone, or to both.

It is important to note, as Brener (2001) reminds us, that the *Mi she bei rach* prayer asks for *refuah shleima*, i.e., for complete healing

of body *and* soul. The concept of dual realms of healing encourages an understanding that *refuat ha-guf* and *refuat ha-nefesh* are at once distinct and interrelated, and that this awareness helps those who suffer confront the erroneous notion that healing and cure are synonymous. Promoting this understanding teaches that sometimes the body's symptoms ameliorate but the soul continues to ache and other times, the body does not heal but there is a transformation and healing of the soul. In addition, sometimes the expanded view of the meaning of *refuah shleima* must in some cases include the difficult truth that relief will come only with death and that this, too, is a form of healing. (p. 130)

A wounded body is often visible, either by common sight, like a broken leg, or through the presence of blood. A wounded spirit is not so visible. Because of this, a wounded spirit may go unseen or may be deliberately hidden and, consequently, may remain unhealed for decades, even for the entirety of one's life. It is well known that wounded spirits can affect and hurt the body, as with ulcers. Wounded bodies likewise can affect the spirit, resulting in, for example, depression and/or thoughts of suicide.

Many people are taught – by family, friends, medical practitioners, or clergy – to stifle any mention or discussion of their physical or spiritual/emotional wounds. I have an 80-something year-old congregant who frequently comments about other congregants or mutual acquaintances who are currently suffering the trials of aging or other limiting conditions. She marvels that, “They never complain.” And they don't. To her! She thinks that their silence is a good thing, and yet, I believe that it is a sad and isolating

thing. I frequently encounter this same tendency to value stoicism in the face of adversity among the caregivers with whom I am in contact through my teaching, writing, presenting, and CPE supervising. I feel that this has the potential to be dangerously unhealthy.

In my Project, I offer professional pastoral caregiver participants opportunities to engage their own *refuat ha-nefesh* and *refuat ha-guf* – the healing of the spirit/soul and the healing of the body (insofar as the spirit/soul is intertwined with the body). This Project is therefore intended to help them to begin – or continue – to heal the spiritual wounds that they may have acquired in the course of their combined professional and private lives. As such, it is intended to help them in their journey toward *shleimut*.

4. Dabru Emet (*Speaking the Truth*)

These are the things you are to do: Speak the truth to one another.
(Zechariah 8:16)

I teach my CPE chaplain-interns that part of their pastoral strategy should be to help the individuals in their professional care to articulate what is true for them. In my professional experience, however, it can be brutal for even the most experienced of caregivers to listen fully and attentively to sorrow-filled stories – one after another, all day, every day. This experience can be especially difficult for those who work in institutions where they go from room-to-room and have a high quota of patients with whom they are obligated to visit.

Frequently, these pastoral caregivers protect themselves “unconsciously” by partially tuning out or by swerving away from discussions that might have the effect of encouraging their clients to further articulate their suffering. I believe that only when

these caregivers confront the hurt in their own lives, the woundedness within their own souls, and speak those truths, will they be able to more effectively assist others in doing so. When our laments remain within our hearts, closed off from verbalization, we do not heal. Therefore, in my Project, I hope to help these caregivers to *dabru emet* – to articulate “their truths” – however sorrow-filled or raw these truths may be, and to find healing in this experience, whether or not this experience is shared.

5. Keva versus Kavannah (*Fixed versus Intentional*)

When you pray, do not make your prayer a fixed mechanical task (*keva*).
(*Mishna Avot* 2.13 [in the prayer book 2.18])

In the Talmud, we read that paying attention to the meaning of a prayer is indispensable (*Megillah* 25a). However, in this regard it is important to understand the distinction in Jewish tradition between *keva* and *kavannah*. Broadly speaking, *keva* is fixed and unchanging, like prayers from the prayer book or passages in Scripture. The Book of *Lamentations*, for example, is *keva*, fixed. In Judaism, *Lamentations* is chanted annually in its own minor key musical notation during the summer holy day called *Tisha B’Av*. My impression, however, is that more Jews hear and know this as Scripture that is chanted with “the cry” in the Cantor’s voice than have studied the fixed text.

By contrast, however, something *kavannah* is fresh and in-the-moment. Often, prayers or rituals that are said to be *kavannah* are unscripted, custom-made, and/or spontaneous. They are engaged with attention to the specific words and/or to the called-for actions. Elsewhere, I have written: “Custom-made intercessory prayer invites the Eternal to intervene in our lives. In offering it, we approach, even accost, God, and lay our hopes, sorrows, and wishes before God” (Taylor, 2005, p. 150; cf. Heschel, 1954).

In Jewish tradition, the holiest prayers and rituals frequently embrace both *keva* and *kavannah* elements. My Demonstration Project likewise attempts to engage both modalities. It is designed to begin with *keva*, with the fixed text of *Lamentations*, which provides the Project with its foundation. The Project then works toward and concludes with *kavannah*, with custom-made laments that arise out of sorrows that have been lingering in the hearts and spirits of the participating professional pastoral caregivers.

In addition to the above religious principles, this Project seeks to aid professional pastoral caregivers in ways that are also rooted in and supported by important clinical principles and practices. These are addressed in the remainder of this chapter.

Clinical Principles

Introduction

The clinical underpinnings of this Demonstration Project lie firmly within the tradition of Freudian psychoanalytic theory and the psychotherapeutic, also known as psychodynamic, practice that evolved from the clinical work that Freud and others began in the early part of the twentieth century. As such, the clinical portion of this chapter begins with an examination of psychoanalytic principles that will be relevant to the sections that follow. Thereafter, I will examine selected clinical literature on Secondary PTSD. This will help to establish the reality, significance, and effects of this phenomenon, as well as the potential basis for effective therapeutic interventions, such as this Demonstration Project is intended to be. In the final section, I will address the efficacy of the Freudian therapeutic approach, sometimes known as the “talking cure,” in

the context of loss and grief in their various manifestations and with specific reference to the goals and methods of this Project.

Psychoanalytic Theory and Practice

[M]ental processes are in themselves unconscious and...of all mental life it is only certain individual acts and portions that are conscious. (Freud, 1966 [1920], p. 21)

Although a history or detailed examination of psychoanalysis is beyond the scope of this Project, it should be noted that psychoanalysis has been considered – and indeed is – not one thing but many, including at least: a body of theory and knowledge about human mental functioning; a systematic approach to understanding so-called mental illness or pathologies; an aggregate of treatment modalities for the latter; and a school or method of interpretation (Berzoff, Flanagan, and Hertz, 2008). The various paths taken by numerous post-, neo-, and even anti-Freudians are less relevant to this Project than the single unifying principle or revelation that binds these schools or uses of psychoanalysis together: that many, indeed most human mental processes are unconscious.

As Berzoff (2008) explains, Freud was among the first to “posit that humans are driven by powerful instinctual biological forces of which they are largely unaware” (p. 19). This discovery, however, went well beyond the mere fact that we are all continuously influenced by biological imperatives that, as such, may seldom enter our conscious thoughts. It all but encompassed the disturbing notion that what we call our experiences, our very lives, may affect us in ways of which we have no knowledge:

However often the patient repeated her obsessional action, she knew nothing of its being derived from the experience she had had. The connection between the two was hidden from her. (Freud, 1966 [1920], p. 277)

The idea that such a disconnect between experience and behavior, and between mind and personality, applied only to pathological individuals - like the neurotic patient to whom Freud refers in the above-quoted passage - would be comforting. As Berzoff (2008) frames it, “We may not welcome the idea that early trauma shapes our subsequent behavior in ways that we may live out, often destructively, in unconscious relationships within ourselves and with others” (p. 17).

Yet, two facts combine to dispel this comfort, while they simultaneously establish the foundations of psychoanalysis as a science: 1) even so-called “normal” individuals typically recall little or nothing of the events, let alone the thoughts, of their early childhood (hence, in the long run, psychoanalysis explains not just the diseased mind but the mind in general); and 2) with remarkable frequency, Freud and his patients (and, indeed, a century of subsequent practitioners and their clients) were able to arrive, through the discursive work of analysis, at explanations of their “deviant” thoughts and behavior – explanations that were inevitably rooted in what Berzoff referred to as “early trauma.”

To gain access to his clients’ psyches and to help them achieve both recollection and awareness of the significance of traumatic events, Freud developed a variety of *verbal* therapeutic methods. These included: analysis of transference and resistance; free association; and dream analysis. However, for the “talking cure” (a phrase coined by a patient treated first by a colleague and later by Freud) to be effective, both participants had to understand the goals of analysis as well as some of the phenomena that inevitably occurred during the analytical process.

These included, most notably, the patient's *transference* (or the "experience of bringing to the therapeutic relationship feelings, wishes, and assumptions from past relationships"; Berzoff, 2008, p. 25) and the analyst's *countertransference* reactions (or the "therapist's own sexual and aggressive fantasies and feelings toward the client"; p. 26 – as well as any resentment or other feelings that the therapist might displace onto the client). Freud also identified mechanisms in the mind for keeping unacceptable thoughts, wishes, and fantasies out of consciousness, including resistance, censorship, and repression:

The idea that there might be forces in the mind that keep unbearable feelings out of consciousness began to account for why hypnosis [a common therapeutic procedure in the early days of psychoanalysis] alone did not bring enduring relief of symptoms. Bringing unconscious material to light was not enough. Clients needed help in overcoming their resistances and their repression in order to work through what was unconscious, dreaded, and feared. (Berzoff, 2008, p. 27)

So, in the evolution of psychotherapy, hypnosis gave way to free association and to the reflective examination, cooperatively carried out between client and clinician, of client discourses in light of client histories (i.e., childhood traumatic events) and psychoanalytic concepts. As such, "The talking cure became a way to allow *strangulated affects*, or feelings, to be discharged through speech" (Berzoff, 2008, p. 27).

The "discharging" to which Berzoff here refers is commonly referred to in psychoanalytic theory and practice as catharsis. Together with intellectual insight into the underlying construction of symptomology, catharsis is one of the primary goals of analysis. The earliest uses of this Greek term refer to "purgation" in the physiological sense, i.e., the voidance of fluids or waste. Later, in his *Poetics*, Aristotle articulated a

theory of tragedy in which catharsis, or purification from excess or deficiency of the emotions of pity and fear, was the defining characteristic (Hutton, 1982).

Specifically, catharsis was the effect upon the audience that successful tragedy was expected to bring about; hence, it constituted the core of the moral and social value of the most prominent public spectacle (communal therapeutic experience) in Golden Age Athens. Similarly, the catharsis that occurs in connection to the clinical therapeutic process consists of the release of repressed material along with the energy that is bound up in defense mechanisms. After this purgation, symptoms typically decline (“Psychoanalytic Perspective: Assessment and Therapy,” 2009, n.p.).

As noted above, the debates and distinctions among the various schools of psychoanalysis and psychotherapy that emerged during Freud’s lifetime and since are of little relevance to the applicability to this Demonstration Project of the concepts and practices described above. Similarly, although many writers distinguish between *psychoanalytic* and *psychodynamic* theory and practice, reserving the latter term for certain post-Freudian approaches (see Berzoff, Flanagan, and Hertz, 2008), this distinction has little bearing on this Demonstration Project, if in fact it is valid or necessary (Berzoff, 2008, for example, considers Freud a “dynamic” theorist because the forces that may oppose or conflict with the drives that operate within the psyche may be both internal and external – e.g., social – in origin; p. 19).

Before proceeding to the psychopathology of and potential therapeutic responses to Secondary PTSD, however, it is relevant to introduce here certain basic concepts from one post-Freudian school of psychotherapy, that known as Object Relations Theory. Actually an aggregate of related theories and practices, most notably those developed and

advocated by British psychoanalyst Melanie Klein, Object Relations Theory “explores the process whereby people come to experience themselves as separate and independent from others, while at the same time needing profound attachment to others” (Flanagan, 2008, p. 121).

The “object” at issue in Object Relations Theory, and indeed generally in psychoanalysis, is anything about which the client, the “subject,” has particular feelings or understands him or herself profoundly in relation to. Hence, though the terminology may seem at first to jar, the “object” is typically a person, and most typically a family member to whom the subject has formed an “attachment” in early childhood.

Object Relations Theory derives its ultimate basis from Freud’s 1917 paper entitled “Mourning and Melancholia,” in which he examined the relationship between mourning, or grief, and melancholia, or depression. In this work, Freud

for the first time addressed the role of the object as much more than simply the target of the drives and stressed the importance of the object in psychological development. Freud distinguished the process of normal mourning from that of melancholia. In mourning, the sorrow is about loss and, once the loss is worked through, the self remains basically unchanged or perhaps even strengthened through internalization of the lost “good” object. In melancholia, which looks like mourning that doesn’t end, harsh or negative feelings toward a lost loved one become internalized, are turned against the self, and actually change the self into a self-hating human being. (Flanagan, 2008, pp. 125-126)

The relevance of this brief account of the concerns of “Mourning and Melancholia” will become clearer at the end of this chapter, when we return to the issues of grief and catharsis through lamenting in connection with the goals and methods of this Demonstration Project.

Who Takes Care of the Caregiver? Clinical Literature on Secondary PTSD

It may happen...that a person is brought so completely to a stop by a traumatic event which shatters the foundations of his life that he abandons all interest in the present and future. (Freud, 1966 [1920], p. 276)

As should be clear from the preceding section, it is a basic doctrine of Freudian psychoanalysis that most psychopathologies have their origin in trauma, i.e., in the experiencing or witnessing of events that cause shock, terror, and/or mental anguish. Typically, it is when these events are not consciously remembered or understood as profoundly significant that the pressure that the traumatic memory brings to bear upon the psyche gives rise to affective and/or behavioral symptoms. For this reason, the paradigmatic cases in psychoanalytic theory relate to infantile or childhood trauma or to memories that have been unsuccessfully repressed. Clinical psychotherapy has long been aware, however, that it is possible for older children and adults to be traumatized into pathological states as a result of events of which they have conscious memory (see e.g., Figley, 1995 and see further below) – although these cases, too, fit the paradigm to the extent that the memories may be so horrific that they or the significance of their impact on the subject may be consciously disavowed.

The effects of traumatic memories of this latter type, which may arise from war, violence, abuse, accidents, natural disasters, or other horrifying scenarios, are known to clinicians as Post-Traumatic Stress Disorder (PTSD). *The Diagnostic and Statistical Manual of Mental Disorders* (hereafter *DSM-IV-TR*), the standard clinical reference for diagnosing psychopathologies, describes the symptomology of PTSD as including:

psychic numbing, emotion anesthesia, increased arousal, or unwanted re-experiencing of the trauma. These symptoms can affect any sex or age group. Anxiety, irritability, and depression are also common in people who have PTSD.

People with PTSD have a diminished ability to experience emotion, including tenderness or intimacy. There may be problems falling or staying asleep. A person with PTSD will avoid any reminders of the trauma, but re-experiencing the event in dreams, nightmares, or painful memories is common. Some people will turn to drugs or alcohol to escape the pain of PTSD, while others may become suicidal or self-defeating. (APA, 2000, 309.81)

DSM-IV-TR also states that in order to qualify for a diagnosis of PTSD, the subject must have been exposed to

a traumatic event in which both of the following are present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and (2) the person's response involved intense fear, helplessness or horror. (APA, 2000, 309.81)

To this, Basham (2008) adds that clinical experience shows that trauma may also arise from threats to the integrity of the *psychological* self, as for example in the case of those who have been severely neglected, abandoned, or emotionally abused.

At this point, it is important to note that the validity and value of this Demonstration Project do not depend upon whether individual participants meet specific diagnostic criteria – or, indeed, on whether the phenomenon known as *Secondary* PTSD is in fact a clinical disorder (which, in fact, remains a matter of debate in the literature). Rather, this Project is worthwhile and meaningful as long as there are individuals who feel that they suffer – or, even if they are not consciously aware of their symptoms or their causes, who appear to others to suffer – owing to the burden of having been exposed with unusual frequency or severity to the horrific experiences of others. In addition, this Project is worthwhile and meaningful to the extent that some of these individuals feel that they benefit from participation in it because they are suffering from what I call *Present* PTSD.

Nonetheless, it is equally important to note that Basham's (2008) observation regarding *psychological* integrity as a potential casualty of trauma, as well as some of the wording used in *DSM-IV-TR* (e.g., "experienced, witnessed, *or was confronted with* an event"; APA, 2000, 309.81; emphasis added) leave open the possibility that individuals who are routinely and/or acutely exposed to (confronted with) the traumatic events suffered or witnessed by others may be vulnerable to a psychopathology that is virtually analogous to PTSD.

Indeed, although the condition lacks any recognized symptomology or diagnostic criteria apart from those of PTSD itself, the last two decades have seen the emergence of a burgeoning clinical literature on Secondary PTSD – also known as Compassion Fatigue (Figley, 1995), Vicarious Traumatization (Pearlman and Saakvitne, 1995), Secondary Trauma(tization), and by a host of similar names that are sometimes equated with subtle distinctions that go beyond the scope of this Project. Keltner, Schwecke, and Bostrom (2007) define Secondary PTSD by its presumed cause, i.e., as the cumulative effect of engaging empathetically with the survivors of traumatic life events. Pearlman and Saakvitne (1995) note that these effects can be permanent as well as cumulative and can affect both the clinician's personal and professional life. In addition, Zimerling, Munroe, and Gulliver (2003), who define "secondary trauma...as indirect exposure to trauma through a firsthand account or narrative of a traumatic event," claim that the "vivid recounting of trauma by the survivor and the clinician's subsequent cognitive or emotional representation of that event may result in a set of symptoms and reactions that parallel PTSD" (n.p.).

Notably, the preceding statement, though clearly supporting the reality of Secondary PTSD, is ambiguous as to whether it is a disorder or (merely) a “reaction.” Indeed, many clinical writers argue for a distinction between the two in this regard. Courtois (1993) has even suggested that Secondary PTSD is in fact a special type of countertransference. This suggestion has (at least) methodological value in terms of accounting for the phenomenon within the existing concept categories of psychoanalysis, as discussed above. It is as a caution for clinicians and others who work with victims of trauma, who may tend to displace their responses to clients’ stories onto their feelings regarding clients themselves, or vice versa. For the present purposes, however, it is less important to offer a precise definition of Secondary PTSD than to take note of its distribution and effects, as well as its possible risk and protective factors and potentially efficacious therapeutic responses.

Secondary PTSD has been studied among nurses, first-responders in emergency situations, mental health professionals, child protection workers, and other practitioners of “helping” professions, including – though rarely in broad scope or much detail – pastoral caregivers. Symptoms have been described as including: anxiety, nightmares, inability to function at work, depression, somatic complaints, helplessness, and feelings of grief similar to those experienced by clients. Practitioners may also begin to feel powerless and inadequate, which, as noted, can affect both their personal and their professional lives. In fact, in their review of studies, Zimerling, Munroe, and Gulliver (2003) cite a range of profound impacts upon professional clinical practice that researchers claim to have identified.

We may reasonably hypothesize that these effects have parallels in the sphere of ministerial work. (Indeed, a great deal of anecdotal evidence from the reports and from observations of those involved in ministerial work supports this hypothesis). These effects may include conflicts with professional colleagues, attempts to rescue or control patients, violations of therapeutic boundaries, and disruptions in the therapeutic alliance between client and clinician. Moreover, a therapist who is overwhelmed by traumatic material may begin to avoid or disavow a client's experiences, and a caregiver whose views of trust and safety have been violated may find it difficult or impossible to respond effectively to traumatized patients.

The same authors, however, point out that, just as not all individuals who are exposed directly to traumatic events develop PTSD, some clinicians experience "transitory reactions to survivor narratives," whereas "the full psychiatric disorder" (i.e., Secondary PTSD) emerges only in "a small percentage" (Zimerling, Munroe, and Gulliver, 2003, n.p.). Notwithstanding the debate over the use of the term "disorder" in this regard, it is interesting to note that separate studies cited by Zimerling, Munroe, and Gulliver show a "similar pattern of prevalence" of Primary and Secondary PTSD, respectively, among residents living close to the World Trade Center who were treated in the first five to six weeks after the terrorist attacks of September 11th 2001 in New York City and mental health workers who treated survivors of the buildings' collapse.

What, then, accounts for the development of (diverse, severe, and/or long-term) symptoms in some clinicians (rabbis, ministers, relief workers, etc.) but not others, and how can we determine appropriate ways in which to bring care to the caregivers, who are notoriously resistant to acknowledging or at least to acting upon their own need for help?

Zimerling, Munroe, and Gulliver (2003) point out that the level of corroborative research data currently available is not yet commensurate with the theoretical sophistication of much of the literature on Secondary PTSD. Thus, any claims about risk and protective factors for Secondary PTSD are at this point provisional.

Nevertheless, several, though not all of the studies reviewed by Zimerling, Munroe, and Gulliver (2003) and by Adams, Boscarino, and Figley (2009) found personal history of trauma to be the most common correlate of Secondary PTSD among the professional caregiving populations studied. In other words, the weight or burden of one's personal tragedies, griefs, and traumas, aggregated with the horror of the experiences of those for whom one is expected to provide counsel and support, may contribute to the emergence of the negative affective states experienced by many professional care providers.

According to Zimerling, Munroe, and Gulliver (2003), "Other factors suggested by theorists as potentially predictive of Secondary Traumatization include insufficient training, identification with the victims, insufficient support in the workplace, and insufficient social and familial support" (n.p.). Further research into these proposed correlates should include efforts to test the hypothesis that their opposites – i.e., more or better training, greater support in the workplace, etc. – can reduce the incidence of Secondary PTSD among clinicians and other care providers.

Issues like "identification with the victims," however, are particularly problematical, as an over-emphasis on distancing oneself might destroy the effectiveness of clinical and/or pastoral work. Thus, for example, given the emphasis (noted above) among such authors as Keltner, Schwecke, and Bostrom (2007) on the rootedness of

Secondary PTSD in the *empathetic* nature of clinical work with victims of trauma, some have argued that practitioners should not empathize too deeply with these clients.

Nevertheless, in “Compassion Fatigue: An Introduction,” Charles R. Figley, arguably the leading and certainly the most cited authority on Secondary PTSD, points out that most studies on therapeutic effectiveness emphasize the importance of the “therapeutic alliance” between client and clinician, and that without this element, therapeutic change is unlikely to take place (n.p.).

Finally, then, what of “therapeutic change” for the victims of Secondary PTSD, for the nurses, relief workers, therapists, and pastoral caregivers who already suffer from this condition and who may or may not consciously acknowledge their symptomology or its connection to their medical, clinical, or pastoral work? Pearlman and Saakvitne (1995) suggested a variety of organizational and personal strategies to prevent or minimize Secondary PTSD, such as balancing caseloads, ensuring sufficient release time, respecting one’s limits, and seeking connection with others. The effectiveness of these tactics, according to Zimerling, Munroe, and Gulliver (2003), has not yet been evaluated through empirical research, and they may indeed do little to help those who have already reached a critical or near-critical stage.

Several other authors, however, have placed a notable emphasis on *discourse* in postulating effective therapeutic responses to Secondary PTSD. Thus, Kottler (1992) recommends journaling as a method of both self-supervision and self-analysis, and Pfifferling and Gilley (2000) recommend that the care provider hold at least one focused, meaningful conversation daily, ideally with a close friend or family member. Although these techniques, too, need exploration and empirical validation before recommendations

can be put forward strongly, it would seem that a considerable amount of professional opinion favors some form of the “talking cure” for secondarily traumatized caregivers.

Grief and Lamenting: Adapting the “Talking Cure” for Pastoral Caregivers

[T]here are times when gently encouraging sufferers to articulate the meaning or context of their experiences can help them move through a painful experience with greater strength and resiliency. (Klotz, 2001, p. 39)

Collectively, the preceding sections of this chapter provide a religious and clinical basis for the goals and methods of the Demonstration Project. As noted in Chapter 1, the goals of this Project are to assist professional pastoral caregivers to acknowledge and work with the negative impact that their own personal sorrow-filled stories have upon their spiritual and emotional health. This threat to their health compounds the negative impact of those stories with which they are confronted in the performance of their duties. Further, this Project aims to assist these same caregivers to engage in a process of spiritual and emotional cleansing through the examination and articulation of narrative accounts that reflect their direct and indirect griefs.

The recognition of the value of discourse in attaining such therapeutic goals is far from unprecedented in either clinical or pastoral literature. As previously noted, “talk” forms the basis of psychotherapy in general (“Nothing takes place in a psychoanalytic treatment but an interchange of words between the patient and the analyst”; Freud, 1966 [1920], p. 17). Both therapeutic speech and therapeutic writing have been recommended as interventions in cases of Secondary PTSD. Moreover, as far back as 1956, David Belgum argued in his book *Clinical Training for Pastoral Care* that “healing of the soul, and sometimes even of the body, begins in...cleansing, which psychologists call

‘catharsis’ [and that] the best way to make sure that the patient is receiving the maximum benefit from this spiritual self-examination is to let him...say what is on his heart and mind in his own words” (p. 64).

Interestingly, Belgum’s essentially intuitive and anecdotally based claim regarding physiological healing through therapeutic discourse has been substantially borne out by subsequent clinical research. Since 1989, psychologist James W. Pennebaker and colleagues have demonstrated immunological and other biomedical benefits of such procedures as a daily practice of writing about one’s most traumatic experiences and how they relate to one’s construction of self (see Snyder and Lopez, 2007).

The research involved a control-group study in which blood samples were taken before and after a writing experiment and again six weeks later. Participants who wrote about difficult experiences showed an increase in lymphocyte response, which indicates an enhanced ability to fight infection. The group who wrote about trivia showed no such strengthening of the immune system. Furthermore, the group who wrote about traumatic experiences made far fewer visits to the doctor in the six-month period following the experiment (Capacchione, 1990). As Niederhoffer and Pennebaker (2002) explain, “Putting upsetting experiences into words allows people to stop inhibiting their thoughts and feelings, to begin to organize their thoughts and perhaps find meaning in their traumas, and to reintegrate their social networks” (p. 581).

With this background in mind, this Demonstration Project is designed to reflect the concept that the wellness even of seasoned professional pastoral caregivers depends

largely upon their acknowledging that in addition to being wounded by others' stories, they need outlets to express and thereby to discharge the toxicity that can occur from the losses and griefs that often accompany their personal lives. It uses the biblical Book of *Lamentations* as a foundation first, to empower and guide them to fully express their sorrow-narratives and second, to do so whether or not a supportive, therapeutic peer group environment is available.

From the standpoint of working with pastoral professionals in this regard, it is equally important to note that the biblical Book of *Lamentations* offers those who consider this book sacred, permission to verbalize their own feelings, however raw they may be. In fact, given the evidence cited earlier in this chapter from a variety of scriptural sources, participants in this Project can find license even to rail against God without guilt or fear of reprisals. Hence, this Project is designed to allow participants to set aside their taboos around holding God accountable for their griefs while engaging in Guided Lamenting, essentially a psychotherapeutic intervention that puts the Pennebaker Paradigm into practice by having participants compose their own biblically inspired personal laments.

Ultimately, the design of this Demonstration Project is based upon the threefold premise that it is vital to grieve, it is vital to grieve in an individualized manner, and it is vital to grieve in a socially acceptable context. Throughout this Project, I use the terms “grief(s)” and “griev(ing)” to refer on the one hand to the range of possible reactions to intense losses and other traumatic experiences and on the other hand, to the responses that they inspire, both conscious and unconscious, healthy and unhealthy. In other words, although losses may derive from anything from the loss of an anticipated life-outcome to

the clinically paradigmatic case of the loss of a loved one to death to the traumatic loss of a limb to accident or violence (see Chapter 1 above and Mitchell and Anderson, 1983, pp. 36-45 for a typology of *loss*), all of the above are “griefs” that give rise to “griev(ing)” in a similarly broad sense. Grief/grieving, in turn, can either be worked through successfully or can give rise to symptoms that Mitchell and Anderson (1983) describe in terms that are strikingly similar to the descriptions of PTSD symptomology in the preceding section of this chapter.

Mitchell and Anderson (1983) further point out that “Grief is always a particular response to the loss of a particular object” (p. 53). In other words, just as was noted in the preceding section that responses to both primary and secondary trauma are individualized, so too are responses to loss and ensuing sorrow. This aspect of grief is accounted for in the design of this Demonstration Project in the fact that participants write, read, and discuss their own grief narratives (laments) rather than merely studying those in *Lamentations* or discussing examples from other sources.

Moreover, just as clinical research on Secondary PTSD found personal history of trauma to be a likely correlate or risk factor for symptomatic responses to indirect exposure to traumatic events, the design of this Demonstration Project is based upon the premise that individual pastoral caregivers are likely to be at risk to the extent that they have suffered painful losses (griefs) in their personal lives. Since, however, no individual is immune to some experience of loss and sorrow, this element provides rationale for the focus upon personal grief narratives for all participants.

Finally, Mitchell and Anderson (1983) point out that grief is normal: it is not a disease. Rather, quoting Colin Murray Parkes, they identify grief as “the cost of

commitment” (p. 58). This formulation is doubly significant in the dual context of the psychoanalytic underpinnings of this Demonstration Project and the pastoral population that the Project is designed to serve.

Recalling the account of Object Relations Theory provided earlier, “commitment” is understood as the (psychologically necessary) attachment of the individual to any one of a range of possible object(s) – which, of course, can always be lost, resulting in grief. Hence, in words that strikingly recall Freud’s “Mourning and Melancholia,” also described above, Mitchell and Anderson (1983) report that

Grief is the inevitable response to significant loss; there is no loss without grief. It is possible, however, not to *grieve*. One may choose not to express the feelings that accompany loss. When that happens, grieving is delayed and the grief is “stored up,” with unfortunate consequences. (p. 86)

In working with professional pastoral caregivers, however, one is confronted with the added dimension of their *commitment* to serving those under their pastoral care. Hence, one might say that the “cost of commitment” for this population is the risk of Secondary and/or Present PTSD. It is this risk and the harm that even “asymptomatic” caregivers may be assumed to at least potentially suffer that this Demonstration Project is designed to mitigate. Thus, the following quote from Mitchell and Anderson (1983) aptly summarizes the premise of this Demonstration Project:

It should be possible for the grieving person to discover and to express the pain, anger, guilt, and other feelings that are the common consequences of loss ... *Withholding or denying one’s feelings will almost inevitably block a person suffering from loss from finding...relief and growth.* (pp. 95-96; emphasis added)

CHAPTER 3

METHOD

Project Approach and Procedures

Introduction

In my Pilot Project, I plan to guide a self-selected group of seasoned and mostly Board Certified, multi-faith professional pastoral caregivers to an enlightened experience of healing. This new understanding about healing can ensue when individuals who are vulnerable to both Primary PTSD and Secondary PTSD verbally unburden themselves through Guided Lamenting in a supportive environment that may or may not include other individuals – and possibly even God.

I plan to implement this Project within a four-hour workshop at one of the many professional pastoral caregiving conferences that are scheduled throughout the year. Its educational design will be grounded in adult learning theory, with particular indebtedness to educator and psychologist Billy B. Sharp's work entitled *Learning: The Rhythm of Risk* (1971). At the conclusion of this Pilot Project, I hope that participants will feel empowered to verbalize their personal sorrows in the form of written laments. I also hope to leave them with "tools" that they can use at any time in the future to successfully unburden themselves.

I anticipate that this work will have benefits for those receiving pastoral care as well, in that there is a direct correlation between caregivers who better appreciate their

private laments and those who better appreciate the laments of their clients. According to Maslow (1993), “What we are blind and deaf to within ourselves, we are also blind and deaf to in the outer world” (p. 156).

Conference Application

I plan to submit a proposal to the organizers of several conferences that will include the following description:

This workshop will explore the biblical Book of *Lamentations* from both ancient and contemporary perspectives. Utilizing group and individual process, we will delve into the positive healing power of lamenting. We will introduce a tool through which we can begin a process of healing our souls from the negative impact of our own sorrow-filled stories and those of our residents, patients, inmates, and other clients. This is a two-tiered academic and experiential session.

The workshop proposal will also delineate among its goals that participants will be able to do the following:

1. gain respect for the healing power that can be inherent in ongoing complaining (what some categorize as *kvetching*) and reframe these sorrow-filled stories as “lamenting”
2. value these laments as healing tools with the power to detoxify our souls and bodies – and the souls of our residents, patients, and clients
3. be able to use the biblical Book of *Lamentations* to access and liberate the laments in our souls and our bodies – and in the souls of our residents, patients and clients
4. write a personal lament using *Lamentations* as a guide.

If this proposal is accepted, I will attempt to implement the Pilot Project as described in the next section of this chapter.

The Learning Cycle

Several years ago, I read an article called “Intuitive Learning” by educator and weaver Marge Denis (1986). Like me, Denis often thinks in pictures. As a weaver, she uses the image of “cloth” as a metaphor for education. Cloth, Denis reminds us, is made up of two types of threads: vertical and horizontal. In fact, it cannot be “cloth” unless it includes appropriately intersecting vertical and horizontal threads, as it would not hold together as a coherent substance. In Denis’ metaphor, the vertical threads represent the rational or academic elements in learning, while the horizontal threads represent the intuitive or creative elements.

Educators tend to focus almost exclusively upon the academic (vertical) “threads.” This, Denis (1986) tells us, does not make for whole learning any more than its fabric equivalent would make for whole cloth. Rather, whole learning occurs only when both academic and creative “threads” are present and intersecting appropriately (p. 20). Sharp (1971) concurs with Denis when he writes that “learning, in order to be learning, is both cognitive and affective” (p. 56).

Sharp (1971) further defines learning as “a complex cycle in which the level of risk and uncertainty is controlled and deliberately varied by the learner” (p. 1). He defines risk as a “deliberate personal encounter with the unknown” (p. 3) and asserts that “self-directed risk-taking is essential to learning” (p. 4). Denis (1986) makes a similar point: “The key is to get beyond the fear about risk” (p. 22). I tend to emphasize safety, so I have to remind myself that “a moderate amount of risk is motivating” (Sharp, 1971, p. 54).

As a CPE Supervisor, I approach the educational design for this Pilot Project

similarly to the way in which I approach the design of a CPE Unit. Foremost in my design is the consideration of holistic learning; i.e., “weaving” academic details to be learned with creative elements to be developed. This is also consistent with the Socratic perspective that some things cannot be taught but must be developed within and then drawn out. Finally, I resonate with Denis’ (1986) comment that creative learning is appropriate for clergy and counselors who work in perceptual realms in which clients say one thing and yet, practitioners often feel that something else is going on.

My responsibility, then, as the workshop facilitator, is to do more than simply implant facts; instead, in the words of educator Nathan M. Pusey (1966), my role is to “place the subject to be learned in front of the learner and, through sympathy, emotion, imagination, and patience to awaken in the learner the resistless drive for answers and insights which enlarge the personal life and give it meaning” (p. 36). Participating learners, in turn, have a “response-ability” vis-à-vis my presentation. Ideally, their role is to synthesize the academic material and the creative experiences that are offered, and then to “weave” these elements together with “threads” of who they are (as adult individuals with specific talents, skills, and religious proclivities) and with “threads” that represent what they want to achieve.

Denis cites several conditions that enhance creative learning. One important condition is that learners adopt a spirit of adventure, as though they were embarking upon “a life-long pilgrimage” (Denis, 1986, p. 23). Another condition is that creative learners be willing to embrace change, for “learning is change and...learners will change in some evident way, perhaps in behavior and/or in attitude” (p. 23). Further, learners must have faith that revelations will occur if they are “ready for them” (p. 22). Similarly, Maslow

(1993) resonated with the idea of education as a journey of revelation, and he considered education to be “useless” otherwise (p. 162). In this endeavor, I am responsible for guiding those participants who are willing to journey on a pilgrimage from their intellect to their intuition in pursuit of growthful revelation and identity.

Sharp (1971) proposes six necessary phases for learning to occur, each of which takes into account his theories about learning and risk management. In what follows, I present and discuss these phases sequentially; however, like a fine tapestry, each phase actually has strands from other phases woven into it. These phases are:

1. Rapport
2. Goal Setting
3. Cognitive Understanding of Others’ Experiences
4. Personal Experiencing
5. External Evaluation of Personal Experiences
6. Reflective Recycling

Rapport

Sharp’s (1971) first phase in the learning cycle is “Rapport.” This phase brings with it “inter-connection, the opposite of isolation” (p. 8). In this phase, participants attempt to establish emotional and perceptual rapport with their learning environment. They also attempt to develop a satisfactory response to questions, such as: *Where am I now? How do I fit in here?* (p. 5). Achieving “Rapport” helps individuals to experience feelings of confidence along with feelings of “I can-ness” (p. 8).

Participants enjoy “Rapport” as a low-risk phase because they know that they can engage without becoming vulnerable to failure. In this phase, I see my primary role of

workshop facilitator as that of “a manager of learning and risk, a combiner of resources, desires, and needs” (Sharp, 1971, p. 95). Among the resources that I will combine are the hypotheses for this Project, the methodology for exploring it, the academic material itself, and strategies that I hope will invite creativity to flourish.

I am also a resource. Among the ways in which I will use myself will be to demonstrate a learning alliance of appreciation, respect, trust and intimacy – a holy collaboration – in the presentation itself. I plan to invite a guest-presenter to share the four hours. I hope that this will also make the workshop more educational and interesting because two presenters can present with different strengths. These elements can enhance the experience and thereby, the growth of the participants.

In the “Rapport” phase, I establish the structure and some of the norms, communicate some knowledge, model beginning forms and methods, and begin to provide ongoing feedback and suggestions. Participants attempt “to gain satisfying interrelationships with their physical and social surroundings,” which assist them to reduce anxiety about their learning environment (Sharp, 1971, p. 1).

Presenters. The manner in which *presenters* view and interact with learners is important to the learning process. To begin, I and my guest-presenter will attempt to become more comfortable with some of the physical and social surroundings of our workshop by arriving at the workshop room and setting up long before the time appointed for participants to arrive. We will welcome participants and attempt to individuate them as they enter and settle into the workshop room. We will walk around separately and introduce ourselves to those we missed when they entered, learning as many names as we can and shaking hands with as many individuals as possible (except where this might

infringe upon religious barriers regarding touching between men and women).

Learners. The manner in which *learners* view and interact with presenters is also important to the learning process. Sharp (1971) believes that “if you really want to learn something, the quickest and most efficient way is to find and associate with someone who knows how to do it” (p. 16). Educator, theologian Abraham Joshua Heschel (1991) would concur: “To guide a pupil into the promised land, [the teacher] must have been there.... When asking... Do I stand for what I teach? ... [the teacher] must be able to answer in the affirmative” (pp. 62-63). Heschel goes on: “What we need more than anything else is not *textbooks* but *textpeople*. It is the personality of the teacher which is the text that pupils read; the text that they will never forget” (p. 63).

At the beginning of the workshop, I will briefly introduce myself and my guest-presenter by name. We will proceed with each briefly highlighting our relevant credentials. Then, we will briefly share one of our vulnerabilities.

For example, in my experience as a presenter, most participants quickly notice that I have a marked right hand tremor, as evidenced by their eyes drifting toward that hand. Once I address the issue, however, participants seem to lose interest in it. I anticipate that this will happen during this workshop as well. I plan to offer the following:

I can see that some of you have noticed that I have a right hand tremor. It's from mercury and lead poisoning. I don't know how I got so much poison in my body or why my body is so reluctant to give it all up. In my personal life, I view it as a weakness, but here in chaplaincy, it's a strength because we all have *something* that affects us, and this tells you right away that I know what it feels like to be wounded (pause). The tremor will get better and worse throughout the session. I will try not to let it get in the way of our time together.

Similarly, my guest-presenter will offer a few words about a recent personal trauma.

I believe that these introductions will help participants to engage with us as partners in learning because our difficulties and vulnerabilities will connect us to them via their own difficulties and vulnerabilities. They will help participants to see that we “stand for what [we] teach” (Heschel, 1991, p. 63).

In addition, upon arrival participants will have received handouts that are intended to help them to better relate to this new learning environment. These handouts delineate the workshop’s structure and norms and include the following:

- an hour-by-hour schedule of the activities and didactics planned for this workshop (Appendix A)
- a New Revised Standard Version (NRSV) of all five chapters of the ancient text of *Lamentations*, in English, with specific verses bolded to facilitate the reading of a few excerpts by myself and my guest-presenter (Appendix B)
- seven contemporary laments that were inspired by *Lamentations* and composed by previous CPE students in a similar program (Appendix C).

Next, I plan to invite the participants to go forward with us, using words like these: “We are inviting you to accompany us on a journey. To ensure that we are following the same roadmap and going in the same direction, let’s first review our travel plans.” I plan to proceed by reading aloud the workshop description, which will have been refined, as follows:

1. we will explore the biblical text of *Lamentations* from ancient, traditional and contemporary perspectives in this academic and experiential workshop
2. we will utilize group and individual processes to delve into the positive healing power of lamenting

3. this academic and experiential workshop offers tools through which we can begin a process of self-healing from the negative impact of painful spiritual dynamics that we have accumulated while engaged in our personal lives and while listening to many sorrow-filled stories in our professional lives.

My guest-presenter will follow this by reading aloud the workshop goals, which will have been refined, as follows:

1. to be able to use the biblical Book of *Lamentations* to access and liberate the laments in our souls – and in the souls of our patients, residents, inmates and other clients
2. to be able to value each sorrow-filled story as a lament that can detoxify our souls and our bodies – and the souls of our patients, residents, inmates and other clients
3. to be able to write a personal lament using the Book of *Lamentations* as a guide.

Sharp advocates that learners be “consumers” and “producers.” “Consumers” are strictly listeners. They ingest material that is presented in a relatively passive and internal manner. From the outside, it is often not apparent how actively or passively engaged with the material they are; as such, they cannot fail which makes it low risk. “Producers” demonstrate that they are, in fact, engaged with the material presented; as such, they might fail which makes it high risk.

In this workshop, participants will begin as consumers. However, from the start, they will also know that they will be asked to progress to becoming producers by writing a personal lament using the Book of *Lamentations* as a guide. This will be obvious from the registration material, the handout, and the review of the goals at the beginning of the

workshop. By the end of the four hours, if they choose to take the complete journey, they will have become producers.

However, this progression carries with it a risk of failure. Some participants will become producers who volunteer to share their laments, whereas others may choose to produce but not to share. Still others may choose to remain consumers and not to produce at all. Since producing occurs at the end of the workshop, whether or not participants do in fact become producers may affect their learning but it will not constitute an obstacle to completing this workshop.

Goal Setting

Sharp's (1971) second phase in the learning cycle is "Goal Setting." In this phase, participants will identify and commit themselves to explicit goals that they expect to actualize in the learning environment. They will know how to measure success and failure. They will attempt to develop a satisfactory response to a question, such as: *What do I want?* (p. 5). Participants experience this phase as high-risk because they fear that by declaring their goals and then, attempting to realize them, they may be vulnerable to failure. Sharp asserts that the definition of "success" is primarily having "an open door toward the future" and that failures may be educational "if there is another attempt and if the information gained in defeat can be used to gain an eventual victory" (p. 49). Further, Sharp claims that "failure must be possible if learning is to occur" (p. 54).

I see my role of a facilitator as reflecting to participants that failure is only "missing the mark" on one of many possible attempts. When learners discover that they are received respectfully as adults with choices, intrinsic worth, talents, and strengths, as well as growing edges, they frequently experience a reduction in their fear, anxiety, and

defenses, and an increase in their receptivity to learning.

In the “Goal Setting” phase, Sharp (1971) states that the “level of highest learning and highest responsibility...is achieved only when the teacher states...expectations to the students and individual students select their own goals and state them in the presence of teacher and peers” (p. 22). This phase allows participants to establish autonomy and learning alliances from the outset. It helps them to see themselves as “self-determining human subjects” rather than as “human objects” who view their learning environments as out of their control (p. 107). Participants will know my precise expectations at the beginning when, as noted above, I review the handout, which includes the goals, description, and an hour-by-hour roadmap of the workshop journey.

Earlier, I highlighted the importance to the learning process of how learners and presenters viewed and interacted with each other. How learners see themselves and each other is also important to the learning process. “Human existence is co-existence,” Heschel (1955) taught; one “can never attain fulfillment or a sense of meaning unless it is shared, unless it pertains to other human beings” (p. 45). Educator Jack Mezirow agrees that “the best way to learn about ourselves is in relation to others” (quoted in Brundage, 1986, p. 7). When participants view themselves as worthy contributors to each other or as “learner-teachers,” they develop responsibility and ownership towards their learning, which leads to a dramatic improvement in their learning performance (Sharp, 1971, pp. 10-13). When a learner’s own wisdom is valued by peers, it becomes even more valuable to the learner.

During this workshop, I anticipate that learners will develop relationships with one another and form communities. Group – or community – learning encourages

learners to value and learn from each other. These community relationships can serve as foundations for appreciation, respect, trust, intimacy, support, challenge, and caring. Here, peers can become invested not only in their own growth but also in the growth of their peers. Importantly, they have opportunities to act authentically with one another and to see how others authentically respond to them. In addition, they can practice new ways of relating in general and integrate this new learning when they interact in their personal and professional communities.

The final workshop goal invites participants to write a contemporary lament using the biblical Book of *Lamentations* as guiding inspiration. Near the conclusion of this workshop, I plan to ask for a few volunteers to read their laments aloud to the group. I am aware that asking participants to compose laments can be experienced as high risk and that asking them to share their sorrows in a relatively new context can be experienced as frightening. Consequently, when I review this goal at the beginning of the workshop, I plan to make the following statement:

Toward the end of this workshop, I will be asking for a few volunteers to read their personal laments aloud to the group. This is not by any means mandatory. In fact, if it turns out that no one volunteers, that will also be ok. This workshop is, first and foremost, for you. So, if no one volunteers, we will simply move forward to the question-and-answer segment. Nonetheless, I hope that some of you will consider sharing your burdens with us.

Cognitive Understanding of Others' Experiences

In Sharp's (1971) third phase of the learning cycle, participants will be presented with facts and concepts that hopefully, will broaden their perceptual base and assist them in meeting their self-selected goals. They will attempt to develop a satisfactory response to a question, such as: *Is this a way to get what I want?* (p. 5). Participants typically

enjoy this phase because it is low risk. They can relax because they will not be expected to do anything. Instead, they can be relatively passive as they become familiar with and begin to integrate relevant facts, principles, and anecdotes. “Cognitions are usually preludes to the experiences of testing and trying,” and can therefore help to move learners towards their goals (p. 40).

I see my facilitator’s role in this phase as providing a cognitive framework from which learners may begin to engage their creativity. After introductions and reviews of material from the handout, I will chant three verses from the ancient text in Hebrew and an adapted version in English. In the Jewish calendar, *Lamentations* is chanted during the summer holy day of *Tisha B’Av*. This holy day has become a repository for many disasters that have occurred in Jewish history. To facilitate the mood of this sacred day, the trope, or musical notation for this chant is in a minor key and conveys a sense of grief. Following this chant, my guest-presenter will offer two brief didactics on the Use of *Lamentations* in Jewish and Christian Liturgical Settings.

Next comes a segment that I call “Text and Contemporary Trauma.” Here, my guest-presenter and I will dramatically read several verses from *Lamentations*. I will invite the workshop participants to read along with us silently, following the bolded verses in the handout. Just before this reading, I will invite these participants to think about “now” in the midst of “then,” to listen to the words of each verse at their most literal, as words from “yesterday” and simultaneously, to listen to them at their most metaphorical, as words that are relevant “today.” For example, my guest-presenter and I will alternate offering the following suggestions:

- When you hear the word “burn” in the ancient world, we invite you to understand

it as burns and fire and also as radiation, fever, sunburn, and searing pain, etc.

- When you hear the word “affliction” in the ancient world, we invite you to understand it as physical or emotional devastation and also as diabetes, infertility, dementia, divorce, obesity, becoming a widow/widower, amputations, clinical depression and other mental illness, disability, etc.
- When you hear the words “enemy” or “foes” in the ancient world, we invite you to understand it as military combatants with whom we are at war and also as a domestically violent partner, a pedophile, abuser, rapist, murderer, cancer, mercury and lead poisoning, drugs, gambling, etc.
- When you hear the word “destroyed” in the ancient world, we invite you to understand it as the destruction of ancient Jerusalem and also as financial loss, foreclosure, eviction, earthquakes, etc.
- When you hear the words “torrents of tears” in the ancient world, we invite you to understand it as the tears of distress, and also as hurricanes, tornadoes, tsunamis, and typhoons, etc.
- When you hear the word “sword” in the ancient world, we invite you to understand it as an ancient weapon and also as being mugged, stabbed or stung by insects, etc.
- When you hear the word “anger” in the ancient world, we invite you to understand it as anger *from* God as well as anger *towards* God
- When you hear the words “Renew our days as of old,” we invite you to understand it as an ancient plea and also as someone who is in a wheelchair or is otherwise debilitated, crying: *return my mobility, return my memory, return my*

youth, return my capabilities, return me to me!

My guest-presenter and I will then read the bolded verses from the Book of *Lamentations* in a dramatic fashion.

Following this, my guest-presenter will offer a series of brief didactics on the Historical Context, the Structure, and the Hebrew and English Titling of *Lamentations*. I will follow these with a didactic that I call “From *Lamentations* to Lamenting,” in which I further help participants make the transition from the academic study of the biblical Book of *Lamentations* to the experiential “here and now.” At that point, I anticipate that the first two hours will have passed and we will break for 15-20 minutes. Following the break, my guest-presenter will offer a brief didactic on women and men in *Lamentations*.

Denis (1986) aligns with Sharp when she cautions that intuitive (or creative) learning will occur only with “an uncompromising honesty in seeing things and accepting things as they are and not as we would like them to be” (p. 22). The biblical verses from *Lamentations* that will have been read earlier will help participants to immerse themselves in life as it actually was for the ancient Israelites and not as they would have wished it to be.

At this point, I plan to turn to the segment titled: “Contemporary Laments: Tears Fall Upon *Our* Pillows.” In it, I will invite participants to read sample contemporary laments that were composed by modern-day sufferers who lamented about the way life had gone for them, which was not how they had wanted their lives to go. These sample laments were composed during CPE groups in which I offered a program with some similarities to the one described here.

Immediately before reading these contemporary sample laments, I will invite the

participants to notice as we read that some who lament take inspiration from one verse (or a partial verse) while others use many verses; some, list a series of verses at the outset while others intersperse verses throughout their laments; and some, use verses in the order in which they appear in the biblical text, while others use verses in a different order.

Then, I will invite two volunteers to read each sample lament aloud. One volunteer will read the actual words from the text of *Lamentations* that inspired the contemporary lament and the other volunteer will read the contemporary lament itself. Although we are still in the low-risk phase three of Sharp's (1971) learning cycle, in which the participants are still *consumers* and no original material is yet expected from them, these sample laments – as well as the fact that they will be read by the participants – will begin to bring into focus the higher risk *producer* aspects of the workshop.

The following are the titles of the seven contemporary laments that were written by former CPE students who participated in similar workshops on *Lamentations*:

- *A Nurse's Personal Lament* over the death of her father, the dementia of her mother, and her feelings of helplessness
- *The Lament of an Infertile Chaplain*
- *The Lament of a Multi-Stricken Chaplain* who feels unloved by his parents
- *The Lament of a Young Clergy-Couple* whose twin daughters died within a year of each other
- *A Brother's Lament* over the psychiatric problems of his sister
- *His Sister's Lament* imagined by her brother (above)
- *A Cancer Sufferer's Lament*

These contemporary laments will serve as bridges from an ancient to a modern world. As

the participants read about the sorrows that fill their colleagues' lives, I anticipate that they will begin – or continue – to think about the sorrows that burden their own lives.

Personal Experiencing

Sharp's (1971) fourth phase in the learning cycle lies at the heart of the participants' experience of this Project. It is the highest risk phase. In it, participants will process what they have learned thus far. They will attempt to develop a satisfactory response to a thought, like: *I'll never know until I try!* (p. 6). For the first time, participants will attempt to reach their "self-selected and self-stated goals" (p. 2).

As Sharp (1971) writes, "the ultimate objective of content is (or should be) its application in some kind of action" (p. 20). Albert Einstein concurred when he wrote that "One cannot learn anything so well as by experiencing it oneself" (quoted in Mayer and Holms, 1996, p. 75). Both may be correct; however, in this phase, "the active learner may now encounter obstacles" to reaching his or her goals with its concomitant risk of failure (Sharp, 1971, p. 2).

In this workshop, "Personal Experiencing" will be divided into two parts. For the first part, participants will have approximately 30-35 minutes in which to weave together the academic and creative elements that have been presented. Hopefully, at this point, they will be sufficiently inspired and prepared to compose their own personal laments. This time then, will be less for self-reflection than for writing. During this part, other than a gentle monitoring to ensure that everyone is reasonably emotionally intact as they engage their sorrows, my guest-presenter and I will turn the process over to the participants. This will permit them to control and vary their risk levels as they compose a personal lament – or choose not to do so.

For the second part, after we reconvene as a single community, I will invite volunteers to read their personal laments aloud, a procedure that will extend into the next phase. The number of invitations extended will depend upon the time that is available.

External Evaluation of Personal Experiences

In Sharp's (1971) fifth phase in the learning cycle, the output of "Personal Experiencing" is made available for others to judge as participants attempt to develop a satisfactory response to expressions, like: *Tell me how well you think I did* (p. 6). This is a potentially high-risk phase for participants. In it, learners feel the discomfort of being judged by their peers and the workshop facilitators, who might judge their work as a failure (p. 2).

This will also be a two-part phase. For the first part of this fifth phase, as the primary facilitator of this workshop, my role will be to offer feedback *to* those participants who read their laments aloud. I plan to affirm the process and the courage of anyone who volunteers to read aloud.

For the second part of this fifth phase, my role will also be to encourage feedback *from* the participants. "Criticism becomes positive only when the criticizer is willing to assume as great a risk as the criticized person. The method of assuming such risks is to state objectives and assert values" (Sharp, 1971, p. 22) – which I plan to do near the beginning and toward the conclusion of this workshop.

"External Evaluation of Personal Experiences" is potentially a high-risk phase for my guest-presenter and me. In it, I might discover that there were ways in which I could have contributed to participants' process that would have more effectively deepened their process and/or their progress. I might even discover that I failed in the eyes of these

participants. I will receive this feedback through the assessment outcomes. At that point, I could make appropriate changes that would improve the next presentation of this workshop.

During this fifth phase, my guest-presenter and I will engage participants in a concluding question-and-answer (Q & A) segment. Following this, I plan for us to re-read the workshop goals and description. I will invite participants to discuss whether they feel that I have lived up to the workshop description, met my stated goals, and whether the strategy for meeting those goals was effective. At the end of the workshop, I will distribute the official conference evaluations; these will be collected and brought to the conference office by a participant who volunteers to do so.

Reflective Recycling

In Sharp's (1971) sixth and final phase in the learning cycle, participants have the opportunity to reflect honestly upon the kind of meaning or impact that this educational experience may have had for them. During this phase, participants attempt to develop a satisfactory response to questions such as: *Where am I now? What do I want now?* (p. 6). With new forms of understanding in formation or in place, participants may now begin to plan "future efforts in the light of...past and present learnings" (p. 2). Moreover, "When learning continues, the vision achieved in this phase, leads to a recycling" (p. 2). "The criterion of success in educational evaluation...is recycling. Do the learners have a power base from which to repeat the learning cycle?" (p. 51). This process can be either high- or low-risk depending upon whether learning is likely to proceed.

As the primary facilitator, my role in this phase is to assist participants to "have enough control over the learning elements as to encourage them to continue to learn"

(Sharp, 1971, p. 52). My role is also to assist participants to feel secure and confident enough to reflect authentically upon their workshop experience.

Methods for Assessing Outcomes

I will make use of four methods by which to assess the effectiveness of this Pilot Project: 1) official conference evaluation forms; 2) my impressions of participants' verbal and non-verbal behavior during the workshop; 3) my guest-presenter's impressions; and 4) follow-up evaluation forms. All of these methods offer information that is valuable for the growth of the presenters. Methods 1 and 4 offer information that is also valuable for the growth of the participants as they ponder their responses to the evaluations.

All four of the assessment methods respond to the question that "External Evaluation of Personal Experiences" asks: *Tell me how well you think I did?* The first three assessments – the official conference evaluation forms, my impressions of participants' verbal and non-verbal behavior during the workshop, and my guest-presenter's impressions – will be engaged promptly either at the end or immediately following the workshop.

The fourth assessment method, follow-up evaluation forms, will be implemented some months after the conference ends. It falls primarily within the two questions that "Reflective Recycling" asks: *Where am I now?* and *What do I want now?* Like the first method, it will take the form of an instrument distributed to participants; this time, however, via email.

Official Conference Evaluations

The official conference evaluations will be distributed to participants near the end

of the workshop, collected, and conveyed anonymously to the conference organizer, who will tabulate the data. This evaluation form requests responses to six close-ended items and one open-ended item. The six close-ended items will be rated on a spectrum of 1 to 6, with a response of 1 indicating “Highly Unsatisfactory” and a response of 6 indicating “Highly Satisfactory.”

The items included are as follows:

1. The instructor(s) presented material in an organized manner.
2. The method used to present the material held my attention.
3. The instructor(s) had sufficient knowledge and expertise to teach the session.
4. The stated learning objectives were met.
5. I acquired new skills or knowledge in this session.
6. The content was consistent with the session description.

Session Comments (Please Print):

My Impressions of Participants’ Verbal and Non-verbal Behavior during the Workshop

My impressions of participants’ verbal and non-verbal behavior will be subjective. In particular, I will be paying attention to the following:

- the level of participation and the enthusiasm of the participants during the academic, creative and Q & A segments
- whether any participants leave before the workshop ends; i.e., during the presentation, the break, the composing times
- how many participants appear to compose laments

- how many participants volunteer to reveal their sorrow through reading their own lament aloud
- how participants respond to their peers during moments of revelation
- whether participants want more opportunities for discussion than we have allotted time
- whether participants feel that the aims stated at the beginning and reviewed at the end have been met.

My Guest-presenter's Impressions

The third assessment method consists of feedback from my guest-presenter, which I will receive in a “de-briefing” session with him or her after the workshop but during the conference. I will ask my guest-presenter to observe, solicit, process, and transmit feedback. His or her understanding of this feedback, like my own, will be subjective. However, having two presenter-evaluators collect and process feedback will provide additional data through which to view and assess the Pilot Project.

Follow-up Evaluation Forms

The fourth assessment method involves eliciting follow-up feedback from participants some months after the end of the conference. This instrument will request responses to ten close-ended items and four open-ended items. The ten close-ended items will involve the following Likert scale:

1 = Strongly Disagree

2 = Somewhat Disagree

3 = Neutral or Not Applicable

4 = Somewhat Agree

5 = Strongly Agree

The ten close-ended items will be as follows:

- a. The ideas offered during the workshop offered me new insights
- b. I understand the Book of *Lamentations* differently now
- c. I found the material presented helpful in dealing with my own sorrows
- d. I value my own “lamenting” differently now
- e. Since the conference, I have composed a lament
- f. The material presented raised questions for me
- g. I continue to ponder issues raised during the workshop
- h. I understand my relationship with God differently now
- i. I have used the concepts presented with myself since the workshop
- j. I have used the concepts presented with others.

The four open-ended items are as follows:

- k. I liked the following about this workshop
- l. I would change the following about this workshop
- m. Other
- n. I am sharing the following lament with you

(Excerpts may be printed in your D.Min. Project).

How Assessments Will Be Used

Reflections from these assessments will add to my learning and enhance the experiences of participants in future versions of this Pilot Program. In addition, they will assist me in determining whether I have met my primary goal, which is for attendees to experience first-hand that “validating one’s own personal lament is an ultimate act of self care” (Bub, 2004, p. 64).

Finally, these assessment methods will assist me in determining whether I have offered participants enough time and experience with their learning process to enable me to withdraw entirely from their process while they continue to benefit by using the tools without my presence. After all, as Heschel (1955) has pointed out: “a teacher is not an end, but a beginning; a precedent, not a story” (p. 283).

CHAPTER 4

RESULTS

The Pilot Project

Background and Preparations

To begin the Pilot Project, I submitted an application to the organizers of a conference that was entitled “The Spiritual Care Summit 09” and known simply, as “Summit.” This conference was sponsored jointly by the American Association of Pastoral Counselors (AAPC), the Association of Clinical Pastoral Education (ACPE), the Association of Professional Chaplains (APC), the Canadian Association of Pastoral Practice and Education (CAPPE), the National Association of Catholic Chaplains (NACC), and the National Association of Jewish Chaplains (NAJC). It was held in Orlando, Florida from January 31 to February 4, 2009. It was the second time that major professional pastoral care associations in North America had joined together to sponsor and produce an educational conference.

The conference schedule permitted three workshop time configurations: either a four-hour or an eight-hour workshop that would occur before the conference technically began or a 90-minute workshop that would occur during the conference. I applied for a four-hour pre-conference workshop slot. At that time, my workshop was called: “Using *Lamentations* to Lament: Exploring Healing for Ourselves (and Others) Through Sorrow-Filled Stories.” Subsequently, it was retitled: “Using *Lamentations* to Lament: A Sacred

Journey to Wholeness.” My proposal was accepted for January 30 from 8:00 a.m. to noon.

I invited a guest-presenter to join me in offering this workshop. I thought that the right guest-presenter would make the four hours more interesting and increase both its academic and experiential impact. I chose Rabbi David J. Zucker, Ph.D., BCC, a colleague who would be acknowledged by participants as an expert. Rabbi Zucker is a Board Certified Chaplain (BCC) who is certified by both APC and NAJC. He has presented on his own during many conferences that have been sponsored by these organizations individually. He is APC’s Colorado State Chair and former Co-chair of Continuing Education. He served on the NAJC Board of Directors for over a decade, including serving as Chair/Co-Chair of its Conference Commission for nine of those years. Among other credentials, he served as the Chair of EPIC, the first North American multi-association conference of this kind. He has three books to his credit and is published in both secular and religious journals. Further, he is Director of Spirituality at Shalom Park, a Senior Continuum of Care Center in Aurora, Colorado (www.DavidJZucker.org).

I have worked, written, and presented with Rabbi Zucker on many occasions for more than a decade. Of all of the colleagues that I could have invited through my own involvement as an NAJC Board Certified Chaplain and an ACPE CPE Supervisor, including those colleagues with whom I have served on the NAJC Board of Directors, I was certain that Rabbi Zucker would be accepted by the participants as an expert. As such, he would most enhance their educational experience.

This was a pre-conference workshop. Registrants had to pre-register and pay an additional fee in order to attend pre-conference workshops; consequently, the organizers had an attendee count two weeks before the conference began. At that time, I learned that 55 pastoral caregivers (33 female and 22 male), all Christian, had registered for this workshop. I also learned that I knew four of the participants from my involvement as an ACPE Supervisor: three were also supervisors and one was a former CPE student in a group in which I had guest-presented. The participants were all new to Rabbi Zucker.

In this chapter, I will continue to present the six phases of Sharp's learning cycle (outlined in Chapter 3 of this document) as though they were sequential even though in actuality, each phase has aspects of other phases within it.

"Rapport," Sharp's (1971) first phase in the learning cycle, began the evening before the workshop (and continued during the next morning). In the evening, Rabbi Zucker and I checked out the workshop room and made sure that it was properly prepared. This preparation helped us to develop rapport with the new learning environment.

The room was set up with 65 chairs that were arranged "auditorium style." They filled the room. One podium with a microphone and one rectangular table were positioned at the front of the room. A second requested podium was unavailable. This meant that we needed to arrange our written material so that we could easily take turns at the podium without shuffling our papers with each turn. A flip chart with markers was also set up in the front of the room. We positioned two chairs behind the podium and the table so that one of us could sit, mostly unseen, while the other was speaking. That evening, we engaged in a quick rehearsal, ironing out wrinkles as they emerged.

“Rapport” continued through the next morning. That morning, I arrived at 7:00 a.m., one hour before the workshop was scheduled to begin. Rabbi Zucker arrived ten minutes later. We distributed the handouts, placing them on 55 of the 65 chairs that were set out. Registrants began to arrive at 7:30. As they arrived, Rabbi Zucker and I greeted them and introduced ourselves. We each tried to learn as many names as possible.

A representative from the conference committee arrived at approximately 7:50 to check-off registrants for this workshop, which was closed to walk-ins. At 8:00, he introduced us by announcing our names and he left shortly thereafter.

The First “Hour”

We began by welcoming our participants, thanking them for coming so early in the morning. We continued by acknowledging a few of our professional credentials that were relevant to the matter at-hand. In addition, we each briefly shared a few details about one unkindness that life had thrown in our way. I believe that these revelations demonstrated that we both had professional and personal experiences that were relevant to what we were teaching – that “we stand for what [we] teach” (Heschel, 1991, p. 62).

For my part, I highlighted one of my vulnerabilities, my hand tremors, which were exaggerated because I was nervous and which I could see participants glancing at. I offered the following:

I can see that some of you have noticed that I have hand tremors. It’s from mercury and lead poisoning. I don’t know how I got so much poison in my body or why my body is so reluctant to give it all up. In my personal life, I view it as a weakness, but here in chaplaincy, it’s a strength. We all have *something* that affects us, and this tells you right away that I know what it feels like to be wounded (pause). The tremor will get better and worse throughout the session. I will try not to let it get in the way of our time together.

As I predicted, once I addressed the issue, participants seemed to lose interest in it.

Notably, after the workshop, two participants showed me that they were afflicted with hand tremors. One reported that my “simple, yet effective statement was a bonus to [the] morning” and the other reported that “one other most useful learning [point] was how to handle my own hand tremors in public. I speak to the issue and then move on.”

Next, Rabbi Zucker offered a few words about his recent encounter with vulnerability:

During my last annual physical exam, my GP told me that it was time for a colonoscopy. The procedure itself, one Monday morning, was painless and uneventful, although – as some of you already know – the preparation the evening before was taxing. The surgeon found a polyp and excised it. Blessedly, it was benign. I returned to my regular activities the next day and all seemed well – until Saturday, when I suddenly began to hemorrhage. I went to my local medical clinic and to my surprise and dismay, I was taken by ambulance to the ER of a local hospital where I was admitted. During that night, my hemoglobin dropped precipitously and I nearly “stroked out.” I needed four pints of blood! Apparently, either the scab of the polypdectomy had broken off or the wound had not been properly sealed. I think differently now about vulnerability and the precariousness of life itself.

Following these revelations, we introduced the various parts of the handout packet, which we described as our roadmap for the morning’s journey. The handout, which also provided our respective email addresses, was divided into four components:

1. an “hour-by-hour” schedule. This listing of workshop activities and didactic titles also included the “Workshop Description” and the “Workshop Goals for the Morning” (Appendix A)
2. all five chapters of *Lamentations* in English with select verses bolded. (I used the New Revised Standard Version [NRSV] because the participants were Christians, among whom this translation is widely accepted. This choice reduced the

likelihood that digressive discussions would be stimulated by differences between a translation to which I might be more drawn [such as the *TANAKH*] and translations with which Christians might be more familiar. I compared the two translations and found no significant differences). (Appendix B)

3. seven contemporary laments composed by former CPE students (Appendix C)
4. a list of selected publications authored in part or in whole by Rabbi Zucker and/or myself (Appendix D).

After introducing the handout components, we reviewed the “Workshop Description” and “Goals for the Morning” that were included in Appendix A. The third Goal for the Morning was for participants “to be able to write a personal lament using the book of *Lamentations* as a guide.” Since this step familiarized participants with our expectations of them, it engaged Sharp’s (1971) second phase of the learning cycle: “Goal Setting.”

Through many previous presentations at such conferences, I have learned that attendees are most satisfied when workshops include academic content that is grounded in Scripture along with experiential content. Rabbi Zucker began Sharp (1971)’s third phase of the learning cycle: “Cognitive Understanding of Others’ Experiences” with a didactic on the “Use of *Lamentations*.” First, he profiled its use in Jewish liturgical settings and then its use in Christian liturgical settings.

Following this, we engaged a segment entitled “Text and Contemporary Trauma.” Previously, we had bolded 23 verses from the ancient text of *Lamentations* (Appendix B). This made it easier for participants to read along with us, albeit silently, as we read the

verses in a dramatic fashion. The 23 verses that were bolded and read aloud included the following examples:

- 1:7 “Jerusalem remembers, in the days of her affliction and wandering, all the precious things that were hers in days of old”
- 1:12 “Is it nothing to you, all you who pass by? Look and see if there is any sorrow like my sorrow which was brought upon me, which the Lord inflicted on the day of his fierce anger”
- 2:2 “He has cut down in fierce anger all the might of Israel.... He has burned like a flaming fire”
- 2:11 “My eyes are spent with weeping; my stomach churns; my bile is poured out on the ground because of the destruction of my people, because infants and babes faint in the streets of the city”
- 2:20 “Look, O Lord, and consider! To whom have you done this? Should women eat their offspring, the children they have borne? Should priest and prophet be killed in the sanctuary of the Lord?”
- 2:21 “The young and the old are lying on the ground in the streets; my young women and my young men have fallen by the sword; in the day of your anger you have killed them, slaughtering without mercy”
- 5:21 “Restore us to yourself, O Lord, that we may be restored; renew our days as of old.”

Before we read these and the other bolded verses, we suggested that the participants listen to our reading in a multi-layered process: first, as the lamentations of a people who had been besieged and assaulted by unprecedented cruelty in 587-586 BCE,

and second, as the laments of contemporary individuals who have been beset by cruelty in their modern day-to-day lives. To assist them in this endeavor, we suggested that:

- “burn” in the ancient text might be understood not only in terms of burns and fire but also as radiation, fever, sunburn, and searing pain, etc.
- “affliction” in the ancient text might be understood as physical or emotional devastation but also as diabetes, infertility, dementia, divorce, obesity, becoming a widow/widower, amputations, disabilities, and clinical depression and other mental illness, etc.
- “enemy” or “foes” in the ancient text might be understood as military combatants with whom we are at war but also as a domestically violent partner, a pedophile, abuser, rapist, murderer, cancer, mercury and lead poisoning, drugs, allergies, gambling, etc.
- “destroyed” in the ancient text might be understood as the destruction of ancient Jerusalem but also as financial loss, foreclosure, eviction, earthquakes, etc.
- “torrents of tears” in the ancient text might be understood as the tears of distress but also as hurricanes, tornadoes, tsunamis, typhoons, etc.
- “sword” in the ancient text might be understood as an ancient weapon but also as being mugged, stabbed, or stung by insects, etc.
- “renew our days as of old” in the ancient text might be understood as an ancient plea but also as coming from someone who is in a wheelchair or is otherwise debilitated crying: *return my mobility, return my memory, return my youth, return my capabilities, return me to me!*

and, finally, that:

- “anger” in the ancient text might be understood as anger *from* God as well as anger *toward* God.

Then, we read the 23 selected verses in a dramatic fashion. As we did so, the mood in the room changed to a somber one. I believe that these ancient verses, in tandem with our instructions to connect them to contemporary times, stirred the emotions of our participants as they began to reflect more specifically upon their own sorrowful stories. Although we continued to engage the third phase of Sharp’s (1971) learning cycle, “Cognitive Understanding of Others’ Experiences,” into the third “hour,” this also reflected the beginning of an early entry into Sharp’s fourth phase in the learning cycle: “Personal Experiencing.”

The Second “Hour”

Near the end of the first hour and into the second hour, Rabbi Zucker offered three brief didactics that were grounded in ancient times. He discussed and expanded upon the following topics:

- “The Historical Context to *Lamentations*”

Lamentations recalls the agonizing responses of the survivors following the destruction of the Jerusalem Temple in 587-586 BCE.

- “The Structure of *Lamentations*”

Lamentations is composed of five chapters that are connected only in theme, not in linear time. They are alphabetic acrostics.

- “The Term *Lamentations*”

The term *Lamentations* is a translation of the Septuagint’s *Threnoi* or “dirges.”

Thereafter, I offered a didactic and discussed and expanded upon the topic “From *Lamentations* to Lamenting.” This didactic introduced such concepts as: loss and grief; the power of lamenting; lamenting versus complaining; singin’ the blues; PTSD; Secondary PTSD (Compassion Fatigue); and other reflections that were designed to assist participants in transitioning from ancient to present times. I also introduced my concept of *Present* PTSD.

These didactics brought us near to the end of the second “hour.” We had planned to take a 15-minute break at this point. Instead, a spontaneous ten-minute Q & A segment emerged. This was followed by a break that lasted 20 minutes before we could reconvene the participants and begin the next part of the workshop.

The Third “Hour”

After the break, Rabbi Zucker offered two more brief didactics. He discussed and expanded upon the following topics:

- “Women in *Lamentations*”

Women (and women’s voices) figure prominently in *Lamentations*. They speak about and also symbolize the agonizing suffering of the survivors.

- “Men in *Lamentations*”

Although men’s voices appear elsewhere, Chapter 3 is entirely in the male voice.

Following this, I initiated a segment entitled “Contemporary Laments: Tears Fall upon *Our* Pillows.” I asked for fourteen volunteers to read seven contemporary laments from their handouts (Appendix C). These laments had been composed previously by pastoral caregivers much like themselves in a related program that I had offered to my

CPE students. I requested that they read as couples, with one volunteer reading the bolded ancient *Lamentation(s)* and a second volunteer reading the contemporary lament that was inspired by those *Lamentations*. Further, I requested that they read in a dramatic fashion, as Rabbi Zucker and I had read previously.

Just before they read, I pointed out that during their reading, they would notice that some contemporary laments:

- were inspired by one ancient verse while others embraced several ancient verses
- engaged the ancient text in chapter and verse order
- engaged the ancient text in reverse chapter and verse order
- mixed up the order of the chapters and verses
- used partial verses.

Finally, I reminded them that soon they would be invited to write their own laments. The seven contemporary laments that I used as samples for this exercise were titled:

- *A Nurse's Personal Lament* over the death of her father, the dementia of her mother, and her feelings of helplessness
- *The Lament of an Infertile Chaplain*
- *The Lament of a Multi-Stricken Chaplain* who felt unloved by his parents
- *The Lament of a Young Clergy Couple* whose twin daughters died within a year of each other
- *A Brother's Lament* over the psychiatric problems of his sister
- *His Sister's Lament* imagined by her brother, above
- *A Cancer Sufferer's Lament.*

These laments were read in a dramatic fashion by the participants. Here, although we were still in Sharp's (1971) third phase, "Cognitive Understanding of Others' Experiences," my instructions and the activity itself spilled over into Sharp's fourth phase in the learning cycle, "Personal Experiencing."

The Fourth "Hour"

At the start of the fourth "hour," we fully entered the "Personal Experiencing" phase by inviting participants to take 30 minutes to compose and write their own laments. Some participants stayed in the workshop room while others scattered in the extended surrounding lobby to write. Their scattering was not previously anticipated, but it did not figure prominently in the shape of my project execution or outcomes. During this time, my guest-presenter and I walked around the workshop room and the lobby to see how participants were progressing and whether they had any questions. After about 25 minutes of circulating, we requested that participants return to the workshop room.

When nearly all of the participants had reassembled, we invited volunteers to share what they had written. I added that I preferred "that we not discuss the laments but that we treat them, instead, as prayers." At first, no one volunteered, and many participants just looked around at each other. Perhaps, they felt the discomfort of potentially being judged by their peers and/or by the presenters. Perhaps, they felt stifled by their emergent vulnerability. Although we were still in "Personal Experiencing," we also entered Sharp's (1971) fifth phase of the learning cycle: "External Evaluation of Personal Experiences." This phase is divided into two parts. The first part was evaluation of the participants by each other and by Rabbi Zucker and/or myself.

For nearly two minutes, I looked around the room and smiled and nodded encouragingly to several participants who seemed to want to speak. Then, one man signaled from the far right side of the room that he wanted to volunteer. In between his tears and in a cracking voice, he read his lament over the murder and loss of his adult son. I thanked him and complimented him for his courage in volunteering to read something so personal to the group. A few seconds later, a man from the far left side of the room signaled that he wanted to speak. He read his lament over his unwanted and acrimonious divorce. I thanked and complimented him similarly.

Then, one-by-one, as one participant finished lamenting, another stood up to read. Apart from the reader's voice, there was a reverential silence in the room. All in all, five men and three women lamented their plights aloud. After the seventh participant lamented, I announced that we had time for only one more. After the eighth participant lamented, the room remained in reverential silence. After nearly one minute had passed, I said a spontaneous customized prayer – which, because of my anxiety at the time, I cannot now recall.

We were running late. We had only 15 minutes to accomplish the closing items that were listed in section one of the handout (Appendix A). During the ending Q & A, the participants seemed to be most interested in continuing or furthering the discussion that they began during the spontaneous “midway” Q & A. During this ending Q & A, we also distributed the official conference evaluation forms – which the group expected – and we secured a volunteer to collect and deposit the completed forms with the conference organizers. I then abbreviated the “Wrap-up” to a restatement of the “Workshop Description” and “Goals for the Morning” from the first page of the handout

(Appendix A). I asked participants whether they thought that we had met this “Description” and these “Goals.” They nodded their heads, affirming that we had.

The second part of “External Evaluation of Personal Experiences” was evaluation of Rabbi Zucker and myself, as presenters, by the participants and evaluation of me by Rabbi Zucker, my guest-presenter. I am persuaded that “criticism becomes positive only when the criticizer is willing to assume as great a risk as the criticized person” (Sharp, 1971, p. 22). The closing activities, in which participants questioned and challenged us and otherwise reflected and commented upon their experience of the morning’s activities – both verbally and in writing – were firmly set in Sharp’s fifth phase of the learning cycle: “External Evaluation of Personal Experiences.” They also began Sharp’s sixth and final phase of the learning cycle: “Reflective Recycling.”

“Reflective Recycling” is also divided into two parts. In the first part, participants determine whether they “have a power base from which to repeat the learning cycle” (Sharp, 1971, p. 51). In the second part, we – the workshop facilitators – determine whether we “have a power base from which to repeat [our] learning cycle.” Information that was gleaned during the closing activities, along with the results of the two evaluation instruments, reflected how participants perceived their ability to continue to grow from this educational experience. This same information, along with the results of all of the four evaluation methods, also reflected how we – the workshop leaders – perceived the impact of this educational experience upon our future learning.

Finally, we thanked the participants for trusting us enough to allow us to guide them and told them that we hoped that the workshop had indeed been a “sacred journey to wholeness” for them.

Throughout most of this workshop, these participants had been passive learners or “consumers,” receiving what we offered. Well into the fullness of the workshop, we requested not only that they be “producers,” active learners in their own behalf, but that they also be active teachers for each other. Sharp (1971) calls participants either “consumers” or “producers”; however, when participants embrace both of these aspects of learning, he calls them “learner-teachers.” Learner-teachers serve as role models for each other, and they develop ownership of their learning in ways that lead to a dramatic improvement in their learning performance. By the end of this workshop, both participants and facilitators had become learner-teachers.

Outcomes Assessed According to Methods Specified

Fifty-five professional Christian pastoral caregivers registered for this workshop; at one point, I counted 50 actual attendees. All were members of one or more of the sponsoring professional pastoral care associations that certify primarily Christians: AAPC, ACPE, APC, CAPPE, NACC.

I used the following four methods to assess the effectiveness of this Pilot Project:

1. official conference evaluation
2. my impressions of participants’ verbal and non-verbal behavior
3. my guest-presenter’s impression
4. follow-up evaluation.

Official Conference Evaluations

23 participants submitted official conference evaluations. They featured a six-item, close-ended Likert scale instrument, with space for additional comments at the end.

My guest-presenter distributed them to participants and they were collected by a volunteer at the end of the workshop. Thereafter, this volunteer deposited them in a designated box outside of the office of the conference organizers. NACC handled the pre-conference and conference workshops. I was unable to secure copies of the actual evaluations. However, APC provided a summary of these evaluations with the mean ratings. I received these mean results from APC when I requested them in July 2009.

The official conference evaluation form rated six items on a spectrum that ranged from 1 to 6. A response of 1 indicated a rating of “Highly Unsatisfactory.” A response of 6 indicated a rating of “Highly Satisfactory.” Rather than commenting upon the results of this evaluation, I will let the respondents speak for themselves. The six items that were included, along with their results in the form of mean ratings, were as follows:

1. The instructor(s) presented material in an organized manner
(mean: 5.61 from 6.00)
2. The method used to present the material held my attention
(mean: 5.61 from 6.00)
3. The instructor(s) had sufficient knowledge and expertise to teach the session
(mean: 5.83 from 6.00)
4. The stated learning objectives were met
(mean: 5.83 from 6.00)
5. I acquired new skills or knowledge in this session
(mean: 5.87 from 6.00)
6. The content was consistent with the session description *(mean: 5.87 from 6.00).*

Thereafter, the form invited participants to provide open-ended comments using the following prompt: “Session Comments (Please Print).” APC did not specify whether

the following comments represented one, two, or an aggregate of participants. However, these were the comments that were conveyed: “useful & helpful – well done”; “Excellent, engaging – particularly Bonita’s input. Much appreciated. Thanks.”

My Impressions of Participants’ Verbal and Non-verbal Behavior during the Workshop

This second method of evaluation was naturally the most subjective since I am the author of this Project. During this Pilot Project, I was partially preoccupied with managing the segments so that they would reflect both a participant-centered and a presenter-centered learning environment. In general, I had the distinct impression that participants were engaged, even when they seemed distressed. They participated enthusiastically in the academic, creative, and experiential segments. They seemed to want more than we had time to present. As far as I could see, everyone stayed to the end and everyone wrote a lament.

During the “Wrap-up,” participants affirmed that we had met our stated goals. Further, we were featured as a conference highlight in the official video diary that was produced by the conference organizers and shown during the conference Closing Ceremonies. Finally, there has been ongoing interest in my repeating the Pilot Project in other venues.

My Guest-presenter’s Impressions

After the workshop, Rabbi Zucker provided the following written evaluation:

While my professional career has been almost entirely in congregational and chaplaincy settings, I have worked with non-Jews and more specifically, with Christians for all of my rabbinic career. Nonetheless, I was taken aback at their disinclination—what I perceived to be a reluctance bordering upon fear—to challenge God’s decisions, or to voice anger at God. Many Jews understand that there is plenty of precedent for

challenging God, from Abraham, to Moses, to Habakkuk, to Honi the Circle-drawer, to Rabbi Levi Yitzhak of Berdichev, to name only a few.

On a more positive level, I was delighted at how seriously the participants engaged with the ancient text of *Lamentations*. They were eager to learn and they were respectful of both the historical and the literary analyses as well as of the contemporary experiential expressions of *Lamentations*.

I was also pleased with how quickly the participants took up our invitation to write their own personal laments and their willingness to share private pain in a public forum. It was clear that we had successfully established a safe haven where they could and would share the sorrows of their hearts and the woundedness of their souls.

Finally, I was humbled by the number of people who, during the subsequent conference (this was a pre-conference presentation), came up to me and expressed their thanks. Others came up to me and told me that based upon what they had heard from colleagues, they regretted that they had not chosen to attend this workshop.

Follow-up Evaluations

This fourth assessment method involved eliciting follow-up feedback from participants in September 2009, eight months after the conference. First, I secured a list of registrants from APC. There were 55 names listed, with email addresses. I sent an email to all 55 with the following subject line: “pretty please HELP: Summit 09 follow-up.” The text of the email read as follows:

Hi Colleagues:

I am writing a Demonstration Project in fulfillment of a DMin. I need YOUR help.

In January, you attended a pre-conference workshop at The Spiritual Care Summit 09 in Orlando FL. It was titled: “Lamenting with *Lamentations*: Exploring Healing for Ourselves and Others Through Sorrow-Filled Stories.”

I am hoping that you are willing to give me feedback that will benefit my growth (and my DMin) and consequently, the next group of colleagues who invite me to present a similar workshop.

All responses will remain anonymous unless you explicitly write otherwise.

[The Follow-up Evaluation Form, reproduced below, followed here.]

PLEASE respond and return by email as soon as possible ...

THANK you very much for your assistance, thoughtfulness, energy, time and input.

Bonita

Of my 55 emails, seven were returned as undeliverable and, upon closer scrutiny, two other “email” addresses turned out to be street addresses. Of the 46 remaining respondents, 17 answered my email by completing the Follow-up Evaluation. An additional five participants wrote notes to me instead of completing the evaluation form. Their comments are included below along with the comments of the other respondents. They are not, however, included in the mean ratings. However, it should be noted that they were all affirming and therefore, they would have raised the mean ratings.

The follow-up Evaluation form requested responses to fourteen items. Of these, ten were close-ended items that were rated on a Likert scale of 1 to 5. The full list of response codes provided to participants was as follows:

1 = Strongly Disagree

2 = Somewhat Disagree

3 = Neutral or Not Applicable

4 = Somewhat Agree

5 = Strongly Agree

Again, rather than commenting upon the results, I will let the respondents speak for themselves. Thus, the ten items that were included, along with their results in the form of mean ratings, were as follows:

- a) The ideas offered during the workshop offered me new insights
(mean: 4.76 from 5.00)
- b) I understand the book of *Lamentations* differently now
(mean: 4.65 from 5.00)
- c) I found the material presented helpful in dealing with my own sorrows
(mean: 4.59 from 5.00)
- d) I value my own “lamenting” differently now (mean: 4.65 from 5.00)
- e) Since the conference, I have composed a lament (mean: 3.23 from 5.00)
- f) The material presented raised questions for me (mean: 3.70 from 5.00)
- g) I continue to ponder issues raised during the workshop
(mean: 4.06 from 5.00)
- h) I understand my relationship with God differently now
(mean: 3.23 from 5.00)
- i) I have used the concepts presented with myself since the workshop
(mean: 4.29 from 5.00)
- j) I have used the concepts presented with others (mean: 4.65 from 5.00)

The four open-ended items on this instrument, along with a summary of respondents’ comments, were as follows:

- o. I liked the following about this workshop:
 - “an insightful presentation on the healing power of laments and cries for deliverance, a down-to-earth practical application exercise, and a deeply

moving sharing of sorrowful life experiences...as part of a chaplain's caring ministry"

- "appropriate scholarly level...practical.... I enjoyed the experiential nature"
- "I enjoyed the presentation style of two leaders offering perspectives, both the academic/historical and the present context foci"
- "shared leadership, historical background, personal accounts, time to write own lament"
- "The permission to scream at God!"
- "Quite honestly, [it] opened up the Book of *Lamentations* for me in a fresh way"
- "I appreciated the fresh approach to *Lamentations*"
- "I have and continue to benefit from the process of lamenting both personally and in my professional chaplaincy care"
- "The openness with which participants shared, in a safe environment, a depth of feeling and personal spiritual/emotional experiences"
- "The presentations in themselves were extremely powerful and helpful in understanding *Lamentations* and their use in healing, but I would say I was moved the most by the laments that those around me wrote and shared"
- "I liked this workshop because it offered a new dimension on caring for individuals as I listen to their sacred stories and it contained an opportunity to use/practice the information immediately"
- "Bonita's strong, accepting presence and clarity, both verbal and emotional"
- "David's academic grounding"

- “The balance of theory and experiential learning was excellent”
- “To hear your ideas and then put them into practice and to hear what others were writing”
- “That lamenting is a nature [sic] and healthful exercise of Spirituality that leads us not only to our brokenness, but allows us to move beyond them into new places of wholeness”
- “Grounded in Scripture. I am a Lutheran. I valued the presentation of the historical context and the exploration of the men and women in *Lamentations*. This workshop bonded me further to [a] relationship with the Jewish tradition and people”
- “Writing my own lament was a powerful and somewhat surprising experience. I was surprised at the level of grief and anger that arose for me. I felt extremely blessed by those who had the courage to share their laments. I found [that] the background information that was offered at the beginning set the context – this was helpful, and of particular help were the 8 points that you [Bonita] made concerning laments. Your personal sharing of your own experience enriched the workshop. Thank you.”

p. I would change the following about this workshop:

- “more handouts [and] a bibliography”
- “lecture notes written out as a handout”

- “Give more opportunity for reflection, perhaps breaking a lamentation into parts and having participants write multiple laments, or one longer one in parts”
- “[Group might be] broken into small groups...for sharing...laments”
- “More time to process—like 8 hours for the workshop rather than 4!”
- “If you had more time, I would spend it preparing and sharing the laments of attendees”
- “more time for sharing [and] some kind of closure...there seemed to be a lot of pain brought to the surface and then we ended...maybe even guided imagery to hold the pain [would help]—or hav[ing] folks share in smaller groups”
- “Definitely could have been a full-day workshop”
- “It seemed as if we could have used more time, though the organization helped it flow well”
- “I liked it, would make no changes”

q. Other:

- “I LOVED this workshop. It made the whole trip to Orlando worthwhile”
- “Blessings on your work!”
- “I strongly agree with all areas of this survey as this process heals, confronts, and gives new meaning for the ways we can ‘go to God’”
- “Very powerful and helpful in my ministry!!!!”

- “The focus on the book of *Lamentations* was good, but I personally find the psalms of lament to be more accessible and congruent with my sorrows”
- “Present it again and again and continue to tweak and refine this excellent work so that [it] becomes a practical tool that practitioners can use in their own scope of care and service”
- “There is gratitude for you and this workshop”
- “The workshop you did was very helpful. I cannot say that too much. It was the highlight of the conference”
- “the lament itself is healing...thanks also for the reminder to make a practice of lamenting.”

r. I am sharing the following lament with you (Excerpts may be printed in your DMin Project):

In response to this last item, five participants sent in a total of seven laments. To maintain the confidentiality of these lamenters, I have included their laments anonymously (Appendix E).

Developments Not Originally Anticipated that Figured Prominently in the Results and Improvements that I Would Make in Subsequent Presentations

Throughout the presentation, a number of developments occurred that were not anticipated but that figured prominently in the results. In response, there are a number of improvements that I would consider making to the workshop if I have the opportunity to present it again. These include but are not limited to the following five developments and their corresponding proposed improvements:

1) As an introduction to the segment entitled “Use of *Lamentations* in Jewish Liturgical Settings” in the early part of the first hour, I had planned to chant a few verses from the ancient text. Chanting is not one of my strengths, and I was extremely nervous. Just before the moment to chant arrived, I went blank. I quickly signaled to Rabbi Zucker to move forward with his didactic, which was a brief discourse on the “Use of *Lamentations*” in Jewish and then, in Christian liturgical settings. Because of our previous successful experience working together, Rabbi Zucker picked up upon my signal and went forward. The movement was seamless and unnoticed by our participants. (*Improvement:* in the future, I will consider bringing a recording of several verses of the *Lamentations* chant to use as a back-up if/when I “go blank” again.)

2) In preparing for this workshop, I bolded 23 verses from three of the five chapters of *Lamentations*, specifically from Chapters 1, 2 and the end of 5. During the presentation, it was difficult for participants who were reading silently along with us to jump from the second to the end of the fifth chapter. (*Improvement:* in the future, I will bold a few more verses, taking some from each of the five chapters.)

3) Near the end of the second hour, we had planned to take a 15-minute break. Instead, a spontaneous Q & A period ensued, during which several of the participants told us that they came from traditions in which they had been taught that they could not hold God accountable for painful events. They expressed concern over my central premise that we have been offered many examples in the Hebrew Bible – including the entire biblical Book of *Lamentations* – specifically to give us permission to lash out and hold God accountable for painful happenings in our lives.

This stance was disturbing to several participants. At first, they wanted us to agree that we had not really meant that God could/should be held accountable for painful events that befell them. When I affirmed that they had heard correctly, they seemed distressed yet intrigued – even relieved. Further, I pointed out that this theological premise was already a part of their espoused theologies, even if it was not a part of their operational theologies. I asked them if they would be willing to continue to be thoughtful about this throughout the break and throughout the second half of the workshop. They agreed. Then we began the 15-minute break (late). (*Improvement:* in the future, I will schedule two Q & A sessions: the first before the “midway” break and the second before the closing activities.)

4) The spontaneous Q & A session took ten unplanned minutes. The break took 20 minutes until we reconvened the participants. The 15 additional unplanned minutes that passed meant that we were already late in a very tight schedule. We decided to make up the time by shaving off a few minutes from several parts of the schedule so that no one segment would suffer inordinately; for example, we abbreviated the “Wrap-up,” closing “Q & A,” and the time that had been allotted for participants to fill out the official conference evaluations. (*Improvement:* in the future, I will edit the didactics to fit the allotted time better and time them more carefully to avoid overruns.)

5) Finally, I had positioned the two brief didactics that discussed men and women in *Lamentations* after the break because I thought that alternating my own presentations with those of Rabbi Zucker would keep the program more interesting. Also, my didactic required more time than was available before the “midway” break. In rehearsal, the choreography seemed to work. However, as I watched the morning unfold, I thought that

perhaps, next time I would swap these two gender-related didactics with my didactic entitled “From *Lamentations* to Lamenting.” (*Improvement*: in the future, I will organize ancient times before the midway break, then reconvene with the focus upon modern times.)

CHAPTER 5

DISCUSSION

Implications of Results

The heart of this Project, “Using *Lamentations* to Lament: A Sacred Journey to Wholeness,” is a belief in the healing power of lamenting. It offers a method wherein professional pastoral caregivers are encouraged to respond to the negative impact of first- and/or second-hand traumatizing events through an individualized process of Guided Lamenting that is theologically, clinically, and educationally grounded. These traumatizing events may be current or rooted in the past; nevertheless, they actively affect the individual in the present and so, may also be said to be (what I call) *Present PTSD*.

After engaging in the Guided Lamenting process, Pilot Project workshop participants were invited to complete two different evaluations. The first evaluation was distributed at the conclusion of the workshop and the completed forms were transmitted to the conference organizers by a volunteer. The second evaluation was distributed and collected by the author, via email, eight months after the workshop was conducted. Feedback from both of these evaluations affirmed participants’ belief that they benefited from engaging with this Project. The following is a typical participant response:

[This] workshop provided an insightful presentation on the healing power of laments and cries for deliverance, a down-to-earth practical application exercise, and a deeply moving sharing of sorrowful life experiences ... there is much more that I would like to say in appreciation of your most innovative and thought-provoking presentation ... You have opened my eyes to the meaningfulness of the Book of *Lamentations* in my future ministry. My sincere and heartfelt thanks for the work of God’s grace in

my life through you.

A summary of the close-ended responses from the first evaluation, distributed at the conclusion of the workshop, reflected ratings that ranged from a mean of 5.61 to a mean of 5.87 out of a possible 6.00 for each question. Where I cite a range of mean ratings, that range reflects the fact that several questions have been summarized. Participants offered the following summarized assessments: 1) that the content was consistent with the workshop description; 2) that I had met my stated learning objectives; and 3) that they had acquired new skills and/or knowledge. Reported responses from the open-ended section of this evaluation were as follows: “useful & helpful – well done”; “Excellent, engaging – particularly Bonita’s input. Much appreciated. Thanks.”

A summary of the close-ended responses from the second evaluation, emailed eight months after the Pilot Project, reflected participants’ longer-term assessments that they: 1) enjoyed new insights, particularly about the Book of *Lamentations* (mean of 4.65 to a mean of 4.76 from 5.00 for each question); 2) found the material helpful in dealing with their own sorrows (mean of 4.59 from 5.00); 3) valued their own lamenting differently now (mean of 4.65 from 5.00); 4) used the presented concepts when counseling others (mean of 4.65 from 5.00); and 5) used the presented concepts when “self-counseling” (mean of 4.29 from 5.00).

Lower mean ratings occurred in connection with responses to questions that pertained to whether the participants continued to use theological concepts and to ponder theological issues that were raised in the workshop (mean of 3.70 to a mean of 4.29 from 5.00). The two lowest mean ratings occurred in connection with responses to whether participants had written new laments since the workshop (mean of 3.23 from 5.00), as

well as to whether they now understood their relationship with God differently now (mean of 3.23 from 5.00).

These lower mean ratings may be explained by the realities of life that these participants faced when they returned home. Once home, they may have reverted to the routines and belief systems that were in place before they attended this workshop. I had not realized that my theology would be received as controversial. Consequently, it would take more than a single four-hour workshop for some participants to accept that the concepts that were presented at the workshop were also supported by their own espoused theologies. Further, for these participants to develop their operational theologies accordingly, they might need to explore ideas with colleagues in environments that they considered safe for such exploration. They may not have been sure that this kind of safe environment was readily available to them in their home situations.

A summary of the open-ended comments from this follow-up evaluation reflected that participants appreciated the following: 1) the fresh approach to *Lamentations*; 2) the mix of academic and practical content; 3) new ideas to use when caring for others; 4) the safe environment that arose from the interactions of the two leaders; 5) the willingness of their peers to be open; and 6) the opportunity to write personal laments.

Repeatedly, they affirmed the healthful impact of this Project. One participant observed that “this process heals, confronts, and gives new meaning for the ways we can ‘go to God.’” Another participant wrote:

Writing my own lament was a powerful and somewhat surprising experience. I was surprised at the level of grief and anger that arose for me. I felt extremely blessed by those who had the courage to share their laments. I found [that] the background information...was helpful and...[that the presenters’] personal sharing...enriched the workshop.

Finally, another participant summed up feelings expressed by several others when she described the workshop as a “healthful exercise of Spirituality that leads us not only to our brokenness, but allows us to move beyond them [sic] into new places of wholeness.”

Several participants noted that the workshop was “the highlight of the conference,” a view that was expressed by enough participants for it to be featured in a video diary that was created by the conference organizers and shown during the closing ceremonies.

By contrast, the most-stated critique of the workshop was that the four hours that were allotted were insufficient. Several participants stated a wish for more time, perhaps even a whole instead of a half day, so that more participants could share. The second most requested wish was for an additional handout, which would have included lecture notes and a bibliography.

Additional evaluative information surfaced from an unplanned source: the conference organizers. When the registration process was completed and it was certain that all of the participants would be Christian, one of the organizers expressed concern about whether an all-Christian group would accept this teaching from two Jewish presenters. This issue had not occurred to me because I am accustomed to interacting in the multifaith worlds of HealthCare Chaplaincy and ACPE. Eight months later, the conference organizers reported that this issue did not appear to have been problematical for any of the participants.

All in all, the results affirm that this Pilot Project played – and could continue to play – a significant therapeutic role in the lives of the professional pastoral caregivers who participated. Through this Guided Lamenting process, professional pastoral

caregivers might become able to better manage any negative effects of Present, Secondary and/or Primary PTSD that they might be experiencing, as well as to better equip themselves against further susceptibility to such effects. This benefit could allow them to enjoy greater quality of life along with better decision-making and functionality in both their professional and their personal worlds.

*Contributions of the Project to Clarifying and Expanding upon
Religious and Clinical Principles*

Contributions of the Project to Clarifying and Expanding upon Religious Principles

This Demonstration Project clarified and expanded upon the following:

1. *Avodah* (Sacred Service to God)
2. *B'tzelem Elohim* (Created in God's Likeness)
3. *Refuat Ha-Nefesh, Refuat Ha-Guf* (Healing of the Spirit/Soul, Healing of the Body)
4. *Dabru Emet* (Speaking the Truth)
5. *Keva* versus *Kavannah* (Fixed versus Intentional).

1. Clarifying and Expanding upon Avodah (Sacred Service to God)

This Project permits me to contribute to my *Avodah* (my Sacred Service to God). Through it, I can attempt to help others to bring a modicum of wholeness to their own lives and to the lives of their clients. Interestingly, during the workshop I discovered that I was not the only one in the room for whom *Avodah* was a significant motivating force. During the midway Q & A, I discovered that my professional pastoral care participants were equally engaged with wanting to find ways in which to contribute to their own

Avodah, their own Sacred Service to God – although the terminology that they used reflected their respective Christian denominational languages.

Almost immediately, the Pilot Project participants affirmed that they could see themselves introducing this Project to their clients, especially to clients in long-term care centers. These participants felt sure that many of their clients would benefit from engaging the Project's method because it would help these clients to express more freely their spiritual and emotional dynamics as these dynamics were impacting their current situations. The participants concluded that using this method could be one way of helping them to meet their needs to better serve God.

When it came to applying the Project to themselves, however, many participants were initially skeptical. As noted previously, my premise that it is acceptable to God for humans to feel and express anger, even toward God, was problematic for some of the participants. Some secretly harbored anger toward God for trauma that they or their loved ones had endured in their private lives. Unfortunately, these participants had been taught in church and seminary that they were not permitted to be angry with God: "We often think it bad to become angry or to hate, think that it is even worse to express such feelings, and that it would be blasphemy to tell them to the Lord! And imagine the Lord being the target!" (Wolff, 1979, p. 28). They wondered aloud whether God saw them as disappointments or even as failures because of their secret anger toward God. Some acknowledged this as perhaps the most troubling issue in their lives.

Despite their concerns, they wrestled with my premise that one could lament to God about God. In response to some of their comments during the midway Q & A session, I asked them if – from their various theological perspectives – God's love was

immense enough to “understand and welcome any expression of [an individual’s] sorrow” (Wolff, 1979, p. 34). The participants all appeared to affirm that they believed that God’s love was big enough to hold human expressions of sorrow, no matter how raw these expressions were. I suggested that perhaps they could make their feelings about this the substance of their laments. Some participants responded that they might do so.

During the lament-writing phase of the workshop, I walked around the breakout areas that were utilized for this activity. I noticed that even those who had expressed the most discomfort with my premise were perusing the biblical text and composing laments. In fact, some of the participants who had articulated the most dismay were among those who first volunteered to read their laments to the group. Having permission to acknowledge anger toward God and even to hold God accountable when life goes awry was experienced by many of the participants as both troubling and as a relief.

In the concluding Q & A session as well as during interactions subsequent to the workshop, some participants affirmed that, as a result of this workshop, they felt more connected or re-connected to their own Sacred Service to God. They commented that the workshop had helped them: “to find more clarity around what God wanted from them,” and “to be better connected to God.”

2. Clarifying and Expanding upon B’tzelem Elohim (Created in God’s Likeness)

These Christian participants in the Pilot Project were unaware of the rabbinic tradition wherein God performs an action specifically to offer us a role model for that behavior, which God then expects us to add to our behavioral repertoire as we engage both the joys and the pain that are a part of life. However, all of the participants were familiar with the general concept that humans can and should endeavor to imitate God

and to be God-like in their daily living. They cited examples in which they emulated God in their ministries, such as by showing compassion to those who are weak, helpless, and otherwise downtrodden.

It was easy for these participants to accept God as a role model for behavior that is seen by society as positive, such as compassion. However, many were skeptical about the idea that God might be accountable for all behavior and occurrences, even when they make God look bad. Many of the participants had begun the workshop believing that part of their job as religious professionals was to defend God against claims that, for example, God is accountable for sorrows that traumatize us in our daily lives. Some suggested that I was unable to see the “Big Picture” – which only God could see. Still others took the position that God does only good and that evil has its source in another realm. At the outset, only a handful of the participants accepted easily the possibility that God might be responsible for all occurrences, good and bad.

These participants were unfamiliar with the verse from *Lamentations*: “Is it not from the mouth of the Most High that good and bad come?” (3:38) They were equally unfamiliar with the verse from Isaiah: “I [God] form light and create darkness, I make weal and create woe – I the Lord do all these things” [45:7]).

Consequently, many were troubled when I said that I believed that just as God challenges us, expresses anger toward us, and holds us accountable when we have not lived up to Divine expectations, so too, through *B’tzelem Elohim* – our having been created in God’s Likeness – we have God’s permission to challenge God, express anger toward God, and hold God accountable when God does not live up to our post biblically-based evolving expectations of God.

In the Book of *Lamentations*, the people definitely hold God accountable for the unimaginable brutality that has befallen them. I hypothesized that this ancient text had been declared sacred by both Jewish and Christian sages specifically to give future generations permission to lament. This Project gave participants new material to consider. It also offered them new ways in which to understand text and tradition and to incorporate behavior that is permissible to them because God performed it first. This perspective stirred their thinking and in some cases it disturbed their thinking.

Despite their skepticism, all of the participants chose to wrestle with their discomfort and to take the next step. They all appeared to compose laments. During the final Q & A and during subsequent interactions, some articulated that they had looked for flaws in my premise that would have allowed them to withdraw easily from the writing assignment, but that they had not found any. However, as a result of following through, some expressed that they had gained a new relationship with God, one that was more “authentic,” with “new, honest connections.” Others expressed that they now felt “reconnected to themselves” and that – most importantly in terms of their commitment to serve God – they felt “reconnected to their purpose” and “reconnected to God.”

3. Clarifying and Expanding upon Refuat Ha-Nefesh, Refuat Ha-Guf (Healing of the Spirit/Soul, Healing of the Body)

Refuat Ha-Nefesh, Refuat Ha-Guf (Healing of the Spirit/Soul, Healing of the Body) was unambiguously the least controversial of the project’s foundational religious principles. The Pilot Project participants were familiar with the concept that we have a soul/spirit (*nefesh*) and a physical body (*guf*) and that there is a close and interrelated connection between the two. As one might expect from professional pastoral caregivers, they

believed that complete health involved healing both the spirit/soul and the body. It should be noted here that Jewish tradition places healing of the spirit/soul before healing of the body. This Project affirms that healing of the spirit/soul must at the very least accompany healing of the body before complete healing can occur.

Participants attend annual national pastoral caregivers' conferences, like the one at which this Pilot Project was implemented, in search of new tools to use in their work. Thus, the participants constituted a self-selected group. I believe that they chose to immerse themselves in this Project because they were each suffering from the lingering negative impact upon their spirits, emotions and bodies from their life's tribulations. This was borne out when I heard and/or saw some of the written laments that they produced.

Although these participants may have been unaware of the clinical literature and terminology, undoubtedly, many were wrestling with the symptoms of Secondary and/or Primary PTSD. Certainly, they were engaged with *Present* PTSD. They were hungry for new, practical spiritual and/or emotional techniques that they could readily apply to their own self-care. The techniques offered in this Project encouraged these participants to believe that through this Guided Lamenting process, they could contribute to healing their own souls/spirits and perhaps, their bodies.

4. Clarifying and Expanding upon Dabru Emet (Speaking the Truth)

Dabru Emet (Speaking the Truth) is a religious/theological concept that was easily embraced by the professional pastoral caregivers who participated in the Pilot Project – at least in principle. Biblical support for speaking the truth was found in the

words of the prophets: “These are the things you are to do: Speak the truth [*dabru emet*] to one another...” (Zechariah 8:16).

That one *should* speak the truth was universally accepted as healthful and in many cases, cathartic. However, how much truth, in what context, and to whom were matters for more debate. The idea of being able to be truthful with God was both frightening and appealing to the Pilot Project participants. As Wolff (1979) states,

When I can freely show anger...I also show, paradoxically, that I believe [God's] love is able to take it. If I cannot be myself...exactly as I am right now, for better or for worse, with whom can I be myself? Beneath my anger my behavior says this: At least with you I can reveal myself as I am. (p. 16)

Further, the participants exhibited an overwhelming need to differentiate themselves from their clients. Some of them expressed a need to project a “professional” image to their clients, colleagues, and institutions. Many of the participants clearly believed that professional pastoral caregivers are perceived by laity as having all of their spiritual and emotional lives under control. To them, this meant that catering to this perception was required or at least expected of them. Consequently, it was abundantly clear that few of the participants had ever taken the chance to explore and share their true selves with others. They felt that revealing that they had unresolved personal suffering might alter their image as competent, well-adjusted professionals.

Then, too, some of them felt ashamed to feel the way that they felt. Further, in some cases, they were concerned that revelation might affect promotions or – in these particularly precarious economic times – even endanger job security. Participants who were connected to the military were especially fearful of being stigmatized as weak.

After a slow start, men volunteered to read their laments first. Each of the five men who volunteered to read aloud prefaced their reading by saying that they had not shared their feelings in this way before. These lamenters then railed at God for the murder of an adult child, an acrimonious divorce, childhood incest, dementia of a spouse, and memories of being pursued by a remorseless and cruel enemy during the war. Three of the readers were women who lamented about a past abortion, shame at being childless, and being precluded from advancing professionally because of gender issues.

The feedback that I received reinforced the idea that professional pastoral caregivers need a venue to articulate and process traumatic events that they had experienced in an environment that they considered safe. The Pilot Project gave them that opportunity.

5. Clarifying and Expanding upon Keva versus Kavannah (Fixed versus Intentional)

I was surprised at how few of the Pilot Project participants were familiar with the biblical Book of *Lamentations*. A few volunteered that they had glanced at it either many years before during seminary or just before the conference. Another few volunteered that they had never read it. None of the participants had ever accorded it any particular significance. Consequently, none had ever considered applying this ancient text to modern life. However, since all five chapters of the Book were included in the handout and we surveyed quite a bit of this text during the workshop, the participants' initial lack of familiarity did not impede the progress of the Project.

The concepts of *Keva* and *Kavannah* were both understood and embraced by all of the participants in this Pilot Project. They recognized that at various times, we engage

with a prayer or with a ritual precisely as it has been written, without giving thought to the meaning of the words in the moments that the words are spoken, sometimes as though we are “on automatic pilot.” At other times, we pause and give attention and intention to each of the words of a prayer or the actions of a ritual.

Jewish tradition holds that the holiest of prayers and rituals embrace fixed and intentional elements within them. This Project meets that standard in the ways in which it encourages its participants to engage with the Book of *Lamentations (Keva)* as well as in the ways in which it encourages its participants to engage with their own custom-made laments (*Kavannah*). The Pilot Project participants expressed satisfaction with the dual nature of this Project, which incorporated ancient Scripture with new practical elements.

Contributions of the Project to Clarifying and Expanding upon Clinical Principles

This Demonstration Project clarified and expanded upon the following:

1. Psychoanalytic Theory and Practice
2. Who Takes Care of the Caregiver?
3. Grief and Lamenting: Adapting the “Talking Cure” for Pastoral Caregivers.

1. Clarifying and Expanding upon Psychoanalytic Theory and Practice

Freud engaged therapeutic methods that were grounded in verbal expression in an effort to help his clients to deal more effectively with the negative impact of events that had traumatized them. Thus, one of his primary methods became known as the “talking cure” because it “became a way to allow *strangulated affects* or feelings, to be discharged through speech” (Berzoff, 2008, p. 27). When material that has been repressed is discharged through speech, the energy that was bound up in keeping this material at bay

is released. Hence, psychoanalytic clients experience feelings of catharsis and frequently, many of their symptoms decline. As a result of these outcomes, catharsis through speech is a primary goal of psychoanalysis.

This Project endorses verbal expression as a means to catharsis through the *written* output of the Guided Lamenting process. It encourages and assists participants in discharging “strangled affects or feelings,” which I call spiritual pus. In my model, an accumulation of this spiritual pus behaves in a manner that is similar to an accumulation of physical pus. For catharsis to occur – and with it healing – this spiritual pus needs a pathway and an impetus to discharge. Without this discharge, negative toxins can poison a person’s system. Often, achieving such catharsis requires a therapeutic intervention.

Many Pilot Project participants found my graphic description of spiritual pus unpleasant as a characterization of collected and stored suffering. Nevertheless, after groaning when the concept was introduced, they embraced the metaphor. They were able and willing to work with the imagery of lamenting as a strategy to discharge this spiritual pus and to encourage catharsis and possibly, consequent healing.

It is likely that the participants self-selected to attend this Pilot Project *because* they were suffering from the negative impact of an accumulation of spiritual pus, although they may have sublimated this build-up or employed more euphemistic metaphors if and when they did acknowledge it. After all, they knew what to expect before they came to Orlando since registration material included a full workshop description. Further, this workshop required a fee that was additional to the conference registration fee. Consequently, attendance was intentional and costly.

Undoubtedly, at the very least, these participants were aware of dealing with

Present PTSD. Consciously or unconsciously, they may have been aware that if they continued in their present modes of functioning that their chances of developing one or another form of PTSD were heightened. I believe that they hoped that this method of expelling their spiritual pus would constitute a therapeutic intervention that would assist them in achieving a measure of catharsis and, with it, a modicum of healing. Indeed, in the follow-up evaluation one participant claimed to feel “cleaner” and another was “relieved at having let the ‘pus’ out.”

2. Clarifying and Expanding upon Who Takes Care of the Caregiver?

Who does take care of the caregiver? The short answer is that, more often than not, caregivers believe that they can take care of others while doing little or nothing about their own needs. This attitude and approach are not likely to change easily. In fact, in some ways, attending this workshop was similar to going to a spa. Spa-goers immerse themselves in programs that offer self-help ideas, exercise, nutrition, and other self-care activities. They leave the spa buoyed up and with every intention of following through and continuing the regimen that has been outlined for them as leading to greater health.

However, within a short period of time – and despite their best intentions – their regular lives and the expectations of their loved ones and workplaces intrude. As a result, they revert to the activities in which they engaged prior to attending the spa; for example, individuals who are sedentary before attending a spa and who enthusiastically exercise at a spa tend to become sedentary again after they return home. This phenomenon may account for the relatively lower mean rating on the eight-month follow up evaluation that was associated with establishing new behavior, such as the “exercise” of continuing to

write laments (mean of 3.23 from 5.00). Still, some of the participants have reported – either formally in the eight-month evaluation or informally during other interactions – that they have written laments since the workshop and have benefited from this activity. Seven of these laments may be found in Appendix E.

There is a sizeable amount of professional literature and experience to support the efficacy of some kind of “talking cure,” whether the output is voiced and shared with another person or written and either shared or kept to oneself. This Project is intended to describe a therapeutic intervention that professional pastoral caregivers can apply both to their clients and to themselves. Unfortunately, these professional pastoral caregivers may lack the discipline or perhaps, the strength to go against the tide once they return home from the workshop, and they may revert to being who they (believe that they) are expected to be: someone who is too centered and spiritually rich to be adversely affected by trauma and someone who does not rail against God.

Thus during the workshop, I encourage participants to make Guided Lamenting an intentional part of their lives. I suggest that they regularly schedule appointments with themselves for Guided Lamenting sessions. Or, they might develop and maintain the habit of using odd free moments to engage in this practice – for example, when on a train, during unexpected breaks in a schedule, or while waiting in a doctor’s office. One participant acknowledged the value of such an approach when she thanked us “for the reminder to make a *practice* of lamenting.”

3. Clarifying and Expanding upon Grief and Lamenting: Adapting the “Talking Cure” for Pastoral Caregivers

During the workshop, there was time for only eight individuals to read their

laments aloud to the assembled company. Nonetheless, based upon informal comments and the more formal evaluations, most if not all of the participants felt that they had benefited from unburdening themselves through composing unexpurgated laments that addressed their spiritual pus. Thus, some degree of catharsis appeared to have been achieved by those who shared their laments by reading them aloud to the assembled group as well as by those who kept their laments in silence.

The idea that producing a lament can be a cathartic activity even if the lament is not spoken aloud and witnessed and validated by others contrasts with a widely held view that individuals benefit from discussing intense negative emotions *only* if they share their troubles with active listeners. “[T]alking about the reality of [their] experience in a supportive environment [can help] heal [their] trauma” (McGee, 2005, p. 31).

The suggestion that active listeners may not be a necessary ingredient for catharsis to occur was disconcerting to several of the participants, who expressed concern that such a therapeutic written process could supplant their role as chaplains. Nevertheless, in the follow-up evaluation, several participants expressed views of their workshop experience that supported Bub’s (2004) assessment that when “losses are validated by the self...they become integrated...and the individual moves on” (p. 65).

This Project then begs the question as to whether Freud’s “talking cure” is effective because oral speech is used or whether it is effective because language in any form forces individuals to organize their thoughts, irrespective of whether the output is spoken or written. In other words, the success of the Pilot Project suggests that the “talking cure” might more appropriately be called a *language* cure. Indeed, some clinicians hypothesize that therapeutic interventions such as emotional storytelling (“the

mere act of *written* disclosure of emotional upheaval” [Snyder and Lopez, 2007, p. 164; emphasis added]) – or, in this case, Guided Lamenting – are effective because “Putting upsetting experiences into words allows people to stop inhibiting their thoughts and feelings, to begin to organize their thoughts and perhaps find meaning in their traumas, and to reintegrate their social networks” (Niederhoffer & Pennebaker, 2002, p. 581). Thus, as one participant observed: “the lament itself is healing.”

Contributions of the Project to Ministry in a Wider Context

The Project contributes to ministry in a wider context than that of my own ministry. To meet the needs of differing ministries, several of the variables in the workshop program can be adapted, including the facilitators, the participants, and the time configurations.

There are, however, four elements that are necessary to sustain the integrity of this Project. The first element is that facilitators and participants must accept the Book of *Lamentations* as sacred literature. The second element is that both groups must accept the possibility that *Lamentations* is one of God’s ways of giving humans permission to lament when life goes awry – or, if not one of God’s ways, then (by virtue of the text having been canonized) one of the ways that has been sanctioned by both Jewish and Christian tradition. The third element is that participants have a need to lament at least one plight in their personal or professional lives. Finally, the fourth element is that the output needs to be *written* language, whether as prose, poetry, or lyrics.

Adaptability of Facilitators

With the above necessary elements in mind, this Project may be offered by a variety of pastoral and secular facilitators. These include rabbis, cantors, or other Jewish religious or spiritual leaders, and Christian ministers or other Christian religious or spiritual leaders. It also includes secular therapists.

Adaptability of Participants

With the above necessary elements in mind, this Project may be offered to a variety of caregiver participants. The main demographic includes professional *pastoral* caregivers, like clergy, chaplains, and other pastoral counselors who take care of others as significant parts of their professional responsibilities. This could include participants who serve in hospitals, senior centers, hospices, prisons, disaster areas, telephone hot-line contexts, and governmental and private practice, to name only a few potential contexts.

However, this Project may also be offered to professional *secular* caregivers who are willing to engage in the study of Scripture as a pathway to spiritual growth. This could include professional secular caregivers, like psychologists and other therapists, social, child protection, and other mental health workers, teachers, nurses and doctors, and emergency, disaster, and hot-line responders. Further, participants could include personal secular caregivers who are engaged in the ongoing care of loved ones.

Finally, variations of this Project may be offered to non-caregiver participants who are suffering as they confront disappointments and tragedies in their lives. For example, this past year, Rabbi Zucker, my guest-presenter, a rabbi/chaplain of a senior care continuum center, facilitated an Extended variation of this Project with some of his

cognitively intact assisted-living residents (see “Adaptability of Time Configurations” below). His participants were excited when their rabbi/chaplain offered them an acceptable pathway to lament their plights, whether it was about the ravages of illness, aging, or finding themselves no longer able to live at home as they had - even though they were currently living in an upscale continuum of care center. One resident wrote a lament that was inspired in part, by *Lamentations* and in part, by a long-remembered quote by Rose Kennedy:

It has been said ‘time heals all wounds.’ I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone.

Finally, the Project may be offered to a mixed group of caregiver and non-caregiver participants as part of an adult education program that is aligned with either the Jewish or the Christian liturgical calendar. For example, since *Lamentations* is part of the Jewish liturgical tradition for the summer holy day of *Tisha B’Av*, it may be engaged as part of either an Intensive or an Extended Jewish adult education module. There may also be times in the religious year of Christian denominations when engaging in this Project would be in alignment with their liturgical calendar, such as during Lent.

Adaptability of Time Configurations

In addition to its relevance to a wider ministry than my ministry vis-à-vis pastoral facilitators and participants, this Project is also adaptable to several configurations of time, which might be labeled as *Intensive* or *Extended*.

The *Intensive* variations of this Project is started and ended in a single sitting. Its duration is projected to be four, six or eight hours. The four-hour version is described as the Pilot Project in Chapter 3 of this document. The *Extended* variation of this Project

could be started and ended over many sessions, depending upon the number of participants. For example, the first session could include as much of the set-up background as the pastoral facilitator deems helpful to the subsequent lamenting process. Participants could then be assigned to write their laments at home. In the remaining meetings, volunteers could present their laments, with or without subsequent discussion. For example, with eight participants, the *Extended* variation could embrace a total of nine sessions: one session for the set-up and eight follow-up sessions, with one presentation per session. Or, it could embrace five sessions: one session for the set-up and an additional four sessions, with two presentations per session. This variation could be ideal for use with CPE students, support groups, cognitively intact senior citizens in a continuum of care center, and other groups that are ongoing and in which participants are willing to reveal at least one of their sorrows to each other.

Implications for My Future Ministry

“Using *Lamentations* to Lament: A Sacred Journey to Wholeness” continues to be a work in process as well as a work in progress. I continue to engage with my own growth and growing edges in tandem with the expressed growth and growing edges of my participants.

Since the Pilot Project was implemented in Orlando, Florida for a group of all-Christian professional pastoral caregivers, several conference and Grand Rounds organizers have approached me with requests to present the workshop at their venues. These were each inspired by comments that Orlando participants spread by word-of-mouth about their experiences with this Project. Of these, I have scheduled two *Intensive*

presentations, for which the conference organizers have requested what are essentially repeats of the Orlando workshop. The first is for a multi-faith group and the second is for an all-Jewish group of professional pastoral caregivers. I have also included an *Extended* configuration of the Project in the syllabus for my CPE groups. In lieu of a guest-presenter for these groups, I present an abbreviated configuration with the assistance of my students. For example, during the set-up section, they read aloud the bolded verses from *Lamentations*.

A third request that I am considering is to present this workshop to a group of multifaith caregivers in a manner that fits into their Grand Rounds schedule. This would mean dividing the program into four monthly sessions of 75 minutes each. Since this group cannot be counted upon to do homework, I would need to configure the learning modules in ways that support the integrity of participants' learning process over the four disconnected months. I still need to determine how much of the set-up to offer to them and how best to divide the academic material.

Despite such challenges, I am committed to facilitating this Project for different groups of participants and, if this proves possible, to make it available for others who cannot retain my services because of time, geographic, or financial restrictions. I will accommodate as many requests as possible because I am convinced that "Using *Lamentations* to Lament" is indeed "A Sacred Journey to Wholeness."

APPENDIX A

HOUR-BY-HOUR SCHEDULE FOR THE WORKSHOP,
INCLUDING WORKSHOP DESCRIPTION AND GOALS

Using *Lamentations* to Lament:

Exploring Healing for Ourselves (and Others) Through Sorrow-Filled Stories

Rabbi David J. Zucker, Ph.D., BCC Rabbi Bonita E Taylor, MA, BCC
Shalom Park, Aurora, Colorado HealthCare Chaplaincy, New York

Agenda: Orlando FL, January 30, 2009

1st hour

Gathering/Welcoming

Introduction to Presenters

Workshop Description

- we will explore the biblical text of *Lamentations* from ancient, traditional and contemporary perspectives in this academic and experiential workshop
- we will utilize group and individual process to delve into the positive healing power of lamenting
- this academic and experiential workshop offers tools through which we can begin a process of self-healing from the negative impact of painful spiritual dynamics that we have accumulated while engaged in our personal lives and also, while listening to many sorrow-filled stories in our professional lives

Goals for the Morning

- to be able to use the biblical book of *Lamentations* to access and liberate the laments in our souls – and in the souls of our patients, residents, inmates and other clients

- to be able to value each sorrow-filled story as a lament that can detoxify our souls and our bodies – and the souls of our patients, residents, inmates and other clients
- to be able to write a personal lament using the book of *Lamentations* as a guide

Use of *Lamentations*

- in Jewish liturgical settings
- in Christian liturgical settings

Text and Contemporary Trauma

- yesterday
- today

1st–2nd hour Text and Contemporary Trauma (continued)

- the historical context to *Lamentations*
- the structure of *Lamentations*
- the term “lamentation”
- from *Lamentations* to Lamenting

BREAK

3rd hour Text and Contemporary Trauma (continued)

- women in *Lamentations*
- men in *Lamentations*

Contemporary Laments

- tears fall upon our pillows ...

4th hour Contemporary Laments (continued)

- we invite you to Lament
- we invite you to Share

Q & A

Wrap-up

Evaluations

APPENDIX B

THE BIBLICAL BOOK OF *LAMENTATIONS*

(NEW REVISED STANDARD VERSION [NRSV])

CHAPTER 1

Read by Rabbi Zucker: 1, 2, 5, 7, 8, 17
Read by Rabbi Taylor: 9, 11, 12, 16

¹**How lonely sits the city that once was full of people! How like a widow she has become, she that was great among the nations! She that was a princess among the provinces has become a vassal.**

²**She weeps bitterly in the night, with tears on her cheeks;** among all her lovers she has no one to comfort her; all her friends have dealt treacherously with her, they have become her enemies.

³Judah has gone into exile with suffering and hard servitude; she lives now among the nations, and finds no resting place; her pursuers have all overtaken her in the midst of her distress.

⁴The roads to Zion mourn, for no one comes to the festivals; all her gates are desolate, her priests groan; her young girls grieve, and her lot is bitter.

⁵**Her foes have become the masters, her enemies prosper,** because the Lord has made her suffer for the multitude of her transgressions; her children have gone away, captives before the foe.

⁶From daughter Zion has departed all her majesty. Her princes have become like stags that find no pasture; they fled without strength before the pursuer.

⁷**Jerusalem remembers, in the days of her affliction and wandering, all the precious things that were hers in days of old.** When her people fell into the hand of the foe, and there was no one to help her, the foe looked on mocking over her downfall.

⁸Jerusalem sinned grievously, so she has become a mockery; all who honored her despise her, for they have seen her nakedness; **she herself groans, and turns her face away.**

⁹ Her uncleanness was in her skirts; she took no thought of her future; her downfall was appalling, with none to comfort her. **“O Lord, look at my affliction, for the enemy has triumphed!”**

¹⁰ Enemies have stretched out their hands over all her precious things; she has even seen the nations invade her sanctuary, those whom you forbade to enter your congregation.

¹¹ All her people groan as they search for bread; they trade their treasures for food to revive their strength. **Look, O Lord, and see how worthless I have become.**

¹² **Is it nothing to you, all you who pass by? Look and see if there is any sorrow like my sorrow, which was brought upon me, which the Lord inflicted on the day of his fierce anger.**

¹³ From on high he sent fire; it went deep into my bones; he spread a net for my feet; he turned me back; he has left me stunned, faint all day long.

¹⁴ My transgressions were bound into a yoke; by his hand they were fastened together; they weigh on my neck, sapping my strength; the Lord handed me over to those whom I cannot withstand.

¹⁵ The Lord has rejected all my warriors in the midst of me; he proclaimed a time against me to crush my young men; the Lord has trodden as in a wine press the virgin daughter Judah.

¹⁶ **For these things I weep; my eyes flow with tears; for a comforter is far from me, one to revive my courage; my children are desolate, for the enemy has prevailed.**

¹⁷ **Zion stretches out her hands, but there is no one to comfort her; the Lord has commanded against Jacob that his neighbors should become his foes; Jerusalem has become a filthy thing among them.**

¹⁸ The Lord is in the right, for I have rebelled against his word; but hear, all you peoples, and behold my suffering; my young women and young men have gone into captivity.

¹⁹ I called to my lovers but they deceived me; my priests and elders perished in the city while seeking food to revive their strength.

²⁰ See, O Lord, how distressed I am; my stomach churns, my heart is wrung within me, because I have been very rebellious. In the street the sword bereaves; in the house it is like death.

²¹ They heard how I was groaning, with no one to comfort me. All my enemies heard of my trouble; they are glad that you have done it. . Bring on the day you have announced, and let them be as I am.

²²Let all their evil doing come before you; and deal with them as you have dealt with me because of all my transgressions; for my groans are many and my heart is faint.

CHAPTER 2

Read by Rabbi Zucker: 1, 2, 3, 7, 10, 13, 18

Read by Rabbi Taylor: 11, 12, 20-21-22

¹**How the Lord in his anger has humiliated daughter Zion!** He has thrown down from heaven to earth the splendor of Israel; he has not remembered his footstool in the day of his anger.

²**The Lord has destroyed without mercy all the dwellings of Jacob;** in his wrath he has broken down the strongholds of daughter Judah; he has brought down to the ground in dishonor the kingdom and its rulers.

³**He has cut down in fierce anger all the might of Israel;** he has withdrawn his right hand from them in the face of the enemy; **he has burned like a flaming fire** in Jacob, consuming all around.

⁴He has bent his bow like an enemy, with his right hand set like a foe; he has killed all in whom we took pride in the tent of daughter Zion; he has poured out his fury like fire.

⁵The Lord has become like an enemy; he has destroyed Israel. He has destroyed all its palaces, laid in ruins its strongholds, and multiplied in daughter Judah mourning and lamentation.

⁶He has broken down his booth like a garden, he has destroyed his tabernacle; the Lord has abolished in Zion festival and sabbath, and in his fierce indignation has spurned king and priest.

⁷**The Lord has scorned his altar, disowned his sanctuary; he has delivered into the hand of the enemy the walls of her palaces;** a clamor was raised in the house of the Lord as on a day of festival.

⁸The Lord determined to lay in ruins the wall of daughter Zion; he stretched the line; he did not withhold his hand from destroying; he caused rampart and wall to lament; they languish together.

⁹Her gates have sunk into the ground; he has ruined and broken her bars; her king and princes are among the nations; guidance is no more, and her prophets obtain no vision from the Lord.

¹⁰The elders of daughter Zion sit on the ground in silence; they have thrown dust on their heads and put on sackcloth; the young girls of Jerusalem have bowed their heads to the ground.

¹¹My eyes are spent with weeping; my stomach churns; my bile is poured out on the ground because of the destruction of my people, because infants and babes faint in the streets of the city.

¹²They cry to their mothers, "Where is bread and wine?" as they faint like the wounded in the streets of the city, as their life is poured out on their mothers' bosom.

¹³What can I say for you, to what compare you, O daughter Jerusalem? To what can I liken you, that I may comfort you, O virgin daughter Zion? For vast as the sea is your ruin, who can heal you?

¹⁴Your prophets have seen for you false and deceptive visions; they have not exposed your iniquity to restore your fortunes, but have seen oracles for you that are false and misleading.

¹⁵All who pass along the way clap their hands at you; they hiss and wag their heads at daughter Jerusalem; "Is this the city that was called the perfection of beauty, the joy of all the earth?"

¹⁶All your enemies open their mouths against you; they hiss, they gnash their teeth, they cry: "We have devoured her! Ah, this is the day we longed for; at last we have seen it!"

¹⁷The Lord has done what he purposed, he has carried out his threat; as he ordained long ago, he has demolished without pity; he has made the enemy rejoice over you, and exalted the might of your foes.

¹⁸Cry aloud to the Lord! O wall of daughter Zion! Let tears stream down like a torrent day and night! Give yourself no rest, your eyes no respite!

¹⁹Arise, cry out in the night, at the beginning of the watches! Pour out your heart like water before the presence of the Lord! Lift your hands to him for the lives of your children, who faint for hunger at the head of every street.

²⁰Look, O Lord, and consider! To whom have you done this? Should women eat their offspring, the children they have borne? Should priest and prophet be killed in the sanctuary of the Lord?

²¹The young and the old are lying on the ground in the streets; my young women and my young men have fallen by the sword; in the day of your anger you have killed them, slaughtering without mercy.

²²You invited my enemies from all around as if for a day of festival; and on the day of the anger of the Lord no one escaped or survived; those whom I bore and reared my enemy has destroyed.

CHAPTER 3

¹I am one who has seen affliction under the rod of God's wrath; ²he has driven and brought me into darkness without any light; ³against me alone he turns his hand, again and again, all day long.

⁴He has made my flesh and my skin waste away, and broken my bones; ⁵he has besieged and enveloped me: with bitterness and tribulation; ⁶he has made me sit in darkness like the dead of long ago.

⁷He has walled me about so I cannot escape; he has put heavy chains on me; ⁸though I call and cry for help, he shuts out prayer; ⁹he has blocked my ways with hewn stones, he has made my paths crooked.

¹⁰He is a bear lying in wait for me, a lion in hiding; ¹¹he led me off my way and tore me to pieces; he has made me desolate; ¹²he bent his bow and set me as a mark for his arrow.

¹³He shot into my vitals the arrows of his quiver; ¹⁴I have become the laughingstock of all my people, the object of their taunt-song's all day long. ¹⁵He has filled me with bitterness, he has sated me with wormwood.

¹⁶He has made my teeth grind on gravel, and made me cower in ashes; ¹⁷my soul is bereft of peace; I have forgotten what happiness is; ¹⁸so I say, "Gone is my glory, and all that I had hoped for from the Lord."

¹⁹The thought of my affliction and my homelessness is wormwood and gall! ²⁰My soul continually thinks of it and is bowed down within me. ²¹But this I call to mind, and therefore I have hope.

²²The steadfast love of the Lord never ceases, his mercies never come to an end; ²³they are new every morning; great is your faithfulness. ²⁴"The Lord is my portion," says my soul, "therefore I will hope in him."

²⁵The Lord is good to those who wait for him, to the soul that seeks him. ²⁶It is good that one should wait quietly for the salvation of the Lord.

²⁷It is good for one to bear the yoke in youth, ²⁸to sit alone in silence when the Lord has imposed it, ²⁹to put one's mouth to the dust (there may yet be hope), ³⁰to give one's cheek to the smiter, and be filled with insults.

³¹For the Lord will not reject forever. ³²Although he causes grief, he will have compassion according to the abundance of his steadfast love; ³³for he does not willingly afflict or grieve anyone.

³⁴When all the prisoners of the land are crushed underfoot, ³⁵when human rights are perverted in the presence of the Most High, ³⁶when one's case is subverted – does the Lord not see it?

³⁷Who can command and have it done? If the Lord has not ordained it?

³⁸Is it not from the mouth of the Most High that good and bad come?

³⁹Why should any who draw breath complain about the punishment of their sins? ⁴⁰Let us test and examine our ways, and return to the Lord. ⁴¹Let us lift up our hearts as well as our hands to God in heaven.

⁴²We have transgressed and rebelled, and you have not forgiven. ⁴³You have wrapped yourself with anger and pursued us, killing without pity; ⁴⁴you have wrapped yourself with a cloud so that no prayer can pass through. ⁴⁵You have made us filth and rubbish among the peoples.

⁴⁶All our enemies have opened their mouths against us; ⁴⁷panic and pitfall have come upon us, devastation and destruction. ⁴⁸My eyes flow with rivers of tears because of the destruction of my people.

⁴⁹My eyes will flow without ceasing, without respite ⁵⁰until the Lord from heaven looks down and sees.

⁵¹My eyes cause me grief at the fate of the young women in my city.

⁵²Those who were my enemies without cause have hunted me like a bird; ⁵³they flung me alive into a pit and hurled stones upon me; ⁵⁴water closed over my head; I said, "I am lost."

⁵⁵I called on your name, O Lord, from the depths of the pit; ⁵⁶you heard my plea, "Do not close your ear to my cry for help, but give me relief!" ⁵⁷You came near when I called on you; you said, "Do not fear!"

⁵⁸You took up my cause O Lord, you have redeemed my life. ⁵⁹You have seen the wrong done to me, O Lord; judge my cause. ⁶⁰You have seen all their malice, all their plots against me.

⁶¹You have heard their taunts, O Lord, all their plots against me. ⁶²The whispers and murmurs of my assailants are against me all day long. ⁶³Whether they sit or rise—see, I am the object of their taunt-songs.

⁶⁴Pay them back for their deeds, O Lord, according to the work of their hands! ⁶⁵Give them anguish of heart; your curse be on them! ⁶⁶Pursue them in anger and destroy them from under the Lord's heavens.

CHAPTER 4

¹How the gold has grown dim, how the pure gold is changed! The sacred stones lie scattered at the head of every street.

²The precious children of Zion, worth their weight in fine gold- how they are reckoned as earthen pots, the work of a potter's hands!

³Even the jackals offer the breast and nurse their young, but my people has become cruel, like the ostriches in the wilderness.

⁴The tongue of the infant sticks to the roof of its mouth for thirst; the children beg for food, but no one gives them anything.

⁵Those who feasted on delicacies perish in the streets; those who were brought up in purple, cling to ash heaps.

⁶For the chastisements of my people have been greater than the punishments of Sodom, which was overthrown in a moment, though no hand was laid on it.

⁷Her princes were purer than snow, whiter than milk; their bodies were more ruddy than coral, their hair like sapphire.

⁸Now their visage is blacker than soot; they are not recognized in the streets. Their skin has shriveled on their bones; it has become as dry as wood.

⁹Happier were those pierced by the sword than those pierced by hunger, whose life drains away, deprived of the produce of the field.

¹⁰The hands of compassionate women have boiled their own children; they became their food in the destruction of my people.

¹¹The Lord gave full vent to his wrath; he poured out his hot anger, and kindled a fire in Zion that consumed its foundations.

¹²The kings of the earth did not believe, nor did any of the inhabitants of the world, that foe or enemy could enter the gates of Jerusalem.

¹³It was for the sins of her prophets and the iniquities of her priests, who shed the blood of the righteous in the midst of her.

¹⁴Blindly they wandered through the streets, so defiled with blood that no one was able to touch their garments.

¹⁵“Away! Unclean!” people shouted at them; “Away! Away! Do not touch!” So they became fugitives and wanderers; it was said among the nations, “They shall stay here no longer.”

¹⁶The Lord himself has scattered them, he will regard them no more; no honor was shown to the priests, no favor to the elders.

¹⁷Our eyes failed, ever watching vainly for help; we were watching eagerly for a nation that could not save.

¹⁸They dogged our steps so that we could not walk in our streets; our end drew near; our days were numbered; for our end had come.

¹⁹Our pursuers were swifter than eagles in the heavens; they chased us on the mountains, they lay in wait for us in the wilderness.

²⁰The Lord’s anointed, the breath of our life, was taken in their pits – the one of whom we said, “Under his shadow we shall live among the nations.”

²¹Rejoice and be glad, O daughter Edom, you that live in the land of Uz; but to you also the cup shall pass; you shall become drunk and strip yourself bare.

²²The punishment of your iniquity, O daughter Zion, is accomplished, he will keep you in exile no longer; but your iniquity, O daughter Edom, he will punish, he will uncover your sins.

CHAPTER 5

Read by Rabbi Taylor: 21

¹Remember, O Lord, what has befallen us; look, and see our disgrace!

²Our inheritance has been turned over to strangers, our homes to aliens.

³We have become orphans, fatherless; our mothers are like widows.

⁴We must pay for the water we drink; the wood we get must be bought.

⁵With a yoke on our necks we are hard driven; we are weary, we are given no rest.

⁶We have made a pact with Egypt and Assyria to get enough bread.

- ⁷Our ancestors sinned; they are no more, and we bear their iniquities.
- ⁸Slaves rule over us; there is no one to deliver us from their hand.
- ⁹We get our bread at the peril of our lives, because of the sword of the wilderness.
- ¹⁰Our skin is black as an oven from the scorching heat of the famine.
- ¹¹Women are raped in Zion, virgins in the towns of Judah.
- ¹²Princes are hung up by their hands; no respect is shown to the elders.
- ¹³Young men are compelled to grind, and boys stagger under loads of wood.
- ¹⁴The old men have left the city gate, the young men their music.
- ¹⁵The joy of our heart has ceased; our dancing has been turned into mourning.
- ¹⁶The crown has fallen from our head; woe to us, for we have sinned!
- ¹⁷Because of this our hearts are sick, because of these things our eyes have grown dim.
- ¹⁸Because of Mount Zion, which lies desolate, jackals prowl over it.
- ¹⁹But you, O Lord, reign forever; your throne endures to all generations.
- ²⁰Why have you forgotten us completely? Why have you forsaken us these many days?
- ²¹**Restore us to yourself, O Lord, that we may be restored; renew our days as of old—**
- ²²unless you have utterly rejected us, and are angry with us beyond measure.

APPENDIX C

CONTEMPORARY LAMENTS BY FORMER CPE STUDENTS

1. A Nurse's Personal Lament

5:15 *The joy of our heart has ceased;
our dancing has been turned into mourning*

We were always there for each other.
I am an only child and my Dad died very young.
Mom and I cooked, walked, shopped, cleaned and gardened together.
I'm afraid I'll forget the good times and only remember the last few years.
I want to remember our good days.

3:46 *All our enemies have opened their mouths against us*
I remember when my Dad died of a heart attack right in front of us.
A judge said, "Why didn't you see he was having a heart attack and help him?
You are a nurse"
Now, my mother thinks I pushed her down and broke her leg.

It made me remember how guilty that judge made me feel.
I know I didn't push her - but - she thinks so.
She was never verbally abusive - but, now she is.
Who is this other woman?

1:20 *See, O Lord; how distressed I am
my stomach churns, my heart is wrung within me
because I have been very rebellious.
In the street, the sword bereaves; in the house it is like death*

I miss my mother. I've missed her for two years.
She's not my mother anymore - only her empty shell.
I fought so hard for so long.
I'm tired of trying to find her and bring her back.
It's like I'm in mourning and she's not dead yet.

5:19 *But You, O Lord, reign forever;
Your throne endures to all generations*

I need to be with my grandson.
I usually watch him. He needs me and I need him.
He's my comfort right now.
Do You think he will remember the way she used to be? (The end).

2. The Lament of an Infertile Chaplain

This lament was composed as a blues song. It recalls some of the emotions surrounding the years' long battle with infertility that this chaplain has had with his wife.

5:20-22 *Why have You forgotten us completely?
Why have You forsaken us these many days?
Restore us to Yourself O Lord, that we may be restored;
Renew our days of old
unless ...
You have utterly rejected us,
and are angry with us beyond measure.*

A Blues Lament

Why have You forsaken us?
Why have You left us these many years?
Why have You forsaken us?
Why have You left us these many years?
In You, we sought hope.
But instead, all we have are tears.

We just wanted happiness,
maybe a child or three.
Just a touch of happiness,
a baby to bounce on our knees.
But now, when we cry to You,
We cry out in misery.

You gave someone else a child.
They threw it out the door.
You gave someone else a child,
They threw it out the door.
Police found another in the toilet.
I don't understand You no more.

Why have You forsaken us?
Why have You left us these many years?
Why have You forsaken us?
Why have You left us these many years?
In You, we sought hope.
But instead, all we have are tears.

Won't You restore our hearts?
Won't You renew our souls?
Won't You restore our hearts,
And let us grieve for a dream of old?

Or, shall we spend our days
Aching from this gaping hole?

The pain is tearing at us, it rends the love we have.
The pain is tearing at us,
We smile but we are oh, so sad.
And what makes it worse,
We've done nothing bad.

Why have You forsaken us?
Why have You left us these many years?
Why have You forsaken us?
Why have You left us these many years?
In You, we sought hope.
But instead, all we have are tears.

(The end).

3. The Lament of a Multi-Stricken Chaplain

3.2 *God has driven and brought me into darkness without any light*
Dear God:

What happened to my zeal for life?
I thought You made all things good?
Why then have You left me with an incurable disease?
No hope?

3.3 *Against me alone God turns God's hand, again and again, all day long*
I feel so alone. I don't feel Your presence.
I try to live as I feel you desire.
Why do I continue to not feel Your presence?
Where are You?

3.4 *God has made my flesh and my skin waste away and broken my bones*
I don't feel loved or of worth.
Take away the pain.
My spirit is broken.
Please heal my broken spirit.

3.6 *God has made me sit in darkness like the dead of long ago*
What must I learn?
Help me take time to discern Your will for me.

3.17 *My soul is bereft of peace. I have forgotten what happiness is*
Mom, Dad, why couldn't you love me?
Why did you continue to say:
"what did we do wrong for you to be our child"?

My torment continues.

**3:22 *The steadfast love of the Lord never ceases
God's mercies never come to an end***

Mom, Dad, you were wrong!

You may have given up on loving me but not my heavenly parent.

I am a child of God and worthy of God's love.

Help me God to believe this.

AMEN.

(The end).

4. The Lament of a Young Clergy-Couple

*This lament is from the wife of a young clergy-couple who self-identify as "Believers."
Their twin daughters succumbed to bone cancer within a year of each other.*

**2:17 *The Lord has done what the Lord purposed,
God has carried out God's threat:
As God ordained long ago,
God has demolished without pity***

**3:43-44 *You have wrapped Yourself with anger and pursued us,
killing without pity;
You have wrapped Yourself with a cloud
so that no prayer can pass through***

**5:15, 17 *The joy of our heart has ceased;
our dancing has been turned into mourning.
Because of this our hearts are sick
Because of this our eyes have grown dim***

**3:18 *So I say, "Gone is my glory,
and all that I had hoped for from the Lord"***

What do we call you now

except a vengeful, iron-fisted, liar?

Who curses sinners and murders their children?

Why?

How can this be?

How could a loving God let this happen?

You offered us precious lives

then viciously plotted and took them back.

Why?

We trusted You

We offered back to You our best for guidance and protection
You stood with us, so we thought,
casting Your shadow and blessing us.
We knelt and vowed promises to You
and You to us.

We danced in celebration of Your goodness,
but all the while You knew Your wrath toward us.
You only hid Your nature,
Your destruction and fury.

We cried out to You night and day,
but You hid from our anguish, our screams
and our pleadings for mercy.
You are a coward! You are a liar!

We became paupers,
worshipped and cried for You
but You never answered.
You never came to see about us.

Instead, You plotted, teased and tortured us with temporary joys.
You ignored us, and turned against our children.
You brought fire and torment to their bones.
You shut up their lips with fierce anger
and You watched as they dried up like waste.
You are an evil flaming fire.

You tore us from our dream, our blessings, and our future,
You couldn't even face us when we asked
Why? Why? Why?
You are a coward!

You protect yourself,
while You expose and strip others.

We lay together now cold and empty.
Our passion is poisoned and contaminated with wrath.
We are hardened and full of sorrow.
Our days and nights are one.
Our lips are parched and our bodies frail,

Our tears are our only nourishment.
Your blessings are like vapors.
There is no merit in You.

You covet and are envious.
There is no darker depth that You can take us to.
Our souls have no peace.
We await Your final terror.

(The end).

5. A Brother's Lament

2:11 *My eyes are spent with weeping, my stomach churns
My bile is poured out on the ground
because of the destruction of my people
because infants and babes faint in the city*

2:12 *They cry to their mothers "Where is bread and wine?"
as they faint like the wounded in the streets of the city
as their life is poured out on their mothers' bosoms*

Oh sister, beautiful sister.
Oldest, pioneer of childhood time stepping first into the unknown,
constantly devastated, troubled, undone, confused, tortured, unloved, taunted,
mistreated, held back, criticized, damaged, miserable.
A ruined life!

How can it be?

A family built on love and harmony, and you left out?
Ruth, a stranger among those beloved to you,
The closer you move, tender like a kitten seeking play and suckle,
the harder you are hit and more deeply dejected,
your heart open and so bruised.
Why does it keep beating?
How?
In reaching out to the bosom of our mother, you die.

Damn it! Get over it! Be normal!
What are you doing to deserve your pain!
It's not fair to us.
I am dying of pain and confused in my anger.
The past is past. Stop returning to the source of your hurt!
I am so furious with you.

Don't you dare manipulate me, damn it!
Damn it! Damn it!
I can't listen to you any more.

This is not what a brother does.

This is crazy, you babbling all the goddamn time, slurring, wasting my time.
You're not a damn baby anymore.
Being right is not going to save you and I am done.
Done!

I am.
Out of sympathy.

We are tired of you.
Tired!

Stop pulling my strings -
when the last one comes out, you won't be able to get my attention.
I hate you for making me so angry.
Damn it! Damn it!

God.

Your empty promises fill me with loathing.
A family raised on love and good intentions - and this huge void.
A life of pain:
a baby in pain, now a child, now an adolescent, now an adult.

A wasted life.
How can it be?

(The end).

6. His Sister's Lament

This lament was imagined by her brother, the author of #5 above.

3:1-9 *I am the one who has seen affliction under the rod of God's wrath;
God has driven and brought me into darkness without any light
Against me alone God turns God's hand again and again all day long
God has made my flesh and my skin waste away and broken my bones.*

*God has besieged and enveloped me with bitterness and tribulation
God has made me sit in darkness like the dead of long ago
God has walled me about so I cannot escape;
God has put heavy chains on me*

*Though I call and cry for help,
God shuts out prayer
God has blocked my ways with hewn stones,
God has made my path crooked.*

Why is this happening? Where do I go?
This way, there is loneliness and isolation and the other way is suffocation and abuse.
God, why did you put me here?

A life of pain and embarrassment, of torture, of disappointment and humiliation?
Of failure, of rejection?
The darkness I feel knows no boundary. I am stuck in it.

I am it.

All of my jobs come to naught.
All that I have is destroyed.
I destroy it.

My car, my house, my relationships.
I am not trusted.
I am not respected.
I know I infuriate them.
I know they see through me.

My constant illnesses, God.
God? Hah!
That bastard's not there!
God's not even not listening!
Gone! Left!
Can't be here,

A life of misery, of stumbling blocks,
a labyrinth twisting back on itself,
returning me to pain and disappointment over-and-over!

Please! Mercy!

Please, please help me!
Brother? Daddy?
Tell me what to do!
Listen to me!
Help me, please! Don't leave me.

I am trapped in this bloody city,'
in this awful house, in this twisted family.

Stuck! How?

Where do I go? Why is this happening?

Where do I go?
This way there is loneliness and isolation,
and the other way is suffocation and abuse
(The end).

7. A Cancer Sufferer's Lament

1:12-14 *Is it nothing to you, all you who pass by?
Look and see if there is any sorrow like my sorrow
which was brought upon me
which the Lord inflicted on the day of the Lord's fierce anger.*

*From on high God sent fire;
it went deep into my bones God spread a net for my feet
God turned me back;
God has left me stunned, faint all day long.*

*My transgressions were bound into a yoke
by God's hand they were fastened together
They weigh on my neck, sapping my strength
the Lord handed me over to those whom I cannot withstand*

Why me?

Why is God soooooooooooooo angry with me?

I cannot eat
I cannot lift my head
My lips are dry
My tongue is thick
I have no strength
I can barely breathe.

I don't know which is worse –
the cancer – the radiation – or the chemo!
And this fire -
Why is God sending this fire into my bones?

My scalp and my head burn all the time
and my bones burn
And my throat and my stomach burn.

The only time I'm not nauseous is just after I throw up
And then,
my throat feels like I've just swallowed acid.

My heart bums ...

all day and all night, I burn from my head to my toes.
All night, I scream silently in agony
until the nurse finally comes in the morning to give me something.

But it doesn't last long.
And when I call for more,
they say: *Later*
But *later* never comes soon enough.

They should only know from such pain!
Then they'd come quick enough
when someone pushed the "call" button.
Then they wouldn't pass a room without stopping in.

I lay here all day and all night staring at the 4 walls
I'm soooooooo alone.

Did I really deserve this suffering?

I've led a good life:
worked hard
given charity
been good to my children and my parents

It's such a waste!
On me, suffering goes nowhere, into nothing

For this, God is keeping me alive?
For this, I'd rather die!

(The end).

APPENDIX D
SELECTED PUBLICATIONS BY THE PROJECT AUTHOR
AND GUEST-PRESENTER

Selected Publications by Rabbi Bonita E. Taylor and Rabbi David J. Zucker

“The Muse of Visiting.” *Jewish Relational Care A-Z: We Are Our Other’s Keeper*. Ed. Jack H Bloom. Binghamton, NY: Haworth, 2006.

“Spirituality, Suffering and Prayerful Presence within Jewish Tradition.” *A Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying*. Ed. Christina M. Puchalski. New York: Oxford University Press, 2006.

“Sacred Synchronicity: Israel at Sixty.” *Midstream*, 54.6, 4-5, (November-December, 2008).

“Forgiveness Is not always Possible.” *The Orchard*, UJC Communities, 13-14, (Fall, 2007).

(with T. Patrick Bradley). “The Chaplain as an Authentic and an Ethical Presence.” *Chaplaincy Today*, 23: 2, 15-24 (Autumn/Winter 2007).

“Nearly Everything We Wish Our Non-Jewish Supervisors Had Known About Us as Jewish Supervisees.” *Journal of Pastoral Care & Counseling*, 56.4, 327-338 (Winter, 2002).

Selected Publications by Rabbi Bonita E. Taylor

“The Muse of Chanting.” *Jewish Relational Care A-Z: We Are Our Other’s Keeper*. Ed. Jack H Bloom. Binghamton, NY: Haworth, 2006.

“The Power of Custom-Made Prayers.” *Jewish Pastoral Care: A Practical Handbook, 2nd Edition Revised and Expanded*. Ed. Dayle A. Friedman. Woodstock, VT: Jewish Lights, 2005.

Selected Publications by Rabbi David J. Zucker

The Torah: An Introduction for Christians and Jews. Mahwah, NJ: Paulist, 2005.

“Para-Chaplaincy: A Communal Response to the Ill and Suffering.” *Jewish Pastoral Care: A Practical Handbook, 2nd Edition Revised and Expanded.* Ed. Dayle A. Friedman. Woodstock, VT: Jewish Lights, 2005

“Taking Care of Ourselves: It’s About Time!” *Jewish Relational Care A-Z: We Are Our Other’s Keeper.* Ed. Jack H Bloom. Binghamton, NY: Haworth, 2006.

American Rabbis: Facts and Fiction. Northvale, NJ: Jason Aronson/Lanham, 1998.

Israel’s Prophets: An Introduction for Christians and Jews. Mahwah, NJ: Paulist, 1994.

APPENDIX E

CONTEMPORARY LAMENTS BY PILOT PROJECT PARTICIPANTS IN CONJUNCTION WITH FOLLOW-UP EVALUATIONS

1. Three Strikes

- 1:2** *Bitterly she weeps at night, tears are upon her cheeks.*
- 1:8** *She herself groans and turns away*
- 1:12** *Look around and see: Is any suffering like my suffering*
- 1:13** *From on high he sent fire, sent it down into my bones.
He spread a net for my feet and turned me back.
He made me desolate, faint all the day long*
- 1:17** *Zion stretches out her hands, but there is no one to comfort her*

1, 2, 3 strikes you're out!

It used to be of comfort to sing these words
as we'd take an evening walk and look at the starry heavens

Pleasure in the company -
pleasure in creation -
as we'd play baseball with family and friends:
at school - on the team - in the stands.

Pleasure in community
laughing, yelling at the pitcher with the rubber nose
always with our gloves in hand

Pleasure with each other - for ourselves
KNOWING You were with us.

THEN, IT ALL CHANGED!

STRIKE 1

You snatched Dad right out from his visit with us
we couldn't hear him sing anymore.

So we went to see the Jays play ball.

STRIKE 2

only three months later

You landed us back in the funeral home.

what was happening to our family

why did You take little Lee?

He didn't know the song yet

Our oldest, our youngest,

what were You thinking!

So we went to see the Jays play ball

STRIKE 3

She ran away

our flesh and blood

It's only been 3 months

our flesh still battered and bruised

drained from its life-giving force.

Death again!

At least, that's what it felt like.

So we went to see the Jays play ball

OK God

so 1, 2, 3

WE ARE OUT ALREADY!

Just stop ... please

we can't sing in the 7th inning stretch anymore.

Who wants to go to the stupid old game anyway.

Anyone want my glove?

(The end).

Writer's comments: *"My experience in your workshop was profound in my loss journey even though this [incident] happened in 2002."*

"This expression just flowed out during your session and as you invited others to share, I felt the power of all those around who were freed to dance at the same time.... [I]t was a very powerful and moving session. Thank you for your ministry, your teaching and your passion for life."

2. A Pastoral Counselor's Lament

2:11

***My eyes are spent with weeping; my stomach churns
My bile is poured out on the ground***

*Because of the destruction of my people
Because infants and babes faint in the streets of the city*

2:13 *What can I say for you, to what compare you, O daughter Jerusalem?
To what can I liken you, that I may comfort you, O virgin daughter
Zion?
For vast as the sea is your ruin, who can heal you?*

2:20 *Look, O Lord, and consider! To whom have You done this?
Should women eat their offspring, the children they have borne?
Should priest and prophet be killed in the sanctuary of the Lord?*

2:22 *You invited my enemies from all around as if for a day of festival;
And on the day of the anger of the Lord no one escaped or survived;
Those whom I bore and reared my enemy has destroyed*

You have called me to care, O Lord.
But some days, it is more than I can bear.

These people whose stories I hear,
Whose narratives I embrace as my own,
Whose lives are set before me,
Cause my heart to weep.

O Lord, are not these Your people?
How do I sit without action?
How do I comfort when You afflict?
For what have You set me aside?
To be Your voice of agony?

Words are without purpose.
They are used to bring order.
But there is no order.
There is only chaos, darkness, and emptiness.

Words are forms without substance.
How do I comfort when You, O Lord,
have wrested from them their power to bring healing?
My proclamation is hollow.

Have mercy, O Lord, have mercy.

It is not only they who suffer but I – and the community – as well.
Their sorrow and anguish depletes and diminishes us all.

And what about You, O Lord?

Are You not grieved?
Do You not care?

I cry out on their behalf and You, O God, are deaf.

Are these not Your people, O Lord?
Yet, it is You who are the enemy.

This is more than I can imagine, more than I can bear.
I cannot give voice to this thought.
It torments me day and night.
Have mercy, O Lord, have mercy.

(The end).

Writer's comments: "*Quite honestly, the workshop opened up the Book of Lamentations for me in a fresh way.*"

"The workshop you did was very helpful – I cannot say that too much. For me, it was the highlight of the conference.... [Y]our workshop is the one I have gone back to again and again in my pastoral counseling practice. You should write a book!"

3. Years of Tears

The morning that this chaplain wrote this lament, she heard about a man who walked into a nursing home and killed several individuals. This lament was a response to that incident and to her own struggles.

(no specific *Lamentations* verse[s] cited)

God of our weary years, God of our silent tears,
God of our weary years, God of our silent tears

Absent love, absent people, absent caring,
God of our weary years, God of our silent tears,
No rescue, no help, no silver lining.
God of our weary years, God of our silent years,

Light dims, shadows deepen, darkness descends.
God of my weary tears, God of my silent tears.

They say I am anxious, maybe it is hurt,
I am scared,
God of my weary tears, God of my silent tears

I am hurt, I am sad,
I am angry.

God of my weary years, God of my silent tears

No more, isn't it enough, I give up!
I am weary this year God, I cry silently to You God,

Do You hear what I hear, all Your people crying,
Do You see what I see, all Your people dying.
God, can You hear them? Can You hear us?
Can You hear me?
God of my weary years, God of my silent tears.

(The end).

4. How Long, O Lord?

(no specific *Lamentations* verse[s] cited)

How long must I wait for Your deliverance O Lord?
When will I be freed from my afflictions?

I lie in bed and sleep will not come
I wake in the morning and cannot move from exhaustion
My dreams crumble into dust and my life is a chasing of the wind

I see others in the streets, laughter on their lips and eyes that dance
My lip trembles and tears flood my face
Who will be by my side on this journey of life?

I am alone in my sorrow
Hope flees like a leaf in the breeze, fluttering just beyond my reach.

Where did I go?
Where is the little girl with the shining ponytail and the song in her heart?

She is a vapour, a shadow of yesterday
And she that remains is a weary soul aged beyond her years
Wracked by disappointment and hidden terror

How long O Lord?
Will there be an answer?
Do I have the strength to go on without one?

(The end).

Writer's comments: *"I want to express my gratitude for the workshop.... I learned much and am applying it in my studies and ministry."*

5. *No More*

(no specific *Lamentations* verse[s] cited)

What have I come to?

These hands that once plied my trade and taught young men
are numb and useless.

This body, once strong as a German soldier's form,
once virile, dancing under the stars in the Yucatan sky,
lies in a bed to walk no more.

This tongue from which words in five languages once rolled
is thick with slurred speech -
the voice of my thoughts now restrained

I recall the days of my youth
when I went forth in strength to work, to play, to love, to live
Those days are now no more

I fed my birds from this very hand,
seed chosen and mixed for each kind
No effort too great for the yellow finch, la paloma, the starling
I have watched them pecking out each others' eyes,
The strong attacking the weak
How long must I endure?

How I love the white-winged dove, beauty unobscured;
the sight of her fills my heart
as a distant trumpet melody, echo of my aching.

(The end).

6. *Are You There?*

(no specific *Lamentations* verse[s] cited)

I'm only 18 you know, God
Couldn't You just give me a little break?

There's not much of my life to think back on
it was just getting started.

I know You're out there - somewhere -
looking down on us
like millions of ants running around
At least, I think You're out there ...

I know I got pretty mad last year
and I probably shouldn't have yelled at You -
I was scared more than anything

I'm still scared!

Every night, I beg You to let my eyes open in the morning
Lots of other people are praying for me too -
I hope You can hear us.

I can't handle being alone in this.
I don't really care so much who it is
As long as someone is there beside me,
someone who will hold me close

They say Your son died young too
and that he felt alone, even abandoned at one point
I'm not sure I get that ...
why you didn't do something, I mean?

I guess I'm supposed to have faith,
to trust what I can't see
You're going to have to help me with that one.

(The end).

7. Betrayal

(no specific *Lamentations* verse[s] cited)

Betrayal sidles up
sporting a smiling mask of solicitude
and asks,
 “What can I do for you?”

Sufficient distraction caused by the question,
full of possibility,
the silent stiletto slides from behind,
pierces the skin of identity,
slips between the ribs, the skeleton of self.

A mortal wound with no reverberation.

Corporate-ness has no stomach
for authenticity.
Gags and vomits that out

like Jonah from the belly of the big fish.

Gasping and stranded on the shoals of inadequacy,
washed by the out-going tide of humiliation.

What is the new place with no name?

God,
I should know where to find You when I am lost.
Hidden somewhere in the territory of lost
is Your absence.

How to seek You when Your mystery
cloaks You in darkness?

I know what it feels like to be an unwelcome stranger,
taken out to the curb and left to be
picked over by the scavengers.

Here is my vulnerability
piled up
next to pride, earnestness, sincerity.
Not worth much on the market
not “revenue-producing.”

Is this a familiar territory for You?
Is it the feeling You have
as I go on my merry way
each morning?

A surplus of devalued power and poetry
in Your words of ancient wisdom.
You do know me,
from the inside.

(The end).

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