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Pastoral Care and Support Systems

There is an increased interest within the local church for models of caring which complement and facilitate the use of the church's traditional resources. There is also a growing dissatisfaction among the clergy with psychoanalytic models of pastoral counseling, and there is a corresponding effort to find other more appropriate models. This article is an attempt to present an alternative model of caring for local churches.

Historically, pastoral counseling functioned in a manner that has alienated it from the local church. For example, very few members, about 15% in fact, of the American Association of Pastoral Counselors are local church pastors. Most of the membership in this organization work in pastoral counseling centers or special chaplaincies in hospitals and the military. One of the limitations of the pastoral counseling movement is that it hasn't spoken to the needs of local churches and this is reflected in the make-up of the American Association of Pastoral Counselors. Morris Taggart, in an article entitled, "The Professionalization of the Parish Pastoral Counselor," comments on the irrelevancy of pastoral counseling to the local parish. He says:

> A very serious effect of the situation we are all in is the growing sense of there being a gap between the counseling concerns of parish ministers and the overall development of the field. Parish ministers attending summer workshops in pastoral counseling frequently complain that the material offered at such workshops, as well as much of what appears in the books and journals, appears to be aimed more at the specialist pastoral counselor rather than the parish clergy. These clergy from the parish insist that the special issues associated with doing counseling in a parish setting are either not dealt with in much of the writings or are shrugged off . . . In a word, professional pastoral counselors are being experienced as irrelevant to the special needs of the parish clergy as are psychiatrists and psychologists.[1]

Indeed, there are problems in the relationship between pastoral counseling and the kinds of problems existing in local churches. There are many reasons for this apparent difficulty. Among the reasons are an identity problem among pastoral counselors which has manifested itself in the pastoral counselor's identification with psychiatrists and psychologists, the inadequacy of the one-to-one medical model of psychoanalysis for understanding multiple problems in parish settings, and the failure of the pastoral counselor to utilize the unique resources that the local church has to offer mental health.[2] All three of the reasons are related to each other; they are aspects of the same common problem. That is, these reasons reflect the fact that pastoral counseling has relied more upon secular disciplines for its norms and procedures rather than upon the

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[1] Morris Taggart, "The Professionalization of the Parish Pastoral Counselor", *Journal of Pastoral Care.* 27 (September 1973): 186.

[2] A perspective on these three issues can be found in the following publication. William E. Hulme, *Pastoral Care Come of Age* (Nashville: Abingdon Press, 1970).

church's rich tradition. Because of this, pastoral counseling has overlooked many historical therapeutic resources within the Christian faith, namely, the caring community, the worship tradition, the prayer tradition, and the ethical value tradition of the church. All of these traditions are resources upon which the pastoral counselor can draw to aid the growth of the person.

I am not suggesting that pastoral counseling should ignore the secular disciplines. To the contrary, what I am suggesting is that pastoral counseling and especially pastoral care, must select only those models and methods from the behavioral sciences that serve the ends of the mission of the church as it has been conceived historically. Therefore, the behavioral science models, when used, must enable pastoral care and counseling to utilize the traditional resources of the Christian church for ministry. It must serve the communal needs as well as the individual needs; it must serve spiritual needs as well as psychological needs; it must help one to unite with one's Creator as well as help in the achievement of mental health.

Because the one-to-one medical model of psychiatry has been inadequate for local parishes, I would like to suggest an alternative, namely, the community mental health model. The community mental health model is one which attempts to prevent mental illness in the community through addressing the multifaceted nature of forces that provoke or ameliorate a mental disorder.[3] This model is valuable to the pastor, because it focuses upon the many factors within the environment that may aid or hinder the growth of persons,[4] whereas the psychoanalytic model focuses primarily upon the internal life of the counselee and the interpersonal relationship between the counselee and the counselor. The community mental health model is also concerned to penetrate the lives of people living in the community in order to build up and influence those environmental factors that might contribute positively to the mental health of persons. Its focus, then, is oriented toward the total community rather than to the isolated individual.

My own experience as a pastoral consultant at the Solomon Carter Fuller Mental Health Center in Boston and my eight years of parish experience has taught me the value of the community mental health approach. I think this approach has direct relevancy to the local church because it is focused upon (1) normal rather than pathological needs of persons, (2) prevention, (3) whole populations of persons and not just the individual, (4) the kinds of environmental factors that influence the mental health of persons, (5) and facilitates the use of the traditional caring-resources within the church. In the latter case, among the factors

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[3] This definition of community mental health is found in Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964), p. 26.

[4] For an extensive examination of the relationship of community mental health and the church see Ruth Caplan, *Helping Helpers to Help* (New York: Seabury Press, 1972. Howard J. Clinebell, Jr., ed., *Community Mental Health: The Role of Church and Temple* (Nashville: Abingdon Press, 1970). Glenn Whitlock, *Preventive Psychology and the Church* (Philadelphia: Westminster Press, 1973).

that influence the mental health of persons are support systems. Because the local church is a caring community, support systems theory in community mental health is a natural model to help move pastoral counseling and care away from the medical model and toward the utilization of the church's natural and traditional resources. We will now explore the relevance of support systems to pastoral care.

What Are Support Systems?

Before defining support systems it would be helpful to define pastoral care. Pastoral care is the ministry of the church which brings to bear on the person and family in crises the total resources of the church. Pastoral counseling, on the other hand, is a specialized form of pastoral care which usually defines the therapeutic role of the minister to persons, families and small groups. In pastoral counseling the major resource for caring is the person of the minister; whereas, pastoral care not only utilizes the minister's person, but it also utilizes many of the church's traditional and natural resources.

When pastoral care is defined as the bringing to bear of the total resources upon persons and families in crises, the role of support systems in pastoral care must be considered. Support systems theory is that aspect of community mental health which assumes that the arena of healing in the lives of persons rests within the supportive community[5] and not just in a therapeutic relationship between doctor and patient. In this model the agent of the healing is the supportive community, and when considering the role of support systems in pastoral care, the healing agent in the church is the caring community. The healing forces within the local church from the perspective of support systems theory are the caring relationships that exist in families, extended families, peer groups, friendship and fellowship circles, prayer and bible study groups, and informal face-to-face encounters. Beyond their interpersonal aspects, support systems are also vehicles through which God's redemptive love moves to unite God and his people. In summary, support systems are channels for healing in crisis situations as well as for God's redemptive love.

A support system is defined as patterns of continuous ties with significant others that help the person maintain emotional and physical integrity during crisis periods. These systems help the person or persons in a crisis to maintain their health and comfort, to reinforce the person's own capacity to cope with crisis situations, to provide a person with community validation for his identity and self worth, to satisfy a person's need for caring relationships, and to help the person to express his emotions and to control his impulses.[6]

There are religious support systems that not only help to maintain a person's emotional and physical integrity, but which also help to bring

[5] Gerald Caplan examines the role of support systems in *Support Systems and Community Mental Health* (New York: Behavioral Publications, 1974).

[6] Ibid., p. 5.

religious resources to the person in crisis. Religious support systems give the person in crisis an opportunity to identify with friends, provide opportunities for joint allegiance to shared views and values about God, provide a tradition of ritualistic practices to help deal with crises such as birth and death, provide a cohesive reference group for control and directing of impulses, provide religious literature that works to strengthen a person's understanding about what is happening to them and how God is working to be present with the person in their predicament, and provide an enabling faith in God which gives meaning to life and hope for a better future.[7]

The question may arise: Does a person really need the help of support systems? Psychological studies have shown that persons are open to the influence of others during crisis periods more than at any other period in their lives.[8] In crisis periods persons face problems in their lives which they cannot solve by the usual problem solving mechanisms. During these periods, persons turn to others for help in the resolution of their crises, and it is at this point of crises that the church has opportunities to intervene into the lives of persons to help them solve their problems. The proper employment of support systems in the local church during crisis periods can be very therapeutic.

Support systems satisfy many personal needs in crisis situation. Persons in crisis need a buttress against social disorganization. They need help in mastery of threatening situations in life; they need consistent feedback from others about what is expected of them in a crisis; they need assistance with crisis coping tasks and an evaluation of how well they are doing in their performance of these tasks; and they need a socially accepted outlet for emotions and feelings. Proper employment and use of the support system resources within a local church helps to meet the needs of persons in crisis situations.

A CASE STUDY

At this point it will be helpful to study a case which demonstrates the use of support systems during the death and bereavement of a loved one. This case study is of an African pastor of a black Congregational Church in Boston, Massachusetts. Because of his African heritage, he was very sensitive to the kinship and community ties of persons within his congregation, and he was always looking for opportunities to use the natural relationships between people of his church in pastoral care. The case study is an excellent demonstration of how a pastor can bring to bear upon the person in crises caring support systems in pastoral care.

The focus of this pastor's concern was a black male who was in his late fifties. He was dying from cancer. Prior to the discovery of the cancer, the

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[7] Ibid., pp. 25-26.
[8] Ibid., p. 4.

parishioner had sustained injuries in a serious car accident. Initially, the parishioner's illness was linked to complications associated with the car accident. However, during the man's convalescence it was discovered that this parishioner was terminally afflicted with cancer of the liver. When the parishioner was told of his disease and the negative prognosis, he responded with disbelief. He would not accept the doctor's findings, rather, he insisted that his illness was only the result of the car accident and that he would return home to work in a short time.

The dying man was not alone during this difficulty. The dying parishioner's immediate family consisted of two younger sisters who lived in the Boston area. These sisters had good relationships with their brother and felt they had obligations toward him, especially during his illness. They were very upset about his illness and were equally concerned about his inability to accept the fact that he was dying.

The dying parishioner also had an older sister in the deep south with whom he had a very close relationship. This closeness was far greater than his feelings toward his other two sisters and was directly related to the fact that the older sister baby-sat for him during his childhood.

The dying man's relationship with the pastor was a comfortable one. The pastor had visited the parishioner periodically in the hospital from the onset of the hospitalization. The pastor was concerned about the dying man's inability to accept the fact of his impending death and expressed this concern to the sisters. They were unsuccessful in helping their brother to accept his death just as the pastor had failed. The pastor and sisters began to talk, and they then discovered that the dying man would probably be more open to his older sister than he was to them. Therefore, the pastor sent for this older sister, who came as a result of the pastor's effort. They found that the dying parishioner talked very freely with the older sister and was able to accept the fact he was dying as a result.

The pastor also contacted the man's adult son. The father and son were estranged, but they were reconciled by the pastor's efforts.

The dying man was in his second marriage, but he was estranged from his second wife. However, when she learned of her husband's illness from the pastor, she was a great deal of help to her husband during his final days. She visited him quite often and tried to make things very comfortable for him.

Finally the man died. The minister continued his role by preparing the family for the funeral. The pastor found that the family's participation in preparing the funeral service stimulated them to express their feelings about their beloved brother, husband, and father. The pastor found that this process enabled them to review their life with the dying man, and this helped them to grieve for their loved one.

The pastor also had lay persons in the congregation, trained to be a help to persons in crises. Many of his parishioners were from the South and West Indies, and many of them knew because of cultural tradition what to do when persons were in crises, especially the crisis grief. The pastor built upon this cultural tradition in his training of the congregation.

ANALYSIS OF CASE

Before examining the way in which the pastor used the support systems to facilitate the ministry of the church to the man and his family in crises, it is important to examine the psychological dimensions of dying and bereavement as presented in the case.

During the dying process Elisabeth Kubler-Ross has pointed out that it is very important that the person accept the fact that he is dying.[9] In facing the possibility of death it is possible for the person to talk about it with others and in the process discover new dimensions of life in spite of death.

Notice how the parishioner in the case study denied the prognosis. The threat of his dying was to much for his conscious mind to comprehend. He could not accept it. The inability of the parishioner to accept the final stage of life should not cause any over-concern. Elisabeth Kubler-Ross has stated that the first stage of accepting death is denial.[10] In this case the man really denied he was dying; thus, he could not accept it. He protested that he would return to work. Fortunately, the pastor realized that denial was the first stage of acceptance of one's death and respected the man's protest.

Acceptance of one's death in the dying process is so important, because it is so necessary for the person to find meaning in life in spite of death. Death is scary, indeed, but it becomes less so if we are able to talk about it with others. More than this, we began to realize that meaning in life—the ability to discover new dimensions in human encounters—is possible up until the very time of death. This reminds me of the words of Jesus: "I came that they might have life and have it more abundantly."[11] Yes, even when we accept the fact that we are dying, God has created the world in such a fashion that new meaning and purpose in life are possible even when death is going to lay its cold icy hands upon us.

Besides the dynamics of dying, there are personal dynamics of bereavement. There are certain psychological tasks which must be accomplished during bereavement. Bereavement refers to the sudden cessation of social interaction.[12] It elicits negative emotions and a characteristic syndrome following the loss of a loved one. During the process of grief, the grief-sufferer must give up the lost object. This means the person must accept the fact that their loved one is dead and allow the person to die. Once the person accepts the fact their loved one is dead, they are then able to turn to life again. This process of bereavement involves reviewing relationships with the deceased, expressing feelings of loss and abandonment, arranging one's life in order to live without the loved one, and working on the tasks of burial. The whole grief process takes about six weeks, in normal circumstances.

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[9] Elisabeth Kubler-Ross, *On Death and Dying.* (New York: Collier-Macmillan Ltd., 1969), p. 99.

[10] Ibid., p. 34.

[11] John 10:10, Revised Standard Version.

[12] Erich Lindemann, "Symptomatology and Management of Acute Grief," *The American Journal of Psychiatry* 101 (September, 1944): 43.

The grief process in the family of the dying man was interesting, because it was a classic example of anticipatory grief. This means that the family of the dying man had an opportunity to work on the tasks of grieving prior to the death of their loved one. In the case study the family had accepted the fact that their beloved would be dying. Because they had accepted this fact early, they experienced many of the feelings of loss and abandonment prior to the death of the beloved. More importantly, they were able to share these feelings with each other and with their beloved. When the actual death came, much of their feelings had been worked through and the actual grieving period was not as long as it would have been otherwise.

In the grief work I have done in my ministry, many of the persons express regret about the untimely death of their beloved. They say they had so much to tell the person, but now it is no longer possible. However, in anticipatory grief, persons have an opportunity to say whatever they wish to their loved one. Fortunately, this was possible in the case study I have presented.

Now that we have sketched briefly the dynamics of dying and grief, let us look at the role the pastor performed in utilizing the support systems during this period.

From the support systems perspective, the task of the pastor during the crises of dying and bereavement is to enable the support systems to provide its healing resources. In the case of the dying parishioner, this meant enabling the support systems to meet his needs for loving companions to the end, as well as for helping him accept the fact that he was dying. In terms of the bereaved family, the role of the pastor was to stimulate the resources within the family itself and to use the resources of the church to help the family.

The first thing the pastor did was to bring the healing resources within the dying man's family to the aid of the dying man. The dying parishioner was largely uncommunicative about his condition with the pastor. The pastor tried to help the man open up by bringing his two sisters in to talk with him. However, he was not able to respond to them, so the pastor sent for his older sister. In this context the pastor was a support systems enabler. As such, he attempted to use the family to help the dying man receive the kind of companionship he needed and to help him accept his impending death. This use of the family support system by the pastor enabled the dying man to discuss his fears about dying with someone he loved, to renew old relationships, and to create new ones. Creating new relationships was made possible when the pastor made all the effort possible for the man's son to visit with him in the hospital. The man and his son had not talked for several years. The pastor, as a support systems enabler, facilitated their reunion. Not only did they get together, but they were also able to relate meaningfully, to share their real concerns, and forgive mistakes made in the past. Of course, it is always helpful to the dying person to have attempted to correct difficulties and misunderstandings with loved ones before death. This always enables the dying person to accept death easier. More than this, it helps the grief-sufferer to

grieve. In the case study all of this happened because the pastor was sensitive to support systems surrounding the dying man.

After the parishioner died, the pastor utilized the support systems resources to assist the family through the bereavement process. Although anticipatory grief took place prior to the parishioner's death, the death brought with it additional feelings of loss in the family. In this context the pastor used the funeral service preparation as a support system resource. The pastor felt that having the family participate in the actual building of the funeral service would enable them to review their life and relationships with the deceased. In other words, the pastor used the funeral service preparation to continue the process of bereavement.

The pastor also used the wake to facilitate the grief process. He structured the wake in such a way that those who were not able to attend the family planning session had an opportunity to share their feelings at the wake. The pastor also used appropriate scripture and music at the wake, which further facilitated the grief process.

The pastor used the caring community within the church to aid in the grief process in addition to the preparation of the funeral service and the wake. Within this church, custom informed the way in which goers should act during bereavement. This was particularly true of the parishioners from the south and from the West Indies. The pastor used these customs as opportunities to help the grief-stricken family. He helped the parishioners to be in the right places for the family in bereavement. If there was need of assistance in cooking or dispersion of personal effects of the deceased, persons were made available for this from the church. Moreover, deacons were trained and supervised by the pastor for helping families in bereavement, as well as with other needs.

The African pastor was acutely sensitive to families and persons in crisis. More than this, he was able to take many opportunities presented to him to use support system resources in his pastoral care. His rich cultural background from Africa assisted him in the mobilization of support systems resources. Thus, when crises arose, he was able to involve his whole church in the ministry to the family in crisis.

IMPLICATIONS AND CONCLUSIONS

Through the use of support systems in the local church it is possible to add new dimensions of meaning to the lives of persons in crises. During crises people naturally look for assistance from others. They are open to the influences of others. Proper use of support systems within families and within the church can introduce the suffering person to new levels of relationships that they can experience. In the case study presented earlier, there was discovered on the part of the dying man that it was possible to experience meaningful relationships in spite of death.

The possibility for creating new meaning through the use of support systems became a reality both in the case of the dying man and for the members of the support system. Those who participate in support

systems, especially during bereavement, come to the realization that bereavement and grief are temporary although death is permanent. The grief-stricken feel as though part of them has died, but soon learn that a recommitment to life is possible. Yes, those who are in the support system descend into hell, literally, with the persons and family in crisis. But they arise victoriously when the grief process is over. They arise with new meaning in their lives. That is, in spite of the tragedies that exist in life, there is the possibility to affirm the value of life. "O death where is thy victory, O death where is thy sting . . . "

Another implication of the case study for the local church has to do with educating the laity for its caring ministry. The pastor trained his deacons for what they needed to do during crisis periods within the congregation. We, as pastors, cannot expect persons to know what they should do automatically when they are called upon in crisis situations. People must be trained concerning the various needs people have in crises and how they help meet these needs.

An important implication of the case study has to do with the role of the minister. The pastor in the case study has always looked for ways to help the caring community accomplish the healing. The more I engage in group counseling the more I realize how groups can do so much more than I can as an individual. Yes, ministers do have a role in crisis intervention and counseling, but I feel support systems should also be utilized in the crisis intervention.

The final implication of the case study has to do with the value of support systems theory for the local church. Unlike traditional psychoanalytic theory, support systems theory fits naturally within the structure of the local church. It assists the pastor in the more effective use of the healing resources of the church needed in the funeral service, the caring community, and theology. Thus, I conclude that the support systems theory aspect of community mental health is a more viable alternative for the local church than the traditional one-to-one approach.