

# Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling



*20 Years of Creating Caring Connections*

## The Purpose of Caring Connections

*Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* is written primarily by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable, solidly grounded in the practice of ministry, and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and concerned congregational pastors and laity.

*Caring Connections* also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

## Help Support Caring Connections

Funding is an ongoing challenge, even for a small professional electronic journal like *Caring Connections*. Denominational (ELCA and LCMS) financial support continues to be reduced. No board member or either of the co-editors receives any financial recompense. Lutheran Services in America, our host site, receives no financial compensation for hosting. Our only expense is for the layout of the issue itself.

Lutheran Services in America (LSA) is one of the largest health care and human services networks in the country, representing 300 Lutheran nonprofit organizations. To donate electronically, access [lutheranservices.org](http://lutheranservices.org) and use the DONATE button. You, as the donor, can

then dedicate your gift for *Caring Connections* and make a gift electronically. All of us at *Caring Connections* appreciate your support.

## Scholarships

When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

Applicants must:

- have completed one [1] unit of CPE.
- be rostered or eligible for active roster status in the ELCA or the LCMS.
- not already be receiving funds from either the ELCA or LCMS national offices.
- submit an application, including costs of the program, for committee review.

Applicants must complete the Scholarship Application forms that are available from Christopher Otten [ELCA] or Brian Heller [LCMS]. Consideration is given to scholarship requests after each application deadline. LCMS deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month. ELCA deadline is December 31. Email items to Christopher Otten at [christopher.otten@elca.org](mailto:christopher.otten@elca.org) and to David Ficken [brian.heller@lcms.org](mailto:brian.heller@lcms.org).

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## Call for Articles

*Caring Connections* seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight within the wider Lutheran community. We want to invite any Lutherans interested in writing an article or any readers responding to one to please contact one of the co-editors, Diane Greve at [dkgreve@gmail.com](mailto:dkgreve@gmail.com) or Bruce Hartung at [hartungb@csl.edu](mailto:hartungb@csl.edu). Please consider writing an article for us. We sincerely want to hear from you!

And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, a subscription is free! By subscribing, you are assured that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that our numbers are increasing. Please visit [lutheranservices.org/caring-connections-archive](http://lutheranservices.org/caring-connections-archive) and click on "Subscribe to our newsletter" to receive automatic notification of new issues.

# Reflections from the Editor

Diane Greve

**HAPPY 20TH ANNIVERSARY TO CARING CONNECTIONS!** This issue is a reprise of and reflection on the wealth of articles and the wisdom found in them. We hope you will enjoy reading and remembering the variety of themes and contributions present in this publication. Selecting articles to repeat from earlier issues was not an easy task. Chuck Weinrich and I selected six that represent a cross section of subjects and writers. We could have picked many more and we would encourage you to review the archive at [Caring Connections Archive - Lutheran Services in America](#) and pick any article of interest to you. This archive contains a treasure trove of wisdom.

First, I would like to review the history of this publication, how it came to be and how it has kept going all these years. Others have do the same in this issue.

For most of these 20 years, the sponsoring group for *Caring Connections* has been Lutheran Services in America (LSA)<sup>1</sup>. One affinity group within LSA is Chaplains' Network. For some years, the group met in conjunction with the annual meeting of LSA-related administrators from various Lutheran institutions. The very first issue of *Caring Connections* was sponsored jointly by the ELCA and LCMS with David McCurdy serving at the editor. Leadership from both groups wrote words of support in that inaugural issue. It was a print publication that proved to be too expensive. For the project to continue, it was moved online as a free e-journal. Initially it was sponsored by the Inter-Lutheran Coordinating Council (ILCC) and, in 2005, Kevin Massey took the editorial role.

But, before this started, Ruth Reko (ELCA) and Dick Tetzloff (LCMS) were leaders in developing an LSA Chaplain's Network as an affinity group within LSA. Bruce Pederson, an ELCA chaplain in Minneapolis, was working with the Chaplains' Network to create and distribute a newsletter for the group known as *The Link*. Bruce Pederson remembers he was the one who did all the work for the newsletter and he was having trouble getting anyone to take this role from him. He remembered that Serge Castigliano, the director of specialized ministry in the ELCA office at the time, had a newsletter for chaplains, pastoral counselors and clinical educators with some articles that were educational. So, Bruce approached Serge to help out. These were back in the days when the church bodies had more staff and access to more money.

In 2004 the Chaplains' Network Newsletter became *Caring Connections*. Editors/co-editors over these 20 years have been: David McCurdy, Kevin Massey,

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We hope you will enjoy reading and remembering the variety of themes and contributions present in this publication.

<sup>1</sup> Lutheran Services in America

Chuck Weinrich, Don Stiger, Diane Greve, Lee Joesten and Bruce Hartung. Over time the leadership for the Chaplain's Network waned. The *Caring Connections* publication continues as the last vestige of the Chaplain's Network. Lutheran Services of America supports LCMS and ELCA institutions and *Caring Connections* serves both churches as well. Without other opportunities for peer connection, such as Zion Conferences, *Caring Connections* has become the only means for Lutheran chaplains to experience supportive inter-Lutheran camaraderie.

This is a volunteer run publication that depends on the time, wisdom and energy of dedicated voluntary co-editors, writers, editorial board members and the generosity of Lutheran Services in America. We only pay for the layout and design artist. The LSA Chaplains' Network has been the keeper of the treasury funded through contributions. It is amazing to me that this resource has continued for 20 years.

This issue includes reprints of 6 articles from the hundreds that are available in [the archive](#). These writers represent a cross section of ministries: pastoral counseling, parish ministry, service to veterans, hospital chaplaincy, long-term care chaplaincy, and college faculty. Each bring their own cultural lens. Half of these contributors identify with the LCMS and half with the ELCA. Their articles appear in the order they first appeared in *Caring Connections*. Also included is a brief reflection from the first editor.

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### Reprints from past issues:

- **John Nunes** — “Surprised by Joy: Reflections on Suffering” Vol 1 No 1
- **Gary Sartain** — “A Theology for Alzheimer’s and Related Dementia” Vol 7 No 2
- **Amy Blumenshine** — “Self-Inflicted Harm Among Military Veterans” Vol 9 No 2 & Vol 10 No 2
- **Karen Westbrook** — “Battle-Tested in the War on Hate: How Social Justice Consciousness Challenges the Called in Specialized Care” Vol 16 No 4
- **Bill Dexheimer-Pharris** — “Called to Share a Great Treasure: Singing with All God’s People” Vol 18 No 3
- **Russell Belisle** — “African Americans and Grief” Vol 19 No 2

### Reflections from the Editorial Board members:

- **Mark Whitsett** looks back over the 20 years and sees the consistent need to be neighbor.
- **Chuck Weinrich** comments on his process of creating the indexes.

- **Chuck Weinrich** also draws our attention to the history (by Bryn Carlson) and imagined future of the Lutheran pastoral care and counseling movement: Vol 12 and Vol 13.
- **David Wurster** identified the theme of spaces that ran through two volumes.
- **Phil Kuehnert** interviewed the co-editors for these 20 years to consider what went into the continual publication of *Caring Connections*.

**We are thankful** to the many contributors who have written articles over the years, those who have served on the Editorial Board, those who have served as editors, our donors, Lutheran Services in America, and those of you who are reading this right now. Our readers make it all worthwhile. We hope it has created a caring connection among us all.

We move into an unknown future with hope that this journal will continue to support our readers in their ministries.

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## Call for Articles

# Will you be a writer for 2024.1?

This issue of *Caring Connections* celebrates our 20th Anniversary... The next issue explores the changing face of chaplaincy in 2024 and the future directions of that change.

If you are currently serving in a specialized spiritual care position and have some thoughts about what has changed in your work or what might change in the future, write an article about it!

Please email co-editor Bruce Hartung to discuss this opportunity: [hartungb@csle.edu](mailto:hartungb@csle.edu)

# Reflections from the First Editor

David McCurdy

**THE QUESTION POSED IS**, “What led you to accept the job of editing *Caring Connections*?” In my case that translates to: What (or what in the world) led you—a non-Lutheran from the United Church of Christ—to agree to be the *first* editor of this inter-Lutheran publication?

To begin with, for two years I had—with no formal editorial experience—served as editor of publications at the Park Ridge Center.<sup>1</sup> I had to learn everything on the fly from people who worked for me. But the work turned out to be quite engaging. After that opportunity ended, I missed the work of editing.

Then along came Don Stiger.<sup>2</sup> Don and I shared a work history in pastoral care and education before he moved to an ELCA position in specialized ministries. In that role he edited a publication for specialized ministers and worked with the Inter-Lutheran Coordinating Committee (ILCC). Don envisioned a joint, upgraded publication for specialized ministers and teachers thereof in both the LCMS and the ELCA. Knowing my history, Don approached me about editing the start-up publication.

I was intrigued by the vision and the opportunity. This inter-Lutheran collaboration was refreshing in a time when the two denominations had grown so far apart. I had gained familiarity with things Lutheran through my earlier editorial work and a friendship with Mark Hanson going back to seminary days. And there would be income. The part-time editor would be paid out of denominational funds.

So I said yes. Then followed planning meetings with Don, a multidisciplinary editorial board, and others. The board decided to call the publication a “journal.” At first I had qualms about a designation suggesting academic standards we might not meet. In retrospect, what did I know? The journal’s writing and content consistently validated that title, as they do today.

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The major concern facing the board was—of course—funding. *Caring Connections* was to be a print publication. We (or I) met often with Augsburg Fortress to make it happen. But it was apparent that shrinking denominational funds could not bear the expense. The board strove mightily to secure grant funding from both

<sup>1</sup> Formally, the Park Ridge Center for the Study of Health, Faith, and Ethics.

<sup>2</sup> I should add a disclaimer regarding what follows. My knowledge and/or recall of events from nearly 20 years ago is far from perfect. Others will surely be able to fill in gaps or offer corrections. I think, for example, of Don Stiger and Lee Joesten (founding board member), and probably Bruce Pederson as well.

known and untapped sources. Unfortunately, the funders all prioritized start-up grants over funding continuing operations, which was our need.

Even before the first issue appeared, the board determined that print was not sustainable past Vol 1, No 1. Clearly, an electronic format was the sole viable option, especially for a publication offered at no cost to subscribers and others.

The cost of paying an editor also came into question. I offered to edit the second issue gratis, and the offer was accepted. The second issue would also prove to be my last. An editor more adept in optimizing the potential of the electronic format was really what the journal needed in the future. Moreover, despite my love for editing, I couldn't continue to justify donating the time it took. However, I served on the editorial board for many years and also made contributions as a writer.

Looking back, editing *Caring Connections* at its inception was an experience I wouldn't have missed. I am grateful to all involved, and to the two churches, for the unique opportunity. It was exhilarating to be "present at the creation." It is still gratifying, and bittersweet, to see the letters of support from the two denominational leaders, photos set side by side, gracing that first issue.



*David McCurdy, RBCC, a retired health care ethicist and chaplain, and a retired ACPE supervisor. He is an ordained minister in the United Church of Christ. He was the first editor for Caring Connections and served on the editorial board for many years.*



# Surprised by Joy: Reflections on Suffering

God literally goes to hell and back to bring us back—  
into a real relationship with God

**John Arthur Nunes**

*[Reprinted from Vol 1 No 1 2004]*

**WHEN TOUGH TIMES INVADE OUR LIVES**—as they inevitably do—most of us scramble urgently for a survival response. Ordinarily, only after the dust settles and the storm calms do we probe for answers to “Why?” The theology of the cross may then surprise us with new understanding.

For centuries, the faithful have found that the passion of the Christ provides an interpretative and implicative lens for human suffering. The level of this inquiry rose at the time of the Reformation. “For millennia God had justified man; now man, on the basis of his own reasoning powers, would try to justify God and the existence of evil in divine creation.”<sup>1</sup> Heirs of the Lutheran tradition have tended to focus, even joy in, the paradox of the cross. Here, they discover (1) Christianity’s defining event and (2) God’s mechanism of salvation, as well as (3) a mysterious rejoicing even in the midst of catastrophe (2 Corinthians 6:10).

Joy in suffering? Such a dramatic message is necessarily public and centrifugal. It pushes hard from the center—the cross—to be heard; it pushes especially toward the margins and the marginalized. To redeem the whole creation, the God-man endured God-forsakenness because of joy (Hebrews 12:2). The cross, then, is transformed from an ignoble instrument of execution to the definitive source of blessing.

Like much in life itself, the cross is unlikely. God on a cross? What’s more, God saving us through a cross? We find it unlikely because, unlike human hearts, God’s heart is cross-shaped. God’s love emanates from the bottom up, not from the top down; from this point of crucifixion, not from glorification; in tense struggle, not in facile accommodation; from the ground-level of engagement, not from the safe pinnacle of attainment.

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Joy in suffering? Such a dramatic message is necessarily public and centrifugal.

Paul anchored his faith in the “secret” of the cross. The result was that he learned not to be sabotaged by circumstances—either by success or by suffering (Philippians 4:11–12). That suffering is inevitable goes without saying. That joy might be proffered as a positive fruit of suffering is a claim requiring a theological roadmap if we are to grasp it. It begins with the fact that the very support we receive through the worst of

<sup>1</sup> Mark Lilla, “The Big E,” *The New York Review of Books*, June 12, 2003, 46. This article is a review of *Evil in Modern Thought: An Alternative History of Philosophy* by Susan Neiman.

human suffering has its source at a point of ultimate suffering, or Divine pathos. In our affliction, God is empathetically present (Isaiah 63:9).

For believers, the real presence of the One called alongside to help us (Advocate) brings real joy.<sup>2</sup> This Holy Spirit brings understanding of the cross's reality. Faith is paramount as the instrument for receiving the Spirit's nurture and gifts.<sup>3</sup> In spite of the supposed human preference for honeyed amusements, ear-tickling words, mellifluous solutions, and anesthetized options, the theology of the cross is a reality theology: at the cross we see God "keepin' it real."<sup>4</sup>

It's real because here life's two most inescapable realities confront us: real sin and real death. About these there is no arguing. The devil's flaming darts sear and scar. Temptations terrorize.

Death deeply stings. Seemingly rapturous relationships rupture. Good businesses go bankrupt. Wars rage. Sickness steals without warning. The theology of the cross does not paint these over with a brushstroke of denial or philosophizing. At the cross, God confronts these realities face to face. Bleeding sweat and sweating blood in the garden (Luke 22:39–46), Jesus faces his future with courage, not fear: real spit hitting his face, real spikes tearing his hands and feet, a real spear gouging beneath his ribs. God literally goes to hell and back in order to bring us back into a real relationship with God. Talk about surprise!

Paul later vows to preach nothing but this reality. As we offer the Word to one another, the body broken and wine outpoured, the splashing water of Father, Son, and Spirit, God is really present. But never is God present in our suffering in a manner we can fully anticipate. Caring connections are made personally and surprisingly when we risk "being real" with one another.<sup>5</sup>

God's joy comes personally, yet it comes also from the unexpected edge, with surprise timing. Were joy to train into our pain-freighted lives with an announced schedule, we might reject it or return it to the Holy Spirit from whom it came. People living with pain do not care to hear abstract theories and tidy theologies of suffering.

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Caring connections are made personally and surprisingly when we risk "being real" with one another.

2 "The joy of the Christian disciple is not only the joy of recognizing that Jesus has conquered death in his resurrection (20:20); it is an abiding joy resulting from Jesus' presence in the Paraclete. The first joy follows the sadness and suffering of Jesus' departure in death; the second joy (which is a continuation of the first) exists alongside the suffering imposed by the world." See Raymond Brown, *The Gospel of John*, Anchor Bible Commentary (New York: Doubleday, 1970), 733.

3 Faith recognizes and receives the biblical characteristics of joy: a song in the heart (Colossians 3:16); a fruit of the Spirit (Galatians 5:22; Romans 14:7); sustenance through difficult circumstances (Acts 16:25; Romans 5:3; Colossians 1:24); even in sorrow (2 Corinthians 6:10); through tears (2 Timothy 1:4). Joy is in God (1 Thessalonians 3:9, Philippians 3:1); this joy is related to hope (Romans 12:12). In particular, the Philippian church was intoxicated with the joy of the Lord. This joy is connected to faith (Philippians 1:25); is symbiotic within the fellowship (Philippians 2:28–29), is indicative of readiness for martyrdom (Philippians 1:25). Joy is in the Lord, is experienced temporarily, but is not temporary (Philippians 4:4).

4 An urban colloquialism

5 *Surprised by Joy* is the title also of C. S. Lewis' story of his transition from Christianity to atheism and back to Christianity. This autobiography is, he concedes, "suffocatingly subjective." Arguably, what is most personally true bears also the greatest universal truth.

Henri Nouwen has observed that even those in professional ministry suffer often from a joylessness that is predatory upon and parasitic of their vitality.<sup>6</sup> They are angry at their leaders for not leading and at their followers for not following. They are angry at those who do not come to church for not coming and angry at those who do come for coming without enthusiasm. They are angry at their families, who make them feel guilty, and angry at themselves for not being who they want to be. This is not an open, blatant, roaring anger, but an anger hidden behind the smooth word, the smiling face, and the polite handshake.<sup>7</sup>

Joy has also a doxological dimension. For even in the midst of singing the Lord's song in a strange land, even in the midst of stifled, muffled, muted praise in a Gulag or ghetto or prison or concentration camp, God surprises with joy. Joseph Sittler makes the following musicological point of fact: "It is interesting to recall that the most rollicking music old periwig Bach ever wrote is not dedicated to the joy of tobacco (although he did that) or coffee (and he praised that) or the inventiveness among his fellow musicians, nor dedicated to the levity of the Count of Brandenburg, but *In Dir ist Freude* ('In Thee is Joy')!"<sup>8</sup>

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Once bitterly estranged, since the cross of Christ all things now yearn toward redemption (2 Corinthians 5:19).

Creaturely things burst through their suffering to join in the hymn of creation as God's joy radiates with cosmic dimension. Once bitterly estranged, since the cross of Christ all things now yearn toward redemption (2 Corinthians 5:19). Derek Walcott, the third-world Nobel Prize-winning poet, offers a Davidic personification of joy-full praise, from the littlest subatomic particle to the largest supersonic boom:

... And it all sang,  
surplixed, processional,  
the waves clapped their hands, hallelujah!  
and the hills were joyful together,  
arpeggios of lizards scuttled the leaves,  
swift notes, and under earth  
the stifled overtures of cannon thunder.<sup>9</sup>

God does not find joy in us because we try hard (Romans 3:23); pleasing God is never fully possible. Neither does God find joy in us because we suffer. And though God has a decidedly favorable disposition toward and preference for sufferers, our suffering does not evoke from God any saving favor. Only the suffering of Jesus Christ

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6 This joy-sapping anger can only be countered by reinterpreting our suffering in light of the sufferings of Christ—recognizing that what we suffer fills up what is lacking in the afflictions of Christ (Colossians 1:24). Not that Christ's redemption is incomplete, but what we suffer in joy serves the world as a living sacrifice and a sign of Christ's suffering. The apex of Habakkuk's praise arose at the nadir of his life (Habakkuk 3:17-18). Seeing him, who could not also rejoice?

7 Henri J. M. Nouwen, *The Way of the Heart: Desert Spirituality and Contemporary Ministry* (New York: Harper & Row, 1981), 21-22.

8 Joseph Sittler, *The Care of the Earth and Other University Sermons* (Philadelphia: Fortress, 1963), 95.

9 Derek Walcott, *Collected Poems: 1948-1984* (New York: Farrar, Straus & Giroux, 1998), 207.

finally pleases the Father, conquering the devil and satisfying the justice of God. Since the righteous requirement is fulfilled in the person and through the work of Jesus, therefore in Jesus is our gladness also, even in the midst of the most calamitous sadness. Our joy is only *extra nos*—outside of ourselves. This confession of faith will impel us joyfully back into the world, ready to suffer: “One who says *credo* without willingness to suffer, and if necessary die, for the faith has not genuinely said *credo*.”<sup>10</sup>

Lutheran spirituality finds, then, its surprise and core at the cross. Though he writes from beyond the Lutheran tradition, Thomas Finger offers an apt articulation of how caring connections are extended from this ground zero of suffering.

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Caring connections are made personally and surprisingly when we risk “being real” with one another.

As the Son’s arms are stretched out toward the sky and he cries out in his sense of abandonment, and as the Father gazes down, as it were, in anguish and compassion on his beloved Son, the whole history of human agony and ultimate desolation passes between them.<sup>11</sup>

Caring connections are made personally and surprisingly when we risk “being real” with one another. Were joy to train into our pain-freighted lives with an announced schedule, we might reject it or return it to the Holy Spirit from whom it came.

*John Arthur Nunes was, in 2003, Visiting Professor of Urban Studies at Concordia College—New York. Since 1999 he had served as pastor of St. Paul Lutheran Church in Dallas. John was the author of Voices from the City (Concordia, 1999) and a member of the editorial board of Caring Connections.*

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*Some years later, in 2023, John reflected:*

As I reflect on the two decades since my article “Surprised by Joy” appeared in the inaugural issue of this journal, I am singed with sadness. Writing then, I could not have anticipated the decline in joint work between the Evangelical Lutheran Church in America and The Lutheran Church—Missouri Synod. Inexorably, plenty of community-transforming mission continues—God is, after all, at work. But the impulse for inter-Lutheran human care and social ministry as distinctively *Lutheran* seems not to have much of a pulse. This especially seems the case at the national expressions of the church.

Once upon a time, there was a notion known as “cooperation in externals.” Even if we couldn’t find sufficient agreement to share, for example, in the divine things of sacramental fellowship, we yet respected each other in our particular evangelical and catholic approach to core doctrines like justification, Christology, and the theology of

10 Thomas C. Oden, *The Living God*, vol.1, Systematic Theology (San Francisco: Harper, 1987), 11.

11 Thomas N. Finger, *Self, Earth and Society: Alienation and Trinitarian Transformation* (Downers Grove, Ill.: InterVarsity Press, 1997), 302.

the cross. These loci provided Lutherans with a unique lens for interpreting what I attempted to define in my article, as “life’s two most inescapable realities,” sin and death. As a case in point, that foundational agreement on the theology of the cross was part of our uncommon gift to the ecumenical space. How we connected human suffering with the sacrificial love of Jesus, the godforsaken bringer of redemption, and how we understood the work of Spirit to nurture faith in times of pain and despair, these formed cornerstones of our contribution, say, within the wider world of pastoral care.

In my mind, Lutheran work as a whole in the U.S. was healthier and more effective when the ELCA and the LCMS worked more formally and intentionally together. I speak in extremes to make a point, but one group was more compellingly inclined to counteract structural sin by articulating practices and enacting systems of justice while the other was more focused on relationships of mercy and catechetical piety with Gospel-centric insistence; both flowing from the love of God and flowing into the love of neighbor. The inherent tensions made us both stronger as we sought with humility to understand and to be understood. We were also less prone to drift into either gnostic progressivism on the one hand or gnostic fundamentalism on the other. Ironically, the paradoxical genius of Lutheranism seems to apply also to the “both/and” irresolvabilities of inter-Lutheran work.

Now we seem merely to mirror and mimic a divided culture.

I admit that I may be filtering, romanticizing the best of times at Lutheran World Relief or my association with entities related to Lutheran Services in America. And admittedly, if it’s not my curmudgeonly cynicism, it may be my syrupy sentimentalism that is showing. Forgive me, for I am both a younger Boomer and an early sexagenarian. But here’s a test: if you look at either the evangelistic or the human service impact of either group of Lutherans, neither of our (over)emphases seem to have delivered; neither one side’s puritanical attraction to humanistic social justice activism apart from proximity to proclamation (*kerygma*), nor the other side’s purity cult isolationism (sectarianism) driven by doctrinal self-righteousness (*Lehrgerechtigkeit*) seems to be attracting masses of persons to our rolls for the divine healing and wholeness that Jesus Christ promises to deliver through Lutheranism’s understanding of the means of the Spirit.

Those who need us most are unable to access the grace that is at the core of being Lutheran, because far too often we cannot get out of our own way to focus on needs not our own which may finally override our need to script ecclesial agendas for ministry only according to our own way.



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# A Theology for Alzheimer's and Related Dementia

Gary Sartain

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**STEPHEN SAPP, CHAIR OF THE DEPARTMENT OF RELIGIOUS STUDIES** at the University of Miami, says that how one deals with life depends ultimately on how one understands God, and that is what theology is about: "Theology — one's understanding of God — makes a difference in the ways human beings live with one another, in the ways they deal with the pain and suffering of this life, in the joy that comes from service to those in need, and in the ways they approach their own death and the death of others."

Krister Stendahl, the recently deceased Swedish theologian and New Testament scholar, said: "To do theology is to try to see things as God sees them — a task so obviously arrogant and oversized that we can only do it playfully — as children. But to children, play is serious and creative, and it does something to their growth."

Henri Nouwen, the Dutch-born Roman Catholic Priest and writer whose many works are well known to us in the pastoral care arena, claimed that the original meaning of the word "theology" was "union with God in prayer". He went on to say: "It is important to reclaim the mystical aspect of theology so that every word spoken, every advice given, and every strategy developed can come from a heart that knows God intimately."

It is out of these understandings that I will attempt to lay some foundation for a theology for Alzheimer's and related dementia, and reference additional literary resources that will allow parties that are interested in a more sustained theological engagement to delve more deeply.

David Keck, in his excellent book, *Forgetting Whose We Are, Alzheimer's Disease and the Love of God*, (writes from his own experience with a mother who had Alzheimer's that the disease

confronts those who encounter it in any significant fashion with the clear limitations of their human powers (by constantly reminding them of our common weakness), as well as their own radical finitude (by posing a constant reminder that we all die). He goes on to say that Alzheimer's challenges all our assumptions about language, meaning and humanity itself because, as the disease progresses, it "seems to be all about the deconstructing of narrative, the breakdown and subversion of personal story."

This view is echoed by Glenn Weaver, Professor of Psychology and Religion at Calvin College, who says "The dissolution caused by Alzheimer's seems to be a reversal of the ordering process of creation and a return to the chaos of the deep; an inversion of the Biblical narratives."<sup>1</sup>

Alzheimer's is disintegrative, non-redemptive, of uncertain etiology, and inexorably lethal.

1 Glenn Weaver, "Senile Dementia and a Resurrection Theology," *Theology Today* 42 (1986), 447.

Alzheimer's is disintegrative, non-redemptive, of uncertain etiology, and inexorably lethal. This combination is what makes it so challenging theologically both from an ontological and a spiritual perspective.

So, where to begin? It seems logical to first explore what it means to be created "in the image of God," since the *imago Dei* was introduced to us already in the core creation stories found in the Hebrew Scriptures. Genesis 1:28 and 2:19 and Psalm 8:5-6 all suggest that creation in the image of God confers uniqueness and dignity to human beings by virtue of a special relationship with God and their pre-eminent place of authority in the created order. Old Testament anthropology concentrated on human beings in the totality of their existence. There is an animating principle — *nephesh* — that is an integral part of human beings, and it is this principle that confers *imago Dei*. Body and soul or flesh and spirit were not separate entities for the early Hebrews. They were interdependent elements that were both necessary for a human being to exist.

For many in the Christian tradition, however, the understanding of what it means to be created *imago Dei* has centered on soul, since the image could hardly be corporeal. And the thinking, rational element of soul became the central locus. Reason, memory, consciousness, the moral conscience, the will, the capacity to love — the mental life of a person — these were its distinguishing features. Creation in the image of God came to refer to our ability to reason, to produce complex language, or to relate to one another and to God in ways mediated by our intellect.

This view was reinforced by the rationalism of the enlightenment, and has become an integral part of our American folk belief system, which — deeply rooted in capitalism and individualism as it is — believes at core, it seems to me, that rationality and productivity (measured almost exclusively in economic terms) are what confers worth.

This prevalent, popular view is highly problematic for persons with Alzheimer's and related dementias. It is not hard to determine what such a society's opinion will be of someone who is judged to have lost individuality, productivity, and rationality to dementia! It is therefore imperative that we put forward a theology that confronts our hyper-cognitive, hyper-active society's move toward the claim that "I am" equals "I am able to think and do."

Fortunately, there are theologians who have paved the way, who have refused to see *imago Dei* or the presence of soul as correlated with mental capacity or the ability to produce.

One of the first of these is Augustine, who referred to human beings as *terra animate* — animated earth:

To earth you will go (Genesis 3:19) means, we may be sure, on losing your life you will go back to what you were before you received life. That is, when the breath of

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life has left, you will be what you were before you received that breath, for, as we know, it was into a piece of earth that God breathed the breath of life when man was made a living soul.

The emphasis for Augustine was on God's action, and there is no indication that he equated animate with the mind, the cognitive faculties, rationality, self-awareness, or anything of the kind. Rather, it was exactly what the Hebrew says it is, the "force of life."

Thomas à Kempis is another case in point with his *Imitation of Christ*, in which he writes frequently of the immediacy of the God-soul relationship, referring to God as "zealous lover of souls" and to Christ as "the spouse of the soul, physician of the soul, and guardian of the soul." "Until your light illuminates my soul, I am dull earth, formless and empty." "All things are in your power (Christ), and you always long to bring souls to perfection." What emerges from a careful discernment of à Kempis' work is the significance of what might be called "the passive voice soul," the soul as an object of God's work that desperately needs to be acted upon. As à Kempis writes, "Unless a man's soul is raised...and wholly united to God, neither his knowledge nor his possessions are of any value." à Kempis sees the soul teleologically — it cannot be considered apart from its final resting place. Until we get there, we are reminded that even in a demented person, God's Spirit can be present to the soul.

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Thomas à Kempis affirms the truth of Psalm 62:1 (which might be considered the demented person's creed and hope):

"For God alone my soul waits in silence; from him comes my salvation."

Building on the above, Gilbert Meilaender, in "*Terra es animate: On having a Life*"<sup>2</sup> points out:

Even after a person ceases to be aware of the part in the story that is his or her life, that story certainly continues physically in the body's ongoing ingestion and utilization of nourishment, in its struggles against injury and infection, and simply in the ongoing presence of the body that has always been the location of the 'I' that loved ones and friends have known. It continues interpersonally in their (loved ones and friends) interactions with the person — if only as his or her caregivers — and even if his or her contributions to the relationship are limited or have ceased altogether. And it continues socially by virtue of the fact that until the totality that the Western religious tradition affirms is really the person ceases to be, that person does still occupy a place in the community, however limited. Thus even when one's rational capacities fade or fail completely, the 'I' that consists of much more than those capacities continue to exist—diminished to be

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2 *Hastings Center Report* 23 — July/August, 1993



sure, but still worthy of the dignity and respect due to all those who are created in God's own image.

John Calvin argues that the *imago Dei* must be understood teleologically and eschatologically, "for it is only shadowed forth in man until he reaches perfection." The image of God is "man's destiny in God's gracious intention. It is the original truth of his being which is also future." Calvin argues that no human being reflects God's image perfectly; that possibility was lost in the original disobedience of Adam and Eve. The atoning work of Christ, however, restores at least the possibility of doing so, but only when humans reach perfection in the hereafter. In keeping the focus clearly on God and God's glory, Calvin's theology affirms that even in a cognitively impaired state, the individual can still reflect that glory, which is surely cause for hope.

Any assumption that a person's capacity to relate to God is lost when he or she loses cognitive function sells God short! The initiative is with God for all of us. David L. Miller said it well in the September 1994 *Lutheran*: "Hope has to do with the presence of God, not the absence of struggle."

Furthermore, if one accepts the central Christian doctrine that the death of Jesus Christ alone is sufficient to restore the broken relationship between human beings and their Creator, then one must acknowledge, as Martin Luther asserted, one's absolute dependence on the unmerited and freely given grace of God. If we do that, then we will be careful about devaluing those with cognitive or functional infirmities that lead to their loss of independence out of the realization that in God's eyes — the scale that really matters — we are just as dependent as they are! And, if we can acknowledge that we are totally dependent throughout our lives on the creating, redeeming, and sustaining God, then perhaps it will be easier to accept increasing dependence upon other human beings ourselves as we age and face the infirmities that accompany it.

In Romans 3:22-24, Paul writes: "There is no difference, for all have sinned and fall short of the glory of God, and are justified freely by his grace through the redemption that came by Christ Jesus." For Paul, no one can claim superiority over anyone else — no more on the basis of better cognitive function than on other grounds like race, wealth, or supposed greater moral virtue — because all stand on common ground, having been redeemed by Christ. In this way Paul expands the equality of all human beings implied by their shared creation *imago Dei* to include a distinctively Christian element: As beings created in God's likeness gives dignity and worth to all human beings, even more so does the willingness of God's Son to die for them!

Another avenue worthy of exploration is the Judeo-Christian concept of community. The biblical religions assert in numerous ways that God sees human

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beings not as disconnected individuals, but rather as social-historical beings who are undeniably linked with others, living in community and changing over time in ways over which they do not always have control. In recognition of this, ethicist Lisa Cahil claims, “the horizon against which all moral activity is to be evaluated is the communal life as body of Christ in the world.”<sup>3</sup> This is certainly what Paul asserts in 1 Corinthians, chapter 12.

In this regard, the idea of “corporate memory” has merit, particularly if we do a word play with “remember” by inserting a hyphen in it: “re-member.” As people lose their cognitive capacities in our hyper-cognitive society, they tend to be shunted to the periphery, to have their very humanity questioned, certainly to be treated with less than the full dignity that the theology of *imago Dei* would ascribe to them.

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Even more important from a theological standpoint is the need for us to proclaim that these memories are shared by God, who does not forget, even if we cannot remember.

But the community of faith, the body of Christ of which people without cognitive abilities are an organic part, is called to remember them by continuing to treat them like those whom God sees as beloved children. When this happens, the community “re-members” them, in the sense of bringing them back into the human community, refusing to let them be cast aside and forgotten, which would be, in effect, to dis-member them (and ourselves) as the body of Christ.

As the elements of memory, personality, and the ability to think things through rationally slip away, a person with dementia needs fellow travelers who can share the journey, offer guidance along the road, and eventually become the container for those memories that they can no longer access for themselves. And, of course, memories are held by more than an individual. They are shared by and with those we care about, as well as being contained in the records, photographs and other memorabilia we accumulate. It is important for us as pastoral caregivers to remember that, and help family and friends realize that they are not helpless, but rather have a vital role to play as a repository of memory. Even more important from a theological standpoint is the need for us to proclaim that these memories are shared by God, who does not forget, even if we cannot remember.

In *Memory and Tradition in Israel*, Brevard Childs observes that for the Hebrew people “not to be remembered” is not to exist (In Psalm 88, the person whom God has forgotten “has no strength, is already in the grave...”). The encouraging news of both the Old and New Testament is that God does remember. In fact, God’s mercy and God’s memory are really one and the same.

In your distress, when all these things have happened to you in time to come, you will return to the Lord your God and heed him. Because the Lord your God is a

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3 Lisa Cahil, *Between the Sexes: Foundations for a Christian Ethics of Sexuality*, Philadelphia: Fortress Press 1985.

merciful God, he will neither abandon you nor destroy you; he will not forget the covenant with your ancestors that he swore to them (Deuteronomy 4:30–31).

The Hebrew Bible suggests over and over again that because of its forgetfulness, Israel seems constantly in danger of complete dissolution. Only God’s memory prevents total destruction. In fact, it does more than that. God’s remembering implies providential, salvific activity. Furthermore, God helps people remember, as God has commanded God’s people to wear tassels...to mark door posts...to drink wine and eat bread. We need to follow God’s example and create ritual that helps dementia patients and their caregivers remember. The vicarious elements in theological reflection and church practice need particular emphasis. As the community accepts the responsibility of believing for a newly baptized infant in our tradition, so, too, at the end of life must the church accept this task for those in end-stage dementia.

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Henri Bergson’s concept of “duree” (the subjective perception of space-time), which was highly influential for H. Richard Niebuhr’s *The Meaning of Revelation*, seems to be very applicable here. It suggests that, because of the action of the Holy Spirit, the past as we commonly understand it never ceases to exist. Through osmosis the past flows into the present and comes to interpenetrate it with power. It gnaws and impinges on the present, often without our being aware of it. “If I say, ‘I will not mention him, or speak any more in his name,’ then within me there is something like a burning fire” (Jeremiah 20:9). Caregivers can be helped to see that their role is not only to give care, but also to bestow a kind of immortality by recalling for others around them what the person with dementia no longer can recall, in order to strengthen the remembering capacity of that person, and to keep his or her role in the story of the community alive in the corporate memory.

We do this regularly for the dead; why can’t we do it for the living? The reason is that in many ways it is easier to experience the death of one that we care about, since with death, the history of this person in this life ends. For the Alzheimer or dementia patient, history seems to continue in a way that family and friends feel is contradictory to the nature of the previous relationship. In the grief surrounding death, there is one loss and one task—changing our relationship with the person from one of presence to one of memory. Living with a person with dementia means facing loss after loss, and the constant and exhausting reframing of the relationship over and over again. And caregivers are still left with the final task, after having already been depleted by the process.

We need to help them all — those who have dementia and those who suffer along with them — find hope and meaning on the journey, if we are to lessen the burden. Stephen Post, Director of the Alzheimer Center at Case Western

Reserve University, gives us a starting point when he reminds us that persons possess more than memory and intellect. They also have emotion, relationship, imagination, will and aesthetic awareness. He asks, “If a deeper experience of life could be realized by ourselves through greater awareness of touch, music, human presence, love, smell, color, play, laughter, nature and so on, what could this mean in the lives of those with dementia?” And Deborah Everett reminds us, “The person suffering from senile dementia does not stop needing what made him or her happy in the past. Only memory and communication are affected. Every person needs to feel secure, to have dignity, to give and receive love and to feel affection.”

Matthew Fox, a proponent of creation-centered theology, reminds us that the holy and the sacred are experienced and expressed in much broader ways than merely through the cognitive faculty. They are also experienced and expressed through the senses. In *The Care of the Soul*, Thomas Moore invites us to stop thinking of the person affected by dementia as needing to be fixed, and focus instead on what he calls the yearnings of the soul, remembering that what nourishes the mind is not necessarily the same as what nourishes the soul. The cognitively impaired still have emotions, imagination, a will and moral awareness far into the disease process. Feelings retain importance and influence long beyond the time when they can be understood or articulated — vital wellsprings from which we experience life’s meaning. By focusing our personal interventions in these alternate areas, and supporting and equipping caregivers to do the same, we will meet the needs of the spirit and bring hope into the chaos. But if we are going to do so, we need to reframe this ministry into being a mystery to be experienced rather than a problem to be solved.

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The sufferings of Alzheimer’s disease and related dementias frequently lead people to ask where God is in all of this, and why God allows this disease to happen. The attributes and qualities usually ascribed to God — goodness, mercy, and omnipotence — seem to be unusually absent. This is where the theology of the cross can be so helpful. The Church can presume to speak to these situations because her very existence is a result of the desolation, despoiling, and twisting of God’s own body. On the cross God shows us that being God-like is not so much a matter of wielding power over creation as it is entering into the powerlessness of crucifixion with a suffering and redeeming love. This moves us from despairing that there is no rescue, to finding comfort in the fact that God accompanies us in our weaknesses and diminishments all the way to death — and then acts to take away its sting. As Martin Luther King Jr. said, “We must accept finite disappointment, but we must never lose infinite hope.” Even life’s negatives, even a whole world groaning in travail

(Romans 8:22), even something as vicious and damnable as Alzheimer’s disease, cannot prevail against the power and love of God!

Caregivers should be encouraged to study the Isaiah apocalypse, as recorded in Isaiah chapters 24–27. Its evocative language is a good analogy for the dementia sufferer and his or her mind. Desolation, twisted surfaces (as in brain plaques), pollution, chaos, the pit and the snare, the crying out — all of this resonates with caregivers. The language is biblical but the reality is contemporary. Although Isaiah laments primarily social and political disasters while these caregivers cry over family disasters, the experience is similar, the

Lordship of God over this earth is in question. In the midst of that Isaiah declares, “From the ends of the earth we hear songs of praise, of glory to the Righteous One.” How is Isaiah able to present such joy amid the ruthlessness of the present?

He affirms the triumph of the Creator over humanity’s self-destruction: “He will swallow up death forever. The dead shall live; their bodies shall rise. O dwellers in the dust, awake and sing for joy!”

Marcus Borg, *Meeting Jesus Again for the First Time* (New York: Harper, 1994), talks about biblical macro-stories that have direct application to the pastoral care of persons with dementia. They are wilderness and exile. To these can be added chaos and waiting.

To the chaos and confusion of the dementia person’s world we can bring the reminder that the first scene of the scriptures is about drawing order and meaning out of chaos: “Now the earth was formless and empty, darkness was over the surface of the deep, and the spirit of God was hovering over the waters. And God said, ‘Let there be light’...”

We can also bring the reminder to people feeling lost on the journey that, during their forty years of wandering in the desert, God continually led and guarded the lives of the Israelites, offering presence and care in tangible and concrete ways. There were resources from nature like the pillar of fire, manna from heaven, and sacred objects like the Ark of the Covenant and a tent for meetings. In the midst of their wilderness wanderings, God met Israel through means of grace that became ritualized and managed through the priesthood — ritual that has been brought forward over the centuries into the present. Again and again we find that the cognitively impaired will respond to ritual — rosary, structured and memorized prayer, liturgy, communion bread and wine, sacred song — long after they no longer respond to other things. We need to trust that God will find avenues to offer God’s presence to these wilderness wanderers, just as was done for Israel — and we need to be watchful for and facilitate these avenues as best we can.

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Like the person with dementia and their caregivers, the Jewish exiles in Babylon were in an unknown land, surrounded by people alien to them, powerless, frightened, frustrated, angry and depressed. They longed for a time when they might see meaning in their existence and evidence of God's love for them. They asked, "How can we sing the songs of the Lord while in a foreign land?" (Psalm 137:4) and "...we are wasting away...How then can we live?" (Ezekiel 33:10). They lamented, "The Lord has forsaken me, the Lord has forgotten me." To which God responded with this tender message: "Can a mother forget the baby at her breast and have no compassion on the child she has borne? Though she may forget, I will not forget you! See, I have engraved you on the palms of my hands" (Isaiah 49:14–15).

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Waiting is also a theme throughout scripture with relevance for people with dementia, their caregivers and pastoral care providers like us. Noah waited for the floodwaters to dissipate; Sarah and Abraham waited for a child; Jacob waited and worked fourteen years for Rachel. God answered each of them due time and said to Israel, to us, and to those persons and families struggling with dementia, "Those who wait upon the Lord shall renew their strength, they shall mount up on wings as eagles" (Isaiah 40:31)!

Some of you who read this article will do so after already having walked with dementia sufferers and their families for many years — in a personal capacity, a professional capacity, or both. Others will be just beginning their journey. Regardless of where you are, it is my hope that some of the insights and reframing offered in this article will prove to be both personally uplifting and practically useful. More importantly, I hope they will stimulate further exploration and creative thought about how to most effectively engage the "dementia dilemma" from theological, spiritual, and pastoral care perspectives.

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At the time of the publication in 2008, the author wrote:

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He has since retired, enjoys time with family and volunteers his time at the St. Paul/Minneapolis airport.

# Self-Inflicted Harm Among Military Veterans: Our Militarized Society's Cry for Help

Amy Blumenshine

[Reprinted from Vol 9 No 2 2012]

**CHAPLAINS, YOU ARE UNIQUELY SITUATED** to notice a silent tsunami<sup>1</sup> that is hitting our country: the suffering of our military veterans and their families. As a tragic by-product of this service-related invisible suffering, many veterans will be harming themselves and others in a variety of ways, including suicide.

*Jeremy enlisted after high school and was deployed to Iraq. He was in the area of several bomb blasts, but considered himself lucky to be uninjured. He'd seen some horrible things. He did not know that he had mild traumatic brain injury (mTBI). The return to civilian life was rocky. He had trouble sleeping, drank too much, and he never felt "alive." He was prescribed medication from the VA for his body aches. He loved riding the motorcycle that he'd purchased conveniently from his base in Iraq. With mTBI impairing both his balance and his risk assessment, he crashed, nearly injuring others. He wakes up in your hospital, facing grave injuries.*

Such stories rarely reach the notice of national media. Events occur disproportionately in the small towns of National Guard vets and the out-of-the-limelight areas where hurting vets go to hide.

While outside the scope of this article on self-inflicted harm, we at the Coming Home Collaborative are among those who have come to believe that moral injury is at the root of much of the suffering. The gifts that chaplains and congregations uniquely offer are greatly significant in making a difference in otherwise diminished lives.

Rarely has there been such need for the chaplains' calling of cultivating the soul and of transforming hurt to compassion. We encourage you to ask about military experience (even basic training can leave injuries), and "deepen the diagnosis"<sup>2</sup> beyond the presenting problem to the underlying moral and spiritual wounds.

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## The Problem Context

The human being is awesomely made. We have the capacity to adapt to any number of very challenging circumstances. People have learned to live in extremes of cold,

1 Term used by Chaplain John Morris

2 Term used by Dr. Valerie Yancey



in desert climates, and even underground. We human beings can adapt also to the extremes of making war. We have within us the potential for great courage, incredible feats and amazing cleverness. War can also trigger great cruelty and other shadow capacities within us that usually are cloaked.

The high and climbing rates of military and veteran suicide, however, may be the proverbial “canary in the coal mine,” alerting us of our human limits. Something is wrong. This experiment of how much our beautiful sons and daughters who enter the military can take is not going well.<sup>3</sup>

This article seeks to provide an overview of the crisis of suicide among our militarized society and calls on the Church to pay attention to this otherwise invisible suffering. We call on representatives of the Church not to fill the massive gaps unmet by billions of dollars of federal spending (VA budget alone is \$140B for 2012), but to be authentically Church in our response.

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## Suicide, Equivocal Deaths, and Early Deaths

At least 6,500 veterans are known to commit suicide a year. Of the subset of veterans who are receiving VA services, more than 10,000 attempt suicide each year. We believe that these numbers do not accurately reflect the large numbers of vets who are engaged in self-destructive behavior in various ways. We include consideration of equivocal deaths where the intent was unknown: was the drug overdose, gun discharge, or driving fatality intentional? And these statistics, which mostly are composed of pre-9/11 era vets, are likely to get worse as more recent war veterans are mixed in. We’re already seeing very disturbing trends of early deaths.

A study of California public health records showed that three times as many under the age of 35 California veterans died, by all causes, than were killed in combat between 2005-2008. A staggering half of injured post-9/11 vets say they have felt they “didn’t care about anything.” The VA tracks only veterans who are receiving benefits. Of those nationally, 4,194 died after leaving military service, half within the first two years. Only 1200 of those were receiving disability compensation for a mental health condition. The most common mental condition for which the deceased had been receiving compensation was PTSD (which recent news reports suggest has been intentionally under-diagnosed).

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<sup>3</sup> As VA Sec. Eric Shinseki noted at a recent Senate hearing, “Veterans are a disproportionate share of the nation’s homeless, jobless, mental health and depressed patients, substance abusers, and suicides. He further commented: “And so the issue is, “What happened here? Something happened.”

## Lifelong Disabilities

Those who were recently recruited into the American military (“the cream of the crop”<sup>4</sup> of our youth, as MN National Guard Chaplain John Morris has pointed out), and who then served at war, are likely to come home with lifelong disabilities. While these mostly young people are awesomely made and incredibly resilient, many of their service-related maladies only manifest or get worse with time.

Many of the typical maladies impair relationships or lead to substance abuse, which brings on additional suffering. Hearing impairment and chronic musculoskeletal pain diminish quality of life. The Rand Institute reports that 20% have post-traumatic stress disorder (PTSD) and 20% have TBI (This should not be understood as 40% of the troops because many individuals suffer from both maladies). Even more will have depression or anxiety that gravely interferes with their lives. Many will need medications that will cause them additional problems ranging from erectile dysfunction to addiction.

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Positive relationships with others are often cited as what is most important in life.

## Moral Injury

We at the Coming Home Collaborative are among those who argue that there is also invisible moral and spiritual wounding that impairs health and well-being. Since 2010, the term moral injury is being used by a small but growing group of VA psychologists, chaplains, and theologians to describe lasting injury after “perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations.”

## Coping Across the Life Cycle

All of these maladies mentioned (and there are many more) increase the risk of the individual for self-destruction over the course of his/her lifetime.

For instance, good attachment is one of the best antidotes to trauma. Positive relationships with others are often cited as what is most important in life. Unfortunately, as psychiatrist Matthew Friedman notes: “What the research has shown us is that while people with PTSD are quite capable of experiencing negative emotions, they can’t experience positive emotions of joy or love or enjoyment of pleasure. It is devastating to marriages and relationships.”<sup>5</sup>

Research seems to indicate that the early death risk is highest for the young and in the early aftermath of being in the military. Self-infliction of harm may show

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4 A large percentage of US youth are ineligible due to obesity, medical histories (including depression and alcohol/drug abuse), education problems, crime history, or gang tattoos. The recruit population is substantially healthier at outset than their civilian cohort. It is inaccurate to compare military member statistics to the general population unless this factor is taken into account.

5 <http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1096604>

in self-destructive coping behavior for decades. We are decades from seeing all the deaths and suffering caused by the military response to 9/11.

Of course, it's hard to know why someone commits suicide or dies by self-inflicted means, but when an 80-year-old WWII vet chooses to shoot himself at his flagpole, there is some indication that his military experience may be a factor. Current statistics suggest that being a veteran nearly doubles one's suicide risk.<sup>6</sup> Veteran suicide rates are higher than civilian through all age groups except the elderly (especially considering that recruits are a healthier subset). Male vets 17-24 years old are four times more likely to commit suicide than their civilian cohort. One study of male vets seeking medical help at the VA showed that 22% had considered suicide in the prior two weeks.

Vets experience many barriers against talking about or making meaning of what they have experienced. Some have signed non-disclosure contracts or secrecy agreements with clear threats of punishment if they talk about what they do. Many believe that seeking counseling will destroy their careers. Many fear rejection. Many do not have words for what they've experienced.

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We do harm if we treat a human as a stereotype instead of tuning into the uniqueness of this person as a child of God.

## Causes of Self-Destruction

Why do at least 6,500<sup>7</sup> veterans a year take their own lives? There is no single cause of veteran suicides, even as there is no stereotype that fits the 23 million people who have been or are currently in the military. It is crucially important that, as we discuss the real and significant problems of veterans and active-duty personnel, we remember that not all in that group carry those problems. We do harm if we treat a human as a stereotype instead of tuning into the uniqueness of this person as a child of God. Nevertheless, some generalizations can crack open communication and understanding.

People who commit suicide are severely troubled. Their troubles can be at both conscious and unconscious levels. People tend to cope with their troubles in ways that can bring additional problems. Some self-isolate. Some "self-medicate" with mood-altering substances. Others distract themselves with drama and adrenaline triggers like pornography, gambling, and other risk-taking behaviors.

Indeed, the Army links suicide in the ranks to high-risk behaviors (such as thrill-seeking, criminality, and drug and alcohol abuse), which may or may not have been in response to service-related causes (like PTSD). The Army noted in 2010 that those who volunteer for the military during a period of war might be more likely to engage in high-risk behaviors than those who don't enlist.

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<sup>6</sup> And the military recruits started out much healthier than the general population, as noted earlier.

<sup>7</sup> This annual number has risen since I started writing about military suicide in 2006. *Army Health Promotion, Risk Reduction, Suicide Prevention, 2010*

In recent years, the military has written a number of reports expressing alarm at the high and growing rate of suicide and other non-combat deaths among those currently on active duty. More Army personnel die by their own actions than in combat. Again, a people's conditions in the military vary greatly.

## Creating a High Risk Population

The military's own standards require troops to observe strict ethical behavior and to refrain from destruction. That 2010 report, however, excoriates military leadership for failing to maintain such standards. The report concludes: "We are creating and sustaining a high risk population that is a subset of the Army population."

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More Army personnel die by their own actions than in combat.

I note that the report shifted among differing perspectives, which suggests it might have been written by a committee. On the one hand, it seemed to blame the sufferers for their problems. That is hard to accept for many, including the women veterans suffering from Military Sexual Trauma (20–40%). On the other hand, the report notes that military life can be very stressful:

"At 24 years of age, the typical soldier has moved from home, family and friends; and has resided in two other states, has traveled the world, been promoted four times, bought a car and wrecked it, married and had children; has had relationship and financial problems; seen death; is responsible for dozens of Soldiers, maintains millions of dollars worth of equipment and gets paid less than \$40,000 per year."

The report also states that 1/3 of the force are taking prescription drugs, and 14% of them are on some form of opiates. Says the report, "Anecdotal information suggests that the force is becoming increasingly dependent on both legal and illegal drugs."

## Dismissed into Communities

A more recent report, *Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset*, recommends that those who won't get help for their problems or whose problems continue despite treatment be separated from the military. The report notes:

"The Army is approaching the strategic reset and has an opportunity to select and retain professional Soldiers to fill its ranks ahead of the Force reduction and other imposed constraints. Stated another way, the Army has an opportunity to de-select and separate those Soldiers who do not meet the professional standards of conduct required of an all-volunteer Force."

This 2012 report thoroughly discusses how some behavioral problems and misconduct issues are a result of military experiences, and recommends a

combination of discipline and treatment. However, if the soldiers cannot fix their problem or will not seek help for it, they will be among the first to be downsized as the Army “resets.”<sup>8</sup> Those who do not seek help for their problems (called “high risk” by the report) may be given a dishonorable discharge, which makes them ineligible for most veteran’s benefits, including medical care.

In recent years, many military members coped with civilian adjustment problems by returning to combat. With the downsizing of the combat operations, this will no longer be possible. While the military is a high-stress setting, it is also one of the most supervised (except for hospitals and prisons). Will those struggling with invisible wounds find what they need in the civilian world?

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Will those struggling with invisible wounds find what they need in the civilian world?

## Concerns About Seeding Self-Destruction

While it is not surprising that the Army intends to retain only those most fit for their purposes, we can expect some negative consequences in our communities. According to the Iraq Mental Health Advisory team report, behavioral health well-being does not return to baseline until 24-36 months after a deployment.<sup>9</sup> At the tip of the iceberg of suffering will be the increase in early deaths.

The primary coping mechanism used in the aftermath of war trauma (“stuffing it” or compartmentalizing) requires energy that tends to fail. Even those who are high-functioning, like Senator Max Cleland, can break down. Especially as individuals retire, long-suppressed demons tend to emerge.

How much can even the “cream of the crop” of awesomely resilient humans endure? Will pastoral care providers be prepared? What is the role of our church in relation to this self-destruction? How can we help our society heed the “canary” that is dying? And what are the implications as we reflect that, unlike a tsunami, this wave of destruction, the poison that starts by killing the canary, is entirely human caused?

As Jesus noted, “What king before making war, does not first count the cost of doing so and consider alternatives?”

## In a nutshell, pay attention.

Don’t get put off by the camouflage of the military persona, the flashes of rage or vulgar/shocking language. Be persistently gentle as you coax the soul to safety. “How was your getting used to being home?” “I’d like to hear how sleeping has been going for you” (check if there are nightmares.) Look into their experiences of the transcendent. Many people in the extremities of war have non-normal experiences, “stuff that didn’t make sense, or that made you wonder if you were crazy.”

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<sup>8</sup> This policy is likely to discourage help-seeking for those who hope to have a career in the military, or with employers who require security clearances. At the time of the report, the best treatments for PTSD had a success rate of less than 50%.

<sup>9</sup> 2009

The bottom line, according to veteran and theologian Dr. John Zemler, is that vets “need to hear that there is something bigger than ourselves and that we have inherent value.”

And as you listen, witness, and weep<sup>10</sup> in response to the suffering of veterans; don’t keep it to yourselves. We need to lift up these stories. We need to be sure our society knows about these tragic “deaths of the canaries.” We welcome your stories, observing confidentiality concerns, at [Buddy@ListenToVets.org](mailto:Buddy@ListenToVets.org).

## Resources

Our book, *Welcome Them Home — Help Them Heal: Pastoral care and ministry with service members returning from war* was reviewed in the Fall 2012 issue of *Caring Connections Online*.<sup>11</sup> We wrote this primer to help fill the gap in the pastoral care knowledge base, and it includes detailed guidance, including cautions against triggering trauma.

Warning Signs for preventing veteran suicides can be found at <https://www.maketheconnection.net/conditions/suicide>

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<sup>10</sup> Phrase used by Dr Stephen Muse

<sup>11</sup> [CaringConnections\\_2012\\_vol09\\_2.pdf](#) (lutheranservices.org)

# Self-Inflicted Harm Among Military Veterans: Our Militarized Society's Cry for Help: Part Two

Has Rachel lost the capacity to weep for her children?<sup>1</sup>

**Amy Blumenshine**

*[Reprinted from Vol 10 No 1 2013]*

**THE FIRST PART OF THIS ARTICLE** addressed the problem of suicide among military veterans. We looked at the high and growing rate of early deaths as the tip of the iceberg of the suffering of our military veterans and their families. Self-inflicted harm is but one of the tragic by-products of military-related invisible suffering. Too often veterans and their families cope with diminished lives with very little surcease of sorrow.

Using the lens of moral injury, this second part seeks to ponder the impact on society of the harm done to the humans our nation “calls” into the military. While I am newly among those who warn against thoughtless use of religious language in relation to the work of the military (see Rev. Dr. Kelly Denton-Borhaug in this issue), I do think that as a nation we make a covenant with those we send to war in our names.

This is the way it is supposed to work:

According to the tenets of just war discourse, we ask our fellow Americans to risk in war both their own current and lifelong happiness, as well as the happiness of those who love them, only when war is absolutely necessary, and when we feel confident that military force will be successful in accomplishing our goals.

When we do send them into harm's way, we make sure that they are well-prepared with training and well-supported materially so they have the best chance of succeeding, whole in body, mind and spirit.

When some are nevertheless wounded in body, mind, or spirit—which is predictable—we covenant to care for them and their dependents to the best of our ability, fixing what can be fixed and sustaining lifestyles of dignity in cases of long-term disability.

Let me be clear. It is wrong to stereotype every veteran as “troubled.” Each veteran is unique. They differed from one another before they entered the military and different things happen to them while they're in the military. People also respond in different ways due to their life circumstances. Because of this, we have to be careful not to make assumptions about any individual—not every one is suffering. There is no dispute, however, that too many are paying a steep personal price.

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Moral injury brings a rupture of relationship in all that matters (community, loved ones, God), along with a numbing and estrangement from one's own feelings and soul.

1 Matthew 2:18

To fulfill our covenant responsibly, we have to be able to see and feel what is happening. Moral injury brings a rupture of relationship in all that matters (community, loved ones, God), along with a numbing and estrangement from one's own feelings and soul.

One military chaplain looked at me in anguish as he blurted, "The truth is, what we are sending our people to do is hurting them greatly!"

One hears the common refrain: he/she was never the same after the war. Post Traumatic Stress Disorder (more recently being shortened to PTSD to avoid the stigma of disorder) has become the bucket into which can be tossed all post military behavioral problems. As my colleagues in this issue show so well, however, PTSD is a physiological response to mortal danger. A far greater number suffer from wounds of conscience and soul; we the nation have sent them to moral danger.

Most veterans struggling with moral issues can never articulate what is troubling them. As a society, we have not made them the space; we hardly have the vocabulary. We don't seem to have the attention.

Training recruits to overcome their consciences and their deliberative faculties is an intentional part of the current "muscle memory" training. Iraq veteran Camilo Mejia is among those who have written about the aftermath of "muscle memory" actions. He also is among the many who have described detainee abuse and other cruelties as Standard Operating Procedure (SOP) during their deployments. The addiction treatment centers are also now hearing about such cruelties from their veteran patients. But many veterans continue to stuff or repress their experiences.

As one veteran explained, "There are things I haven't told my therapist because I don't think my therapist could handle it."

The tendency is to try to seal the compartment of moral pain and cover it over as though it doesn't exist.<sup>2</sup> Maintaining that compartment (a "prison of the soul"?) can lead to arrested moral development, among other dis-eases. Richard Rohr is among those who point out, "If we do not transform our pain, we will be sure to transmit it."

Social scientists can show how emotional and behavioral problems diagnosed as PTSD are transmitted through families. Criminologists can show that many veterans break laws, some quite violently. Bullying behavior is rampant.

Dr. Mic Hunter, a therapist who specializes in Military Sexual Trauma, had disturbing information when he spoke at one of our Veterans' Ministry roundtables. The military, prisons, and sports are considered the most dangerous places for sexual assault. Hunter pointed out that some environments allow predators to become smarter and more dangerous assailants because they can commit these crimes with impunity, with no accountability.

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The tendency is to try to seal the compartment of moral pain and cover it over as though it doesn't exist.

<sup>2</sup> Complicated with psychological denial, veterans fear—with reason—a whole range of recriminations.



“Once you learn how to de-humanize anyone, it’s easier to do anything to them,” noted Hunter. You learn that “it’s okay to use violence to get what you want. As a country, we’ve endorsed that,” he continued.

These are all very painful concepts for anyone to contemplate. The scope, gravity and overwhelming pain are beyond any individual’s capacity to handle. We need each other and we need the Holy. Over and over in my work, I’ve been assured that the Holy is always seeking for us to come to an awareness of our relatedness and to recognize the beauty of each human life.

As Lutherans, our heritage reminds us that institutions are always in need of reform. As Lutherans, we’ve been called to speak truth to power. As Lutherans, we respect princely authority, but for those of us of German Lutheran heritage, like me, we’re painfully aware of how that trait has been exploited and abused in recent history. I remember the defendants at Nuremberg who claimed that they were just doing their jobs and following orders.

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No sensitive person would challenge an individual’s coping narrative. We must be cautious, however, that our coping narratives and coping techniques do not enable policies that lead to more deaths.

My perspective comes from my last seven years of addressing the suffering of veterans and their families, as well as my personal history, so my view is skewed by the stories I’ve heard. You can hear those stories, too. Many brave people have painfully articulated their experiences. See the listing at the end of this article for links to a few of those stories.

But you may not want to know more. Apparently, most Americans are choosing not to know more. As many care providers have told me, “I couldn’t continue to do my job if I thought about that.”

As pastoral care providers, we are all aware of the consoling narratives that sufferers often employ to cope, such as, “God must have wanted little Timmy to lead the angelic choir.” No sensitive person would challenge an individual’s coping narrative. We must be cautious, however, that our coping narratives and coping techniques do not enable policies that lead to more deaths. Perhaps little Timmy would be alive today if he’d been immunized. We must act wisely to save the other children from unnecessary suffering.

In the words of William Mahedy, military chaplain of beloved memory, “The voice of the veteran is raised in protest against the prevailing currents of our culture; it unmask our delusions. It is a voice of prophecy we fail to heed at our peril. The vets remind us that we also sit in the shadow of darkness, imprisoned by our own moral confusion and stress, each in our own private space immersed in our personal concerns with little relationship to community. We who have been able to trivialize

even war can do little else with moral seriousness. The voice of the vets is a call to discover a deeper ethic, a richer way of life; it is a voice of healing.”<sup>3</sup>

Finally, I quote the remarkable Fr. Michael Lapsley.<sup>4</sup> He has come back from near death in his own assassination-ravaged body to help others around the globe heal. In Minnesota, he has led Healing of Memories workshops for American military veterans. He warns, “The Soul of America is infected with unending war and militarism, and it’s being felt in the bedrooms of the nation.”

Following Jesus, I ask, “What does it accomplish to gain (dominate) the whole world and lose the soul?”<sup>5</sup>

*Amy Blumenshine, MSW and Lutheran (ELCA) Diaconal Minister, convenes the Coming Home Collaborative and the bi-monthly veterans ministry roundtable lunches. Amy is a co-author of the book, Welcome Them Home – Help Them Heal: Pastoral care and ministry with service members returning from war.*

## Additional Resources

### Books:

*None of us were like this before: American soldiers and torture*, Joshua E.S. Phillips

*What it’s like to go to war*, Karl Marlantes. (Also Bill Moyers interview)

*Packing Inferno*, Tyler Boudreau

*Welcome them Home—Help them Heal*, John Sippola, Amy Blumenshine, Donald Tubesing and Valerie Yancey. Kevin Massey reviewed this book in *Caring Connections* Vol 9 No 2. [CaringConnections\\_2012\\_volo9\\_2.pdf](#) ([lutheranservices.org](http://lutheranservices.org))

### Other Media:

Videos of VA successes

<http://maketheconnection.net/stories-of-connection?conditions=1>

Poignant 16 minute film that shows the suffering related to military moral injury, see <http://mediastorm.com/publication/the-marlboro-marine>. The documentary sensitively follows the life of a Marine whose photo became famous for his vacant “1000 yard” stare during the battle of Fallujah.

Dexter Filkins wrote in the *New Yorker* (“Atonement,” Oct. 29, 2012) about a troubled Iraq veteran who seeks out the family whose men he killed in 2003. Interviews with Filkins and the veteran, Lu Lobello, can be found in other media,

<sup>3</sup> *Out of the Night: The Spiritual Transformation of Vietnam Vets*

<sup>4</sup> See [http://www.mpls-synod.org/files/programs/vets/vets\\_interacts/2012\\_aug.pdf](http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_aug.pdf) and [http://www.mpls-synod.org/files/programs/vets/vets\\_interacts/2010\\_july.pdf](http://www.mpls-synod.org/files/programs/vets/vets_interacts/2010_july.pdf)

<sup>5</sup> Paraphrase of Mark 8:36, Luke 9:25, and Matthew 16:26

like this NPR podcast, <http://www.npr.org/2012/10/23/163472609/iraq-vet-seeks-atonement-for-early-war-tragedy>

This is a link to the Soul Repair Center's resources page: <https://brite.edu/soulrepair>

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*Some years later...in 2023, Amy reflects...*

Sadly, the issues in this article, published ten years ago, remain largely unmet by our society. I support the massive efforts made to treat PTSD and prevent veteran suicide, even as the evidence continues to show that military members are being hurt in ways that are not being fixed.

Two recent events reinforce concerns raised in this article. A Maine veteran died by suicide after shooting 31 people, 18 who died. (Veterans are disproportionately represented among mass shooters.) Second, a New York Times article noted the prevalence of significant impairments, understood as mTBI's—some leading to suicide—from vets who had operated artillery far from enemy danger. Many of these veterans reported apparitional visits from those they may have killed. This is not a typical mTBI symptom, but it does indicate moral injury. The *New York Times* article of November 5, 2023, *A Secret War, Strange New Wounds and Silence From the Pentagon*, also illustrates the societal refusal to consider the ramifications of war-making by making no mention of the human pain and loss inflicted by those munitions.



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# Battle-Tested in the War on Hate: How Social Justice Consciousness Challenges the Called in Specialized Care

**Karen Westbrooks**

*[Reprinted from Vol 16 No 4 2019]*

**EXHAUSTED. EXHAUSTING. MORE THAN EXHAUSTING.** Thinking through 150 years of bigotry feels like a weight on my shoulders especially when I've lived through nearly 60 of those years. As I consider diversity, equity and social justice in ministry, I am reminded of how often I feel pressured to "Say something," "Do something" or "Provide a perspective." What seems ironic to me as a consecrated black deaconess in the white world of Lutheranism is that the tight, tucked-in, orderly world of ministry in a congregation is drastically different from the world that I see as a licensed mental health professional. The most alarming example of this is what happened on a beautiful Wednesday afternoon in October 2018 in sleepy Jeffersontown, Ky., a suburb of Louisville and the home of my congregation and counseling center.

Having been frustrated by the locked doors at a Baptist church,<sup>1</sup> a 51-year-old white male, drove down the street, right past the Lutheran Church where I sat in a counseling office with unlocked doors. Instead, he pulled in next door at a grocery store — open 24/7. Getting out of his car, he shot a 60+ year old black woman in the crosswalk between the store and the parking lot. The woman was pushing a grocery buggy with already paid for items in it. After she dropped to the ground, he stood over her and shot her three more times. Armed with the same weapon, he walked in the store and shots rang out! The young and the able-bodied ran for their lives. A second customer, a black grandfather, also 60+ years old, was assassinated while helping his eight-year-old grandson choose materials for a school project.

When leaving the store, the gunman was confronted by a young white male with a gun who fired at him. The sound bite that reverberated throughout the area was the report of what the gunman said as reported by the young white male, "Whites don't kill whites." Aerial footage shows the murderer, dressed in a neon yellow sweat suit, getting in a car, putting it in reverse and slowly backing out of a parking space. Driving 1–2 miles an hour, he stopped at a stop sign before making a left turn out of the parking lot. As soon as he hit Hurstbourne Blvd, he was captured immediately

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As I consider diversity, equity and social justice in ministry, I am reminded of how often I feel pressured to "Say something," "Do something" or "Provide a perspective."

<sup>1</sup> This was a historically black church of which the gunman was a former member.

by police. Law enforcement did not choke, beat, or kill him on the spot. He was handcuffed unharmed and booked. Charged with two counts of murder and 10 counts of wanton endangerment, he is still awaiting trial.

Both colleagues and clients posed many questions to me. Was the gunman crazy? Why didn't the police shoot him on the spot? My answer has stayed consistent for more than a year. "No, the man was not crazy. We were all witnesses to what hate looks like." Because Louisville is small as cities go, more personal questions were asked: Why was the man aiming to kill black people when his wife was black and his kids are bi-racial? I responded in a way that they did not expect, "This was all the more reason for him to kill black people." What? Why? "When he married a black woman, maybe he did not marry her for love. Maybe he married her for power and control. Maybe he married her to keep his hatred at the domestic level. Maybe she divorced him to escape the abuse." The ex-wife chose not to be interviewed. She, also traumatized, did not want the lime light.

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"No, the man was not crazy. We were all witnesses to what hate looks like."

More than one of my clients were personally connected to this story. One was in her car in the parking lot when the woman pushing her buggy was shot. My client reports laying down on the floor boards terrified that she would also be shot if he saw her. Another was a neighbor of the murdered grandfather who was helping his grandson get school supplies. In an instant, his life was gone and the family and the neighbors were changed forever. It seems that "all of Louisville" was shaken and disturbed. Not knowing what to do, they turned to their smart phones and searched for help. I subscribe to a Psychology Today software that tracks the searches for counseling in the area. Inside the last four years, including 2018, there were an average of 24,000 searches in Louisville and by August of 2019, there were over 78,000 searches. Why the spike? I would suggest that the community trauma was a huge factor. Shooting on the West End is acceptable, but a shooting on the East End (Jeffersontown) where the good middle-class people reside is unheard of. There was a racially-motivated double homicide at the Jeffersontown Kroger's! My first inclination was to consider leaving Louisville so that I would not be concerned about leaving the grocery in a body bag. Then, with a big sigh, I felt my calling. If I move, what are my current clients going to do? Many are stuck here with no means of moving anywhere else. They had chosen me as their trusted mental health professional. Ugh!

Again, was the grocery store killer crazy? He had the presence of mind to obey the traffic law which means he had the presence of mind to know that killing was wrong just like running a stop sign is wrong. He obeyed the smaller law and ignored the bigger one! Why is it useful to our culture to call people crazy? We've done it with many of the mass shooting incidents. A very recent high-profile racial shooting was at the Wal-Mart in El Paso, Texas. We wanted to make the gunman crazy there as

well. This was a man who reportedly drove eight hours to shoot Mexicans. That took a great deal of planning and executing. Dave's Sporting Goods, a billionaire business, decided to take its assault rifles off the shelf. The head of the business took the position that the loss in revenue pales in comparison to the loss in lives.

What position has the church taken on social justice? Have you heard anything? My church is the closest community of faith to this murder scene and we still have not talked about what happened. Calling people crazy, keeps it "out there." It keeps it "not us." It keeps it "no way is that ever relevant to us." Many of our congregants continue to shop at the same store where the black people were blown away because a man in his right mind wanted to kill black people.

That sounds scary doesn't it? Someone in his right mind wants to kill.

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Ultimately, we have to arrive at the question of sin. Is the church afraid to discuss it?

Ultimately, we have to arrive at the question of sin. Is the church afraid to discuss it? Sin is acted out more brutally between the races than anywhere else. Sin is multigenerational. Racial tension and social justice is also multigenerational. I began this article by talking about the weight of 150 years. The truth is, it's a lot more years than that! It's more like 2,000 years. All of us live in the swamp of our fathers' sins. It has everything to do with us because we have inherited ways of thinking about each other that are damaging and deadly. We have inherited ways of being together that is isolating and condemning.

The real work of the church is to disrupt the cycle of sin. Wait! Didn't Christ crucified do that for us? Disrupting the cycle means that we have to become participants in the story of Christ. When we celebrate All Saints Day, we acknowledge stellar participants in the story of Christianity. How do we disrupt the cycle in the same thinking language that has kept us the same? This is precisely the challenge and the reason for this article. We are called to change the way we think about social justice.

To be impactful social justice advocates, we are called to change. To explain, I must share three more stories then tie it to how we might disrupt the cycle that keeps us the same. During All Saints Sunday, our Assistant Pastor asked kids six years old and younger, "What is a Saint?" The children responded, "When you play football or soccer or some other sport you become a saint." I cringed hearing these responses. Our kids are likely not too different from other children. Since much more is caught than taught, secular understandings are caught much quicker even though these children are actually in the pews! Social justice starts with toddlers. If they are not connecting saint with following the plans Jesus laid out for our lives, we have already lost the battle for social justice. To change our thinking means understanding that learning about social justice begins practically at birth if not in the womb! The first

social environment for which the child is exposed is its own family. Is it a loving or abusive, organized or chaotic, accepting or dismissive?

Two years ago, I was eager to teach a course in Diversity and Social Justice for a School of Social Work. I had 29 students from all over the country. It was an online classroom. An important capstone project of the course was the Social Justice project for which the students had to submit a proposal for approval. In the wake of Charlottesville, one student's proposal was to solve racism in the United States by herself in one semester. I kindly provided feedback. Her revised proposal was to solve racism in Louisville by herself in one semester. I kindly provided even more feedback.

The student responded with grave disappointment and asked one question, "Am I not going to get an A in this class?" I was so thoroughly dismayed by the student's objective for a grade and not for social justice that I spoke to the program chair about screening their students more thoroughly! The chair's reply was, "Did that really happen with one of our students?" I felt that my concerns were dismissed, so I never taught for the university again.

Instead, I voluntarily led a book discussion on *Witnessing Whiteness* by Shelly Tochluk with the pastors from the Indiana/Kentucky Ministerium. Ah! That was the real reward! The pastors did not participate for a grade, they participated to address real issues in their congregations and communities. I learned that going through life blind to 150 years of history might be worse than carrying it on my shoulders. For example, only one of the pastors was aware of the systemic reasons that created poverty living for most African Americans. Another exclaimed, "I took a college course on *American Life in the 1920's* and not once did the professor present or address the bombing of Black Wall Street!"<sup>2</sup> To know that black people weren't always poor did a lot to change the minds of the ordained people. What would knowing the truth do for the laity?

The pulpit is a powerful place to get out the message of social justice. Pastors have to change their minds about playing it safe and not upsetting the people with the money in the congregations. The force of the laity is mightier than the force of the clergy. We have to change our minds about what to do when we have the attention of the people in the pew.

Recently, I was told by our new lead pastor that the congregation had no idea that we had a counseling ministry. With all the calmness I could muster, I said, "I'm not the person with the microphone every Sunday." I walked away thinking, "I dare him put that on me. How do I let people know when I have no place of authority in the church? I am not paid staff. I am not staff. As far as most are concerned, I'm the black woman in the pew."

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I learned that going through life blind to 150 years of history might be worse than carrying it on my shoulders.

2 To learn more about this tragic event, see the CNN link <https://youtu.be/EO3Fxe4mDP4>

As I continued to wrestle with the pastor's dismissive attitude toward my ministry, I asked the chair of the church council for some time on the agenda at the next council meeting. Well, two months later, after the council chair screened what I wanted to talk with the council about, I got permission to give a presentation about the counseling ministry. I ended the presentation reading a letter of support from the Dean of the Ministerium. As I understand it, letters are continuing to pour in. The validation has literally changed my outlook on the power of a congregation! The counseling ministry has a diverse caseload with 55% African American, 25% Caucasian, 5% Hispanic, 5% Mixed Race, 5% LGBT. The folks I serve do not at all look like the demographics of a Lutheran Church. However, very likely, the assumption that Lutherans are just all white folks helping white folks actually saved my life. Each day I open the door to my counseling center, I realize that had I been presumed black, I might have been the first one murdered. Definitely exhausting and very scary!



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*As a licensed marriage & family therapist, she was elected president of the Kentucky Association for Marriage & Family Therapy and subsequently served on the AAMFT Council of Division Presidents. She was then nationally elected to the AAMFT Board of Directors with a term beginning January 2015 and ending in December 2017. Dr. Westbrooks was also one of nine nationally appointed members to the AAMFT Ethics Code Revision Task Force who made updates for the 2015 AAMFT Ethics Code. In July 2014, the Kentucky Governor appointed Karen to serve a four-year term on the Board of Licensure for Marriage and Family Therapists.*

*She is a consecrated deaconess of the LDA in Valparaiso, Indiana and a licensed counselor in private practice at Jeffersontown Counseling Services — a recognized ministry of the ELCA.*



# Called to Share a Great Treasure: Singing with All God's People

**Bill Dexheimer Pharris**

*[Reprinted from Vol 18 No 3 2021]*

## Music as a light in the darkness

A crowd had slowly gathered outside of Emanuel Baptist Church in a poor *barrio* of San Salvador, the capital city of El Salvador. It was an early evening in April, 1989, and the decade-long civil war that had been mostly raging in the countryside had come crashing into the city, leaving desolation and tremendous suffering in its path. I had been living and working for the previous three years among these faithful people as a volunteer with the Lutheran Church of El Salvador.

Hundreds had made their way to Emanuel Church from points near and far throughout the city: clergy and lay leaders of other Baptist congregations, Catholics, Lutherans, and Episcopalians. Church communities previously divided by doctrine were now allied in a common cause of alleviating the suffering of the mostly poor victims of war and many years of extreme social injustice.

The people were gathered in response to the brazen kidnapping, torture, and murder earlier in the day of María Cristina Gómez, a beloved grade school teacher and faithful member of Emanuel Church who had been dragged from her school by government soldiers in full view of her terrified students into a military vehicle, from which her body was tossed into the street a short time later.

By nightfall the open area surrounding the church was packed with people seeking comfort and consolation from each other. For quite some time there was no formal prayer or messages from church leaders; fear permeated the scene, hushed voices punctuated by cries of anguish.

The unspoken thought on the minds of so many gathered that evening: might I be the next one they come for?

Suddenly someone began to sing quietly these words attributed to St. Teresa of Ávila:

Nada te turbe, nada te espante  
Quien a Dios tiene nada le falta  
Nada te turbe, nada te espante  
Solo Dios basta

Nothing can trouble, nothing can frighten  
Those who seek God shall never go wanting  
Nothing can trouble, nothing can frighten  
God alone fills us

*Text and music 1991© Les Presses de Taize (admin. GIA Publications, Inc.)*

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By nightfall the open area surrounding the church was packed with people seeking comfort and consolation from each other.

Another person joined in, then another, until all had joined their voices together in unison. Over and over we sang these words set to a simple melody, the chorus growing stronger and more confident with each repeat. Those of us who hadn't previously known it soon sang with confidence. Time stood still for what seemed like an eternity, but after 10 or 15 minutes of long crescendo and diminuendo the community lament came to a quiet halt.

I don't remember what happened after that, but I will never forget the words and the tune we sang together that evening — they were seared into my memory forever.

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That evening I witnessed the healing power of music in a very deep and special way.

That evening I witnessed the healing power of music in a very deep and special way. A shared song brought consolation and hope — a light in the darkness for a frightened people.

### Music and pastoral care

Thirty years have passed and I'm still singing the song I learned that day, but in rather different context. It's now usually just me and a hospital patient, maybe also a family member or friend. I sing this Taize chant and a dozen or so other songs and hymns from memory, a basic repertoire that helps me reach people at a deeper level than I might otherwise be capable of.

Music has been key to my chaplaincy practice from the beginning. I sing with patients on a regular basis and I always encourage my colleagues and CPE students to do so.

For my chaplain colleagues who say, that's all well and good, but I can't sing, I would refer you to the work of John Bell, who has some quite insightful and challenging things to say about this in his book *The Singing Thing: A Case for Congregational Song* (GIA Publications, 2000). Bell writes (pp.95–96):

*If any group of people is asked, 'How many of you cannot sing?' one in four will raise their hands to confess tone-deafness, no sense of pitch or some other music deficiency. When this quarter of the company are asked why they cannot sing, nearly all will say, 'Because someone told me.' And that 'someone' will inevitably have been a person who was in a position of authority over them or who was in close friendship or kinship with them...*

*...The fact must be stated straight away that there is actually a very small proportion of people who cannot replicate a melody in the right key...their difficulty is a physiological one which has to do with how hearing sound and making sound connect in their head.*

*For others, the reason for the 'tunelessness' or 'tone-deafness' is psychological. Yet to use the word psychological is to attach too strong or too technical a term*

*to the condition. Perhaps it would be preferable, though less tidy, to say that for many people their memory of being told they could not sing has had such a cataclysmic effect on them that it prevents them from believing that their voices could ever get it right.*

*Memories have that effect on us*

Check out John Bell's book if you think you cannot sing, or contact a church musician or choir director to talk over the possibilities.

## Letting go of unnecessary baggage — traveling light

My practice of singing with patients has changed drastically over the course of a relatively long chaplaincy career — now reaching, as I like to say, more than a quarter century. I gradually jettisoned all my hymnals, song sheets, and even my guitar, simplifying and streamlining my approach to a point where it is now quite limited and repetitive. Yet in this simplicity I have discovered for myself a way to use music in a more spontaneous and prayerful way. It's not a performance meant to entertain — it's an integral part of my ministry of pastoral care, bringing added depth and richness to prayer, meditation, guided imagery, and a wide array of ritual and sacramental practices.

The breakthrough for me was the simple realization that there is a major difference in approach and expectations regarding pastoral ministry in a hospital setting as opposed to the parish. My prayers for example, even when they may appear to be spontaneous, are often, to be honest, the repeating of phrases I have used again and again over time in different combinations. Like jazz riffs, they are in my memory and have been practiced repeatedly. They are summoned out by the particular experience I am encountering in the moment. What is original and creative is the way I apply them to the person whose story I have heard. Sometimes it's completely new and original, but if it is effective I find myself repeating it again in the future under similar circumstances.

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My prayers for example, even when they may appear to be spontaneous, are often, to be honest, the repeating of phrases I have used again and again over time in different combinations. Like jazz riffs, they are in my memory and have been practiced repeatedly.

The same process of transformation has happened in my use of music.

Along with the aforementioned “Nada te turbe,” two songs by my friend and colleague [Bret Hesla](#) were the driver behind this transformation of my singing practice. I had sung “[Bread for the Journey](#)” and “[Lake of Mercy](#)” so many times over the years I eventually memorized them without even trying. Since these two songs were appropriate for so many different circumstances, I found myself using them over and over during times when I hadn't necessarily planned on singing with patients.

I eventually stopped carrying my songbooks with me, and even jettisoned my guitar. Without the distraction of a songbook to look at and a guitar to literally fret about, a pathway opened towards more intimate interaction with patients and families.

When I realized that this small number of memorized songs could be so useful, I decided to attempt to memorize more hymns and songs, eventually coming up with a repertoire of a dozen and a half songs that are appropriate in a very wide range of pastoral care settings.

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Without the distraction of a songbook to look at and a guitar to literally fret about, a pathway opened towards more intimate interaction with patients and families.

With this virtual jukebox in my head, I can draw on the special powers of music as I pray for healing, commend to God in times of dying, offer encouragement, or elicit life stories, hopes, and dreams.

## Memorization — not just a technique, but a way towards deeper human connection

There are different techniques one can use for memorizing texts and melodies. If you have experience in the theater you have certainly already thought this through. I have not studied any particular technique as such; my advice is use whatever works for you.

Looking back, I did develop a “system” of sorts that works for me: I keep at hand a typed booklet of selections I have successfully memorized and those I hope to memorize. When first starting to learn a song, I want to get the melody line fixed in my brain, so I start by listening to recordings over and over, sometimes while simultaneously reviewing the printed music, until I have the melody down. The ability to read music certainly is a plus, particularly if I want to assure I sing the melody as the composer intended it, but this process is mostly an aural one. The hymns and songs I find most appropriate tend to have simple, easily memorized melodies.

Once I have the melody firmly set, I sing the text and melody together over and over, working on one verse at a time. Then I “practice” singing from memory in my head whenever I have the opportunity: while taking the bus to work, swimming laps at the Y, walking our dog, or riding my bike to work.

In my work with patients and families, I would carry with me a printed booklet of the songs I was attempting to memorize. When I felt comfortable enough to sing from memory, I would do so, knowing I could revert to the written text if need be. Eventually I would take a leap of faith and sing from memory with patients.

Memorizing hymns and songs is hard work for most people, including me, but the benefits have been substantial. I have found that when I have successfully memorized all the verses of a song, I pay much closer attention to the meaning, the

story the author hopes to convey. There is an arc or direction the hymn takes that makes much more sense when taken as a whole. I realized I knew the first verses of many hymns, but was missing out on the more in-depth understanding of a text that comes from knowing all of it.

It's true that I could sing just about any song I could ever want to just by pulling out my phone and looking up the lyrics, but I miss something absolutely essential when I don't *see* the person with whom I sing face to face. I would miss the direct human connection that comes with looking a person in the eye, close up, just the voice, praying in song. When I sing from memory without the printed words in front of me, I am able to more closely monitor the patient's reactions, to feel and observe their breathing patterns, to notice tears I might have otherwise missed, the smile or frown on their faces.

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When I sing from memory without the printed words in front of me, I am able to more closely monitor the patient's reactions, to feel and observe their breathing patterns, to notice tears I might have otherwise missed, the smile or frown on their faces.

Essentially this is about singing *with* people, rather than *to* them.

I am reminded of the testimony of Sister Leticia, a Salvadoran Catholic nun who was present that night we mourned the death of María Cristina Gómez and sang together songs of lamentation and hope. Leticia, whose community was dedicated to serving the poorest of the poor, had been asked to share her personal testimony with a visiting U.S. church delegation. During the question and answer time at the end of her talk, Leticia was asked, "what is the *charism* of your community of women?" She hesitated for a moment, clearly giving the question serious thought, then quietly responded, "our charism, our calling, is to see the face of God ... in the face of the people."

I take Leticia's words to heart when I sing "Precious Lord," or "Bread for the Journey," or "All Who Are Thirsty" again and again and again, always hoping to truly see the divinity present in the faces of all of God's people.

And so I encourage you to consider how singing with patients and families might enrich your ministry of pastoral care. From my own experience, I can say that the practice of memorizing songs and hymns, and then sharing them both intentionally and spontaneously with patients and families, has transformed my work as a chaplain.

Martin Luther is believed to have said "Next to the Word of God, the noble art of music is the greatest treasure in the world." I say amen to that!

Each human being with whom I have been privileged to share this treasure is unique and special in the way they experience illness, suffering, and hope for healing in the moment we encounter each other. I am grateful for the gift of song in such sacred moments.

## Some helpful resources:

- *Lake of Mercy: Songs for Healing* — a collection of songs by Bret Hesla. I recently collaborated with my friend and colleague Bret Hesla to produce a collection of 20 of Bret's compositions that would be appropriate for use by chaplains, music therapists, and any other spiritual caregivers in clinical or parish settings.

This is what I wrote in my foreword to *Lake of Mercy: Songs for Healing*:

*“In my 25 years as a hospital chaplain, there are two songs I have turned to again and again, to sing with patients of a wide variety of spiritual traditions: ‘Bread for the Journey’ and ‘Lake of Mercy,’ composed by my friend Bret Hesla. Both these songs, with simple melodies that seem to sing themselves from the first time they are heard, consistently evoke images and experiences of healing and wholeness during times when there is hope for physical healing, and just as readily in the sacred context of letting go at end of life. I have sung them hundreds of times but for me they have never become tiresome or stale, for they always seem to bring joy and strength to others at first hearing.”*

- [Rise Up and Sing: Hope + change through song](#) — This website, administered by Annie Patterson and Peter Blood, is a one-stop shop for learning songs of just about any genre one could imagine. Annie and Peter are accomplished folk musician/scholars, who along with Pete Seeger compiled and edited two landmark songbooks, *Rise Up Singing* and *Rise Again*, which between them include 2400 songs with full lyrics and chords. This comprehensive website includes a “Music Box” that is searchable for teaching videos connected with all the songs of the two books.
- *Singing Our Prayer: A Companion to Holden Prayer Around the Cross — Shorter Songs for Contemplative Worship*, compiled and edited by Tom Witt, Augsburg Fortress, 2010.

This full piano score edition of 44 short, contemplative chants and hymns is a rich source of simple meditative music. Although this songbook is mostly meant for use in liturgical worship settings, many of the selections would be appropriate and useful for singing in more intimate pastoral care situations.

## My Song List

What follows is my own personal list of songs and hymns that I have memorized and use in my practice of pastoral ministry. It is by no means meant to be a definitive or prescriptive list that would necessarily be useful or appropriate for others. It's simply what I have taken into my brain over the last few decades, sometimes by design, sometimes in a completely arbitrary manner. It is circumscribed by my own limited personal identity and life experiences. The challenge for me of getting beyond my comfort zone is never ending.

I would love to hear from you, my colleagues, about your experience of singing with patients and families. What songs and hymns have you found useful and meaningful for your practice of pastoral ministry? If you'd like to be in conversation about this, you can contact me at [bdpharris@gmail.com](mailto:bdpharris@gmail.com).

- “All Who Are Thirsty” (Kutless) – A Christian praise hymn that I use to open prayer for healing. Folks often join in on the repeated phrase “Come, Lord Jesus, Come”. This [cover of the song](#) by Charlie Hines is closer to the way I sing it than the hard rock feel of the original version.
- “Amazing Grace” – More than any hymn I have shared, “Amazing Grace” seems to have a special resonance with patients and families. They often sing along if they are able, but very few seem to know all of the hymn from memory, so it helps their singing to hear all the verses sung confidently.
- “Blackbird” – This lovely tune and text by Paul McCartney is easy to memorize and not too difficult to sing. It works fine sung a capella. I have used Blackbird in the context of end-of-life blessings and when there is still hope for healing. It's hard to go wrong with Beatles songs with Baby Boomers and a lot younger. Other Beatles tunes I would like to memorize: “Here Comes the Sun,” “In My Life,” and many, many more, but I'll steer clear of “Maxwell's Silver Hammer!”
- “[Bread for the Journey](#)” (Bret Hesla) — In my experience this song works in an almost infinite variety of pastoral care settings, whether in the context of the celebration of Holy Communion, at end-of-life, or any setting in which a patient is seeking support and healing. Bread as a metaphor for all things that bring nourishment and strength is about as universal a spiritual symbol as one could imagine.
- “Lead Me On to the Rock” – This setting by John Ylvisaker of Psalm 61 is sung to the plaintive English Horn melody from the second movement of Dvorak's Symphony No. 9 (“From the New World”). I learned it from *Songs for a New Creation* (Augsburg Fortress), a now out of print hymnal edited by Ylvisaker in 1982. John Ylvisaker's hymnals are not easy to find in print, but you may have luck going to his website: [www.ylvisaker.com](http://www.ylvisaker.com) In my estimation Ylvisaker was a giant of liturgical renewal in the 20th century. I especially recommend John's published articles about “worship wars” found on his website.
- “[Hinei Ma Tov](#)” (Psalm 133) – I learned this setting of verses from Psalm 133 in Prof. Jim Limburg's Hebrew class at Luther Seminary some 40 years ago and somehow it remains imprinted on my memory.
- “Into Your Hands I Commend My Spirit” – (from *Compline Prayer*, Evangelical Lutheran Worship, p. 323). I use this in the context of commendation prayers at end of life. I find this chant and others from the traditional *Liturgy of the Hours* to be particularly appropriate for pastoral ministry with patients raised in the Catholic, Anglican, or Lutheran traditions. I am painfully aware of my lack of

knowledge of the Eastern Rite and Orthodox Christian liturgical traditions. I would imagine they hold a great treasure of music for pastoral care.

- [“Lake of Mercy”](#) (Bret Hesla) — If I find out that the image of a *lake* is pleasant or healing for a patient—an almost universal feeling in my home state of Minnesota—then I might sing this song as a type of *guided imagery* for relaxation or meditation. It is also appropriate in the context of end-of-life.

This song is a favorite of music therapists. Becky Pansch, a Certified Music Therapist from Minneapolis, wrote this about her experience singing Lake of Mercy:

*I have been using Bret Hesla’s song “Lake of Mercy” for over twenty years with my hospice patients and it always brings a sense of peace, hope and calm. I have sung it at bedsides as well as memorial services, and have incorporated it into music assisted relaxation sessions countless times. In my opinion, it is a number one “must have” song for hospice music therapists.*

- [“May God’s Peace Be With You Till We Meet Again”](#) (Kirk Franklin) — Every worship service at Redeemer Lutheran in Minneapolis, the congregation I attend with my family, ends with the first verse of this simple hymn. Having memorized it from that setting, I started using it as part of end-of-life rituals. At Redeemer we sing “God’s peace” in place of “His peace”, and I do the same myself.
- [“May Our God Now Bless You and Keep You”](#) (my own unpublished paraphrase and musical setting of the priestly blessing, Numbers 6:24–26). I use this as a closing prayer or blessing. You will find my text and a recording of the melody at the YouTube video I have uploaded. Feel free to use this in your own ministry, but for permission to use in a formal worship setting, please contact me at [bdpharris@gmail.com](mailto:bdpharris@gmail.com).
- I love to sing hymns and songs in Spanish, but have only memorized a few selections: [“Nada te turbe,”](#) a Taizé chant you can find in the songbook *Singing Our Prayer* (see the Resources section accompanying this article), and “No hay Dios tan grande como Tú,” a popular Spanish-language praise “corito” included in the ELCA Spanish-language hymnal, *Libro de Liturgia y Cántico* (#586).
- [“Now Rest Beneath Night’s Shadow”](#) (Evangelical Lutheran Worship 568) — I sing this evening hymn more in a simple chorale style than that found in contemporary hymnals such as ELW. I first learned it from a musty old copy of *The Hymnal and Order of Service* of the Evangelical Lutheran Augustana Synod 1944 which I can no longer locate; an on-line search produced [this arrangement](#) of Paul Gerhardt’s tune by J.S. Bach, I believe from the same hymn edition I once had in my possession.
- [“Precious Lord”](#) — This hymn by Thomas Dorsey is beloved by people in a wide array of Christian traditions, particularly the historic African-American evangelical/pentecostal churches.



- “Somewhere Over the Rainbow” — A favorite song of mine from the incredibly rich tradition of American Musical Theater, from the movie I have seen more times than any other. This song reaches people at a deep level with its themes of longing and hope.

I have been a huge fan of musical theater from a very young age. Rogers and Hart, Rogers and Hammerstein, Sondheim, Lerner and Loewe, and now the likes of Lin-Manuel and his contemporaries — I love them all. I imagine this genre is a rich source of material for music therapists in their work with patients. I would like to memorize more songs from this genre, such as “*My Favorite Things*” from *The Sound of Music*, or “*Somewhere*” from *West Side Story*. I am able to sing along with Julie Andrews on “*Do Re Mi*” by heart, but I have yet to find an opportune time to sing it with patients!

- “[Spirit of the Living God](#)” (*This Far by Faith* – Hymn 101)

I first heard this one-stanza hymn, composed by Daniel Iverson in 1926, at an ELCA Global Mission Event in the early 90s, when Pastor Barbara Lundblad taught it spontaneously to the gathered assembly before her sermon. Rev. Lundblad used the phrase “fall afresh”, while hymnals such as the ELCA’s *This Far By Faith* change it to “fall fresh”. To my ear the perhaps archaic “afresh”, which I believe was the original version, sings better. I usually alter the text slightly, changing it from the first person to the second person:

*Spirit of the living God, fall afresh on you.*

*Spirit of the living God, fall afresh on you.*

*Melt you, mold you, fill you, use you.*

*Spirit of the living God, fall afresh on you.*

- “[Step by Step the Longest March](#)” (Waldemar Hills & Pete Seeger) – I learned this stirring hymn to solidarity and unity from listening to various performances by [Sweet Honey in the Rock](#), both in concert and on CD. It has a slow marching cadence to it, a wonderful marriage of text and music both serving the deep meaning of the song. This song speaks especially to the experience of folks facing long periods of rehabilitation before they can return to something like the life they had previously enjoyed.



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# African Americans and Grief

**Russell Belisle**

*[Reprinted from Vol 19 No 2 2022]*

**DEAR READERS,** I am thankful for this opportunity to share with you about the topic of African Americans and grief. Though grief is something that all people experience, I am using this opportunity to share that which is distinctive to African Americans when it comes to grief. It is my hope that there will be an “ah-ha” moment or two for you and that you will have a better understanding of who we are, and how we grieve.

My desired outcome is that you will love, appreciate, understand and respect the African Americans in your life who are going through the grieving process. In order to paint a picture of African Americans and Grief, I will use three questions to organize this article.

1. What is grief?
2. When did African Americans begin to grieve?
3. How do we manage our grief?

## What is Grief?

Grief is often defined as the human response to loss or change. For example, if a person drops a penny on the ground, that is a loss. Now if you have ever lost a penny, you know what the value of that loss is to you, and whether or not your grief is great enough to lead you to bend down and pick it up. This time, imagine that you drop a \$100.00 bill. This is also a loss. However, for most people the grief of this loss would be significant enough to lead them to search for it and pick it up. It is the value of the loss that dictates our response.

What is your grief like? Is it more like a penny’s worth, or like \$100.00 worth? Loss can be experienced when one has a broken relationship such as the loss of a friend, a divorce, the death of a pet, a child moving out and going to college, or the death of a loved one. Our emotional response to that loss is a demonstration of our grief. For many African Americans, the emotional response to grief is closer to \$100.00 than the penny.

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It is the value of the loss that dictates our response.

## When did African Americans begin to grieve?

Africans arrived in America in a state of grief due to the loss of dignity, respect, home, language, land, family, culture, and traditions. Being chained and shackled to each other created a community of grieving people.

In the city of Memphis, Tennessee, on the corner of Front Street and A.W. Willis (formerly Auction Street), there is an auction block. Aside from being a tourist

attraction, it is a concrete reminder of how African American families were broken, separated, and lost. The auction block is a tangible reminder of African American grief.

When Africans were first brought to America, they were experiencing the grieving process. Many immigrant groups suffered loss and grief upon leaving their homes and coming to America. However, their grief was tempered with hope for better lives for themselves, their families, and even those left behind. No other group has a grief the same as African Americans, who had no known hope. It was during their passage that these powerless people began to realize their loss and express the pains of grief. It is my belief that this was the beginning of a generational grief with echoes that are still experienced today.

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Due to the continual loss of communities, violence, and mass incarcerations, we continue to grieve.

Due to the continual loss of communities, violence, and mass incarcerations, we continue to grieve. As a people, we came to America in a state of grief. There were few compassionate people, coping mechanisms, or support groups to help with the transition. Everyone was on their own to develop a method to cope with this grief and trauma.

### How do we manage our grief?

African American grief can be loud and hard to miss. We want you to know that we are experiencing the pain of loss. There is no mistaking the feelings of loss that a person is experiencing. It can include outbursts, tears, loud sobs, and shouts. Some people have termed this, letting it all out. It communicates a message. "I am in pain from my loss." This is how \$100.00 worth of loss looks. This is enough to make the casual observer uncomfortable and take notice. The griever is uncomfortable and hurting and they want you to notice and maybe feel the way that they feel. This behavior can help the griever achieve a cathartic moment. This was one of the few coping mechanisms available to those first African who were brought to America.

Family and faith are important during the grieving process. During times of loss and grief it is important to surround ourselves with family. The more family the better. With many African Americans, family reunions are conducted during the months of July and August. These gatherings often last two to three days. Family comes from all over America for the purpose of laying eyes upon one another, knowing each other, and celebrating each other's lives. The practice that was lost when Africans were taken is made anew in America. During this time of gathering, new births are acknowledged, life achievements are celebrated, and the names of departed family members are called. With many families, a candle is lit as the person's name is called. A prayer may be said as they are remembered and all of the candles are counted. This helps with the grieving process.

In addition to the family, the faith community is a beacon of hope after one experiences a loss. At times, people are closer to church family than blood family because they see them every week. It is expected that faith family will practice a ministry of presence by being with a grieving person during a time of loss. Church members will often bring meals, sing songs of hope, place names on the prayer list, and share favorite scriptures with the person who has experienced a loss.

It is common for members of the African American community not to conduct a sad funeral service; but rather a “home going” celebration. During the celebration it is a common practice to present a resolution.

This practice in the African American church often involves a large organization such as city government, other churches, fraternities, sororities, or a company honoring the deceased person in an

effort to help the family with grief. These resolutions may include naming a street after the deceased, having the city declare a day in their honor, naming a space in their building after the deceased, or just resolving to remember them and tell others.

The practice of storytelling among our people can also be an aid in the grieving process. In the face of a death, telling and retelling events about the life of the deceased has brought comfort to both the person telling the story and the one who hears. In the case of my own family, my mother spoke of loved ones that she grieved. Many of these people I had never met. The repeated telling of their story helped her with her grief. It also helped me to know and grieve them. This tradition allowed me to understand more about my family and the way that I grieve. Story telling can help keep the memory of the deceased alive and give comfort to those who survive.

In addition to the stories that we tell, we have membership in organizations that can help us grieve. Many African Americans are members of fraternities, sororities, social clubs and service organizations. The relationships with these organizations can often be like family. When a member finishes their life, the local chapter will often grieve together. For this purpose, these organizations have developed their own ceremonies that help grieving members address the death and remember the brother or sister who has passed on. They also show honor to family members, and let the family know that they are not alone in their grief.

In addition to everything that I have mentioned, we know that professional counseling services are available to members of the African American community. Often however, the individuals do not avail themselves of this resource, preferring to work things out on their own. Commonly, African Americans do not trust “outsiders” with feelings and emotions. For this reason, we are slow to avail ourselves of these services. It is difficult to manage grief on one’s own, and by ourselves it can be difficult to move on. When the first Africans were brought to America, they did not have professional support, faith and family support, or the help of social and service.

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It is common for members of the African American community not to conduct a sad funeral service; but rather a “home going” celebration.

This behavior of suffering our grief alone is something that we have inherited and passed on from generation to generation. This is a growth area for us as we struggle to trust the mental health community.

I thank you for allowing me to share with you, how grief affects the African American community. There is much more to be said as we unpack this topic; I have written these words in hopes of presenting you with a better picture of who we are and how we grieve.



*Russell Belisle is a board-certified chaplain and a member of the Association of Professional Chaplains. He spent 15 years serving Methodist Hospital of Memphis, Tennessee as a chaplain and member of the congregational health network.*

*The congregational health network was an innovative ministry that provided a partnership between Methodist Hospital and hundreds of congregations of faith in Memphis, resulting in a healthier city. Currently, he is serving as the pastor of Cross of Calvary Lutheran Church of Memphis. Pastor/Chaplain Belisle has also served as an instructor for Mental Health First Aid, DEEP Diabetes educator, and as a Chronic Disease Self-Management educator.*

# “The More Things Change” . . . The More Unaltering the Call to Be Neighbor

Mark Whitsett

**TO REVIEW AND APPRECIATE** two decades of *Caring Connections* is not so much a retrospective for Lutheran Pastoral Care but an engagement with the contexts of people and of chaplains and pastoral counselors who were and are care-givers within the contexts that they described. In addition, as one reads through the representative articles in this issue, we sense both timeless wisdom but also a growing awareness in ourselves of shifts in the realities that people bring to the multiple settings where pastoral care occurs. What do these shifts imply about the relevancy of twenty years of *Caring Connections* to the then and now concerns? Does the confession of an “unchanging Gospel” for Lutheran pastoral care practitioners still have a place in the dramatic shifts that are represented in populations, technologies, social/cultural change, in personal perspectives and expressions of religion and spirituality? Here are a few shifts in between then and now to think about!

Demographically, while the US population grew by 15% from 290 to 334 million, world population expanded by a staggering 27% from 6.3 to over 8 billion people (based on World Bank data). Related to global population growth is an increase in the ethnic diversity of populations in the United States. Nearly all numeric growth has come from non-white populations (Latino/Hispanic Americans, Asian Americans, Native Americans, Blacks, and other people groups). Looking at all U.S. age groups, white Americans have decreased from 69 to 60 percent of the total population. BUT when focusing on people under 16 years of age we see a dramatic generational shift where non-white populations are the majority as an aggregate with trends indicating an ever increasing ethnic and cultural diversity. (See current US Census data for comparisons.)

Over the twenty years, technologies have changed considerably. We have gone from clunky, personal, desktop computers to now being able to compute and accomplish far more complex functions with a hand-held smartphone. This has changed the way people get information, make evaluations, communicate with each other, and even how our brains are organizing and making choices. Ironically, devices that were thought to increase effective communication with each other have often isolated individuals and groups. For many the result appears to diminish the ability to meaningfully connect with each other digitally or face to face in ways that are respectful, accurate, assuming the best, while aiming to build up a sense of serving

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the “common good.” Add to this the implementation of artificial intelligence; our everyday communication encounters may not even be happening with a real person!

Socially and culturally, since 2003 there is major movement in how persons and relationships are legally and/or socially recognized. What is a couple, a family? Marriage is now legally recognized as including same sex/gender unions. Self-identification in terms of gender and sexual identities are a mainstream at many levels of encounter. In addition, a growing sense of social and cultural diversity has identified both underlying prejudices and the need for humaneness and egalitarian treatment. In such a context people naturally vie for their sense of place and value, frequently using strategies that do not easily take one another into account.

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Now, the above reflections about shifting contexts and their impact on people and pastoral care-givers is NOT intended to be an “isn’t it awful” observation.

Spiritually, those who claim Christianity or identify with a local church have decreased numerically with a growing generational, religious divide between older Americans and their children and grandchildren. More than 25% in the younger generations consider themselves to be “religious nones,” having no specific religious affiliation. (See current data from the Pew Research Center.) Such trends have developed and grown out of a distrust for the visible Christian church expressions, history and lifeways that, instead of helping to connect healthily and meaningfully with the needs of people, are perceived as contributing to prejudices and bias.

Now, the above reflections about shifting contexts and their impact on people and pastoral care-givers is NOT intended to be an “isn’t it awful” observation. Rather, it is an identification of the places and situations in people’s lives where pastoral care-givers are often called to engage. Are they any more or less “messy” than 20 years ago? Likely not. But are they the same as twenty years ago? Both yes and no. Lutheran Pastoral Care has always carried a sense of what Basil the Great of Caesarea describes as the “combining of justice and mercy” as a reflection of God’s working in and through Christ. The follower of Christ bears this work of God into the contexts of everyday life and is mindful of God’s intent to bring this combination of justice and mercy into the places where we encounter people in their everyday lives. (See Basil’s *On Mercy and Justice*.)

My sense is that Basil is not necessarily enunciating a kind of distinction of Law and Gospel so much as reminding us in a Pauline way of the “Righteousness that comes from God,” i.e., God’s justice, as always being wrapped in the merciful, steadfast love met in Christ. I suspect the combination of justice and mercy is connected to what Jesus calls all his followers to and that is “proving to be a neighbor” rather than trying to identify who my neighbor might be. (See Luke 10.29ff.) This shifts my/our focus from who is righteous in the eyes of God (or more likely in my own eyes!) to whom will I be a merciful neighbor with the same mercy that God has given to me.

So, what is the point in terms of shifting contexts of diversity, of new social-cultural perspectives, of advanced communication or evolving religious/spiritual identities? Biblical spiritual care has normally had to do with the “care of souls” in the sense of seeing a person as a creature of God’s forming and identifying them as “a child of God.” God is always wooing us to the place of trust and hope in Him. Why? Because “God is Love.” God relentlessly, jealously loves us steadfastly, righteously but never without mercy. My human unneighborly love is prone to throw up walls filled with reasons not to connect or engage people in their contexts. Yes, we as care-givers, then as now, are challenged to respond with the integrity of godly justice and mercy, in a confession of faith that proves to be a neighbor. Twenty years of reflecting about care-giving and/or a life-time of serving still brings us to the reality of a messy world and to the combined justice and mercy which is not ours but a holy stewardship that we bring to people who need a neighbor.



*The Rev. Dr. Mark Whitsett, Ph.D., over the course of 44 years, has served in parish ministry as a bi-lingual-multicultural pastor in New York City; in parish ministry in the Midwest; on the adjunct faculty (theology and religious studies) of Concordia University Wisconsin; as Director of Pastoral Care at Cedar Lake (serving people with Intellectual and Developmental Disabilities); and now “retired.” He currently serves as President of the Kentuckiana Federation of Lutheran Churches, as Visitation Pastor of a Lutheran congregation in Louisville, KY and is a member of the editorial board for Caring Connections. Mark also rejoices to share in ministry with Margy, his Deaconess/Chaplain wife of over 48 years.*



# How I Developed the Indexes

Chuck Weinrich

**AFTER I COMPLETED MY YEARS** as the LCMS co-editor for *Caring Connections* in 2017 with Vol 14, No 3, I wanted to continue my involvement with this wonderful e-journal and, while maintaining involvement on the Editorial Committee, I also came to the realization that it would be hard to find particular issues or articles. The only way to do it was to find a list of the archived issues and begin to look through them to discover what I was looking for. We needed an Index! And I decided I had both the time and the interest in coming up with one.

Let me say at the start, I had no experience or training for developing such a resource, so I just went about it as simply as I could. After starting to page through the various issues I realized there would need to be at least 2 indexes:

1. A simple, basic index which would alphabetically list authors, titles of issues and articles, and
2. A topical index which would list topics addressed in the various issues, and identify articles related to each specific topic.

I looked at how indexes like this were set up for a few other magazines, and that gave me a sufficient basis to at least start work on the project.

Now, how was I going to find out what the issues and articles were about? I concluded I would have to read each article! So, I began with Issue # 1—while sitting at my computer in order to enter the relevant information in its proper place...at least as I found myself thinking about it. “Gosh,” I wondered to myself, “is this the way others have developed their indexes, too?” “Well,” I concluded, “I don’t want to overthink this, so I’ll just start and see how it develops.”

As I worked on this process, it seemed to work pretty well. For example, the first issue of *Caring Connections* was entitled, *God and Suffering*. There were 2 topics right in the title, and topics inside the issue arose from titles of the various selections. As I continued to build the indexes, with the publication of every new issue of *Caring Connections*, I found the number of topics grew, and articles would fit under more than just one topic as well. I also found that there were some ‘special’ sections that should be included in the Indexes: Death Notices, Editorials by author and date, and Letters to the Editors—including responses. I also decided to include some colors to make it easier to track items, putting topic titles in red and full issue references in blue.

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Now, how was I going to find out what the issues and articles were about? I concluded I would have to read each article!

When a new issue of Caring Connections is put online, I read through each article and log the relevant information into each of the Indexes. Even though I might have read many of the articles already, I found myself deeply impressed, not only with the wide range of topics addressed, but also with the depth and passion, combined with theological understanding, that are evidenced in the issues.

Once I finish including the information for each issue, I then send it to a person in Lutheran Services in America. He adds the new version to the *Caring Connections* Archive page. This provides ready access to the complete issue when sought by the reader.

It's not a perfect process. For example, as I browsed through that first issue, *God and Suffering*, in preparation for writing this article, I realized that I had not included Jane Otte's article, "There Was No End to the Pain," about restorative justice, in the topic, "Justice." I am sure there are many other omissions like that, but in general it seems to me that anyone using the Indexes would find sufficient 'leads' to satisfy their needs, or even curiosity.

To access the archives and the index, go to: [Caring Connections Archive - Lutheran Services in America](#)



*The Rev. Charles Weinrich served as chaplain and CPE supervisor at Overlook Hospital in Summit, NJ before moving to Milwaukee, WI, where he joined the supervisory team at Children's Hospital, and then developed a CPE program at The Village at Manor Park. He and his wife, Carol, have now retired to Buffalo Valley Lutheran Village in Lewisburg, PA. He loves good humor and enjoys telling stories, some of them even true. Chuck was co-editor of Caring Connections for ten years and is now a retired ACPE Clinical Educator. In 2013, Chuck was an LCMS recipient of the Christus in Mundo award.*

# Remembering our Past, Imagining a Future

Chuck Weinrich

**AS ONE OF THE PAST CO-EDITORS** for *Caring Connections* I was invited to collaborate with Diane Greve in preparing this issue. As I read and reflected on the history of Lutheran specialized pastoral care ministries as it is presented and preserved in Vol 12 and Vol 13, I prepared the following overview. I also pondered the future as it was envisioned in Vol 13 No 2. What has transpired and what did not?

## Volume 12: 1 – *Christus in Mundo Awardees*

The first issue of *Caring Connections* in Volume 12 [2015] did not contain a group of articles focused on a particular topic. Instead, it consisted almost entirely of brief biographies of recipients of the *Christus in Mundo* award, except for a brief history on the development of this award, written by Deaconess Dorothy Prybylski, who—until recently—was the only woman to receive the award. A scan of the recipients might highlight for readers names of people with whom you might be familiar or who have played a role in your own development as a chaplain, pastoral counselor, or clinical educator. This issue features recipients from Zion VIII in 1992 through Zion XV in 2013.

More recent recipients have been identified in later issues of *Caring Connection*. A complete list of *Christus in Mundo* Award Recipients is listed at the top right of the Lutheran Services in America *Caring Connections Archive*.

## Volume 12: 2 – *A Brief History of Lutheran Ministries in Chaplaincy, Pastoral Counseling and Clinical Education – Part 1*

The second issue of *Caring Connections* in 2015, Vol 12 No 1, provided the first part of a fairly detailed overview of the evolution of Lutheran ministries of Chaplaincy, Pastoral Counseling and Clinical Education, from its roots in the origin of Lutheranism until 1988. (Part 2, the history after 1988, is covered in Vol 13 No 1, discussed below.)

This historic synopsis was compiled by Bryn Carlson, with ample footnoted references for further understanding of the process involved in taking Martin Luther's concept of *seelsorge* or the care of souls, and formalizing it into effective organizations for training and provision of pastoral caregivers. The article highlights many of the names of Lutheran pastors, chaplains and counselors who were integral to the development of this specialized dimension of Lutheran ministry. Reading through those names awakens significant memories for me of encounters, brief

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As I read and reflected on the history of Lutheran specialized pastoral care ministries as it is presented and preserved in Vol 12 and Vol 13, I prepared the following overview.

and/or extensive in the mind and heart of those who lived through many of the encounters identified in the history.

### [Volume 13: 1 – A Brief History of Lutheran Ministries in Chaplaincy, Pastoral Counseling and Clinical Education—Part 2](#)

The first issue of *Caring Connections* in 2016, Vol 13 No 1 continued the historical overview begun in Vol 12 No 2, this time examining the history of Lutheran ministries in chaplaincy, pastoral counseling and clinical education in the period of time between 1988, the formation of the Evangelical Lutheran Church in America (ELCA) and the cooperative arrangements that were developed between the ELCA and The Lutheran Church—Missouri Synod (LCMS) until 2016, when this issue was published.

Implications for the future of Lutheran Ministries in Chaplaincy, Pastoral Counseling and Clinical Education were addressed, particularly making note of accomplishments and conferences, but also beginning to address concerns for the future of these specialized ministries, emphasized by notes of reduced numbers in various fields of ministry...a hint of what changes were on the horizon.

### [Volume 13: 2 – Back to the Future: Chaplaincy, Pastoral Counseling and Clinical Education](#)

The second issue of *Caring Connections* in Volume 13 [2016], after the 2 prior issues addressed the fascinating history of the development of Lutheran Ministries in Chaplaincy, Pastoral Counseling and Clinical Education, it seemed logical to turn the reader's attention to the future of these specialized fields of ministry. Several articles and two interviews with significant administrators in Churchwide/Synod begin to explore not only what was happening in 2016 but also focusing on likely future developments in Lutheran ministries in chaplaincy, pastoral counseling, and clinical education. One could read those speculations from a perspective of 2023 and be humored by some of the successes, and also concerned about some of the dramatically different outcomes just nine years later. One might also be tempted to write evaluations of those changes, both beneficial and harmful, and share them in a journal like *Caring Connections*!

To read these issues go to the archive where all the issues are listed and available. [Caring Connections Archive - Lutheran Services in America](#)

# Good Fences, Good Spaces

Observations of Vol. 8, 2011 and Vol. 9, 2012

Prepared by Rev. David Wurster, PhD

**“GOOD FENCES MAKE GOOD NEIGHBORS,”** says the poet, Robert Frost. I would like to expand this to “Good fences make good spaces make good neighbors.” The themes that appear in these two volumes of *Caring Connections* share a common theme of edges or fences of life between different realities of ministry and the resulting space needed for creativity in the breath of the Spirit.

In the first volume (Zion XIV presentations) Fred Niedner points out that ministry, and even more so Specialized Pastoral Ministry (SPM), is life on the edge, even a feeling of being in exile or in the wilderness—a place beyond words at times. Along that ministry fence Biblical theology meets the actual practice of life in the new space and new days of relationships. He also mentions the need for head and heart to meet in real care for others and self.

Bishop Mark Hanson extends the theme that in a world of disconnect (no fences or rigid fences/edges) we are called to be pontiffs (bridges), prophets (truth tellers) and poets (story/parable tellers) and all of this with narrative skill. The narrative for ministry is a paschal narrative turning on the hub of lament and joy.

Both Niedner and Hanson do their art in a way that the fences/edges all intersect with the living Christ crucified, who enlivens the spaces with bold life.

Shauna Hannan pulls these thoughts together in a two-part Bible study on Paul’s First Letter to the Thessalonians. Then there is an interview/dialogue with Joel Hempel and John Fale about the fences in institutional structure and SPM. This involves the internal relationships in each denomination and the external relationships between and, in some respects among, Lutheran denominational bodies as well as professional and business bodies and government entities. Again, the constant issue arises: how can we make good fences that protect sacred space where the Spirit can breathe a breath of creativity into ministers and ministries to foster collegiality and life in the church catholic and in the beauty of God’s creation—even though marred by sin.

The next issue (2011, 8:#2) deals directly with fences and space where healthy transition can happen. The issue focuses on “Interim Ministries.”

My own experience over many years is that, in these ministries, boundaries are ignored and transition space is violated in ways that spiritual growth and wisdom are lost in an anxious cloud. The fence, space, neighbor theme “chorus” is enhanced in this issue with a “key signature” and a “time signature.” The “key signature” is die/rise—dying and rising is key to growth, from cross to tomb, transitions within both personal and parish life. The “time signature” is leave/grieve/cleave/rejoice anew. In

over the one thousand divorces I have seen professionally, in the counselor's office and in the parish, I can say where there is trouble cleaving there is trouble leaving. This truth is brought out in significant ways in this issue. The authors include people with experience in judicatory settings, parish, intentional interims, pastoral counselors, and CPE supervisory settings, as well as being members of a parish in transition. The issues that are addressed include clear definitions about what an interim pastor will and will not do, time lines, behavior fences for departing leaders, acknowledging grief, anger, and conflict or anxiety in the leaving/cleaving process. Public rituals for leaving and cleaving are identified. Also mentioned is the challenge for some SPM people to translate therapeutic language into theological language, as well as into the "street language" of the congregation.

This issue identifies fertile ground for present day SPM ministry with individuals as well as congregations in which transitions are happening. Judicatory leaders are looking for help, and perhaps constructive partnerships could develop between SPM ministers, judicatory leaders, and congregations. Such a network could produce mutual growth in spiritual, emotional, and even financial dimensions.

As if on cue, the third issue in 2011 deals with sacred space: "Sacred Spaces in an Increasingly Diverse Culture." Good fences are essential in the creation of sacred spaces where self can meet soul, God, grace, beauty, truth and wonder. In this issue the constant need for meeting points between the catholic Lutheran faith, the real secular world and raw nature is addressed. Meetings in creation include artists, architects, suffering people, celebrating people, musicians, builders, financiers, and other faith traditions. Concrete examples range from seminaries to a chapel in a Ronald McDonald house. Again, there is fertile ground for more awareness and possible contributions from SPM people and a journal like *Caring Connections*.

The year 2012 produced Volume 9, with two issues: No 1 on *Pastoral Care and Criminal Justice* and No 2 on *Pastoral Care and Suicide*.

In Vol 9 No1, Bryn Carlson began with a call for an intentional theology for ministry in the criminal justice system because the chaplain (add counselor and pastor) must be theologically grounded to avoid being a puppet of forces in a tough system of forces. In this area good fences with good gates are essential for growth space where heart change can occur beyond simple surface change. Others in this issue accent truth and mercy for integrity in this ministry. Integrity is important, for there are stories of riots and hostage-taking, where the chaplain is the trusted mediator at the edge/fence of volatile conflicting forces, and the chaplain's presence can make the difference between life and death. There is an article about a second LCMS conference on prison/jail ministry. The issue raises a beacon, calling on SPM, as well as church bodies and congregations, to be aware of very large mission opportunities in our midst. Do we have SPM people, pastors, lay people, and Stephen Ministers who would pick up the challenge to visit and/or create a visitation program

to talk with individuals or family members about the reality of human bondage, internal and external, and the deep realities of sin and grace? It would be a challenge for many to identify the mission of the church. For too many the mission is to get people “in.” A big part of this mission is to equip the saints to get people “out.” Success for an LCMS Lutheran in prison ministry might be helping a person to join a Baptist congregation, or just making a living, keeping their head above water and controlling their addiction.

The second issue in 2012 is on *Pastoral Care and Suicide*. The lead article presents a picture of a nice little white church with a cemetery, surrounded by a nice fence beside the church. Outside of the fence are a couple of graves: suicides. The fence also has a sign (metaphorical) on it: “We don’t talk about it.” A thought: you want more deaths like this, keep that fence and sign. This is followed by articles that focus on God’s grace and the mystery of that grace—

“Oh, the depth of the riches of the wisdom and knowledge of God. How unsearchable are God’s judgments and God’s ways past finding out. Who has known the mind of the Lord? Who has been God’s counselor? Or who has given to the Lord to be repaid again? For of God and through God and to God are all things. To God be glory forever, Amen.” (Romans 11:33–36)

The authors all arrive at a sense of awe at the mystery of God’s grace, and avoid simplistic answers. Stories include suicide of a chaplain, military vets, a pastor, and a woman going to the edge and stopping. Again, here is an issue that points to a good area for clergy, parishioners and leaders to do a couple of things: one, get off the judgment seat and “answer man” seat and instead stand in awe of God’s grace. If, you oh man or woman, make a judgment about heaven or hell for a suicidal person, you are acting above your pay grade—it’s not your call! Leave all to the mystery of Christ’s grace; Jesus did not respect a tomb door, so he does not have to respect a cemetery fence. Two, learn to tell stories and parables; it is Jesus’ way and it will help you get out of the seat in which you do not belong.

These articles succeed in making good fences, spaces and neighbors. For unity it is essential that we keep talking over the fences and continue learning. We know at present there is great tension and division--barbed wire and even razor wire on a variety of fences, both in the world and in the Church. Keeping centered and grounded also helps with unity.



*David Wurster, PhD, is a retired pastor and pastoral counselor who received the Christos in Mundo award in 2020. He lives in upstate New York and serves on the Caring Connections Editorial Board.*

# Who made *Caring Connections* Happen?

Phil Kuehnert

**OVER THE PAST TWO WEEKS**, I have had the privilege of interviewing the seven editors and Bruce Pederson who, from the beginning, have shared a vision to create and maintain a journal written by Lutherans for those involved in Specialized Pastoral Ministries (SPM). The parts they played in the journey (that is what a journal is) are different, but they have been the ones who have done the hard work of producing this remarkable legacy that has amazing relevance for today's world. They all have shared a passion for the journal and have turned that passion into the hard work of editing and publishing 20 volumes of *Caring Connections*.

While the first issue of the journal was received with joy and a great sense of accomplishment, its sustainability was questioned immediately by Dave McCurdy and others. Bruce Pederson made suggestions that would reduce the cost of the first and only print edition. (Bruce remembers the cost at \$25,000.) Had it not been for the creative determination of Kevin Massey, the second editor, the journal surely would have died after the first issues. He was not alone. While *Caring Connections* had many antecedents in newsletters that were produced for sub-specialties in SPM, *Caring Connections* is one of kind – a journal since its inception – to produce substantive articles in specifically themed Issues written by and for those in the practice of all aspects of SPM.

The following is a summary of my seven interviews of the seven editors along with reflections of Bruce Pederson who played a vital role in the conception of *Caring Connections*.

Bruce Pederson (*Christus in Mundo* 2010) had been editing a newsletter for chaplains serving long term care facilities for twelve years when he became part of a planning group that decided there should be some connections between other disciplines involved in SPM. Two key meetings took place in the basement of Bruce's Minneapolis home. The proposal was then presented to the people in charge of specialized ministries in the ELCA and the LCMS. The denominations decided to fund the Journal and it was born. Bruce served on the *Caring Connections* Editorial Board from the first issue through the next 29 issues

Dave McCurdy was the first editor. Although not Lutheran, he caught the vision through the influence of Don Stiger and those early Lutheran midwives. He was hired to use the expertise he gained with another publication to produce the first issue, which was the first and only print edition. It was a brilliant issue on the theme of Suffering. He and the editorial board realized that the journal was not sustainable as

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a printed journal with a paid editor. He offered to edit the second issue gratis and the move was made to make the journal available online.

Kevin Massey served as sole editor from Vol 2 No 2 through Vol 4 for a total of seven issues before he was joined by Chuck Weinrich as co-editor for the next 14 issues – total of 21 issues. It was during those first eight volumes that standards were set that are still followed to this day. To make the job manageable, Kevin limited himself to an hour of editing for each article, necessitated by the fact that he edited the journal on his own time while working full-time. His commitment was fueled by the need to provide a place where all Lutherans in SPC ministries could find a sense of community as they wrote about “real ministry in the real world.” His proudest accomplishment was the Vol 5 No 1, entitled *Spiritual Care and Pandemic Flu*, published in 2008. “We Lutherans were ahead of the game on this issue.” The articles will produce chill bumps, I promise!

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[Weinrich] is adamant that the success of the journal lay in having co-editors, one from the ELCA and one from the LCMS. It is the only joint venture of the two denominations even though it is not officially sanctioned by the LCMS.

Chuck Weinrich (Christus in Mundo 2013) worked with Kevin Massey for 14 issues and then edited two issues alone before Don Stiger joined him for the next eleven issues for a total of 27 issues. Chuck took great delight in his work, primarily in meeting new people and working with his co-editors. He is adamant that the success of the journal lay in having co-editors, one from the ELCA and one from the LCMS. It is the only joint venture of the two denominations even though it is not officially sanctioned by the LCMS. He also credits the editorial board in keeping things moving, providing ideas and calming each other down – editors calming the board down and vice versa. More importantly, there was no limit on what topics to pursue. His favorite issue was *Dealing with Sacred Spaces in an Increasingly Diverse Culture*, Vol 8 No 3, but he also remembered with “Weinrich” enthusiasm the issue *Pastoral Care and Parish Nursing* Vol 7 No 3 and the one entitled *Interim Intentional Pastoral Ministry* Vol 8 No 2.

Don Stiger was part of the original group that met in Bruce Pederson’s basement where they conceived the idea of the journal. He was instrumental in recruiting Dave McCurdy as the first editor. Don’s experience with the LSA Chaplains’ Network helped him see what such a journal could be – a journal of more substantive pieces about care and counseling. Seeing the way that Chuck Weinrich had steered the journal Don was glad to have the opportunity to work with him. Together they co-edited eleven issues. His original vision in 2002 was that the journal would be sponsored by Lutherans but would be open to the contributions from other clinicians who were not Lutheran. His favorite issue was *Back to the Future*, Vol 13 No 2. He gave up the editorship when a new job overwhelmed him that did not permit him

to continue. The highlight for him was expanding his personal and professional relationships.

Diane Greve (*Christus in Mundo* 2022) began as co-editor with Chuck Weinrich in Vol 13 No 3. She co-edited with Chuck until Lee Joesten took Chuck's place with Vol 14 No 4. She continues as a co-editor through the current issue, having co-edited with Bruce Hartung beginning with Vol 17 No 2. Amazingly, she has co-edited for a total of 23 issues! She took this role although she had not been a member of the editorial board, but quickly learned under the tutelage of Chuck Weinrich. She like other editors began her work soon after retirement. Her motivation is to hold together a sense of connection across the LCMS and ELCA expressions of Lutheranism. She likes to think that *Caring Connections* creates a sense of community among those in SPM who often feel forgotten or isolated.

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[Joesten's] goal was to provide a platform where regular chaplains could write articles that were substantive but not exhaustive.

Lee Joesten (*Christus in Mundo* 2010) joined Diane as co-editor with Vol 14 No 4 and continued for nine issues. Lee joined with full knowledge of the workings of the journal as he had been on the editorial board from the beginning, Vol 1 No 1 until Vol 13 No 1 for a total of 34 issues. He, like Diane, was motivated by a desire to keep the relationship between the church bodies alive at a time when the denominations were moving away from each other. Long term relationship with those who had been at the birthing made the work a "labor of love." His goal was to provide a platform where regular chaplains could write articles that were substantive but not exhaustive. His emphasis was on bringing out the reflective rather than the theoretical. He continues to read the Journal being especially appreciative of the recent issue Vol 20 No 2 *Navigating Changing Gender Norms*.

Bruce Hartung (*Christus in Mundo* 2010) joined Diane Greve with Vol 17 No 2 and continues to the present. He admittedly doesn't like the details involved in editing. His joy is learning, meeting interesting people and above all, reading the completed issue. He comes to the position, like most of the editors before him, fresh out of retirement with an amazing range of experiences that spans AAPC, denominational work with the LCMS, professorship at Concordia Seminary, St. Louis and what was a life-giving experience, membership on the National Leadership Conference which includes most denominations. He feels that those who have worked, or are still working in clinical settings as SPM have a different language because their world is so different from more conventional forms of ministry. The Journal gives voice to that special mind set. He thrills to certain issues – one of his favorites is Vol 19 No 3 *The Healing Arts* that highlight both music and art in pastoral care. He sees great potential for the Journal as the church and the world becomes increasingly polarized. The journal provides a platform to escape the echo chambers of what we call "home" and are open to other points of view.

Given the above, it is obvious that the success and longevity of the Journal is due in large part to the dedication and hard work of the editors, who have not only kept the journal alive, but thriving.



*Phil Kuehnert is a member of the Caring Connections Editorial Board and has been a frequent contributor to this publication. He is a retired pastor/pastoral counselor living in Virginia.*