

## Hard Grief Work and Holy Saturday

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I am grateful to my colleague Mark Douglas for his perceptive and insightful response to the questions arising out of recent disasters, and the human finitude, contingency, and vulnerability these events illumine. Moreover, I welcome the opportunity to respond to his reflections from the perspective of my location in the academy as a teacher of pastoral theology, from my clinical work as a pastoral psychotherapist, and from my vocational identity as an Episcopal priest who serves a particular community of faith. On December 26, 2004, a tsunami of epic proportions struck Southeast Asia and Indonesia. Prompted by an earthquake deep in the Indian Ocean that registered at 9.0 at its epicenter near the island of Sumatra, it is estimated to have released the energy of 23,000 Hiroshima-type atomic bombs, according to the US Geological Survey. By day's end an estimated 150,000 people were dead or missing, making this one of the deadliest natural disasters in history. Estimates of loss of life would later be expanded.

The following Sunday a colleague at the Episcopal Cathedral of St. Philip, where I serve as Priest Associate, preached a fine homily on finding God in the tsunami, one salient theme of which was that God does not cause such events to "test" our faith or to punish us. As I stood outside the sanctuary greeting parishioners as they moved through the narthex one member of the congregation shook my hand, and tearfully said "Why does an all-powerful and loving God allow something like this to happen? How can I worship a God who could prevent this, and chooses not to do so? I found myself only getting angrier during this service...and I don't know what I can do about this." This is the kind of pastoral care encounter related to theodicy—the theological discipline that seeks to explain how evil in the world can be reconciled with a God of justice and goodness—that one fields with care, especially in the liminal space between the nave and narthex on a busy Sunday!

I contacted this parishioner later in the week, and we scheduled a time for breakfast. As we talked, I began to realize that the tsunami and the concomitant issues surrounding it had connected deeply with the life narrative of this man. In recent years he lost his beloved paternal grandfather, with whom he had been especially close and whose presence in his life had provided some measure of solace in relation to estrangement from his

father, a brokenness that continued to the present. Most significantly perhaps had been the sudden and largely unexplained loss of his hearing 6 years earlier.

Occurring as it did in mid-life, amidst a productive career that was in part dependent upon public speaking and various complex dimensions of interaction with others (as opposed to, say, one who works primarily in solitude, with technology, and so on) this was a devastating disruption in his life. He was in treatment for 6 months and numerous medical interventions were generally unsuccessful. For reasons that remain unclear, his hearing in one ear was partially restored, literally overnight. Now, with the assistance of powerful hearing aids and years of coaching and therapy, he is able to participate in conversations, and even serves as a Lector at church. This loss, however, and his grieving in relation to it and other life losses, remains profound, and is an ongoing source of grief work. Moreover, his theological questions after the service that Sunday were informed and located contextually in his own narrative of loss, grief, and suffering.

As Mark Douglas has noted, the new millennium has unfolded with a series of disasters perhaps unprecedented in recorded history, including 9/11, the Indonesian tsunami, a series of deadly hurricanes, earthquakes in Pakistan, and the catastrophic mudslide in the Philippine Province of Southern Leyte, where thousands are dead and missing. Not only have these disasters occurred with remarkable frequency, our awareness of them is also unlike that of any prior age due to the immediate exposure to suffering that comes to us through television, radio, and the internet. As pastoral theologian Herbert Anderson has said, the proximity of suffering is the result of societies being more pluralistic and porous, simultaneously.

My parishioner responded not only to this contextual location of suffering, contingency, finitude, and vulnerability, but also to his own narrative of personal suffering in an age of anxiety, and his unspoken concomitant fears for his wife and two daughters, whose safety he could not guarantee. He grieved in relation to this finitude and vulnerability that is woven into the fabric of the human condition, and the inevitable losses to which we are heir. Yet one must pause to ask, does my parishioner need therapy, or do his theological questions

ultimately transcend the “therapeutic” and require a different level of discourse? Our location in a natural world that is simultaneously unspeakably beautiful and that provides us with sustenance in so many ways, and yet which is unpredictably violent, provides the context for this particular manifestation of our finitude and vulnerability. As embodied creatures we both delight in and suffer because of this embodiment.

While I may disagree with Professor Douglas in terms of the Edenic origins of this vulnerability and finitude, I do not disagree with what I take to be his interpretation of the cross of Christ in the midst of that vulnerable contingency. We are creatures constrained by the biological limits of our human-ness, but the risen Christ is for me the ultimate measure of God’s love, and this transcends and overcomes our broken and finite world. It is a world ultimately conformed to God’s love for his son, for us, and in relation to the movement of the Spirit. Our losses and all our grieving in relation to them are to be viewed, ultimately, in this context. Loss and grief are part of life, and we are identified in part by our limitations of suffering and death. We suffer because we are human; we are bound by the constraints of our biological finitude, our attachments to temporal things, and our vulnerability to the suffering that obtains. The theological question is not why we suffer, but who suffers with us.

It may be that Professor Douglas and I also disagree about our assent to Calvin’s understanding of divine sovereignty. This speaks to the earlier question with regard to how one understands human finitude and its place in creation and *sub specie aeternitatis*, in relation to a loving and creating God. I have questions about any understanding of divine sovereignty that asks of us—as theologians or pastoral counselors—to believe that God foreordained “the fall” so that God’s glory and our finitude in relation to and dependence upon God might be revealed. Moreover, the *risk* of a conflation of theology with matters “therapeutic” that I perceive in Professor Douglas’ essay gives me pause.

Many writers such as Philip Reiff, Robert Bellah, Don Browning, and Carl Menninger have cautioned pastoral theologians against the “triumph of the therapeutic” in this way. In this hermeneutic, sin becomes psychopathology, therapy is equated with redemption, and therapists are viewed as the secular priests of the age. Yet, human finitude and the sinful responses that arise out of our idolatrous efforts to ground ourselves in the midst of it are part and parcel of the human condition.

Psychopathology, on the other hand, arises out of socio-biological constraints and is not the same as sin; though in our culture they are often viewed as having the same origins and “cure.” I am cautious, therefore about language that risks conflating the goals of therapy with those of theology, or making the claim that “all theology is a kind of therapy.” Indeed, to the extent that the goals of therapy do occasionally overlap with those of

theology, e.g. goals such as “healing,” “forgiveness,” and “wholeness,” I find some theologies decidedly un-therapeutic, and some therapies utterly absent of theological depth or meaning.

Questions about human finitude and existential anxiety are ultimately theological questions, not limited to the purview of therapy, where the goals are primarily those of symptom relief of neurotic anxiety and psychopathology. Psychotherapy can clarify such questions, but psychology must finally give way to theology. Persons ought to be rightly suspicious when they are called only to joy. Grief work, at the heart of the inevitable losses constituent of human living, cannot be proscribed by or relegated to therapeutic paradigms. My parishioner does not need “therapy” in this sense. He needs a context for grieving and lamentation, someone to sit with him as he engages this task, and a community context within which this is not only tolerated, but encouraged. Sacred, liminal space is that space where paradox and ambiguity can be tolerated as we engage these questions.

Near the end of his book *Lament for a Son*, Nicholas Wolterstorff writes this: ***“I shall try to keep the wound from healing, in recognition of our living still in the old order of things. I shall try to keep it from healing, in solidarity with those who sit beside me on humanity’s mourning bench.”*** If “disastered” is a term indicating response to an unprecedented number of natural and human tragedies, perhaps it is not due to our having lost our “guiding stars” so much as the increasing societal and theological intolerance of the process of grieving, the hard work of naming our losses amidst our finitude and vulnerability, and our inability to appropriately locate the nature of our questions. We want the spiritual and psychological equivalent of the drive-in window at the fast food restaurant.

The work to which Wolterstorff alludes cannot be so easily obtained or dispensed with. As Paul Tillich knew long ago, our task is to accept and affirm—to name and lament—our suffering as a part of finitude and yet affirm finitude in spite of the suffering that accompanies it. Theology may be in this *dialectical* sense sometimes “therapeutic” but it is not “therapy.” If, as Herbert Anderson suggests, the theological question then becomes not “Why do we suffer?” but “Who suffers with us?” then the pastoral task of listening and providing a context for lament and communication with God is not to be conflated with the therapeutic task of relief of symptoms. The life, death and resurrection of Jesus reminds us that God is one who suffers with us, from whom nothing can separate us, and who remains faithful in the midst of deep suffering, loss, and grief—aspects of the human condition that cannot, and should not be “resolved” by therapy. Put in the context of the Paschal Mystery, we must be willing to spend “Holy Saturday” time with those who suffer, in the “not-knowing” of liminal, sacred space, where we name and lament our

losses. Therapy (and some theologies) sometimes ignores altogether or seeks to skip over this liminal time and space to the “alleluias” of Easter Sunday without doing the hard grief work of Holy Saturday.

Compassion, doing the work of suffering with and *Hesed* in relation to those who suffer, is theology in action and is born in this sacred, potential space. It may be that in fact we have lost our way not because we have lost our guiding stars, but because they have been obscured by the postmodern rush to cure, where wholeness is defined as the absence of pathology, and healing by the amelioration of symptoms. The guiding light of Christ, on the other hand, places loss, grief, disasters, and all the concomitant anxieties borne of human finitude—both existential and neurotic in nature—in his ultimate care.

### Questions for Reflection and Discussion

1. The psychoanalyst Donald Winnicott once said that “The absence of psychopathology may constitute a definition of mental health, but it does not necessarily constitute a life.” Do you agree? How might you define human wholeness? Does your definition change if you allow religious categories as opposed to strictly psychological categories?
2. Natural disasters may give rise to many feelings, such as sadness, anger, and fear. In relation to these feelings, with whom would you be most likely to talk: a psychotherapist, a pastoral counselor, or your pastor? Why?
3. Often persons find solace in scripture in response to such events. Is this true for you? What scripture (e.g. Psalms, and so on) do you find most helpful in such instances, and why? To what aspect of your experience do they speak? Do you find them “therapeutic” and if so, how do you understand this?

### Additional Reading

*All Our Losses, All Our Grief's*, Herbert Anderson and Kenneth Mitchell. Westminster John Knox, Louisville, 1983.

*The Triumph of the Therapeutic*, Philip Reiff, The University of Chicago Press, 1987.