An Intensive Course for Clergy on Death, Dying, and Loss

NORMAN A. CLEMENS

In the current popular focus on death and dying, the clergy have naturally been recognized as having a central role in helping people deal with this major life crisis. Although their traditional functions in regard to death are well demarcated, thoughtful clergymen are aware that the emotional impact of one's anticipated death and the bereavement of the survivors are complex psychological events to which they would like to respond with greater understanding and effectiveness. They also perceive that there are many similarities between the process of bereavement after a death and the emotional reaction to a wide variety of losses (such as divorce, rejection, illness, job loss) in everyday life. With these concerns in mind, I have described an intensive course of continuing education in which I, a psychiatrist, joined with a group of 10 clergymen in studying the human experiences of terminal illness, the loss of loved ones, and other kinds of losses.

The course was part of a broad program of continuing education for clergymen in mental health that has existed in Cleveland since 1967. Now designated as the Pastoral Psychology Service-Institute, it is operated by the Department of Psychiatry of Case Western Reserve University School of Medicine. Seventeen percent of the parish clergy in the Cleveland area have taken part in the basic two-year sequence of case-oriented, small group discussions held weekly. The basic course was designed to improve fundamental skills in interviewing, evaluation, short-term crisis counseling, referral, and developing the educational and preventive resources of the religious institution. The course described here was initiated as a third-year advanced learning opportunity with a much more specialized focus for graduates of the two-year program.

Basic assumptions

Certain underlying assumptions were made by the faculty and the advisory body in developing this course:

1) Grief or bereavement was defined as a normal psychological process that
occurs in response to a variety of losses, of which loss by death is the most dramatic, and in which a complex series of emotional and intellectual events must take place in order to accomplish a healthy resolution. This work requires a great deal of personal energy and is accompanied by many forms of subjective distress.

2) A person confronted with the imminence of his own death responds with a variety of emotions and psychological defense patterns, some of which he may as poorly understand as do those around him. These reactions may add to his incapacities and may even interfere with his medical care. The terminally ill patient may be genuinely eased in his suffering through the accepting and understanding support of other people.

3) By virtue of their personality makeup, certain people are vulnerable to poor resolution of these universal life crises and may benefit from professional assistance that goes beyond the usual religious and medical support systems.

4) The clergy have special advantages in helping people manage more effectively in all of the above instances. Traditional religious responses provide hope, comfort, a sense of continuity with centuries of human experience, a feeling of being part of something greater than oneself, and an established way of proceeding in a crisis situation. In addition, the pastor's role in the parish gives him ongoing relatedness to a defined group of people in their everyday lives, with ready access to those who are having difficulty—features that resemble basic principles of the community mental health approach. His schedule, while busy, is flexible and his services are free.

5) With people who are handling the crises of terminal illness and bereavement in a normal fashion, the clergy have a clear role that, if fully implemented, may be sufficient to support healthy resolution of the crisis. Where the response to crisis has been abnormal or poorly resolved, the clergyman may be the most likely of all community resources to become aware of the problem and to assist in obtaining care from the mental-health professions.

6) The clergy labor under a burden of certain disadvantages in responding to these life crises. In general, they report a weak background of training in the psychological aspects of their work. Even those who have had formal training in pastoral counseling in their seminary curriculum feel the need to refresh their knowledge of academic concepts, which seemed tangential in seminary but now have many practical applications in the press of parish life.

Within the structure of the parish the clergyman must reconcile many conflicting roles (religious leader, counselor, role model, administrator, employee, private citizen, etc.) and competing demands upon his time. Both pastor and parishioner may have unrealistic or unwarranted expectations of the counseling role that undermine its effectiveness. The religious framework itself poses a hazard that responses may become ritualized and insensitive to certain intense feelings and psychological needs.

As in all the helping professions, the minister, priest, or rabbi must contend with his own complicated intrapsychic responses to the threats of ultimate death and loss of loved ones, which he confronts in others every day. Often the death of a parishioner is a personal loss to him as well.