In *Grief: Contemporary Theory and the Practice of Ministry*, Melissa M. Kelley draws from current social science research on attachment theory, constructive meaning-making, narrative therapeutic perspectives, practical theologies, and pastoral methods to offers fresh and innovative perspectives on current theories of practices for coping with grief. It is written chiefly for those who seek to provide “compassionate, substantive care” to grieving persons (9). She effectively employs current grief research—including various psychological theories, multi-cultural and theological perspectives, and narrative practices—to deconstruct popular myths about grief and refocus pastoral practice on respecting the uniqueness each person’s particular grief experience.

Her “mosaic for grief” metaphor is both insightful and useful because it captures so well the many nuances, subtleties, and angles of grief and how they are formed into a larger whole which is simultaneously unified yet fragmented. She notes that the sundry pieces of material used to form a mosaic are called
“tesserae” and that the spaces between the “tesserae” are called “interstices” (4-5). She observes: “… interstices are a significant part of the overall design of the mosaic. That is, what is not there is as significant as what is there in the formation of the whole. She notes that often the eye of the observer may be drawn to the interstices rather than to the tesserae” (5). This reminds me of what a former clinical supervisor once noted: “Be mindful to observe what people are not saying, as much as what they are saying.”

Observing the connecting material between seemingly disparate pieces of a person’s life is always crucial to offering good pastoral care. Kelley notes that her mosaic metaphor has two distinct aspects: 1) “No two mosaics can ever be exactly the same, so no two experiences of grief are the same”; and 2) although the particularity of grief must always be attended to, care givers must also honor a longer view toward learning about the “general elements and forms of grief” while simultaneously balancing it with the particular (5-6). She writes: “If we are limited in our understanding of grief, we risk seeing only part of the mosaic” (6). Although she does not frame her point from a family systems theory perspective, paying attention to the “spaces” between the pieces of the larger mosaic resonates with family systems theory which is always concerned with the connective tissue between various pieces of any system. Viewing and observing grief “systemically” by looking at “what is not there” is both wise and prudent. What also resonates with systems theory is Kelley’s view that grief is always
experienced relationally. The nature and severity of a person’s grief always has to do with the quality of the connection with the person who died. Kelley notes that because grief is a relational wound or loss, practices for managing and healing grief must always be put in “relational perspective” (121-142).

Her “mosaic” metaphor is further helpful, not just in pondering how grief splinters and fragments hurting persons’ life-scripts into various pieces, but viewing people’s lives as a mosaic is germane to understanding all manner of human wholeness and brokenness. Her metaphor has direct implications for all pastoral care because viewing hurting persons as diverse and rich “mosaics” of multilayered pieces and narratives of complex experiences, cultures, views, personalities, scars, wounds, quirks, strengths, gifts, and idiosyncrasies is both theologically and clinically helpful. Kelley’s metaphor is worthy of being added to Robert’s Dykstra’s selection of “classical images of pastoral care.”

Kelley argues that it is important to distinguish between “bereavement,” “grief,” and “mourning.” She quotes psychiatrists Harold Kaplan, Benjamin Sadock, and Jack Grebb who write that bereavement: “literally means the state of being deprived of someone by death” (8). Kelley uses the term bereavement to describe “this actual state of deprivation or loss, without presumption of any particular response. That is, one may be bereaved without necessarily

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1 Dykstra, Robert, C. *Images of Pastoral Care: Classic Readings*. St. Louis, MO: Chalice Press, 2005. Dykstra’s book chronicles classic images of pastoral care from the early days of the modern pastoral care movement to the present. Kelley’s “mosaic” would be a good addition.

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experiencing grief” (8). Conversely, says Kelley, “Grief is understood as one’s response to an important loss” and may include profound and enduring distress which can manifest itself in a number of ways (8). That bereavement points more to a loss than the response to that loss is a new and helpful concept for me.

Regarding mourning, Kelly writes: “mourning is typically understood as the psychoanalytic term for grieving. It also refers to what Kaplan, Sadock, and Grebb refer to as ‘the societal expression of post-bereavement behavior and practices’ which are often prescribed socially or culturally” (8). Kelley prefers the term “grief” over “mourning,” but uses the terms interchangeably.

Kelley critiques out-dated and culturally narrow models of understanding and caring for grieving persons by demonstrating the absurdity of the notion that there “is a normal way to mourn” (36) and that grief has rigid universal features that follow predictable and wooden sequential patterns. Kelley convincingly argues that there is no “one size fits all” template that universally prescribes grief and its trajectory for all persons, and notes that there is no “right way to grieve” and no prescribed expiration date on a person’s particular mourning process and that for caregivers to infer or promote this represents a form of pastoral malpractice (my words).

Further, she aptly notes that no one ever really “finishes” grieving, but rather hurting people learn to integrate, manage, and “live with” their loss and sadness to varying degrees. I particularly liked when she employs narrative

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perspectives and writes: “Grief becomes a new character in one’s life narrative, perhaps largely receding into the wings over time but never fully vacating the stage and capable of making an entrance at particular moments throughout one’s life” (37). She notes that caregivers must jettison the myth that “…if one grieves successfully (i.e., normally), one will basically ‘get back to normal’ in a matter of time” (38). She says bluntly: “…there is no going back to what life was like before the loss” (38). Ultimately a “new normal” emerges (38).

I was particularly impressed with this book’s careful and detailed scholarship—especially as it relates to reviewing vast amounts of psychological theories and grief research. This is not a book a pastor hands to mourning parishioners offering helpful tips and practices to “get through” their grief. This is a more scholarly treatise on setting longstanding myths aside in order to embrace more current and comprehensive theories and practices of the psychology and spirituality of grief--one of life’s most complex, painful, misunderstood, and mistreated journeys. This book is written for ministers who wish to raise the bar on all they have previously learned about grief and how to care for those wrestling with it.

Anchoring her understanding of grief in “attachment theory” was particularly intriguing and helpful because by understanding the core attachment needs of human beings in general, while simultaneously attending to the particular attachments needs of those needing care--ministers can deepen
their pastoral awareness and sharpen their pastoral skills. When she writes: “it is not an over statement to say that our responses to loss in adulthood may have their origins in our earliest moments of life,” she wisely reminds us of the sometimes covert power of our early internalizations to influence our later years (66-67).

Kelley suggests that ministers with some acquaintance with attachment theory can offer three important things to mourning persons: 1) Understanding; 2) Acceptance; and 3) Hope. All three of these can potentially forge a foundation of “consistency of care and consistency of message” (66). Consistency of both “care and message” is healing for both those who never received adequate doses of it in their childhood as well as for those who were fortunate to have had “good enough objects” to internalize. One can never get too much mature and loving consistency of care and communication.

Finally, her chapter on “Meaning-Making after Loss” may offer her most helpful insights. She writes: “If we had to capture in one word what has become perhaps the essential feature of the contemporary grief field, I would choose the word meaning. Important contemporary grief theory describes the affirmation and or reconstruction of meaning after loss as ‘the central process’” (Neimeyer 2001b, xii) (71). Citing Hagman, she notes that new psychodynamic theory asserts that meaning-making in grief is central and it views grief chiefly as “a crisis of meaning” (71).

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Employing narrative perspectives, Kelley articulates that “Human life is fundamentally grounded in stories” (76); “we are people of stories”; and that human beings understand and create personal meaning chiefly through narratives or stories (77). She writes:

Our stories express the meaning of our lives. They reflect how we understand the sense, purpose, and significance of our lives. They communicate what we value, what our priorities in life are, and what we believe. Importantly, they express how we understand ourselves. Our stories often incorporate and reflect the meaning we have learned from other sources (family, culture, faith) although we may not always be aware of this. Not only do our stories reflect meaning we have learned, but they may also create new meaning.

And herein lies the genius of her book—Kelley makes an excellent case that making meaning out of a devastating loss, if carefully processed and creatively managed, can be “reconstructed” in ways that potentially free mourning persons to reframe or re-envision grief’s pejorative meaning in healing and transformative ways. Stuck stories can get unstuck—“frozen stories” can thaw, “shrunken stories” can be expanded and despairing stories can become hopeful stories (84).

This book could potentially cast the foundation for an innovative and potentially powerful final Doctor of Ministry project that offers creative pastoral care to grieving persons in a congregational setting. I can imagine a pastor developing a grief group as a final ministry project that incorporates attachment theory, narrative perspectives, and “consistency of care and communication” for
those suffering with grief. I highly recommend this book to any who are
entrusted with caring for those who mourn, but especially to Doctor of Ministry
students interested in ministry to grieving persons.

References:

Dykstra, Robert. *Images of Pastoral Care: Classical Readings*. St Louis, MO: Chalice