

Research Article

## An Eschatological-Hope-Based Pastoral Counseling Model for Congregants Experiencing Bereavement

Johannes S.P. Rajagukguk<sup>1</sup>, Ricky Lukas<sup>2</sup>, Ferdinand Edu<sup>3\*</sup>

<sup>1</sup> Sekolah Tinggi Teologi Bethel Indonesia; e-mail: [johannes.rajagukguk@sttbi.ac.id](mailto:johannes.rajagukguk@sttbi.ac.id)

<sup>2</sup> Sekolah Tinggi Teologi Bethel Indonesia; e-mail: [rickylukas@sttbi.ac.id](mailto:ricky Lukas@sttbi.ac.id)

<sup>3</sup> Sekolah Tinggi Teologi Bethel Indonesia; e-mail: [ferdinand.edu@sttbi.ac.id](mailto:ferdinand.edu@sttbi.ac.id)

\* Corresponding Author: [ferdinand.edu@sttbi.ac.id](mailto:ferdinand.edu@sttbi.ac.id)

**Abstract:** This conceptual research article develops an eschatological-hope-based pastoral counseling model for congregants experiencing bereavement. Bereavement is not only an affective response to death but also a disruption of meaning, embodied routines, social belonging, and theological imagination. Contemporary grief research has clarified the distinction between normative grief, prolonged grief disorder, complicated spiritual grief, and the heterogeneous trajectories through which bereaved persons adapt. However, pastoral responses in local churches often remain fragmented, oscillating between sympathetic presence, doctrinal explanation, ritual care, and informal advice without an integrated model that is clinically cautious and theologically constructive. This study employs a qualitative constructive literature review, synthesizing bereavement psychology, meaning reconstruction theory, spiritual care research, and Christian eschatological theology. The article proposes the PASTOR model: Presence, Assessment, Story, Scripture, Theological lament, Ongoing communal practice, and referral and review. The main synthesis argues that eschatological hope should not be used to bypass grief but to hold lament, embodied absence, continuing bonds, and future-oriented resurrection hope within a disciplined pastoral process. The model contributes a practical framework for churches seeking to accompany mourners without medicalizing ordinary grief, minimizing suffering, or ignoring cases that require professional mental health referral.

**Keywords:** Bereavement; Eschatological Hope; Grief; Lament; Local Church.

### 1. Introduction

Bereavement remains one of the most universal human experiences, yet it is also one of the least uniform. The death of a spouse, parent, child, friend, minister, or congregational member interrupts the ordinary architecture of life: daily routines, relational identity, worship participation, future expectation, and embodied memory. Contemporary bereavement research no longer treats grief as a fixed sequence of emotional stages. The dual process model describes adaptive coping as oscillation between loss-oriented and restoration-oriented stressors, rather than a linear movement from denial to acceptance (Stroebe & Schut, 1999). Meaning-oriented perspectives likewise show that bereavement frequently unsettles global beliefs and requires narrative reorganization rather than merely emotional ventilation (Park, 2010; Neimeyer, 2016). For Christian communities, this disruption is also theological. The mourner may ask whether God is present, whether prayer failed, whether the deceased is safe, whether the future still has promise, and whether resurrection hope can speak honestly without denying pain.

Two major developments strengthen the urgency of this topic. First, clinical research has shown that some bereaved adults experience persistent and impairing grief that cannot be reduced simply to ordinary sadness, depression, or posttraumatic stress. The American Psychiatric Association formally recognizes prolonged grief disorder in the DSM-5-TR as a condition marked by intense yearning, preoccupation with the deceased, and significant

Received: November 22, 2023

Revised: December 24, 2023

Accepted: January 22, 2024

Published: February 28, 2024

Curr. Ver.: February 28, 2024



Copyright: © 2025 by the authors.

Submitted for possible open

access publication under the

terms and conditions of the

Creative Commons Attribution

(CC BY SA) license

(<https://creativecommons.org/licenses/by-sa/4.0/>)

functional impairment after bereavement (American Psychiatric Association, 2022). The World Health Organization also includes prolonged grief disorder in ICD-11, thereby affirming its relevance for global mental health classification (World Health Organization, 2019). However, Maarten C. Eisma warns that the diagnosis remains contested, especially regarding its cultural applicability and the possibility of medicalizing grief experiences that may still fall within the range of normal mourning (Eisma, 2023). Similarly, Holly G. Prigerson et al. argue that prolonged grief disorder requires careful diagnostic boundaries so that clinical recognition does not erase the complexity of bereavement across contexts (Prigerson et al., 2021). Meta-analytic evidence further indicates that prolonged grief symptoms are clinically significant, although prevalence rates vary according to population, type of loss, measurement instrument, and cultural setting (Lundorff et al., 2017).

Second, local churches frequently function as first-line systems of care for mourners before formal psychological intervention is considered. Congregants often approach pastors not only for emotional comfort but also for interpretation, prayer, ritual, communal recognition, and continuity with Christian hope. This creates a serious pastoral responsibility. Churches must offer bereavement care that is spiritually rich, psychologically informed, and ethically attentive to referral boundaries.

Previous research has provided substantial insight into grief and bereavement. Margaret Stroebe and Henk Schut developed the dual-process model, which explains bereavement coping as an oscillation between loss- and restoration-oriented processes (Stroebe & Schut, 1999). Dennis Klass, Phyllis R. Silverman, and Steven L. Nickman challenged the assumption that healthy grief requires detachment from the deceased by introducing the theory of continuing bonds (Klass et al., 1996). Robert A. Neimeyer emphasizes meaning reconstruction, arguing that bereavement disrupts the mourner's narrative world and requires the gradual rebuilding of meaning (Neimeyer, 2019). Clinical studies on complicated grief also show that grief can become persistent and impairing, requiring more structured forms of intervention (Shear, 2015).

Spiritual care research has also demonstrated that religion may support bereavement adaptation, although its effects are not always uniform. George Becker et al. show that spiritual beliefs can shape how mourners interpret death and sustain meaning after loss (Becker et al., 2007). Laura A. Burke et al. further indicate that religious coping may either support or complicate grief, depending on whether the mourner experiences God as present, punitive, absent, or sustaining (Burke et al., 2021). Jennifer H. Wortmann and Crystal L. Park likewise argue that religion influences bereavement through meaning-making, coping practices, and the mourner's interpretation of suffering (Wortmann & Park, 2008). In practical theology, pastoral presence, ritual care, lament, and compassionate accompaniment have been identified as indispensable elements of bereavement ministry (Fuller, 2022). Daniël J. Louw also emphasizes that pastoral care must address suffering not merely as a psychological crisis but as an existential and theological struggle before God (Gibson & Louw, 2018).

The weakness of previous approaches is not the absence of insight but its fragmentation. Psychological grief models often remain under-theologized when applied to ecclesial contexts. Conversely, pastoral approaches sometimes speak of hope and resurrection without sufficient attention to traumatic loss, prolonged grief, spiritual struggle, or the non-linear nature of mourning. In many congregations, bereavement counseling is reduced to immediate funeral preparation, several visits, and biblical reassurance. Such care may be sincere yet insufficient when grief becomes chronic, when the mourner feels abandoned by God, or when the community pressures the bereaved to recover quickly. Therefore, the research problem addressed in this article is: How can pastoral counseling for bereaved congregants be constructed so that eschatological hope functions neither as denial nor as doctrinal abstraction, but as a disciplined resource for lament, meaning reconstruction, communal practice, and ethical referral?

This article offers a constructive solution by proposing an eschatological-hope-based pastoral counseling model. Jürgen Moltmann understands Christian hope not as passive optimism but as a theological orientation toward God's promised future, where suffering and death are confronted in light of resurrection and new creation (Moltmann, 1993). Nicholas Thomas Wright similarly argues that Christian hope is grounded in the resurrection of Christ and directed toward God's renewal of creation, rather than escape from the world (Wright, 2003). In this framework, eschatological hope is not prediction, emotional anesthesia, or denial of grief. It is the conviction that death does not possess final authority because God's future includes resurrection, justice, reconciliation, and new creation (Wright, 2008). Such hope must be pastorally mediated through presence, listening, lament, Scripture, memory, ritual, and communal accompaniment. This article contributes by integrating bereavement

psychology with Christian eschatology and by translating that synthesis into a practicable counseling framework for church contexts.

## 2. Literature Review

The literature on bereavement has moved decisively beyond universal stage models. Although stage language remains popular in public discourse, recent scholarship warns that it may mislead caregivers when used prescriptively, as if mourners must pass through a fixed sequence of emotions (Stroebe et al., 2017). Current grief studies instead emphasize heterogeneity, oscillation, continuing bonds, and meaning reconstruction. The dual process model remains especially relevant because it explains how bereaved persons move between confronting loss and attending to restored life tasks (Stroebe & Schut, 1999). This insight has direct pastoral significance. A grieving congregant may need to cry, remember, and pray with anguish in one moment, and then manage finances, parenting, employment, or worship participation in another. Pastoral care becomes inadequate when it interprets one movement as faith and the other as avoidance.

Meaning reconstruction adds another important dimension. Bereavement often fractures the assumptions by which people organize reality, including beliefs about safety, prayer, family stability, and the goodness of God (Park, 2010). In this context, grief is not merely emotional pain but a struggle to rebuild meaning, identity, and life narrative after the death of a significant person (Neimeyer, 2016). Pastoral counseling must therefore do more than offer consolation. It must help mourners give language to the altered world in which the deceased is absent yet still significant. The idea of “relearning the world” is useful here because it treats grief as an active process of reorientation rather than passive emotional decline (Attig, 2011). Within pastoral care, this reorientation can be supported through lament, ritual, memory, and meaning-making practices (Fuller, 2022).

Continuing bonds theory is also important for pastoral counseling. Earlier grief norms often assumed that recovery required emotional detachment from the deceased. Later research has challenged this assumption by showing that many mourners sustain inner relationships with the dead in ways that may be adaptive (Klass et al., 1996). However, such bonds are not automatically healthy. They may comfort, disturb, or intensify yearning depending on how the relationship is interpreted and integrated into the mourner’s present life (Stroebe et al., 2012). Christian pastoral care can engage this complexity by distinguishing faithful memory from a refusal to accept reality. Practices such as testimony, anniversaries, memorial liturgy, and communal remembrance may help the deceased remain meaningfully remembered while the mourner gradually inhabits a changed vocation.

Clinical grief research provides a necessary caution. Complicated grief, prolonged grief disorder, and related constructs identify forms of grief marked by persistent yearning, avoidance, identity disruption, emotional pain, and functional impairment (Boelen & Smid, 2017). Intervention studies suggest that psychological treatment can reduce severe grief symptoms, although findings remain methodologically varied (Johannsen et al., 2019). The church should not diagnose beyond its competence, but neither should it spiritualize impairment or discourage professional care. Pastoral counseling requires basic assessment sensitivity, especially when mourners show suicidal ideation, severe functional impairment, trauma exposure, substance misuse, persistent inability to accept the death, or intense spiritual despair.

The spiritual dimension of bereavement is equally complex. Religion may support adjustment by offering meaning, communal support, ritual, moral order, and hope beyond death, but its effects are not uniform (Wortmann & Park, 2008). Some mourners experience faith as a source of consolation, while others experience resentment toward God, alienation from the congregation, or disruption of prayer and worship. Research on complicated spiritual grief shows that spiritual struggle can become intertwined with severe grief symptoms, especially when the death violates core theological expectations (Burke et al., 2021). This finding warns pastoral counselors against superficial reassurance. A sentence such as “God has a plan” may be intended as comfort but received as theological cruelty, particularly after violent, sudden, or child loss.

Christian eschatological theology offers a distinctive resource, but it must be carefully defined. Eschatological hope is not the same as generic optimism, positive thinking, or immediate consolation. In Christian theology, hope is grounded in God’s promised future and therefore refuses to treat suffering and death as ultimate (Moltmann, 1993). Resurrection theology likewise places Christian hope in God’s act of raising Christ and in the promised renewal of creation, not in escape from embodied grief (Wright, 2008). Recent psychological work on theistic eschatological hope also describes hope as the anticipation that God will

make all things new, end suffering, heal creation, and gather people into life with God (Witvliet et al., 2022). For pastoral counseling, this means that hope must be relational, future-oriented, embodied, and communal.

A gap remains at the intersection of these fields. Bereavement psychology has developed nuanced models of grief, but often brackets doctrinal hope. Practical theology affirms hope but does not always specify how hope should shape counseling across time. Empirical spiritual care literature highlights presence, narrative work, ritual, and spiritual competency, yet it rarely offers an explicitly eschatological model for congregational grief care (Batstone et al., 2020). This article addresses that gap by constructing a model in which eschatological hope becomes a pastoral grammar for accompaniment: it permits lament because death is an enemy, sustains memory because love is not annulled, reforms identity because the mourner's life remains called, and directs the congregation toward practices of faithful waiting.

### 3. Proposed Method

This study uses a qualitative, constructive literature review. It is not a field study and does not claim to report interviews, observations, surveys, or congregational outcomes. Its object is conceptual: the construction of a pastoral counseling model for bereaved congregants through critical synthesis of existing scholarship. The aim is not to estimate prevalence, test intervention efficacy, or compare groups, but to generate a theoretically grounded model that can guide pastoral practice and future empirical evaluation.

The design combines three bodies of literature. The first is bereavement psychology, including dual process theory, meaning reconstruction, continuing bonds, prolonged grief disorder, complicated grief treatment, and intervention reviews. The second is spiritual care and psychology of religion, including religious coping, complicated spiritual grief, chaplaincy and palliative spiritual care, and empirical work on spirituality in grief. The third is Christian theological literature, especially eschatological hope, resurrection theology, lament, pastoral presence, practical theology, and ecclesial ritual. Sources were selected when they met at least one of four criteria: recognized influence in bereavement theory; peer-reviewed empirical or review status; relevance to pastoral care and spiritual struggle; or constructive theological significance for eschatological hope.

The data collection technique was documentary. Searches were oriented around combinations of the following themes: bereavement, grief counseling, prolonged grief disorder, complicated grief, dual process model, meaning reconstruction, continuing bonds, religious coping, complicated spiritual grief, spiritual care, pastoral care, lament, resurrection hope, and eschatological hope.

The analysis used thematic synthesis and theological construction. First, the literature was coded conceptually around recurring grief-care problems: non-linearity of grief, meaning disruption, spiritual struggle, communal belonging, ritual need, and clinical risk. Second, these themes were interpreted in relation to Christian eschatology, asking how resurrection hope can function as a pastoral resource without becoming avoidance. Third, the synthesis was translated into a practical model. The criteria for model construction were theological coherence, psychological plausibility, ethical caution, congregational usability, and openness to future empirical testing.

Validity in this conceptual study is addressed through triangulation of disciplines, source transparency, conceptual consistency, and negative-case caution. Triangulation is achieved by reading psychology, spiritual care, and theology together rather than allowing one field to dominate. Source transparency is maintained by citing the literature that supports each major claim. Conceptual consistency is pursued by defining eschatological hope as future-oriented trust in God's promised renewal rather than as generalized optimism. Negative-case caution is shown by acknowledging that religious language can harm as well as heal, that prolonged grief requires referral, and that pastoral counselors should not treat all grief as a spiritual problem.

Ethical considerations are significant even in the absence of human subjects. Because bereavement care concerns vulnerable persons, the proposed model avoids prescriptive timelines, avoids pathologizing ordinary grief, and resists coercive theological interpretations. It also emphasizes referral when symptoms exceed pastoral competence. The model is offered as a guide for pastoral counseling in Christian congregations, not as a substitute for licensed psychotherapy, psychiatric care, trauma treatment, or emergency intervention. In actual implementation, churches would need safeguarding policies, confidentiality protocols, referral networks, supervision for pastoral caregivers, and culturally sensitive adaptation.

## 4. Results and Discussion

### Bereavement as Theological, Relational, and Clinical Disruption

Pastoral counseling must begin with a sufficiently complex account of bereavement. Grief is affective, but it is not merely affective. It includes longing, sadness, anger, guilt, bodily exhaustion, sleep disturbance, practical disorientation, social withdrawal, identity confusion, and spiritual questioning. This complexity explains why single-message pastoral responses often fail. A sermon sentence, a funeral liturgy, or a condolence visit may be meaningful, but none can carry the full burden of bereavement by itself. The bereaved congregant is not simply sad; the congregant is learning how to inhabit a world in which the loved one is no longer bodily available.

The dual process model provides a useful corrective to linear pastoral expectations. Mourners move between confronting the loss and attending to restoration tasks (Stroebe & Schut, 1999). In church settings, this means that a bereaved member who returns to work or worship is not necessarily “over it,” and a member who weeps months later is not necessarily regressing. Pastoral counseling should normalize oscillation. A widow may plan a memorial service in the morning, handle bank documents in the afternoon, and collapse in tears at night. A parent may feel peace during worship and rage while entering an empty bedroom. These movements are not contradictions of faith; they are part of the living grammar of grief.

Meaning reconstruction clarifies why bereavement threatens theology. The death of a loved one can create discrepancy between global meaning and situational meaning (Park, 2010). A believer who assumed that prayer would protect the family may now face a death that appears to contradict divine care. A pastor who treats the theological question as intellectual doubt may miss its existential force. The mourner is not merely asking for doctrine; the mourner is asking whether the world is still trustworthy, whether God is still good, and whether the future can be imagined. Neimeyer's work supports the claim that adaptive grief often involves reconstructing a world of meaning rather than simply reducing distress (Neimeyer, 2016, 2019).

The clinical literature adds another layer. Most grief should not be pathologized, but some grief becomes persistent and disabling. PGD, complicated grief, and related constructs are marked by intense yearning, identity disruption, avoidance, emotional pain, and impairment that persist beyond culturally expected periods (Boelen & Smid, 2017; Shear, 2015). The inclusion of PGD in diagnostic systems has practical benefits and risks. It may help severely bereaved persons receive care, but it can also encourage stigma or premature medicalization if applied without cultural and pastoral sensitivity (Eisma, 2023). Therefore, the pastoral counselor needs discernment: normalize grief without ignoring danger; respect cultural mourning practices without romanticizing impairment; speak theologically without suppressing clinical complexity.

Spiritual struggle is central to this finding. Research on complicated spiritual grief shows that some mourners experience insecurity with God, estrangement from faith communities, and disruption in religious practices (Burke et al., 2021). Such a struggle is not necessarily unbelief. It may be the form faith takes under the pressure of catastrophic loss. The Psalms of lament demonstrate that complaint, protest, and waiting can be practices of covenantal relationship rather than failures of piety. Pastoral counseling should therefore make room for anger toward God, silence in prayer, inability to sing, and ambivalence toward church attendance. When the congregation allows only victorious language, the mourner may experience secondary loss: not only the death of the loved one but the loss of a safe spiritual home.

The implication is that the first task of pastoral counseling is accurate recognition. The counselor must ask: What has been lost? What meaning has been disrupted? What relationship with God has been shaken? What community supports remain available? What symptoms suggest clinical risk? What rituals have been interrupted or completed? Such questions prevent the pastor from imposing a generalized grief script. They also protect eschatological hope from becoming a slogan. Hope must enter the concrete shape of the loss, not float above it.

### Eschatological Hope as Lament-Sustaining Rather Than Grief-Avoiding

The second finding is that eschatological hope becomes pastorally constructive only when it sustains lament rather than replacing it. Christian hope is often misused when it is presented as an obligation to feel better quickly. Statements such as “they are in a better place,” “do not cry,” or “God needed another angel” may intend comfort but can silence grief, distort doctrine, and intensify loneliness. A constructive model must therefore distinguish eschatological hope from optimism, explanation, and denial.

Eschatological hope is anchored in God's promised future. In Christian theology, resurrection is not the cancellation of grief but God's judgment against death. Moltmann's theology of hope insists that the promised future of God creates protest against present suffering rather than passive acceptance of it (Moltmann, 1993). Wright's account of resurrection hope similarly locates Christian consolation not in disembodied escape but in God's renewal of creation and the defeat of death (Wright, 2003, 2008). This theological frame matters pastorally because it allows the church to say two things at once: death is genuinely terrible, and death is not ultimate. If either side is removed, pastoral counseling becomes distorted. If death is not terrible, grief is minimized. If death is ultimate, hope collapses.

Lament is the bridge between grief and hope. Lament allows the mourner to tell the truth about pain before God without severing the relationship with God. It resists both stoic silence and theological over-explanation. In pastoral counseling, lament can take several forms: praying Psalms of complaint, writing letters to God, naming anger without shame, lighting candles, composing prayers for anniversaries, or sitting in silence when words are unavailable. Spiritual care literature supports the value of presence, narrative, creative, and ritual work in palliative and bereavement contexts, even while acknowledging that evidence for spiritual care interventions remains uneven (Gijsberts et al., 2019; Batstone et al., 2020). Theologically, lament is not a technique to move people quickly toward hope; it is the truthful speech of hope under pressure.

Eschatological hope also reframes continuing bonds. Christian mourning does not require pretending that the deceased has vanished from relational meaning. Continuing bonds theory suggests that ongoing inner relationships with the dead can be normal and sometimes adaptive (Klass et al., 1996). The Christian tradition offers practices that may shape these bonds without collapsing into denial: remembering the faithful departed, giving thanks for their witness, marking anniversaries, blessing photographs, narrating a legacy, and entrusting the loved one to God. These practices do not make the deceased present in the same way as before; they allow love to be relocated within memory, communion, and promised resurrection.

This requires caution. Pastoral counselors must avoid speculative claims about the dead, manipulative promises, or spiritualized avoidance of the mourner's current life. The aim is not to provide secret knowledge of the afterlife but to nurture trust in God's future. The mourner can be invited to say, "I do not know everything, but I entrust this person to the God who raised Jesus and promises new creation." Such language is modest, doctrinally grounded, and pastorally spacious. It permits uncertainty while orienting grief toward trust.

Eschatological hope further expands the horizon of identity. Bereavement often disrupts self-understanding: "Who am I now without my husband?" "Am I still a mother if my child died?" "What is my ministry after this loss?" Pastoral counseling should not rush to answer these questions. However, hope can slowly reintroduce vocation. If God's future holds the restoration of all things, the mourner's present life is not reduced to loss. The bereaved person may eventually discover practices of witness, compassion, justice, parenting, service, or friendship that do not replace the deceased but testify that love continues to bear fruit. This is not a demand for productivity. It is a gradual pastoral invitation to inhabit life again without betraying the one who died.

The key implication is that eschatological hope must be administered pastorally, not merely asserted doctrinally. It should be spoken in proportion to the mourner's readiness, woven into rituals, embodied in congregational presence, and held together with lament. Hope becomes credible when the church is willing to weep, wait, remember, and remain.

### **The PASTOR Model for Bereavement Counseling in the Local Church**

The third finding is the need for an integrated process model. This article proposes the PASTOR model: Presence, Assessment, Story, Scripture, Theological lament, Ongoing communal practice, and referral and review. The model is not a rigid sequence or a clinical manual. It is a pastoral framework that helps caregivers avoid both unstructured sympathy and premature theological prescription.

Presence is the first movement. Pastoral care begins with being with the bereaved before interpreting the death. Presence includes attentive listening, silence, practical support, and recognition of the mourner's pain. It resists the caregiver's anxiety to explain. In the first days and weeks after death, presence may involve visiting, coordinating meals, helping with funeral planning, accompanying family members in prayer, and ensuring that the mourner is not socially abandoned after the burial. Gibson and Louw's notion of comforting presence is useful here because it frames pastoral care as compassionate being-with rather than mere religious instruction (Gibson & Louw, 2018).

Assessment is the second movement. Pastoral assessment does not mean psychiatric diagnosis. It means disciplined noticing. The counselor explores the nature of the loss, circumstances of death, prior mental health concerns, family conflict, trauma exposure, spiritual struggle, support systems, practical needs, and safety risks. Particular attention should be given to suicidal ideation, severe inability to function, substance misuse, domestic violence, extreme isolation, hallucination-like experiences that cause impairment, and persistent disabling grief. Because evidence-based psychological treatments can help some bereaved adults, especially those with severe grief symptoms, referral must be part of responsible pastoral care (Johannsen et al., 2019; Shear, 2015). Assessment also includes cultural and ecclesial context. Mourning norms differ; pastors should not impose a Western individualist timeline on communal or ritual cultures.

Story and Scripture form the third movement. Bereaved persons need to tell the story repeatedly: the story of the death, the story of the relationship, the story of what was unfinished, and the story of life now. Narrative repetition is not necessarily pathological; it may be part of meaning reconstruction. The pastoral counselor listens for meanings that have collapsed and for theological images that have become painful. Scripture enters not as a weapon but as a hospitable narrative world. Texts such as the Lament Psalms, John 11, Romans 8, 1 Corinthians 15, and 1 Thessalonians 4 can be engaged in dialogue. The counselor might ask, "Which part of this text feels true, and which part feels impossible today?" This approach honors Scripture while refusing to force immediate emotional agreement.

Theological lament is the fourth movement. This is where eschatological hope is most carefully introduced. The counselor helps the mourner speak honestly to God and, when appropriate, receive language from the Christian story that names death as enemy and resurrection as promise. Lament can be verbal, written, liturgical, musical, or silent. It may include confession of guilt, protest against injustice, questions about divine absence, or thanksgiving for the deceased. The goal is not to solve theodicy but to keep the mourner in truthful relation to God. The church must learn that lament is not a lack of hope; it is one of hope's most faithful forms.

Ongoing communal practice is the fifth movement. Bereavement care should not end with the funeral. Many mourners report that support decreases precisely when the shock wears off. The congregation can respond through structured follow-up at one month, three months, six months, one year, and significant anniversaries. Practices may include grief groups, memorial services, All Saints or remembrance liturgies, pastoral home communion, service projects in memory of the deceased, and guided conversations about returning to ministry. Harrop et al. (2020) found that bereavement support can help with grief resolution, mastery, moving forward, and social support, although the quality of the evidence varies. This supports a layered church response: informal support for most mourners, organized pastoral support for those needing more guidance, and specialist referral for high-risk cases.

Referral and review constitute the sixth movement. Referral is not pastoral failure; it is pastoral integrity. The church should develop relationships with Christian counselors, psychologists, psychiatrists, trauma specialists, social workers, and crisis services. Referral is necessary when grief is accompanied by severe risk, persistent functional impairment, trauma symptoms, psychosis, complicated family systems, or prolonged despair beyond the pastor's competence. Review means that the pastoral caregiver continues appropriate spiritual accompaniment while respecting professional boundaries. The counselor may still pray, visit, and support worship participation, but should not replace clinical care.

The PASTOR model answers the research problem by positioning eschatological hope within a process rather than as a single message. Presence prevents abstraction. Assessment prevents neglect of risk. Story and Scripture foster meaning reconstruction. Theological lament protects hope from denial. Ongoing communal practice embodies hope socially. Referral and review preserve ethical boundaries. In this way, the model integrates theological depth, psychological caution, and congregational practicality.

## 5. Comparison

Compared with prior grief models, the proposed model is distinctive in its explicit integration of eschatological hope with pastoral counseling practice. The dual-process model explains oscillation, but it does not provide a theological grammar for resurrection hope. Meaning reconstruction theory clarifies narrative disruption, but it does not specify how Scripture, lament, and Christian eschatology can participate in reconstruction. Continuing bonds theory legitimates an ongoing relationship with the deceased, but it does not determine how ecclesial memory and resurrection promise should shape that bond. Clinical models of

prolonged grief identify risk and treatment needs, but they do not guide congregational practices of care.

Compared with many pastoral approaches, the PASTOR model is more clinically cautious and less immediately explanatory. It rejects the assumption that doctrinally correct statements are automatically pastorally healing. It also rejects the opposite error: that pastors should avoid theological speech entirely in order to be psychologically responsible. The model assumes that Christian language can heal when it is timely, truthful, dialogical, and embodied in communal presence. It also assumes that Christian language can harm when it is coercive, speculative, triumphalist, or detached from the mourner's concrete pain.

The model's main contribution is therefore integrative. It brings together grief theory, research on spiritual struggle, practical theology, and eschatological hope within a single process framework for local churches. Its strength lies in usability: pastors can remember the six movements and adapt them to congregational contexts. Its limitation is that it remains conceptual. The model has not yet been tested through field research, outcome evaluation, pastoral training studies, or cross-cultural implementation. Further research should examine how bereaved congregants experience this model, whether it improves perceived pastoral support, and how it interacts with different denominational liturgies and cultural mourning practices.

## 6. Conclusions

This article developed a conceptual pastoral counseling model based on eschatological hope for congregants experiencing bereavement. The central conclusion is that Christian hope becomes pastorally credible not when it shortens grief, but when it gives grief truthful space before God and within the community. Bereavement disrupts emotion, meaning, identity, social belonging, and spiritual imagination. Therefore, pastoral counseling must be more than sympathy and more than doctrine; it must be a disciplined practice of presence, assessment, narrative listening, lament, ritual, communal accompaniment, and referral.

The study answered its research objective by proposing the PASTOR model: Presence, Assessment, Story, Scripture, Theological lament, Ongoing communal practice, and referral and review. This model positions eschatological hope as a constructive theological resource that sustains lament, reforms meaning, honors continuing bonds, and directs the mourner toward God's promised future without denying the pain of present absence. Theoretically, the article contributes to the conversation between bereavement psychology and practical theology by showing how resurrection hope can be translated into a counseling process. Practically, it offers churches a framework for organizing bereavement care beyond funeral services and isolated pastoral visits.

The study has limitations. It is a conceptual literature-based article, not an empirical evaluation. It does not measure the model's effectiveness, compare it with existing grief ministries, or test it across cultures. Its Christian theological framing also requires adaptation in ecumenical, interfaith, or religiously plural settings. Future research should conduct qualitative interviews with bereaved congregants, evaluate pastoral training based on the PASTOR model, examine culturally specific mourning practices in Indonesian church contexts, and explore collaboration between pastors and mental health professionals. Such research would help determine whether this model can move from constructive proposal to evidence-informed pastoral practice.

**Author Contributions:** Conceptualization: Johannes S.P. Rajagukguk and Ricky Lukas; Methodology: Ferdinand Edu; Formal analysis: Johannes S.P. Rajagukguk, Ricky Lukas, and Ferdinand Edu; Investigation: Johannes S.P. Rajagukguk and Ferdinand Edu; Writing—original draft preparation: Johannes S.P. Rajagukguk; Writing—review and editing: Ricky Lukas and Ferdinand Edu; Supervision: Johannes S.P. Rajagukguk.

**Data Availability Statement:** No new data were created or analyzed in this study.

**Acknowledgments:** The authors acknowledge the use of AI-assisted tools for language refinement and structural support; all academic content, analysis, and final decisions remain the authors' responsibility.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
- Attig, T. (2011). *How we grieve: Relearning the world*. Oxford University Press.
- Batstone, E., Bailey, C., & Hallett, N. (2020). Spiritual care provision to end-of-life patients: A systematic literature review. *Journal of Clinical Nursing*, 29(19-20), 3609–3624. <https://doi.org/10.1111/jocn.15411>
- Becker, G., Xander, C. J., Blum, H. E., Lutterbach, J., Momm, F., Gysels, M., & Higginson, I. J. (2007). Do religious or spiritual beliefs influence bereavement? A systematic review. *Palliative Medicine*, 21(3), 207–217. <https://doi.org/10.1177/0269216307077327>
- Boelen, P. A., & Smid, G. E. (2017). Disturbed grief: Prolonged grief disorder and persistent complex bereavement disorder. *BMJ*, 357, j2016. <https://doi.org/10.1136/bmj.j2016>
- Burke, L. A., & Neimeyer, R. A. (2014). Complicated spiritual grief I: Relation to complicated grief symptomatology following violent death bereavement. *Death Studies*, 38(4), 259–267. <https://doi.org/10.1080/07481187.2013.829367>
- Burke, L. A., Neimeyer, R. A., Young, A. J., Piazza Bonin, E., & Davis, N. L. (2014). Complicated spiritual grief II: A deductive inquiry following the loss of a loved one. *Death Studies*, 38(1-5), 268–281. <https://doi.org/10.1080/07481187.2013.829373>
- Burke, L. A., Crunk, A. E., Bai, H., & Neimeyer, R. A. (2021). Inventory of Complicated Spiritual Grief 2.0 (ICSG 2.0): Validation of a revised measure of spiritual distress in bereavement. *Death Studies*, 45(3), 249–265. <https://doi.org/10.1080/07481187.2019.1627031>
- Eisma, M. C. (2023). Prolonged grief disorder in ICD-11 and DSM-5-TR: Challenges and controversies. *Australian & New Zealand Journal of Psychiatry*, 57(7), 944–951. <https://doi.org/10.1177/00048674231154206>
- Fuller, L. K. (2022). Relearning the world: Pastoral care in the midst of loss and grief. *Journal of Pastoral Theology*, 32(2-3), 1–26. <https://doi.org/10.1080/10649867.2022.2086370>
- Gibson, L., & Louw, D. J. (2018). A practical theology of bereavement care: Re-ritualization within a paradigm of comforting presence. *Stellenbosch Theological Journal*, 4(2), 521–551. <https://doi.org/10.17570/stj.2018.v4n2.a24>
- Gijssberts, M. J. H. E., Liebroer, A. I., Otten, R., & Olsman, E. (2019). Spiritual care in palliative care: A systematic review of the recent European literature. *Medical Sciences*, 7(2), Article 25. <https://doi.org/10.3390/medsci7020025>
- Harrop, E., Morgan, F., Longo, M., Semedo, L., Fitzgibbon, J., Pickett, S., Scott, H., Seddon, K., Sivell, S., Nelson, A., Byrne, A., & Selman, L. E. (2020). The impacts and effectiveness of support for people bereaved through advanced illness: A systematic review and thematic synthesis. *Palliative Medicine*, 34(7), 871–888. <https://doi.org/10.1177/0269216320920533>
- Johannsen, M., Damholdt, M. F., Zachariae, R., Lundorff, M., Farver-Vestergaard, I., & O'Connor, M. (2019). Psychological interventions for grief in adults: A systematic review and meta-analysis of randomized controlled trials. *Journal of Affective Disorders*, 253, 69–86. <https://doi.org/10.1016/j.jad.2019.04.065>
- Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). *Continuing bonds: New understandings of grief*. Taylor & Francis.
- Lundorff, M., Holmgren, H., Zachariae, R., Farver-Vestergaard, I., & O'Connor, M. (2017). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders*, 212, 138–149. <https://doi.org/10.1016/j.jad.2017.01.030>
- Moltmann, J. (1993). *Theology of hope: On the ground and the implications of a Christian eschatology*. Fortress Press.
- Neimeyer, R. A. (2016). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behavior Change*, 33(2), 65–79. <https://doi.org/10.1017/bec.2016.4>
- Neimeyer, R. A. (2019). Meaning reconstruction in bereavement: Development of a research program. *Death Studies*, 43(2), 79–91. <https://doi.org/10.1080/07481187.2018.1456620>
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257–301. <https://doi.org/10.1037/a0018301>
- Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, 20(1), 96–106. <https://doi.org/10.1002/wps.20823>
- Shear, M. K. (2015). Complicated grief. *New England Journal of Medicine*, 372(2), 153–160. <https://doi.org/10.1056/NEJMc1315618>
- Stroebe, M., Abakoumkin, G., Stroebe, W., & Schut, H. (2012). Continuing bonds in adjustment to bereavement: Impact of abrupt versus gradual separation. *Personal Relationships*, 19(2), 255–266. <https://doi.org/10.1111/j.1475-6811.2011.01352.x>
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197–224. <https://doi.org/10.1080/074811899201046>
- Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *OMEGA: Journal of Death and Dying*, 74(4), 455–473. <https://doi.org/10.1177/0030222817691870>

- Witvliet, C. V. O., Hall, M. E. L., Exline, J. J., Wang, D. C., Root Luna, L. M., Van Tongeren, D. R., Myers, D. G., Abernethy, A. D., & Witvliet, J. D. (2022). The Eschatological Hope Scale: Construct development and measurement of theistic eschatological hope. *Journal of Psychology and Christianity, 41*(1), 16–35. <https://doi.org/10.1037/t93628-000>
- World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics* (11th Revision).
- Wortmann, J. H., & Park, C. L. (2008). Religion and spirituality in adjustment following bereavement: An integrative review. *Death Studies, 32*(8), 703–736. <https://doi.org/10.1080/07481180802289507>
- Wright, N. T. (2003). *The resurrection of the Son of God*. Fortress Press.
- Wright, N. T. (2008). *Surprised by hope: Rethinking heaven, the resurrection, and the mission of the church*. HarperOne.