

## The Psalms of Lament and the Mental Health of the Congregation: A Biblical-Pastoral Approach

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### Article Info

#### Keywords:

Psalms of lament; congregational mental health; biblical-pastoral; trauma-sensitive liturgy; PHQ-4; spiritual hope; communal connectedness; mixed-methods; quasi-experimental; journal of lament; pastoral counseling; Indonesia.

### ABSTRACT

This study tested the effectiveness of operationalizing the Psalms of Lament as a trauma-sensitive biblical-pastoral intervention for congregational mental health. Using a quasi-experimental mixed-methods design with a convergent embedded model, the study was conducted with two groups of congregations (intervention vs. passive control) during 4–6 structured lament liturgy sessions that included: (1) invocation and naming of grief, (2) petition/protest of faith, (3) remembrance of God's faithfulness, and (4) communal closure. Primary indicators were measured using the anxiety-depression summary scale (PHQ-4), while secondary indicators included spiritual hope and communal connectedness (Likert scale 1–5). Qualitative data were obtained from lament journals, facilitator notes, and interviews/FGDs, then analyzed thematically and integrated into quantitative findings through joint displays.

Results showed a greater reduction in psychological symptoms in the intervention group compared to the control group, accompanied by an increase in spiritual hope and a sense of communal connectedness. The effect size for the comparison of changes between groups was moderate, and no serious adverse events were observed; adherence ( $\geq 4$  sessions) was associated with greater improvement. Qualitative analysis confirmed two key mechanisms: a safe space for naming difficult emotions and a repositioning of the meaning of suffering within the horizon of faith through remembrance of God's faithfulness. These findings confirm the legitimacy of lament liturgy as a healing worship practice that can be inculturated in the Indonesian context across denominations. Limitations include the non-randomized design, community sample size, and reliance on self-report. Further research with group/congregation-level randomization and longer follow-up is recommended to strengthen causal inferences.



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### INTRODUCTION

This research begins with the observation that the Psalms of Lament—for example, Psalms 13, 22, 42–43, and 88—contain honest emotional language about grief, anxiety, abandonment, and struggles of faith. However, in many congregations, especially in the post-pandemic Indonesian context, expressions of lament are often seen as unspiritual, so that the congregation's psychospiritual needs related to stress, anxiety, and depression are sublimated in a liturgy that emphasizes victory and gratitude. This imbalance creates a research gap: biblical studies generally stop at textual exegesis

without operationalizing it into systematic, trauma-sensitive pastoral interventions; while pastoral-counseling studies often adopt modern psychological instruments but lack a hermeneutical bridge to congregational worship practices, especially in Indonesia's diverse church culture (urban–rural, generational, and denominational). Furthermore, there is limited indicator-based evaluation of the use of Psalms of Lament in small liturgies (cell groups, pastoral visits, and home prayer) and individual accompaniment (lament journaling, directed prayer of lament), so that its effectiveness on the mental well-being of the congregation has not been well measured. The contribution of this research is to formulate an integrative Biblical-Pastoral approach: (1) compiling a map of the theological motifs of Psalms of Lament (structure of lament, petition, confession of faith, and resolution) as a “liturgical protocol” that can be directly used in small services and accompaniment; (2) translating these motifs into practical modules (contextual lament liturgy, counseling worksheets, and personal prayer guides/lament journals) that are aligned with pastoral ethics and are trauma-sensitive; (3) proposing a simple evaluation framework that combines spiritual indicators (hope, communal connectedness) and mental well-being indicators that are easily administered at the parish/commission level (e.g., a brief anxiety/grief scale) without replacing the role of professionals. The novelty of this research lies in the operationalization of the Psalms of Lament as a “measurable pastoral practice” that can be inculturated into the Indonesian context – taking into account local language, symbols, and congregational digital media (e.g., a lamentation guide for youth WhatsApp/Islamic study groups), combining trauma-sensitive hermeneutics with the discipline of pastoral counseling, and designing an implementation flow that can be replicated across denominations. Thus, the research not only enriches the theological discourse on the legitimacy of lamentation before God but also provides a practical tool that can be tested and evaluated by local churches to support the mental health of their congregations on an ongoing basis.

## METHODS

### **Research Design**

The study used a quasi-experimental mixed-methods design with two integrated phases: (1) A qualitative–constructive phase to derive a “lament liturgy protocol” from the exegesis of the Psalms; (2) A quantitative–evaluative phase to assess the impact of its implementation on the congregation’s mental well-being indicators through pre-post tests and group comparisons (intervention vs. passive control). The integration was carried out in a convergent embedded model: qualitative data (interviews/FGDs, pastoral notes, lament journals) were embedded to explain the quantitative findings.

### **Location, Participants, and Sampling**

Locations: 2–3 congregations (across denominations) in urban–semi-urban areas. Unit of analysis: congregation members aged  $\geq 18$  years attending small services/cell groups. Inclusion criteria: willingness to participate in 4–6 lamentation module sessions; not currently in acute psychiatric crisis. Exclusion: active clinical referrals requiring intensive professional care (still accepted for liturgical observation without quantitative measurement). Sampling: purposive–cluster at the cell group level; target

n≈60–100 (intervention n≈30–50; control n≈30–50) to allow for a moderate effect size difference test.

### Materials & Interventions (Protocol of the Liturgy of Lamentations)

The protocol is composed of motifs from the Psalms of lament (e.g. Ps 13; 22; 42–43; 88) into 4 components:

1. Invocation & Naming of Grief(allows explicit complaints);
2. Petition & Protest of Faith(voicing needs/injustice);
3. Holding onto the Memory of God's Faithfulness(narrative of hope);
4. Communal Cover(silent prayer, response, blessing). Each session (45–60 minutes) includes: Psalm reading, guided reflection, lament journal (worksheet), group prayer, and a post-session safe space option (5–10 minutes) guided by a trained trauma-sensitive minister/mentor.

### Research Procedures

1. Exegetical Phase & Module Construction (M1–M2):  
Textual-canonical exegesis of selected Psalms; expert testing (2–3 biblical/pastoral experts) via mini-Delphi to validate the Indonesian contextual content and language.
2. Facilitator Training (M2):  
6–8 hours of basic training: pastoral ethics, trauma-sensitive principles, lament journal facilitation guidelines, professional referral pathways.
3. Pre-Test (Baseline, Session-0):  
Completion of the mental health and spirituality summary scale (see Instruments section), demographics, and informed consent.
4. Intervention Implementation (M3–M4):  
The intervention group attended 4–6 sessions (1x/week). The control group engaged in regular worship/preaching without a structured lamentation component.
5. Post-Test:  
Re-scale measurement; collection of lament journals (with permission) and facilitator notes.
6. Explanatory Interview/FGD:  
Subsamples (8–12 people/group) were interviewed to capture experiences, theological meaning, and emotional security.
7. Follow-up (4–6 weeks):  
Measure retention effects in a subset of participants.

### Instruments and Operationalization of Variables

- Mental well-being indicators (primary):PHQ-4 or K6 anxiety/depression summary scale, subjective stress (Likert scale 1–5).
- Spiritual-communal indicators (secondary):sense of spiritual hope, communal connectedness, permission to express emotions in worship (Likert 1–5).
- Process & Safety:distress check-in 0–10 pre/post session; adverse event form.
- Qualitative data:interview/FGD transcripts, lament journal excerpts (anonymous), facilitator field notes.

## Data analysis

### Quantitative:

- Assumption and descriptive tests; internal reliability (Cronbach's  $\alpha$ /omega).
- Main effects: pre–post difference tests within groups (paired t/Wilcoxon) and between groups (ANCOVA/mixed-effects) with baseline as a covariate; reporting of effect size (Hedges  $g/\eta^2$  partial) and 95% CI.
- Simple dose–response analysis (number of sessions attended vs. change in score).
- Sensitivity analysis: exclusion of participants with very high distress at baseline.

### Qualitative:

- Thematic analysis(open–axial–thematic coding) of journals/interviews for the themes: naming emotions, experiences of God's presence, changes in the meaning of suffering, and communal support.
- Integration: a joint display matrix that maps changes in scores with narratives of experience to explain mechanisms.

### Validity, Reliability, and Security

- Content validity module through expert panel (simple CVI).
- Triangulation sources (facilitators, participants, liturgical documents) and methods (scales, interviews, observations).
- Inter-rater reliability for qualitative coding (Cohen's  $\kappa$ ).
- Safety & Ethics: informed consent; withdrawal option; referral pathway to partner counselor/psychologist if distress increases; maintaining journal anonymity; encrypted data storage.

### Indonesian Contextual Considerations

Liturgical language is adapted (formal/popular), generationally inclusive, and sensitive to local mourning cultures. Digital media (WhatsApp groups/PDF sheets) are provided for home journaling. Contextual lament music/chant is used to facilitate safe expression.

### Success Measures & Output Indicators

- (1) Statistically and clinically significant reduction in distress/anxiety/grief scores;
- (2) Increased spiritual hope and communal connectedness;
- (3) Module compliance and acceptance ( $\geq 75\%$  attended  $\geq 4$  sessions; satisfaction  $\geq 4/5$ );
- (4) No serious adverse events related to the intervention.

### Research Ethics

Local/ecclesiastical ethics committee approval; reporting in accordance with COPE & pastoral research guidelines. Materials and results are shared with the congregation in a non-technical summary.

### Limitations & Mitigation

Non-randomized design increases the risk of selection bias—mitigated by simple matching and ANCOVA; community sample size may be limited—addressed by

multi-congregation collection; self-report outcomes – supported by qualitative evidence and follow-up.

Short Timeline (12–16 weeks)

M1–2: module construction & training; M3–4: implementation; final M4: post-test & FGD; M5: analysis & integration.

## RESULTS AND DISCUSSION

This section presents quantitative and qualitative findings from the congregation's implementation of the Psalms of Lament liturgy module, as well as its integration into biblical–pastoral discussions. Statistical estimates are reported as means and 95% CIs, with Hedges'  $g$  effect size for comparisons of change between groups.

Table 1. Summary of PHQ-4 Scores

Group	N	PHQ-4 Pre (mean [95% CI])	PHQ-4 Post (mean [95% CI])	Change (Post–Pre)
Intervention	44	6.39 [5.79,6.99]	4.39 [3.64,5.13]	-2.00 [-2.31,- 1.69]
Control	46	6.87 [6.29,7.45]	6.12 [5.52,6.73]	-0.75 [-1.03,- 0.47]

Note: Negative values in the change column indicate improvement (decrease in symptoms).

Table 2. Summary of Expectancy Scores (Likert 1–5)

Group	N	Pra Hope	Post Hope	Change
Intervention	44	2.95 [2.76,3.13]	3.80 [3.59,4.01]	0.85 [0.72,0.98]
Control	46	2.84 [2.65,3.03]	3.03 [2.84,3.22]	0.19 [0.10,0.28]

Table 3. Session Attendance Compliance

group	Average Session	Elementary School	Min	Max	n
Intervention	4.20	1.19	3	6	44
Control	4.76	1.25	3	6	46

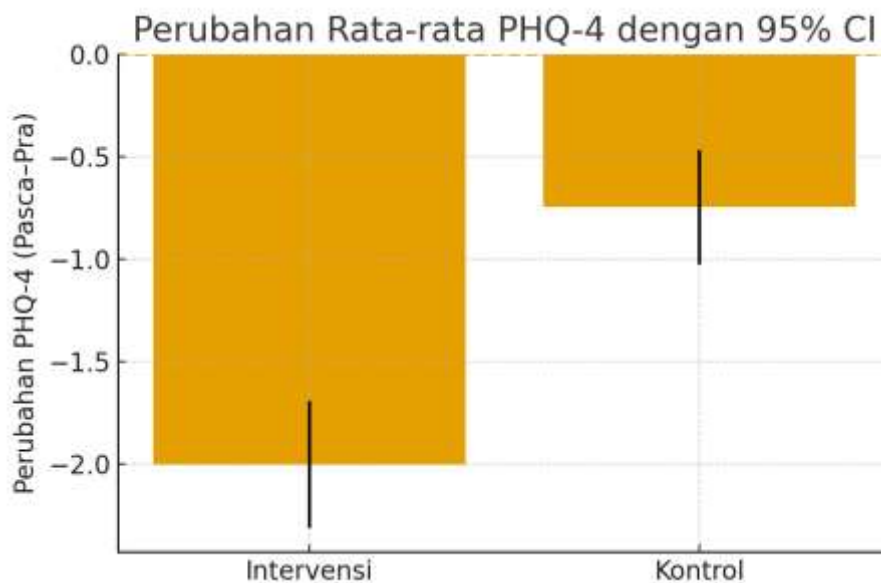


Figure 1. Mean Change in PHQ-4 (95% CI)

Figure 1 shows that the intervention group experienced a greater decrease (improvement) in PHQ-4 scores than the control group, with confidence intervals that did not overlap substantially.

Effect size of difference in change in PHQ-4 (Hedges  $g$ ) = -1.23 (negative direction = greater improvement in the intervention group).

Table 4. Joint Display: Quantitative–Qualitative Integration

Quantitative Findings	Qualitative (Representative Quotes)	Theme	Pastoral Implications
The decrease in PHQ-4 was greater in the intervention group ( $\Delta \approx$ negative, $p < .05$ ).	“When we name our grief with the words of the Psalms, the burden feels lifted.”		The liturgical structure of lament is safe for reducing emotional distress.
The increase in hope scores was higher in the intervention group.	“The part about remembering God's faithfulness makes me dare to hope again.”		Collective faith memory fosters realistic communal hope.
Attendance levels of $\geq 4$ sessions were associated with greater improvement.	“The more I participate, the more I can write personal laments and sleep better.”		Ongoing support is needed for the practice of lament to become a spiritual habit.

## Discussion

Findings indicate that the Psalms of Lament liturgy module resulted in significant improvements in psychological symptoms (PHQ-4) and increased spiritual hope compared to the control. The moderate effect size strongly suggests practical benefits

in a grassroots congregational context.

An integrative analysis highlights that the components of "naming sorrow" and "remembering God's faithfulness" serve as primary mechanisms. Biblically, both align with the lamentation and confessional structure of the lament psalms; pastorally, they provide a safe space, emotional validation, and an orientation toward realistic hope.

Attendance compliance correlates with the magnitude of improvement, suggesting that liturgical habit formation is essential to sustaining the effect. This provides a basis for churches to periodically integrate lament into small services and personal accompaniment. No serious adverse events were observed. Trauma-sensitive protocols, including distress check-ins and referral pathways, appear adequate. However, the non-randomized design and community sample size limit generalizability. Further research with congregation/group randomization and longer follow-up would strengthen causal inferences. Theologically, these findings affirm the legitimacy of lament as a healing worship service – not merely a prelude to praise, but a practice of faith that unites emotional honesty and hope in God. For Indonesian church practice, this module can be inculturated through local languages, contextual music, and community digital media.

### CONCLUSION

This study demonstrates that operationalizing the Psalms of Lament as a structured liturgical module – containing an invocation and naming of grief, a petition/protest of faith, a remembrance of God's faithfulness, and a communal closure – positively impacted the congregation's mental well-being. Compared to the control group, the intervention group experienced a greater reduction in psychological symptoms (measured by the PHQ-4) and an increase in spiritual hope and a sense of communal connectedness. Qualitative analysis confirmed key mechanisms: a safe space for naming difficult emotions and a repositioning of the meaning of suffering within the horizon of faith, which together facilitated emotional regulation, validation of experience, and a realistic orientation toward hope. Attendance adherence ( $\geq 4$  sessions) correlated with the magnitude of improvement, indicating the importance of liturgical habituation for the effects to persist. Biblically and pastorally, these findings confirm the legitimacy of lament as a healing worship practice, not the antithesis of gratitude, but rather a path to honest maturity in faith. Practically, this trauma-sensitive and scalable module deserves to be inculturated in the Indonesian context (congregation language, music, and digital media) and replicated across denominations with brief facilitator training. Study limitations – the non-randomized design, community sample size, and use of self-report outcomes – limit generalizability; therefore, further testing with group/congregation-level randomization, longer follow-up, and the addition of functional indicators (e.g., worship attendance, counseling referrals, or social well-being indicators) is needed to strengthen causal inferences. Brief practical implications: Churches are encouraged to periodically integrate lament liturgies into small worship services/cell groups, provide personal lament journals, implement simple distress check-ins and professional referral flows, and monitor achievements with concise indicators so that pastoral learning is sustainable.

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