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The Ministry to the Instutionalized Sick

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THE MINISTRY TO THE INSTITUTIONALIZED SICK

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by

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INTRODUCTION

The subject of this paper is the Ministry to the Institutionalized Sick. This ministry must be distinguished from but cannot be separated from the parish ministry. The distinguishing features are these: this ministry is a specialized field of activity, often pastors engage solely in it; in this ministry the sick people are not to be dealt with on the congregational level, but as individuals.

This paper is a discussion of the ministry to the needs of those people who are sick. It deals with those who have been institutionalized on account of illness. At once this appears very broad in scope, and indeed it might be; for included in this discussion would have to be a section dealing with the ministry to people in each type institution; moreover, it would involve dealing with each type of individual found in each type of institution. It must be said here that this is not the scope of the paper; nor does the author feel that such a breakdown is possible or necessary. People must be served as people and not what they might be as a result of their sickness. In a sense they must all be treated in the same way. As water seeks its own level so sickness seems to reduce people to a common denominator. Hence there will be no reference in this paper to specific groups of people, classified as such on account of their affliction. It is believed that it is possible to set down principles

which are in some way applicable to all. This the paper hopes to do.

In treating the ministry to the institutionalized sick, two approaches are possible. The one is a discussion of the purpose or goal of the ministry to the sick. Simply put, the goal is to reconcile people to God. The entire ministry to souls in every phase of the church's work centers in this; "we pray you in Christ's stead, be ye reconciled to God." (II Cor. 5:20) Basic is the concept that men in the ministry are to lead people to a right relationship with God through Christ.

The other approach is a discussion of the means for achieving described purpose. The concern of this paper is the second approach. Accordingly, the paper falls into two main sections: 1) The Christian Pastor as God's way for reaching the institutionalized sick with His Gospel. 2) The Holy Gospel as the pastor's tool for giving God to people through the Holy Spirit. The second part will receive greater attention.

It must be noted that the bibliography on this subject is endless. Everybody seems to think that he can and ought to write a book concerning work with the sick. Thus the market has been flooded with many books all of which are not of the highest caliber. The author has tried to make a careful selection.

CHAPTER I

THE PASTOR AS GOD'S AMBASSADOR

God uses people to reach other people with the Gospel. In a special way God uses pastors as His instrument to reach people. This takes nothing from the first statement which is an expression of the teaching and beautiful practice of the universal priesthood. While all Christians "should show forth the praises of Him who hath called them out of darkness into His marvelous light" (I Pet. 2:9), pastors have the special office of serving the flock over which the Holy Ghost makes them overseers and of feeding "the church of God which He hath purchased with His own blood." (Acts 20:28)

Hence, it is not incorrect to describe the pastor as God's ambassador; for he is sent from God to people to bring them His message. In terms of this paper, the Christian pastor is God's way for reaching the institutionalized sick with His Gospel. As God's ambassador to the sick, there are three musts for the pastor. He must know himself, he must possess the life of God in Christ, he must know his commission.

In the first place, the pastor must know himself. Proper self-examination in the light of God's grace and revelation leads to a feeling of unworthiness. It prompts one to exclaim with Isaish: "Woe is me for I am undone; because I am a man of unclean lips: for mine eyes have seem

the King, the Lord of hosts." (Isaiah 6:5)

Knowledge of self is important for dealing with others. William Goulooze correctly asserts:

> The pastor cannot come to grips with life in the experiences of others, unless he has seen himself in the light of God's Word. He must know himself, how weak and frail he is, full of evil inclinations and a tendency to do wrong. Likewise, Paul, though a wonderful servant of Christ, an ambassador of the first order, and a leader of men, confessed that he was "chief" among sinners, (I Tim. 1:15) one who knew the power of sin and the release that comes through Jesus Christ. (Rom. 7:8) [1]

Even as the Apostle Paul became strong in the Lord only when he knew his own sin and unworthiness, so pastors who would be God's ambassadors must truly self-examine heart, mind and life. This is true for the Christian pastor no less than for the parishoner; he must know himself under the close scrutiny of the Word of God under the guidance of the Holy Spirit. Self-knowledge is essential to a proper relationship to God and people. It helps the pastor to reach a maturity of Christian faith which seasons and prepares him for a richer, fuller ministry among God's people.[2]

The best and most talented of God's servants, understanding as they seem to be, do not really know the working of the Holy Spirit in human hearts, nor the manner of working with the sick and afflicted unless they have seen themselves

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[1] William Goulooze, Pastoral Psychology, p. 198.

[2] Ibid., p. 199.

complete "undressed" before the Lord. It is easy to feel important, walking about greeting people, it is not difficult to appear significant as a professional worker; let one see himself as a sinner in need of God's life, as a vessel unfit for the Master's use until cleansed and purified by the Master's hand and he will have taken the first step in realising what it means to be God's ambassador.[3]

It is good if the experience of seeing oneself under the searchlight of God is humbling; it should not be paralyzing. Merely to look at oneself may be that. Hence, it is equally necessary, in addition to knowing oneself, to know God and possess His life in Christ. This may appear elementary, but unless one has an intimate connection to God, unless one feeds daily at the cross to nourish the life of God which is by faith in Christ, unless one knows God, the ministry to the sick will degenerate into nothing more than cold duty. The success of the pastor will be in proportion to how he is related to God through Christ.

There is need for stressing this point when it is considered that today more than ever before pastors are tempted to put more trust in psychology than in the power of the Gospel.[4] Judging by the flood of literature which is appearing on the market, dealing with pastoral psychiatry and the like, it is

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[3] Cf. Rom. 7:23 - 8:2.

[4] Cf. II Tim. 3:5, also I Cor. 1:17.

necessary to reiterate that the power of the Holy Spirit cannot be reduced to a psychological device. To lean too heavily upon the ability to understand people and the ability to influence them will lead to a ministry which frustrates God's power and makes the Gospel of no effect.

Pastors are different from each other, but they have a common faith in the Lord Jesus. This faith which accepts Christ and apprehends His life is the essential criterion in the ministry to the sick. When the Father, the Son, and the Spirit are at work in the pastor, then he as God's ambassador will have a power-packed ministry which is helpful to people.[5]

Raymond Calkins believes that the supremely attractive thing in any man is simple holiness. Much is made of the drawing power of beauty, fascination, intellect, wit--in a word personality. Yet none of these can quite compare with a life of love which is generated by God and aimed at people. To be only religious is not enough. There are those animated by the sincerest motives, who are ruled by the tenderest conscience; and yet their religion is not a magnet in the heart.[6] They somehow have a shortage of the life which the Holy Spirit works by faith in Christ.

As an ambassador of God it is important that the pastor know himself, that he have the life of God which is created

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[5] Raymond Calkins, How Jesus Dealt With Men, p. 19.

[6] Ibid., p. 65.

and reinforced by the Word of the Gospel; for then also will he be able to realize his sacred commission. The pastor is God's representative. No other stands in such direct relationship to God and to people as God's servant, set aside and dedicated for this holy purpose.

The Lord Jesus Christ Himself has given the commission. "And Jesus came and spake unto them, saying,All power is given unto me in heaven and in earth. Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost: teaching them to observe all things whatsoever I have commanded you: and lo, I am with you alway, even unto the end of the world." (Matt. 28:18-20) To this William Goulooze comments:

> This was the great commission which Jesus gave to to His apostles, and which He gives to servants in our day. The challenge of this commission has never been altered; its ringing call to service remains as the watchword to every called minister of Jesus Christ. This is the greatest commission which could ever be given to any man. Far greater than any portfolio or commanding word from Washington to a delegated ambassador to a foreign country, and of more enduring importance than any high command in military circles, our Lord's commission remains as the challenge of the centuries, given once for all to His followers as the watchword for service. 7

Jesus further outlined this great commission in St. Luke 24:46-48. "And He said unto them, Thus it is written, and thus it behoved Christ to suffer, and to rise from the dead the third day: and that repentance and remission of sins should be preached in His name among all nations, beginning at Jeru-

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7 Goulooze, Op. cit., p. 203.

salem. And ye are witnesses of these things." The church today lives by this commission of Jesus, and pastors in the service of Christ are bound by it.

As an ambassador of God, the Christian pastor is the bringer of good news which is the Gospel that people, through the Holy Spirit, might trust Jesus as Savior and Lord. The charge is to bring the Lord Jesus Christ in His fulness and strength to poor sinful people and to fill their desperate need with the application of the fact: "Christ died for us." "Now then we are ambassadors for Christ, as God did beseech you by us: we pray you in Christ's stead, be ye reconciled to God. For He hath made Him to be sin for us, who knew no sin; that we might be made the righteousness of God in Him." (II Cor. 5:20,21) The pastor must know himself, he must know God, effectively to carry out the commission as His ambassador.

CHAPTER II

THE PERSON OF THE PASTOR

Work with the sick involves a discussion of the person of the pastor. The subject will be treated under two heads: the pastor's bearing, the pastor's attitude.

By bearing is meant the pastor's proper appearance, his gentlemanly and courteous behavior. Sick people are supersensitive to everything and it is important that the pastor do nothing to offend them. Personal habits of cleanliness ought to be cultivated. The pastor who smokes ought to remember that for sick people the sight of nicotine stains or the odor of stale smoke breath may be most nauseating.

A word on clothing is in place here. "Slovenliness of dress, the need of a haircut, broken shoelaces, and so on tell us things the meaning of which we cannot mistake."[1] It is refreshing to sick people to see one dressed in good taste, but not overdone. Patients will be quick to notice any flaw which the careless dresser may overlook. Above all clothes must be clean. Soiled collars and cuffs, dirty or wrinkled handkerchief, uncreased pants, and unpolished shoes are not the marks of a pastor who is interested in people.

> We leave the whole matter of dress, neatness, etc. to the instincts of the Christian gentleman. "I shall not quarrel with a preacher who employs a symbolic dress for some occasions," said Henry

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[1] Rollo May, The Art of Counseling, p. 104.

> Ward Beecher, "but no man should dress himself simply for the purpose of saying, 'I am a preacher.'" But Dr. Henry Wilder Foote says that if a man's church expects a distinctive dress, let him wear it. There has been some argument about it; but, after all, it is an inconsequential thing in principle.2

Part of the pastor's bearing is a sense of courtesy at all times. This involves respecting the rights of others as well as acting in accord with gentlemanly behavior. The pastor's relation to other workers in institutions will be discussed at length in the following chapter. In connection with courtesy and gentlemanly conduct it is alluded to here.

The girl at the information desk will appreciate it if the pastor introduces himself. Unless he wears clerical garb, he may not be recognized. Announcement will save time and perhaps embarrassment.

It is an act of courtesy for the pastor to announce his visit at the nurses' desk on the division or ward. In such case she may say whether the patient is indisposed or able to respond. Incidentally, a patient's room blocked by a closed door ought to be observed; it is equivalent to a red light at an intersection and means: go no further. Under no circumstances must the pastor feel that the urgency of his task gives him a right to open it. The nurse in charge will be helpful and glad to cooperate whenever possible.

Consideration for the orderly or attendant who is busy mopping the floor or cleaning the room will do much to pro-

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2 N.B. Harmon, Ministerial Ethics and Etiquette, pp. 49-50.

vide cheerful atmosphere for the pastor's call.

The greatest courtesy in work with the sick is to the sick themselves. It would hardly be proper for the pastor to become so intimate with the patient as to sit on his bed; this may cause a great deal of discomfort to the sick person. Rocking, boisterous conduct, or any action that is disturbing, is out of place. Seward Hiltner's observation is pertinent:

> Work with the sick, even more than other counseling activities, must avoid falling into stereotypes, and yet must be an authentic expression of the personality of him who ministers. There is no use in the ebullient extrovert's attempting to masquerade as a mouse because someone tells him that quietness is demanded in the sickroom. Yet, on the other hand, to bounce from room to room is hardly appropriate when the patient in one room is lonely and the patient in the next is anxious. Such a minister can retain his personal integrity without bouncing. He can be quiet without putting on a mask. He can be joyful without pulling out all the plugs. And he can adapt himself somewhat to the needs of each patient without losing himself. [3]

The pastor must always be himself; at the same time this must never militate against good taste. "It ought to suffice that a Pastor and Shepherd of souls be guided by the rule of conducting himself as a Christian gentleman at all times; in whom the love of God lives and moves him to serve his fellowman." [4]

The pastor owes the courtesy to all people, especially to the sick, to be available at all times. Never must the

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[3] Seward Hiltner, Religion and Health, p. 231.

[4] Edward Mahnke, Ministering to Those in Stress, p. 63.

impression be given that the pastor has an eight hour day or that his schedule is too full and that he is too busy. That pastor is a blessing to his people when they feel free to call him for his help and guidance regardless of time or hour.

Included in the person of the pastor is his attitude. Attitude toward work and attitude toward people is one and the same. In fact, the pastor must always think of his ministry to the sick in terms of people. The moment the pastor thinks only of hospital buildings and room numbers and forgets to center his thinking on the person within the room of that hospital, his ministry will degenerate into a job to do, mere professional duty.

The Christian pastor loves people. This one attitude is the mainspring in his ministry to the sick. Nothing less than genuine love for people will do. By love for people is not meant a general love for people in the mass. Love for people is no abstract statement of intention, but an individualized act of devotion that is focused on a concrete case of personal need. At the same time this love must be comprehensive; it must embrace all sorts and conditions of men; Watson seems to have this all inclusive love in mind in the following description of a pastor's day:

> Before evening he has been a father, a mother, a husband, a wife, a child, a friend; he has been young, middle-aged, old, lifted-up, cast down, a sinner, a saint, all sorts and conditions of life. This is not flexibility--the tact of a man suiting himself to circumstances, but within his soul neutral and detached,--it is sympathy, the

common feeling of the Body of Christ. 5

Concerning the pastor's love for people, Granger Westberg makes the following significant analysis:

> He must love them no matter who they are or what strata of society they represent. If he enjoys dealing only with people in higher financial brackets or of certain cultural attainment, others will soon sense it. A pastor in a typical church will have to counsel with a cross section of human nature. He must be able to get across to each person his deep personal concern for him. This love is the kind that says, "I may not like the things you are doing, I may not even like your looks or your mannerisms, your clothes, or the smell of your breath, but I still love you. You are a creation of God and thereby sacred in His sight. I will do all that I can to draw out the best that is in you.6

The attitude of love for people is an essential part of the pastor's person, it is indispensable for his ministry. He must be as intensely concerned in the welfare of the people entrusted to his care as the artist is in his creation. Watson describes this pastoral attitude in a graphic manner:

> The pastor does not delay over the appearance and circumstances of a man any more than Christ did; like his Master he pierces to the spiritual part, the real man. He is always impressed, and sometimes quite overwhelmed, by the value of the immortal soul--this soul, still plastic and unfired, for which he can do so much or so little. He trembles over it when he sees the destroyer hovering over it like a hawk poised in mid-air, and would fain have it gathered beneath Christ's wing. He tends and waters it, like a tender vine, noting every green leaf and anxiously searching for the promise of

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5 John Watson, The Cure of Souls, p. 236f.

6 Westberg, "Pastoral Counseling in the Hospital Ministry," in Proceedings of the Associated Lutheran Charities, 1948, p. 27.

autumn. He works on it with all kinds of tools, fashioning and shaping it, as he has opportunity after the likeness of Christ.[7]

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[7] Watson, On. cit., p. 215.

CHAPTER III

THE PASTOR IN RELATION TO OTHER WORKERS IN INSTITUTIONS

The Christian pastor, working with the sick, does not work by himself. He is a vital and necessary part of a team. Until this is understood, one of two things may happen. Either the pastor will assume responsibilities outside his sphere, taking on the duties of the social worker or occupational therapist, for example. Or, upon entering the hospital, he will feel that all work must virtually stop until he has completed his task. Either of these is fatal to pastoral care of the sick. On the other hand, it will pay the pastor rich dividends to become personally acquainted with the key people in a hospital family and to assume his proper role in relation to the other members.[1] Three members of the hospital team will be treated. They are the doctor, the nurse, the social worker.

When Blackwood sets forth the dictum: "In matters strictly medical, do not meddle,"[2] he has in mind the pastor who goes beyond his bounds and attempts to do that for which he is unqualified. There is need for taking these words to heart. Perhaps the most difficult relation in the hospital

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[1] Westberg, "Pastoral Counseling in the Hospital Ministry," in Proceedings of the Associated Lutheran Charities, 1948, p. 34.

[2] A. W. Blackwood, Pastoral Work, p. 108.

family is that of the pastor to the doctor. Pastors sometimes harbor strange notions as to the relative value of the doctor. The first step toward a harmonious relationship between the two is that the pastor look upon the doctor as qualified and competent, welcoming advice whenever given, avoiding questioning suspicion and criticism.[3]

If pastors would keep this in mind, doctors might be more willing to establish a working relationship. The fact is that doctors often fear that the pastor will do more harm than good. Such may actually be the case when the pastor tires, excites, or alarms the patient. In this connection, Goulooze recounts how a pastor who had a "preaching complex," delivered his Sunday sermon to a polio victim in a busy and noisy corridor of an over-crowded hospital. The sermon lasted more than half an hour and had the betrayal of Judas as its theme.[4] Is it surprising from this and similar incidents that doctors are not at all certain as to the place of the pastor in serving the sick?

Important to the proper pastor-doctor relationship is that the pastor be mindful of his work and restrict himself to its limits. Thus he will never claim to know the solution to a medical illness, will never pose as a psychologist or psychiatrist. The pastor has but one job, that of witness-

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[3] Goulooze, Pastoral Psychology, p. 186.

[4] Ibid., p. 188f.

ing to Jesus Christ through love and the word of the Gospel in order that people might have the life of God which is in the Savior. Therefore, the pastor must remember the distinct sphere of activity between himself and the doctor. "The minister is not a psychiatrist either by training or by calling; this belongs to the medical department of study and practice."[5]

As little as the pastor should pose as a doctor, so little will he use medical terminology. Dr. R. C. Cabot emphasizes that medical terms on the lips of a pastor are out of place.

> Even if he uses them correctly the doctor is apt to suspect that the minister is out of his depth. He may use a technical term rightly once and make a bad blunder the next time with the same term. A term is almost as hard to master as a golf stick. The beginner makes a perfect stroke and cannot repeat it for months. The minister should avoid the use of technical terms in his talk with a doctor, or if he uses them should put quotation marks and question marks into his voice. 6

Dr. Cabot proceeds to offer seven "hints for good medical-clerical teamwork." They are listed here not as recommendations, but as a guide to thinking.

> 1. Doctors are strong on facts and means; ministers on motives and ends. Hence misunderstanding is natural until they come to work together for a patient's good. Then each feels the serviceability of the other when both are sincere and competent.
> 2. By the patient's or the family's mandate the

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[5] Ibid., p. 189.

[6] Cabot and Dicks, The Art of Ministering to the Sick, p. 50.

doctor is as much the boss in illness as the minister is at a funeral. The doctor rightly does not want interference with his job or question of his authority within his field.
3. If the doctor does not want the minister or is antagonistic to him the conflict will do the patient more harm than the minister's services will do him good. In the rare case of genuine malpractice and injury to the patient by the doctor, the minister can probably work through others and not get implicated.
4. Working with the doctor with deference and under his guidance, avoids most difficulties.
5. Where the doctor is most needed, in the acute cases and in the acute phase of chronic disease, the minister is least needed. When the minister can do most, as in chronic or "hopeless" disease, and in convalescence, the doctor is most impotent.
6. Don't practice psychotherapy in any technical sense (or so that the patient or the doctor knows it). Come as a friend or as a minister and not as a healer; then you will get on well with doctors. They fear competition and interference, in church clinics or home visits.
7. Hunt the chance to do the doctor a favor in some way connected with the sick, to praise him when he deserves it, to help out in sitting up with patients and by laboring with indigent, cross-grained, hopeless, "uninteresting" cases. Then he will want you on other cases.[7]

A harmonious relationship between pastor and doctor is usually up to the pastor. It is for him to listen and learn well if he is interested in working closely with this member of the hospital family.

Another valuable member of the hospital team is the nurse. The pastor will do well to make use of the help which the nurse can give. For she will tell him what she thinks he ought to know. This may include the character of the disease, the stage of progress, the length of call deemed the best for

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[7] Ibid., p. 51.

for the patient. [8]

Nurses are able to render valuable aid to the pastor, but as Chaplain Westberg observes:

> A pastor does not come into a hospital to boss nurses around. If nurses are convinced that he is valuable to the physical and mental welfare of the patients they will go out of their way to make him feel at home. But if they do not like him, they can make his life miserable every time he comes to the hospital. If a nurse is impertinent and uncooperative, a call is sure to get off to a bad start. If, after he has gone, she implies to the patient that she thinks he is a "pain," it will vitiate much good that might have been accomplished by his call. [9]

From this it is clear that a proper relation between pastor and nurse is necessary to a successful ministry to the sick. The same can be said for nurses' aids and attendants.

Complaints against nurses are common in the hospital. Chief among complaints are: neglect, roughness or clumsiness, blocking direct relation between patient and doctor, inconsiderateness. [10] The pastor may easily get involved in such complaints. He may have difficulty in smoothing the irritation in a tactful manner. In such cases the complaints should be answered by a word of praise for whatever can truthfully be praised. One must assume that the matter against which a complaint is registered is a mistake, an accident, not

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[8] Blackwood, Op. cit., p. 106.

[9] Westberg, Op. cit., p. 34.

[10] Cabot and Dicks, Op. cit., p. 40.

an intentional injury, that the nurse desires to give good service and that she is doubtless overburdened with work.[11] Cabot considers as the best answer to any complaint: "Complain to those whom you accuse."[12] The pastor should defend the nurse whenever possible. Experience shows that most complaints by patients are without grounds. The nurse is under doctor's orders just like the patient. Any consideration which the pastor shows for the nurse will be fully repaid in the service she gives him.

A third important teammate is the social worker. The conference of the Associated Lutheran Charities held in May, 1951 at Sioux City, Iowa was quick to point up the significant role of social workers in an effective hospital program. Their number and contribution seem to be greatly increasing.

Pastors should be grateful for the social worker and recognize his important role. Social and welfare agencies are of great value to the church. They can do a job much better and far more thoroughly than a pastor could ever think of doing. In addition the pastor's time is too limited to enable him to take on and efficiently carry out the work of social welfare agencies.

This is not say that he should not be socially minded and aware of his duty toward social agencies. The pastor and congregation ought to accept their part in society by

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[11] Ibid., p. 41.

[12] Ibid., p. 40.

supporting programs and agencies even when they are not directly connected to the church.

Such support will encourage the pastor to enlist the aid of these programs in his ministry to the sick. His love for people does not mean he should do a job which others can do better. Rather he will be doing people more good by referring the case to the social worker or the Social Service Directory.

The pastor is a teammate in the hospital. This should lead him to do his work with a sense of joy and confidence. It should also help him understand the patient he serves, for that same person is served by many members of the hospital team. This team may further comprise a teacher, an occupational therapist, a rehabilitation director, a vocational adjuster and others. As the pastor finds his place in the hospital team he will better grasp the scope of his own ministry, he will better understand the situational background of the person whom he serves.

CHAPTER IV

THE PASTOR'S DIAGNOSIS OF PATIENTS PRIOR TO USING GOSPEL

Having discussed the first major theme of the thesis: The Christian pastor as God's way of reaching the institutionalized sick, the focus is now on the second major theme: the Holy Gospel as the pastor's tool for giving God and His life to people through the Holy Spirit.

The Gospel is always Gospel. That is to say, Gospel is always the proclaiming of God's act in Christ for people, centering at the cross and empty tomb. But while the Gospel is the same, people are different; they vary as to spiritual condition and need. "No two human beings are alike in their need or in the circumstances with which they contend. People cannot all be treated in the same way when they are suffering from spiritual distress or illness."[1] In order to determine how to present the unchanging Gospel to each soul, it is necessary for the pastor to make a thorough and correct diagnosis of the patient's spiritual condition. There are those who overlook this point, who insist that this diagnosis is quite unnecessary, and for that reason may use the same Word of God for all people. This attitude is dangerous because it does not take into consideration that people may differ as to spiritual condition; further, it overlooks the Scriptural

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[1] Goete Bergsten, Pastoral Psychology, p. 45.

fact that "natural man receiveth not the things of the Spirit of God: for they are foolishness unto him: neither can he know them, because they are spiritually discerned." (I Cor. 2:14) To determine whether a patient is unregenerate or whether he is born again of water and the Spirit is of utmost importance.

Often one may detect the condition of the soul without making a diagnosis. Imagine two patients. The one begins to relate that he has never done any evil, has never injured anyone, has always lived according to the Ten Commandments. The other is equally positive in his assertion that he is a great sinner who would despair unless he had experienced what God's grace in Christ can accomplish. Could the Christian pastor present the Word of God to those two persons in the same manner? To be sure, he will proclaim Christ to both of them. But his approach and application must be different.

If it must be admitted that the content of the message will be modified according to the soul's condition, when this is known, it must also be admitted that the pastor has the right, and is in duty bound to do everything in his power, to gain a clear picture of the individual's spiritual condition; for then only can his message fit the needs of that person.

> Therefore Christ's servants must also examine those to whom they come, in order that they may know how He wants them to carry out His mission, which is indeed always to present the Word unto salvation, but therefore also to present it in such a manner that hard hearts are crushed, and hard hearts healed. [2]

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[2] J. C. Heuch, Pastoral Care of the Sick, p. 31.

Because each person is different, it is necessary and important that the pastor make a diagnosis of the patient's spiritual condition. An incident from actual life will show why this is necessary. It is taken in the form of summary from Heuch's Pastoral Care of the Sick. An old man who had lived in shame and vice lay on his deathbed. He was afflicted with an illness which seemed to be of a protracted nature, but which drained his energy to such an extent that death was inevitable. Once upon a time he had been confirmed and had some knowledge of the Lord Jesus. This knowledge had been obliterated by many years of service to sin. He no longer realized the significance of Jesus to himself and had forgotten even the most important incidents in the Lord's life. Thus it was necessary for the pastor to instruct this man of seventy as though he were a Sunday school pupil. It might seem simple to determine this man's spiritual condition. On the contrary, he concealed something which made it impossible for his heart to be open to the message of God's love. The pastor visited him frequently and told him, as simply as he could, God's way to salvation; he instructed him concerning repentance and faith; he spoke to him about his sin which he appeared to acknowledge in a dull manner; he prayed for him and exhorted him to use the last moments of his time of grace. But all in vain. There was no indication of an impression being made. He lay there seemingly apathetic and indifferent. Finally, the pastor said to him, "Why do you suppose I come to visit you so often? You ought to realize that there is not much

pleasure for me to sit here with an old man who refuses to listen to me. Don't you understand when I come in spite of your attitude, it is because I realize that your poor soul is in danger unless you heed the Word of God and repent? You are daily face to face with death." "Yes," replied the old man, "I haven't any doubt that my condition is very serious, as you say. But this much I know: on account of my great wickedness, it is now too late for me to be saved. Therefore, I prefer to be left in peace the time that remains. I will get to hell soon enough. If I should now begin to pay attention to God's Word, I would only become anxious and uneasy. I can't live my life over again, and what I have to give an account for will not be lessened if I begin to repent now."

All along the pastor had pointed out that this was his final hour for salvation when the emphasis should have been placed upon the fact that salvation was still possible. What this man needed more than anything else was the assurance that there was still time for him to be saved. However, the pastor was unable to discover this fact until the day the man declared, "On account of my great wickedness, it is now too late for me to be saved." This statement enabled the soul-shepherd to look into the unhappy man's soul and discover what actually hindered him from accepting God's grace.[3]

This incident shows how important it is to get a clear picture of the spiritual condition before the pastor begins

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[3] Ibid., pp. 31 - 36.

ministering. It also shows how difficult a diagnosis may be. To diagnose a person's spiritual condition is difficult, and even the most careful diagnosis may lead to wrong conclusions. This fact should not cause the pastor to omit the diagnosis; the difficulty of the task will dispel all cocksureness and keep before the pastor his own weakness and inability, and thus spur him on to constant prayer that God guide him throughout his work. Even a doctor, after the most careful diagnosis, may be mistaken about a case; but no one would on that account say that he should dispense with the diagnosis.

When the doctor comes to examine the patient's physical condition, he has no difficulty in getting permission to do so. If the pastor were given the same opportunity to examine the spiritual condition of the sick, it would greatly facilitate his preparatory work as a pastor in the sickroom. The patient usually submits quite willingly to the inconvenience of being examined by the doctor. He does not resent being questioned as to how the sickness affects him. He regards such questions necessary for the doctor to apply a solution. His answers will therefore be explicit.

The pastor often encounters an entirely different attitude. While some people are anxious to give an accurate view of their spiritual condition, while others unconsciously reveal their condition by their speech, it remains a fact that in many instances the sick do not give the pastor any insight into their spiritual condition. In fact, they may take offense when they realize that he is trying to uncover the condition of their

souls. They may actually try to lead the pastor on the wrong track in regard to their heart-relation to God.

Sick people may be of the opinion that affliction demands consolation. They expect from the pastor words of encouragement which will set their minds at ease. They may be especially eager for him to express the hope of their speedy recovery, or if the "worst" should come, that God will surely take them to heaven.[4] The pastor may not comply. Instead, he may begin to ask serious, searching questions which in time of illness may be unbearable. Such questions may evoke the thought from the patient: "Why does the pastor make it a point to alarm me, as if I didn't already feel miserable enough? What right has he to pry into my heart relationship to God? This is a matter between God and myself."

This attitude is one of the main difficulties to the pastor in diagnosing the spiritual condition of the sick. The pastor must be prepared to meet it. There are some who are not accustomed to rendering account to God. There are some who have little respect for the pastoral office. For this reason the wholesome intention of the pastor may be misunderstood. His diagnosis will proceed with caution.[5]

In addition to any defense which patients may raise to keep themselves from being diagnosed, there are other hindrances

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[4] Cf. Bergsten, On. cit., Chapter I.

[5] Heuch, On. cit., p. 43.

to getting at the actual status of his relation to God. Pastors often like to know what type of illness the patient is afflicted with before going to see him. This may be helpful in giving confidence to the pastor who feels inadequate and insecure about working with the sick. On the other hand, this knowledge may prove detrimental and an actual hindrance to diagnosis. What may happen is this that the pastor will base his ministry on the apparent seriousness of the affliction. That is to say, he may feel that a boy hospitalized with an infected foot needs relatively little spiritual care compared to a man about to undergo brain surgery. The man is about to go through a delicate major operation from which he may never awaken. In comparison, the plight of the little boy appears insignificant. In this way the surface seriousness of an illness may determine the pastor's ministry to people. He will probably stop in briefly to greet the little boy and move on; he may spend much more time with the man about to undergo surgery. Overlooked is the possibility of the foot infection resulting in the death of the little boy and at the same time the possibility of the man recovering to normal life.

Perhaps the greater mistake in this fallacy is that the focus is on the sickness rather than on the patient and his need. There is failure to consider that the important thing is not what type of affliction the patient has but how his ailment, whatever it may be, effects his faith, his relation to God. In what way is the patient's trust being challenged? That is the concern of the pastor who is interested in spirit-

ual diagnosis. With this approach the pastor will be amazed at the results. He may find that the man up for brain surgery has enough of Christ in him to face any crisis which life can offer, believing that through Christ who strengthens him, he can do all things. (Phil. 4:13) This approach may also disclose that the little boy, with a minor affliction, is experiencing loneliness, fear, doubt, and pain and needs the sustaining comfort of God's Word to nourish his trust in God.

Few pastors realize the danger which may be involved in using the card catalogues in which hospitals list their patients and categorize their afflictions. In this connection it is noteworthy, as Cabot points out, that doctors are often silent or vague about the nature of physical illness, especially of cases of internal disorders. His examinations may have shown healthy organs but disease may be latent and may escape the net of the closest medical test. To protect himself, the doctor will hedge or be vague about a clear-cut statement of physical condition and probable outcome and length of illness.[6]

The pastor will therefore be careful in using knowledge which is at his disposal when the benefit of this knowledge can seriously be questioned.

It may also be a barrier to the ministry with the sick to feel the need for knowing the patient's religious affiliation. This has reference to those instances when a pastor deals with people whose relation to God is not known by him.

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[6] Cabot and Dicks, The Art of Ministering to the Sick, p.48.

What may happen is that the pastor after asking regarding the religious affiliation, will draw conclusions from the answer as to the patient's faith and life. Thus the patient's faith is determined by the doctrinal position of that communion of which he is a member when as a matter of sober fact this is not always the case. Such conclusions are unwarranted because in work with the sick, the pastor is not dealing primarily with congregations but with individuals who must be treated as such.

The Lord's approach to the Pharisees was: "What think ye of Christ?" (Matt. 22:42) This is also a proper approach to the sick. The question is not therefore--What think ye of the Lutheran Church, or what think ye of the Methodist Church, or the Catholic Church? Nor yet: What is your church affiliation? The question is: "What think ye of Christ?"

Another conceivable hindrance to correct diagnosis of the patient's spiritual condition might be the pastor's method of preparation for his work with the sick. That the pastor ought to prepare himself for working with sick people needs no discussion. But the pastor who considers himself properly prepared who is able to preach last Sunday's sermon, or part of it, to a person lying on the bed of pain, or the pastor who makes up his mind in advance what Scripture will best help the patient--that pastor has not looked at his ministry to the sick from the viewpoint of the need of the patient. The Word of God must be used in work with the sick; for that is the means by which the Holy Spirit reaches people. Therapeutic

value for the patient may be contained when the pastor reads any random section of Scripture. But what kind of ministry is it that recites John 3:16 to a person who feels lonely and anxious? The point is that the pastor has no right to presuppose that the prescription will fit the need before uncovering the need. The work of the pastor is extremely difficult at this point. The difficulty must never stand in the way of a successful ministry. This is a matter of concern to the pastor because he is not in the aspirin business, ministering to symptoms; he is in the holy ministry, giving God to people for their need. This requires diagnosis.

While the pastor's work of diagnosing sick people has its difficulties and hindrances, the pastor is not without aid. There are a number of resources which will prove helpful to the pastor in his work with the sick.

The first of these resources is termed rapport. Much depends upon the pastor's ability to establish rapport with people. Rapport is an almost undefinable relationship where people feel comfortable in each other's presence. Rapport leads the patient to feel that the pastor is interested in him and willing to help him. Possibly the key to gaining rapport is to be found in the pastor's attitude and bearing which were discussed earlier.[7] The pastor who enters the sickroom with a professional air or who makes it a point to impress people with his busyness has done great harm toward

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[7] Cf. Chapter II, pp. 7-12.

establishing a relationship in which the patient will feel relaxed. Westberg recalls a counseling situation in which "a certain, tall, rangy pastor gains instant rapport when he sits down to chat, for he settles himself so comfortably in a chair his posture seems to say, 'Here I am at your service. Please don't hurry! Relax! I'm here to listen.'"[8] This would appear to be an ideal demeanor for a pastor. Seemingly small things like the firmness of a handshake and the expression of the face indicate to the patient the pastor's interest and concern. Gaining the confidence of the patient is merely using different words to say the same thing as rapport. Heuch makes it evident that this gaining of the patient's confidence is the first requisite for making a diagnosis.[9]

May says that "rapport depends on each person's being at ease," and suggests that the person in the counseling position balance sensitivity and robustness, avoid the professional manner, and use the language of the other person even if this means the occasional use of so-called slang.[10]

Rapport is an important resource for the Christian pastor. He must never make the establishing of rapport an end in itself. This would make the success of the ministry dependent

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[8] Westberg, "Pastoral Counseling in the Hospital Ministry," in Proceedings of the Associated Lutheran Charities, 1948, p. 29.

[9] Heuch, Op. cit., p. 44.

[10] Rollo May, The Art of Counseling, pp. 127 - 129.

on the personality of the pastor. Rapport is a beginning; it is the first resource.

Other valuable aids to the pastor will now be discussed. They are sensitivity, empathy, objectivity, listening, interpreting.

"The counselor's distinguishing mark is his great sensitivity to people."[11] The pastor who works with sick people will find that they have moods, expressions and mannerisms. He is to be sensitive to them. During the first few seconds of a visit, the pastor will scrutinize the patient, observing his posture, motions, attitude. But to observe does not mean to look the patient straight in the eye each moment of the visit. The pastor can be looking at the opposite corner of the room and still, because of breadth of vision, "be aware of his every move, his twists and turns, the way he crosses his hands or crosses his feet--at the same time listening to his voice, its tempo and volume and noting pauses for swallowing."[12]

The pastor never bases his ministry on surface symptoms. Nevertheless, he is always conscious of and sensitive to them, because "surface symptoms themselves are determined by something core-deep. The manner of moving, of speaking, of dressing--yes, the very flick of an eyelash is determined by the

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[11] Ibid., p. 101.

[12] Westberg, Op. cit., p. 30.

nature beneath."[13]

If the pastor is to diagnose the patient from the viewpoint of faith and his grasp on the life of God in Christ, then sensitivity is valuable. Being sensitive to the symptoms will help the pastor to reach the actual need of the patient. Being sensitive to the patient means "starting with the patient." "To glance at a twenty-bed ward is to see twenty patients all very much alike, but to know these twenty patients as people is to know twenty different stories, twenty sets of emotions, ideals, disappointments. So various must be our ways of approaching them."[14] The realization of what it means to be sensitive will keep a pastor from being stereotyped in greeting or approach; it will put the pastor on his mettle every second of his ministry to the sick.

Work with the sick insists that the pastor identify himself with the patient. The best description of this interaction of personalities is in the concept of "empathy." It comes from the German "einfuelung" and means "feeling into." Rollo May explains that "whereas sympathy denotes 'feeling with' and may lead into sentimentality, empathy means a much deeper state of identification of personalities in which one person so feels himself into the other as temporarily to lose his own identity."[15]

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[13]Cabot and Dicks, Op. cit., p. 208.

[14]Ibid., p. 183.

[15]May, Op. cit., p. 75.

Empathy is the key process in counseling; it is especially important with the pastor's work with the sick. Perhaps it is true, as some have asserted, that good pastors need not be told too much about identifying with the patient, for by nature pastors are sympathetic. But the pastor must be cautioned lest he become too emotionally involved in the problems of people. The pastor may become so concerned that their worries become his. He becomes so attached to them that they seem like members of his own family. His interest in them is so personal he can scarcely sleep at times because of his concern for their welfare. This is not empathy!

Empathy does not insist that a pastor cry, though he may come close to it. Empathy implies that the pastor try to some degree to put himself in their places to appreciate their predicaments. "We must not remain aloof from the person but aloof from emotional involvements."[16] This statement by Westberg alerts one to the danger of being nauseatingly professional on the one hand and emotionally unbalanced on the other. Empathy lies in the golden middle.

The ability to be objective is a necessary part of empathy. Objectivity is the aptitude to pull out of a person's problem, after having truly been in it, with a view to making a diagnosis and applying Gospel. In empathizing the pastor puts himself into the place of the other. In being objective he withdraws. "When the pastor has gone through this state of

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[16]Westberg, On. cit., p. 32

identification and now withdraws, he, as spiritual advisor, should be in a position to effectively apply the Word of God and the Means of Grace so that the Holy Spirit can work that faith which strengthens and comforts the soul and assures the individual of the nearness of God and his almighty power."[17]

Objectivity is necessary if empathy is not to fade into mere sentimentality or sympathy. To feel the doubt, the fear, the loneliness of a patient is to empathize, but if the pastor can do no more, what help is he? If he is to minister to people and help them to God, he must also tear himself away from the situation as completely as he made himself a part of it. The pastor must be objective. To be otherwise, to make other people's problems his own is unsound, it is unhealthy.

Important also is the pastor's ability to remain a neutral observer. Pastors are not that way naturally. Their calling requires that they take sides. They constantly speak against lukewarmness and fence-straddling. It is difficult for a pastor in speaking to one who has a non-Christian background to remain unbiased and neutral. Any unchristian attitude toward life rubs him the wrong way. The importance of being neutral is readily seen when it is considered that the lack of it may break rapport with the patient.

Determination to remain neutral and unprejudiced does not compel the pastor to ignore what common sense teaches about the differences which exist between a man, a woman, and

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[17] Mahnke, Ministering to Those in Stress, p. 70.

a child, between an Irishman and a German. Expectations may be wrong, but if tentatively held will be helpful and certainly not injurious to a condition of neutrality.[18]

> A pastor who is neutral neither condemns nor condones unchristian actions which are described to him. His first task is to get the story without putting barriers in the way of the one who is telling it. By his comments or facial expressions, he does not portray disgust, or embarrassment or horror. When a clergyman listens as a husband tells a sordid story of how he poisoned his wife, the reaction must be simply, "I see. Tell me more." This is not approval. It is to say we are glad he has confidence in us and are willing to do whatever we can to help him.[19]

Closely connected to remaining neutral is the art of listening. There is agreement among counselors that listening is a good resource. Pastors find it hard to listen. They are trained to speak. They would much rather preach a sermon. This attitude carries over even into the sickroom and is a dead give-away that the pastor disagrees or is too impatient to hear the patient out. "Preaching is a short cut designed to make the other person over in our own image."[20]

At all costs the pastor must learn to listen. Tight schedules and endless duties will not excuse the too-busy-to-listen attitude. Other workers in the hospital family often lack a listening ear to patients' problems. Doctors and nurses may be either too rushed or too callous or professional to

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[18] Dicks, Op. cit., p. 183.

[19] Westberg, Op. cit., p. 32.

[20] Ibid.

listen to a patient and his troubles. Therefore the pastor will often find the patient eager to unburden himself. The pastor must be willing to listen. "Great religious leaders of all time have been those who listened to the voice of God on one side and to the voice of the people on the other."[21]

Listening helps the patient to express himself and the minister to understand. According to Oates the "ministry of listening" means essentially three things: It means first "actually to hear what the person says." Pastors may let their attention wander from the person to whom they are listening to any one of a number of things. Such preoccupation is fatal to diagnosis, it disturbs rapport as well. Secondly, "listening means letting the person do the talking." The pastor is tempted to make comments and observations to the patient. A careful restraint often reveals that the patient has already made these observations. In the third place, "listening means that the pastor actually gets the person to talk." Here listening becomes an active experience on the part of the pastor.[22]

The pastor must know how to listen. Listening is correctly termed an art. It is not an act of keeping silent. "It does not mean sitting with clenched teeth refusing to say anything while trying to drag the inmost life out of the

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[21] Dicks, Op. cit., p. 189.

[22] W. E. Oates, The Christian Pastor, pp. 124 - 127.

other person."[23] Too much silence may give the impression of indifference which would be injurious. Therefore one finds it is necessary not only for the pastor to be a good listener. He must also know how to ask questions. This is an art, too. The patient must never feel he is being "catechized like a schoolboy."[24] Questions to the patient ought to be well considered, precisely and clearly formulated and quietly asked. Most people will answer in the affirmative if asked whether they are sinners. One may as well ask whether they are human beings. Questions should be concrete.[25] Questions can help the diffident in stating their problems, may prevent some from wandering from the point, may aid the pastor in reaching a diagnosis of the patient's need. Bergsten cautions: "Awkwardly placed questions can break all contact between the adviser and enquirer. Cross-examination should never be attempted. Indiscreet questions should be avoided, the greatest delicacy being observed when approaching sexual matters and all other intimate human relationships."[26]

A wise and very effective way of asking questions is that authored by Carl Rogers. He suggests that simply to

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[23] Hiltner, Religion and Health, p. 188.

[24] Heuch, Op. cit., p. 43.

[25] Ibid., p. 51.

[26] Bergsten, Op. cit., pp. 68f.

reflect the patient's feelings back to himself in mirror-fashion brings best results. Under this method the pastor repeats, as a question, the last statement of the patient. Accordingly, when the person says, "I seem to worry all the time," the pastor's response is, "You worry?" In the use of reflective thinking the pastor encourages the patient to keep talking but does not change his line of thinking. Thus the patient will enlarge on his last pertinent remark.[27]

Under certain conditions listening would be out of place. This would be true in the case of a person who is unable to speak, it would be true in the case of a person who does not want to speak. Hence the pastor must always start with the patient, meeting him on his own level, in his own situation. If the patient does not wish to talk, there is nothing the pastor can do. If he is very ill or extremely talkative, the listening method is also limited.[28]

The proper ingredients for correct diagnosis have been described. One thing needs to be said. After the pastor has used every aid in making a diagnosis he must then determine what the spiritual condition of the patient is. This is called interpretation.

It is not strange that some men, like Carl Rogers, question the advisability to attempt an interpretation. They

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[27] Carl Rogers, Counseling and Psychotherapy, p. 55.

[28] Dicks, Op. cit., p. 203.

consider the act of interpreting synonymous with the projecting of the counselor's own ideas and advice on the patient. Certainly an interpretation which amounted to the pastor saying, "Of course I may be wrong, but it seems to me that this really what your problem is. Now I would suggest that....," would be injurious to the patient. It may noted here that the giving of advice is not to be confused with giving information.

Handing people ready-made solutions or superimposing ideas upon people is not what is meant when the term interpretation is used in this paper. Interpretation may be described as the reaching of a decision, from carefully gathered facts, as to the patient's standing with God through Christ. Interpretation is admittedly difficult and the pastor can never feel cocksure about his conclusion. To be dogmatic in interpreting the facts might be disastrous. It is suggested that the pastor go easy on interpretation, making it definite enough to work on, leaving it flexible to conform to facts which may yet be uncovered.

CHAPTER V

THE PASTOR'S USE OF GOSPEL TO FIT SPIRITUAL CONDITIONS

The pastor's diagnosis is for the purpose of correctly applying Gospel. It is not an end in itself; it is a tool whereby the Gospel may more effectively meet the needs of sick people. To define accurately the various spiritual conditions (for spiritual life never develops exactly the same) which are found in sick people, is impossible. Yet it is not far from wrong to say that a diagnosis will disclose four basic types of spiritual condition. They are 1) people who are dominated by spiritual apathy and in whom the life of God is absent. 2) people who are aroused from spiritual death to life during illness. 3) Christian people whose faith is untested by affliction. 4) people whose Christian faith has been tested in the fiery furnace of affliction. With each group it is the same word of God that is used, yet in a different way. The diagnosis has determined how the Word is to be applied.[1]

The first group is made up of those people who are dominated by spiritual apathy and in whom the life of God is absent. In one word they are unconverted. They are further characterized by the fact that sickness has not succeeded in shaking them in their apathy. They may be fully aware that they are fatally ill and that in death their eternity will be

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[1] Heuch, Pastoral Care of the Sick, p. 59.

decided and still be utterly unconcerned about whether they are saved or condemned.

Their indifference is hard to understand. They may say, "I suppose I will be saved like others," or in self-pity reason thus: "God cannot require more of one who is so ill. I have all I can do to struggle with pain." Down underneath their lack of faith is probably due to the fact that they trust themselves. This self-trust is usually more negative than positive. They rely not so much on what they have done as on what they have not done. These people are often not conscious of being guilty of any particular wrong-doing. In place of God's standard they have substituted one which is consistent with their own idea of what is reasonable to expect of weak human beings. It is extremely difficult to penetrate this dull, sluggish apathy.

Often the indifference may be traced to ignorance of what God demands. It is not lack of intellectual data but ignorance of what the life of God by faith involves. Self-trust finds in ignorance one of its greatest props.

What is needed in such cases is that these people realize that they personally are sinners, that as such God has wrath and judgment for them. When self-trust is crushed, the patient begins to yearn for God's grace.

How is this accomplished? No place is less suited than is the sickroom for instruction in the truths of God's Word. In many instances the patient's mental capacity is dulled by his illness, and it is difficult, if not impossible, for him

to fasten his mind on a discussion. How is the pastor to proceed when confronted with the situation of a sickperson who is totally ignorant of God's way to salvation, in whom God does not live, whose attitude is one of indifference? To speak glibly about sin and grace often means as much to the patient as if the pastor spoke in a foreign language. The patient feels neither terrified nor comforted because he does not understand the meaning of either Law or Gospel. The work of the pastor is to bring the patient to the point where he sees the finger of God pointing at and accusing him for his sin so that he will yearn for the welcoming arms of God's redeeming love in Christ.

It is not sufficient for the patient to acquire knowledge. That might be tragic. The patient must be lead to know himself as a sinner. To do this the pastor will start with the patient. His diagnosis may have found some weak point in the patient's self-trust. For "man is powerless to be his own providence."[2] For example, there is the weakness of anxiety. The patient may have anxiety about his health, his physical condition, worry about the past, cares for the future. He lacks the peace of God which should be ruling his heart. Manifestations of this lack of serenity are in the patient's dissatisfaction with the care he gets, the food he eats, lack of attention from friends and family and other symptoms. On the outside may be a hard crust. Inside is

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[2] Ibid., p. 69

restlessness and anxiety. This anxiety of the patient is the starting point for the pastor. When brought to the surface, the pastor may use it as an indication of the underlying malady of sin. The mother who comes to the hospital, leaving several children at home, is naturally concerned about their care. She may think that they will be neglected while she is away. This anxiety is an indication to the pastor and to herself that she lacks trust in God. This lack of trust is sin. She lacks God in her heart for when He is present through His Spirit care and worry may be conquered. The pastor will use the symptom to point out the cause; he will show that worry means lack of God. This is a possible key to the heart of the patient for she is unregenerate. She cannot side-step for she is being met on her own level. She is being confronted with herself as she is.

The pastor's task is to lead the patient to acknowledge himself as the cause of his own concern. His concern is sin, his own doing. He lacks God and His life; God has promised to be faithful in judging all such. The wage of living without God here is to be forced to be without him eternally.

The patient has barricades which shelter him from God's judgments. It is necessary for the pastor to break down all self-made security. This "is not accomplished by a brief rebuff or a strong protest. Such tactics serve to awaken resentment in the soul."[3] The pastor should proceed as not

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[3] Ibid., p. 89.

to cause violent emotional shocks which might prove harmful to the patient. He is constantly mindful of the patient's physical condition and avoids special effort to stir his emotional nature in order thereby to influence his will. Rather one ought to become acquainted with the particular excuses and deceptions which the person with self-trust erects as a protection against the darts of God's judgment.

Acknowledgment and confession of sin are necessary. But this act does not forgive sin nor give to the patient God's life. Some believe that the repeating of one's guilt by the guilty, acts as some sort of cleansing agent and brings to the confessing person, peace of mind and even forgiveness. Confession may relieve tension; it does not offer forgiveness. Forgiveness comes only through the word of the Gospel. Therefore the pastor must lead the patient who has confessed his sin to the cross of Calvary where he may know and believe that Jesus died for him.

When self-trust in the unconverted has been crushed and the patient confesses "Against thee, thee only have I sinned," (Psalm 51:4) and desires to know what he can do, the pastor can take up the work which is so dear to the heart of every soul-shepherd. He will point him to Calvary and say: "There is nothing to do. Jesus has done it all. He died for you. Take the gift of God's forgiveness and life at the cross of Jesus by faith in His death for you."

The second group are those who are aroused from spiritual death to life during illness. This is a peculiar group. Not

all who turn to Christ during illness continue in faith. When better days return they slip back into the old sinful security of indifference toward God.

This condition may be explained as follows: Sickness has served as an alarm to their consciences. Amid the pain and loneliness of the sickbed, their conscience is awakened. Suddenly, they see their peril. They come to abhor sin, inasmuch as they begin to realize the misery that sin has caused them. Despite this, their heart loves sin as much as ever. They are alarmed not because of their own sinfulness, but merely because of the consequences of sin. The old desire for sin has not been uprooted from their heart. Their confession of sin may be earnest if they are experiencing any agony of soul due to the horror of death. When they declare that they are sorry and alarmed over their sin, they mean it. When the Gospel is proclaimed to them and they are told that Christ died for them and that they should accept His forgiveness in faith, the Word seems to take hold.

There is a type of Christian which turns to Christ only for the comfort which He can give. He likes to think of Christianity as an insurance policy against affliction; He uses God as a spare tire, confining Him to the trunk until he needs Him. The description for this type of religion during the war was "fox-hole religion." This person craves the comfort of Christ's atonement, without his heart being drawn to Christ. When health is restored so are evil desires and love of sin. Fear of sin's consequences is forced back out of

sight, and no longer is there a felt need for the blood of Christ to quiet this fear.[4]

In this case it is needless to apply the Law for the anxiety of the heart is sufficient evidence that the person is alarmed over his sins; and the power to hate sin cannot be imputed by the Law. Here is the case where Gospel must work. The pastor must exercise great care in applying it. True faith is not centered in the blessings of Christ's life and work, but in Christ Himself; no one can share in the blessings without receiving Christ Himself. "It is therefore important to proclaim Christ in such a way that one who is anxious on account of his sins at once gains full confidence in Him because he is made to realize that never has anyone loved him, or suffered for him, or helped him as Christ has."[5]

The pastor may try to give comfort to a terrified soul and increase the life of God in a person by presenting the Gospel as a series of dry, dogmatic theses and may accomplish this. But the patient will lack an intimate heart-relation to the Savior until he is gripped by God's love in Christ. It is not only a matter of convincing the patient by logical argumentation that there is mercy to be had; the main thing is that he be led to see Jesus as the living Lord and Savior so that he will turn to Him for grace and mercy and at the

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[4] Ibid., p. 100

[5] Ibid., p. 101.

same time let this Lord take over his life through the power of the Holy Spirit in the Gospel.

The pastor must avoid fostering an emotional Christianity. The fallacy in this is that people rely on their own feelings instead of the Word of God. When such people are deeply stirred they imagine that they have strong faith; when the emotions wane their faith seems to vanish as well.

The patient must be led from the haziness of emotional Christianity to the sureness of a faith based on God's Word. A polemic discussion directed against emotional Christianity would be entirely out of place. The pastor must use Gospel which is the food which simultaneously nourishes a patient's faith and gives him hunger pains for the same Gospel. The Gospel makes people yearn for the Gospel. By accepting the fact that Christ died for him, the patient will have an anchor for his faith which is fastened in God's unchanging promises and not in his own unstable emotions. There must be a differentiation between faith itself and certain emotions which may come as a result of faith. By accepting Christ's death for himself, the patient will have an increasing desire for the Gospel and for the life which flows therefrom by the power of the Spirit.

The third and fourth groups have the similarity of consisting of patients who in health have been Christians. There is a dissimilarity: the former group includes those people whose faith is untested by any sort of crisis such as affliction; the latter group comprises those Christians

whose faith has been tested by affliction and is consequently stronger. There are considerations under each.

As to the former group, under the stress of illness many true believers become concerned about the genuineness of their faith. This is not strange. There are certain types of illness which seem to cause great soul-agony, even for the experienced Christian. This applies to cases where breathing is made difficult and where there is sudden, violent palpitation of the heart. "The agitation of the body is transmitted to the soul."[6]

When an inexperienced believer is engulfed by the waters of affliction, he may easily conclude that he has no faith. His anxiety confronts him as proof. He reasons thus: "One who is justified by faith has peace with God; but I have only nervousness and unrest; he who calls upon the Lord in trouble will receive help; I pray but receive no help; this must be caused by a lack of faith." This type of person will doubt whether his Christianity was ever genuine.

It will aid the pastor if he can show the patient that his anxiety is but a reflex of his physical condition. The pastor will do more than that. The Gospel is the only means for keeping a soul from despondence and despair. Often a believer has shared the experience of David who cried, "Why art thou cast down, O my soul? And why art thou disquieted within me?" (Psalm 42:5) But the anchor which held for David

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[6] Ibid., p. 122.

still keeps souls steady today--"Hope thou in God." (Psalm 42:5) Hope in God is sound and solid. From the vantage point of Calvary it is able to confess: If God conquered at the cross, if He was King there, certainly He can rule my heart; and if He is King there, worry and doubt are finished.

In addition to helping the patient realize that the immediate cause for anguish is a physical one, the pastor may show him that God has permitted this anguish to come upon him for the very purpose of teaching him to trust completely in God. It may not do too much good to try to convince the patient that his spiritual condition is far better than his physical condition would lead him to believe. The emphasis will be on God's unending love and almighty power. In support of this, he may cite Romans 8:35-39.[7] It is in God's promises, not in man's well-wishes that strength comes and faith is sustained. "God is now purifying the patient's faith in the fiery furnace of affliction. Even as the goldsmith stands by while the gold is in the crucible to see to it that the fire is sufficiently hot to purge away the dross, yet not so intense as to damage the precious metal, so the believer is in God's hand while his faith is purified through affliction."[8]

Affliction may serve the weak in faith by helping them to look at Christ with both eyes and not to squint at Christ

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[7] Cf. I John 3:20

[8] Heuch, Op. cit., p. 125.

with one eye and at himself with the other. In dealing with the sick whose faith is weak or who are easily assailed by spiritual anxiety, the pastor must not force them to believe, commanding them, as it were, to trust God. The pastor will direct the anxious soul to the living Savior's omnipotent care through the Gospel. The Gospel does not speak words about faith but creates and sustains faith in the heart readied for it. The pastor must pour the streams of the Gospel into the anguished heart and rely upon the power of the living, life-giving Word.

The final group are those patients whose Christian faith has been tested in the fiery furnace of affliction. Sickness and the unfortunate routine of the hospital come as no sudden shock to this person. It is often soul-strengthening to the pastor to work with such people. "At the sickbed and at the deathbed of tried Christians the shepherd of souls will often experience that he receives rather than gives."[9] The peace which comes through forgiveness of sins, the childlike certainty of God's mercy, faith's long training through many temptations and combats--these experiences serve to strengthen the Christian's hold on God and enable him to lie upon the bed of suffering with hope and confidence that is great in the Gospel; hence patience does not fail and gratitude is not silenced.

Of course, not all of God's tried believers are entirely spared from spiritual conflicts in time of illness. Particu-

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[9] Ibid., p. 135.

larly in cases where the illness is of a lingering nature, experienced Christians are easily subjected to peculiar dangers. The particular danger is that the sick person, instead of waiting patiently for God's time, might become unwilling to bear the cross as long as God would have him bear it. His longing for heaven becomes overbalanced to the extent that he overlooks the fact that God's will is always best and that He will send His harvesters to gather into His granary the grain when it is ripe. The danger for the Christian is the opposite of that danger which threatens the unregenerate. The unregenerate does not want to sever the ties which bind him to this world in which all his treasures are. However, the believer whose treasures are in heaven may, through illness, acquire an impatient longing to depart this world and be with Christ.

The task which here confronts the pastor is not always an easy one. His work is to proclaim the Gospel in such a way that the life of God increases within the patient. With God in his heart the person will not lose patience with life and question the justice of God. This Christian needs, as all men, in spite of his experience with life and testing through affliction, a greater hold upon the God who loved him and gave Himself for him. The hold upon God and His life is channeled through the Gospel. The love of Christ applied to specific need has the power of the Holy Spirit in it. He strengthens faith through the Gospel so that the Christian who must face prolonged sickness will be aware of the power of God as a source of comfort and strength.

CONCLUSION

This paper concludes with a word about the training of the pastor for the work of ministering to the institutionalized sick. From what has been said about this ministry it is plain that it is specialized work. There is therefore need for the pastor to have proper training and instruction. This holds for the average parish pastor as well as for the full-time institutional chaplain.

The seminary is the starting point for this training. "Every seminary student ought to have the opportunity of spending from two weeks to three months in a large hospital as an assistant to the chaplain. In this way he would become acquainted with the routine of such an institution and lose his fear of the strangeness and bigness of it all."[1] The seminary curriculum ought to include courses of instruction designed to equip each outgoing pastor with a certain amount of insight into the nature of the ministry to the institutionalized sick. The training program ought also to provide opportunity for practical experience under proper guidance so that students may know what to expect upon entering a sickroom, may learn to feel comfortable in working with the sick in order to serve them better.

Training for this specialized ministry does not end upon graduation from the seminary. In fact it ought never

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[1] Westberg, "Pastoral Counseling in the Hospital Ministry," in Proceedings of the Associated Lutheran Charities, 1948, p. 34.

to end. The pastor must never feel that he has reached the point where he knows it all. There is need for continual growth. To this end, the pastor should have available on his shelf for ready reference and occasional study such books as will help him to understand people and their needs as they face him from a hospital bed. These books are as important for growth as are commentaries for refreshment and inspiration. It may also be said that books dealing with psychology and psychiatry as well as those treating the human body and types of illnesses will have an important place in the pastor's study.

Finally are other helps for the pastor's training. He has many means at his disposal. Notable are the clinical training programs. Such programs usually have much to offer the pastor. But he should keep in mind that many of them lack the Christian Gospel emphasis. Keeping that in mind the pastor will do well to join himself to such a program in order that he might be made all things to all men, that he might by all means save some. (I Cor. 9:22)

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