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The Christian Response to Sickness

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THE CHRISTIAN RESPONSE TO SICKNESS

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CHAPTER I

INTRODUCTION

Sooner or later every human being becomes ill. Moreover, the nature of illness is such that it is always an experience meaningful to the person who is ill. Because the phenomenon of sickness is universal and significant in its impact upon mankind it is inevitable that Christians, individually and collectively, respond to it in some way.

In general, Christians attempt to live in such a way that their lives conform to what they believe to be the will of God. The Christian response to sickness is an endeavor to respond as God desires. How is the will of God known? Basically, it is known as it has been revealed to us through the Sacred Scriptures. The Scriptures set limits, give general directives, and sometimes supply specific solutions to the Christian problem of ascertaining the will of God concerning such a phenomenon as sickness. In particular situations Christians also prayerfully employ their own considered judgment in determining how God wants them to respond. Hence the Christian response to sickness is determined in large measure, ideally, by the will of God as this is known through the Bible and the judgment of Christians.

The purpose of this study is to describe the Christian response to sickness. The intent is to describe this res-

ponse in as comprehensive a manner as possible, at least in broad outline. It is self-evident that in this paper specific facets of this response can be investigated only to the extent that seems necessary and desirable. The study proposes to sketch an over-view of the subject and to suggest bibliographical references for further investigation of specific topics; it can neither hope nor pretend to be exhaustive.

Some of the questions this study attempts to answer include the following. What does God's Word teach concerning sickness? What is the cause and purpose of sickness? Is euthanasia right or wrong? Should the Church practice what is called faith-healing? Does God want the Church to act so as to prevent and treat sickness? How can the Church best minister to those who are sick? What is the task of a chaplain and how can he most successfully carry it out? How should the individual Christian respond to sickness when he is well? How ought a Christian respond to his own sickness? What is the place of prayer in relation to sickness? This thesis is written in order to supply at least partial answers to these and similar questions.

The value of such answers seems obvious. These are questions that pass through the mind of nearly every Christian, elicited by his curiosity if not his compassion. These are questions of vital concern to the Christian who is ill. Answers to them will better enable both the individual Christ-

ian and the Church to respond to sickness in accord with the will of God. Solutions to these problems will help the parish pastor as well as the chaplain to fulfill his calling more successfully.

In gathering materials for this study, the writer has read extensively in the vast quantity of literature available. He has, in addition, drawn upon his own limited experience and thought concerning the subject. Some original Bible study has been done, but most of the Biblical material in the study was first filtered through extra-Biblical literature. The process of selecting the material to be presented in the study and drawing conclusions has of necessity been to some extent subjective and arbitrary. This seemed the only possible method. The sequence of presentation is clearly indicated in the Table of Contents.

Definitions used in the study are not technical. By "Christian" is meant anyone who professes faith in Jesus Christ as his Savior. "Sickness" is used in the lay sense of a condition in which one is affected with any disorder of health. The term "Church" is used in several different ways. Sometimes is refers to the one holy Christian Church on earth, sometimes to a particular denomination, sometimes to all of the Christians in a particular locality, and sometimes to a specific congregation of Christians. The context will indicate the meaning intended.

There are many obvious limitations. The size of the subject has already been noted. There are important limit-

ations of knowledge and experience and understanding in the writer. Two topics that might be expected to be found in a study of this nature--the psychology of sickness and qualifications of ministering clergy--are not dealt with explicitly as separate topics. The difficult problem of the Church's activity in performing so-called miracles of healing is considered under the heading "The Church teaches God's Word concerning sickness" rather than that of "The Church acts to prevent and treat sickness." The Christian response throughout the thesis is presented not in terms of every possible response, but rather as the response that appears to the writer as most ideal in the light of Scripture and Christian judgment. Finally, the study is written by a member of the Lutheran Church--Missouri Synod who here assumes the reliability of this Church's theology.

CHAPTER II

THE CHURCH TEACHES GOD'S WORD CONCERNING SICKNESS

The Church's response to sickness may be thought of as having three aspects. The Church teaches God's Word concerning sickness. The Church acts to prevent and treat sickness. And, finally, the Church ministers speritual services to the sick.

This chapter is concerned with the Church's teaching of God's Word concerning sickness. It treats first of the necessity, aim, and method of this teaching. Then it deals with the content of such teaching. The content of the Word about sickness is discussed under the following headings: the causes of sickness; its purposes; Biblical directives as to the proper response on the part of the Church and individual Christians; representative ethical problems related to sickness (euthanasia, therapeutic abortion, and the "mother or child" question); and faith-healing.

The Christian Church, seeking to respond to sickness according to the will of its Lord, first investigates the Scriptures in order to learn His will. "All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be perfect, thoroughly furnished unto all good works" (2 Tim. 3:16,17). The primary purpose for which God has given the Scriptures to mankind is that

through their witness men might become "wise unto salvation through faith wich is in Christ Jesus." Nevertheless, because the Holy Spirit caused all Scripture to be written, it provides a reliable revelation of God's will concerning such a phenomenon as sickness. The Scriptures are profitable to the Church as it seeks to learn His will concerning sickness. They enable the man of God to perform good works related to sickness. Hence the Church must discover and then teach what the Scriptures reveal concerning sickness.

The aim of such teaching has already been suggested. More explicitly, two general aims may be cited. One objective is to answer the questions that naturally occur to men as they ponder sickness. Such inquiries as the following arise. How did sickness come into the world? Does it serve some purpose? The other basic purpose of the Church in teaching what Scriptures reveal concerning sickness is to inform Christians, individually and collectively, as to how God wants them to respond to sickness. This knowledge must precede any action by which the Church and the individual Christian then do respond to sickness according to His will.

The method of this teaching cannot be considered at length here. This is a problem of Christian education. In general, it will be taught in much the same way as is any teaching of Scripture. Occasionally sermons will deal with at least parts of this subject. Groups such as confirm-

ation and Sunday School classes will provide opportunities for teaching about the Christian response to sickness, particularly as an aspect of the following subjects: the First Article; the Third, Sixth, and Seventh Petition of the Lord's Prayer; the doctrine of the Providence of God; and the doctrine of the Christian Life. Perhaps more important than any other method, the pastoral care work done by the Church provides a useful means of communicating the revelation of Scriptures concerning sickness.

The Causes of Sickness

Here we are not concerned about medical explanations for the presence of particular illnesses, but rather theological explanations of the existence of illness as a phenomenon of human experience. We shall first consider a general explanation of the presence of sickness and then an explanation of the specific illnesses which afflict individual people.

In a sense, God is the cause of sickness. Many passages of the Old Testament, looking beyond so-called natural means to the ultimate causal factor, ascribe evil directly to God. Examples of such texts are Amos 3:6 and Jeremiah 11:11. Quoting Haley, William Arndt[1] declares:

It is consistent with Hebrew modes of thought

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[1]William Arndt, Bible Difficulties (St. Louis: Concordia Publishing House, 1947), p. 52.

> that whatever occurs in the world under the overruling providence of God, whatever He suffers to take place, should be attributed to His agency. In not preventing, as He might have done, its occurrence, He is viewed as in some sense bringing about the event.

The sovereign Lord of the universe permits the occurrence of evil, which certainly includes sickness. Thus, in this sense, God may be considered the cause of sickness.

Scriptures assert, however, that when God created the world He declared it to be "very good," a judgment which is assumed to imply the absence of such an evil as sickness. Theologians have generally maintained that sickness came into the world as a consequence of sin, as a result of the fall of Adam and Eve. On the basis of the punishments meted out by God, as described in Gen. 3:16-19, it seems necessary to infer that sickness is a result of sin. And "the cause of sin is the will of the wicked, that is, of the devil and ungodly men."[2] The cause of sickness, then, is sin, or more precisely, Satan and evil men.

It is i possible to give one simple explanation of all specific illnesses which afflict individual people. Explanations vary, and, from the nature of the case, a human cannot with certainty explain the cause of a particular sickness. Sometimes Satan is the cause, Luke 13:16 and Job 2:7. Sometimes man's sin is the cause, even particular sins, as is revealed in Deut. 28:21,22 and 1 Sam. 5:6,9.

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[2] Triglot Concordia: The Symbolical Books of the Ev. Lutheran Church (St. Louis: Concordia Publishing House, 1921), "Augsburg Confession," Article XIX, p. 53.

In such cases, it is in accord with the Bible to say that God sometimes punishes sin with sickness. But this is not always the explanation, for sometimes God is the cause[3] of the sickness, but His purpose is to bless the sufferer. Heb. 12:6 is probably an example of this. Ultimately, we cannot know the cause of a particular illness. This leads us into a consideration of the next topic.

The Purposes of Sickness

It has been shown that sometimes God apparently wants a particular illness to occur. Even when it could not be said that He wants it to occur, but rather that the cause is Satan or man's sin, yet He permits it to occur and He utilizes it to accomplish His purposes. Here the question is: what are the purposes of sickness, what does God want to happen as a result of particular sicknesses?

Roman Catholic theology gives the impression that God employs all sickness as a means of bestowing temporal punishment upon the sufferers. Over against this view Lutheran theology asserts that "afflictions are not always punishments for certain past deeds, but they are the works of God, intended for our profit, and that the power of God might be made more manifest in our weakness . . . . "[4]

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[3]"Cause" here means that God is sometimes the agency responsible for a particular illness, not Satan or man's sin.

[4]Triglot Concordia, op. cit., "Apology of the Augsburg Confession," Article VI, Paragraph 63, p. 301.

For the sake of clarity, it is well to distinguish between the purposes of sickness in the case of unbelievers and that of Christians. In the case of unbelievers, sometimes God's purpose is that of punishment. This is shown by such passages as Deut. 28:21,22; 1 Sam. 5:6,9; and Rom. 1:18-32. Sometimes His purpose is to lead the unbeliever to repentance, in which case sickness is "God's call to the worldling."[5] A Biblical example of this is found in the narrative of Naaman in 2 Kings 5. On the basis of John 9:1-7 and Luke 13:1-5, it is clear that any interpretation of the purpose of his illness which is given to an unbeliever should be this, that it is God's gracious call to repentance.

God always intends good in the case of sickness which afflicts Christians, though this is not always apparent at the time. "We conclude that sickness inflicted upon the Christian always serves a good purpose, and that sickness can be called a good in this case."[6] One of its most important purposes is that it lead to the strengthening of the faith of the Christian. "Sickness carries within itself a powerful appeal to enter more deeply into the fellowship of God's grace through His Word."[7] Every illness should remind the

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[5]J. C. Heuch, Pastoral Care of the Sick (Minneapolis: Augsburg Publishing House, 1950), p. 6.

[6]Walter F. Fisher, An Examination of the Teachings of Faith-Healers (Unpublished Bachelor's Thesis, Concordia Seminary, Saint Louis, 1947), pp. 16 f.

[7]Heuch, op. cit., p. 7.

Christian of his natural sinfulness and cause him to repent and anew find comfort in God's forgiving grace.[8] This view of illness, as a gracious reminder to the Christian of his continuous need for God and His pardon and strengthening in Christ, has been fully described by many writers.[9]

Other purposes of God in relation to the sickness of Christians may be mentioned. The writers of the Apology of the Augsburg Confession state that "afflictions are inflicted because of present sin, since in the saints they mortify and extinguish concupiscence, so that they may be renewed by the Spirit."[10] Hence, by their common lot of bearing afflictions, Christians are led to unfeigned mortification and so crucified with Christ.[11] Many Bible passages might be cited to show that afflictions serve (for example, by effecting humility and patience) to help the individual "grow in grace and in the knowledge of our Lord and Savior Jesus Christ."[12] One

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[8]John H. C. Fritz, Pastoral Theology (Saint Louis: Concordia Publishing House, 1945), p. 191.

[9]For example, see the very ample discussion of the topic in Richard R. Caemmerer, "Temptation," The Abiding Word, Volume II (Saint Louis: Concordia Publishing House, 1947), pp. 171-199.

[10]Triglot Concordia, op. cit., "Apology of the Augsburg Confession," Article VI, Paragraph 55, p. 299.

[11]Ibid., "Augsburg Confession," Article XXVI, Paragraphs 30-32, p. 75.

[12]See, for example: Deut. 8:2-16; Lev. 26:18-41; Psalm 119:67-75; Is. 38:17; 2 Chron. 6:26; Daniel 11:35; Zech. 13:9; Job; John 11:4 and 15:2; 2 Cor. 12:9,10; Heb. 4:14-16 and 12:1-11; 2 Pet. 1:1-11.

writer,[13] showing how the book of Job teaches us that God's purposes in sickness are for the Christian's welfare, declares that through sickness a Christian learns the difficult art of distinguishing properly between Law and Gospel. The book of Job also indicates that God's purpose in a particular illness may be to demonstrate to Satan and unbelievers the uprightness of His people. Two Lutheran writers on the subject of Christian ethics say positively that the afflictions of Christians must be carefully distinguished from those of unbelievers and that such afflictions "are intended either as opportunities for witness-bearing, or as tests and trials of faith, or as fatherly chastisements, but never as evidences of divine wrath."[14]

Let us summarize what has here been said. In some cases God intends to punish unbelievers through sickness; in other cases He desires to lead them to repentance. He always wants good to result from the sickness of Christians. Some specific examples of this good include; the strengthening of faith; the reminder that the Christian is <u>simul iustus et peccator</u> and hence always in need of forgiveness; Christian virtues such as humility and patience; increased mortification of the flesh and more complete offering of the body as the temple of

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[13]L. Fuerbringer, <u>The Book of Job</u> (Saint Louis: Concordia Publishing House, 1927).

[14]Johann Micheal Reu and Paul H. Buehring, <u>Christian Ethics</u> (Columbus, Ohio: The Lutheran Book Concern, 1935), p. 241.

the Holy Spirit, growth in grace and knowledge of Christ, demonstration of faith before Satan and evil men, and an opportunity for witness bearing. As the writer to the Hebrews makes plain in his twelfth chapter, no affliction seems to be a pleasant experience at the time it is being endured, and yet the Christian may be certain that his heavenly Father, who chastens those whom He loves, wants only good of some kind to result from his sickness. Even though His specific purpose in a particular illness cannot be known by us with certainty, we do know that God works all things together for our good.

Biblical Directives to the Church and Individual Christians

In addition to teaching about the causes and purposes of sickness, the Scriptures set forth directives to the Church and to the individual Christians as to how God wants them to respond to sickness. These directives are set forth throughout this study. They may be more readily understood as they are considered in a systematic manner according to the outline of this thesis. It would be repetitious to list these directives here, but it should be noted that they comprise an integral part of the content of God's Word concerning sickness.

Ethical Problems

Certain ethical problems inevitably arise in connection with sickness. These vary in the course of history as to their definition, their seriousness in the estimation of the

Church, and in the solutions set forth by the Church. For example, there was a time when some Christians thought it was wrong to use anesthetics on mothers during child-birth because this seemed to conflict with Gen. 3:16. The propriety of the performance of autopsies was once disputed, but today it is not considered an ethical problem. Scriptures do not always address themselves directly to the specific issues which are considered ethical problems by men of a particular time and place. At most, the Scriptures set forth general principles, on the basis of which the Church of a particular time and place must solve ethical problems. Considerable freedom is thus granted to Christians, but this means greater responsibility and difficulty in discerning with certainty the will of the Lord.

It is a well known fact that the Lutheran Church has not produced much literature in the area of Christian ethics. Lutheran theologians have evinced considerable reluctance to make positive assertions about ethical subjects. This has advantages and disadvantages.

Certain ethical problems have been selected for consideration here. Those problems selected cannot be said to be of vital concern to the general public in the United States in 1955. Only one, euthanasia, seems to the writer to be a problem of any real urgency. Only a very small number of people in our population are concerned about the ethics involved in such matters as therapeutic abortion and the "mother or child" question.

This paper does not propose to treat these questions with any degree of thoroughness. Rather, the aim is to briefly describe the present situation, define the problems, specify different positions held, and affirm the position that seems most in accord with God's will.

Euthanasia

There is at the present time discussion of the question of euthanasia in some circles, but not among the general public. A 1951 court case involving Dr. Hermann N. Sander of New Hampshire aroused some public interest and consideration. There are some organizations (for example, The Euthanasia Society of America) dedicated to the purpose of legalizing euthanasia, and to this end legislation has been introduced into American legislatures and the British parliament. The question, as defined in one magazine article, may be stated as follows:

> Should physicians have the legal privilege of putting painlessly out of their sufferings unadjustably defective infants, patients suffering from painful and incurable illness and the hopelessly insane and feeble-minded--provided, of course, that maximum legal and professional safeguards against abuse are set up, including the consent of the patient when rational and adult?[15]

A number of arguments are advanced by those in favor of euthanasia, some of whom claim to be within Christendom.[16]

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[15]"Shall We Legalize 'Mercy Killing'?," Reader's Digest (November, 1938), p. 94.

[16]Several years ago a petition urging the legalization of euthanasia was submitted to the New York State Legislature and signed by 379 clergymen, including such a leader as Harry Emerson Fosdick. "Euthanasia," St. Louis Lutheran (January 18, 1952), p. 7.

These arguments, which seem to this writer to be counter to God's will, may be summarized as follows. Euthanasia is the use of death as an intelligent, merciful release when all else has failed. We condemn by law those who do not in this way release suffering dogs and horses. Why not people? Dr. Leslie Weatherhead has supported such a view. Dr. Earnest Hooten, an anthropologist, has praised the practice of euthanasia, declaring that if "Thou shalt not kill" is a law of God "let us have done with such a savage and subhuman deity and substitute a god of mercy and loving kindness." It has been said by other proponents of euthanasia: "True, the Old Testament says: 'Thou shalt not kill.' But the New Testament says: 'Blessed are the Merciful.'"[17] Life is sacred only when it has value to the possessor and society. The Church is out-of-date to denounce euthanasia, just as it was in the case of anesthetics. No happiness comes to the individual who is left to suffer. Doctors do have power to kill in some cases, as one argument contends:

> The law gives the doctor power over life and death in several other directions. He can perform an abortion if his colleagues agree that the mother's health or sanity is imperiled. He can decide at childbirth whether the baby shall be sacrificed to save the mother's life. He determines whether a condemned criminal is sane enough to be electrocuted. Only in the place where he needs the privilege of approving and administering death is he denied it.[18]

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[17]"Shall We Legalize 'Mercy Killing'?," op. cit., p. 96.

[18]Ibid., p. 95.

Cures may not be discovered for a long time, and no one should be left to suffer intense agony over a long period of time. The sufferer is simply a burden to himself and others. Nor can suffering help the individual's character in any way.

There are many arguments advanced against euthanasia, by people within and without Christendom. These include the following. The doctor's basic task is to prolong life. This is the purpose of the entire medical profession, as is illustrated by the fact that Point One of the Code for Professional Nurses[19] reads: "The fundamental responsibility of the nurse is to conserve life and to promote health." Point Eight of this same code urges the nurse to expose to the proper authority any unethical conduct of associates on the health team, which seems to imply non-cooperation on her part with any physician attempting to practice euthanasia. The taking of human life is strictly forbidden by Scriptures, with three exceptions: self-defense, as an agent of legitimate government involved in a just war or in punishing criminals. It is often really those who observe someone suffering who become so disturbed that his death seems desirable. One writer said that few sufferers actually would rather be dead; rather, they live for but the next moment and the possibility of a measure of relief such as a sip of water.

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[19]Adopted by the House of Delegates of the American Nurses' Association in San Francisco, July, 1950. See "What's In Our Code?" The American Journal of Nursing, Volume 52, Number 10 (October, 1952), p. 1247.

Chronic invalids who have spent years of severe pain have manifested admirable character and contributed to the welfare of others, for example by their own testimony and their prayers. It is unthinkable to take someone's life without his consent. "As for applying euthanasia to the insane and feeble-minded, that is by definition killing without rational consent. No five-syllable word can gloss over that fact."[20] And who can say when a sufferer is competent to make such a crucial decision in the midst of his anguish? There is always the hazard of not having adequate legal safeguards. To legalize euthanasia is to place into the hands of sinful men a power that could make possible such an abuse as legal murder. There is always the possibility of a cure in view of the potentials of modern research; one can never declare with certainty that an illness is incurable. The medical profession is today able to do much by way of relieving pain with drugs of various kinds; hence people do not always suffer so much as is sometimes believed. The cost of maintaining the life of a so-called useless person is often the real objection of proponents of euthanasia; but human life is more valuable than any amount of money. Perhaps more important than any of these arguments is the consideration of the purposes of sickness. In the case of the Christian these purposes are always good, and God has promised in

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[20]"Shall We Legalize 'Mercy Killing'?," op. cit., p. 97.

I Cor. 10:13 that He will not permit the Christian to be tested above that which he is able to bear. In the case of the unbeliever, suffering may be God's last call to repentance.

> To shorten the life of an unbeliever is to shorten the time of his grace . . . . The extremes of pain he may endure in this life will be as nothing compared to the torments of those whom God rejects because of their unbelief. To call the suicide of an unbeliever "mercy" death is a cruel joke.[21]

In assessing these arguments it seems clear to the writer that both Scripture and Christian judgment oppose the practice of euthanasia as a response to sickness that is in accord with God's will. The conclusion of this thesis on the subject of euthanasia may be summarized in a statement once issued by Dr. John W. Behnken, president of the Lutheran Church--Missouri Synod:

> Voluntary euthanasia violates all principles of Scripture. It is a denial of the sacred right God has reserved to Himself of creating and terminating human life. The Lutheran Church will disassociate itself completely from this attempt by men to solve human problems by arrogating to themselves the means that only God can rightfully use.[22]

Therapeutic Abortion and the "Mother or Child" Question

Although these are two different subjects, yet they are related, and are treated together here for the sake of

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[21] "Euthanasia," op. cit., p. 7.

[22] Ibid.

convenience. Therapeutic abortions are occasionally performed by physicians in order to terminate a pregnancy when this is necessary to save a mother's life. They are done only under most favorable conditions and must be medically justified and officially authorized.

> Unless carried out in a recognized hospital by a competent physician under the conditions just specified, interrupting a pregnancy by destroying the fetus is legally forbidden in most states, and known as criminal abortion.[23]

Theraprutic abortions are actually performed infrequently, most often in cases involving heart disease or kidney disorders. The "mother or child" question arises infrequently when, during child-birth, it becomes apparent that either the mother or the child alone will survive and a decision must be made as to which one will be helped to survive.

In the theraprutic abortion issue, the question is: Is it murder in God's sight to destroy a live fetus even though the preservation of its life endangers that of the mother? In the "mother or child" question, the point at issue is: In general, would God prefer to have the mother or the child live?

In both these matters, the practice of the Roman Catholic Church answers differently than most others. The Roman Catholic Church regards it murder to destroy a live fetus regardless of what happens to the mother, and it

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[23]Evelyn Millis Duvall, Reuben Hill, and Sylvanus M. Duval, When You Marry (New York: Association Press, 1953), p. 332. See also Harriet F. Pilpel and Theodora Zavin, Your Marriage and the Law (New York: Rinehart & Company, Inc., 1952).

contends that the child's life is to be preserved rather than the mother's since the child has its whole life yet before it whereas the mother's is partially spent. The writer is aware of no other opinions concerning these matters, except that the general public opinion in both cases favors the preservation of the life of the mother.

These questions are examples of ethical problems about which the Bible offers no specific solutions. To hold therapeutic abortion to be murder does not seem valid; for if it is not performed it would still remain "murder" according to this reasoning, only in this case murder of the mother. Where these issues arise in specific cases, decisions will have to be made by those concerned on the basis of their own judgment. It is the personal opinion of the writer that in both questions the life of the mother is to be preserved, if for no other reason than the fact that she already has a calling in life which vitally concerns other people (for example, husband, parents, and perhaps children), whereas a fetus or an infant has no such position.

Faith-Healing

By faith-healing is meant the healing of a sickness by the prayer and other so-called spiritual powers of a faith-healer, without the use of the pnysical means usually employed by the medical profession. This is an important aspect of the Christian response to sickness. Some of the questions that demand answers are the following. Does God

want the Church to perform miracles of healing? Ought sick Christians rely on faith-healers? This thesis will discuss the general subject by considering the following topics: the history of faith-healing in the Church; the views of the faith-healers; the views of the Lutheran Church; the present situation with its impact of the currently popular emphasis on psychosomatic medicine; and conclusions of the writer.

That there have been healings that seemed miraculous because of the absence of any physical means is denied by no one. This, of course, does not necessarily make it miraculous, that is, healings which occur through the intervention of God who effects a cure in a manner not in accord with the "laws" of the physical universe. Examples are those miracles recorded in the Bible, for example the healings of Jesus and Paul.

Much has been written about the history of faith-healing in the Church, taking as a starting point the Biblical record itself. The miracles of healing recorded in the New Testament are well known and need not be recounted here. These miracles of healing continued to be performed in the early Church. On the basis of James 5:13-16, writers have inferred that the early Christians used a combination of prayer and physical means (for example, oil) to perform faith-healing. "In the early years of the Christian era the healing of the body played an enormous part in Christian practice. It is not generally recognized that, in the pagan world at this time, getting treated for an illness was by

no means easy."[24] There are scattered references in Church history to faith-healing.[25] Apparently, as time went on the Church performed fewer and fewer miracles of healing. In the middle ages relics and shrines came to be used as means of effecting "miraculous" cures. The healing of Melanchthon through the prayers of Luther is frequently cited as an example of faith-healing in Reformation times. Some miracles of healing, for example, those by George Fox, have been said to have occurred within Christendom in post-Reformation times. At the present time, there are a number of faith-healing groups which make this an integral part of their evangelistic activities.

We now turn to a brief consideration of the beliefs and practices of these faith-healers.

> The basic teaching of all the direct faith-healers is that the atonement of Christ makes provision for bodily healing. Their theory is that all the evil mankind suffers has come as the result of sin, and that in the atonement Christ has provided forgiveness for all sin and so provided release from all the consequences of sin.[26]

In general, viewing the faith which effects bodily healing as the same faith which accepts forgiveness, they place bodily healing on the same level as salvation of the soul. Sin is considered the cause of every sickness. Sickness is regarded

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[24]Leslie D. Weatherhead, Psychology Religion and Healing (New York: Abingdon-Cokesbury Press, 1941), p. 70.

[25]The interested reader is referred to such a work as that of Carl J. Scherzer, The Church and Healing (Philadelphia: The Westminster Press, 1950).

[26]Fisher, op. cit., p. 5.

as an absolute evil, never being sent by God, never being in accord with His will (that is, what He wants to happen), never having any good purpose. God is never glorified by sickness. The faith of the patient is all-important; if he had the right sort of faith he would not be ill. Jesus performed faith-healings on individuals who had the proper faith. Because Jesus' ministry was threefold--preaching, teaching, and healing--the Church's task also involves these three activities. The sick are not to use medicines, but rather rely on prayer, the faith-healers, and anointing with oil. "Are all who have been baptized washed from all their sins? No! But those who have faith are; and what water is, in the ordinance of Christian baptism, oil is, in the ordinance of anointing the sick for healing."[27]

The views of the Lutheran Church pertinent to this subject may be summarized as follows. God has nowhere promised bodily health in this life to Christians. The faith-healers err seriously in their doctrine of justification. They think that by accepting the atonement people become perfect and free of the consequences of all sin. This is not true. They forget that a Christian remains "in the flesh" and is therefore all his life subject to illness. Viewed as particularly dangerous by Lutherans is the idea that if a person had the

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[27]F. F. Bosworth, Christ the Healer (Chicago: F. F. Bosworth, 1924), p. 61. The author is a healing evangelist. This book contains five of his sermons, plus a series of thirty-one questions and testimonies.

right faith he would not be ill. Unbelievers may be healthy and Christians ill; there is abundant Scriptural evidence for this statement. "When someone fails to receive healing, the healers immediately claim that it is because he did not have sufficient faith or that he is living in sin."[28] Theodore Graebner[29] has written this about the faith-healers:

> Yes, they preach about Christ's atonement, His bloody sacrifice, and the necessity of faith in Him and of conversion. But this preaching is immediately linked up with the doctrine that as Christ died to save us from sin, so He also died to save us from sickness, and that, unless we believe in His power to heal sickness, we do not accept Him as our personal Savior . . . and the result is that those thousands who come with utter faith to these healers and depart disappointed must ever after believe that they have not Christian faith, that not for them did Christ die, since not for them did He remove the curse of sickness . . . .

Such perversions of Christian doctrine are extremely harmful. They fail to take into account the fact that the Christian is always _simul iustus et peccator_. Nor do they reckon with the historical facts that many people generally considered to be Christians (for example, Timothy and Luther) have had to endure sickness. Neither do the faith-healers acknowledge the Scriptural teaching that God's purposes in sickness are always good for the Christian. Sickness is not an absolute evil; rather, God always desires that good result from it in the case of the Christian and usually for the unbeliever.[30]

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[28]Fisher, _op. cit._, p. 30.

[29]_Faith-Cure_ (Saint Louis: Concordia Publishing House, 1929), pp. 15-16.

[30]_Supra_.

"We shall bring out the facts that sickness can be and is at times a good, and that sickness does not necessarily show that a person has not the proper faith, or that he has insufficient faith."[31] On the contrary, sickness plays an important part in God's plan for His people, serving as an experience through which faith may be strengthened and the Christian grow in grace and knowledge. The purpose of sickness may be that God be glorified, John 9:3 (a passage which is seemingly ignored by the faith-healers). The faith-healers err in teaching that sickness is never in accord with God's will and that in sickness a Christian should never pray for healing "according to Thy will." But the Scriptures clearly teach us to pray for temporal blessings conditionally, always adding "if it be Thy will."[32] Lutheran writers have been quick to point out that the faith-healers are often unsuccessful, that they make the success of their work dependent upon the patient and not themselves (thus relieving themselves of blame in the event of failure), that they can help only in the case of functional disorders but never with sicknesses "which have attacked the tissues of the body"[33] or such disorders as amputations, and that while insisting that the followers of

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[31]Fisher, op. cit., p. 15.

[32]Consider the example of the Savior in the Garden, Luke 22:42. See also James 4:13-15 and 1 John 5:14. This topic will be considered further, Infra.

[33]Graebner, op. cit., p. 32.

Christ perform miracles of healing in accord with such passages as Mark 16:17,18 and Matthew 10:1,8, they themselves do not perform other miracles that Scriptures indicate will be done by His disciples (for example, exorcising demons, speaking in tongues, raising the dead, being immune to the venom of serpents). Moreover, the miracles of healing recorded in Scripture were not always performed only upon those who had "the proper faith" but, on the other hand, were dependent on the power of the healer.[34] Some Lutherans claim that the faith-healers misinterpret the two Bible passages they refer to most frequently, Isaiah 53:3,4 and Matthew 8:16,17. Some Lutheran writers have asserted that the alleged miracles of the faith-healers involve the use of all sorts of psychological techniques (for example, rhythm and mass "hysteria") for setting the sufferers into a suggestible condition and that no healing occurs until this has come about. Lutheran writers urge the sick to use medicine and the medical profession rather than to rely on faith healers. There are three main reasons given for this: both the Old and the New Testaments refer to the use of medicine and doctors;[35] God ordinarily does not act directly in this world, but rather

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[34]Obvious examples are the raising of dead persons. See also Matt. 8:16, Matt. 19:2, Luke 6:17-19, Luke 9:37-42, Luke 19:11-19, Acts 3:1-8, and Acts 5:12-16.

[35]For example, see Gen. 43:11, Ezek. 27:17 and 47:12, Prov. 17:22, Jer. 30:13 and 8:22, Isaiah 1:6 and 38:21, Luke 4:23, Matt. 9:12, Col. 4:14, and 1 Tim. 5:23.

through "natural means"; such things as medicines and the medical profession are precious gifts of God, and are the natural means through which He ordinarily does His healing work. Even if men should perform miracles Lutherans would insist on judging their doctrine and would not accept them as truly sent by God if their doctrine was not in accord with Scripture. For the Lord has warned us that many false prophets will arise who will perform "signs and lying wonders" (2 Thess. 2:9) and we are to judge such by their doctrine (1 John 4:1-3). In general, Lutherans have said that the Christian is to rely on natural means to cure his illness, praying confidently that God cure him through these means according to His will. God may still perform miracles of healing today through the Church but ordinarily He acts through means. Theodore Graebner, who seems to have expressed most adequately in writing the views commonly accepted today in The Lutheran Church--Missouri Synod, stated that God would still perform miracles of healing through the Church when this was necessary to "confirm His Word" (particularly in heathen nations), but only then.

> The question remains, Do we believe in the continuance of these powers? The writer will here speak only for his own person, but he will say that he believes in a continuance of these gifts where conditions are as they were in the age in which they were exercised according to the testimony of the Scriptures. I believe that where it is necessary to vindicate His truth, God will grant today the same power of prophesying future events, of casting out demons, of healing sickness by a command, of immunity to poison, of raising the dead, which He gave to His first disciples. We have no need of such external credentials, for we have

> no new revelation to make, in our ordinary church-work. It is different in countries in which the Church is performing her task of bringing the revelation of God's grace to the heathen . . . . But no more. If there are those among us who believe that also in Christianized lands God endows certain people with the gift of healing, we dissent from them.[36]

There is renewed interest today in the possibility of miraculous bodily healing by the Church as a part of its response to sickness. This observation was made by one Swedish Lutheran writer who went on to say:

> There can be no doubt that, from a medical point of view, treatment by prayer and anointing really has cured and does cure some cases as completely as the physician or psychologist can; nor indeed that such spiritual measures have sometimes succeeded where all others have failed.[37]

Much of this renewed interest is a result of the recent, rapid, and significant advances in the fields of psychology, psychiatry, sociology, and medicine. A combination of causal factors--current world conditions of unrest and strained human relations, wide-spread acceptance of the view that "the proper study of mankind is man," and the mental hygiene movement, to mention a few--have helped to bring about keen interest in the field of psychosomatic medicine and its implications for everyday life. Although for a

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[36]Graebner, op. cit., pp. 7-8.

[37]Gote Bergsten, Pastoral Psychology (New York: The MacMillan Company, 1951), p. 217.

while minimized, today the role of religion in mental health is being recognized, investigated, and emphasized by some.[38] The Mid-century White House Conference on Children and Youth in a Democracy concluded that religion plays a crucial part in the development of healthy personality. Thus there is today considerable interest in the place of the Church in preserving health, as well as interest in its potentials in restoring health.

Some writers seem very much concerned that the Church be more active in performing miracles of bodily healing. They insist that the Church of recent centuries has not begun to carry out the same role as the early Church in regard to such activity.

> Religious thinkers believe that man is created in the image of God and that spiritual influences have a vital effect upon his being. When man became aware of that fact, he began to study himself to see how spiritual factors influence his life and how he can use them for his benefit. This is the task of the Church, and it has engaged in that work more or less through the centuries. But the one place where the Church has been the most hesitant is in fulfilling the Lord's command to heal the sick (Matt. 10:1,8). Because of its hesitancy, cults and sects have to a large extent taken over spiritual healing.[39]

Weatherhead,[40] quoting from the anonymous Christus Integritas, declares:

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[38]The Bibliography contains a number of references to entire books written on this subject.

[39]Scherzer, op. cit., p. 250.

[40]Weatherhead, op. cit., pp. 440-441.

> The Christians of the first centuries had a clearer conception of the power of the healing Christ than has ever been manifested by the Church of later ages, and perhaps a deeper sense of the responsibility owed by the body of Christian believers to their brethren in sickness.

Besides pointing to the failure of the present-day Church to approximate the response of the early Church in this matter, these writers make clear their belief that the Church today has all the potentials, even more, to do such work, in comparison with the early Church. It has the same Lord, the same Holy Spirit, the same commands and promises, and greater knowledge of human medical problems and remedies. Weatherhead[41] says that the reason the present Church does not do this is its lack of faith and failure to follow its Lord.

> If only we were like Him we could cure the sick--not all, but many--in the same direct way. There is no reason on His side why many of the healing miracles of the Gospels and the Acts should not be repeated. And there must be a direct way for us. The apostles knew no science.

This concern that the present-day Church recapture the early Church's response in its healing activity is well summarized as follows:

> Jesus commissioned his followers to preach the gospel and to heal the sick. In the early Church the ministry of healing was vital, as well as the ministry of the Word. Yet Christians since the days of the Apostles have had to look back with wistful longing, hoping for the day when religion would again be closely related to healing as such. The opportunity which exists in this generation to enter into a total ministry to the

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[41] Ibid., p. 469.

> total person is the greatest which the Church has faced since Jesus set the example.[42]

These writers insist that the Church is on the threshold of a new era in the contribution it can make toward the physical well-being of people. They urge that the Church in all humility work with secular scientists in the common task of healing and thereby bring about healing miracles on a large scale.[43] They contend that by fully serving the individual the Church could heal many.

> Our conclusion must be that any man, sick or well, who calls himself a Christian, should see it to be his duty to make as full a response as he can to God, the God who is like Christ and whom Christ revealed. Thought, feeling and doing must all be mobilised to this end. It is the Church's duty to call out that response in all the healthy ways known to her. If this were done, we have every reason to believe that many who are sick would be healed, for their sickness, in the last analysis, is a mal-adjustment of the soul to God, rather than a mal-adjustment of the body to the physical environment, or the mind to the world of true ideas. Even then, some would remain unhealed . . . .[44]

Weatherhead[45] pleads with the Church to awaken and to recover the lost art of healing through the direct activity of God.

> The intercession of people united in love for Christ and living disciplined lives, and the laying on of hands, undertaken after prayer and self-discipline, by a priest or minister or other person who is the

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[42]Richard K. Young, The Pastor's Hospital Ministry (Nashville, Tenn.: Broadman Press, 1954), p. 5.

[43]So writes Paul E. Johnson, Psychology of Pastoral Care (New York: Abingdon-Cokesbury, 1953), p. 229.

[44]Weatherhead, op. cit., p. 434.

[45]Ibid., p. 493.

> contact-point, so to speak, of a beloved, believing and united community standing behind him and supporting his ministration to a patient who has been taught to understand the true nature of Christian faith, are clues well worth following up. This is the true ministry of the Church as such, and, in a sense, has nothing to do with psychology at all. This is the ministry which must be recovered and which only the Church can do.

Admitting that the patient must want health only secondarily to his desire to be in a right relationship with God and that the Church is never to promise or guarantee health since this is God's alone to give, this same author concludes his voluminous book on the subject with this appeal:

> When the Church returns to her early devotion to Christ and creates united fellowships, even faintly like the small body of men who went out in the power of the Risen Christ and His Spirit to turn the world upside down, then a power more potent to heal than any atomic bomb to destroy will once more surge through sick souls and minds and bodies. It will be His own power and recognized as such. If disease is caused by the faulty reactions of a person--as is so often the case--then the supreme healing power will not be this or that treatment, let alone this or that drug, but a Person healing. Christians call that Person Christ. When He comes into His own, then the prayer will be answered which He Himself taught men to pray: "Thy kingdom come; Thy will be done on earth, as it is in heaven."[46]

Such opinions make all the more urgent a correct understanding of the proper place of faith-healing in the activity of the Church. What then is to be said of this aspect of the Church's response to sickness in the light of Scripture and Christian judgment? The present writer is unable to draw final conclusions concerning the matter. It seems to be a

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[46]Ibid., p. 493.

problem which merits and demands further study that is objectively and intelligently seeking to discover the Lord's will. No simple, cut and dried solutions are adequate. The views of a man like Weatherhead cannot be lightly dismissed with the explanation that he has been caught up by the "social gospel." On the one hand, the Church must object strenuously to the perversions of some of the modern faith-healers. On the other hand, the Church must seriously ask itself whether its non-performance of miracles of healing is due to the fact that such miracles are no longer "needed" in "our ordinary church-work" or to the fact that Christians no longer have the same faith in the power of the Holy Spirit and do not pray with confidence and sincerity for miracles of healing. This writer believes that the Lutheran views as discussed above are in accord with God's will as revealed in Scripture, with the following reservations. The exegetical interpretation of Isaiah 53:3,4 and Matthew 8:16,17 needs further study. It should be acknowledged that sometimes the faith of the sick person in the miraculous healing narratives of the New Testament was important.[47] The argument is unconvincing that faith-healers must also do such miracles as raise the dead. Lutheran theology does not deal adequately with the diversity of gifts described by the New Testament as being present in the Church, nor does it give to the Holy

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[47]See Matt. 8:1-13 and 9:27-31 and 13:58 and 14:34-36, Mark 1:40 and 5:34 and 6:56, Luke 18:35-43.

Spirit and His work the same prominence as do the Scriptures. Wholly inadequate is the argument of Graebner that miracles of healing are not to be expected in "Christianized lands" (under which head he includes the United States) although they will be granted in heathen lands. Who is to say when a land is Christianized? Which land in all the world is truly Christianized? Is it wise to make this distinction on the basis of geography?

In summary, let this be said of the Church's response to sickness known as faith-healing. Through all its history including the present, the Church has performed miracles of healing. This is a gift which God has promised to bestow through His Holy Spirit, but He has not specified when and how and to whom. The decision as to when He wants a miracle of healing to be performed remains His, not men's. Yet there will be times when the Church must act in the conviction that He does want such a miracle performed. Identification of such times must be made in specific situations by the particular Christians involved. The Church should be alert to occasions when it can and should use the power of the Spirit to heal. Christians should be taught to use and trust medicine and the medical profession as natural means through which God heals their sicknesses. They should be taught to pray in full faith, confidently asking for the restoration of health, but always in accord with God's will. Hence they should simultaneously be taught to pray for the occurrence of

miracles and to be willing to accept cheerfully the withholding of such a miracle, confident of the Father's steadfast love. No denomination should despise another for its seeming lack of miraculous healing; nor should one despise another for what it automatically assumes to be faked or demonic miraculous healing. Rather, the whole Church must strive to know and do its Lord's will in each particular instance, keeping in mind: that its basic task is to proclaim the Gospel while performing acts of love to substantiate its divine call; that the righteousness which avails before God through Christ is neither a guarantee of nor an inevitable adjunct of physical health; and that the gift of forgiveness of sins through faith in Christ is greater than the gift of health.

The Christian Church's initial response to sickness is to teach God's Word concerning it. Such teaching is necessary, it aims both to instruct and to supply directives for action in accord with His will, and it is accomplished as a subsidiary part of the Church's total teaching. The Church's teaching seeks to communicate an understanding of such matters as the causes and purposes of sickness, how best to cope with ethical problems which arise in relation to sickness, and the proper response of the Church in regard to faith-healing.

CHAPTER III

THE CHURCH ACTS TO PREVENT AND TREAT SICKNESS

Although God uses sickness to bring about good in the lives of Christians, the Church, following the example of its Lord who "went about healing and doing all manner of good," seeks to do what it can to combat sickness. For this is an instance in which God brings good out of something intrinsically evil and apparently not in accord with His original creation. Scriptures clearly reveal it to be His will that men contend against sickness, rather than simply submit to it. Hence an integral part of the Christian response to sickness is that the Church act to prevent and treat it.

In this chapter we shall briefly consider three facets of the Church's action in preventing and treating sickness. The Church prays in regard to sickness. The Church works to prevent sickness. The Church treats sickness by providing such essentials as institutions and personnel. Literature concerning this subject is scant. As a result, the sole aim of this chapter is to set forth in broad perspective the general response of the Church in prevention and treatment.

The Church Prays

Prayer is an unquestioned responsibility and privilege of the Church. Speaking to God, whether silently or audibly,

is a characteristic of the Church. The Church prays because of both the command and the promise of its Lord. Biblical and historical examples of obedience to this command and fulfillment of the promise are abundant and need not be presented here, for the purposes of this study.

The Church prays publicly and privately. Frequently there are prayers in the public worship services of any congregation which are a response to sickness. The Church prays at other times as well. Sometimes prayer is offered in response to sickness by groups within the congregation on occasions other than public worship. For example, prayer may be offered at a Ladies' Aid meeting on behalf of an ailing member. Finally, prayers are offered privately in the Church as individual Christians lift their hearts and voices to their heavenly Father in response to sickness.

These prayers may be classified as both general and specific. Some of the prayers are adoration of God who is the Giver of life and health. Some are expressions of gratitude for His preservation or restoration of health. Some are petitions that He would maintain or renew health. Some are prayers of intercession on behalf of the physical well-being of others besides those praying. Specific prayers may be offered for these same general purposes, but with specific individuals and their physical condition in mind. An example is the prayer of a congregation that God grant a rapid recovery to an ill Christian.

The question of whether or not Christian prayer in response to sickness ought always incorporate the concept "according to Thy will" must be considered here, although it has been discussed already to some extent.[1] There are those within Christendom who believe that sickness is never in accord with what God wants and that it is accordingly folly to pray for health "according to His will." His will is assumed to be always health. Describing the response of the early Church to sickness by quoting from Christus Integritas, Weatherhead writes:

> The sick were not, in their eyes, victims of the divine chastisement, but victims of a 'disorder' which follows the violation of God's will, not necessarily by the individual sufferer, but by the whole race of sinful mankind whose burden of anomia every human being must in some measure share. It is not surprising, therefore, that the conditional 'if it be Thy will'--so common a feature in modern prayers for healing--is altogether absent from these early Christian prayers. The remedy for sickness lay not in the patient submission of the sufferer under the dread hand of God, but in his joining battle in the power of Christ against the evil hosts of disease which assailed him. And it was not a battle that he was expected to fight alone. Christ had left the needful weapons to His Church, and were not his fellow Christians by his side, ready to care for him in his sad condition, by intercession and by every ministry of mercy, just as if it had been their own?[2]

Those who reject the use of this concept think that it often

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[1] Supra, p. 26.

[2] Leslie D. Weatherhead, Psychology Religion and Healing (New York: Abingdon-Cokesbury Press, 1941), pp. 140-141. For an even fuller discussion from this viewpoint, see Russell L. Dicks, Pastoral Work and Personal Counseling (New York: The MacMillan Company, 1945), pp. 183 f.

stifles the resistance of the sick person, lowering his determination to recover, and over-stressing the element of his submission. It is said to mean that they blame God, consciously or unconsciously, when the illness takes an adverse course. These views appear to the writer to be the result of a misunderstanding of clear Scriptural teaching. And the writer also questions the historical accuracy of the quotation just given from Weatherhead, in view of such Bible passages as James 4:13-15 and 1 John 5:14.

Scriptural teaching--and Lutheran theology seems to the writer to be in accord with it--may be summarized as follows. Christians ought always pray conditionally for such temporal blessings as health. God has promised only spiritual blessings, above all the Holy Spirit (Luke 11:1-13), unconditionally. Sometimes He wants a person to be sick; we cannot assume that His will--in the sense of what He wants--is always health.[3] Moreover, nothing can happen in the world without His permission, since He is the sovereign Lord of the universe. Hence, sometimes sickness is His will in the sense that He permits it to happen. The Christian is to trust that whatever happens to him occurs beneath the loving

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[3]In order to understand this clearly, one must distinguish between God's will as seen from His viewpoint and man's. From man's viewpoint it is true that we assume that what God desires is universal health. It is on this premise that we act to prevent and treat illness. This is entirely different--looking at the matter now from His viewpoint--from saying that sometimes God desires illness to occur and that nothing can possibly happen unless He permits it.

providence of his heavenly Father who will direct it to his ultimate good even if it seems evil for a time. To pray for health according to God's will is not simply to submit to "fate," but rather to acknowledge that He knows what is best for us and will lead our lives so as to bring about our good, and to ask that He help us to have a will that is in accord with His. God does not guarantee health to us; but He does guarantee His Holy Spirit to those who ask, and the Spirit brings to the Christian an attitude toward his sickness which is in accord with God's will and enables him to transcend his own sickness, thereby warding off despair if the sickness should take an adverse course and bringing heightened joy and gratitude if it should improve. To be able to pray "according to Thy will" is both a necessity and a privilege. It is His Spirit alone which enables a patient to pray it sincerely.

Does God answer prayers for health?[4] Lutheran theologians often reply that He does always answer, but in His own time and in His own way. This is entirely in accord with Scripture which need not be cited in proof. Obviously, this question has been answered in its crucial aspects in the paragraph above.

Sometimes, as every Christian knows, he is in a sense the answer to his own prayers. To pray that God would help

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[4]An excellent discussion of this question may be found in George Arthur Buttrick, Prayer (New York: Abingdon-Cokesbury Press, 1942), Chapter Five, pp. 70 f.

one forgive someone implies that the person praying will make a sincere effort to do so. The Church that prays for either the preservation or restoration of health, whether in general or in specific cases, in public or private, will also act so that it does what it can to preserve and restore health.

Hence we turn now to a consideration of the Church's response to sickness in the form of acting to prevent it.

The Church Acts to Prevent Sickness

The question of why the Church carries on such activity as this as part of its response to sickness will be treated in the following subdivision of this chapter. Here it should be noted that by participating in such activities the Church is not necessarily falling into the errors of the so-called "social gospel movement." This is a legitimate sphere of the Church's life.

Upon any reflection at all, the work of prevention is readily seen to be extremely important. It is obvious that it is simpler, cheaper, and better in every way to prevent some evil rather than attempt to find a remedy after it has occurred. But for some reason, the work of prevention never receives the attention that it deserves.

This is illustrated by the fact that the literature contains such few references to this aspect of the Church's response to sickness. Apparently little thought and action have been devoted to the work of the Church in preventing sickness. This is a relatively unexplored field.

Some ways in which the Church can aid in the prevention of sickness may be mentioned here. The educational work of the Church is perhaps the most important such means. It is true that the Church's task is not primarily that of teaching people how best to care for their bodies; but at the same time the Church will be encouraging people to maintain health as a part of Christian stewardship. In this way the Church acts to prevent sickness as it teaches the doctrine of Christian life. Some contemporary writers urge that the Church devote special attention to education regarding mental hygiene. It is rightly pointed out that the Church is in a position, somewhat comparable to that of the school, in which it is able to do much by way of preventing mental illness. The Church is in contact with people of all ages, is trusted by them, and is concerned about their total well-being. Particularly through its work with children and young people, as well as all its pastoral care activities, the Church has an opportunity to take note of problems that seem to be developing and act to prevent them before they become serious.[5] The clergy

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[5]A book that deals with these matters is Paul E. Johnson, Psychology of Pastoral Care (New York: Abingdon-Cokesbury, 1953). Also see Seward Hiltner, Religion and Health (New York: The MacMillan Company, 1943). Weatherhead, op. cit., p. 474, writes: "The minister has one great opportunity which he should try not to miss. He is the only professional person who has entry to a home without being summoned. If equipped with some psychological insight and a real lover of his people, he could often spot neurotic situations before they land people in neurosis."

is one professional group that has access to any family at nearly any time. Whereas a doctor enters no home until he is summoned and a social worker takes no initiative until requested, the pastor may go in and out freely and is usually welcomed. The competence of the clergy and other members of the Church is the main limitation to the contribution the Church can make along these lines.[6]

Other methods by which the Church works toward the prevention of sickness, besides education and the activity of the clergy, include the following. Some congregations are today employing social workers as members of their staff. They too, along with the pastor, can help the Church to prevent illness, particularly mental illness. Medical research is an important means of preventing illness. This is a part of the Church's response to sickness as it encourages people to contribute toward such research, and also as it supplies institutions, personnel, facilities, and money for research work that goes on under its own auspices. Finally, the Church can work to prevent illness by doing what it can to support suitable legislation and strive for the general improvement and well-being of the community and nation. In

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[6]Probably also the limits of time should be mentioned, also, as well as the important reminder that the pastor's calling is to proclaim the Word of God and administer the sacraments. Any notion that the pastor's work is primarily that of bringing mental health to people is a disastrous perversion of the doctrine of the ministry and is not here advocated.

general, the Lutheran Church has done little along these lines. On the basis of Scriptural teaching concerning Christian citizenship,[7] the Church should at least do such things as pray for those in authority and for the welfare of the community. An alert Church will encourage such things as improved sanitation and available health services in the community. A concerned Church will endorse legislation which provides, for example, for the work of chaplains in public institutions. It seems apparent that there is much that the Church can do in preventing sickness, as it responds according to the will of its Lord.

The Church Treats Sickness

Prevention of such a scourge as sickness is not always successful. Then sickness must be treated. This, too, is part of the Church's response to sickness. We shall consider these topics: the motivation for such work, the Church's own work of treating sickness, the Church's co-operation with others in this field of activity, and the Church's function in supplying personnel who treat sickness.

The Church works to treat sickness because this is one way in which it can reflect to men the love which it has first received from God who delivered up His own Son for us

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[7]See especially Jer. 29:7, 1 Pet. 2:13,14, 1 Tim. 2:1-6, Matt. 5:13-16, and Rom. 12:16-13:14.

all. Impelled by the Holy Spirit, the Church must of necessity act in love, striving to meet the needs of suffering men.

> We conclude that works of Christian mercy are not mere by-products, however desirable, of Christian teaching; that they are even more than the fruits of faith. Works of Christian mercy are part and parcel of the Christian Gospel, part and parcel of God's plan for man's happiness and well-being, part and parcel of the life of the individual Christian and part and parcel of the work of the Church at large.[8]

Abundant Scripture, for example Gal. 6:1-10, might be cited to substantiate the fact that the Church is to do whatever good it can for all men, especially for those of "the household of faith." Uhlhorn[9] concludes his classic study of Christian charity:

> In Christianity is given us the remedy for all evils, the inexhaustible source of healthy life, but let us not forget how our Lord says: "By this shall all men know that ye are My disciples, if ye have love one to another."

C. F. W. Walther[10] declared as part of the proper form of a Lutheran congregation:

> The congregation must see to it that the sick receive the necessary help, are cared for by day and night, and made comfortable, Matt. 25:36: "I was sick, and ye visited me"; cp. v. 43; 1 Tim. 5:10: "If she have relieved the afflicted."

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[8]Henry F. Wind, "Welfare An Integral Part of the Church's Mission," Proceedings of the Associated Lutheran Charities (1950), p. 8.

[9]Gerhard Uhlhorn, Christian Charity in the Ancient Church (New York: Charles Scribner's Sons, 1883), p. 398.

[10]William Dallmann, W. H. T. Dau, and Th. Engelder, Walther and the Church (Saint Louis: Concordia Publishing House, 1938), p. 108.

Another Christian[11] declares this sort of work to be a necessary part of the Church's life as a means of preserving its own moral health. Another aspect of the motivation of the Church for such service is brought out by a writer[12] who, referring to John 9, discusses acts of love on the part of the Church as a means of readying unbelievers for the message of the Gospel. He declares that "the Savior did miracles of healing, but He did them so that men might come into the sphere of His message." The Church, then, performs such acts of charity as treating sickness because it is its very nature to reflect God's love to people, it has His command to do so, and such work enables the Church to fulfill its function as the light of the world which seeks to share The Light with all the world.

Impelled by such motivation, the Church acts in many ways to treat sickness. It founds and supports institutions dedicated to relieving human suffering. It stimulates and encourages society to do so also. On the congregational level, the Church assists the sick in informal, practical ways that appear insignificant but are nevertheless a helpful response to sickness. Examples, as indicated by one recent

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[11]John H. Strietelmeyer, "Address to the Institute on Social Work, August 26, 1952," Proceedings of the Associated Lutheran Charities (1952), p. 65.

[12]Richard R. Caemmerer, The Church in the World (Saint Louis: Concordia Publishing House, 1949), p. 59.

survey,[13] include: recommendations by pastors that parishioners see doctors and suggestions as to suitable doctors, transportation help in getting to a hospital, and soliciting volunteer blood donors.

Uhlhorn describes the beginnings of hospitals, though he observes that this matter is covered by obscurity.

> The old world was not acquainted with hospitals. There were only houses for the sick, for slaves, perhaps also for gladiators and for the army. There were near the temples of Aesculapius houses for the reception of the visitors, who resorted thither to seek for themselves or others advice in sickness by dreams, during the incubation of the god . . . . But these were only hospices for shelter, and not hospitals for care and attendance. There were also public hospices elsewhere, which were certainly the precursors of the Christian hospital. For the hospital at its first appearance was quite as much a house for strangers, a xenodochium, a hospice, and the first institutions of the kind received all who needed an asylum, strangers, the poor, widows, orphans, the sick, till by degrees there were separate institutions, according to the various classes of the needy; and thus hospitals, in their present sense of houses for the reception and care of the sick and infirm, were formed.[14]

About the time of Constantine, 325 A. D., hospitals began to appear. Uhlhorn explains this by referring to the large number of people in distress, the large number of Christians, and the fact that "the whole period had a strong propensity to institutions."[15] During the fourth century a number of

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[13]Kenneth R. Young, Social Services Provided by the Congregations of The Lutheran Church--Missouri Synod in Saint Louis During 1953 to Their Aged Members (Unpublished Master's Thesis, The George Warren Brown School of Social Work, Washington University, Saint Louis, June, 1954), p. 33.

[14]Uhlhorn, op. cit., pp. 323-324.

[15]Ibid.

hospitals were built. Charles F. Kemp[16] refers briefly to the early work of the Church in building hospitals.

> Among the early fathers, Basil established a hospital at the gate of Caesarea; St. John Chrysostom at Constantinople, and, under the guidance of Jerome, Fabiola built the first general public hospital at Rome. Hospital orders were formed as early as 1113, when the pope recognized the Friars of the Hospital of St. John of Jerusalem who maintained hospitals for the pilgrims to the Holy Land.

An interesting reference to the work of the Church in treating the sick is found in the rules of the monastic order of Saint Benedict, dating from the early sixth century.

> Before all things, and above all things, care must be taken of the sick; so that the brethren shall minister to them as they would to Christ Himself; for He said: 'I was sick and ye visited me' (Matt. 25:36), and 'Inasmuch as, etc.' (v. 40). But let the sick, on their part, remember that they are being cared for to the honor of God . . . .[17]

Throughout the medieval period the monasteries were a haven for the sick. The Crusades stimulated action on the part of the Church to treat sickness.

> Although the crusades did not accomplish their primary purpose, they did influence the Church in its relation to healing. One disease in particular, leprosy, was brought back to Europe from the Orient; as it spread, the Church tried to meet the needs of those who became ill. Hospitals were built by monks to care for them . . . . In this way the crusades were directly responsible for the building of hospitals and for a renewed interest in healing. These institutions had to be manned with

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[16] *Physicians of the Soul* (New York: The MacMillan Company, 1947), p. 141.

[17] Henry Bettenson, *Documents of the Christian Church* (New York: Oxford University Press, 1947), "Benedict's Regula," Section XXXVI, p. 170.

> nurses; therefore religious nursing orders, such as the Knights Hospitalers, were founded.[18]

This provides sufficient historical evidence of the part the Church has played in founding and supporting hospitals.[19] Today, although there are many hospitals not supported by the Church, yet there are vast numbers of them that are sponsored by the Christian Church. For example, in 1947 there were 1038 hospitals in the United States and Canada sponsored by the Roman Catholic Church.[20] It is clear that an important aspect of the Christian Church's response to sickness has been to establish and maintain hospitals.

This is true also at the present time. However, ever since the time of the Reformation there has been a decrement of the activity of the Christian Church in the field of social welfare work and a corresponding increase of the part played by government in this field. Some of the most important causal factors include these: the Church's loss of wealth and property through the Reformation and the State's corresponding gain; the industrial revolution and urbanization which made the need for such things as "poor relief" so urgent and widespread that only the State could meet them; the rise of the concept of "the welfare State." Consequently, although the

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[18]Carl J. Scherzer, The Church and Healing (Philadelphia: The Westminster Press, 1950), p. 54.

[19]The reader who desires more information about the history of Christian hospitals is referred to Scherzer's work.

[20]Scherzer, op. cit., p. 133.

Church has the same motivation to supply hospitals and it is active in this respect to some extent, today we may be in a time of transition when such functions, traditionally performed by the Church, are passed on to the State even more than they have been. One recent Protestant book[21] devoted entirely to the subject of the "functional church" in the life of the community does not contain a single reference to such works of mercy as building hospitals. A recent survey[22] of the opinion of clergymen of The Lutheran Church--Missouri Synod regarding the proper place of the Lutheran Church in social work revealed that these men think that the basic responsibility for social welfare belongs to the State because of the widespread, urgent needs and meager resources (of money and personnel) of the Church. A significant finding of the survey was the fact that one-fourth of the clergymen said that in the modern world the Church has neither time nor resources to provide all the needed social services, nor any God-given obligation to try to do so. These men thought that the Church ought to recognize these facts and not waste its energy and resources but rather devote itself exclusively to providing spiritual services. As an example they declared that the Church should let the State establish and maintain hospitals and then seek to serve only

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[21] Harvey Seifert, The Church in Community Action (New York: Abingdon-Cokesbury Press, 1942).

[22] K. Young, op. cit., pp. 56 f. This survey was limited in scope to twenty representative urban clergymen.

by supplying adequate chaplain services. One writer,[23] referring to the present situation in our society, expresses his conviction that Church-sponsored hospitals today have a different contribution to make than when they were first begun. Describing his concept of this unique contribution, he says:

> Today church-related hospitals must make their ministry of healing distinctive in order to justify their existence. Rethinking the purpose of these institutions in present-day society may return them closer to the original ideas promulgated by the founders of these institutions. For example, five motives for the hospital ministry of Southern Baptists can be stated: 1. to give medical care to the poor, 2. to carry out the healing ministry of Jesus, 3. to provide a Christian atmosphere for the sick, 4. to train godly young women in the field of nursing and to furnish an avenue of service to doctors and nurses who feel the Christian call, 5. to enlarge its program of evangelism.

Is it God's will that the Church erect and maintain hospitals as part of its response to sickness? The Scriptures do not address themselves directly to this question since hospitals as we know them did not then exist. What then is the consensus of Christian judgment? Hospitals as we know them are the direct result of the judgment of Christians of former generations that to sponsor hospitals is a vital part of the Christian response to sickness. What of this generation? Arguments both for and against are fully discussed by William J. Wiltenburg.[24] Citing the difficulties in sus-

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[23]Richard K. Young, The Pastor's Hospital Ministry (Nashville, Tenn.: Broadman Press, 1954), p. 15.

[24]Should Churches Sponsor Hospitals? Proceedings of the Associated Lutheran Charities (1951), pp. 74-78.

taining adequate financial support as the main reason why many argue against it, he contends convincingly that the Church should, in the spirit of Christ, venture into such work.[25] It is the opinion of the writer that, if the Church is to respond to sickness as God desires, an essential part of that response must include the building and maintenance of hospitals.

It is self-evident that the Church of today cannot of its own resources supply all the needs elicited by all the sickness in the world. Others must assist. This means that the Church, in treating sickness, is active in the same field of human endeavor as are others outside the Church. Therefore a part of the Christian response to sickness is that the Church co-operate with others in the community in treating sickness.

There is little available in the literature on this topic. It is a relatively unexplored area. One of its aspects is the co-operative work of the pastor with other professional people concerned with healing. This will be discussed sub-

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[25]His judgment is largely based on the following arguments. The Church must be interested in the physical well-being of men, as Christ's parable of the good Samaritan shows; "only when the hospital is sponsored by the Church will it be a healing institution in the complete sense of the word" (he here is considering the facts of psychosomatic medicine and the crucial significance of "religious well-being"); because of its motivations the Church-sponsored hospital should be superior in every way, especially in the attitudes of the personnel; "a distinctively Christian philosophy will pervade the entire operation of the hospital"; church sponsorship will insure a chaplaincy service that is both extensive and intensive. He considers this question to be very similar to the question of whether or not the Church should have its own schools.

sequently.[26] In order to co-operate effectively with others in treating sickness, the Church must do such things as the following: realize and accept the fact that it cannot alone supply all the needs created by human sickness; be willing to co-operate with others in this common concern; have some knowledge of what others can do (for example, knowledge of the existence and function of the Visiting Nurse Association, and the special skills of a medical social worker);[27] have an awareness of its own particular function and limitations; and possess and employ the skills necessary for effective co-operation.

Finally, in acting to treat illness, the Church responds by supplying people whose work is to help the sick. It can be easily demonstrated that this is an historical fact. The previous consideration[28] of the origin of hospitals has noted the rise of religious nursing orders. In the first centuries of the Church, individual Christians, men and women, did whatever they could to relieve the sick. This became the special duty of the deacons, and then, at least as early as 350 A. D. deaconesses came to be used to minister to the women whom the

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[26] *Infra*.

[27] Possession of such a resource as a local Community Service Directory will be very helpful to the Christian who seeks to co-operate with others in treating the sick. He can learn from it such information as the location and function of the social work agencies of his community.

[28] *Supra*, pp. 48 f.

deacons could not serve.[29] An organized group of women who supplied nursing services, called "The Virgins," was recognized as an order of the Church at least as early as 379 A.D.[30] Indeed, as Scherzer[31] says:

> . . . the nursing profession traces its origin to these early Christian orders. The deacons and the deaconesses carried the Church into the home. They did the best they could in caring for the sick and the poor, by using the remedies current in their day and resorting to prayer and the laying on of hands . . . . It was one of the deaconesses, Fabiola, who founded the first charity hospital at Rome about A. D. 300.

John T. McNeill[32] describes this historical activity of the Church in supplying personnel to treat sickness in this way:

> The practice of medicine, especially of obstetrics, by women was common in paganism and was continued in Christianity. Nursing was shared by both sexes, but from the fourth century was chiefly the work of nuns and other devout women. The early and later monasteries had their infirmaries and medical officers, and gave some attention to medical knowledge and much to the cultivation of medicinal herbs.

It is readily apparent that the Church of today, too, supplies personnel to treat the sick.

This particular response goes on in the Church in both unorganized and organized ways. The teaching of God's Word inevitably produces results in the lives of people, some of

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[29]Scherzer, op. cit., p. 40.

[30]Ibid.

[31]Ibid., p. 43.

[32]See Paul B. Maves, ed., The Church and Mental Health (New York: Charles Scribner's Sons, 1953), p. 53.

whom are led to dedicate themselves to the service of treating the sick. Moreover, the Church makes some organized efforts to encourage people to devote their lives to treating the sick, and then to train them so that they are able to do this successfully. For example, the Lutheran hospitals do all that they can to recruit and train nurses. The many Church-sponsored schools of nursing are evidence of the fact that the Church responds to sickness by supplying personnel to treat the sick.

This work is an important facet of the Church's total response to sickness, important for the entire society as well as the Church. The current shortage of qualified medical personnel is too well-known to necessitate documentation. Any institution within society, such as the Church, which can help enlist and train medical personnel is making an important contribution to the general welfare of society. That the work of the Church in this concern is especially valuable is underscored by some writers who assert that people supplied by the Church are often those who most capably treat the sick. One reason for this is said to be the Christian motivation of such personnel.

> For the Lutheran nurse we claim an additional qualification, namely, her consistently Christian motivation. This says that she is a nurse . . . because the drive and incentive of her Christian faith make her want to join with and be operative in the work of our Saviour's earthly kingdom. We say that it is her resultant sincere feeling for the suffering of her fellowmen that permeates and hallows her attitude and her work. And you and I know that there is no higher

> ideal--there is no more reassuring or stabilizing motivation for any profession.[33]

Other writers[34] have said that a Christian medical worker--simply because he is a Christian--is better able to serve the total needs of a patient. This is so because the spiritual needs of a patient are a vital and integral part of his total needs. Since the most effective medical treatment must consider the total needs of a patient, it is apparent that the Christian worker is better qualified to serve him. For example, a Christian nurse is herself able to minister to a patient's spiritual needs when no clergyman is available.

This chapter has considered the work of the Church in preventing and treating sickness as a part of the Christian response to sickness. First it was shown that the Church prays in response to sickness, and always does so conditionally. Then the importance of the Church's acting to prevent sickness was indicated, as well as possible means of accomplishing this purpose. The last section has dealt with the Church's activity in treating sickness, considering the motivation of the Church and especially the mode in which this activity has most often appeared, namely the operation of

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[33]Hugo List, "Recruiting Lutheran Nurses for Lutheran Hospitals," Proceedings of the Associated Lutheran Charities (1951), p. 85.

[34]See, for example, Bertha Lunde, "The Necessity of Training More Lutheran Nurses," Proceedings of the Associated Lutheran Charities (1951), pp. 79-82. Also James B. Ashbrook, "Not By Bread Alone," The American Journal of Nursing, Volume 55, Number 2 (February, 1955), pp. 164-168.

hospitals. We have concluded the chapter with a brief consideration of the Church's co-operation with others in treating sickness and its supplying of medical personnel as a very important contribution of the Church. All of this is one significant aspect of the total Christian response to sickness.

CHAPTER IV

THE CHURCH MINISTERS TO THE SICK

In describing the response of the Christian Church to sickness, this study has thus far dealt with the Church's teaching of God's Word concerning sickness and the activity of the Church in preventing and treating sickness. One other phase of the Church's response remains to be considered, namely the ministration of spiritual services to those who are ill.

This chapter proposes to delineate the Church's spiritual ministry to the sick. The following main topics will be dealt with: the obligation of the Church to perform such a ministry; aims and methods of the clergy as they fulfill this obligation; and the Church's use of others besides clergy in meeting its obligation. Most of the chapter is devoted to a consideration of the methods of the clergy in ministering to the sick. Some of this material is not, strictly speaking, a description of the Church's response to sickness. It is included here because it may prove useful to those wishing more information about these specific methods.

The Church's Obligation To Minister To The Sick

The nature and function of the Church plus the impact of sickness on the individual sufferer combine to make the ministry to the sick an obligation of the Church. It is both an

opportunity and a responsibility, indeed, an inescapable responsibility because it is so clearly in accord with the Lord's will. Since sickness may be either gain or loss to the individual, depending on his religious response, the Church has an obvious opportunity to serve. J. C. Heuch[1] has written thus:

> The Christian Church has always sought to make her afflicted and suffering members the special object of her ministrations and care. There is a good reason for this solicitude on the part of the Church. Every type of tribulation that comes upon man is a divine chastening. Therefore every adversity also contains a gracious call from God . . . . Tribulation may also prove to be a temptation to rebellion against God . . . . There is thus the two-fold possibility that every affliction may prove either gain or loss to the soul . . . . For this reason it becomes necessary for the Church to aid the distressed by means of special ministrations . . . . In every case of serious and protracted bodily suffering, it is necessary that the Church seek to help these souls. If she fails to do this, it is doubtful that these sufferers will come to an understanding of the divine purposes inherent in physical suffering. Without such assistance the affliction will not yield the fruits which God desires, nor will the temptations occasioned by the trial be overcome. Christ's words, "I was sick, and ye visited me," are to the Church the strongest reminder that she is to be His messenger to all who are oppressed by sickness.

Another writer, emphasizing the fact that illness is always a spiritual crisis, brings out another reason why the Church must respond to sickness by ministering to the sufferers. He writes:

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[1] Pastoral Care of the Sick, translated from the Norwegian by J. Melvin Moe (Minneapolis: Augsburg Publishing House, 1950), pp. 3-9.

> The Church responds to illness out of the loving concern of a close-knit community. As members of one body the persons in this community are so deeply interrelated that when one suffers, all are affected.[2]

The Church, then, has an obligation to minister to the sick.

This obligation is met by the members of the Church. In practice, most of the work is done by the clergy. They are the representatives of the Church, called to bring the Word and Sacraments to people in the name of the whole Church. These men who serve the sick in this way may be either full or part-time chaplains in institutions, or they may be parish pastors.

The literature on the subject leaves no doubt that Christian judgment insists that the clergy minister to the sick as part of the response of the Church to sickness. Expressing the same view as many others, John H. C. Fritz[3] writes:

> It is a most solemn duty of every pastor to visit the sick and the dying and to attend to their spiritual needs, Matt. 25:36-40; Ezek. 34:1-16; James 5:14,15; Is. 38:1; 2 Cor. 1:4; 1 Thess. 2:11. Whenever he is requested to do so, a Christian pastor should also visit strangers who are sick or dying, provided that they are not members of any other Christian congregation and under the care of some other pastor. A pastor should always, at any time, by day or by night, readily and cheerfully respond to a sick call.

"The parish minister gives priority to the sick and the dying. The degree of his attention varies according to the serious-

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[2]Paul E. Johnson, Psychology of Pastoral Care (New York: Abingdon-Cokesbury, 1953), p. 193.

[3]Pastoral Theology (Saint Louis: Concordia Publishing House, 1945), p. 175.

ness of the illness," writes Andrew Blackwood.[4] In other ways different writers all emphasize the responsibility of the clergy to minister to the sick.

Aims of the Clergy in Ministering to the Sick

The necessity and importance of having a correct concept of the aims of the clergy in ministering to the sick require no proof. The pastor's task is always that of a Seelsorger--a person who cares for the spiritual well-being of others. As such, his calling is to bring the Word of God and His sacraments to people. As the representative of God Himself, he is to convert, correct, and comfort those to whom he ministers. Several writers have stressed the fact that the clergy's basic function is to minister spiritual services.

> Over and above all the problems which may confront the individual whom we serve lies this basic concept of our ministry that we are ambassadors of Christ called to lead men to a right relationship with their God.[5]

> Every chaplain is a pastor first and his duty is not reform of moral behavior, control of social conditions or raising general living standards. His prime objective is winning prople for the Kingdom of God through faith in Christ by being a dispenser of the Means of Grace through which the miracle of faith is created by the Holy Spirit. From that certainly does flow a life of sanctification which produces good citizens,

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[4] Pastoral Work (Philadelphia: The Westminster Press, 1945), p. 102.

[5] William M. Stieve, "The Church's Ministry to the Physically Ill," Proceedings of the Associated Lutheran Charities (1951), p. 64.

civic righteousness and social and health standards.[6] The tasks of evangelism and edification are at the core of the pastor's work, and this must never be forgotten. Of course, these general aims will be defined more specifically as the pastor carries on his work of ministering to the sick. They will be delineated as precisely as possible in accord with the particular patient, but also these specific objectives must lie within the basic framework of evangelism and edification.

It is today particularly important to understand that the clergy's ministry to the sick is of a spiritual nature because some people are defining these aims incorrectly. Some of the literature reflects this misunderstanding, and some warns sharply against just this error. One writer[7] warns that the institutional chaplain must not become a physician, social worker, moral policeman, occupational therapist, psychologist, nurse, or psychotherapist. Because of the current popularity of such subjects as psychology and psychosomatic medicine one of the very real temptations of the clergy is to become some sort of junior psychologists or psychiatrists. Carroll A. Wise[8]

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[6]Edward J. Mahnke, "Theology in Clinical Training," Proceedings of the Associated Lutheran Charities (1953), p. 89.

[7]Edward J. Mahnke, "The Institutional Chaplaincy--Function and Purpose," Proceedings of the Associated Lutheran Charities (1950), pp. 43 f.

[8]Religion in Illness and Health (New York: Harper & Brothers, 1942), pp. 261-262.

writes to this point, as he refers to

> . . . the tendency of clergymen to take over the techniques of the psychiatrist in the belief that this is the way to make their ministry effective. Actually this does harm, because they are not adequately trained to use the methods of the psychiatrist and they do not function in the role of psychiatrist. Furthermore, in spite of certain similarities between the work . . . there are also vast differences which are not taken into account. The true answer to the problem is not to be found in taking over the techniques of another profession, which really leads to becoming something of a third-or fourth-rate psychiatrist or social worker, but rather the development of the techniques of religion.

Methods of the Clergy in Ministering to the Sick

A proper understanding of the aims of the clergy is vital because these aims dictate the general nature of the methods to be employed by the clergy in ministering to the sick. If this work is to be done according to God's will, the clergy's methods must be in accord with the aims just outlined.

The following lengthy section treats of these methods. The literature is most extensive on this subject, which has so many ramifications. Here the attempt is made to weave together the most important material. Much has had to be omitted. The reader is directed to the footnotes which will provide bibliographical references for further study. For the sake of convenience to the reader, the different methods here considered are each presented as subdivisions of this chapter.

The sequence is as follows. First the clergy's work with groups is considered, particularly worship services. Then follows the work with individuals. Here these topics are

dealt with: basic principles of pastoral care; general techniques of sick calls; the "tools" used by the clergy; specific crucial situations, for example, serving the dying; teamwork with other professional workers; and the matter of records and supervision.

The Work With Groups

This section has reference to the sick who are confined to institutions. In general, it concerns chaplains rather than parish pastors.

Chaplains conduct services similar to those led by parish pastors, although this is ordinarily not such a prominent feature of their ministry. These services may be regular public worship services, or they may be "occasional" services, such as weddings, funerals, anniversary or confirmation services.

One writer[9] offers suggestions concerning the preaching in institutions, having in mind particularly the public worship services. He gives such hints as the following: the unique nature of the "congregation" should be kept in mind, for example, the fact that it is probably largely non-Lutheran; the service should be less formal than usual Lutheran services; everything should be simple, brief, and well planned;

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[9]Leslie F. Weber, "Some Homiletical Guides for Preaching in Institutions," Proceedings of the Associated Lutheran Charities (1950), pp. 70-74.

the sermon should be relatively short, with many illustrations, and the preacher should stress life and health rather than seem pre-occupied with death; narrative texts from the gospels are best because they are more easily remembered. One point he makes regarding the use of Law and Gospel bears repeating:

> As necessary as the Law is we must not over-emphasize it; we must preach about sin, but where there is a realization of sin our preaching should be on the subject of forgiveness of sin . . . . It should not be our purpose to further crush the sinner who is already crushed by a feeling of guilt . . . . In this connection I am thinking particularly of mental patients who are suffering from a feeling of depression.[10]

Chaplains must also keep in mind the employees of an institution, particularly if they reside there. It is the duty of the chaplain to serve their spiritual needs. Services ought to be planned and held accordingly. One writer[11] graphically described this responsibility:

> It is his task as chaplain to minister to the entire hospital staff in regular opportunities for worship and dedication that will remind each health worker that he too stands for Someone who cares, until the atmosphere of the hospital is charged with deepening concern and personal interest in each sufferer, and the patient is gathered from impersonal institutionalism into the friendly family circle of loving, sympathetic care. It is true that every hospital worker cares for the sick or he would not be there, but in the haste of the many and the monotony of the routine one inevitably loses that perspective unless someone like a devoted chaplain moving in and out among the wards renews one's deeper religious devotion to his fellow men.

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[10] Ibid., p. 73.

[11] Johnson, op. cit., p. 206.

In addition to public worship services, the chaplain ministers to the sick in groups through the following media: ward services, Sunday School and Bible classes, perhaps occasional recreational gatherings, and so on.

Basic Principles of Pastoral Care

The preceding section has indicated the afore-mentioned necessity of ministering in accord with the proper aims and methods. The present section, too, under-scores this same necessity.

The pastor ministering to the sick is the representative of God, sent by Him to care for individual people who are each precious in His sight, created by Him, redeemed by the life and death of His only Son, and sanctified by His Holy Spirit through the means of grace. Thus the basic principle of pastoral care is that the pastor serve the spiritual needs of the patient, bringing to him the resources at his disposal--particularly the Word of God, the sacraments, and prayer.

The privilege as well as the responsibility of his work ought to be clearly before the pastor. He should make every effort to fulfill his high calling. To him are entrusted many people who are priceless in God's sight. His work ought to call forth the best that is in him. To that end he must study and learn and keep growing personally. And theology must ever be his main study, for his task is to bring people to God and God to people.

The focus is on the individual patient in pastoral care of the sick. The ministering clergyman must recognize the value of the individual, and all of his ministrations must be individualized. He must realize that every individual is different, and that his service must be varied accordingly. Consequently, the pastor endeavors to understand the individual and his needs and problems at any particular time. He will proceed carefully in ministering to him, allowing for his physical condition and being duly cautious in identifying sins of the patient. He will preserve the confidentiality of all his work with the sick.

Many of these ideals, here sketched hurriedly, are dependent on the use of good interviewing techniques. That the pastor use good techniques of interviewing may be considered another principle of pastoral care. Such techniques are discussed in the section to follow.

General Techniques of Sick Calls

The material to be presented here is roughly organized under the following categories: the pastor's own self; taking initiative in sick calls; frequency and duration; common sense in the sick-room; and interviewing techniques.

Certain aspects about the pastor himself are important in a consideration of the techniques of sick calls. He ought to have adequate knowledge and skills, for example, it is helpful if he knows something about the nature of the sickness of the

particular patient (although this is not absolutely necessary). His appearance is important. Several writers offered the reminder that the pastor ought always be clean and neat, in every respect a Christian gentleman. Some writers suggest that the pastor wear something which will quickly identify him as a clergyman, for example, a clerical collar. Others express the opinion that this may have negative results with certain patients. In addition, this depends on the custom within the denomination and congregation, as well as the personal taste of the minister. The attitude and emotional reactions of the visiting parson are also important. The pastor's mood, said several writers, should be serious, hopeful, confident, properly sympathetic, and friendly. His whole demeanor must vary in accord with each particular sick call. This means that he must be sufficiently self-disciplined to "shift the gears of his emotions" as he goes from one patient to the next.

> We usually have a "carryover mood" from our last call. Patients who are in the depths of despair do not appreciate a minister who breezes in with a broad smile and begins the conversation with superficial airiness. One of the hardest things we have to do is to immediately sense where the patient is emotionally upset and then to seek to adapt our mood to his. If he is cheerful and gay it is all right for us to be the same, but if he is morose and sad he must sense our complete understanding and sympathy with him. In other words as we leave one room to go to another we shift the gears of our emotions into neutral and decide what our next mood shall be only after we have seen the next patient.[12]

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[12]Granger E. Westberg, "Pastoral Counseling in the Hospital Ministry," Proceedings of the Associated Lutheran Charities (1938), p. 38.

Another writer warns that the task of listening to the troubles of others is very exhausting; "it can even be alarming, for fear is infectious."[13] He declares that the pastor must extend some sympathy, but must do this carefully. The need for this balance he vividly portrays:

> But the minister must not identify himself too closely in terms of emotion with the person who seeks his aid, or the latter will pull the minister down into the pit from which deliverance is being sought in the interview. There will be two depressed, or even defeated, people instead of one. The kind of interview envisaged is emotionally intimate. A story may be told which has been locked up in another personality for years. If the minister is not careful he will find his own personality emotionally invaded: a process so exhausting that he may be rendered unfit to give the maximum help. However sympathetic and sensitive he may be, the minister, so to put it, must stay on the edge of the pit, with only a rope of understanding attached to the one he seeks to help. Then, gradually, he can pull the troubled soul out of the pit of despair. Otherwise the minister's very sympathy may render him useless to help another.[14]

In addition to being intellectually and emotionally competent to minister to the sick, the pastor must keep himself spiritually and physically fit. That the pastor must keep growing in his own Christian faith is self-evident and cannot be discussed here. Several writers suggest that the pastor ought not call on the sick unless he himself is well. This is a matter of defining and determining degrees of health and is a matter for the decision of the pastor at a particular time. Certainly the pastor who visits the sick must take adequate

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[13] Leslie D. Weatherhead, Psychology Religion and Healing (New York: Abingdon-Cokesbury Press, 1941), pp. 470-471.

[14] Ibid.

precautions in the case of contagious disease, not only for his own sake, but also for the welfare of others upon whom he calls and his own family. Several writers offer specific suggestions along these lines, for example, to be careful about shaking hands with the sick.[15]

The question of initiative in calling on the sick needs to be considered by the pastor. There may be times when he should not visit a particular patient, while at other times he should. The question of whether or not the pastor should wait to be summoned to the sick-room is adequately discussed by Heuch,[16] who concludes that the pastor should not always wait until he has been summoned to visit a member of his congregation. He offers a number of reasons for this opinion, for example, the fact that such visiting is the official duty of the pastor. Sometimes it may be best if the pastor waits temporarily, until he is asked to visit. Certainly, the pastor "respects the rights" of patients and their personal privacy. But some writers over-emphasize this and forget that the pastor has also vital responsibilities. In some cases a pastor's reluctance to take initiative may be due primarily to his own fears and uneasiness regarding sick calls or some specific call in particular. Initiative in the case of sick persons who are not members of the pastor's congregation is a

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[15]See Fritz, op. cit., p. 175 and Nolan B. Harmon, Ministerial Ethics and Etiquette (New York: Abingdon-Cokesbury Press, 1950), p. 108. Also Blackwood, op. cit., p. 111.

[16]Op. cit., pp. 12-22.

somewhat different matter and will be considered subsequently.[17]

What is to be said of the frequency and duration of sick calls? The common practice is to visit according to the severity of the illness. The more seriously sick the patient, the more frequently the pastor visits. John H. C. Fritz, whose opinion seems in accord with that of others, writes:

> That depends upon the nature and the seriousness of the illness. In very serious cases, when a patient suffers much physical pain and is spiritually much disturbed, or when death is imminent, the pastor ought to call daily or even twice a day or still oftener; in less serious cases, two or three times a week; in ordinary and chronic cases once a week will suffice. At the beginning of an illness the pastor ought to call at frequent intervals and less frequently as the patient convalesces.[18]

Duration of a single visit will also vary, depending on the situation. An hour-long interview with a well person is generally considered about the maximum desirable; the time spent with a sick person will ordinarily be less. Consideration must be given to his physical condition. The literature suggests a usual range of from two to thirty minutes. Many writers warn against tiring the sick.

Some of the writers on the subject of visiting the sick include sections they label "common sense in the sick-room." Some of this material is here summarized. The pastor must co-operate with all those responsible for the bodily welfare

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[17] Infra.

[18] Op. cit., p. 181.

of the patient.[19] All his work must be done within the rules of the hospital. Before visiting a patient he should learn of his general condition from the nurse in charge, and he should secure her permission before passing through any closed doors. Once in the room even though he will not remain long, he should be calm and leisurely in speech and action. He should stand or sit in such a position that he can converse with the patient without causing him any discomfort. He should try to avoid such obvious mistakes as kicking the bed or leaning upon it, and knocking over water containers. The regular visiting hours of the patient usually offer the best opportunity for the pastor to call. Otherwise, the patient's rest may be disturbed. If the patient has other visitors in the room who do not leave after the pastor has entered, it is sometimes best for the pastor to leave and return later. Visiting during the patient's mealtime is to be avoided. The pastor should carefully avoid offering any opinions concerning the patient's diagnosis or prognosis; neither should he give any "medical advice" even when it is requested and he is tempted to offer it. Put negatively, one principle the pastor should follow is that he do no harm in his visit. This means simply practicing common sense and avoiding such blunders as describing to a patient the woes and troubles of someone else. Several writers caution the minister to be careful in calling

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[19]This is considered further, under "Teamwork," Infra.

on women patients.[20] This matter is most adequately discussed by Cabot and Dicks[21] who write of the two--pastor and patient--who must always be facing a Third, and that is God. Lengthy discussions of these and similar practical hints are offered in much of the literature.[22]

Good interviewing techniques must be employed by the parson who wishes to visit the sick successfully. Much has been written on the subject of interviewing.[23] Here some of the most pertinent material is outlined.

Against the broader framework of an over-all plan for all pastoral calls, the minister should plan his sick calls, and within this narrower sphere he must plan in some way for each specific call. Such prayerful preparation is necessary if the pastor is to do his best. Cabot and Dicks[24] make a strong case for it.

> Spontaneity is splendid if you have it, whether in sermons, prayers, after-dinner speeches, or visits

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[20]For example, see Fritz, op. cit., pp. 173-174, 201-204. Also Harmon, op. cit., pp. 100-102.

[21]Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York: The MacMillan Company, 1937), pp. 172-177.

[22]The reader may consult the following: Richard K. Young, The Pastor's Hospital Ministry (Nashville, Tennessee: Broadman Press, 1954), pp. 52 f. Harmon, op. cit., p. 104. Russell L. Dicks, You Came Unto Me (Durham, North Carolina: Duke University, 1951), pp. 12 f. Cabot and Dicks, op. cit., pp. 20-44.

[23]The field of social work, alone, has produced a vast quantity of literature on this subject, including entire books.

[24]op. cit., p. 162.

> to the sick. But why sacrifice everything to a spontaneity which in the end you don't achieve? The habit of making no preparation for a visit is popular because it saves trouble. Original sin makes us hide our laziness behind reverence for a spontaneity which rarely comes off. We try to depend on it because we dread the labor of preparation. "Prepare everything that you find you cannot do well without preparation," is as sound a maxim for the minister as it is for the baseball player or the pianist. Most ministers prepare their Sunday sermons. It is quite as essential to prepare for a visit to the sick. Only when experience has proved that preparation hampers or upsets us should it be discarded.

Approaching a patient who is in bed is different from initiating an interview with a parishioner who comes to see the pastor in his office. In the latter case there is usually some problem the parishioner has come to discuss. But, as some writers are careful to point out, not every sick person is to be considered a "problem case" and the pastor is not to approach him as though he were. Some very specific suggestions are available in the literature regarding the approach to the patient.[25]

An important principle of interviewing is to "begin where the patient is," that is, with his situation and concerns.[26] One aspect of this is to have some idea of the physical condition of the patient. This may be gained by previously consulting with the nurse (though she is not authorized to reveal diagnoses), and by observing the patient and the room upon entering. The pastor will also probably ask the patient how

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[25]See Fritz, op. cit., pp. 177 f.

[26]See Cabot and Dicks, op. cit., Chapter XIII, pp. 178 f.

he is feeling. However, several of the writers strongly advise the pastor never to ask a woman patient about the nature of her ailment.

The relationship between the pastor and patient is very important. Much literature today stresses the need for rapport, a relationship in which the patient freely reveals his concerns to one whom he trusts. Both pastor and patient must be at least reasonably at ease with one another in order to achieve this. If the visiting pastor is not previously known to the patient, he must first identify himself and the reason for his visit.[27] To some extent, a good relationship between the pastor and patient depends on the ability of the pastor to accept the patient as a person. This does not mean that the pastor is to ignore sin, but it does mean that when he applies Law he does so in a loving way. His attitude will reflect the acknowledgment that he knows himself to be a sinner too, plus his constant love for the patient. For the pastor never brings only the Law, but always is ready to offer the Gospel to repentant sinners. A less important aspect of this acceptance is the pastor's ability and willingness to accept fully the patient's physical condition, not being shocked or upset or repulsed by it. The relationship between pastor and patient is, at best, a "professional" one. This means that

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[27]The pastor should always identify himself first, even if he has met the patient before. In his weakened condition the patient may forget, but it would serve no purpose to remind him of his failing.

both understand and act on the assumption that the pastor is there to serve the patient and the interview will center upon him and his needs. Such matters as the pastor's own operation of two years previous ordinarily have no place in the interview. There are a large number of other facets to this crucial element of relationship, for example, the patient's dependence on the pastor,[28] but they cannot be included in this study.

The art of questioning is another important element of good interviewing. Literature abounds on this subject, too.[29] Among other things, the questions should be carefully chosen and formulated, few, simple, sufficiently specific.

Other skills helpful to the pastor in interviewing the sick are frequently mentioned in the literature. They cannot be treated at length here. Such skills include these: listening; the use of quiet; observation; empathy; sensitivity; and the ability to interpret. The reader is referred to the literature for discussion of such skills.[30]

Also amply treated in the literature is the role of non-directive interviewing in contrast to directive. Many today agree that the method developed by Carl Rogers has some value

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[28]For instance, see Cabot and Dicks, op. cit., pp. 172-177.

[29]Very helpful is the discussion in Heuch, op. cit., pp. 47 f.

[30]Cabot and Dicks' book, op. cit., contains most of this material. See also Rollo May, The Art of Counseling (New York: Abingdon-Cokesbury Press, 1939) and Edward J. Mahnke, Ministering to Those in Stress (Unpublished Bachelor's Thesis, Concordia Seminary, Saint Louis, May, 1949).

for the pastor, but must not be used to extremes. It seems to this writer that Seward Hiltner's book[31] illustrates the use of non-directive interviewing to an extent that Lutheran theology and Lutheran pastors could not accept. This will be amplified subsequently.[32]

Much more could be said about interviewing as a general technique of the pastor's sick calls, but it carries the present discussion too far from the basic aim of this study. Only three more facets of interviewing will be noted here.

The pastor visiting the sick ought to "follow the thread" of the concerns and conversation of the patient, responding to his feelings and the thoughts most meaningful to him, rather than to every literal word. Sometimes it is difficult to conclude an interview successfully. But this is no legitimate reason for letting it continue on and on. Nolan B. Harmon has this to say about the matter:

> There is an art in leaving properly, and "retreating in good order," to use a military term. This holds in the sickroom as well as other places. Some pastors never master this art, and either break away with a "thank-heaven-that's-over" air, or they sit and sit and mention the fact that they are sorry, but it really is time to go, and sit some more, and finally drag themselves out as though apologizing for casting such a gloom over the room as to leave it. If it is time to go, say so and go.[33]

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[31] Pastoral Counseling (New York: Abingdon-Cokesbury Press, 1949).

[32] See the discussion of the "Use of Psychology," "Use of the Word," and "Prayer," Infra.

[33] Op. cit., p. 105.

Though this is an over-simplification, it is a useful suggestion. Finally, the visiting pastor should keep some sort of record of the interviews he has. This will be considered separately in subsequent discussion.[34]

The Use of Psychology

In carrying out the task of visiting the sick, the pastor makes use of whatever seems helpful to him of all the knowledge accumulated by human thought and experience. The findings of psychology are of particular value. It is used by the ministering pastor in all of his work, particularly in diagnosing the patient's spiritual condition. Here we shall briefly consider the use of psychology under the following topics: its improper use; and its proper use, particularly as an aid to diagnosis.

Psychology is used improperly when it alone is counted adequate to provide an understanding of the nature of man or when it alone is used to minister to men. Many people, many pastors, are today making these mistakes. But we are dependent upon the revelation of Scriptures for an understanding of the nature of man. There are some things about man, for example, his original sin, which are not amenable to scientific investigation. The pastor must channel the means of grace to people if he is to serve their spiritual needs; to use only psychology is to remain on man's level. The abuse of the concept of non-

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[34] Infra.

directive interviewing has already been mentioned[35] and is an example of the use of psychology alone in serving the sick. A number of writers warn against going to extremes in using psychology, getting caught up in a current fad, and becoming poor "psychiatrists" rather than competent clergymen.[36] Some writers who err warn against anything that seems to be moralizing or coercing the patient.[37] Against this mistake, others rightly address such words as these: "There can be no minimizing of dogmatic truths or soft-pedaling of moral principles."[38] Others correctly assert that "the work of the Holy Spirit is supernatural and cannot be accomplished, even if the end results appear to be the same, by a program of psychological counseling."[39] A good summary of the improper use of psychology, and also its proper use, is offered by John Sutherland Bonnell:[40]

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[35] Supra, p. 77.

[36] See the quotation from Wise, Supra, p. 64. Frederick R. Knubel, Pastoral Counseling (Philadelphia: Muhlenberg Press, 1952), pp. 6 f. discusses the abuse of non-directive theory. An example of this abuse may be found in Hiltner, op. cit., pp. 53-79.

[37] See Hiltner's, op. cit., p. 53.

[38] James H. VanderVeldt and Robert P. Odenwald, Psychiatry and Catholicism (New York: McGraw-Hill Book Company, Inc., 1952), p. 209.

[39] Mahnke, The Institutional Chaplaincy--Function and Purpose, p. 47.

[40] Pastoral Psychiatry (New York: Harper & Brothers Publishers, 1938), p. 52.

> The pressure of clamant human needs has driven a great many ministers to the study of psychology and psychiatry, but, if the interest on the part of Christian ministers in these new sciences will result only in transforming pastors into fourth-rate psychiatrists, then we shall be guilty of making nuisances of ourselves and of doing ineffectually what scientifically trained men can do far better. We should always remember and never dare to forget that we are ambassadors of Christ entrusted with a ministry to the spirit and indirectly to the mind and body--a ministry which, therefore, necessarily goes beyond the practice of the psychiatrist or the physician. And since this is true, we should endeavor to keep abreast of the constantly expanding knowledge of the human mind and its workings, so that we may carry on this ministry with greater efficiency and less expenditure of time and energy.

However, the pastor must use psychology, for, as H. Guntrip writes, it

> . . . is the indispensably necessary equipment for all who have to deal with people and their needs and troubles . . . . The Churches should particularly note that, in days when so many other professions are seriously studying psychological science, the minister who is ill-equipped in this respect will find himself outside the intellectual world of his time.[41]

Psychological knowledge will enable the ministering pastor to gain a better understanding of the onw he serves, as well as to serve him better by more skillful interviewing. Sometimes psychology is very useful in clearing away what appear to be obstacles to the entrance and full activity of the Holy Spirit. It is useful as an aid to the pastor in better understanding himself and so becoming better able to serve others. Though these and other proper uses

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[41] Psychology for Ministers and Social Workers (London: Independent Press LTD, 1953), pp. 23-24.

of psychology are obvious, perhaps its greatest contribution is made in its use as an aid to diagnosis.

The diagnosis made by the pastor as he visits the sick, on both the descriptive and explanatory levels, is an effort to discover the spiritual condition of the patient. Primarily it raises the question as to whether or not the patient is a regenerate Christian; secondarily, it seeks to ascertain the patient's "level of sanctification," the point in Christian life and growth at which the patient is at the particular time, with his strong and weak points. Its aim is to enable the pastor to know how he is to serve the patient most effectively, particularly whether he is to emphasize Law or Gospel, and the specific content of the message of each.

Difficulties in such diagnosis are obvious. The spiritual condition of a person, his relation to God, is a difficult object of another's study. The pastor must proceed carefully before drawing conclusions, which always remain at least some what tentative. Our knowledge of such matters as the role of the unconscious, psychosomatic aspects, and the question of what criteria the pastor may validly employ all make us well aware of the difficulties of this kind of deagnosis. Besides such things, the patient may make it more difficult by refusing to co-operate. Though he permits a doctor to diagnose his physical condition he may be unwilling to permit the pastor to diagnose his spiritual condition.

> In many instances the sick do not of their own accord give the pastor any insight whatever into their spiritual condition. In fact, they may take offense when they realize that he is trying to get them to disclose the condition of their soul. Often they seek, with more or less conscious hypocrisy, to lead him on the wrong track in regard to their actual heart-relation to God. Many sick persons are of the opinion that their bodily misery demands that they be consoled . . . . However, instead of speaking thus, the pastor probably begins to ask them questions--serious, searching questions, which would have made them feel uncomfortable at any time, but which in their present weak condition are utterly unbearable. One reason why these questions are not well received is that they create in the soul an uneasiness which may aggravate the sickness.[42]

Difficult though it may be, this diagnosis must be done, for much the same reasons that a doctor must first diagnose the patient's physical condition. "Even a doctor, despite the most thorough diagnosis, may be mistaken about a case; but no one would on that account say that he should dispense with the diagnosis."[43] Heuch clearly shows the necessity of making a diagnosis when he writes:

> The pastor has a right, and is in duty bound to do everything in his power, to gain a clear insight into the individual's spiritual condition; for only then can he bring a message that fits the exact needs of that person. . . . God . . . has in reality one message for the penitent and another for the impenitent.[44]

The pastor would do well to keep certain Biblical

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[43] Ibid., p. 41.

[44] Ibid., pp. 30-31.

doctrines in mind as he diagnoses. These include the following: justification; faith (for example, its nature); good works (the "good tree" concept, problem of criteria, judging the motives and not only the external acts); sin (difficulties in identifying, impossibility of enumerating); dual nature of the Christian life. Psychological insights such as the following may also be helpful: the pastor must individualize; personality is very complex; all behavior is purposive; diagnosis is a continuous, on-going process; treatment is inevitably interrelated with diagnosis; change is constantly taking place in the patient and his situation; the person doing the diagnosing, that is, the relationship between pastor and patient, is also important.

This discussion, besides that already presented concerning the general techniques of sick calls, has pointed to methods the pastor may use in diagnosing. Here we shall briefly enumerate some of them: "beginning where the patient is"; trying to maintain objectivity; assembling information; gaining rapport; letting the patient talk; "following the thread" of the patient's concern, especially his fellings, rather than only his words; observation; professional relationship; the art of questioning;[45] acceptance; and the formula-

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[45] Ibid., pp. 47 ff. Heuch offers excellent suggestions here, for example, that the pastor see whether or not the patient is conscious of specific sins and that the pastor ask only questions about things that belong to the experience of all Christians.

tion of tentative, working hypotheses. One writer offers the useful suggestion that when the patient refuses to be comforted the pastor should suspect some unrepented-of sin.[46] Heuch's suggestion of four categories may be of some value:

1. Those whom even sickness has not been able to arouse from their spiritual apathy and death.
2. Those who have been spiritually awakened during their illness.
3. Those who were believers prior to their illness, but who as yet have had but little Christian experience.
4. Tried and experienced Christians.[47]

The Use of The Word

Psychology always must remain an ancillary "tool" used by the pastor in visiting the sick. As has already been demonstrated, the function of the pastor is to bring to the sick the means of grace through which the Holy Spirit works. Hence the most important tool which the pastor is to employ is the Word of God, and that means particularly the Word of the Godpel--the good news of the forgiveness of sins through faith in Jesus Christ--in its several forms.

Regarding the necessity of the means of grace, the reader is referred to the theological literature of The Lutheran Church--Missouri Synod. Here it is sufficient to note that the pastor serving unbelieving sick persons must remember that he is dealing with people who are spiritually

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[46]Fritz, op. cit., p. 180.

[47]Heuch, op. cit., p. 59.

dead in God's sight, for which the only remedy is the life-giving Spirit Who comes only through the Word of the Gospel. Also in the case of the regenerate, the Gospel remains the means by which the spiritual life is nourished and strengthened. To bring the Gospel to the sick must always be the basic task of the ministering pastor, regardless of the opinion of those entranced by any secular fad.

How can the pastor carry out this task? Briefly, we shall note some methods. The pastor may speak the Word, whether he recites Bible passages from memory, reads from the Bible, or expresses the Gospel in his own terminology. He will probably do this on most of his sick calls, but not necessarily all, for sometimes the situation is such that it is best if he does not. Some of the writers urge that the pastor have some sort of plan in advance, perhaps some Bible passages in mind which he might use. If the visit itself indicates a change of plans he can and should adapt himself to the situation. Some writers rightly recommend that the pastor be alert to the particular situation and present the Word in a manner appropriate to the patient's background and present needs and desires.[48] Common sense and the proper use of psychology will help the pastor successfully to

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[48] See Cabot and Dicks, op. cit., chapter XVII and also Hiltner, op.cit., pp. 202 ff. Some writers, including Hiltner, err in over-stressing the desires of the patient. For one thing, patients may not desire to hear the Law, but it remains the pastor's duty to proclaim it.

communicate the Word to the patient. For instance, it is ordinarily better to weave the Word into the conversation rather naturally, and to discuss it with the patient, rather than to suddenly produce a Bible and read a portion ofit.

In using the Word the pastor must think of both Law and Gospel, and he must properly distinguish between them as he ministers to the sick.

> . . . not a drop of evangelical consolation is to be brought to those who are still living securely in their sins. On the other hand, to the broken-hearted not a syllable containing a threat or a rebuke is to be addressed, but only promises conveying consolation and grace, forgiveness of sin and righteousness, life and salvation.[49]

The pastor must always use both Law and Gospel because it is only through the Law that an unregenerate patient can learn that he is a sinner, in need of the Gospel. The regenerate patient, too, needs the Law because he is always "simul iustus et peccator" and can also profit from the "third use of the Law." Then, when the patient is "ready" for it, the pastor brings him the Gospel. As has already been pointed out, one of the major purposes of the diagnosis of the patient's spiritual condition is to learn whether the Law or the Gospel is to be emphasized in the sick call. The pastor must determine whether or not the patient i "ready" for the Gospel; if he is not his task is to proclaim

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[49]C. F. W. Walther, Law and Gospel (St. Louis: Concordia Publishing House, 1929), p. 102. The entire book is pertinent and is recommended for further study of this topic.

the Law to him in order to lead him to this point. If he is, the pastor then proclaims the Gospel.

Use of the Sacraments

It was said that the most important tool which the pastor is to employ is the Word of the Gospel in its several forms. The present topic considers two such forms, Baptism and the Lord's Supper.

Lutheran theology and the principles of its pastoral theology must direct the pastor in his use of the sacraments in ministering to the sick. Most of this material must be omitted here.

Again, common sense and psychology help the pastor in his use of the sacraments. Hiltner[50] affords the reminder that the patient and his needs at the time must be taken into account. Aside from the spiritual blessings conveyed by the sacraments, there may also accrue to the patient psychological and even physical benefits. This is pointed out in some of the literature and is to be expected in the light of our knowledge of psychosomatic medicine. Such "temporal" benefits are not to be ignored or minimized; but neither are they to be exalted above the spiritual, for the basic function of the sacraments is to convey spiritual benefits.[51]

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[50] Hiltner, op. cit., p. 224.

[51] Stieve, op. cit., pp. 72-73.

The literature offers some practical suggestions for the use of the sacraments in ministering to the sick.[52] For instance, one writer suffests that baptism be stressed on maternity wards. He offers two helpful tips concerning the Supper: that it is a good practice to give it to all the sick of a congregation on the same afternoon following its celebration in the morning worship service; that private Communion be planned and prepared carefully in advance both with the patient and with the nurse (who will, for example, see that the patient is at his best at the designated time). The reader is referred to the literature for further material on this subject.

The Use of Prayer

The usual sick call by a Lutheran pastor includes conversation, Scripture, and prayer, as a minimum. Writers unanimously agree on the importance of prayer in this work. And it is indeed an essential and valuable tool, one of the unique resources of the pastor. Nevertheless, the pastor should avoid the mistakes of either thinking of prayer as a sacrament or as but a useful psychological device.

Prayer is an act of worship in which one or more Christians address themselves to God in praise, confession, thanksgiving, intercession, or petition. This characteristic of a

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[52] Ibid. See also Fritz, op. cit., pp. 182-183. Westberg, op. cit., pp. 39-41.

one-way communication with God is basic; it is not to be lost sight of and the prayer allowed to become only a means whereby the pastor comforts or instructs the patient.

The literature abundantly affirms the need and value of prayer, as does also Scripture with numerous examples. Cabot and Dicks[53] say:

> Prayer is the minister's greatest single method in work with the sick. It is not the one he will use most often, or the one which should be most helpful to him in understanding his task. Prayer is the method which is most satisfactory in extreme crises; that which may be gained through it is most needed in the sickroom at all times; it is uniquely the minister's greatest method.

Further documentation seems unnecessary, though the value of having someone else praying in the presence of the patient is cited by Dicks[54] and this point may interest the reader.

> Prayer, especially the prayer which is prayed by one standing beside us who is free from the heat of the suffering, reminds us of the things we have forgotten and causes us to relax our desires into Greater Desires than our own. It helps us to gain perspective and see that the limited vision we have of ourselves is not the whole of living. Prayer helps us to trust the world in which we live; to trust the people about us, the chairs upon which we sit, the ground on which we walk, the day with its work and the night that gives us rest. Especially it helps us as we see other trusting people who pray. When all this is said and done there is still much of mystery in prayer.

We shall briefly consider some of the methods in the use of prayer. There is first the question of when the pastor

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[53] op. cit., p. 234. See their chapter XVI, also.

[54] Russell L. Dicks, Pastoral Work and Personal Counseling (New York: The MacMillan Company, 1945), p. 184.

should pray with the sick. One or two of the writers of the literature consulted for this thesis said that the pastor ought to have at least a short prayer at each visit. The vast majority, and this seems clearly preferable, stated the belief that this matter should vary, depending on the situation. Usually the pastor will pray, but not always, and he certainly should not feel himself under some sort of legalistic compulsion to pray at each visit. Rather, he should pray as he is led to by the Holy Spirit. Nevertheless, as one writer pointed out, it is better to err in the direction of praying too often rather than too seldom. In this connection it should be noted that ordinarily the pastor should take the initiative in praying in the sick-room. Sometimes the patient will request it, but some patients may hesitate to do so and yet greatly desire it. Still others may simply expect the pastor to take the initiative in such a matter. So the pastor ought to do so, making some suggestion such as "Will you join me in prayer?" or "Would you like me to have a prayer with you?" (to which the patient can hardly reply negatively). The pastor, then, leads in praying at the sick-bed as the particular situation seems to direct. He also needs to time his prayer carefully, fitting it in at the proper time.

Various suggestions may be made as to the "how" of prayer at the sickbed. The pastor's mood should be calm and confident. The prayer should be in terms of the particular patient and situation. Hence it will often be <u>ex corde</u>,

though written prayers have an important place too. The consensus of opinion among the writers may be well summarized in the words of Hiltner,[55] who wrote: "The form and content of a prayer should be consistent with the troubled parishioner's tradition and experience in the Christian life." Another practical suggestion is supplied by Stieve:[56]

> There may be situations in which you will feel it desirable to assure the patient that you will pray for him, and then move on to the next bed, but if you pray at his bedside, pray with him, not for him. The need of a sense of fellowship is much greater and more desired than a feeling that the patient is the object of someone's pity or intercession. I have often prayed in the first person singular, putting myself in the place of the patient and anticipating his petitions in my prayer. This is not always a wise procedure, but has often been deeply appreciated.

Another writer[57] says that sometimes a patient is hesitant and then "a confessional prayer which lays the whole matter before God, when guilt has been suppressed, can be the best therapeutic and preventive agent the pastor has at his command." Obviously the content of the prayer will depend on each specific case. The fact that the prayer ought always be conditional, that is, include the concept "according to Thy will," has already been discussed.[58] The reader interested in further study of the use of prayer as a tool of the

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[55] Hiltner, op. cit., p. 194.

[56] op. cit., p. 71.

[57] R. Young, op. cit., p. 67.

[58] Supra.

pastor will find much in the literature.[59]

Other Resources

There are other resources which the pastor may use in his visits to the sick. Some of these are specifically religious. Hymns or hymn stanzas, as well as religious poems, may provide an excellent means of communicating the Word or expressing prayer. The pronouncement of the benediction, particularly at the conclusion of a visit, may be very helpful. Religious leterature--tracts, magazines, books--may be welcomed by the patient, as well as religious pictures. All of these resources, of course, ought to be used carefully, in accord with the particular situation.

There are other non-religious resources which may serve in a subsidiary fashion to help the pastor minister most adequately to the sick. The most complete discussion of such resources may be found in Cabot and Dicks.[60] These resources include the following: secular literature, gifts, and recreational materials of all kinds. These resources, also, are to be used with discrimination and always with the basic task of the pastor in mind. He is not to replace the

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[59]Some suggestions follow. R. Young, op. cit., pp. 66 ff. George Arthur Buttrick, Prayer (New York: Abingdon-Cokesbury Press, 1942). Harmon, op. cit., pp. 105 ff. Hiltner, op. cit., pp. 189 ff. Cabot and Dicks, op. cit., Chapter XVI.

[60]Op. cit., Chapter XI, The Minister's Kit-Bag, pp. 159 ff.

social worker or occupational therapist in this sort of activity. Yet, at times, non-religious resources may be very useful to the pastor and real help to the patient.

This concludes our discussion of the most important tools used by the pastor in ministering to the sick.

Evangelism

We turn now to a brief consideration of the work of the pastor in certain specific, crucial situations connected with his ministering to the sick. Those situations here singled out are the pastor's work with the following: unbelievers; patients submitting to operations; the convalescent and the chronically ill; and the dying. The focus here is on methods to be used by the pastor and other comments found in the literature which seem potentially useful.

Thinking of illness as a gracious call by God to the unbeliever and recognizing both his own calling as an ambassador of Christ and the fact that illness sometimes renders a person more "approachable" concerning religion, the pastor who calls on the sick will certainly minister to ill unbelievers as he has opportunity. However, he will not take advantage of a person's confinement to a bed to attempt to "cram" religion down his throat while he has the opportunity. Nor will he seek to minister, as to unbelievers, to those who are already the responsibility of a Christian clergyman.

Several writers urged that the pastor show friendliness

to all in the hospital, perhaps, for example, being sure to greet everyone on a ward when calling on a particular patient. Casual contacts with patients and employees, as well as the mere fact that patients can often overhear the conversation of a pastor with a patient nearby may also lead to opportunities to evangelize. The pastor should try to follow up such leads just as in any of his evangelistic work.

This discussion must suffice for the purposes of this thesis. Really, the point is that one aspect of the Christian response to sickness is that the Church ministers to the sick, among whom may be found unbelievers as well as believers. The reader interested in further study of this topic is referred to the full discussion found in Heuch.[61]

Operations

The ministering pastor should remember that all operations are "major" in respect to their meaning to the individual. An operation presents what the writers, with one consent, regard as a crisis situation. This is, of course, especially true in those cases where death is a real possibility. But it may also be true in view of the meaning of the operation to the patient. The elements of fear (particularly of the unknown), isolation, and dependence on others are strong. Writers have pointed out that the meaning of an operation

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[61] Op. cit., Chapter Three, pp. 63-94.

varies according to such factors as the following: the age and general characteristics of the patient; the part of the body involved and its significance to the patient; the purpose and kind of operation, as well as the patient's understanding of what is going to happen to him; the personality of the patient and previous experience with hospitals; and so on. A patient facing an operation may want to review his life history and express regrets and guilt. Indeed, an operation may well constitute a severe test of a patient's faith. It is self-evident that a pastor can be very helpful at such a time.

Thus operations present the clergyman with an opportunity to be of service. He ought to use the opportunity, adopting as his aims the same objectives as in any of his work with the sick. He is, above all, God's representative.

There are specific suggestions in the literature as to how the pastor can best serve before the operation and afterwards. Before the operation, he can do such things as the following: listen to the patient's confessions and pronounce absolution; be supportive over against his fears and other emotional difficulties; prepare him somewhat, intellectually, for the operation; and be present with him to give him courage by his mere presence. Some writers stress the value of private Communion.

> For spiritual and psychological reasons there is no better preparation for the anticipated ordeal. The words of Scripture or the most ernest prayer may be forgotten in great pain or long discomfort, but the Holy Communion is a concrete fact which the patient can remember. The knowledge of the union between

> Christ and His believing, suffering child will give peace to the mind, even if the body feels bitter pain.[62]

However, others warn that Communion at such a time might come to be thought of by the patient as some kind of magical guarantee of his recovery. Another writer cautions the pastor against answering such questions as "Is the operation dangerous?" and "Am I going to die?" The pastor will also have the opportunity of serving relatives of the patient, in many cases.

Sometimes the pastor is asked by the patient to stay with him during the operation. As one writer said, this really is unnecessary and the pastor would do better to remain with him only until the anesthetic has taken effect, and then go to wait with the relatives or else use the time to call on other patients. It would, of course, lessen the patient's confidence if the pastor told him that he would remain with him through the operation, then left, and the patient later learned of it.

After the operation the patient is concerned about his present discomfort or with the unpleasant aspects of the treatment. His span of attention will be narrowed. The pastor's task then is to "stand by," seeing the patient in frequent, short visits. Gradually the patient will come to be more concerned about the problems of major adjustment he now faces.

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[62]Carl J. Schindler, The Pastor as a Personal Counselor (Philadelphia: Muhlenberg Press, 1942), pp. 100-101.

The reader desiring further information is directed to the bibliography.[63]

The Convalescent and Chronically Ill

"The rehabilitation of the twenty-three million disabled people in this country is a major medical problem having definite implications for pastors."[64] The period of convalescence is very important, though it seems to be one which is in some ways minimized by the medical profession. One writer declares that many doctors lose interest in a patient after the acute stage is past and that medical research has been scant on these problems.[65] Another writer groups convalescent patients in a hospital into three categories: those just past an acute illness who will return to normal life; those recovered from an illness but left with a physical handicap; those who face a future in which only increased pain and death can come. Convalescence produces its own problems, for example, an important personality readjustment, serious emotional problems, and so on. The pastor must understand the patient and his problems of depression, loneliness, boredom, overdependence, and concern about self.

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[63] See R. Young, op. cit., pp. 94 f. Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 35-37. Cabot and Dicks, op. cit., Chapter XXI.

[64] R. Young, op. cit., p. 98.

[65] Carl Binger, The Doctor's Job (New York: W. W. Norton & Co., Inc., 1945), p. 172.

There is little in the literature regarding specific methods of ministering to the convalescent. In general, they would be the same as with any patient, with the complicating factors noted above.

Much the same is to be said regarding the chronically ill. These, and particularly the aged, are the "shut-ins" whom most pastors visit regularly. Nothing need be added here regarding methods of visiting them, except for the reminder that the pastor must consider the personality problems which may arise. The writer found nothing especially significant in the literature concerning the pastor's visits to shut-ins. One survey indicated that most pastors do considerable visiting of shut-ins and that organized groups of laymen were sometimes used for this purpose also.[66]

The Dying

"The one great objective of all the varied ministrations of a pastor in the sickroom is to assist the dying person to sum up all the experiences of his life in the dying words:

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[66]Kenneth R. Young, Social Services Provided by the Congregations of the Lutheran Church--Missouri Synod in Saint Louis During 1953 to Their Aged Members (Unpublished Master's Thesis, The George Warren Brown School of Social Work, Washington University, Saint Louis, June, 1954), pp. 39 f. The other references to the problem of shut-ins in the Bibliography of this thesis are in R. Young, op. cit., pp. 98 f. and George W. Kautz, Spiritual Care of Patients in Army Hospitals (Unpublished Bachelor's Thesis, Concordia Seminary, Saint Louis, December, 1946), p. 20 and Russell L. Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 49-53.

"Lord, I thank Thee for Thy grace!"[67] Ministering to the dying has long been considered one of the most solemn duties of the pastor. It is clearly an opportunity for him to serve, and to do so as God's representative. Certainly, this is a crisis situation.

Several writers describe in detail the symptoms of the process of dying.[68] The pastor should be somewhat familiar with these. Naturally, different patients react differently to this crisis situation. Several writers describe what they consider to be the ideal mode of conduct on the part of the dying.[69] One writer expresses his own conviction that many people nowadays are not at all ready to die.[70] It seems unnecessary to describe the proper function of the pastor at such a time; however, in view of the fact that some might think it is only to comfort the patient and make his departure from this life less painful, it should be said that the Christian pastor can comfort only when he is able to bring the Gospel to the patient. He cannot do this in the case of the unregenerate, but must still proclaim Law.

What are the methods by which the pastor serves the dying? Lutheran writers stress the fact that he is still to proclaim

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[67] Heuch, op. cit., p. 148.

[68] The best of these may be found in Johnson, op. cit., pp. 236-237. See also R. Young, op. cit., pp. 106 f.

[69] See, for example, Cabot and Dicks, op. cit., p. 299 and Heuch, op. cit., On page 128.

[70] Binger, op. cit., pp. 178-179.

the Word of God, and that this means both Law and Gospel, particularly the latter. They suggest that the pastor speak or read simple, familiar texts which convey Law and Gospel. All the writers are agreed that a dying person may be able to hear what is spoken even after it seems impossible for him to do so. Hence they warn that the pastor must not say anything which he does not wish the patient to hear, nor should anyone in the room, and that those present in the room should not whisper to one another. Also, from this fact flows the suggestion that the pastor continue to minister to the patient even after he thinks that the patient is no longer hearing him. Many writers speak of prayer as being extremely helpful at this time. Writes Schindler:[71]

> The minister is usually in a much better position than the nurse to control violent outbreaks of emotion. When death itself has come, the minister can gather all the confusion, despair, and grief and--by a prayer--translate them into a feeling that we have not watched the last ticks of a clock that has run down, but the return of a soul to its Redeemer.

The calming presence of the clergyman is itself very helpful, write many. Cabot and Dicks emphasize the role of quiet presence.[72] One writer suggests that the pastor call on the dying person frequently as his illness progresses, and all assume that the pastor will remain close by as the time of death approaches. However, one writer declares that the

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[71] Op. cit., p. 108.

[72] Op. cit., p. 306.

clergyman should not stay around all the time, but should be careful to give the relatives a chance to be present and to talk with the patient. Russell L. Dicks summarizes the views of many and stresses the importance of the attitudes of the minister when he writes:

> In this ministry the clergyman reminds the parishioner of what he may forget, not by what he says but by his presence. Prayer is his primary method . . . . Dying is a lonely experience. Through prayer the parishioner is helped to realize he is not alone . . . . Dying is a spiritual experience and the way one dies is a demonstration of faith and courage. At this point more than at any other the clergyman's own faith and quietness of spirit give strength. Especial care must be taken by the clergyman to conduct himself in a natural, friendly way . . . quiet, hopeful dignity and poise.[73]

It sometimes becomes the task of the pastor to tell a patient that he is dying. Often the patient himself will sense the fact that he is going to die soon. Sometimes he will ask his doctor and will be told that death seems to be approaching. Sometimes his doctor prefers not to tell him. In such a case the patient may ask other hospital personnel or the pastor. What is the pastor to do in such a case?

The literature offers varied solutions. Some writers say that the doctor is the one in charge and that the pastor must not tell the patient in such a case. Others say that the pastor ought to. Others say that it is the doctor's duty to tell a patient this. It is not a simple problem, and is

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[73]Pastoral Work and Personal Counseling, op. cit., pp. 40-41.

complicated by the fact that doctors differ among themselves concerning the advisability of telling a patient that he is about to die. The personality of the potential informer seems to play an important part in the matter, as well as whether or not he believes in the resurrection of the body. Moreover, patients differ as to how they react to such news. In some instances, for example, a case of heart disease, such news may so upset the patient that it aggravates the disorder and hastens his death. Others argue that in most instances the patient is actually worrying about this possibility of death and it is better to get it out in the open.

In general, the patient is the doctor's responsibility. He is the one to decide whether or not the patient is to be told that he is about to die. Other hospital personnel such as nurses and social workers are instructed not to answer such a request of a patient concerning this matter. They may refer the patient to his doctor, and they may even urge the doctor to tell the patient, but they ordinarily let it remain in the doctor's hands. Or the nurse may suggest that the patient might like to have her contact his minister.

It seems to the writer that usually the clergyman would handle the matter in much the same way. Or he may often give the honest answer that he does not know whether or not the patient is about to die. But there may be times, particularly in the case of unbelievers, when he will deem it his responsibility to inform the patient. (One's responsibility to God

always takes precedence over all other responsibilities.) For the prospect of death may be God's last, most powerful, and perhaps successful, call to repentance. Where this is the thinking of the clergyman, ideally, he should meet with the doctor so that through discussion they might agree on a way of handling the matter. The pastor should be very sure of himself, which includes the fact that he must have a good understanding of the patient. Ultimately, however, in the opinion of this writer, the pastor might in an exceptional case act contrary to the doctor and inform the patient, doing so in the belief that this may serve to call him to repentance and that an uncomfortable departure from this life--should he persist in saying no to God's invitation--is as nothing compared with his fate in the life to come.

Finally, the pastor serves in the crisis of dying by "standing by" the relatives and helping them. A description of this service is irrelevant to this study. The bibliography contains references for further study of this subject.[74]

The reader interested in further study concerning the pastor's work of ministering to the dying may consult the

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[74]The following discuss this matter. Cabot and Dicks, op. cit., Chapter XXIII. Russell L. Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 41-48. R. Young, op. cit., pp. 111 f. Johnson, op. cit., pp. 233-236. For Luther's methods see August Nebe, Luther as Spiritual Advisor (Philadelphia: Lutheran Publication Society, 1894), pp. 137 f. The problem of grief has been investigated scientifically; the work of Erich Lindemann seems to be the best so far produced.

bibliography.[75]

Teamwork With Other Professional Workers

Today's situation is such that teamwork among the professional workers concerned with the welfare of the patient is a necessity. Nearly all the writers referred to the concepts of psychosomatic medicine. This development, more than any other single factor, makes co-operation imperative and the future is sure to see a still further development along these lines.[76] The pastor must work with the others on the "health team" and he must do so intelligently as well as according to God's will. The cleavage which existed between the medical profession and the clergy not so long ago is of necessity coming to an end. Today a large quantity of literature is being produced on this subject, including whole books.[77]

It is not difficult to find in the literature statements of the need and challenge of developing this concept of a team among those working for the health of the sick.

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[75] R. Young, op. cit., pp. 106 f. Johnson, op. cit., pp. 340 f. Andrew Watterson Blackwood, The Funeral (Philadelphia: The Westminster Press, 1942), pp. 37-56. Fritz, op. cit., pp. 179-181. Cabot and Dicks, op. cit., Chapter XXII. Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 40-41.

[76] See R. Young, op. cit., foreword, for a succinct summary of the development of psychosomatic medicine and its impact upon clergy-medical relations.

[77] R. Young, op. cit. is an example of such a book.

> The needs of the patients are too great and the time too short to arouse fears of getting into each other's fields. It is only through a close co-operative working relationship that we will be able to define in what areas each profession can best serve the patient. The challenge for the development of this teamwork must be the responsibility of all members of the team in the hospital setting. It cannot be left to just the medical social worker and the chaplain. The impetus for its development must come from those of us in the church who acknowledge the importance of religion in the life of any individual. Our responsibility for the future in making this development possible is, therefore, a very great challenge to every one of us.[78]

> The effectiveness of the pastor's ministry depends largely upon his ability to co-ordinate his services with the work of other professional people in the hospital where he is visiting. The nurse, the physician, and the psychiatrist are the members of the healing team with whom the minister will be most closely associated.[79]

> The harmonious interrelationship of ministers and medical men can best be achieved when both realize that while each group has a distinct function to fulfil, their ministrations overlap and the effectiveness of each is enhanced by working in harmony with the other . . . . When a pastor brings spiritual resources to bear upon the sick, regulating and stabilizing physiological processes, then the work of the minister overlaps that of the physician.[80]

Essentials in co-operation have already been mentioned.[81] Crucial in this is clear definition of the task of each professional worker, also the interrelationships, and that all are acquainted with the work of one another. It is especially

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[78]Clara Sletten, "Teamwork Relationship Between The Chaplain and the Social Worker in a Hospital Setting," Proceedings of the Associated Lutheran Charities (1949), p. 22.

[79]R. Young, op. cit., p. 26.

[80]Bonnell, op. cit., p. 200.

[81]Supra, p. 54.

important for the pastor to recognize his own limits, be able to identify problems that others can successfully treat, and make proper referrals. The literature contains many suggestions as to how the pastor can work together with others on the health team, particularly the nurse, doctor, psychiatrist, and social worker. Here we shall briefly comment on some of these methods and suggest references for further study.

Florence Nightingale once wrote: "Nursing has to nurse living bodies and spirits." Citing this quotation, one writer discusses the role of nurses in serving the "whole patient" which includes his urgent spiritual needs.[82] He declares that the nurse is to respect and accept the patient's religious concepts and not to interject her own opinion if it would be disruptive or would undermine his belief. He says that the nurse should appreciate the role of religion and know the spiritual resources that can help the patient. "Whether one agrees with them or not, common courtesy requires us to respect that which is sacred to another."[83] The writer's major point is this:

> She should not try to become anything more than a fellow lay person. But, if the patient requests it, she can share with him the faith and convictions which she herself holds, remembering, of course, that she should do so with discretion and humility. The nurse can be of real assistance by sensing when the

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[82]James B. Ashbrook, "Not By Bread Alone," The American Journal of Nursing, Volume 55, Number 2 (February, 1955), 164-168.

[83]Ibid., p. 167.

presence of a rabbi, priest, or minister would be beneficial to her patient.[84]

The same writer suggests that such occasions might occur at the approach of death, where there is a presence of guilt, loneliness, and so on.

Co-operation with the nurse is especially important because she is the one who is with the patient more than anyone else and who has, under the doctor, responsibility for protecting and managing the patient. The pastor must consult with her before seeing the patient. Often she can supply clues as to the patient's condition; and a nurse who gets to know a pastor may be very helpful in referring patients to him.[85]

The doctor has major responsibility for the welfare of the patient. Keeping this in mind, the pastor should seek to work with him. The pastor ought to avoid giving any medical advice or doing anything which harms the patient's confidence in the doctor. Co-operation between these two professional groups is a field which is just now developing. Further specific suggestions are given in the bibliography.[86]

Teamwork between the pastor and psychiatrist is equally

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[84] Ibid.

[85] The interested reader may consult Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 212 f. and R. Young, op. cit., pp. 26 f.

[86] R. Young, op. cit., pp. 31 f. Dicks, Pastoral Work and Personal Counseling, op. cit., pp. 205-211.

important, but seems also more difficult in some ways. The respective functions are not yet clearly delineated or understood by those concerned. There are some real problems here.

> The minister who enjoys an "authoritarian role" is likely to look upon psychiatry as a threat or an intrusion into his field, while the psychiatrist who believes that religious experience is an unconscious wish-fulfilment and that God is only a projection of the father-image, plays God for his patient and sees religion as a conflicting element.[87]

This same writer suggests that "from the viewpoint of psychiatry, sin is a psychogenic illness."[88] Apparently it is in the case of mental illness that the pastor's ability to identify problems and refer patients is most valuable. Several writers have pointed out that the Church-sponsored hospital is an ideal place for these professional workers to meet and solve their problems of working together most successfully. This, too, is a field that will undoubtedly develop in the future.[89]

Co-operation between the pastor and social worker is also being examined more closely today, even though a recent book containing a chapter on the caseworker's role in professional teamwork contained no mention of the clergy whatsoever.[90] Another piece of literature appeared recently which adequately

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[87]Dicks, Pastoral Work and Personal Counseling, op. cit., p. 42.

[88]p. 47.

[89]The interested reader may consult the following. R. Young, op. cit., p. 37 f. Westberg, op. cit., p. 48. Cabot and Dicks, op. cit., p. 51.

[90]Frances Upham, A Dynamic Approach to Illness (New York: Family Service Association, 1949).

discussed the co-operation of a pastor with medical personnel but omitted reference to social workers.[91] Nevertheless, some are recognizing the problems and the possibilities in this matter.

> The social worker is content with treating symptoms, as the doctor often is; she talks of "adjustment" which means lack of conflict or suffering. She discovers the clergyman working to establish conflict and blames him for all the pathological guilt feelings she sees in her people. She does not recognize that the clergyman is as anxious to relieve such guilt as she is and often can do it more effectively, for he has a different authority. In time the caseworker will discover, as the physician is just beginning to discover, that the "adjusted" person, like the "healthy" person, is one who has reached a reconciliation between himself and his universe; he is one who has come to an understanding of God and has learned how to live creatively in a world which at its heart is creative.[92]

The interested reader is referred to the literature.[93]

This discussion will suffice to indicate some of the problems, possibilities, and methods of co-operation between the pastor and other professional personnel. It is a rapidly developing area of endeavor. The clergy should be alert to its potentials, and must first define clearly its own function and then take its rightful place on the "health team." The

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[91]Daniel Sandstedt, "The Chaplain as a Member of a Team," Proceedings of the Associated Lutheran Charities (1953), pp. 98-99.

[92]Dicks, Pastoral Work and Personal Counseling, op. cit., p. 215.

[93]Ibid. Hiltner, op. cit., p. 206 f. has a good section on the pastor's use of community resources. Sletten, op. cit., pp. 18-22.

present discussion has just sought to indicate the possibilities while noting a few possible methods.[94]

Records and Supervision

Russell Dicks has written that he considers the failure of the clergy to keep records of its work with the sick as "responsible, more than any other single thing, for the pastor's failure to develop a discipline equal to other professional workers in the humanitarian field."[95] Undoubtedly, the clergy could learn much from the social work profession about records, their values and uses.

In order to serve the sick intelligently, it seems self-evident that the pastor keep some sort of record of his work. Not only do records enable the pastor to keep track of what he is doing, but they serve particularly as an aid to self-discipline and personal growth and objectivity. This study cannot go into the matter further. The reader can find helpful material here in Cabot and Dicks.[96]

Supervision is another technique that has been highly developed in the field of social work. It is not so easy to carry it out as far as the clergy is concerned. Nevertheless,

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[94] The contribution the clergy can make regarding patients' complaints should be cited. An excellent discussion of this may be found in Cabot and Dicks, op. cit., Chapter III.

[95] Pastoral Work and Personal Counseling, op. cit., p. 189.

[96] Op. cit., Chapter XVIII. See also the literature in the field of social work for useful ideas.

it is noted here as having potential values and uses for the clergy which should be explored in the future.

Others Fulfill the Church's Obligation to Minister to the Sick

This chapter has considered the Church's ministry to the sick. It was first shown that the Church has an obligation to do this work, as part of the Christian response to sickness. To a considerable extent, the Church meets this obligation through its clergy. We have considered at length the aims and methods of the clergy in carrying out this obligation.

The Church may also meet its obligation to minister to the sick through others besides the clergy. This is done to some extent in practice, but there is very little in the literature about the subject. We shall here be content to note some of the possibilities.

Others who minister to the sick may be either salaried or not, professional or lay persons. Examples might include such people as social workers, deaconesses, or lay volunteers from the congregation. They may serve as individuals or in organized groups. Organized groups of lay persons can do much visiting of shut-ins, for example. The pastor who is able to use the help of others will find his total ministry greatly expanded in scope and over-all effectiveness. As in any other sphere of Church work in which laymen participate, the pastor will meet problems of enlisting, training, and supervising the workers. This is clearly a response of the Church to illness.

CHAPTER V

THE CHRISTIAN'S RESPONSE TO SICKNESS

The purpose of this study was stated as being to investigate the Christian response to sickness. For the sake of clarity this response was divided into two parts: the response of the Christian Church and the response of the individual Christian. The study has so far dealt with the response of the Christian Church. It remains to examine the response of the individual Christian.

Because the Christian is always a member of the Christian Church, his response to sickness is largely similar to that of the Church, in theory at least. Consequently there is not a large amount of new material to be presented here. For the sake of completeness, however, this subject will be treated to some extent for it is a vital part of the total Christian response to sickness.

We shall survey the Christian's response to sickness under two main headings: his response when he himself is well and his response when he is ill. In accord with the methodology adopted throughout the study, emphasis is placed on the ideal response of the Christian, namely, that which conforms to the will of God.

The Christian's Response To Sickness When He Is Well

The most important aspect of the Christian's response to

sickness when he himself is well is that, as a member of the Body of Christ, he participates in the response of the Church. This has been set forth at length. Here it is to be observed that the Church is made up of many individual Christians. Hence, everything that the Church does in response to sickness is in a sense being done by the particular member of the Church. If he is not doing it directly, he is indirectly, for example, through the clergy who represent him.

It may be helpful to note those things which the Christian does more directly. They include the following: he learns what God's Word teaches concerning sickness and shares this knowledge with others as opportunity arises; he prays in regard to sickness; he works to prevent and treat sickness, for instance, by supporting good legislation, making financial contributions for the maintenance of secular and Church-sponsored institutions of healing, and perhaps himself serving in the medical profession; he backs the ministry of the clergy with his prayers, financial support, encouragement, and advice; and he himself ministers to the sick by visiting them, in accord with such a Bible passage as Matthew 25:31 f.

As part of his response to sickness when he is well, the Christian also maintains the proper attitudes toward sickness and the sick. He will be compassionate, sympathetic, eager to help, as well as cheerful and confident because of his conviction that God will one day overcome all such evil and will even now cause good to come to the sick. He will remember

that he is not to judge adversely those who are sick, for example, by supposing that their affliction is evidence of the fact that they have been guilty of some great sin. Many Bible passages warn against that sort of attitude, for example Job, John 9:1-7, Luke 13:1-5, and Matthew 7:1.

The Christian's Response To Sickness When He Is Ill

Here the following topics shall be considered: the Christian prays; he makes full use of available resources for combatting his illness; and he maintains Christian attitudes and conduct. Omitted here is a discussion of the "psychology of sickness" and the actual responses (not necessarily ideal) which one is apt to find in sick Christians.[1]

The Sick Christian Prays

Prayer, "the very sword of the saints," will certainly be used by the sick Christian. Probably its aspects of con-

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[1]The Pastor should, of course, be somewhat familiar with these. There are some helpful references available in the Bibliography. Chapter Two of Henry Sigerist, Man and Medicine (New York: W. W. Norton & Co., Inc., 1932) is a discussion of "The Sick Man." Five specific needs of the patient are described in William M. Stieve, "The Church's Ministry to the Physically Ill," Proceedings of the Associated Lutheran Charities (1951), pp. 63-73. Paul E. Johnson, Psychology of Pastoral Care (New York: Abingdon-Cokesbury Press, 1953), pp. 193-204 provides a good description of the crisis of illness. The most adequate of all is Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York: The MacMillan Company, 1937). Part II describes "The Situation." Their Chapter XX on "Rituals of the Sickroom" is also helpful, for example, its schedule of a patient's usual day, p. 274.

fession and petition, as well as gratitude, will receive stress. Prayer as a response of the Church to sickness has already been discussed and the reader is referred to these pages for what is not treated here, for example, the content of such prayer, its conditional nature, and answers to prayer.[2]

The literature contains many references to prayer. Of special interest is the observation of Weatherhead:

> One of the things prayer does in the battle against suffering is to alter the effect of suffering on the patient's mind and heart. It prevents the resentment and despair . . . and it supports the patient's spirit and hope and optimism . . . . I know, of course, that prayer must not be thought of simply as a form of treatment, a kind of spiritual plaster which is worth trying because it may heal and, at any rate, will allay psychological irritation. It is the loftiest activity of the spirit, and its true goal is the glory of God. But God will not despise us if, in our agony, we cannot think thus, but can only cry to Him to help us. And by prayer we are putting ourselves in touch with Infinite Life and Power and Love and with the Central Calm of the Universe, and that is the privilege of the sons and daughters of God . . . . We are therefore to pray, and to pray in faith; but as in the case of faith, we are not to test our prayer and call it useless if it does not bring exactly the kind of reply we desire.[3]

Others, too, recognize that from the purely human viewpoint prayer has many concomitant values. Writers speak of such things as therapeutic release of emotional tensions. These values are very real and are not to be despised; yet the Christian will always think of prayer as being primarily his

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[2]Supra.

[3]Leslie D. Weatherhead, Why Do Men Suffer? (New York: Abingdon-Cokesbury Press, 1936), pp. 141, 142, 159.

means of speaking to his almighty Father.

In his classic work on prayer, George A Buttrick has this to say of unanswered prayer:

> Prayer's greatest healing is therefore not healing, but the courageous and creative acceptance of the terms of mortal life. True prayer does not evade pain, but gains from it insight, patience, courage, and sympathy; and, at long last, makes it an oblation to God. True prayer does not sidestep death, but greets it. This is healing beyond healing. By this prayer we are "more than conquerors": the realism of unanswered prayer becomes the very Presence of God.[4]

Thus, both spiritual and psychological elements are inseparably woven together in the prayer of the sick Christian. Prayer is indeed one of the most powerful weapons the Christian possesses as he responds to his own illness.

The Sick Christian Uses Available Resources To Combat His Illness

As has been already mentioned, even though God may cause good to result from sickness, it is an intrinsic evil which is to be resisted and fought with all the resources at the Christian's command. (The reader is here referred to the previous discussion of Faith-Healing in chapter two.) A good summary of this facet of the Christian's response to his own sickness is furnished by John H. C. Fritz.

> When ill, man should seek to restore his health by such means as God gives for that purpose, Luke 5:31 (physician), 2 Kings 20:7 (medicine),

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[4]Prayer (New York: Abingdon-Cokesbury Press, 1942), p. 118.

> James 5:14,15 (prayer). Christians in their illness must not use such means as have not God's approval: Christian Science, which denies the fact of sin and says that sickness exists merely as an imaginary thing of the mind; nor so-called faith healing, which insists physicians and medicines must not be used at all; nor superstitious means. It is readily admitted that God still can and does perform miraculous healings, as Christ did in the days of His flesh and as was done in the early Church by the Apostles, but the Scriptures neither command us to perform such miraculous healings, nor do they give us any promise that every disease or sickness will be so healed, but rather direct us to the fact that the sick, as a rule, need a physician, Luke 5:31; Col. 4:14.[5]

It seems self-evident that as the Christian responds to his sickness in accord with the will of God as he knows this through the Scriptures and Christian judgment (perhaps in this case largely common sense) he will employ all the means which God has supplied. He will recognize that God usually works through natural means, that he is to use such recognizing them as His gifts, and that this in no way detracts from the glory of God or one's faith in Him. A Scriptural investigation of the matter by a Baptist minister concludes:

> The true doctrine of divine healing is in no way incompatible with the employment of a physician. God can and doubtless does heal without the use of material agencies; but this is His extraordinary and unusual mode of working. His ordinary method is is to heal in connection with the use of means. One may be a firm believer in divine healing and,

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[5] Pastoral Theology (St. Louis: Concordia Publishing House, 1945), p. 191.

at the same time, believe in the use of remedies.[6]

This same writer proceeds to describe the importance of the proper attitude on the part of the sick Christian.

> While the Bible is favorable to the proper use of remedies, it lays great emphasis upon the importance of prayer and the value of right relations to God. He is the one "who healeth all thy diseases." However the healing may come, whether direct or through remedial agencies it is from him. The one who puts all his faith for recovery in medicines and doctors makes a serious mistake. These have their place, but they should never displace him "in whom we live and move and have our being" . . . . Can we receive our healing as from God and thank him for it if we employ a doctor and use medicine? In his dealings with men God has always sought to lead them to a faith that sees him just as readily in that which comes indirectly as in that which comes directly from him . . . . The thought of Scripture is not that the man of faith shall find a better way by dispensing with all remedies, but rather that he shall find the better way by associating with the remedies the prayer of faith that takes hold upon him whose tender mercies are over all his works, and who "is able to do exceeding abundantly above all that we ask or think."[7]

Observing that Benjamin Franklin once said, "God heals and the doctor takes the fee," Weatherhead also writes at length about the need to recognize God at work behind natural means.

> What is so constantly forgotten is that all healing is the activity of God. All that man can do in the matter of healing is to co-operate with Him. Even prayer is not necessarily a more religious procedure than an operation . . . . What is so important to discover is the most relevant way of co-operating with God. Prayer is obviously not the best way of making a man walk whose leg has been shot off by a shell. Designing and perfecting an artificial limb probably is. And to do this latter in a scientific

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[6]John Wesley Conley, Divine Healing and Doctors (Chicago: Fleming H. Revell Company, 1898), p. 8.

[7]Ibid., pp. 33-36.

> way, for the sake of helping a sufferer, can be as "religious" an act as prayer, and much more relevent . . . . We have to find the relevant way of co-operating, whether it be the surgery that removes an appendix, the psychotherapy that removes a phobia, or the Christian message that removes the fear in guilt. What we need is not--as some faith-healers suppose--less science, but more.[8]

Other writers echo these same thoughts; it is unnecessary to cite more examples.

In responding to his own sickness, then, the Christian will make full use of such resources as medicine and the medical profession. He will also make full use of the ministry of the members of the Church, particularly the service of his own pastor or chaplain. For example, he will welcome the visits of the clergy and co-operate as fully as possible as his spiritual needs are served. It seems unnecessary to amplify this observation or supply abundant examples.

The Sick Christian Maintains The Proper Attitudes and Conduct

Invariably certain questions will come into the mind of the Christian when he himself is ill. Why has it happened to me? Does God still love me? Why are the righteous so often afflicted, while the unbelievers seem to prosper?

Such passages in the Scriptures as Job, Psalm 73, Romans 8, and Hebrews 12 supply the solution to these questions. This has already been discussed as we examined the causes and

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[8]Leslie D. Weatherhead, Psychology Religion and Healing (New York: Abingdon-Cokesbury Press, 1941), pp. 437-438.

purposes of sickness.[9] Ultimately, the Word directs the ailing Christian to the suffering, dying, and living Christ as God's answer to the mystery of human suffering. Calvary is the only place where a man can understand, endure, and even rejoice in adversity. In Christ God Himself has acted against all evil and gained the victory, a victory already accomplished though not yet fully consummated. In this message is offered the certainty that a loving God will so order the Christian's life that all things, even sickness, will work together for his good.

From this basic certainty flow the proper attitudes and conduct which characterize the response of the Christian to his own sickness. The Christian has faith, and this is the same sort of faith expressed in Psalms 23 and 46, as well as Job 13:15. His faith includes the conviction that God will not permit him to be tempted above what he is able to endure, 1 Cor. 10:13. The Christian maintains hope, the confidence that God will make all things right, at the Parousia if not before. Coupled with such faith and hope is an element of patient endurance and resignation, as is taught in Hebrews 12 and exemplified in Psalm 27:14. This does not mean, as some have thought, that the Christian becomes masochistic rather than fight against his illness. The Scriptures do not seek to inculcate a fatalism as is found in Islam or even such a

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[9] Supra.

perversion as has occasionally been produced by Calvinism.

> The doctrine of predestination, believed and preached by Calvin, had its effect upon the attitude of the sick. Since that which happens in the individual's life is ordained by God, this belief helped the sick to resign themselves to the will of God rather than rebel against their condition. On the contrary, it also caused some to accept a condition as the will of God when a conscious effort to overcome it might have had definite therapeutic value.[10]

Rather, the Christian simultaneously fights against his illness to the limit of his strength and resigns himself to his present affliction in patient endurance, trusting in the providential love of God.

> The Christian must not deliberately seek the cross, as some did during the first centuries of the Christian era; but neither must he attempt to escape it when it comes, nor take offense at it as though "some strange thing happened to him" (1 Pet. 4:12), for "even hereunto were ye called" (1 Pet. 2:21). When the Lord sends a cross the Christian should take it, even as Christ did. Then, after it has come, the true Christian attitude is not one of dull resignation, but humble submission under the will of God, which should become ever more full and complete. Well may the Christian groan under his burden, he may lose the equilibrium of his soul for a time and even pray for the removal of the cross--all this has been hallowed by the Savior's experience in Gethsemane--but he must eventually win through to a sincere "Not my will, but Thine be done!" That is true passive obedience. The Christian must let his afflictions serve him as a means of breaking his self-will, of leading him to thorough repentance and self-humiliation. But he must also cultivate that sacred carelessness which is fully confident that God in his own good time will find a way out. For this he waits patiently, meanwhile exercising his trust in God and his meekness toward others. God's grace is sufficient for him, for it is a pledge of ultimate deliverance.

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[10]Carl J. Scherzer, The Church and Healing (Philadelphia: The Westminster Press, 1950), p. 71.

> And as he gains an ever wider perspective of God's ways (Psalm 73) and an ever greater assurance of his blessed purposes, he may even come to experience a quiet joy over the privilege of suffering and thus become ever more like Christ (Col. 1:24; James 1:2). Thus he ascends the scale from compulsion to willingness, to endurance, to appreciation.[11]

Thus, the Christian's faith enables him to be cheerful in the midst of his sickness, even to "glory in his infirmities" as did Saint Paul. It is not to be understood that the Christian will be laughing throughout his sickness or that one who is not is no Christian. Rather, this is a deep, inner joy in Christ worked by the Holy Spirit. And any glorying in infirmities must correspond to that of Paul if it is truly a part of the Christian's response to his sickness (2 Cor. 12:7-9). The author of a tract suggests "gloryings" of a Christian in the midst of sickness: of chastening; abandonment ("just relaxing as a helpless babe upon Another and leaving it all to Him"); time for meditation; strength when weak; self-discipline; fellowship (with those nursing him); and answered prayer.[12]

In such ways the Christian responds to his own sickness. The intent here has not been to treat the subject exhaustively, but rather to suggest the more prominent elements which are characteristic of the Christian response to sickness.

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[11]Johann Michael Reu and Paul H. Buehring, Christian Ethics (Columbus, Ohio: The Lutheran Book Concern, 1935), pp. 242-243.

[12]George Wells Arms, The Glory of Sickness (New York: American Tract Society, n.d.).

CHAPTER VI

CONCLUSIONS

As set forth in the introductory chapter, the purpose of this study has been to describe the Christian response to sickness. The intent has been to survey, in as comprehensive a manner as possible, how the Christian Church and the individual Christian are to respond to sickness as they act in accord with God's will, as this is known through Scriptures and Christian judgment.

The Christian Church's response has been seen to be threefold: it teaches God's Word concerning sickness; it acts to prevent and treat sickness; and it ministers to the sick. The individual Christian's response to sickness has been considered briefly in terms of his response when he is well and when he himself is ill.

As part of its total teaching of God's Word, the Church teaches "His Word about sickness": its causes; purposes; directives for action on the part of the Church and the individual Christian; solution of ethical problems related to sickness; and implications for the practice of faith-healing.

In a sense, God is the cause of sickness in that nothing can happen unless He permits it. Even apart from His "permissive will," sometimes He causes sickness in specific cases, for example, to punish sinners. In general, however, sin is the cause of sickness, and this in turn was brought about

through the will of Satan and evil men.

In the case of unbelievers, sometimes God wants them to be punished through sickness and sometimes He wants them to be led to repentance through it. In the case of Christians, God always wants good to result from the sickness. More specifically, He desires such results as the following: the strengthening of the sufferer's faith; growth in grace, knowledge, and Christian virtues; and that the sickness serve as a means whereby the Christian can witness to others.

Biblical directives to the Church and the individual Christian concerning proper action over against sickness are incorporated in the entire body of the study.

Two representative ethical problems were discussed, namely, euthanasia and therapeutic abortion. Euthanasia seems clearly to be counter to God's will as a proper response to sickness. Therapeutic abortion seems to be a problem about which Christian judgment in the specific situation must decide, since Scriptures are not addressed to the problem.

Faith-healing was treated at length, the conclusion being that it is best to leave it somewhat an open question. Some of the teachings of the faith-healers are clearly dangerous perversions of Christian doctrine. But, on the other hand, God may still perform healing miracles today. Invoking the aid of the Holy Spirit, the Church must seek to know and do His will in specific situations.

The need and value of prayer concerning sickness on the

part of the Church was examined. The question of whether or not prayers for bodily healing ought to be conditional was explored and answered in the affirmative.

Motivated by its love for all people, the Church does have a responsibility and opportunity to work to prevent and treat sickness. In the past the Church has not done much in an organized way to prevent sickness, though it has considerable potential to do so. The Church has been, historically, active in treating sickness. It is to a great extent responsible for the origins of present-day hospitals and professional groups such as nurses. The Church of the present time makes a very sizeable contribution to the treatment of sickness through its sponsorship of hospitals, co-operation with others in the community, and provision of medical personnel. In these areas, also, the Church has the potential of making an even greater contribution, although today there are some signs of an unwillingness to do so.

The Church was seen to have a clear-cut responsibility to minister spiritual services to the sick. In general, this obligation is met through the work of the clergy. Chapter Four contains an extended discussion of the aims and methods of the clergy in ministering to the sick. Emphasis was placed on the fact that if this work is to be done in accord with God's will the clergy must see clearly that its aim is to relay the forgiveness of sins and the Holy Spirit to people. Its means of doing this is through the Word of the

Gospel and the sacraments, primarily. Such knowledge as that provided by the field of psychology is to be employed, particularly as an aid to the diagnosis of a patient's spiritual condition, but it must never supplant the Word as the tool of the pastor; nor is the pastor to become some sort of "psychiatrist." Special attention was given to the methods of the pastor in ministering to the sick in certain crisis situations, for example, death. The necessity of co-operation between all the members of the "health team" was emphasized, particularly the need of the pastor to define clearly his function and be ready to work with others. Finally, reference was made to the potential contribution others in the Church besides the clergy can make in ministering to the sick.

Chapter Five surveyed the response of the individual Christian to sickness, stressing the facts that he ought to use medicines to combat illness when it strikes him (recognizing such to be the gift of God) and that he needs to preserve Christian attitudes and conduct when he himself is ill.

The Christian response to sickness is thus seen to be manifold. In some respects it is clearly delineated by the sacred Scriptures. In others, the response must be made by Christian judgment in specific situation. Altogether, sickness is an evil to which the Church responds vigorously, seeking to do all in its power to conquer it, and, when it fails to do so, to minister faithfully to those who suffer.

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