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## Pastoral Psychology

By C. A. BEHNKE

"I am the Good Shepherd" (John 10:14). It is the voice of Jesus, the peerless Pastor. As such "He knew what was in man" (John 2:25). When in the synagogue of Nazareth He was handed the scroll, He applied to Himself the prophecy: "The Spirit of the Lord is upon Me, because He hath anointed Me to preach the Gospel to the poor; He hath sent Me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to preach the acceptable year of the Lord" (Luke 4:18-19). His ministry of mercy to sin-bound, bruised, broken, and lonely lives, therefore, merits, to the full, the tribute:

He took the suffering human race,  
He read each wound, each weakness clear,  
He struck His finger on the place  
And said, "Thou ailest here and here."

*Matthew Arnold*

Since then many whom He called to be undershepherds and endowed with wisdom from on high have ministered to the distressed and the perplexed. The religious literature of the past says comparatively little about their specific insights and techniques. But biographies of outstanding men of God show that almost invariably they were, first of all, pastors, to whom many turned for counsel in the hour of trouble.

Writers on pastoral theology, such as our own Dr. Walther, regarded such ability as vital. He describes it, however, not only as "a God-given, practical aptitude of the soul," but also as one that is "acquired by certain means." (Fritz, *Pastoral Theology*, p. 1.) He, therefore, suggests that a theological student visit hospitals, in order to become better acquainted with the inner life of the sick and to master innate revulsion against disagreeable smells and sights. He quotes Seidel as writing: "One can readily see that it is not feasible to treat all sick alike, and that it is not sufficient for the pastor (as is frequently done) to read something from the Agenda, but that a pastor prove himself a physician who knows the illness of each and understands how to apply the proper remedies." He also cites Olearius, who recommends that a pastor "in his explorations seek to determine the nature of

the disease, whether and when it will permit lengthy conversation, whether it will soon terminate in death or grant the patient ample time to set his house in order; whether or not it leaves the mind clear and unconfused, and whether his remarks and activities are traceable to his illness or to the usual trend of his mind."

As a result, these pastors discovered principles and procedures which today have received scientific sanction.

### I

Why, then, should a pastor of today add the study of psychology to a rapidly expanding schedule? Why can't he acquire an effective *Menschenkenntnis* where they found it? Let us see.

Ours is an age in which psychology, still an infant in comparison with other branches of learning, has made its way into practically every phase of life. Education, medicine, social work, political science, industry, and commerce draw heavily on its insights and methods for greater efficiency. Many novels and plays revolve about some problem suggested by it. Its impact upon the thought and life of today, therefore, dare not be ignored by a pastor who is to preach realistically in times such as these and serve as trusted counselor to those who find life in a complex, competitive, and largely predatory world too difficult.

Again, a pastor of today is repeatedly approached by social workers for consultation and co-operation in cases that he, as a pastor, cannot evade. They speak to him in terms of psychology and social case work. Unless he is somewhat orientated in these subjects, he may find himself a passive spectator on the sidelines when he should be one of the principals, if not the principal, in the rehabilitation of a family or an individual member of his congregation.

Statistics reveal that for every bed in a general hospital there is one in a mental hospital. Our members are not immune from this growing tragedy of our day. Many incipient cases can be halted if recognized in time and wisely cured. Competent psychiatrists told Clifford Beers, the founder of the American Foundation for Mental Hygiene, that his own illness might have been avoided by guidance at the proper time. Dr. Jung wrote that every psychiatric problem is basi-

cally a religious problem. Here is a field for invaluable service for the pastor who is equipped with a working knowledge of abnormal psychology and the resources of the healing Word of God.

If the mental ailment reaches the depth and proportions of a psychosis and the patient, as a result, is committed to a mental hospital, the ministrations of the pastor must be more than a routine of good will plus a few pious platitudes. He ought to be familiar with the symptoms of the specific form of insanity with which his patient is afflicted, so that "in season and out of season" he may direct his therapy to his special needs.

Again, recently medical science has been stressing psychosomatic medicine, the science that through research aims to ascertain the extent and the manner in which body and mind react upon each other, so that a more comprehensive attack may be made upon disease than has been made in the past. Dr. Crile of the Cleveland Clinic said: "When a man fears, he does not fear with the mind alone, but every cell and tissue of the body fears." One physician states that "what is in the head of the tuberculous patient" is a more potent factor in the cure than "what is in his chest." Another assures us that it is vital to treat the patient as well as the disease. As a result, a growing proportion of the medical profession recognizes the importance of bringing the resources of religion to bear upon the needs of the sick and welcomes, as a partner, the pastor who is a genuine physician of souls.

This explains the recent trend in assigning chaplaincies for hospitals and public institutions to men who have completed a prescribed course of "clinical training" under the guidance and supervision of competent physicians and theological instructors. If we are to retain, not to say expand, the hard-won position which we now occupy in many of the institutions of our country, we cannot ignore this development.

## II

Moved by these and other considerations, the theological student or the ordained pastor takes up the study of psychology at some school or in the privacy of his home. As he does so, he first experiences a feeling of bewilderment. He finds it difficult to correlate its terminology with that of re-

ligion in areas in which they seem to meet and to integrate it into his thinking. Spiritual values are endangered in the process.

He discovers, also, that there are seven or more schools of thought, at one time deeply antagonistic to each other, but now tending to merge into one. As he gains a perspective of the entire field and evaluates the findings, he notes that there is "not enough fact in the whole system of psychology to make a single solid system." (Heidbreder, *Seven Psychologies*, p. 3.)

But he continues his search. He is then rewarded with insights and methods which are invaluable in areas of education, physical and mental illness, and personal counseling.

His quarrels with scientific psychology arise when the latter ceases to be scientific and becomes speculative, philosophical. As a Christian he now contrasts the two in phases concerning which the Word of God speaks.

The one begins with man as more or less amoral, or basically good, at the time of birth. The other characterizes natural man as "flesh born of flesh" with all its spiritual and moral implications, spiritually blind, "dead in trespasses and sins," at enmity with God. The one regards it as its task to offer guidance and correction. The other aims at no less than a new birth which makes of man "a new creature." The one strives to organize personality so that the individual may function successfully and happily in human society. The other offers a "godliness" which has "the promise of the life that now is and of that which is to come." The one operates with humanistic insights, gained through controlled laboratory procedures, extra-laboratory observation and introspection. The other functions with the wisdom and power of God, revealed in and transmitted through His Word, "the most penetrating and pervasive force known to man."

All of this profoundly affects the vital field of psychotherapy. The one aims at a peace which makes for attitudes helpful to health and the life in the sickroom. Some psychotherapists try to produce it by lowering the standards of the divine Law and developing an easy conscience. Liebman, in his widely publicized book *Peace of Mind*, goes so far as to say: "Psychotherapy does not require that you feel sorry for your sins so long as you outgrow them" (p. 30).

This humanistic therapy may operate under the guise of

**Biblical terminology.** A strong, radiant personality reciting in sedative tones such passages as the Twenty-Third and the One Hundred and Twenty-First Psalms may produce what seems to be a quietness of spirit, while in reality the patient is sick unto eternal death in hell. A writer on Pastoral Counseling cites the following incident as an example of wise pastoral therapy: "A woman who was dying told me with difficulty, due to her extreme illness, 'I wish I had lived a better life.' That seemed to me as clear an effort to make a confession as anyone ever expressed. I said: 'You have lived a good life. You have nothing to worry about.' She smiled and closed her eyes for my prayer."

What about Christian therapy? Liebman in *Peace of Mind* writes: "Religion too frequently has encouraged men to make a complete detour of their unangelic nature. But dynamic psychology encourages men to bring the dark and uncomfortable aspects of their inner life to the surface." (P. 28.) The writer, time and time again, gives evidence of a deplorable ignorance of Biblical Christianity. The Word of God requires of man that he "examine" himself and that he "confess his sins," which is another way of saying that he "bring it to the surface." But it does not leave him there with the unholy mess to be looked at and removed by him as best he can. It pleads with him to bring it to the surface in the presence of God, who, because of the vicarious atonement of His Only-begotten Son, says to the believer: "Though your sins be as scarlet, they shall be as white as snow; though they be red like crimson, they shall be as wool" (Is. 1:18).

### III

As the student draws these contrasts, he realizes more fully than before that Scientific Psychology cannot be a substitute for the Word of God in his pastoral practice, nor dare modify it in any manner or degree. In this respect, also, he will bring "into captivity every thought to the obedience of Christ." He will do this all the more readily as he enters more fully into the psychology of the Word of God and understands more readily why Link calls the Bible the best book on psychology.

Freud calls the theory of repression the foundation stone upon which rests the whole system of psychoanalysis. Time and again he describes tragedies that take place in a per-

sonality that tries to force down dynamic, unpleasant memories into the level of the "unconscious." David knew that. He writes in the Thirty-Second Psalm: "When I kept silence, my bones waxed old through my roaring all the day long. For day and night Thy hand was heavy upon me: my moisture is turned into the drought of summer." He then brings his sins to the surface in the presence of God. "I said, I will confess my transgressions unto the Lord; and Thou forgavest the iniquity of my sin." There is a profound relief. He closes the Psalm with the plea: "Shout for joy, all ye that are upright in heart."

The science of mental hygiene has nothing to offer that is comparable to that offered in the fourth chapter of the Epistle to the Philippians. "Be careful for *nothing*, but in *everything* by prayer and supplication with *thanksgiving* let your requests be made known unto God" (v. 6). How can worry thrive in such spiritual atmosphere? The inspired writer continues: "Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, . . . think on these things" (v. 8). The health of a redeemed soul requires a wholesome atmosphere. In the ninth verse we read: "Those things, which ye have both learned, and received, and heard, and seen in me, *do*: and the God of peace shall be with you." Peace of mind is not merely the result of thought processes, but also of a program of Christian activity.

Duval in his book *Great Thinkers* in each instance describes the soil out of which the philosophy of the respective thinker grew. But when he writes of Jesus, he is compelled to say: "The record of the mental history of Jesus is all but a blank. When he appeared at the age of thirty as the great teacher of his people, he was in complete possession of a philosophy of life which remained unchanged to the end" (p. 135). Naturalistic psychology cannot explain this phenomenon. There is but one answer. He is the Prophet who is "greater" than Moses, the Only-Begotten who was "in the bosom of the Father."

#### IV

Nevertheless, following the pattern of great pastors of the past, the student of pastoral theology expands and deepens his *Menschenkenntnis* with insights wherever he may find

them, in scientific psychology, in literature, in art, in his own observations of himself and others.

We list a few of the results of such study with the hope that they may be of some value to others.

1. When treating people who are in mental difficulties, one or more of the following three techniques are basic to therapy: a. catharsis, cleaning out of the sense of guilt which is devastating in its effects when permitted to churn on the inside. Needless to say, this is done through the proper application of the Law and the Gospel; b. directing the focus of the egocentric person from self and his real or imaginary troubles to Him who has said: "Fear not: for I have redeemed thee, I have called thee by thy name; thou art Mine" (Is. 43:1); c. channeling faith and love into a program of Christian service. As the individual "loses" his life in such service, he "finds" life.

2. Whether ministering to the needs of the sick or of the person who comes for counseling in a personal or a home problem, the pastor must be a good listener. Very often such a person requires no more than to be able "to talk it out," "to get it off his chest," in the presence of one who is sympathetic and empathetic, largely identifying himself with the experience of the person in distress. Repeatedly the latter receives the grateful tribute: "You don't know how much you have helped me." In reality he has done nothing but listen.

When the patient or counselee talks, he may, in the very process of doing so, solve his own problem. Inner resources, stored up in childhood and youth, are aroused from dormancy and come to his aid.

Listening is, above all, necessary in order to know the difficulty in its history and its present setting. At times the pastor may find it necessary to ask questions or tactfully to guide the patient or counselee in his effusions. But he should limit this to a minimum, in order to understand the counselee's problem and his attitude toward it. Then, beginning where the latter is, he will co-operate with him in finding the way out.

3. Surface difficulties may not be the real difficulties. A writer tells of a woman who was in terror whenever she entered an elevator or found herself in a closed room. The techniques of several psychiatrists failed to bring relief.



A pastor who had deep insight into the workings of the inner life tactfully drew from her the confession that she had illicit relations with a brother-in-law and that she had been trying desperately to repress the sense of guilt. When she confessed her sins and accepted the full pardon secured for her by her Savior on the Cross, she left his study a free and happy woman.

Another example is that of a young lady, a college student, who professed to be an avowed atheist. She frankly admitted that she had consulted with five other pastors and had debated the issue with them at length. She was now asked to relate her personal history. She told the following:

When she was three years old, her father died. She was sent to an orphanage in which the life of the children was severely routinized and the powerful hungers for affection and recognition were ignored. Out of this emotional starvation grew bitterness. Out of the bitterness emerged the philosophy of life which she called atheism. When she saw that her difficulties had evolved out of her emotional experiences rather than objective reasoning, she readily responded to treatment.

4. The source of emotional and mental troubles is often found in the physical organism, the product of biochemical changes in the body.

A pastor tells of an interview with elders who felt that disciplinary action ought to be taken against a certain woman who had repeatedly caused trouble. He asked the men: "How old is she?" When told, he continued: "Is it not possible that her body rather than her mind is speaking?"

The pastor finds a patient listless, seemingly indifferent to his ministry of comfort. He may be inclined to diagnose the latter's attitude as spiritual apathy, while in reality he may be stuporose due to some drug administered under orders of the attending physician.

A patient may be groaning in the depths of depression. This may be of psychic origin and thus demand special pastoral and, perhaps, psychiatric treatment. Or it may be a concomitant of some severe gastory-intestinal ailment.

Perhaps the patient is worrying about having committed the sin against the Holy Ghost. The pastor makes every known type of approach to the problem, but seemingly fails.

As a matter of fact, the mental conflict may be of a physical origin. We have known arteriosclerosis patients who for weeks were terrified by the haunting conviction of having committed the unpardonable sin and then cleared up shortly before death with the peace of God once more in control of their spiritual life.

In treating reactions of a physiological origin, however, a pastor should bear in mind that the body may condition, but does not always compel the level and trend of the *psyche*. A strong faith may enable a patient to rise above the most distressing ailments and be "more than a conqueror through Him that loved us."

5. Early memories often persist when later experiences are completely or nearly blacked out. A pastor calls on a woman, seventy-five years of age, who has had a "stroke." Three times within less than five minutes she asks him whether he had already eaten dinner. The pastor now suggests that they together recite some hymns and psalms. They begin with "O Haupt voll Blut und Wunden." They continue with several other hymns and Psalms 23, 103, and 121. She recites all of them practically without error, even though she could not remember questions which she had asked two or three minutes ago.

A pastor is called for the first time to the bedside of an old lady in the County Hospital. She is in a coma. Her name indicates German origin. So he draws close to her ear and begins with the hymn "Christi Blut und Gerechtigkeit." She opens her eyes and joins him in this and other passages. In another instance, a man who had been "unconscious" for three days, responded to such hymns as "Jesus, Lover of My Soul," and "Abide with Me."

6. When ministering to mental patients, it is essential that we treat them as normal. After all, the difference between sanity and insanity is in degree rather than in kind. Mental patients, also, are very often quick to detect deceit, artificiality, or condescension.

Therapy for the mentally ill ought to include the Sacrament of Holy Communion, if they have retained sufficient insight to "examine" themselves. Some of the most solemn and satisfying Communion services have been held with individuals or small groups in mental hospitals.

7. Much more could and should be written on the vital subject of "Pastoral Psychology." In closing let us bear in mind, also, that in therapy the personality of the therapist is an important factor. A pastor with a defeated, frustrated, habitually depressed personality will largely invalidate the best techniques. On the other hand, we know of a pastor of whom patients, the nurses, and the medical staff said that when he, with his strong, radiant personality entered the building, something happened to the morale of all concerned.

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