Lutheran Pastoral Care in America Today[1]

C. CHARLES BACHMANN

THE LUTHERAN CHURCH always has emphasized pastoral care, although certain phases of it have been overlooked and neglected—sometimes taken for granted. Traditionally the Lutheran clergyman has been called *pastor* because of his unique office as the shepherd of his flock and the *seelsorger,* which may be translated as physician of the soul. The new and increasing demands of life today make it imperative that the Lutheran Church study the contribution it has made and can make through pastoral care to its people. By intensive research and pastoral participation in this field the Lutheran Church can discover even more of the needs of individuals and groups and by doing so it can minister more adequately to them. Laymen, conscious of this growing need for more adequate pastoral care, can support their pastors by providing an opportunity for them to take advanced training now available in the field of pastoral care.

In order to discover the existing patterns of Lutheran pastoral care of the present era in America and to supplement the meager material on the subject, the writer sent 494 questionnaires by mail to a cross-section[2] of Lutheran pastors in the eight bodies of the National Lutheran Council and the Lutheran Church—Missouri Synod. Of these, 213 or 43 per cent responded. The questionnaire was divided into three parts. I. Concepts of Pastoral Care (eleven

1 This article is based on the doctoral dissertation, *The Development of Lutheran Pastoral Care in America,* completed by the writer at Boston University in 1949.

2 From the statistical reports found in the 1948 yearbooks of the nine church bodies it was possible to make a selection of pastors according to the numerical strength and distribution of parishes in cities, towns, and rural areas. To achieve a representative sample of the Lutheran Church in America pastors of all Lutheran areas in the nation were included.

questions); II. Methods of Pastoral Care (seventeen questions); III. Appraisal of Modern Trends (nine questions).

The respondents by their answers to the first section on concepts clearly indicated that Lutheran pastors think in the traditional pattern that pastoral care is *seelsorge,* which is best translated as "the care of souls," and that it is primarily a ministry to individuals, though not necessarily concerned with the religious aspects of the parishioners' problems. The implication is that the Lutheran pastor of today senses the importance of ministering to the whole person—body, mind, and spirit. From this then, we conclude that the term *pastoral care* may be defined in its primary meaning as a personal ministry to individuals—to the whole personality; in a more general sense, the term applies to all of the activities of the pastor.

It was Martin Luther who set the traditional pattern of pastoral care for the Lutheran Church. He held as a primary concept of the pastoral office the necessity for the physician to heal himself before he could heal others. "Physician, heal thyself!" (Luke 4:23). He felt that a pastor should first search his own soul, advise and care for it, before seeking to give such care to others.

The Reformer thought that the *seelsorger* had to be initiated into the mysteries of the divine Word. It was this immersion into the Word and his own personal prayer life which made Luther's pastoral ministry so effective. He relied heavily upon spiritual resources in his pastoral care. Luther's use of spiritual resources is especially evident in the voluminous letters written to individuals in distress and in the records which reveal that his pastoral help was widely sought.

Luther recognized that there was a relationship between bodily diseases and the spiritual condition. This is the underlying principle in the modern psychosomatic approach in medicine. On the American scene Henry Melchior Muhlenberg, the outstanding pastor of the Colonial Period, anticipated the psychosomatic approach even more than Luther. The correlation between bodily health and the soul's condition was an idea Muhlenberg had first

heard in the University of Halle in Germany. In order to win men they first had to be understood. The case history method was used and "soul analysis" was practiced.

According to John N. Ritter, Muhlenberg knew "that in order to cure the soul a pastor had to be able to cure the body, or at best understand the disfunctions of the body that hindered the development. . . ."[3] If one reads the *Journals* of Muhlenberg, with the psychosomatic approach in mind, he will realize that Muhlenberg was cognizant of this principle. He certainly considered the functioning of the whole man and, in this respect, he was well in advance of his age. In the opinion of the writer, effective soul-therapy can be practiced only if there is an understanding of the composite whole: body, mind, and spirit. A pastor's understanding of the psychic reactions upon the bodily function is essential in providing the best in pastoral care.

The exigencies of today's mechanized life make individuals' problems more complex, thus increasing the demands for qualitative pastoral care. In this age we are confronted with an abundance of personality disorders and it is imperative that pastors give primary consideration to the day-to-day ministry to individuals. Surprisingly enough, over half of the pastors responding to the questionnaire consider preaching more significant than counseling, which is one of the most important aspects of pastoral care. Traditionally Lutheran clergymen are called *pastors* but the present emphasis indicates that they consider pastoral care secondary to preaching.

On the other hand, in the section of the questionnaire on methods, most of the pastors find their pastoral opportunities as a result of calling. Only 22 per cent find their pastoral opportunities through preaching. This suggests a discrepancy between the basic concept of Lutheran pastoral care—care to individual souls—and methods.

In the marginal notes one pastor wrote, "Pastoral visitation is the chief task of the pastor and is often crowded out by every-

3 John N. Ritter, "Muhlenberg's Anticipation of Psychosomatic Medicine," *Lutheran Church Quarterly,* Vol. 19 (1946), p. 186.

thing else because it can be pushed aside with the least amount of audible objection." Dr. Paul Scherer, one of the outstanding Lutheran preachers in America today, said in his Yale lectures[4] on preaching that there is no substitute for pastoral calling even in a large city parish, such as in New York City where he formerly had been pastor. He also encouraged counseling in his office for those who wanted to see him at particular times. He prepared for these interviews by intensive study of psychology and psychiatry so that he would know at what point he was able to help and at what point he should make referrals.

According to the Lutheran tradition, pastoral calling is one of the chief duties of the pastor. It should not be neglected but made systematically and consistently. It cannot be sporadic and be successful. One of our best examples of the home-going pastor is Muhlenberg who tirelessly devoted himself to the care of souls. Lutheran pastors of today have indicated that they do most of their personal counseling in the homes of their parishioners.

There is one notable difference, however, between Muhlenberg and pastors of today. Muhlenberg kept accurate accounts of his pastoral visits and in many cases these accounts were verbatim records of the interviews. For this reason, among others, pastors can profit greatly by studying Muhlenberg's *Journals*. Many pastors in this era do keep records but few are as complete as those of Muhlenberg. Perhaps pastors consider their interviews too personal to record. On the other hand, keeping of records is of utmost importance if the pastor is to have specific knowledge about the people he has visited and their problems as well as their needs. Either summary or verbatim records of visits will give the pastor an opportunity to review, evaluate, and criticize his own technique and make progress in his efforts to help others.

The specific method of counseling used in pastoral care is becoming increasingly important. Looking back to Luther's pastoral ministry to individuals, we discover that he was often *directive,* that is, he assumed that it was his responsibility to find out

4 Paul Scherer, *For We Have This Treasure* (New York: Harper & Brothers, 1943), pp. 22-25.

the cause of the person's difficulty or distress and suggest remedies. He was inclined to choose the goals toward which he expected the individual to progress. Muhlenberg also was directive at times. Often he led his people to a change of heart by first leading them into despair. While his approach offered much hope it also held attending dangers because of creating more anxiety than could be resolved.

In contrast, the majority of the respondents to the questionnaire *think* their method of counseling is responsive and yet no significant number have been influenced by Dr. Paul E. Johnson who introduced the term "responsive counseling"[5] (permissive atmosphere with sympathetic responses by the counselor; mutual responsibility for progress). In this type of counseling the parishioner chooses his own goals, makes his own decisions, and does most of the talking about his problem. The pastor, however, is not a passive listener but by his responses and attitude is actually feeling into the situation. By reflecting the parishioner's mood and the feeling content expressed the pastor helps his parishioner to help himself.

There is an inherent tendency among pastors to steal the ball of conversation before it is thrown to them and to accept the major responsibility in solving problems. Too often the pastor considers himself one who gives advice (which should not be confused with giving information) rather than one who counsels. It is easier for him to suggest a course of action than to deliberate together with the parishioner over a longer period of time. Responsive counseling is a difficult discipline for it demands concentrated effort and mental integrity all during the course of the interview as the pastor listens with empathy, which means feeling into the situation.

It is especially important that an empathetic relationship be employed in the care of the sick. Traditionally Lutheran pastors have been faithful in the care of the sick, although most of them have had little training for the special problems involved. Many pastors have missed their opportunities in the sick room by domi-

5 See Paul E. Johnson, "Clinical Psychology for the Pastor," *Journal of Clinical Psychology,* Vol. I (1945), pp. 264-265.

nating the situation without giving attention to the patient's needs, thus disturbing the patient and incurring the wrath of the medical profession. For example, prayer in itself has a therapeutic value in the drama of healing but sometimes there has been indiscriminate use of prayer in the sick room. The Rev. Rollin J. Fairbanks, Chaplain at Massachusetts General Hospital, has called this practice "promiscuous praying."

The majority of Lutheran pastors responding to the questionnaire *always* pray in hospital visits. Some noted that it would be a serious omission to leave the sick room without at least asking if the patient desires prayer. Several of the pastors follow the general rule of praying when the patient is ill but omitting the prayer when the patient has recovered.

Schindler, in his writing on the pastoral care of the sick,[6] was cognizant of the procedures used today in hospitals and in visitation of the sick. (1) Part of the Lutheran pastor's task is to interpret the hospital setting to the patient. The aura of mystery that pervades the immaculate surroundings is often bewildering and frightening. (2) The pastor will consider the patient as a person who has certain fears, frustrations, and needs. The pastor who is calm in his manner and sympathetic in his approach will go a long way toward alleviating some of the distractions of the sick whether in the home or in the hospital. (3) The administration of the Lord's Supper to patients who are to undergo surgery is a real source of help to those who are experiencing this period of crisis. "The words of Scripture or the most earnest prayer may be forgotten in great pain or long discomfort, but the Holy Communion is a concrete fact which the patient can remember." (4) The length of the visit usually should be of short duration. (5) It is not always necessary to have Scripture and prayer. The visit may assume a more friendly nature if the introduction of Scripture and prayer would be forced or artificial.

In their ministry to the bereaved, Lutheran pastors give comfort through God's Word. Some avoid emotional conversation and

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

tears while others encourage conversation about the deceased. The survey results indicate that Lutheran pastors do not follow the modern emphasis in "grief work," as psychiatrists call it. Lutheran writers have made no extensive mention of the type of grief work that is practiced by Lutheran pastors or the type which should be practiced. Most of the reference in grief work has been to the funeral customs and the part the pastor will take in the burial service. The Rev. George Arbaugh, Ph.D., however, has said that it is most important to call on the bereaved and to encourage them, with a sympathetic attitude, to talk about the deceased.

The Rev. William Rogers, Ph.D., in his thesis, *The Place of Grief Work in Mental Health,* has made some helpful suggestions drawn from the work of Dr. Erich Lindemann, Chief of Psychiatry at Massachusetts General Hospital, the Rev. Rollin J. Fairbanks, and Miss Ina May Greer, Research Associate to Dr. Lindemann. Dr. Rogers considered the following important needs of the bereaved: (1) the support from others, (2) the acceptance of the pain of bereavement, (3) the expression of sorrow and the sense of loss, (4) need to verbalize feelings of hostility and guilt, (5) catharsis to remove fear of insanity, (6) emancipation from the deceased, (7) need of security, (8) satisfaction in the acceptance by others, (9) forming new relationships, (10) unity of experience which is common to all men, (11) purpose in life, (12) above all to be treated as a person. It is in the interaction of personalities on each other that the pastor can help by allowing the bereaved to express his grief without shame and without pity.

One of the most important pastoral acts of the Lutheran pastor is the performance of the marriage service. Before performing the marriage ceremony the Lutheran pastor is alert to problems, especially those which may result from illegal age, an inter-faith marriage, or a hasty marriage. These three problems have been emphasized by Lutheran pastors who have written or lectured on the marriage act in pastoral theology.

Pastors have excellent opportunities to do pre-marital counseling—when the couples indicate that they are contemplating marriage. Eighty-nine per cent of the pastors responding to the

questionnaire do engage in pre-marital counseling, other than at the wedding rehearsal. Family worship, the marriage service, the wedding rehearsal, and church membership are included in the pre-marital interviews by a large majority of the respondents. Only half of the pastors talk with the couples about the emotional adjustments of marriage. The more delicate and controversial subject of sexual adjustment is carefully avoided. Some pastors, according to their written comments, think that couples should talk about sex with their physician and make this referral. Others give the couples books which cover the subject.

Problems resulting from marital difficulties, more than any other type of problem, are confronted by Lutheran pastors today. This emphasizes the importance of pre-marital counseling in order to prevent, or to lessen, the emotional conflicts which would precipitate marital difficulties later.

In the pastoral care of the children in the parish, several techniques are employed. Many pastors converse individually with the children. Others make it a practice to have private interviews with confirmands. Individual work with children is of primary importance in pastoral care to youth and the results of the survey show that Lutheran pastors are cognizant of this.

The majority of pastors participate both in children's educational activities and in their recreational activities. By teaching in the church school, by conducting confirmation classes, and by guiding the educational and recreational activities in the youth program the pastor is not only actively ministering to the youth groups but he is also laying the ground work for his private ministry to the children. His entire ministry to the children, in a sense, is preventive therapy.

Pastoral care of the aged is becoming increasingly important and demanding because American people are living to an older age today. Most Lutheran pastors visit the aged periodically and administer communion to them. Some pastors try to introduce friends to the aged to supplement lonely hours with companionship.

Other techniques, though practiced rarely, could improve the effectiveness in pastoral care of the aged. Some of the possibilities

are: to encourage hobbies and travel, to find suitable homes, and to introduce organizations for the aged, all of which would alleviate some of the distresses of old age. It would be desirable if pastors could organize an "Over 60 Club" through which the aged could share their memories without feeling the terrible isolation that so often accompanies old age.

Judging from the results of the survey, Lutheran pastors encounter the whole gamut of human experience within their pastoral ministry. As mentioned above, problems resulting from marital difficulties come to the attention of Lutheran pastors more than any other, though problems resulting from worry and anxiety run a close second. It is disturbing to note that 35 per cent of the pastors counsel people who have psychoses. This is a dangerous practice and may lead to untold difficulties. The writer concluded that these pastors must have counseled mild forms of psychoses or that the pastors did not have enough training to be able to recognize psychotic symptoms, which indicated referral to a psychiatrist.

Sixty-five per cent of the pastors responding to the questionnaire practice inter-professional cooperation with doctors but only one-fourth of the respondents use the services of psychiatrists. Because good psychiatrists are not available in all areas and, if available, their fees are often prohibitive, some of the pastors may not find it possible to recommend psychiatric help. The services of social workers are also helpful to many pastors and, in some cases, lawyers can give aid. Each pastor, then, should become acquainted with the types of services available within his community and should foster inter-professional cooperation by initiating a working relationship.

Thus far we have discovered that Lutheran pastors are faithful in their execution of the pastoral tasks. To improve pastoral techniques, however, new trends of pastoral care must be studied, evaluated, and adopted. The modern emphasis on clinical pastoral training is a notable medium through which pastoral care can be strengthened and improved. In contrast to the old idea of separating theory from field work, clinical training unites education and

work so that students and pastors may "learn by doing." Clinical training has been carried on in controlled situations such as may be found in hospitals and other institutions, in which the student-pastor ministers to the patients and receives constructive criticisms on verbatim reports of his interviews. The student-pastor first criticizes and evaluates his own interview to discover what he did, what he should have done, and what he should do next to improve. The supervising chaplain or teacher then reads both the interview and the self-analysis and makes critical comments and suggestions for further development and growth. Clinical seminars, comparable to those in the medical profession, are held so that the group may benefit from the pastoral experience.

It was learned through the responses to the third section of the questionnaire study that most Lutheran pastors have not had clinical training at a recognized center. The majority of the pastors, if the opportunity were given, would take advanced training in a clinical center. Marginal notes indicate that time away from their parishes would be difficult to arrange, unless the pastors would forego their own vacation periods. Pastor and people would benefit if provision could be made to give the pastor a short leave (at least six weeks) for clinical training.

The Rev. Granger E. Westberg, Chaplain of Augustana Hospital in Chicago, offers three types of clinical training courses in pastoral counseling and ministry to the sick for theological students, parish pastors, and chaplains. One course is The Five-Day Seminar which is introductory to the field of clinical pastoral care. The Six-Week Seminar and The Three-Month Pastoral Internship are programs of intensive training. Academic credit for this training may be applied toward the B.D. or S.T.M. degree at Chicago Lutheran Theological Seminary at Maywood.

In general, Lutheran seminaries teach the theory of pastoral theology and make some practical application. In most of the Lutheran seminaries the students become assistants or youth leaders in the large city churches, affording some practical experience but no clinical training. The location of the Lutheran seminaries scattered over the nation should make it possible for students to take

advantage of many clinical opportunities provided by general hospitals, mental hospitals, prisons, reformatories, social agencies, etc. They could then translate these new approaches into their own pastoral ministries.

On the basis of the research in conjunction with the writing of the dissertation on Lutheran pastoral care, the writer has formulated the following proposals for consideration by the Lutheran Church in America:

(1) Cooperation of All Lutheran Church Bodies in Re-Studying Lutheran Pastoral Care

In recent years there has been wider cooperation among all Lutherans, especially in Service Centers, the Armed Forces, and in student work. This cooperation of Lutherans in America can be extended into many other areas of pastoral care.

A commission with representative leaders in pastoral care from each of the eight church bodies in the National Lutheran Council and from the Lutheran Church—Missouri Synod could study and lay the foundations for further cooperative ventures. Through a comprehensive study of the entire field of pastoral care in the Lutheran Church of America and in other Protestant denominations this Commission on Pastoral Care would be prepared to make specific recommendations to each of the nine Lutheran bodies. The members of the Commission would study the training programs and facilities of seminaries in all denominations to provide the necessary information for establishing adequate training programs in Lutheran seminaries.

Group seminars sponsored by this Commission on Pastoral Care throughout the United States would give Lutheran pastors an opportunity to discuss together present methods of pastoral care in Lutheran churches and to appraise methods used by other denominations. Trained leaders in the field would stimulate interest.

(2) Coordination of Pastoral Theology and Clinical Training in Lutheran Seminaries

The results of the survey indicate that Lutheran pastors favor a psychological counselor to seminarians. Such a psychological

counselor could be of great assistance in screening candidates for the ministry through the use of psychological tests. He would counsel the candidates in their personal adjustments in preparing for the ministry. In this way, the counselor would be in a position to help the seminarians help themselves as they assess their own growth.

The psychological counselor could be the teacher of courses in pastoral psychology and pastoral counseling, which are important phases of pastoral theology. Through these courses the seminarians would learn the concepts and methods of pastoral care. The counselor-teacher would correlate the theory and the practice of pastoral care by assigning the seminarians to clinical centers—institutions or parishes where they would be supervised by trained counselors. Through verbatim reports of interviews the students would learn to criticize and evaluate their own methods of pastoral care and would learn counseling by experience.

(3) Graduate Study in Pastoral Care

According to the survey results, Lutheran pastors think that the Lutheran boards of education should encourage graduate study in the field of pastoral care. Lutheran pastors are recognizing the need for advancing beyond the present development of Lutheran pastoral care by learning new pastoral skills. The Lutheran Church can make a contribution to the entire field of pastoral care by developing the relevance of Lutheran theology to religious therapy and by consummating a union between Lutheran theology and Lutheran pastoral care.

(4) Lutheran Clinical Centers

The writer recommends that the suggested Commission on Pastoral Care promote the establishment of centers in institutions and parishes for clinical pastoral training. The Lutheran Church has many institutions of mercy and parishes located near Lutheran seminaries which would facilitate the training programs for pastors and seminarians. Until such time as these clinical centers are established by the Lutheran Church it is imperative that Lutheran

pastors and seminarians take advantage of training offered in recognized clinical centers.

Institutions are readily adaptable to programs of clinical training. A study of the existing clinical centers would point the way to adopting methods and procedures in clinical pastoral training, so that seminarians and pastors could learn the inter-departmental structure and functions of the institutions, minister to the sick and the dying, all under supervision.

Lutheran churches which have a large membership and a clinically trained pastor could function as a clinical center for training seminarians and pastors. The verbatim records of their interviews could be criticized and evaluated by the pastor-supervisor. A program of group therapy in the parish would provide additional experience as well as meet the needs of the parishioners.

The Commission on Pastoral Care could establish uniform standards for all Lutheran clinical centers. It could aid the centers in calling qualified men, in outlining courses of study, and publicizing the training programs. The Lutheran Church can utilize its own facilities to further the development of Lutheran pastoral care in America.