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A Physician of Souls

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TWENTY-FIVE years ago Anton T. Boisen, who as a patient in a mental hospital had wandered in strange places of the spirit, began an experiment with four theological students in the State Hospital at Worcester which gave birth to the Council for the Clinical Training of Theological Students. Today thirty training centers in mental and general hospitals, prisons, corrective institutions and guidance clinics, assist twenty-five seminaries in preparing ministerial students for more adequate services as pastors of churches and chaplains in hospitals and reformatories. Concordia Seminary of St. Louis has initiated a course of its own which is deeply rooted in "the whole counsel of God."

Does this imply that the rising tide of mental ailments and intensive psychological research have forced the seminaries into new concepts of man and the ministry?

The Psalms reveal remarkable insights into the complexity and the subtleties of the soul. They also reach effectively into wounded and distorted depths. Jeremiah has been called a psychologist by nature. Isaiah is a tower of strength for the emotionally unstable. St. Paul, a man of conflict and victory, presents a program for mental health that is unmatched in literature on mental hygiene and psychotherapy. They and the other writers of the Canon were "moved by the Holy Ghost," who not only searches "the deep things of God," but also the deep things of man. As a result, they focus the lights of divine truth upon facts and factors that elude laboratory procedures and extralaboratory observations.

Down through the ages physicians of the soul have been guided by this inerrant textbook on psychology. They have observed the spirit and the methods of Jesus as He ministered to the spiritual needs of individuals as well as multitudes. They studied themselves. They listened to people as they laid bare some of their innermost secrets. With seeing eyes they saw them in their homes and their workshops. They lived close to their joys and sorrows. They noted the forces in the home and the community that in varying degrees conditioned their spiritual life.

Out of such a school emerged "Luther as spiritual adviser." We marvel at his *Menschenkenntnis* as well as his *Gotteskenntnis*. Modernize some of the terminology, and you have in essence psychosomatic medicine. A careful study of sermons by "princes of the pulpit" reveals insights and techniques that also stamp them as "princes of the pastorate."

PSYCHOLOGY AS AN AID

Human nature has not changed since then. But the world in which human nature lives and moves has. It has become more complex. The speed and monotony of machines, depersonalization, the pressure of ideas and propaganda emanating from newspapers, magazines, books, radio and television, dynamic memories of a recent war, the paralyzing threat of another, make impacts that tend to wound, to warp, and to dwarf.

Is the individual pastor able through his own observations to identify and measure these forces? Or has he met the issue by preaching the "simple" Gospel with the expectation that somehow it will permeate all areas of the personality? If that were the case, why four Gospels with varying emphases? Why did Paul in his Letters address his messages to the particular needs of his readers who lived in different sociological atmospheres?

It is also a tragic fact that the incidence of mental ailments and borderline cases is on the increase in our congregations. If we would minister to them as physicians of souls, we must be somewhat orientated in the classification and the symptoms of those who move into depths of depression from which the only way of escape seems to be suicide; of those who live in the clouds of a manic elation and activity; of those who are to a great extent indifferent to the world of reality and live in a world created by their own distorted imagination; of those who are haunted by the specter of a persecution that is born in a diseased mind; of those whose brain is disintegrating; of those who are confused.

As physicians of souls we shall, therefore, welcome the findings of those who in laboratories and clinical practices have probed deeply into the "streams of consciousness" as they move in and through a world such as ours.

Our approach to psychology and psychiatry as sciences, however,

will be different from that made to the Bible. When studying the latter, we do so as humble believers, "bringing every thought in subjection" to its teachings. Our attitude toward the sciences of human behavior, however, will be critical and selective.

Many psychologists and psychiatrists largely defeat the very objectives for which they are striving. They regard religion as speculative and abortive. God is to them a creature of man's imagination, patterned to serve his unmet needs. They have discarded the "theory of the soul." Conversion, in their opinion, is primarily biological and psychological. The atoning work of Jesus and the activity of the Holy Spirit are not essential to the process.

Discriminating study of the science of human behavior, however, will yield insights and procedures that are essential to sound pastoral counseling. It will enable the pastor to detect mental ailments in their beginnings and to counteract them with the healing of God's Word, "rightly divided." It will help him recognize deep-lying factors in psychoneuroses and psychoses that require psychiatric treatments in addition to pastoral therapy.

Under no circumstances, however, should the pastor invade the sphere of the psychiatrist and endeavor to operate with techniques that require skills born of professional training. In all of his pastoral activity he is "a man sent from God." He is an ambassador for Jesus Christ. As such he functions with unchanging divine truth, and not with changing theories and psychomechanics.

BASIC TASK

As a physician of souls the pastor approaches his task prayerfully. How can he do otherwise? "The heart is deceitful above all things and desperately wicked: who can know it?" (Jer. 17:9.) It is a battlefield in which heredity, environment, and "the rulers of the darkness of this world" (Eph. 6:12) war against the soul. He, therefore, pleads for the guidance and sustaining help of Him who has said: "I, the Lord, search the heart, I try the reins, even to give every man according to his ways and according to the fruits of his doings" (Jer. 17:10).

Our basic effort must be to build rather than rebuild, to prevent rather than to cure. One may become so enamored with the "glamor" of counseling that he neglects the type of pastoral care

that should reduce counseling to a minimum. Family service societies are concerned because they can no longer meet the overwhelming demand for family counseling. Pastors will find themselves in the same dilemma if they neglect their primary task of feeding the lambs and the sheep. Pastors have been called men of crisis. The real crisis is not the time of trouble, but the time in the lives of people when the foundations for the future are built. In this sense we prefer to speak of the pastor as a man of crisis.

As a physician of souls a pastor must first "heal himself" (Luke 4:23). A pastor who is emotionally unstable or largely lives in the depths of depression will unconsciously color his message and his pastoral practice with his own frustrations. He will also exhale an atmosphere that tends to push down rather than lift. A radiant, dynamic faith is, therefore, an indispensable asset in building spiritual health.

A psychiatrist recently said: "There is no more connection between religion and mental health than there is between membership in a miners' union and mental health." He could be right if the emphases are upon some phases to the virtual exclusion of those which are vital to our well-being. Our teaching and preaching must, therefore, present the whole "counsel of God" (Acts 20:27), the total program for spiritual health.

A major cause of mental ailments that originate within the personality and are described as being "functional" is a haunting or a repressed sense of guilt. The heart of our educational and pulpit program must, therefore, be the complete redemption of man through the vicarious obedience and death of the God-Man Jesus Christ. This must be the soil in which our pastoral care for the individual is rooted. An evasive or elusive atonement theory will not satisfy. In language that leaves no doubt we must give the assurance that "the blood of Jesus Christ, His Son, cleanseth us from all sin" (1 John 1:7).

This message of complete forgiveness, offered freely by grace to all and received by faith, however, has little or no meaning to those who do not recognize and confess their sin. We therefore dare not weaken the Law. We must teach and preach it in the spirit and the scope revealed in the Word of God. We dare not disguise guilt in

terms that tend to hide its real nature. We would be unfaithful not only to the God of Sinai and Calvary, but also to the people whom we serve. David writes: "When I kept silence, my bones waxed old through my roaring all the day long . . . my moisture is turned into the drought of summer." (Ps. 32:3-4.) But the burden vanished when he confessed his "transgressions unto the Lord." He now was a free man who was "glad in the Lord" and who could "shout for joy" (v. 11). "Daily contrition and repentance," a daily catharsis, is therefore an essential of spiritual hygiene.

Another source of spiritual ailments is the tendency of many to "play their own God." While they profess trust in the God and Father of our Lord Jesus Christ, they in reality are pitting their own imaginary resources against the powers of darkness and a competitive, largely predatory world. The result is a worry that corrodes and a fear that disorganizes. We therefore need to emphasize prayer not merely as an emergency measure, but as an integral part of our life as Christians. The focus must be directed away from self and difficulties to the "hills from whence cometh our help" (Ps. 121:1). The eyes of faith must be fixed upon "Jesus, the Author and Finisher of our faith" (Heb. 12:2). The Cross must loom large in our perspective as we receive the assurance from God's own Word: "He that spared not His own Son, but delivered Him up for us all, how shall He not with Him also freely give us all things?" (Rom. 8:32.)

A third factor that breeds spiritual ailment is "failure to live for Him who died for us." Faith and love, born at the foot of the Cross, are dynamic. They demand expression. When they are repressed into a life that is basically selfish, unhappiness results. The Apostle Paul therefore exhorts his readers: "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" (Phil. 4:9). Christian thought must be coupled with Christian action. Stewardship of life serves not only God and the fellow men, but also our own spiritual health.

The soul as well as the body requires a wholesome atmosphere. Training for spiritual health therefore must give a large place to such Scriptural passages as: "Whatsoever things are true, whatsoever things are honest . . . think on these things" (Phil. 4:8).

Christian perspective of life must keep in the foreground God's blessings, those that are apparent and those that come to us in disguise through suffering. Of St. Paul we read: "He thanked God and took courage" (Acts 28:15).

In a time of "scattered" parishes special emphasis is necessary upon Christian fellowship. In a closely knit group of people, who are united by faith in Christ as their Savior and who are fellow travelers on the narrow and unpopular way of life, basic hungers for affection and appreciation are largely met, sorrows are divided, and joys are doubled. In it are also people who may help others face and effectively use difficulties and losses. Thus they relieve the counseling load of the pastor. It is therefore significant when we read of the early Christians: "They continued steadfastly in . . . fellowship" (Acts 2:42).

Other factors may be included. In fact, all Scripture, "profitable for doctrine, for reproof, for correction, and for instruction in righteousness" (2 Tim. 3:16), is designed for man's spiritual health. One is tempted to dwell upon the therapeutic power of faith, of love, of hope, of patience, of joy, of peace. Our purpose, however, is to emphasize in broad outline that basically the program of our ministry must be a comprehensive, balanced program for spiritual health.

THE PHYSICIAN AS COUNSELOR

A far-reaching plan that aims to build and prevent, however, will not entirely eliminate the need for counseling. There will always be some who require individual pastoral care and assistance in situations which, for the time being, are beyond their powers.

Much has been written on this subject: much that is helpful, some that is confusing and misleading. Yet it may be of some value to state a few basic principles which have grown out of the experiences of men who for years have healed the wounded and opened prisons for others.

When serving as a counselor, the pastor should remain in character. Whatever insights and techniques he may have acquired through special courses and otherwise must be integrated in his procedure so that he functions as an undershepherd of Jesus Christ. The heart and the objectives of a Christian pastor must remain in

the foreground. The people whom he serves will not be "cases," but people, living, blood-bought souls to whom he brings the healing, guiding, and sustaining power of the Word.

Some medical doctors of our acquaintance daily prepare themselves for their difficult and crucial tasks in their prayer closets. Needless to say, a physician of souls whose ministry to people has eternal consequences will live in an atmosphere of prayer before and during the interview. Only ignorance will rush in prayerless "where angels fear to tread."

We cannot intelligently begin counseling until we know the story. We must therefore allow the person concerned to tell it as far as he himself knows it or is willing to tell it.

Occasionally that is practically all that is needed. Troubles, real or imaginary, have accumulated. They have reached the "exploding" point. When the person has literally poured out his heart to one whom he fully trusts, he feels relieved and thanks his pastor for "the wonderful help" given, although the latter has done no more than listen sympathetically and offer some encouragement.

In many instances, however, a depth therapy is necessary. Experiences and dynamic memories that have been crowded down are at work within the personality with devastating results. In such instances the person may honestly believe that he is telling the full story. But he mistakes symptoms for causes and, as a result, is dealing ineffectively with his troubles. Tactful questioning aims at completing the story.

The next step is interpretation and diagnosis. In some instances it is possible at once to identify the factors underlying the emotional and mental difficulties. Very often, however, it is necessary to ask the person to return for another interview. In the meantime we shall prayerfully study the picture. We may consult a brother pastor. Some of us are fortunate in being able to discuss the problem with a psychiatrist who is a professing Christian.

The root of mental and emotional disturbances is often found in childhood experiences. Many are traceable to homes that are broken or dictatorial or undisciplined. Disguised dislike for a parent, for a brother or a sister, may be in the background. Some result from serious and habitual violations of God's Law. Some may have a

physical basis, biochemical changes connected with "change of life," diabetes, hardening of arteries, and others.

Many counseling situations with which a pastor deals involve a sense of guilt. At times it is expressed. Very often it is hidden under deceiving symptoms, such as fear of being in a closed room, certain obsessions, such as frequent washing of the hands, irritability, overcritical attitude toward others. If the pastor has reason to suspect this, he ought to probe tactfully in order to bring it to the surface. Unless this is done he will be "beating the air," while the devastating activity of the shackled conscience continues.

When the sense of guilt becomes vocal in confession, we must bring to bear upon the deeply wounded heart the assurance of a complete forgiveness through the atoning death of God's only-begotten Son.

It is our conviction, however, that in many instances this is not enough. The boy who confesses masturbation not only wants to know that God has forgiven him, but he also looks to us for help in his battle against a habit that has progressively broken down his defenses. With his hand on the Bible he, perhaps, has vowed that he will never do it again. Yet, in spite of his better intentions, he has broken this promise. Similar stories are told by the alcoholic, the promiscuous, the homosexual, and others. It is difficult to determine which is more damaging to mental health, the sense of guilt or the frustration resulting from moral defeat.

The physician of souls must be prepared to co-operate with the forgiven sinner toward achieving freedom from the vice which enslaves him. The program of rehabilitation ought to include fervent prayer to God, who can and will break the bonds of those who trust in Him; instruction in the stewardship of the body, which has been "bought with a price"; wholesome athletics; activities that are creative and satisfying; companionships that lift.

When trying to help alcoholics, it is important to discover the source of the trouble. Drinking may be compensatory. Something is missing in his life. He tries to find a substitute for it in alcohol. Drinking may be an escape mechanism. He is running away from something. Alcohol, for the time being, makes him insensitive to it. In order to treat him effectively, therefore, one must be acquainted

with the soil out of which the difficulty has grown, his childhood home, his environment, his marriage, his job. These situations must be corrected, if possible. If not, the person through prayer, study of God's Word, and helpful associations must learn to face and "bear his cross" and find satisfying compensations and strength in a life of service.

Throughout counseling procedures it is essential to keep in mind that the soul does not live in a vacuum, but in a body that may condition its outlook and words and in an environment that may deeply affect its character and its course. These factors must be measured and evaluated if we are to be effective physicians of souls.

Some situations require more than we with our limited training can give. We, therefore, should not hesitate to consult the physician, the psychiatrist, and social agencies if they have resources that may be helpful.

When mental and emotional ailments require hospitalization, we dare not retire from the scene. We need to give our genuine friendship to those who for the time being are living in a world of deep valleys and high hills, of imaginary situations, of fading light. We treat them as normal. We bring to them a message from the heart of God, in season and out of season, whether they seem to appreciate it or not. If the state of mind and heart permits, we minister the Sacrament of Holy Communion to them. When some of them recover, they may tell us that they understood us, even though they seemed indifferent or hostile to us. Some of the most satisfying friendships have been made by pastors with patients of mental hospitals.

The "cure of souls" is an art and a skill that requires profound study of the Word of God, of people in life situations, and of books by men who share their insights and methods with others. But though difficult, though it makes us in a very real sense burden bearers, we perform the task gladly, keeping our eyes fixed upon Him who has said: "The Lord hath anointed Me to preach good tidings unto the meek; He hath sent Me to bind up the broken-hearted, to proclaim liberty to the captives, and the opening of the prison to them that are bound."

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