PASTORAL CARE OF THE PHYSICALLY ILL BY THE PROTESTANT CLERGYMAN, WITH SPECIAL REFERENCE TO THE USE OF THE PASTORAL PRAYER

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A Thesis

Submitted in Partial Fulfillment
of the Requirements for
THE DEGREE OF MASTER OF SACRED THEOLOGY
in
The New York Theological Seminary in New York

New York, N. Y.
April, 1969

PREFACE

I have chosen to write this thesis because I believe that there is no place where the pastor's confusion is greater than in his role of ministering to those who are physically ill. This confusion is brought about because he doesn't know whether he should serve "Hygeia" or "Aesculapius."

Hygeia, in Greek mythology, was the Greek goddess of health, who symbolized the inborn quality of wholeness, and moved a person toward the realization of his nature as a health-endowed being. Aesculapius was the Greek goddess of healing, dedicated to restoring the sick person to wholeness through the medical arts of repairing damage and disordered functioning.

Should the pastor represent the role of health of being, or should he make himself an unimportant assistant to the disciples of Aesculapius? I have written this paper to show that, in the context of the Christian setting, the clergyman must always be a disciple of Hygeia.

I have prepared this thesis with special reference to the pastoral prayer, in order to change, where possible, the general attitude of many in this scientific and

techniological age. The attitude which prevails is that prayer is no longer to be valued as a resource for ministering to the physically ill. Hopefully, the materials and information which I have brought together and organized will be of some benefit toward these ends.

I would be remiss if I did not express my deep appreciation to all those who have assisted me in the preparation of this paper: first, Dr. John Kildahl, my advisor, for his encouragement, guidance, and thoughtfulness in sharing his library; second, Mrs. Charles Staubner, my dedicated secretary, who has, under a most difficult time schedule, used her skills tirelessly to complete the secretarial duties involved in the preparation of this thesis; and last, but certainly not least, my wife, Peggy, who has served so efficiently in editing my manuscript, and who supports and helps me faithfully in my day to day efforts to serve as a shepherd for Christ.

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CHAPTER I

THE THEOLOGICAL BASIS FOR PASTORAL CARE OF THE PHYSICALLY ILL

Pastoral care is the concern shown for the needs of men in all walks of life; from the ditch digger to the structural engineer, from the Olympic gold medal winner to the invalid, from the school boy to the grandfather. Pastoral care reaches out to people regardless of their creed, prestige or social position. Whether in the prime of vibrant health or incurably ill, in joy or sadness, in good times or bad--there is a need for pastoral care. Pastoral care deals with people, but particularly it reaches out to people in trouble. "Pastoral care is shared compassion."[1] "Wherever one person turns to assist another, there is pastoral care."[2]

One of the greatest concerns and yet one of the greatest opportunities that a clergyman has in his pastoral role is to minister spiritually to the person who is physically ill. This chapter will deal with the theological and scriptural bases for this pastoral concern for the sick.

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[1] Russell L. Dicks, Principles and Practices of Pastoral Care (Englewood Cliffs, N.J.: Prentice Hall, Inc., 1963), p. 17.

[2] Ibid.

There probably has never been a time or place where men did not seek out their religious leaders for personal help in times of sickness--through guidance, advice, assurance, counsel and comfort. Even primitive tribes had their shaman or medicine men who ministered to physical, emotional and spiritual needs.

Among the early Israelites of the age of the Patriarchs, and during the exodus and the wanderings, the one predominant figure was Moses. There were in Judaism general religious regulations concerned with preventive or public health measures. In the book of Leviticus, Moses provided an elaborate Hebrew sanitary code regarding cleanliness and diet. It showed that religion was concerned with health and well being.

During the time of the settling of the land of Canaan and the period of the rule of the judges, when there was no centralized authority, the elders and judges of the tribes fulfilled this very important function. With the establishment of the monarchy there was once again a central authority who became the supreme ruler and guide. The people of Israel brought their troubles regularly to David; and Solomon gained a world-wide reputation for his wisdom and methods of handling the problems of his people.

The prophets of the Old Testament were mainly concerned with the state of the nation rather than the individual; however, there were exceptions to this rule, like Jeremiah and Ezekiel, who showed a great concern for

the individual.

There are also other sections of the Old Testament that deal with the great concerns of human nature. For example, we find in the Psalms confession, guilt, remorse, frustration and forgiveness--all the range of human feelings and emotions. The book of Job is a dramatic presentation of the thought of one who was struggling with the age-old problem of sickness and undeserved suffering.

In the ministry of Christ is found the source, the example and the inspiration for the Christian minister's modern day concern for those who are physically, spiritually and emotionally ill. No other influence in the history of the world has done so much "to relieve human suffering, to create a spirit of compassion and to inspire others to give themselves in an attempt to understand and to serve their fellow-men."[1] Although we have recorded only about fifty days of Jesus' active ministry, in these fifty days we have the record of the most amazing career of human service the world has ever known.

> The stories and incidents revealed in the four gospels present one who had a unique insight into the needs and problems of people, one who understood, with a clarity that has never been equalled or surpassed, the meaning of life and human nature.[2]

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[1]Charles Kemp, Physicians of the Soul (New York: The Macmillan Company, 1947), p. 6.

[2]Ibid.

Significant in the ministry of Jesus was the range of his sympathy, the depth of his compassion, and the never-failing concern for people. Whether it was a well-known leader, an adulterous woman, a bereaved mother, a man stricken with paralysis, or a maniac among the tombs, Jesus was sensitive to the need and desired to be of help.

From the beginning, Jesus felt that the most important factor in his mission was to relieve human suffering, whether it be physical, mental, moral or spiritual. He concludes his Sermon on the Mount, "Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me."[1] His concern was not sentimental or superficial but practical and real. It was in terms of specific people and their individual needs. To meet these needs he was always willing to give the best of his time and strength, even if it meant considerable difficulty for him.[2] With Jesus human needs took precedence over all traditions and institutions.

The records of those particular problems that Jesus faced are all too brief, but they are enough to indicate the attitudes that characterized his ministry. No one came to him and was refused or was made to feel that his problem was insignificant. He made no exceptions; to him all men were

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[1] Matthew 25:40. (R.S.V.)

[2] Such as the time he violated the Sabbath law and offended the authorities in order to heal the man with the withered hand.

treated the same.

> He was the friend of all who needed his help and, in the course of his ministry, he dealt with the sick and the well, the good and the bad, the educated and the uneducated, the old and the young, the rich and the poor, regardless of race or color.[1]
>
> His plans and thoughts included ideas of infinite proportion and scope but he never lost sight of the value of dealing with people one by one. In fact, it would seem that that was almost his chief concern. While there were many things he wished to accomplish, he was never too busy to face the problems of one individual soul. In so doing he never seemed hurried or impatient, disgusted or offended. He did not shrink from the repulsiveness of a leper or show any fear of the disease.[2]

To deal with Jesus' ministry to individuals, especially in reference to this paper, requires that a major consideration be given to his miracles of healing. The fact that Jesus healed is one of the best attested facts in history. It is recognized by his enemies as well as by his friends, by the Talmud as well as the New Testament.

Not all of the diseases cured by Jesus were understood by his interpreters and reporters. In fact, we cannot be certain that the majority of cases were diagnosed accurately. Dumbness, deafness, and blindness are seemingly in all instances organic disabilities, but under certain conditions they can be purely functional disorders. That such impairments are in many instances rooted in psychological conditions and social situations cannot be disputed in the

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[1] Kemp, Physicians of the Soul, p. 9.

[2] Ibid.

light of modern science.

The knowledge of medicine of the Jews in Jesus' day was extremely limited. Since his day great progress has been made in the fields of diagnosis, therapy, and prognosis of ailments. In fact, the hard and fast distinction between organic and functional diseases has been obliterated in most instances by modern scientific medicine.

> For descriptive purposes a more or less arbitrary statement of the mission of Jesus may be presented. As presuppositions one may declare that there is a chemical and physical order, and a moral and religious order. Nature as described and interpreted by modern science was unknown in Palestine in Jesus' day. It was the specific province of Jesus to interpret and make real the moral and religious order. Although the function of Jesus is definitely and finally moral and religious, his sphere of special influence and responsibility impinges upon the world of nature. The personality of Jesus and the application of his insight did directly affect both the minds and bodies of the sick.[1]

In approaching the accounts of the healing deeds of Jesus one is confronted with a tangled mass of difficulties and misconceptions. He came to his people in the role of the herald of God's Kingdom. He was also a physician of mind and body. According to Karl Stolz, it is a fallacy to assume that a religious leader in Jesus' day was expected by the people to heal the sick. No accounts of cures by several leading rabbis of Jesus' age have been transmitted, nor is the subjugation of disease associated with the ministry of

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[1]Karl R. Stolz, The Church and Psychotherapy (New York: Abington-Cokesbury Press, 1943), p.29

John the Baptist. The ministry of Jesus to the sick cannot therefore be accounted for by a general expectation or demand of the people. It was his compassion and the consciousness of his healing powers that moved Jesus to heal the sick.[1]

Let us now consider the incidents of healing recorded in Mark, which is the oldest Gospel. Let us also keep in mind that Jesus lived long before medicine achieved the status of a science, and that the accounts of the fifteen cases of healing presented in the Synoptic Gospels are fragmentary.

All of the Synoptic Gospels record the cure of Peter's mother-in-law, who was suffering from a form of fever.[2] We have little information of the precise nature of the complaint from which she suffered. Jesus took her hand, and she recovered.

Mark reports the cure of one case of leprosy.[3] Different kinds of ailments were diagnosed by the Jews as leprosy, some which were curable and others incurable.[4]

The very fact that a provision for the ritual of the cleansing of a leper was made, indicates that the Jews included in their concept of leprosy at least some curable diseases. When Jesus healed the leper two things are

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[1] Ibid., p. 30.

[2] Mark 1:29-31. Compare Matthew 8:14-15; Luke 4:38-39.

[3] Mark 1:40-45. Compare Matthew 8:1-4; Luke 5:12-16.

[4] Leviticus 13:1-44.

apparent. First, Jesus stretched out his hand and touched the leper; in other words, he identified himself with the untouchables. Second, Jesus ordered the leper to present himself to the priests and to do what the law demanded for his cleansing. Although Jesus gave his support to the rules of sanitation, when the sick with an infectious disease appealed to him he did not hesitate to apply the compassionate and healing touch of his hand.

Mark records two cases of paralysis which were cured by Jesus. While teaching a group of people so large as to fill the house, a paralytic, carried by four men, is placed before Jesus.[1] He senses a causal relationship between the ill man's sin and his complaint. Jesus rejected the prevailing belief that sin is in every case the final cause of disease and disaster. In this instance, however, he does perceive a definite connection between the two. Jesus says, "Son, your sins are forgiven."[2] Aware of the condemnation which the scribes who are present will heap upon him, Jesus retorts, "Which is easier, to say to the sick of the palsy, Thy sins are forgiven; or to say, Arise, and take up your bed, and walk?"[3] The underlying condition of both forgiveness and cure is faith. The forgiveness of

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[1]Mark 2:1-12. Compare Matthew 9:2-8; Luke 5:17-26.

[2]Mark 2:5. (R.S.V.).

[3]Mark 2:9. (R.S.V.).

sin destroys the barrier between the sick man and God. Jesus returns him to his home cleansed from his sin and freed from his malady. Once the moral burden under which the paralytic man had been struggling was removed, fear and despair fled, and the various disabilities were no longer present.

It is evident that the nature of this man's illness was religious, moral and psychological rather than organic. The loss of locomotion was in this case what one might call mental rather than physiological. Through this miracle Jesus makes this man independent of the four friends who carried him on a pallet. True helpfulness frees the individual from dependence on others and stimulates him to discover and develop his own resources.

Also we read that Jesus restored the withered hand of a man who attended the synagogue service one Sabbath day.[1] There is no indication of the length of time it had afflicted the victim nor the source of the disability. Whether the impairment was neurotic hysteria or organic we are not told. Jesus accepted the challenge of his opponents and commanded the man to come forward, and he obeyed Jesus. Obeying Jesus' order, the man stretched forth his disabled hand. The act of confidence and courage was rewarded with the restoration of the normal use of the hand.

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[1] Mark 3:1-6. Compare Matthew 12:9-14; Luke 6:6-11.

Then there is the healing of the deaf mute.[1] Those who brought him to Jesus requested that he lay his hand upon the handicapped man. Jesus took him aside from the crowd and placed his fingers into the man's ears, and put saliva upon his tongue. With a fervent prayer to God for healing and help, Jesus said, "Be opened." The result was that the man began to hear clearly and speak plainly.

It is interesting to note that in this, as in several other apparently organic cases, Jesus used physical means.

> The procedure seems to be consonant with the widespread belief that many types of bodily ailments are curable by the flow of therapeutic power from the person of the healer to the sick. To be sure, the use of spittle and the touch of the hand were often invested with a magical power which was foreign to the mind of Christ. The probability is that Jesus employed these means either to increase the faith of the patient or to express his belief in their efficacy when united with prayer to God for a cure.[2]

The supposition that Jesus merely removed wax from the ears and dispelled the stammering by freeing the victim from a sense of inferiority in the presence of others is an absolutely wrong conclusion from the biblical text. The words of the people who beheld and heard the man immediately after the double cure--"He maketh even the deaf to hear, and the dumb to speak"--indicate more than a purely psychological explanation.

Two cures of blindness are recounted by Mark.

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[1]Mark 7:31-37.

[2]Stolz, The Church and Psychotherapy, p. 35.

The first of these contains certain elements which are present in the account of the mute.[1] Jesus is asked to touch the blind man. The afflicted one, like the mute, is removed from the crowd. Jesus then uses, in this case also, spittle applied to the organ devoid of its usual function, and lays his hands upon the patient. Whereas, the cure of the deaf mute seems to have been immediate, the blind man recovers his sight by degrees.

As Jesus left Jericho and proceeded on his way to Jerusalem with his disciples, he was accosted by Bartimaeus, a blind beggar.[2] When asked what he wanted, Bartimaeus replied, "That I may receive my sight." And Jesus granted his straight forward request. "Thy faith hath made thee whole," is Jesus' summary of the underlying principle of the cure and its result. Leaving his place as a beggar on the side of the road, Bartimaeus accompanied the throng and followed Jesus to Jerusalem. "The beggar had been made whole or saved in a religious sense."[3] That his cure centered in a new will and loyalty to the mission and person of Jesus Christ is of the utmost significance.

Probably the most moving narrative in the Gospels is the account of the healing of the woman with the flow

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[1]Mark 8:22-26.

[2]Mark 10:46-52. Compare Matthew 20:29-34; Luke 18:35-43.

[3]Stolz, The Church and Psychotherapy, p. 37.

of blood.[1] We are told that the hemorrhages were of long standing, in fact that she had suffered for twelve years from this malady. She had spent all her means on medical attention, but to no avail. Having heard of the cures that Jesus had performed, she resolved to come to him for help. She had great confidence in a personal contact with Jesus. "If I touch but his garments, I shall be made whole." In that day it was commonly believed that the clothing of certain persons was invested with healing powers. In the account we are told that Jesus was aware when she touched his garment and that something positive happened. Confronted by her deliverer the woman confessed that the flow of blood had ceased when she touched his cloak. Jesus kindly corrects her superstitious belief that healing resides in his garments by saying, "Daughter, thy faith has made thee whole." The drying up of the flow of blood was the work of God conditioned by her faith. "The episode of the healing of the woman brings to light the unconscious influence of Jesus, for the whole force of his personality was placed at her service before he knew she existed."[2]

Mark's account of the cure of the epileptic boy by Jesus may be viewed in several different ways. It is most likely that since the boy in a seizure acted as if he were dominated by an evil spirit, Mark diagnosed the case as

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[1]Mark 5:25-34. Compare Matthew 9:20-22; Luke 8:43-48.

[2]Stolz, The Church and Psychotherapy, p. 39.

demon possession.[1] The description as a whole, is that of a case of epilepsy. The father tells Jesus that the boy has a dumb spirit, which may be an explanation of a temporary inability to speak which is a characteristic of epilepsy. The father adds that when the boy has a fit he is thrown down, foams, and grinds his teeth, and that he is "wasting away."[2] Being brought to Jesus the boy falls into a seizure. Here again faith conditions the cure. The father's confidence in Jesus is expressed by bringing his son to Jesus. The boy is healed.

Mark reports three cases of exorcism and demon possession. Several other general statements of exorcism by Jesus and his disciples are recorded--"And he healed many that were sick with divers diseases, and cast out many demons."[3] In Mark's gospel demon possession is a typical cause of disease, and he reflects the common belief in demons held in the time of Jesus.

> The demonology of Mark's gospel is a popular interpretation of forms of mental disorders the nature of which was not understood. Neurotic hysteria and delusional insanity affect the mind in such a manner that the afflicted seem to be dominated by foreign and malevolent powers. In Jesus' day and country no hospitals or asylums existed in which the mentally ill could receive appropriate care and therapy. As a result lunatics with various forms of mental pathology roamed at large and terrified other people, and thereby only increased the gap between themselves and normality.[4]

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[1]Mark 9:14-29. Compare Matthew 17:14-20; Luke 9:37-43.

[2]The Greek word translated "wasting away" may be rendered, "becomes rigid."

[3]Mark 1:34. (R.S.V.)

[4]Stolz, The Church and Psychotherapy, p. 42.

In the country of the Gerasenes, Jesus encounters a demoniac wandering about in the caverns of a cemetery. Demons and tombs have long been associated in popular superstition and imagination. This demoniac sees in Jesus the Messiah of Jewish expectation. Doing obeisance before Jesus, the demoniac exclaims, "What have I to do with thee, Jesus, thou Son of the Most High God?"[1] Jesus asks, "What is thy name?"[2] Instead of giving the name of the spirits, the demoniac gives the number of the spirits tormenting him--legion, or six thousand. According to the narrative, Jesus gives them permission to enter a herd of swine in the vicinity, which then stampede over a precipice into the sea. The demoniac is healed, and we are told that he returned and was clothed in "his right mind."

In addition to the case of exorcism just mentioned, Mark also describes the cure of the man with the unclean spirit in the synagogue in Capernaum,[3] and the healing of the daughter of the Syrophoenician woman.[4]

Thus the influence of Christ's life transformed the lives of those about him. His critics gave him an unintentional compliment when they said, "Teacher, we know you are sincere and fearless."[5] He was the master of his own fears; he never

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[1]Mark 5:1-20. Compare Matthew 8:28-34; Luke 8:26-39.

[2]Many believers in demonology assumed that if an exorcist knew the name of an evil spirit, he could easily drive it out of its unwilling host.

[3]Mark 1:23-27. Compare Luke 4:31-36.

[4]Mark 7:24-30. Compare Matthew 15:21-28.

[5]Luke 20:21. (paraphrased)

lost his poise or self-control.

> It seems evident that contact with Christ's personality brought healing in its train. Calm and quiet were brought to the most excited and agitated households. Confidence and hope were inspired in the most dependent and helpless folk. The assurance of God's power and will to heal was made very real to those who were sick and oppressed. Christ brought them a new outlook and helped them to attain a new attitude of mind.[1]

Down through the centuries the power of Christ's personality has not diminished. It is a most impressive story, this record of how all sorts of people through the years have found through Jesus Christ health and faith, have been freed from fear, have faced difficulties with hope and courage, have been sure of God's forgiveness for their sin, and have been lifted out of discouragement and made strong again.

So too, now, the Christian minister seeks to bring Christ's helping love to all with whom he comes into contact. Christ's strength and assurance can be a vital link in the healing process today, with the dedicated pastor fulfilling his role as God's messenger and spokesman.

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[1]Kemp, Physicians of the Soul, p. 18.

CHAPTER II

THE INTERRELATIONSHIP BETWEEN THE BODY, MIND AND SPIRIT

The ambulance with its light flashing and its siren blaring made its way through the darkness of the night until it arrived at the emergency entrance of General Hospital. As the vehicle pulled up to a screeching halt, the orderlies carried the limp body of the teenage girl into the emergency room. A chain reaction was set in motion which brought a staff of doctors, nurses, and specialists who would pool their skills and efforts to save this young life. It had been an attempt at suicide. The wrists had been slashed deeply, and there had been a great loss of blood. The medical team worked feverishly into the night, using all of its skills, to close the wounds and restore health. The surgical procedures complete, the girl was taken to a room for postoperative care and recuperation.

The young girl in the preceding illustration had received the finest of medical care; the surgical closing of her wounds, a transfusion of blood, and treatment for shock; but her most urgent need, a spiritual need, was yet to be ministered unto. The wrists would heal, but the reason for slashing them would not disappear with the

physical healing. If there is to be complete healing of the "whole" person, then there must be emotional and spiritual healing as well. Because this is true with all persons who are physically ill, not just dramatic examples of attempted suicide, the place of pastoral counselling and care of the physically ill is one of the most important ministries for the clergyman.

"Psychosomatic" is a word which particularly interests ministers. In Greek classes, it was drilled into them that the word "psyche" really means "spirit," "breath of life," or "soul." The word "soma" means "body." The generally accepted meaning is "mind-body" approach to illness. The word "psychosomatic" is not even hyphenated, which points up the fact that any approach to illness ought to take into account that a person can never be split up into two parts--with the doctor taking care of the body and the minister dealing with the soul. The two are inseparable. Many doctors are stressing that they cannot practice good medicine without also being conscious of the patient's inner needs. Ministers know from experience and from the example of Jesus that they can never think of people as if they were just souls--unattached--for Jesus was always alive to the needs of the whole man. The body can never be sick by itself, nor the psyche by itself, because man is one. Spirit means, in fact, the whole man.

At the beginning of the century psychologists, William James and J. Royce, were proclaiming the unity

of man and how he was made of two interrelated parts, body and mind. It was left for later psychologists to gain a fuller understanding of the completeness of that unity. Today it is recognized that man is one organism, that body, mind and emotions are but convenient labels of reference rather than the names of entities, and that in the study and treatment of disorders of an individual these and all facts bearing upon his life must be taken into account. It is important for the minister to have some working understanding of the relationships existing among the various functions of personality in health, disease or disorder. One of the purposes of this chapter is to indicate some of these relationships.

Any problem of the personality may result from a physical trouble or may produce a physical disorder. Emotional or mental conditions may proceed from physical ill health or be the cause of it. To try to treat a psychoneurotic condition, for instance, without taking care of the general health is like attempting to put out a basement fire without doing anything about the flames in the attic.[1] The minister should be able to observe something of the signs that a nervous person may need bodily healing or psychiatric care before he tries to meet the personality disorders with psychological or religious help. Above all, the minister must avoid the "divine healer"

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[1]Henry Simpson, Pastoral Care of Nervous People (New York: Morehouse-Gorham Company, 1945) p. 41

fallacy of taking all persons and promising happiness and health if they only have "faith." Such a dependence upon the credulity of nervous people and the attempt to bring them to believe in "prayer," in the "miraculous" or "healing power" of Christ, is what has made it difficult for the medical profession to believe that clergymen have anything which does not belong to the realm of the superstitious and occult. This has definitely hampered the cooperation which ought to exist between the minister and the doctor. "The faith-healers and quacks of the world can cure only an occasional neurotic, and the wise pastor will recognize this fact and base his work upon the solid ground of medical science and rational religion."[1]

That the emotions play an important part in the experiences of the sick, no one who has done clinical work in hospitals will deny. The illnesses which are psychogenic are networks of disjunctive emotions with organic repercussions. The ailments which are commonly called organic are intermixed. A patient with a heart disease is likely to be emotionally depressed. In fact, the patient with a broken leg may be fully as frustrated, discouraged, downcast and anxious as the patient the nature of whose illness is primarily psychic. To guide the sick in the replacement of despair, resentment, and futility with reconcilliation to life and in the development of an indominitable spirit, is a persistent task of the clergyman.

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[1] Ibid., p. 42.

Many authorities claim that psychoneuroses constitute 60 to 70 per cent of medical practice. This estimate is considered by many others as conservative. Psychiatrists, as well as many general practitioners and surgeons, estimate that the proportion of psychogenic disorders and functional disorders to organic ailments is considerably larger.

> A prominent surgeon has bluntly stated that most of the patients who undergo operations could be spared the experience had they the right attitude toward life. Psychological stresses can be productively utilized and the majority of organic diseases thus completely avoided.[1]

Why does one ill person with a good prognosis and the best of medical care die, and another for whose recovery hope has been abandoned by the doctor live? Why do not all with the same disease, medical treatment, and degree of resistance either survive or expire? The reason why the same fate does not overtake all is that the mental outlook of the person is a very important determinant. The inference is that it is futile to give the body of man medical care when his spirit is neglected. Not a single part of the organism is entirely uninfluenced by the mind and spirit.

> In her survey of the literature on psychosomatic interrelationships from 1910 to 1933 Dr. Dunbar cites many different cases of the power of the emotions to produce chemical and other alterations in the human body. An elderly business man with diabetes was hospitalized, placed on a diet, and given small doses of insulin. Under this management the sugar content of the blood was brought within the limits of normality. One day, without

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[1]Stolz, The Church and Psychotherapy, p. 151.

> a change in treatment, the patient passed forty-three grams of sugar; on another day, seventy-six grams. No physical cause for the radical increase could be detected. Finally it was learned that the patient had been informed that the corporation with which he was associated had taken steps to retire him. The extent of his ensuing perturbance could be measured in the tangible terms of ounces of sugar. The sugar curve coincided with the emotional curve.[1]

The physical symptoms of emotional upheaval are not imaginary, they are real. They exist; they plague their host; interfere with his human relationships; and disturb the performance of his duties. Most people have experienced the unpleasant palpitation of the heart which so often accompanies sudden fear.

"One way to describe the close interrelation of body and spirit is to say that the body is a person's closest friend."[2] The relationship can be seen very clearly when we think of the sensation of pain when we step on a nail or get our finger too close to the fire. In such a situation, it is not difficult to understand the close relationship of spirit and body, or psyche and soma. A person is even grateful for the sensation of pain which abruptly tells him that all is not well with his physical being. The body, as man's closest friend, often tries to tell him when things are not going well with his inner self (psyche). It is as if he is stepping on "inner nails" which cause his body to call for help, i.e., spiritual problems expressing themselves

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[1] Ibid, p.152.

[2] Granger E. Westberg, Minister and Doctor Meet (New York: Harper and Brothers, Publishers, 1961), p.52.

finally in physical symptoms.

If ever a team approach is necessary in helping people it is in untangling the psychophysical problems of functional illness. The clergyman participates in this joint approach because religion is concerned with man's attitude and outlook toward all of life, not with some little part of it which some people would call the "religious." When a person accepts Christ then this acceptance ought to affect every aspect of his life, including the physical. Christianity is concerned about the body and never speaks of a person's spiritual nature as being disconnected from blood and flesh.

> As a "down-to-earth religion," the Christian faith sees man's spiritual problems always in the context of his day-to-day existence in a real world with a body to feed, a job to perform, and someone to care for. And in this real world the Christian faith is aware of all kinds of problems which estrange man from a close fellowship both with God and with his neighbor. Some of these are described as self-centeredness, materialism, envy, pride, hatred, and lust. On the other side of the picture are those attitudes which draw man closer to God and neighbor, such as love, joy, faith, hope, sacrifice, humility, and patience.[1]

As indicated in the preface, the Christian minister must always remember that he is a disciple of Hygeia, the Greek goddess of health, not a disciple of Aesculapius, the Greek goddess of healing. The Christian minister should seek to represent the role of health of being, not a minor aide to the disciples of Aesculapius, who are dedicated to restoring the sick person to wholeness through the medical

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[1] Ibid., p. 53.

arts of repairing damage and disordered functioning. The confusion of where the pastor stands and serves in this regard is reflected in our definitions of health. Too often health is approached from the angle of illness, as if wholeness of being were an absence of symptoms, rather than a state of dynamic functioning.[1]

The New Testament view of health is more positive. It implies that the essence of health is an inner spiritual state that shows itself in proper organic functioning. Jesus was a disciple of Hygeia. He never gave mere sympathy. While he recognized the presence of illness and disease, he didn't give it "status" by dwelling on its negative aspects. Instead he sought to free the person from the cause of his disfunction by offering him something more profound and worthy, "the faith that makes for wholeness." Until we find again this emphasis in the Christian ministry to the physically ill, we are going to be enmeshed in an unwilling slavery to the disciples of Aesculapius.

Dr. Jerome Frank and a corps of assistants have been studying the faith factor in the healing process under the auspices of Johns Hopkins Medical School. For a long time it had been observed that there were elements at work that were not attributed to any specific medication. When placebos were given, the patient often showed the same improvement one would have expected from the indicated medication. What

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[1]Edgar N. Jackson, The Pastor and His People (Manhasset, New York: Channel Press, Inc., 1963), p. 49.

factors were at work?

> Writing of the findings of the study in the February, 1959 issue of the "Journal of Psychiatry," Dr. Frank identified these factors as expectancy, suggestion, status, and personality structure.[1]

It was noted that in many examples the patient reacted in response to his own expectancy. When injections of plain distilled water, instead of morphine, were given to patients suffering from post-surgical pain, the patient relaxed and went to sleep with a noticeable decrease in his pain. The New Testament reports "that it was done to them according as they expected."[2] Modern medicine verifies this organic response to expectancy.

Suggestion also works to help the healing process. Patients who received injections of saline solution, accompanied by a strong suggestion that they would not be troubled with the common cold, responded much better than did those who were given the best cold serum available. The prestige of the institution and the doctor also seemed to have a measurable effect on the patient; in other words, his trust in the competence and integrity of the person administering the medication had a bearing on the patient's response. The very personality of the patient was also a factor, for some resisted the specific medication, while others willingly cooperated with all efforts to aid them toward health.[3]

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[1] Ibid., p. 50.

[2] Matthew 9:29. (paraphrased)

[3] Jackson, The Pastor and His People, p. 51.

Special techniques were used to understand what was at work in the personalities of those who resisted the efforts and attempts to heal them. They proved to be doubting, resistive, and rigid. They used the resources of their personalities in a negative way to cling to their ailments. Others who were filled with faith, were open and cooperative, were able and willing to accept suggestion and create expectancy.

It is interesting to note that some highly suggestible patients even reversed the result normally expected from the medication because of the expectancy and suggestion that was created in them. A number of patients suffering from nausea were actually given an emetic with the suggestion that it would settle their stomachs in a short time--and it did![1]

Such medically supervised experiments point out that there are factors at work in the healing process beyond and above mere chemical reaction.

> The glandular system that controls body chemistry is most sensitive to emotional stimuli, and when suggestion and expectancy are at work to help create right feelings, the whole organism shows the beneficial results.[2]

The factors medically identified above as elements of a working faith are well within the range of traditional religious interest and concern. An understanding of how they work can do much to modify the clergyman's approach

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[1] Ibid., p. 52.

[2] Ibid.

to his patients. They give a new relevance to the ministry which is an important part of the pastor's work in mediating God's healing, redeeming love.

The pastor's role is not one of competition with the role of the doctor, but rather in cooperation with it. Christian Science in denying the validity of medical resources is based on a philosophical premise which is not shared by traditional Christian thought. Jesus did not deny disease or the validity of medical practice. Quite the contrary; he seemed to employ it in making salves of the chemically rich soil of Palestine to apply to the eyes and other affected parts of those to whom he ministered. So, too, the pastor cooperates in every way possible with medical science, and at the same time is aware of the important healing ministry that he performs, in fact, is commissioned to perform, along with teaching and preaching. The traditional role which religion abdicated in favor of the medical practitioner is now being brought back to the forefront of the pastor ministry by those who are increasingly aware of man's spiritual nature and its relationship to his health.[1]

There is a striking similarity between the concepts of a Park Avenue psychiatrist and an early church father, Origen, who wrote just a few decades after the last of the New Testament was written,

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[1] Ibid., p. 55.

> "for many, being overcome by trouble and not knowing how to bear sickness bravely, are proved then to be sick in soul rather than in their bodies."[1]

Plato, the ancient philosopher, spoke of almost the identical concept twenty-four centuries ago when he said:

> "as you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul; and this . . . is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also; for the part can never be well unless the whole is well . . . and therefore if the head and body are to be well, you must begin by curing the soul; that is the first thing."[2]

Dr. Gotthard Booth, the contemporary psychiatrist, says, "The old idea of 'normal people with a sick body' and of 'psychopathic people with a healthy body' has to be abandoned. There are only healthy and sick personalities."[3] With the importance now given to the wholeistic approach the minister cannot ignore the part he plays on the team of professional persons who work to restore or maintain wholeness. The pastor no longer needs to hesitantly creep about the hospital feeling that he is a second class citizen. Since illness is not just a matter of physical symptoms, the role of the pastor with the sick is a distinct and important relationship. When he is aware of this role,

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[1] Ibid.

[2] Robert Brandenberg, "The Spiritual and Emotional Needs of the Sick," (report prepared for the Evangelical Lutheran Seminary of Capital University, Columbus, Ohio, June 1, 1957) (mimeographed.)

[3] Jackson, The Pastor and His People, p. 55.

then he can make an important contribution on the team of those who work for true health and wholeness.

According to the psychiatrist, Harold H. Morris, Jr., there are three areas in which religion plays a vital role in man's total health.[1] First of all, what a man believes profoundly affects his being. Gordon Allport stresses this in his book, The Individual and His Religion.[2] Recent research has proved that beliefs are not as much a result of reason, rational thinking, and intellect as we would like to believe. In fact, many of our most strongly held beliefs are the result of unconscious psychological factors often rooted in childhood experiences, and it is here that religion can play a decisive role, both in recovery and prevention.

What a man believes determines to a large extent his physical, mental and moral health. What he believes about life in general, its meaning, its purpose, and its design have a great deal to do with his health. More important than any of these is a man's religious belief. Because so many of our beliefs are based on early experience and emotional factors, the religious atmosphere in which a child is raised is profoundly important to his future health. "For example,the incidence of certain emotional disorders can be correlated with the religious background of the

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[1]Harold H. Morris, Jr., "Contributions of Religion to Total Health," Journal of Religion and Health, II (April, 1963), 228.

[2]Gordon W. Allport, The Individual and His Religion (New York: Macmillan Company, 1950).

individual.[1]

Beliefs are important not only in the prevention of illness and the maintenance of health, but also in the recovery from illness.

> For years, Miss K, a devoted teacher, maintained an orphanage in the slums of a large oriental city. Surrounded by disease, she paid not the slightest attention to her own health, yet she was never ill. When she reached sixty-five, she was told that she would have to retire from her work at the orphanage. As a consequence, her belief in her religious calling suffered. She developed an abdominal cancer for which there was no adequate medical treatment available. In recognition of her many years of dedicated service, the board allowed her to return to the orphanage. It was thought that she would last only a few months. Miss K continued to work for twenty years without any return of her illness. Such an instance, although dramatic, is by no means rare. Trying to explain similar cases, one finds it hard to avoid seeing a rather direct connection between belief and health.[2]

Organic unity and organization in the person are essential in the make-up of a healthy being. The finest organizing power of a healthy personality is a strong central interest that is based on a strong central belief. Around this strong central belief a person can be integrated and given direction and organic unity. Religion can provide the most important source for such a strong central belief.

A second major area in which religion and faith play a vital role in the total health of the person is love. Love is incomparably the greatest therapeutic agent.

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[1]Morris, "Contributions of Religion to Total Health," p. 228.

[2]Ibid., p. 229.

"Neither antibiotics nor tranquilizers can touch it as a 'wonder drug'. Professional psychiatry and professional medicine cannot create love; at best, they can only hope to release what God has created in the individual."[1] Certainly Christianity seeks above all else to affirm and promote the relationship of caring and love. "The first of all commandments is . . . thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength"[2] and the second is like, namely this, "Thou shalt love thy neighbor as thyself." [3] Religious faith stresses the active, giving of love as the healing aspect of love for the individual. The strength that comes from being loved and being able to love is one of the Christian's greatest protections against illness.

Psychiatry says that our ability to love comes from the experience of having been loved, but it can only throw up its hands in despair if it feels that the individual has not experienced an adequate loving relationship in the past. On the other hand, the Christian faith offers a vision of the future and says it is never too late to love and to experience love.

The doctor is unable to supply the love that his patient needs, nor can he receive the love the patient

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[1] Ibid., p. 230.

[2] Mark 12:29-30.

[3] Ibid.

has to give, except symbolically through the process of transference. What the patient needs is a meaningful, continuing relationship with someone else in order to be able to give and to receive warmth, affection, tenderness, and love. Religion provides the framework and the structure for this final step. Above and beyond all, God is love.

The third major area of importance to the whole health of the individual and of all of society is the role of the feeling of meaningfulness and purpose. Man cannot exist as a physical being without his physical body, and he cannot exist as a human being apart from his relationships with other people. Religion has a great deal to say about man's relationships with his body and about his relationship with his neighbor. It also has a great deal to say about the purpose and meaning of man's existence, which cannot be found in psychology and science.

Without some sense that there is purpose and meaning in our lives, even though we may not know clearly what they are, we cannot experience total health. By focusing on the means of finding this meaningfulness in our lives, religious faith makes one of its greatest contributions toward total health.

When a man achieves oneness within himself, with his fellow man, and with God he has achieved the highest state of health and well-being. To be whole means to be related in love with our fellow man and with God, and through this relationship find full expression of our individuality.

CHAPTER III

THE CALL ON THE PHYSICALLY ILL

To visit the sick is one of the fundamental requirements of a good ministry. Congregations quickly judge a minister's faithfulness by his devotion to the sick members of the congregation. Preparation must be made for every pastoral activity, and this applies especially to visiting the sick. The spiritual side of the preparation is quite obvious, for sick visitation can be fully effective only when the sick person is regularly named in the intercessory prayers of the pastor.

A second essential factor, if the pastoral visit is to achieve anything whatever, is a genuine interest in the person or personswhom he goes to see. In order to establish a pastoral relationship it is necessary to give oneself unreservedly to those who are visited and that cannot be simulated. It has to be real!

If the pastoral call on a person who is physically ill is to be relevant, the pastor must have a basic understanding of what it means to be physically ill. What does the sickness mean to the patient? How does the patient feel, not just physically, but emotionally and spiritually as well? What is the patient's attitude toward his illness?

These are very important questions to determine. When an individual goes to the hospital he not only has to endure physical pain but he also has practically all his mental health needs thwarted. He is taken from the emotional security of his own family, home, neighborhood, and work group. He is deprived completely of his independence of action, and shut off from the achievement, recognition and sense of worth which he normally gets from recreation, work and community service.

The clergyman who cares for physically ill persons quite often is a "stranger" to the inner world of the patient for whom he cares. He may not ever have had any severe illness himself, and may feel alien to the existing realities that confront the patient. Because this is true, the pastor must seek to put himself into the inner world of the patient. It is only in this way that the minister can come into touch with the realities that are confronting the patient. What are some of these realities? According to Wayne E. Oates,[1] Professor of Pastoral Care at Southern Seminary, the FIRST consideration is the fact that the physically ill patient has had his normal life routine disrupted. His financial situation is disordered, sometimes meaning a complete loss of pay. In addition to being threatened financially, the individual is separated from

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[1]Wayne E. Oates, "The Inner World of the Patient," Pastoral Psychology, VIII (April, 1957), 16.

family and friends in a most difficult way. A third implication of the disrupted routine is the interruption of normal sexual activity, which can prove to be quite an acute problem in longterm illness.

A SECOND consideration is the fact that a person is moved from a world where he is expected to be independent and usually the change is quite abrupt. The patient feels helpless, he is right back where he started as a baby--in a bed, attended by a motherly nurse, and sometimes unable to feed himself and tend to his own bodily functions. In a real sense the physically ill patient undergoes some rather violent changes in his concept of himself.

A THIRD consideration is that states of unconsciousness, the effects of drugs, and the threats to life, all add together to cause old repressed and unsolved emotional conflicts to return. Even in relatively mentally healthy persons, physical pain brings these old problems back. Old bereavements, old inter-personal alienations, old emotional deprivations come welling up for review. Like Hamlet's father's ghost, these problems "walk again."

a FOURTH consideration, and one of the most basic, is the hard fact of physical pain itself. At this point, we are talking about primary pain, caused by real irritation of nerve endings. This sets into motion a cycle of pain which moves from shock and then to fear. The whole

emotional life of the patient is stampeded. The fear or panic calls for muscular tonicity of "bracing" against additional thrusts of pain, which in turn results in more pain. And so the cycle continues--pain, fear, panic, tension, and more pain.

The FIFTH and final consideration is the fact of the possibility of death. The contemplation of death itself tends to hang heavily in the inner consciousness of the physically ill patient. He need not be seriously or critically ill to give death serious consideration. With many, this contemplation takes on the character of an apprehensiveness, vague and undefined. With others it intensifies into a sense of dread and horror, which seriously works against the patient's recovery.

Following admission to the hospital, the patient finds himself surrounded by unfamiliar equipment, strange people, and strange procedures. Some patients quickly succeed in adjusting to the "ritual," but there are still the moments of loneliness and impatient watching and waiting; especially when visiting hours have ended. It is during these hours that the pastor's call can be most helpful in restoring the patient's perspective.

Among the many stresses that may arise in illness, one that has received little sympathetic understanding or consideration is ego injury. It is commonly, but fallaciously, accepted that adults should not be proud, be sensitive about their appearance, have feelings of shame, or resent it when

others must help them to do what any child can accomplish with ease.[1] Any illness that affects a person's appearance may be accompanied by strong feelings of ego injury. The removal of teeth and the wearing of a denture causes this stress for any person who has pride in personal appearance. The patient is much less concerned about the inconvenience that it may cause than about feelings of injured ego and tries to hide "the weakness" from others if he can.

This feeling is as prevalent among women as it is with men. A mother and wife may regard her situation with mild amusement if her husband and children have to wait on her and assume her responsibilities in the home for a few days. When she believes that the situation is only for a short time she will regard it as a novelty. When she is incapacitated for an extended period, her reaction may be entirely different. In a long convalesence she may see her responsibilities being performed by other members of the family who adjust amazingly to the situation when it is necessary. After a while she will notice that they can do her work. At first her husband and the children were dependent upon her for instructions and guidance. The new duties, however, soon become routine for them and she is no longer consulted, and thereby feels no longer needed as she was previously.[2]

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[1]Carl J. Scherzer, "Ego Injury in Illness," Pastoral Psychology, VIII (April, 1957), 31.

[2]Ibid., p. 34.

There are various reactions to ego injury that a woman or man may assume. In some instances the patient simulates a helplessness beyond anything that her condition merits. In this condition she will complain about her sleeplessness or aches, or almost anything, upon the least provocation.

> Any noise may "hurt" her intensely and she may use that to dominate the other members of the family. "Please, oh please, don't make me correct you all the time. You know that any noise just splits my head." "How can I get well when you worry me like that?" Her complaints are directed to and centered around her condition and are intended to be reasons why she does not recover.[1]

She may also use these incidents as a means to dominate the lives of her children and husband, seeking in that way to recompense for her feeligs of loss of status in the family. Accustomed to a role of leadership and authority in the home, she tries to maintain it by making them afraid that they make her condition worse by their words and deeds.

Every normal person likes to feel important and needed, and with that in mind those who are associated with a person suffering an ego injury stress can be helpful, especially if they remember that the patient is still a person. "The physical illness does not necessarily affect the patient's ability to think or assume responsibility."[2] Reflections upon the patient's intelligence or authority will only deepen the stress of ego injury.

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[1] Ibid.

[2] Ibid.

It is often asked what particular types of patients a clergyman is best able to help. In his book, Minister and Doctor Meet,[1] Granger Westberg devotes an entire chapter to a discussion of the types of patients a minister can help most. He places these patients into eight categories as follows:

1. Patients who are lonely or who are from out-of-town. Although the minister cannot be expected to devote a large amount of time to a lonesome patient, he usually can secure volunteer workers who can see the patient regularly, just to visit, read, write letters, or run errands.

2. Presurgical patients. Almost without hesitation, even non-religious persons, those about to undergo surgery, are appreciative and receptive to the visit of a clergyman. "As one patient put it, 'It is an awfully good feeling to know that a minister is thinking about you when you're going to surgery.'"[2] Anesthestists will testify to the value of a brief prayer offered for a disturbed patient.

3. Patients whose anxiety is out of proportion to their illness. These are patients whose diagnosis shows nothing serious yet they demonstrate undue stress and anxiety. With many of these patients a flow of tears seems necessary to clear the air before the patient and clergyman can settle

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[1]Westberg, Minister and Doctor Meet, pp. 73-81.

[2]Ibid., p. 73.

down to the business of their conversation. The tears, in such a situation, are a wholesome release of what is bottled up inside and are quite helpful to the patient. After such a release helpful counselling can then take place. Such a process is much more beneficial than a superficial "cheering up." With such patients there is often the strong possibility that there is an abnormal anxiety linked with a feeling of remorse and guilt for not having cleared up an unhappy relationship with another person. At such a time the therapy of confession is an invaluable resource of the minister. This will be explored in depth in the next chapter dealing with the pastoral conversation.

> The pastor must meet the patient where he is and proceed at the patient's own pace. In some cases the patient's emotional state may get worse before it gets better. The pastor's judgment will have to be trusted that he knows how to apply the Law and the Love of God in the right proportions and in a manner that is both healing and strengthening.[1]

4. Patients whose illness will necessitate a change in their way of life. Such examples might be: heart disease, stomach ulcer, crippling and nervous disorders. These are people who desperately need to talk over their new enforced way of life. Their problems are obviously physical, psychological, and theological, for they are forced to look at the meaning of life in a new way. "As they think in their hearts" will show up in their words and deeds. Their hostility may be directed against their doctor, relatives,

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[1] Ibid., p. 75.

but in actuality--it is also against God. These patients may want to read books that deal intelligently with the matter of changing their attitudes and way of life. For some this marks the first time in their lives they have had to consider religious questions on a deeper dimension.

5. Patients with amputations, facial scars, colostomies, etc. For these people the minister, in addition to being a pastoral figure, represents the outside world. If he can be with them without showing evidence of being shocked by their appearance or annoyed by what they are sure is an offensive sight or odor, the patients gain a little more courage to face the other people who live on "the outside."

6. Patients whose illness is functional. The pastor's basic ministry to such a person is to point out to him the resources of his faith. Where the doctor has worked closely with a particular minister and knows his abilities, the clergyman may be asked to assume a more active role in the treatment of these patients whose sickness is such a complex mixture of psychological and physiological factors.

7. Patients whose illness is terminal. Many people have the distorted idea that a clergyman's primary task in the hospital is to minister to those who are about to die. This is not so. More than 90% of the people ministered to in the hospital recover and return to their

homes and jobs. However, there are those, like the terminal patient, who do not recover. To these patients the pastor has a special task and opportunity.

> The pastor's opportunity is to demonstrate by his own concern and the words of Scripture and prayer that the patient is in the care and keeping of a loving and dependable God who is with him not only to the end of this short life, but also in the promised life to come.[1]

8. Patients who are in the maternity department. The maternity ward is usually the happiest place in the entire hospital. It is hard to even apply the word "patient" to the new mother for whom this new gift of life is a cause for genuine thanksgiving. However, the clergyman must keep in mind that in the midst of this joy lurks the fear that maybe she is not strong enough to rear this child as she should. The minister can help the mother to find new sources of strength and courage. In the normal, healthy mother is to be found a new and greater awareness of the wonder and love of God. If the pastor can minister to the new mother at this very important time in her life, and describe in a simple and natural way how she can give her child the stability of the Christian faith, then he will be making a permanent contribution to the life of the family and community.

The pastor can also be particularly helpful to the patient whose illness may have some connection with his emotions, religious attitudes, or may be doing more than

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[1] Ibid., p. 78.

the average amount of thinking about the relationship of his religion to his health. He can also be of special help to the patient whose illness has obvious social implications, such as the unwed mother, and those with difficult home problems.

In this day of group hospitalization plans, medicare and individual hospitalization coverage, he who would minister to the sick must do so, for the most part, in hospitals, and not, as in earlier days, mainly in the homes. Because this is true the clergyman must come to terms with hospitals as institutions, and with the people who administer and run them. Let us now consider some of things that a minister should know and be aware of in his hospital visitation.

When is the best time for the pastor to make a hospital call? When can he see his people when he will be of most help to them? Hospital administrators who belong to the American Hospital Association have said that ministers cannot do their best work when they have to come into hospitals during visiting hours. "There is a real difference between a visitor's 'visit' and a pastor's 'call.' He comes for a specific purpose--to give pastoral care."[1] This can best be done when there are no other persons present. If for some reason the pastor wants to talk with members of the

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[1]Granger Westberg, Nurse, Pastor, and Patient (Rock Island, Illinois: Augustana Press, 1955), p. 67.

family he can come during the visiting hours, but generally it is best to see the patient in private. He should try to avoid mealtime, the early hours when medications, baths, and other services are administered to patients, also other times that he might discover are inappropriate. Even the clergyman must observe the visitation hours on the maternity floor for the benefit and health of the new babies, and so that he will not interrupt the nursing schedule.

A pastor should strive to know before every visit to a hospital or a home, what he wants to achieve. Visits often fail because he does not give any thought to his goal beforehand. Certainly not every visit to the sick can have the same purpose.

Since most hospitals are complex institutions, the pastor must first make his way through a maze of information clerks, corridors, and nurses' stations, before he finally arrives at the patient's room. Upon arriving he must size up the situation and the patient before he is ready to introduce himself.[1] The appropriateness of various pastoral resources must be evaluated as the call progresses and a suitable termination decided by the pastor. All through this process, he must be primarily concerned about the patient as an individual and not thinking of him as just

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[1]Often a pastor is requested to visit a person whom he has never met before, usually a relative, neighbor, or friend of a member of the congregation, who does not have a church home or minister.

another name on his list.[1]

It is a good policy in general visiting not to go into any room where the door is closed without first finding out the circumstances that exist behind that door. The nurse will usually be glad to furnish this information plus a word or two about the condition of the patient. Especially in the case of a seriously ill patient, the pastor should get as much information as possible before seeing the patient.

It is good to note "No Visiting" and "Isolation" signs on the door. There is a reason for the sign, of which the pastor should be informed. A "No Visiting" sign does not always mean for the pastor to keep out entirely when there is a good working relationship with the doctor. It will, however, be good to gain permission to visit when this sign is posted. An "Isolation" sign denotes the fact that the patient has a communicable disease.

> These patients suffer from severe loneliness because they are not allowed any visitors. The pastor should not overlook a parishioner of his during an experience of this nature, since his spiritual needs are likely to be even greater than those of most patients; but he should abide strictly by the regulations for precaution. The nurse will gladly help with supplying a mask and gown.[2]

If the light is on over the patient's door do not enter at all until the nurse has cared for the patient's needs.

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[1]David Belgum, Clinical Training for Pastoral Care (Philadelphia: The Westminister Press, 1956), p. 68.

[2]Richard K. Young, The Pastor's Hospital Ministry (Nashville, Tennessee: Broadman Press, 1954), p. 56.

Even when the door is ajar, knock gently before entering the room. This is a simple rule, but many pastors carelessly overlook it at one time or another. The mistake is rarely made twice.

Upon entering the sick room the pastor must establish who he is, if he is not known, and by what authority he has come. In addition to clarifying who he is, he should explain where he has come from (the name and location of his congregation), and the name of the person who has requested him to call. An increasing number of clergymen are wearing distinctive garb in hospital calling as this helps to identify them to the patients they are visiting, and also to the nurses, who are less likely to disturb the visit if they know it is a pastoral call.

As a minister enters the sickroom he makes a first impression, almost without knowing it. The patient is dressed in a hospital gown, seldom becoming to anyone. His hair is rumpled, the skin pallid, and the eyes weary, and perhaps sunken. The pastor must not appear startled, nor change his expression. Cheerfulness, confidence, quietness--these are the things a sick person looks for in a visitor. He is to speak quietly and clearly, not taxing the patient with long sentences, questions that have to be answered, or apologies explaining why he did not come sooner.[1]

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[1]Samuel Shoemaker, How You Can Help Other People (New York: E.P. Dutton & Company, Inc., 1946), p. 124.

Even though the patient is not terribly weak or sick, the pastor should still want to step down the tempo of his life to the life of the patient. His movements should be quiet and slow. Let the patient take the lead in shaking hands. The clergyman should never offer to shake hands unless the patient makes the first move to do so. If the hand is extended, he should take it, but should handle it gently. Do not touch the patient's bed. Watch for cords on the floor, apparatus such as a rack for holding intravenous fluid, and especially the crank handle on the foot of the bed.

Upon entering the room, take a position, whether sitting or standing, in line with the patient's vision, so that he is not required to move around in the bed. When the ill person is lying flat and the bed is not elevated, it is best to stand in a relaxed position by the side of the bed.

> Beware of letting the visit become a pathological conference. In other words, don't make a habit of sharing your own hospital experience or that of another with the patient. This is in reality "getting in bed with the patient." Many lay people seek to give consolation by telling the patient of someone else down the hall who is in a much worse condition. Even if the patient in question has only athlete's foot, while the person down the hall has had a leg amputated, he still has his painful itching and derives very little consolation from the knowledge of his neighbor's ill fortune.[1]

Do what you can to help the patient relax. In

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[1]Young, The Pastor's Hospital Ministry, p. 57.

order to accomplish this, the pastor himself should be relaxed. Emotions are caught and absorbed through empathy. Do not carry emotional "germs" from one room to another. After leaving a highly charged emotional situation it is time well spent to stop for a cup of coffee at the hospitality shop and to spend a few moments in prayer. Only the grace of God and the pastor's love and understanding of people can remove some of the emotional effects upon the pastor. Do not reveal negative emotional reactions even if the patient bares his wound or pulls out a bottle containing a removed part of his body.

Never make a visit too long. Certainly a pastor should never be guilty of tiring a patient. Early post-operative visits may last only a minute or two. The average call would not exceed fifteen or twenty minutes. And the rare in-depth sickroom counselling session, when a patient definitely has a need to talk, should rarely exceed forty-five minutes.

A pastor should not visit when he is sick. When he is sneezing and in the worst stage of a cold he could set back the patient he visits many days. Often a word or two by telephone or a note or card by mail are effective means of visiting briefly until he is well enough to resume his regular calling schedule.

It is not good to whisper or speak in low tones to a doctor, nurse, member of the family or to anyone else in or near the sickroom. Often members of the family of a

critically ill patient will stand around the door of his room. The pastor should not only refrain from whispering to them, but should caution them against doing the same thing. The same rule applies even when the patient is in a coma. The patient, although supposedly unconscious, will come to consciousness and hear what is being said around him from time to time.

When visiting in a small ward the pastor should try to speak to every patient present, even if it is just a brief greeting upon entering and a farewell when he leaves. If he talks only to one of the patients in a four-bed ward and then leaves, the others are bound to feel ignored and slighted. The patient visited is sure to say to the others, after he has gone, "That was my pastor who visited me."

At the conclusion of the visit the minister should say something like "I must go now" or "It's time for me to go now." After so announcing this, he should do just that, without further ado, leaving with a smile and a warm farewell. If he knows when he will be calling next in the hospital, he might mention this in closing.

A Boston surgeon was once invited to lecture to a group of theological students on the subject "What Not To Do in the Sickroom." His sage advice was as follows:

> . . . Don't talk too much; don't stay too long; don't ask the patient what is wrong with him--if he wants you to know he will tell you; don't argue with the patient; don't tell him he is going to die; don't talk about someone else you know who had his disease and how long he was sick;

> dont force your prayer upon your patient; don't pray too long.[1]

A short time later the surgeon stopped the professor who had invited him to lecture and said, "I forgot the most important 'don't' of all. Tell your boys, 'Don't fail to call when your parishioners are sick.'"

In conclusion, I would like to make mention of two important matters: the need for note taking, and the evaluation of a call. First, a pastor may have a noble ambition and a sincere desire, but it will be difficult for him to sustain the meaningful relationships of an intensive ministry to the sick if he overlooks the importance of taking notes and keeping records. Russell Dicks points out that note-taking contains four values:

> It is a check upon one's work; it is a clarifying and developing process; it relieves emotional strain for the writer; the notes stand as a record of one's work."[2]

Note-taking furnishes concrete evidence of what actually took place in a given situation and when examined objectively after the interview, will reveal much concerning both the patient and the clergyman making the visit.

> For example, the pastor may find characteristic faults of his own, such as the tendency to give reassurance too quickly, showing up in one interview after another. Unless he studies the verbatim

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[1]Russell L. Dicks, Pastoral Work and Personal Counseling (New York: The Macmillan Company, 1944), p. 34.

[2]Richard G. Cabot, M.D., and Russell L. Dicks, The Art of Ministering to the Sick (New York: The Macmillan Company, 1936), p.244.

> accounts of more than one interview, he can go on making the same mistake indefinitely.[1]

Second, and this goes hand-in-hand with note-taking, is the matter of evaluating a call. At least from time to time the minister should evaluate a call that he has made after he returns to his study. The following questions may guide him in ascertaining how helpful and beneficial his call has been.

> 1. When I made the call, was it convenient for the patient or did I do it when it was convenient for me?
> 2. Was I welcomed? How?
> 3. How much of the conversation centered about me? One half--one fourth--practically none.
> 4. How much talking did I do? One half--one fourth--practically none.
> 5. Did I correctly time the length of my call? Too long--too short--about right.
> 6. What did we talk about? What I wanted to talk about--What the patient wanted to talk about.
> 7. When the conversation lagged did I know that it was time to leave? Did I continue to sit and hunt for something to say?
> 8. In the conversation did I criticize the patient's doctor--nurse--hospital--the medical care--relatives?
> 9. Did the patient indicate that I should read from the Scripture--Pray?
> 10. When I started to leave, did I go--stand and talk five minutes longer--hold the door open a while--whisper outside the door?
> 11. Did the patient thank me and ask me to come again?[2]

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[1]Young, The Pastor's Hospital Ministry, p. 53.

[2]Carl J. Scherzer, Ministering to the Physically Sick (Philadelphia: Fortress Press, 1963), P. 72.

CHAPTER IV

THE USE OF PASTORAL CONVERSATION AS A RESOURCE

All professional workers who wish to be more effective must recognize and utilize the full potentialities of the resources available to them. The educator who omits audio-visual aids is limiting the opportunities for maximum efficiency in learning. The doctor who eliminates the various methods of treatment, surgery, medication, heat, rest, or change in diet, to choose only one method, limits the chances of his patient's recovery. So too, it is true with the minister who limits himself in using the full range of resources available to him in ministering to the physically ill. What are the resources available to him?

> Often the pastor wishes he could walk into the patient's room with as concrete a set of resources as the physician's little black bag, administer an injection, record the exact temperature, and leave a prescription. But his resources are often less tangible, and this may increase his desire to "do something" and to feel that he is of immediate and specific help.[1]

It would be difficult to compile a complete list of all the therapeutic resources available to the pastor

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[1]Belgum, Clinical Training for Pastoral Care, p. 47.

who ministers to the physically ill; however, such a listing would include conversation, listening, confession and forgiveness, assurance, comfort, instruction in morals and religion, the scriptures, the sacraments, worship, prayer, fellowship and Christian nurture. For the sake of organization and clarity, I have grouped these resources under three main headings: pastoral conversation, scripture and the sacraments, and prayer. In this and the next two chapters I will treat in depth these three categories of resources.

The first resource which I would like to discuss is the resource of pastoral conversation. When used in this sense pastoral conversation includes not just the talking and listening between pastor and patient, but all the various ramifications involved in this interpersonal relationship. "The pastor's influence is not limited to his own personal appeal but is enhanced by a figurative power that is as old as religion itself."[1] In other words, the traditional role of the minister, embodied in his own person, contributes to the interrelationship between pastor and parishioner. Other factors that enter into this relationship are the warmth of the pastor's bearing, the sincerity of his intention, and the depth of his spirituality which are perceived in ways other than the spoken word.

The most essential factor in a minister's approach,

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[1]Young, The Pastor's Hospital Ministry, p. 61.

particularly if he is meeting the person for the first time, is a genuine interest in the person whom he goes to see. To establish a pastoral relationship it is necessary to give oneself unreservedly to the person who is being visited. He must forget about his last or next call, his sermon for next Sunday, his sick child, and the church's financial problems. He must focus his whole attention upon the person being visited.

It is a fairly safe rule to explore the various ramifications of the family circle. Here the photographs on the bed table provide an easy and natural introduction. Mention of family and dear ones sometimes starts a flow of natural conversation that gives insight into the intimate relationships of the patient. This will more likely than anything else open the way to a significant personal ministry.

After this relationship is established, the pastor should become a good listener. By training, most ministers are not very good listeners; they are trained to talk and find it hard to stop. The better a minister is with words the less likely he is to listen to what anyone else has to say. This is a real danger to the counselling ministry of a pastor. Compulsive talking is often the means of keeping control of a situation when a person is trying to cover up his own insecurities and deficiencies. A pastoral conversation cannot be person-centered as long as the clergyman insists on keeping the initiative in his own hands.

"His endless talk means that he turns people into things, and closes his ears to what they would really say."[1] It might be a good practice for the pastor to keep the wise words from the book of Proverbs constantly before him: "He that answereth a matter before he heareth it, it is folly and shame unto him."[2]

Listening is definitely a skill. It is not merely remaining silent while another person speaks--although it is certainly that. The fact that the pastoral counselor is a person and not an inanimate object is the basis of the counseling process. The counselor is to take a personal interest in the counselee and what he is saying. He shows this interest by responding in a clarifying way to the words of the counselee. A "Yes" may suffice in one instance, a single nod of the head in another, and a restatement of the words of the counselee may be better at another time. C. M. Louttit points out that by virtue of his status, the counselor exerts a very real influence whether he speaks much or not.[3]

> The theological description of the relationship between the pastor and his counselee is one of love. Love may be disinterested in the sense of impartiality, but never in the sense of indifference, and it is certainly an influence

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[1]Paul Rowntree Clifford, The Pastoral Calling (Great Neck, New York: Channel Press, 1961), p. 94.

[2]Proverbs 18:13.

[3]C. M. Louttit, Clinical Psychology (New York: Harper Brothers, 1947), p. 156.

> the pastor projects into the counseling relationship.[1]

People with problems are often people who have kept their problems to themselves. Before they have need of anything else they have need to talk. People with problems, whether they realize it or not, are in great need of a listener. The counselor should not become defensive or preoccupied with his own role, feeling that he must come up with a solution. As he counsels according to the principles of the art, he will develop an increasing faith in the workability of these principles. Meanwhile, he needs to remind himself frequently of the nature of his role in the counseling relationship. His role is to give the counselee the incentive to continue talking, to give him evidence that he has not only been heard but also understood, and to clarify what he has said so that he can continue to explore his real problems.

The advice to "listen" sounds so simple that many clergymen fail to recognize the value of this technique. Chaplain Richard Young tells the story:

> I recall entering a patient's room one day, shortly after her pastor had left. Since I was well acquainted with her, she felt free to make this remark: "Do you know what the most irritating part of my hospital experience has been? It has been those people who have come into my room, trying to cheer me up by saying, 'Oh, you will be all right. We will see you out here on the street in a few days.' All the time I know the situation is serious."[2]

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[1]William E. Hulme, Counseling and Theology (Philadelphia: Muhlenberg Press, 1956), p. 25.

[2]Young, The Pastor's Hospital Ministry, p. 69.

This woman's visitors should have been listening instead of talking.

In September of 1960 I had the privilege of hearing Dr. Russell Dicks lecture and the opportunity of speaking with him afterward.[1] The one statement he made at that time, and also makes in his book, Pastoral Work and Personal Counseling, that still stands out in my mind today is, "If I were told I could have but one method in pastoral work, I would choose the listening method."[2] Dicks, who has made the greatest contribution to the literature dealing with the listening method of pastoral work, points out that there are three conditions underlying listening: "Suffering on the part of the parishioner; rapport, which is probably the most important single factor in the healing, creative ministry of listening; and the stability and soul-poise of the listener."[3]

In describing listening as a method, Dr. Dicks discusses four phases of the listening ministry: passive listening, active listening, interpretation, and reassurance. Let us now look at each briefly.

Passive listening is characterized by the pastor being passive while the parishioner talks, pouring out his feelings and emotions. For the pastor it means being

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[1]Lecture presented to the North Central Pastoral Conference of Florida of the American Lutheran Church, held at St. Mark Lutheran Church, Orlando, in September, 1960.

[2]Dicks, Pastoral Work and Personal Counseling, p. 162.

[3]Ibid., pp. 154-155.

alert but not very vocal. Passive listening is aided by the use of the face, the eyes, the alertness of the body even though it is relaxed. Passive listening is the method which is used in relieving surface stress in order to get at the underlying causes of behavior.

The true story is told of an inmate at Elgin State Mental Hospital in Elgin, Illinois, who was once employed by a famous research laboratory because he was a mathematical genius. After his illness he became painfully withdrawn. He would respond to direct questions but would not speak unless spoken to. A chaplain in the hospital went to the man's room, greeted him, but made no attempt to hold a conversation with him. For forty-five minutes he sat in complete silence with the patient, he then stood up, and left with a cheerful farewell of a few simple words. On the afternoon following the chaplain's silent visit the patient said enthusiastically to his mother, "You know, they have a new chaplain here at the hospital who just comes in and stays by you. You don't have to talk to him if you don't want to." It was difficult for the happy parents to contain their astonishment, for these were the first words their son had spoken voluntarily in two years.[1]

As the story of a counselee unfolds, underlying causes of behavior will be discovered. Once this has

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[1]Clarence W. Hall, Spiritual Therapy: Modern Medicine's Newest Ally (Pleasantville, New York, 1959), p. 6.

happened a more aggressive type of listening may be required.

Active, or directed, listening is characterized by the use of questions by the counselor. Through the use of questions, the person's spiritual condition may be explored, his suffering relieved, insight developed, new resources released, and the counselor's interest in the patient expressed.

> What the scalpel is to the surgeon the question is to the pastoral counselor, and it is quite as dangerous. The good surgical operator is one who knows what to cut and what not to cut . . . the good pastor is one who knows what to ask and what not to ask, plus a feel for timeliness. To ask one's questions too rapidly is like the surgeon who cuts into an abdomen too fast.[1]

When the rapport is sufficiently strong there is little or no problem of being too aggressive, for rapport develops in relation to the need for help and the pastor's capacity to help. Through the use of questions a person's spiritual condition is explored and hopefully the parishioner gains insight. But even though little insight is gained, many persons are helped by the process.[2]

As opposed to the Rogerian approach,[3] which tends to make the minister feel that he should strenuously avoid the use of his authority--i.e., he should not advise, direct,

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[1]Dicks, Pastoral Work and Personal Counseling, p. 156.

[2]Ibid., p. 157.

[3]Carl Rogers, Counseling and Psychotherapy (Boston: Houghton Mifflin Company, 1942), p. 113.

inspire, or teach in his counseling relationships, Howard Clinebell[1] feels strongly that it is often constructive, even necessary, for the pastor to use his authority selectively in guiding, emotionally feeding, sustaining, confronting, teaching, inspiring, and encouraging persons to function responsibly. I agree with Clinebell in this respect that a pastor, under certain circumstances, can be of greater service if his listening is active rather than passive, directive rather than non-directive. As the counselee brings his problems, feelings and emotions outside of himself through the medium of conversation and questions, he can take a look at the problems, perhaps for the first time. In addition, the release of the feelings in an accepting, non-judgmental, non-censorious atmosphere is always curative and healing. Often the counselee is surprised after he brings things outside of himself as he realizes that he has not thought of these things in this way before. "He is developing new insights into the nature of his problem but objectifying it through expressing himself."[2] As the pastor accepts these insights he is also encouraging the counselee to continue the understanding process so that more adequate insights may be attained.

> Should he attempt to correct or to argue or even to expand the insight he may inject a block into

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[1]Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (New York: Abington Press, 1966), p.31.

[2]Hulme, Counseling and Theology, p. 59.

> this growing understanding by undermining the counselee's confidence in his growing ability to understand or by stimulating a defensive reaction.[1]

Man's greatest problem is himself. A person with problems is often confused over the origin of his feelings or the nature of his motives. Adding to the complication is the fact that a person may not want to know the truth about himself. The story behind the problem may be unpleasant and the counselee may prefer to run away from it rather than face it. Often a person is guilty of rationalizing and finding scapegoats, deceiving not only others but also himself. During the counseling process it is hoped that the counselee will give expression to these things he has not realized before, and since these insights originate within himself, not the counselor, he is inclined to look at them once again. In an atmosphere devoid of coercion, the unpleasant truths about himself, that have been rejected or surpressed in the past, may come again into the consciousness and this time be accepted and dealt with.

The task of the counselor is not to solve the counselee's problems but rather to help the counselee solve his own problems. The emphasis in the counseling process is not just on the problem, but also on the person with the problem. The counselor strives not only to help the person to solve his own problem, but also to help him mature in

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[1] Ibid.

the process so that he may in the future handle other problems of a similar nature.

Many times the solution to a problem is seen by the counselor a long time before the counselee sees it. Rather than telling him the answer before he is able to receive it, the counselor slowly leads the counselee to see the solution for himself.

> Many a fine solution to a problem has been rejected by a counselee simply because it was sprung on him before he had grown enough to see its wisdom. Once he has rejected it he may feel obligated to defend his rejection, thereby complicating even further the growth of his ability to understand.[1]

Active listening is used instead of passive listening when the counselee subjects the counselor to a stream of words, which are generally a defense mechanism, trying to prevent the pastor, or for that matter anyone else, from entering into a close relationship where help can be found. In this situation passive listening serves no useful purpose at all.

The third type of listening may be described as interpretive. This method is a short-cut approach and is to be generally used only when the pastor is pushed for time or because his active listening has broken down. It is necessary to use interpretation because some people have no conception of how they may be helped through pastoral work. They come seeking advice, and advice they

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[1]Ibid., p. 94.

[2]Dicks, Pastoral Work and Personal Counseling, p. 158.

expect to receive, not counseling. Generally this type of person wants the responsibility of a decision to be carried by someone else. Only in very rare instances should advice be given. This is desirable only when the responsibility of a decision is too great for the counselee. Otherwise it should be worked out by the slower but more effective process.

Interpretation is characterized by the pastor explaining the underlying causes of behavior which the parishioner may or may not be conscious of or understand. This method has certain risks that active listening does not have; namely, it stakes all on the pastor being right in his interpretation, and assumes, incorrectly sometimes, that the parishioner will accept this interpretation even if he is right. In referring to interpretation, Seward Hiltner uses the word "guiding".[1] This is a good choice of words, for a guide is more than a reflective mirror, but is not in any sense of the word a director, which implies coercion. He points out that guiding as a method will be successful only when it makes contact with and is built on something recognized as internal by the counselee.[2] Although recognizing the dangers of the interpretation method, Paul Clifford states that it can, when cautiously used, pave the way for a person to come to grips with his

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[1]Seward Hiltner, Preface to Pastoral Theology (New York: Abington Press, 1958), p. 145.

[2]Ibid., p. 172.

real needs, and that it can enable an individual to reach a better understanding of himself. He feels that this happens when the pastor leads the counselee to recognize the full implications of his ideas and feelings.[1]

The fourth method of listening is reassurance. Of the four methods of listening, it is the least effective, and yet of all methods it is, unfortunately, used the most. Reassurance is characterized by a positive statement that the problem will work itself out, or that the individual will be able to overcome his suffering. In short, reassurance is encouragement. We must always remember that:

> The individual does not get courage simply by being told that he has it, but develops courage as one listens to him. As a method, reassurance should be used sparingly, and should be given in a simple language and in a voice and manner which reveal that it is sincere.[2]

Some examples of reassurance might be as follows:

> 'I believe you will be all right'; 'I can see a lot of hope in your case'; 'I have faith this will not throw you.'; 'There is no such thing as being ruined except as you think you are, and you don't think so in this case.'; 'I believe in you and I'm going to see you through.'[3]

Many clergymen in their attempt to be helpful wax eloquent with pious platitudes, only to have their reassurances fail miserably. Two people, the pastor and the parishioner, can face God only when both know God. When one knows God

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[1]Clifford, The Pastoral Calling, p. 98.

[2]Young, The Pastor's Hospital Ministry, p. 70.

[3]Dicks, Pastoral Work and Personal Counseling, p. 161.

he can introduce the other to Him but it is a slow process which is not brought about through an exhortation or easy statement. It is brought about through the persistent, slow, affectionate demonstration of God's nature.

Closely akin to the ministry of listening is the special resource of confession and absolution. This is a resource that, in a special sense, the pastor has exclusively. As indicated in an earlier chapter, often times a patient's abnormal anxiety is linked with a feeling of guilt or remorse for not having cleared up an unhappy relationship with some member of his family, an acquaintance, or neighbor. This anxiety may have been brought on by real or imagined hurts or slights which require that he look deeply inside himself. He has not dared to do this by himself, but with the help of an understanding pastor, he is more able to discuss these matters. We call this interchange in ecclesiastical terminology, "confession." A person cannot really be cheered up" until he has shown genuine sorrow or real guilt and an honest desire to be forgiving. Like the prodigal son, he knows that when he has sinned against another person, he has also sinned against God. Sin in whatever form, is never limited to relationships here on earth; it also involves divine relationships. To the person with even a limited knowledge of the Christian faith, the clergyman represents both God's love and God's law. The law confronts the person with his need to examine himself each day. In examining himself he asks, "Have I

put God first: Have I loved my neighbor as myself?", and the answer to these questions, when answered truthfully, is "No, I am guilty of having broken these laws." Therefore the patient needs to unburden himself from this terrible weight.

> If anything therapeutic is expected to happen as a result of the minister's call, there can be no short cuts to inner peace. The patient has to discover these things in himself and be willing to confess them either silently to God or privately to another person--pastor or layman.[1]

A pastor can facilitate the much needed process of confession by simply being an accepting, understanding listener, by making it clear that all that is confessed will be held in strictest confidence, and by withholding condemnation and judgment. To admit one's sin to another is a painful process for the confessee. What a tragedy it is when the pastor has a neurotic need to be punitive and vindictive toward the helpless penitent who has now bared his soul! What a relief it is to a troubled person when he finds the pastor understanding and one with whom it is safe to share his troubles.

A parishioner will often begin with a small part of his confessional to see how the pastor takes it. What will be his reaction? Will he be indignant, shocked, threatened, amused or judgmental? If the pastor is any one of these, the person will probably terminate his confession and turn elsewhere for his soul's help. But

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[1]Westberg, Minister and Doctor Meet, p. 75.

if the pastor is a true shepherd of souls he will be accepting and understanding, and his pronouncement of absolution will become more than a mere formula of words; it will become the assurance of God.

> A woman patient in a hospital had confessed a grievous series of mistakes and sins to the psychotherapist, but somehow this catharsis was not enough. She could not believe that things could ever be all right again, that she could be accepted again. The therapist, in an earnest effort to demonstrate his acceptance of her, said, 'But I understand; I forgive you.' The woman replied, 'You can't forgive my sins; only God could do that.' The physician referred her to the chaplain and told him that he would have to help her find this forgiveness, which later she did find.[1]

The healing of the soul, and sometimes even the body, begins in this stage of cleansing, which psychologists refer to as catharsis."

> Just as a physical wound must be thoroughly cleansed before a bandage can be applied, so the spiritual sore spot must be cleansed of all negative, destructuve, and harmful elements. This process cannot be hurried or forced.[2]

Once the negative and destructive elements of sin have been removed from a person's experience, and the impediments to interpersonal relations lessened, the person is now free to move forward constructively to more effective living, or as Christ calls it "abundant living." The energy formerly consumed in neurotic and anxious attempts to deal with his problems can now be redirected toward more wholesome achievements and goals.

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[1]Belgum, Clinical Training for Pastoral Care, p. 56.

[2]Ibid., p. 64.

One word of caution needs to be included here. Often times pastors halt the flow of catharsis by attempting to give reassurance and absolution too soon. One reason for this is that they cannot bear to see suffering. Yet this very suffering can be redemptive and helpful if complete catharsis has not taken place. The minister who rushes in with absolution too hurriedly is thinking of his own needs and not those of the one to whom he ministers. Only when catharis is allowed to run its course is forgiveness and absolution most helpful and effective.

To a counselee who is sensitive, it is a shock to realize that the pastor knows something that he probably hoped to keep to himself. Therefore it is very important that the pastor give every evidence both during and after the confession relationship that he accepts the counselee as he is and that his secret sins and shames in no way influence the pastor's opinion of him or his worth.[1]

In conclusion, I would like to summarize with a list of "Do's and Don'ts" of helpful conversation as found in one of Granger Westberg's books[2]

1. Don't give orders to the person. This might bring about a temporary change, but for a permanent change the patient must actively participate.

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[1]Hulme, Counseling and Theology, p. 48.

[2]Westberg, Minister and Doctor Meet, pp. 19-21.

2. Don't exhort. When the person is ready to make a change, exhortation won't be necessary.

3. Don't make suggestions too quickly. To give reassurance and encouragement too soon is essentially repressive because the patient has not released all of his negative feelings.

4. Don't go to the other extreme of letting every patient ramble on unguided. While the person needs to "talk it out," this should not imply that catharsis is sufficient in itself.

5. Don't give too much advice. It is almost impossible not to give advice occasionally; however, it is best for a person to have some part in arriving at his own solutions.

While "don'ts" are of value, it is also good to keep in mind the important things to "do."

1. Give the person sufficient time to tell his story in his own way and without diversions and obstacles.

2. Listen not only to the facts given, but be especially aware of the feelings behind the facts. This probably is the most significant insight in understanding what goes on when two people engage in earnest conversation regarding a problem. The counselor needs not only to get the facts, but even more important, the feelings behind the facts. People act on the basis of their feelings more than on the basis of their intellect.

3. Try to put yourself in the counselee's place and look at the problem as he sees it, not as you see it. There is no substitute for what has been variously described as "understanding," "empathy," or the ability to "feel with" the person.

4. During natural pauses in the conversation, respond to the person by describing what you understand him to be saying. As he pauses in his story to get your reactions, try to sum up, in a sentence or two, what you consider to be the essence of what he has been saying.

5. A person is being helped the moment he senses that you are beginning to understand him. We must be willing to go down into the valley with another person so that he knows he is not all alone in his struggle. No problem is ever quite so overwhelming once the person knows that another human is beginning to understand it with him, and that this other individual is willing to share some of the burden. In surgery the diseased tissue is removed to allow for normal functioning; so, too, in counseling, the factor blocking the normal strength must be removed. This impeding factor is quite often the fear of facing the problem alone.

CHAPTER V

THE USE OF SCRIPTURE, DEVOTIONAL MATERIALS, AND THE SACRAMENTS AS RESOURCES

In addition to pastoral conversation, the minister has at his disposal the resources of Holy Scripture and the Sacraments. These can be particularly helpful tools in ministering to the physically ill. The Church as an institution has been entrusted with the means whereby the Spirit of God offers his grace to the believer. These means of grace, in the Protestant faith, are the Word of God and the Sacraments, namely, Baptism and Holy Communion.

The Bible has traditionally been used by ministers to guide, counsel, give reassurance and comfort to the people whom they visit. This is not to say that a pastor must invariably read the Scriptures on every visit that he makes in order to make it an "official" visit. From the moment that a minister enters a sick room, he is to mediate the Presence of his Lord. Whatever is said or not said, this over-riding purpose remains the same. The clergyman's conscious awareness of the Presence of God is the very foundation of anything he will say or do.

Whether he mentions the name of God, reads from the Bible, or uses religious phraseology does not really matter. The thing that is most important is that he knows that the unseen Presence is there in the sick room. The pastor's awareness of this fact will inevitably communicate itself to the person whom he visits.

> Thomas Chalmers, the eminent Scottish divine, was an outstanding example of a pastor of this kind. Lord Rosebery once described him as a man 'carrying his shrine with him everywhere,'[1] though it might perhaps be said with a greater degree of accuracy that he found every place within his shrine.[2]

Such a concept is important because it disposes of the idea that the minister should aim to "bring in religion" at the end of a visit by producing his Bible and reading from it. The whole of a pastoral visit should be "religious", whatever the topic of conversation. If Scripture is employed, then it should be the natural outcome of talking in God's presence the entire visit. Unfortunately, many well meaning pastors think that the only way a so-called spiritual ministry can be exercised is by "tacking on" a Scripture verse at the end of each visit.

When the natural outcome of a pastoral visit is to read from God's Holy Word, the passage should not be arbitrarily chosen, but selected carefully so that it relates

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[1]T. H. Huges, The Psychology of Preaching and Pastoral Work (London: Allen and Unwin, 1939), p. 250.

[2]Clifford, The Pastoral Calling, p. 102.

as closely as possible to the preceding conversation. Certainly the same Scripture passage should not be read at every visit regardless of whether it is a surgery or maternity case.

William E. Hulme tells the story of a certain physician who is known as Dr. Pink Pill by his community because he regularly hands out pink pills to all his patients.

> These pills may be very good pills and probably are even different kinds of pills, but to the people the same color and shape makes them the same pill. Because the physician appears to hand out these pills indiscriminately to his patients, his remedy has become the butt of humor.[1]

Clergymen can learn a good lesson from this illustration, lest they too be guilty of handing out the same Scripture passage to all who are physically ill.

To be ill is like being in the darkness of despair. In such a darkness God's Word can bring comfort and light. As the Psalmist writes, "The unfolding of thy words gives light."[2] Countless followers of Christ, throughout the ages, have felt this same reassurance from the Holy Scriptures in times of crisis, sickness and need.

Before we consider in detail what the Scriptures can do, let us give some thought to what the reading of God's Word cannot do. George Muedeking in his book,

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[1]Hulme, Counseling and Theology, p. 210.

[2]Psalms 119:130.

Emotional Problems and the Bible[1], shares some real good insights in this respect:

First of all, he points out that the Bible is not a substitute for the aid that can be given by the other helping professions. No matter how much biblical knowledge a person has, he must seek the help of a physician to set a broken leg.

Second, the Bible is not to be used as a pious subterfuge for honest insights into human motivations. An example of this might be when a man refuses to face specific guilt feelings because he generalizes that the Bible says that "all men are sinners."[2]

Third, Scripture reading does not automatically become an insight. Information becomes an insight only when the mind recognizes it as its personal possession and intends to use it. Thus we may read a passage that shows "God cares," but this does not mean that the person will automatically appropriate this truth into the center of his being.

Fourth, many people believe that if only the proper Bible passage is read when they are ill they will be healed or cured. This is not so. The Bible cannot be used as a magic potion. The inevitable result when the Bible is used in this way is failure. This failure will in turn

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[1]George H. Muedeking, Emotional Problems and the Bible (Philadelphia: Muhlenberg Press, 1956), pp. 3-26.

[2]Romans 3:23 (paraphrased).

discourage a turning to the Bible in the future.

Fifth, trying to apply biblical insights to the conscious emotional problem, which is unknowingly only a symptom of unconscious conflicts, makes a solution to the true conflict more difficult. No effort to bring the true conflict into consciousness will be made as long as treatment is confined to the symptom. When this is the case, healing can be seriously hindered. Such an approach diverts attention from the real culprit. Just as the cells of a metastic cancer move into the bloodstream and appear in other parts of the body, so too, emotional conflicts that are denied, ignored, or covered up, reoccur in other and more dangerous ways.

What help then can the Bible be expected to give? Can the reading of Scripture be of any real benefit for a person who is physically ill? Yes, it most certainly can!

First, the Bible can help a patient see life more realistically. The innate ability of the body to restore itself to health is like the ability of a ship to right itself in a storm. These powers can be assisted or hindered by the attitude of the patient. A confident will to recover is of great help in almost every form of illness.

> Now if the Bible can help me to believe that the thrust of the universe is always in the direction of healing and toward my personal recovery, the Bible is acting therapeutically, even in the

realm of purely organic ills.[1]

Second, the Bible proclaims God's direct personal interest in the lives of his children. Because this is true, the clergyman is free to assert this knowledge of God's active interest in man's needs, and thereby assist the native powers of body and mind to promote healing.

Third, The Bible sets man squarely in the present tense. It is in the present that we live under the eyes of God. In a very real way the Scriptures blank out the past and ignore the future. "Forgetting what lies behind and straining forward to what lies ahead, I press on" wrote St. Paul.[2] Significantly, it is all done in the present tense.

Fourth, the basic call to honesty that we find in the Bible is another way in which it supplies help for emotional and physical difficulties. In the letter to the Hebrews, the whole biblical insistence on honesty is summed up: "before him no creature is hidden, but all are open and laid bare to the eyes of him with whom we have to do."[3] Back of many emotional distresses will be found the unwillingness to accept ourselves as we really are. This refusal to accept ourselves is a deliberate denial of feelings which we believe unworthy of our better selves. Often we deny

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[1]Muedeking, Emotional Problems and the Bible, p. 17.

[2]Philippians 3:13-14.

[3]Hebrews 4:13.

that we ever had those unworthy feelings. This too is self-deceit. The feelings have been in us, and they are at present in us even though we deny every having them. How much better it would have been if, before they were denied, these feelings could have been acknowledged and openly faced. The honesty with which the Bible asks us to approach our life is a call to wholeness and health.

Fifth, the most distinctive help the Bible can render is its witness to the forgiving grace of God. For it is only in Jesus Christ that men have God's forgiveness for their lives. What a blessed healing message the good news of the gospel is to all who will receive it. God takes man and loves him as he is, not as he ought to be in his own eyes. "While we were yet sinners, Christ died for us,"[1] is the way St. Paul describes this important insight.

Sixth, the Bible offers what the psychologist calls "supportative therapy." This resource is used in conjunction with pastoral conversation as an important adjunct. Where better can man receive support and courage than from the Bible? The Bible is a history of God's coming into human flesh. God, in Christ, entered into the affairs of men, involved himself in the very battles which each individual man wages against evil. God himself experienced the meaning of every weakness and insufficiency man possesses. God understands us better than we understand ourselves. What

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[1]Romans 6:8

reassurance this is!

The Bible is the history of men who had the support of God in their struggles. The Bible records the story of men and women who have surmounted their weaknesses and gone on to heights of spiritual victory. Man sees in the Bible that his struggles are not foredoomed. There he sees that they can end in victory.

Finally, the Bible can help in the pursuit of integration. A man who directs himself toward two or more goals tears himself apart. The Scriptures invite us to be whole men by reminding us that man in his totality belongs to God. Only in God can he find this wholeness and health. For those who look with the eyes of faith, God does have guidance to give through the Bible. "Heaven and earth shall pass away," said the Lord Jesus, "But my words shall not pass away."[1]

Convinced that God's Word is a potent resource, how is the pastor to use it? In what way can he best use this tool? There is no stereotyped way to use the Bible. Any one, or combination, of the following ways might be used:

1. The pastor may want to read a certain portion of the Bible. A counselee may respond to it more quickly than to anything a counselor might say.

2. On occasion, if the pastor knows that it will

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[1]Mark 13:31.

not embarrass the counselee, he might hand the Bible to the patient and ask him to read an indicated portion. Holding and reading the Bible sometimes helps the person to personally identify himself with God's Word.

3. The pastor might suggest that the counselee memorize a Bible verse or a portion of Scripture. A memorized verse is one which continues to witness throughout the day, and many other days to come.

4. If a verse can't be memorized, the pastor might simply ask the parishioner to repeat or read the passage after he has said it.

5. It may be helpful to call attention to the person or setting of the verse, i.e., offer a little about the background, where it took place, to whom it refers, the outcome, and the modern day application.

6. A good way to apply Scripture is to personalize it to the counselee. For example, instead of saying "God so loved the world,"[1] you might say "God so loved (then say the person's name), that he gave his only begotten son, that (person's name) who believes in him, should not perish but have everlasting life."

7. Scriptures should be selected carefully so as to be meaningful and understandable to the patient.

8. Discretion should be used in the number of verses to be used.

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[1]John 3:16.

> The commercial salesman also knows that too extensive an array of goods displayed before the buyer may confuse his mind and numb his response. Better to remember that there is an absorption limit.[1]

9. The counselor may analyze a verse. He might examine the verse carefully, so that it can be understood and applied.

10. For those unfamiliar with Bible passages it is often good for the pastor to mark or underline a couple of key verses in the Bible for the patient.

11. Finally, the pastor might want to review certain Scriptures, following-up a previous reading, memorization or discussion.[2] In reading the Scriptures don't talk too loudly or in a funereal tone. Talk with a natural voice, loud enough so that the patient can hear easily.

It might be wise to note the warning that Scripture has various meanings for different patients. Some see it negatively, as a threat, as a book of law which accuses them. Special care must be taken when using Scripture with a person having this attitude. In cases like this it is usually best not to use Scripture directly at all. Such a person will be an exception. Generally, you will find that even the person who is only a nominal Christian will find comfort and strength, forgiveness and love, guidance

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[1]Clyde M. Narramore, The Psychology of Counseling (Grand Rapids: Zondervan Publishing House, 1960), p.256.

[2]Ibid. pp. 255-257.

and help from the Word of God.

Some examples of helpful Scripture are as follows:

ANXIETY AND WORRY--Phillippians 4:6,7: "Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known unto God. And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus." Psalm 43:5: "Why art thou cast down, O my soul? and why art thou disquieted within me? Hope in God; for I shall yet praise Him, who is the health of my countenance, and my God."

COMFORT--Paslm 23:4: "Yea, though I walk through the valley of the shadow of death, I will fear no evil; for Thou art with me; Thy rod and Thy staff they comfort me." Matt. 11:28-30: "Come unto me all ye that labor and are heavy laden and I will give you rest . . . For my yoke is easy, and my burden is light."

CONFIDENCE--Proverbs 14:26: "In the fear of the Lord is strong confidence; and His children shall have a place of refuge." Philippians 4:13: "I can do all things through Christ which strengthen me."

PROTECTION FROM DANGER--Psalm 34:17: "The righteous cry, and the Lord heareth, and delivereth them out of all their troubles." Romans 14:8: "For whether we live, we live unto the Lord; and whether we die, we die unto the Lord: whether we live therefore, or die, we are the Lord's."

DEATH--II Corinthians 5:1: "For we know that if our earthly house of this tabernacle were dissolved, we have a building of God, an house not made with hands, eternal in the heavens." Revelation 21:4: "And God shall wipe away all tears from their eyes; and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain: for the former things are passed away."

DIFFICULTIES--Romans 8:28: "And we know that all things work together for good to them that love God, to them who are called according to His purpose."

DISAPPOINTMENT--Psalm 55:22: "Cast thy burden upon the Lord, and He shall sustain thee: He shall never suffer the righteous to be moved."
II Corinthians 4:8,9: "We are troubled on every

side, yet not distressed; we are perplexed, but not in despair; persecuted, but not forsaken; cast down, but not destroyed."

DISCOURAGEMENT--Joshua 1:9: "Have not I commanded thee? Be strong and of good courage; be not afraid, neither be thou dismayed; for the Lord thy God is with thee withersoever thou goest."

FAITH--Ephesians 2:8,9: "For by grace are ye saved through faith; and that not of yourselves; it is the gift of God."

FEAR--Psalm 27:1: "The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid?"

FORGIVENESS OF SIN--I John 1:9: " If we confess our sins, He is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness."

FORGIVING OTHERS--Matthew 5:44-47: "But I say unto you, love your enemies, bless them that curse you, do good to them that hate you, and pray for them which despitefully use you, and persecute you."

GUIDANCE--Psalm 32:8: "I will instruct thee and teach thee in the way which thou shalt go: I will guide thee with mine eye."

HELP AND CARE--Psalm 37:5: "Commit thy way unto the Lord; trust also in Him; and He shall bring it to pass."

LONELINESS--Isaiah 41:10: "Fear thou not; for I am with thee; be not dismayed; for I am thy God: I will strengthen thee; yea, I will help thee; yea, I will uphold thee with the right hand of My righteousness."

LOVE OF GOD--John 3:15: "For God so loved the world, that He gave His only begotten Son, that whosoever believeth in Him should not perish, but have everlasting life."

PEACE OF MIND--John 14:27: "Peace I leave with you, My peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, Neither let it be afraid."

PRAISE AND GRATITUDE--Psalm 34:1: "I will bless the Lord at all times: His praise shall continually be in my mouth."

SICKNESS--Matthew 4:23: "And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people."

SIN--Romans 6:23: "For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord."

SORROW--John 16:22: "And ye now therefore have sorrow; but I will see you again, and your heart shall rejoice, and your joy no man taketh from you."

STRENGTH--Psalm 28:7: "The Lord is my strength and my shield: my heart trusted in Him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise Him."

SUFFERING--Romans 8:18: "For I reckon that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us."

Closely related to Scripture are the materials that are based on Scripture that is, tracts and devotional booklets. These are excellent supplements to Bible-reading and are especially easy for the sick person to handle. There are many tracts and booklets that have been especially designed for the person who is ill. These should not be passed out wholesale any more than the doctor would order a large quantity of pills to be distributed indiscriminately to all the patients in the hospital. Religious tracts must be screened carefully, as much of the material is inadequate theologically, and harmful from a psychological point of view.

On the other hand, a large quantity of both theologically and psychologically sound devotional literature is available. Some of the tracts that I find most helpful are listed in the bibliography. An appropriate tract lends itself to hospital patients for seven reasons:

1. It is symbolic of Christian faith.
2. It is tangible, "capable of being touched."
3. It is available when needed by the patient.
4. It can direct the thinking and feeling of the patient when he may be too listless to direct himself.
5. It can answer some questions and help the patient accept his situation and himself.
6. It can be shared with others, which helps foster interpersonal relations.
7. It can help the patient verbalize his feelings to the pastor.[1]

> In choosing devotional literature, as well as passages of Scripture to read, consider the patient's needs, how he may interpret the content, and the appropriate goals for this patient's future. At various times a patient may need to be supported in crisis, helped to express himself, comforted in tragedy, strengthened in his faith, aided in finding a purpose for living, provided with a larger vision and assurance of God's providence, love, and personal concern for each individual.[2]

The patient's capacity must also be considered:

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[1]Belgum, Clinical Training for Pastoral Care, p. 54.

[2]Ibid.

physical, mental, educational, and spiritual. How heavy a book can an arthritic patient hold in his pain-racked hands? Can the aged woman read the tiny print of some editions of the Bible? Not everyone has the intellect to follow the subtle nuances of devotional pamphlets designed for the person on a college level. Vocabulary is an important factor and can be a source of frustration if it is higher that the level of the reader. The pietistical church member likes the warm, personal approach; while another member may appreciate a logically reasoned and objective emphasis.

If flowers from the altar of the church are brought to hospital patients, a card can be attached bringing a message of cheer, fellowship and good wishes from the congregation.[1] Tiny Bibles with pictures are often effective gifts for small children in the hospital. Even when they can't read, the pictures are meaningful, and the gift is a constant reminder of God's presence. On an adult level, a triptych, with prayers for healing and a picture of Christ the Healer, can stand on the bedside table to remind the adult of the same great truth.[2]

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[1]The flower card used at Lord of Life Lutheran Church, North Haledon, N.J. reads as follows: "These flowers have been on the altar of our church. They have heard the hymns that have been sung, the prayers that have been offered, and the sermon that has been preached. Now with their silent message they come to you with our love and good wishes."

[2]Such triptychs are available from St. Thomas' Guild, Little Falls, New York.

Scripture and devotional literature can perpetuate and foster pastoral care between the pastoral calls as well as during them.

Also included under the resource of Scripture, are the sacraments, Baptism and Holy Communion. The two sacraments are joined by the covenant between man and God based upon the redeeming work of Christ.

In Baptism the covenant is made and in the Lord's Supper it is reaffirmed. God on his part promises the believer "the forgiveness of sins, life and salvation," and the believer affirms his trust in this promise and in gratitude dedicates his life to God. This is a covenant which extends into eternity; the end of God's promise is everlasting life.

I remember vividly calling on a man, we will call him Ted Bergerman, who was in his late seventies. I stopped by Ted's room as I noticed in the clergy patient book that he was a Lutheran and that he had no church home. As I entered the room and introduced myself he exclaimed anxiously, "I'm so glad that you came." He told me that he was a seaman all his life, and never had time, interest, or an opportunity to be a member of a church. His parents were Lutheran, but to his knowledge he had never been baptized. This knowledge worried Ted as he knew that his illness was serious. The doctor had given him only a short time to live.

The next few days I spent a great deal of time discussing the Word of God and the Christian faith with Ted. He received them eagerly. The tenseness and anxiety that he exhibited when I first met him slowly faded and in their place arose a sense of peace and comfort. No longer did Ted feel alone and lost. When I baptized Ted he exclaimed with joy, even though there were tears running down his wrinkled cheeks, "This is the happiest moment of my life. Now I can die in peace." From that moment on he had the confidence of knowing Christ's salvation was his, and when he died six weeks later it was in this peace.

For the person who has been baptized the sacrament of Holy Communion can give the same peace, comfort and reassurance. From a knowledge of psychotherapy, we know that guilt feelings which have any depth or age at all are extremely difficult to overcome. Even when they are discharged, they may return upon minor provocation. Also, our lives operate in ways that create new guilt feelings. The sacrament of Holy Communion was instituted by Christ as a reinforcement of the doctrine of justification for the removal of guilt and the sense of guilt. Or as William Hulme puts it, "The Lord's Supper offers the tangible as a buttress for the intangible."[1] The wine and bread can be seen and tasted. The scene in the upper room can be

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[1]Hulme, Counseling and Theology, p. 249.

visualized and relived.

Holy Communion must be administered in an understanding manner, being mindful of the background of the patient and its meaning to him. In many sections of the Church people ask the minister for Holy Communion in serious illness or before an operation. This is a wholesome practice. There is no better preparation for the anticipated ordeal. The knowledge of the union between Christ and his believing, suffering child will help to give peace to the mind, even if the body feels great pain.

Where the custom of partaking of the Sacrament before operations has fallen into disuse, the clergyman faces certain difficulties. To suggest that he will gladly administer the Sacrament can be misinterpreted by the patient as an indication that his case is hopeless. In such a situation, the pastor will need to help the individual through pastoral care to come to a better understanding of the meaning of Holy Communion. The pastor should make his suggestion as encouragingly and positively as he can: "I believe that you will feel calmer and stronger if we had a private Communion service together." In most instances, the pastor will receive an eager acceptance to his offer.

In addition to the benefits mentioned above, Holy Communion also helps the patient to share in the Communion of Saints, since his friends and relatives in the home parish are also participating in the same experience. "This

bond of unity in the faith is especially meaningful to one who feels deeply the loneliness and isolation of hospital confinement, the uncertainty of the progress of his disease, and the suffering of his illness."[1]

For further reference, Granger E. Westberg gives some very helpful and detailed instructions in regard to overcoming an apathetic attitude toward Communion, preparing the patient's room, communion in a double bedroom or a ward, and the order of service to be used.[2]

It has been found that, for the most part, the Communion service has a more lasting effect if, after the service is over, the pastor leaves as soon as possible and closes the door after him. In this way the patient will have a few moments for meditation and to reflect upon the goodness and presence of God. It is always helpful for the minister to remember that he is entirely dependent upon God for the wisdom, guidance and power which result from the use of the resources which God has entrusted unto him.

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[1]Belgum, Clinical Training for Pastoral Care, p. 60.

[2]Granger E. Westberg, "Protestant Communion in the Sickroom," Pastoral Psychology, (April 1957), 27-30.

CHAPTER VI

THE USE OF PRAYER AS A RESOURCE

In the previous chapter we saw how, through the use of Scripture, God speaks to the person who is physically ill. After the patient has listened to God, he is often moved to speak to God in return. In this way we see how the use of Scripture facilitates the experience of prayer. In fact, prayer has actually begun in the listening activity.

Prayer is a traditional resource of the clergyman. It is the minister's unique method in helping people, for he alone, of the helping persons, will use this method. Because this is so, it is most important that the pastor thoroughly understand the use and value of prayer in his hospital ministry.

It is through prayer that the pastor directs a relationship between the individual and God. In a very real sense the pastor becomes a medium for the Grace of God. The minister is not responsible for the fact of God and the healing redemptive power of God which enfolds a suffering person, but he throws the switch that releases God's strength, much as the engineer presses the button

that releases the flow of electricity.[1] The engineer does not create the electricity, but he does select the circuits that direct its flow.

In times of personal crisis, such as sickness, many people lose their way religiously and, having lost their way, their personal crisis deepens, for they have nothing to support them. "Most people take their faith for granted and go along fairly well until something happens to them. Then they cannot pray effectively."[2] This is the time in which the pastor can be of the greatest service to them through his ministry of prayer.

A person with a problem is literally a person filled up. As mentioned in the chapter on pastoral conversation, when the patient talks things over with his pastor, he empties himself and feels relieved. This same release can come through prayer. God is the best listener of all! Prayer by a pastor at the bedside, when he expresses the longing, the doubts, and the hopes of the suffering person is a most important part of his ministry.

Let us now consider the question: When does the clergyman pray? First of all, he should divide his calls into two categories: calls upon parishioners and calls upon non-parishioners. There may be a few exceptions, but ordinarily the pastor, regardless of whatever else

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[1]Dicks, Principles and Practices of Pastoral Care, p. 102.

[2]Dicks, Pastoral Work and Personal Counseling, p. 183.

he does, should pray in the following situations:

1. With parishioners who are facing a surgical operation. The surgical operation is an act of faith, and the parishioner will be helped by prayer to strengthen his faith at such a time. The ideal time to make such a call is the night before the operation, not the morning the operation is scheduled.

2. With parishioners who are facing life with a physical handicap. The handicapped person can adjust to any physical handicap if he wants to and thinks he can.

3. With parishioners who are going through a long convalesence and are having a problem accepting the inactivity and confinement.

4. With parishioners who are new mothers. This is especially true on the first call after the delivery of the baby. It does not matter how many visitors are present.

5. With parishioners who are dying. This is the primary method in ministering to the terminal patient.

6. With parishioners who are going through a normal, undramatic illness.

The above six situations are musts for using the resource of prayer with parishioners.[1]

What about having prayer with people who are not members of the parish? Here are three rules that will

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[1]Russell L. Dicks, "Prayer with the Sick," Pastoral Psychology, IV (Sept. 1953), 47.

be helpful in reaching a decision. You should pray:

1. If you are sent for by the patient. First you listen and then you pray. The desire for prayer is usually the reason why a sick person will send for a minister.

2. When the patient uses the language of religion such as, "I wondered if ministers ever called in this hospital," or "I need what you have." "My mother sent word that she was praying for me."

3. When the patient expresses appreciation for your call and is responsive to you. This can take many forms, clinging to your hand, telling you how much he appreciates your calling, wishing you would call again.[1]

By no means should the pastor feel that he must offer a prayer every time he visits the physically ill. In fact, occasionally it is well to omit the prayer and let the visit assume the form of a personal, friendly call. If a pastor makes it a rule always to pray in the sick room, the patient will come to think of it as a mere mechanical routine that has to be completed. It preserves the dignity of the prayer if it comes as the natural result of the conversation that has preceded it. It is preferable to omit the prayer if the situation in the sick room makes it seem to be artificial or forced. It is, however, good

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[1] Ibid., p. 48.

[2] Carl Schindler, The Pastor as a Personal Counselor (Philadelphia: Muhlenberg Press, 1942), p. 102.

to remember that "an occasional prayer, not specifically requested, is far better than missing an opportunity where prayer is desired but the patient is too timid to ask for it."[1] If the pastor is to err, it is much better to err on the side of commission rather than omission.

Let us next consider the question: What is to be included in the prayer? If we keep in mind that our task in praying with the sick is to practice the Presence of God, the content of the prayer will follow readily.

> The suffering person may have lost his perspective; the prayer helps him to remember the things he has forgotten. The suffering person is pre-occupied with self-consciousness, with his pain, his fever, the pending operation, the terrors of the night, and the discomfort of the day; prayer helps him to lift his eyes to the hills from whence cometh his help; his help cometh from God who made heaven and earth; and he is able to relax and to rest; to give the healing forces within the opportunity to have their way.[2]

Quietness is the keynote in pastoral prayer with the physically ill. After the pastor has secured the consent of the patient for prayer, he should consciously relax the physical tension within himself. When he relaxes, his voice will be quiet and will contain overtones of respect and dignity that will allow God to flow through him into the suffering person.

The known needs of the patient should be included in the prayer, both of gratitude and petition. Many

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[1] Young, The Pastor's Hospital Ministry, p. 66.

[2] Dicks, "Prayer With the Sick," p. 48.

clergymen will ask a patient to suggest those petitions and needs that he feels are important to be a part of the prayer by saying, "What would you like for me to especially include in our prayer?" By following this technique, not only is the pastor given direction in the preparation of the prayer, but it also gives him a sharper and clearer insight into the deepest thoughts, feelings and needs of the patient. Often times the prayer that the pastor feels the patient needs is quite different from the prayer that the patient feels a need for himself and requests.

The prayer for an ill person should never be too long--about the same length as the twenty-third Psalm will be long enough. The content, not the length, is the important factor in a meaningful prayer.

In prayer, as in the use of the other pastoral resources, the pastor can be best guided by concentrating on the needs and feelings of the patient and by trying to put himself in the patient's place. The patient can often tell from the prayer offered whether or not his pastor really understands him and his present crisis in life situation. While pain and guilt feelings may be present, the prayer must not only lift these up to God, but move ahead in positive terms of acceptance and the joyfulness of the Christian faith. Speaking for the ranks of many psychiatrists, Dr. Hyslop of London's Bethlem Mental

Hospital seems to state succinctly the positive power of prayer in the life of a patient with a deep Christian faith when he says:

> As one whose whole life is concerned with the suffering of the human mind, I believe that of all the hygienic measures to counteract depression of spirits and all the miserable results of a distracted mind, I would undoubtedly give first place to the simple habit of prayer.[1]

Suitable prayers for specific situations are provided in the following section to help illustrate the application of the principles set forth in this chapter thus far.

Prayer of Thanksgiving upon the Birth of a Child:

> Almighty and Everloving Father, Creator and Sustainer of life,
> We give Thee thanks for the joys of living, and for the strength of health,
> For the safe care of this one, we thank Thee,
> We rejoice in the affection of this mother and father,
> New life from their lives, new strength and faith and hope;
> Bless this child, O God, and make it Thine own.
> We remember that our Lord came into the world as a child,
> We know the joy His mother knew as she held Him in her arms.
> As we share the mother's joy so we know the father's hope;
> Strengthen this mother and father in their parenthood,
> And may their affection overflow into this new life;
> Grant them health and faith for the day's task, through Jesus Christ, our Lord. Amen.[2]

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[1]John Bonnell, "The Use of Prayer in Counselling," Pastoral Psychology Magazine, IV (Sept. 1953), 41.

[2]Dicks, Pastoral Work and Personal Counseling, p. 187.

Prayer for One Who is Ill:

Eternal Father, Who art near unto us at all times,
We give Thee thanks for the gift of life and the strength of faith;
In hard moments we turn to Thee, in lonely moments Thou art our companion;
We thank Thee for doctors and nurses, and all who seek to bring us health,
We remember our loved ones, strengthen them and keep them safe.
Bless this one, give him quietness of soul and ease from pain,
And make strong the forces of health within him;
May he know the support of the Everlasting Arms
And the confidence of the Everlasting Hope.
In the name of Christ, we pray. Amen.[1]

For One Who Knows He is Dying:

Almighty God, Eternal Companion, Creator and Preserver of life,
Giver of friendship, Author of all affection:
Thou who dost support us with the strength of the Everlasting Arms,
We rest in Thee and Thou dost bear us up,
We rest in Thee and Thou dost renew us,
As the earth is reborn in the spring,
With the coming of new life;
As the bird flies and comes to rest in its nest,
So we are renewed in our faith,
So we rest in Thy affection.

Bless this dear one, our Father,
Take from him all regret,
Hear his confession of whatever failures have been his
And claim him for Thyself.
Accept him for Thyself.
Accept him as he returns home,
Even as the father welcomes the returning son,
As the daughter returns to the arms of a loving mother.

Bless his loved ones and keep them,
As he has kept them in his affection.
May they know that he has but gone on before them,
That he will prepare a place for them
Even as our Lord Jesus Christ, has prepared
A place for all who follow in faith.

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[1] Ibid.

Now give us hope and peace and confidence,
That will sustain us in the Life Everlasting,
Through Jesus Christ, our Lord.

The Lord bless you and keep you;
The Lord make His face to shine upon you and be gracious unto you,
The Lord lift up His countenance upon you and give you peace;
Both now and forevermore. Amen.[1]

A Prayer for One Who is Sick:

Almighty God, Father, Creator, Sustainer of life,
Thou who has breathed into us the strength of life
And has given us the gift of health,
We quiet our spirits, we give over the heated moments and rest in Thee.
Thou who dost seek to make us well and whole,
We thank Thee for all who serve Thee through the healing forces--doctors, nurses and all who serve here.
Support their wisdom, patience and skill;
We remember our loved ones,
Keep them in Thy affection,
And grant us a confidence and freedom from anxiety,
That Thy healing spirit may fill our spirits
And make us whole again,
Through Jesus Christ our Lord. Amen.[2]

A Prayer for a Parishioner Who Grieves:

Eternal God, Lord and Father of mankind,
Thou who does support us at all times,
And who does comfort us when grief overtakes us,
We thank Thee for the gift of life and the strength of faith,
Faith that bears us up when our hearts are sad,
Faith that sustains us when we are tired;
We rejoice in the hope of Christian immortality,
And we rejoice in the lives of the faithful.
For the life of this one recently gone to Thee
we give Thee thanks,

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[1]Ibid., p. 97.

[2]Dicks, Principles and Practices of Pastoral Care, p. 108.

And we pray for his loved ones who walk through the loneliness of separation;
Comfort them, we pray Thee, and make strong their hope,
Accept their grief and give them rest in the night,
May the new day bring a renewal of spirit and a warmth of their love, Through Jesus Christ, our Lord, Amen.[1]

A Prayer to Accept Pain:

Eternal God, whose days are without end,
Whose mercies without number,
We lift our minds to Thee in our stress;
Make us to be still before Thee,
Make us to fasten our minds on Thy quietness;
Give us strength, O God, for the task which is ours.
Thy servant suffers from the pain,
Give him strength to endure;
Make fast his mind in Thee
And cause him to be strong in his endurance.
Thou are the water of life,
Whosoever drinks of Thee shall not thirst;
As the tired sheep drinketh of the cool water and rests beside the stream;
So we drink of Thy peace
And rest in the coolness of Thy presence.
In the Name of that great Shepherd of the sheep, Jesus Christ our Lord. Amen.[2]

Prayer with the Parents of a Dead Baby:

Oh Thou from whom cometh every good and perfect gift:
The light of the morning, the cool of the evening, the warmth of the noonday sun,
The laughter of a child, and the smile of a baby,
Hold this baby, Oh God, in Thy gracious love;
Please God, if she should cry at night
May she be held by some kind mother there
Who will love her as she has been loved;
Knowing this we will rest better when we think of her.

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[1]Ibid. pp. 112-113.

[2]Scherzer, Ministering to the Physically Sick, p. 97.

She is so dainty, so helpless, and so very small,
Be sure that she is warm at night;
And please, dear God, if you would be so kind,
Could she have a light on in the hall? Amen.[1]

A Prayer of Confidence for a Handicapped Patient:

O Lord, thou art ever near,
Thou knowest our thoughts afar off.
When we are perplexed, worried or anxious,
Thou knowest it altogether.

Thou art the one who never fails;
In Thee do we trust.
Look Thou in mercy upon us now
And deliver us out of our distress.

Grant, O Lord, that we may pass
Through this experience with strength and courage.
Dispel fears with the assurance that all things
Work together for good to them that love Thee.

"Weeping may endure for a night,
But joy cometh in the morning";
We shall yet praise Thy holy name
For all Thy goodness and mercy toward us. Amen.[2]

A Prayer before Surgery:

Our Father, grant us Thy peace,
Thou who dost wait upon us when we are restless
And who dost grant us courage when we are fearful,
Grant us quietness,
Grant us confidence,
Knowing that in this hour
And in the days that are to follow
We are in worthy and capable hands.
Strengthen him who is to operate
And those who are to serve as nurses;
We give ourselves into Thy Sustaining Presence;
I will lift up mine eyes unto the hills
From whence cometh my help.
My help cometh from the Lord
Maker of Heaven and earth;
From the strength of the hills
May we gather strength
And take unto ourselves their patience;

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[1]Dicks, Principles and Practices of Pastoral Care, pp. 109-110.

[2]Scherzer, Ministry to the Physically Sick, p. 102.

As the shepherd guardeth his sheep,
So wilt Thou guard him,
Now and in the days that are to follow,
Through Jesus Christ our Lord, Amen.[1]

A Prayer in Waiting Situations:

Eternal, loving God, Thou art all healing power,
Look with tender care upon us now.
Thou knowest our thoughts afar off,
Even before a word is on the tongue.
Hear us in our prayers.
Keep our faith firm in Thee;
Remove from the mind any undue worry,
As we place our trust in Thee.
Above all else we are grateful for Jesus,
For His healing grace and forgiving love.
Help us to feel Thy divine Spirit
In body, mind and soul
As we wait upon Thee now.
Grant the courage and the patience
To accept Thy Holy Will in our lives,
That come what may, we shall always be
Content and at peace in Thee. Amen.[2]

A Prayer of Thanksgiving for Others:

Our heavenly Father, our hearts are warmed
With sincere thoughts of gratitude
For others who have in any way
Helped us through this siege of sickness.
We thank Thee for those, though unseen
And without praise, who have
In any manner assisted our recovery;
For those who make their contribution
Through faithfulness to a task.
By face or by name, we think of loved ones,
And friends or acquaintances who have used
Their good health to be of assistance to us.
Kindness and consideration and love
Have helped to make life worth living
And encouraged us when we needed it most.
Grant, O Lord, that through Thy Spirit
We may henceforth reflect upon others
Allthe kindness that has been shown to us.
Use us in Thy Service, we pray Thee. Amen.[3]

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[1] Ibid. pp. 108-109

[2] Ibid., pp. 112-113.

[3] Ibid., p. 138.

A Prayer of Thanksgiving and Praise for Recovery:

Now thank we all our God
With heart, and hands and voices,
Who wondrous things hath done,
In whom this world rejoices;
Who from our mother's arms
Hath blest us on our way
With countless gifts of love,
and still is ours today.

O may this bounteous God
Through all our life be near us,
With ever joyful hearts
And blessed peace to cheer us;
To keep us in His grace,
And guide us when perplexed,
And free us from all ills
In this world and the next.

Martin Rinkart (Tr. by Catherine Winkworth)[1]

In addition to the traditional use of prayer, i.e., petition, confession, adoration and thanksgiving, the pastor should be aware of the "untraditional" use of prayer. By "untraditional", we mean the use of prayer which encourages the clergyman to utilize the dynamics of psychological insights in his prayers with his people. Genuine prayer helps to bring elements of the personality to the level of consciousness where there is a chance of dealing with them. A definite contribution of prayer in healing, then, is the insight that it gives both to the parishioner and the pastor. Or as Seward Hiltner has put it, "We have a chance to see ourselves as we are--to penetrate beyond the rationalizations and evasions that we so frequently employ."[2] Prayer can be of great help

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[1]Ibid., pp. 135-136.

[2]Bonnell, "The Use of Prayer in Counseling," p. 45.

in assisting the physically ill person to come to grips with reality.

There are three stages in a prayer for God's spiritual gifts. First, the petition for the blessing which God has promised; second, the Divine response, and third, receiving the answer. "In many cases this third stage is omitted, leaving the prayer defective. As Jesus said: 'Everyone that asketh receiveth.' That is the completed prayer."[1]

One of the main obstacles to receiving the fullest benefit from prayer is the failure to receive God's answer. Sometimes this is because we are not ready or willing to accept that which God knows is best for us. A pastor can help a patient to come to this realization through his prayer ministry.

What difference does prayer make? Is it magic? Does it affect the course of an illness? Is it merely psychological? Why is it helpful to some and not to others? The pastoral prayer may change the course of an illness, but this is not the major concern of the pastor in the sickroom. He is concerned with bringing comfort and hope, peace and quietness, to a suffering person.

> Help through prayer is no more magic than help through penicillin. The universe is creative. God is working through nature to bring about health. Prayer strengthens this force, God-force, if you wish to call it that, by reassuring the suffering, confused, often frightened person,

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[1] Ibid., p. 46.

> of God's affection. The words of prayer, especially Scripturally oriented prayer, in the mouth of the pastor, are the words of God. Effective prayer is psychologically sound. God works through psychology as He works through biology.[1]

The resource of prayer is the highest form of reassurance available to the pastor. For it is through prayer that a patient is privileged to talk with God. Through this mode of communion with God the patient may either express personally or through the pastor his hopes and aspiration, confess his sins and failures, petition for his needs and desires, praise God, declare his gratitude and experience God's forgiving grace. The wise use of prayer by the understanding pastor will be of great benefit to the patient spiritually, mentally and physically.[2]

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[1]Dicks, "Prayer With the Sick," p. 52.

[2]Scherzer, Ministry to the Physically Sick, p. 89.

CONCLUSION

Looking back we see, in retrospect, how deeply prayer is intricately intertwined with the pastoral ministry to the physically ill. The Christian minister, when he uses prayer, is following the example set by his Lord Jesus Christ, who often used prayer in his ministry two thousand years ago.

Health and salvation both relate to the spiritual and physical aspects of man, for he is a "whole" being. Therefore, because the spiritual affects the physical, the use of prayer can be of great benefit to the man who is physically ill. With the advent of psychosomatic medicine the way is cleared for religion and prayer to increasingly contribute to human well-being. How wonderfully and mysteriously God has made man--the spiritual helping the physical, and the body ministering to the soul.

Because prayer is such a helpful resource, it is used frequently by the clergyman in his pastoral visitation. Although an uttered prayer may not be offered during each call, the atmosphere and attitude of prayer should be part and parcel of every visit by the pastor. This is only right, since he goes as God's representative and ambassador.

Prayer is used by the pastor in his role as

mediator. The various aspects of the pastoral conversation utilize the resources of prayer. This is especially true during the ministry of confession, and reassurance.

Scripture and prayer are almost always thought of as a unity. This is so because it is through the reading of God's Word that God speaks to man, and through the channel of prayer that man speaks and converses with God.

In closing, I would like to quote the French physician Pere, who once said of the task of the doctor: "to heal sometimes, to relieve often, to comfort always."[1] So it is with the ministry of the Christian pastor to the physically ill through the pastoral prayer; it heals sometimes, relieves often, and comforts always.

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[1]Dicks, "Prayer with the Sick," p. 52.

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