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Caring Connections Vol. 11 No. 1 - Editorial

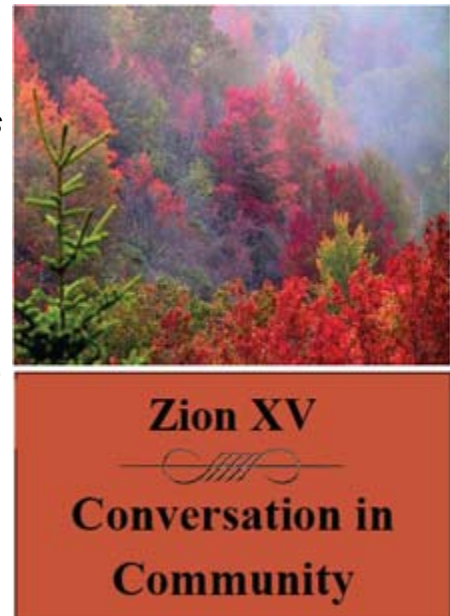
EDITORIAL

Chuck Weinrich

“Zion XV,” the conference held October 24-27, 2013, at Lutheridge Conference Center in Arden, NC (near Asheville), is the focus for this issue of *Caring Connections*. This is the third issue of *Caring Connections* devoted to coverage of a “Zion” conference (see prior issues, Spring, 2007—“Zion XIII” and Spring, 2011—“Zion XIV”). These conferences, gathering ministers in specialized settings from both the Lutheran Church-Missouri Synod and the Evangelical Lutheran Church in America, are wonderful times of networking, learning and refreshment. In this issue we share with our readers some of the presentations made during the conference, both by plenary speakers and by workshop leaders.

The conference theme was, “Conversation in Community,” highlighting the peer Consultation/Consolation Process that has been developed and used in the North Carolina Synod, ELCA by the people in chaplaincy, pastoral counseling and CPE supervision. The presentations re-presented in this issue are those of **Dr. Leonard Hummel**, who was at that time Professor of Pastoral Theology and Director of Supervised Clinical Ministry at The Lutheran Theological Seminary at Gettysburg, and also the Director of Supervised Clinical Ministry at The Lutheran Theological Seminary at Philadelphia, **Dr. Erik Herrmann**, Associate Professor of Historical Theology and Director of the Center for Reformation Research at Concordia Seminary, St. Louis, and **Dr. David Franzen**, chair of the planning committee for the Zion XV conference. In addition, we are including summaries of some of the workshops presented at the conference, specifically those presented by **Rev. Dale Kuhn**, **Rev. Paul Galchutt**, **Rev. Judy Simonson**, and **Rev. B.J. Larson**.

We have not put any material in this issue that will feature the Christus in Mundo awardees. That’s not just because one of the recipients was humble ol’ me. Instead, what we’re working on is to have a future issue that features all the recipients of this award



since it was instituted in 1992. There are some pretty “heavy hitters” in the fields of specialized ministry, and we are hoping to celebrate all who have been thus honored.

By now you have probably become aware of the fact that the format for this issue of *Caring Connections* has changed. We had noticed that other electronic magazines were using a format similar to what we have now adopted for ourselves. You may recall that our previous format had two columns of material on a “page,” which necessitated scrolling back up for the second column of written material. This new format allows for easier access to individual articles and eliminates the need to do any reverse scrolling. We hope you will like it. Of course, comments are always welcome—not only on the format, but also on the content of each issue.

As always, if you haven’t already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the Caring Connections website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. Please visit www.caringconnectionsonline.org ^[1] and click on “Click here for free subscription” to receive automatic notification of new issues..

Finally, you may recall that when the ILCC disbanded, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. This endowment makes a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. Applicants must:

- Have completed one [1] unit of CPE.
- Be rostered or eligible for active roster status in the ELCA or the LCMS.
- Not already be receiving funds from either the ELCA or LCMS national offices.
- Submit an application, along with a financial data form, for committee review.

Applicants must complete the Scholarship Application forms that are available from Judy Simonson [ELCA] or John Fale [LCMS]. Consideration is given to scholarship requests after each application deadline, August 15 and February 15. Email forms to Judith Simonson at jsimonson@pennswoods.net ^[2] and to John Fale at John.Fale@lcms.org ^[3].

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Caring Connections Vol.11 No.1 - Franzen

Peer Pastoral Care and Consolation/Consultation: A Small Group Model from the North Carolina Synod, ELCA

Rev. David M. Franzen
October 25, 2013

I want to introduce a peer pastoral care and consolation/consultation process we developed and use each year in the North Carolina Synod, ELCA. We believe this model is one worth consideration by other ELCA synods and by our colleagues in the Lutheran Church-Missouri Synod.

Pictured at right: The author (left) with Harold Yoder and Claude Deal at the Zion XV Conference.

This model of “peer pastoral care and consolation/consultation” was developed for rostered leaders and persons preparing for ministries in pastoral care, counseling and clinical education in the North Carolina Synod. Parenthetically, in ELCA parlance the term, “rostered leader” denotes a person who is ordained or commissioned for ministry in this church as a pastor, associate in ministry, deaconess, or diaconal minister. The process is not perfect – we don’t have a patent on it – but we find it fruitful and want to share it with you as a gift you may choose to study, use, or modify to fit your particular synodical polity and context.



Peer pastoral care and consolation/consultation is a supportive small group experience for chaplains and pastoral counselors, but also for seminarians who have an interest in chaplaincy and/or pastoral counseling, for parish clergy who are interested in what we do,

or who have previously served in chaplaincy or counseling positions, and for associates in ministry and diaconal ministers with similar proclivities.

We have avoided making peer consolation/consultation an exclusive event for certified chaplains and pastoral counselors only. We proceed on the developmental assumption that the church forms and equips persons in the faith; that some pursue formation in ministry, and that a few seek formation for chaplaincy and/or pastoral counseling. Our model seeks to foster this faithful development in all who participate, as the Spirit leads them.

For the most part, we leave training and assessment of clinical competency to the cognate groups. The foci for this process are vocational discernment, advocacy for achievement of ecclesiastical endorsement, support for those already in specialized ministry, and development of a cadre of people who provide care, consolation and consultation for one another.

Every small group consultation follows the format outlined in the Areas for Discussion document ([Appendix A](#)^[1]). In our synod, these notes are collected and used occasionally by the chair of the Synod Ministries of Chaplaincy, Pastoral Counseling and Clinical Education (MCPCCE) Committee as a guide to the provision of follow-up support and consultation. When a consultation is completed, the notes are handed only to the consultee. These notes are never shared with the Bishop and never become a part of the consultee's ecclesiastical file at the Synod office.

At the conclusion of each consultation, the Peer Review Report Form ([Appendix B](#)^[2]) is completed by the interviewee and the committee. This is the only record of the consultation that is placed in the interviewee's official synod file. The intent of this simple document is to state that the person is in good standing with the Synod's MCPCCE Committee.

When the interview is concluded, the three members of the group exchange positions and another person is the interviewee. The process is completed again until all three group members have been interviewed. It is always emphasized that what is shared in these peer consultations is completely confidential.

Peer Consolation/Consultation in Context: The Annual MCPCCE Retreat

In the North Carolina Synod, the annual MCPCCE Retreat begins on a Friday in late February or early March. The cadre of ecclesiastically endorsed persons convene at 10:00 am to do "peer pastoral care and consolation/consultation" with each other in small groups of three.

After lunch the people who are "younger in the process" arrive, and they go through the same small group process. It is led by persons already endorsed – the persons who arrived early and have already completed their consultations. As this process unfolds, group leadership responsibility is modeled and extended to all.

New attendees are assigned to small groups led by people who are most seasoned and who are especially attentive to the new person's needs for information, vocational

discernment and inclusion. Assignments to these groups are made by two or three CPE Supervisors and/or a senior level pastoral counselor (AAPC Fellow).

The North Carolina Synod, ELCA MPCCE Committee Design

Our MPCCE Committee operates to:

- Provide pastoral care to those already in specialized ministry, as well as to those who have an interest in chaplaincy or pastoral counseling as a vocation.
- Provide stimulation and focus for our peers with continuing education in such areas as pastoral theology, clinical theory and the ethics of clinical pastoral practice.
- Provide scholarship aid to seminarians doing CPE and to persons doing residencies in CPE or pastoral counseling.
- Serve as a context for persons' discernment of call to specialized ministries, and
- Serve, on behalf of the synod, as a portal of entry into specialized ministries through provision of ecclesiastical endorsement.

History

Twenty-five years ago when the ELCA came into existence, the role and function of the NC Synod MPCCE Committee was written into the by-laws of the NC Synod Constitution. This fact has made the MPCCE Committee integral to the life of the synod. A copy of the original synod by-law is [Appendix C](#) ^[3].

At that point, I had served on the NC Synod's Candidacy Committee for eight years and I was entrusted with the responsibility of drafting the by-law, which was then adopted by the Synod with minor additions. This by-law has provided the basis in synod polity for the definition of the MPCCE Committee and its responsibilities and accountability to the synod and the bishop.

All of this is to say that in the North Carolina Synod, Peer Pastoral Care and Consolation is built into the structure and function of the synod. We are simply fulfilling our mission.

I asked those in attendance to divide up into small groups of three persons to practice the art of pastoral care, consolation and consultation with one another. I then gave instructions for dividing up into groups of three persons; time frames, and reconvening for feedback as a whole group.

When they re-convened following these peer consultations there was opportunity for questions, comments and feedback. I invited participants to reflect on what was happening theologically with them and their dialogue partners. This was an opportunity to move from praxis to theological reflection. I invited attendees to ask themselves how their work with each other might be articulated in terms of Luther's theology of pastoral care and consolation.

When participants provided feedback about their participation in this process there was strong affirmation for what they had experienced. Some people expressed the desire to implement a process like this in their own ecclesiastical settings. In a time of painful of budget constraints on churchwide programs, this model was seen as a powerful means of

fostering the development of persons who feel called to ministries of pastoral care, pastoral counseling and clinical education.

Schedule:

12:55 – 1:15	Introduction to Peer Pastoral Care and Consolation	Appendices (The appendices are documents mentioned in the above presentation that are used in the North Carolina Synod. These documents are not protected by copyright and may be copied or adapted for use by other Lutheran synods or judicatories.) <ul style="list-style-type: none"> • Appendix A ^[1] • Appendix B ^[2] • Appendix C ^[3]
1:15 – 2:00	Consultation #1	
2:00 – 2:45	Consultation #2	
2:45 – 2:50	5 Minute Break	
2:50 – 3:35	Consultation #3	
3:35 – 3:50	Group as a Whole, Feedback on the Process	

The Rev. David M. Franzen, Th.M., D.Min., is chairperson of the North Carolina Synod, ELCA committee on Ministries of Pastoral Care, Counseling and Clinical Education. David is a Fellow in the American Association of Pastoral Counselors, a retired supervisor in the Association for Clinical Pastoral Education, a diplomate in the College of Pastoral Supervision and Psychotherapy, and is certified as a Practicing Pastoral Counselor by the North Carolina Board of Examiners of Practicing Pastoral Counselors. David's career included eleven years as a CPE Supervisor at Duke University Medical Center, eleven years as Director of the Pastoral Care and Counseling Department at Alamance Regional Medical Center in Burlington, NC, and he began training in 1978 as a pastoral counselor in North Carolina. Currently he teaches and supervises pastoral counselors in training at the Alamance Institute for Pastoral Counseling, and teaches supervisors in training at the Institute for Psychodynamic Pastoral Supervision. David served as co-chairperson of the Zion XV Planning Committee along with his colleague, Claude Deal.

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Caring Connections Vol. 11 No. 1 - Dr. Leonard Hummel

Luther's Theology of Consolation and Pastoral Care

Dr. Leonard M. Hummel
October 25, 2013

I begin with a case study [That's how I work. Indeed, that's how I got into this work!].

Charles is a 69-year-old married man with one adult child, and a retired pastor of the Evangelical Lutheran Church in America. Although now a pastor in the ELCA, Charles was raised and ordained in The Lutheran Church –Missouri Synod and traces his lineage to several renowned Orthodox theologians of the 1600s. Charles shared that “after a life-time of good health,” he endured a number of life-threatening cancers and heart-ailments that required multiple surgeries and treatments. Talking about his cascade of sickness, he claimed that modern medicine had healed him by paradoxical means.

”There’s something kind of ludicrous about the whole thing when one looks at it. Well, first of all, what they do to you. What it means to be cut up and slashed open. I got scars from my chin to my pubic bone. And what a ridiculous thing to go through when you think about it—that they make you well by tearing you up.”

Charles also spoke at length about what he usually hesitates to tell those who are not sick.

“The whole process of acute care is humiliating. You become a patient, which means a ‘sufferer.’ And, they always say, ‘Be pro-active.’ There’s very little room to be pro-active in



modern medicine. You're on a conveyor belt and you go through it. You have to pee when they tell you to so that they can take a sample of how it looks; you have to shit when they tell you to get your bowels cleared out. And then you have to lie down when they tell you. You're under orders all the time and you can do nothing. So it's total loss of control. Total loss of autonomy. Total loss of identity."

At the same time, he is appreciative of "the good I got from modern medicine. The whole hospital staff is trying to help you, but they're all under pressures and limitations or budget and everything else . . . I always prayed for them. I told the doctor I was praying for him. He said, 'You're praying for me?' I said, 'Yeah. Because I sympathize with you having to take care of all these sick people.' Everybody wants attention. Everybody considers himself or herself the center of the universe. Why the hell should I live more than the next guy? All of this is part of the faith experience. This being alive is not an easy task, even though the young dudes don't know this."

Following his apparent recovery, he also has become involved in support groups for persons who have similar diseases. Asked to explain his involvement, he responded: "I owe, I owe."

As noted earlier, Charles looks for "natural" explanations of his illness. Cancer or heart problems that are part of our lifestyle in this country and our civilization are no one's fault. We Westerners put it on ourselves. The Japanese don't have it, and in the same way Indians don't have it. It's a product of this kind of capitalism and stress culture. How can you blame God for that? You walk into a fire and you get burned.

Yet, in the midst of his suffering, Charles found comfort in his faith. "Faith tells you that it's all right what you're experiencing. It is all right. It is all right. And, that doesn't mean it's pleasant. And, there is no relief where you say, 'Oh, I was worried that it's not all right, but now I know it is all right.' And, see, consolation was there before you began."

He also found comfort in recalling that his faith was part of a tradition: "The church hands you a Bible and the church hands you its liturgy, and the church hands you its devotional store, and people found it meaningful and you handle that and you let yourself be handled by it and it works." In particular, certain hymns in "the Old Missouri Synod hymnal" comforted Charles: "What they all had is what the Moravians call *Gelassenheit*. This means not a resignation. It's a kind of a way of saying, 'letting go, letting God.' . . . No, no, it's not Stoicism."

I will return to this case study in a moment. What I want to do is speak on the theology of Luther regarding care and consolation. I want to do that, as I did in my book, *Clothed in Nothingness: Consolation for Suffering*, through the stories of seven Lutherans who endured a whole variety of negative experiences. I asked them, "What role did faith play in your life? What made sense? What did not make sense?" I suggest we think about that in our pastoral practice as well. How is it that the word of God is 'aimed' at persons? How do people live out their lives with this material?

Charles, the 69 year-old retired ELCA pastor cited at the beginning of this lecture, descends from a long line of renowned Orthodox Lutheran theologians—that is those who have attempted to norm their beliefs and practices according to those set forth in the Book of Concord. As I noted earlier, Charles shared with me that "after a life-time of relatively good health," he experienced a cascade of life-threatening medical disorders requiring

many treatments, major surgeries, and multiple hospitalizations. He noted that, throughout his illnesses, he received consolation from a number of sources, including a gift, a book authored by a non-Christian. “I believe there is so much wisdom in this [book], and [the author] was once Episcopalian, then he became a non-believer, then he went into Zen. But he’s a very spiritual person. I have no spooky ideas about spirituality.”

Later in the conversation, Charles claimed that he did not seek consolation by trying to make a direct correlation between his illness and the will of God. “How come I got the heart attack? The physician said, ‘You’re male, you’re white, you’re 60 years old or older, you live too stressful a life.’ I said, ‘Bingo! And I’m also a Westerner.’ Now, was the will of God in all of that—God chose me to have this? No. God doesn’t work that way.”

Toward the end of our conversation, Charles saw a connection between his “Lutheran world-view,” finding solace in a generically spiritual, manifestly non-Biblical book, and in not speculating on the will of God. He pointedly referred to Luther’s theology of the cross to explain this connection. “I don’t ever see Him [God], I don’t know where He is. The book itself was a gift. And I think to look for God means you’re not going to find Him. Because God is found in the—this is the way I think—God is found in the cross.”

Outline, Theme and Thesis

Here is the outline of my presentation this morning: I wish to emphasize that Luther’s theology is throughout and thoroughly a *pastoral* theology. I plan to draw on the Confessions and show their pastoral import. The central theme of my presentation is that there is something distinctive, not only found within the Lutheran tradition, but something distinctive in Lutheranism which says that we receive God’s grace and consolation through acts of human mediation—the tradition and the Bible that is handed to us. We dare not take it for granted. There is something powerful in our tradition that says this is what human beings do and that God works in, with and under that. The word—the actual, ordinary human word—is how we are constituted, the active initiation of human reality.

I want to give some “lived religion” examples of consolation among Lutherans today. I also want to raise the question: what in Lutheran tradition informs *your* pastoral care? What in that tradition, if anything, do you believe assists your pastoral care? What, if anything, in that tradition do you believe to be problematic or challenging?

My thesis, then, is that in with and under human words and human works is how God’s Word comes to us, and how God works God’s consolation for us.

Luther ... did write extensively throughout his life about the suffering of the Christian. He believed that often connected to physical and social suffering is the experience of spiritual suffering called “*Anfechtung*.”

Regarding consolation, we need to recognize that there are others before Luther who addressed this issue. I refer you to a later medieval pastoral theologian, Jean Gerson (1363-1429). Also, in their letters of consolation to those facing illness and death, Ambrose and Chrysostom provided literary templates that have been adopted and adapted throughout history. The term “consolation,” then, refers to that which God gives us that then helps us bear turmoil within and misfortunes without.

Luther and the Lutheran Reformation

We turn now to Luther and the Lutheran Reformation. It has been said that “in matters concerning the cure of souls, the German Reformation had its beginning.” One could also say that the career of the Reformer is one long pastoral malpractice suit against the Church, seeking to reform the practice of the day for the well being of those in the Church.

Specifically, Luther’s protest against the administration of indulgences was the spark that ignited the ensuing ecclesiastical and theological firestorm. The history of indulgences in Luther’s time is complex. Typically, penitents received documents possessing papal authority that, in exchange for payment of money, assured them that, after death, they (or some designated, already deceased, loved one) could journey out of purgatory to heaven. For sure, some show of faith—active contrition—was required for this to come about, but inevitably that contrition included the purchase of penance. Like all ecclesiastical practices of the time, indulgences were touted as graceful offers to the faithful—in this case, extensions of the merits of the saints in heaven (who had done more than enough good works to achieve lasting security) to those who did not quite merit this final respite. Consequently, the faithful sought indulgences in order to dispel any anxiety that either their loved ones might have been trapped in purgatory or that they themselves might soon suffer there.

What would we not do for those closest to us?

Luther shared with many Catholic humanists of his time revulsion at the worldly benefits which indulgences afforded some church leaders and secular princes. However, it was his perception of the practice’s failure to provide what it promised that troubled him the most.

An Augustinian monk and professor at the University of Wittenberg in 1517, Luther was distressed to learn that the Dominican Friar, Johannes Tetzel, was dispensing indulgences in the neighboring city of Brandenburg. Tetzel lured many anxious penitents there since he had been forbidden to peddle his wares in Wittenberg. When they returned from Brandenburg, those terrified penitents relayed to Luther in the confessional the sum and substance of Tetzel’s ultimately disturbing message: “As soon as the coin in the coffer rings/the soul from purgatory springs.”

Not only to counter Tetzel’s practice in Brandenburg, but also to forestall the appearance of facsimiles within the walls of Wittenberg itself, Luther posted 95 theses on the Castle door for debate on October 31, 1517. After he did, a reformation ensued, in part because Luther’s concern in these theses was not simply with the activities of one particularly garish hawker of indulgences, nor with the selling of indulgences themselves. Rather, Luther was troubled by the theology assumed in the practice. In a later elaboration on those theses, Luther proposed a counter to that theology and the various practices like

indulgences which it produced: “We are taught that the law is fulfilled not by our works, but by the grace of God, who pities us in Christ, and that it shall be fulfilled not through works but through faith, not by anything we offer God, but by all we receive from Christ and partake of in him.” That is to say, one does not perform prescribed penitential acts or do good works in order to achieve this consoling relationship, but accepts the right relationship God freely bestows.

***Ars moriendi* texts**

In a subsequent pastoral treatise, “A Sermon on Preparing to Die,” Luther reformed a common genre of the late Middle Ages—manuals on the art of dying—according to his understanding of justification. These manuals had directed the dying to do what they could to place themselves in a right relationship with their maker at the very moment of death. In his reformation of this practice, Luther directed the dying away from reviewing past sins and searching for signs of God’s future favor, and directed them instead toward trusting the present promise of consolation: “So then, gaze at the heavenly picture of Christ, who descended into hell [I Pet. 3:19] for your sake . . . In that picture your hell is defeated and your election is made sure.” The sacraments of the Church are not so much various means to obtain security in the face of death, but rather consoling gifts for the terrified conscience at that “extreme” time: “The sacraments, that is, the external words of God as spoken by a priest, are a truly great comfort and at the same time a visible sign of divine intent . . . He who thus insists and relies on the sacraments will find that his election and predestination will turn out well without his worry and effort.” To be sure, Luther maintained aspects of the late medieval manuals by calling on the faithful to set their assets in order, to forgive their enemies, and to receive the sacraments, but Luther recast these practices in light of the assurance of the grace that God grants through them.

Other Texts Related to Justification: Art of Dying

In August of 1519, Luther composed a treatise for the Saxon Elector Frederick the Wise who had fallen gravely ill upon returning from a court function elsewhere in Germany. Though he originally intended this work as a comfort solely for his ailing prince, Luther and others repeatedly published his “Fourteen Consolations” for public edification. At this time, a common practice for consolation involved the contemplation of altar screen images of fourteen saints, each representing a source of protection for a group of particularly needy people, such as scholars, or from a particular ailment, such as tuberculosis. In his revision of this devotional, Luther offered the reader a mental or “literary screen” of images with the first section representing seven evils and the second section representing seven blessings. Through the very shape of his devotional, therefore, Luther indicates that God offers consolation in both blessings and evils.

“It [the Law] also requires other works that are placed far beyond the reach of reason, such as, truly to fear God, truly to love God, truly to call upon God, truly to be convinced that he hears us, and to expect help from God in death and all afflictions.” But the claims of his opponents that one can summon forth faith in, or affection for, God do not correspond to reality: “They do not realize what they are saying.” To be sure, Melancthon maintained that such trust in God when we suffer is possible: “This faith, which arises and consoles us in the midst of those fears, receives the forgiveness of sins, justifies us, and makes alive. For this consolation is a new and spiritual life.” However Melancthon

expounded on Article Four, and indirectly on Luther, by maintaining that such faith is not the product of human will but is itself a gift of God to humanity.

***Anfechtung* and Suffering**

While Luther only on occasion referred directly to the suffering of God after the “Heidelberg Disputation,” he did write extensively throughout his life about the suffering of the Christian. He believed that often connected to physical and social suffering is the experience of spiritual suffering called “*Anfechtung*.” The term has a sense not captured in its usual English translations as either “temptation” or “trial.”

If God is the source of spiritual attacks, one might wonder whether God were not, after all, the devil undisguised. In fact, Luther himself did so wonder—not idly, but in the throes of his own *Anfechtung*. Though assaults from God may occur without our provoking them, they invariably do so if, like Job, we ask God why we suffer: “When such trials of ‘Why’ come, beware that you do not answer and allow these attacks to get control. Rather, close your eyes and kill reason and take refuge with the Word. Do not let the ‘Why’ get into your heart. The devil is too powerful; you cannot cope with the situation.”

Luther distinguished between what he called the “hidden God” (*Deus Absconditus*) and the “revealed God” (*Deus Revelatus*) to explain why one should not traffic with the “Why” of God. The revealed God is the God who sends consolation for suffering. The hidden God is the God we encounter when we seek to know God’s will for suffering.

**The revealed God is the God who
sends consolation for suffering.
The hidden God is the God we
encounter when we seek to know
God’s will for suffering.**

“We must discuss God, or the will of God, preached, revealed, offered to us, and worshiped by us, in one way, and God not preached, nor revealed, nor offered to us, nor worshiped by us, in another way . . . We have the saying, ‘To the extent, therefore, that God hides himself and wills to be unknown to us, it is no business of ours.’”

In the throes of various tempests, we may seek safe harbor by aiming for an understanding of God’s will for our suffering, but, if we do so, we will crash into the wrath of the God hidden beneath the surface of that suffering. Gerhard Forde, a contemporary Lutheran theologian, believes that a particularly frightening feature of God’s wrath resides not so much in its hot anger as in its cold indifference.

So even though inescapably present [when hidden, or not preached as being on the side of humanity], God is terrifyingly absent in this presence. God, as the tradition especially of Martin Luther put it, is “hidden” (*absconditus*). The Latin has a more active flavor to it than the English, as when someone absconds with the “goods” and leaves behind only an absence, an emptiness, a nothingness . . . Not preached, God is the absconder, the one

who will not be seen, and leaves behind only an emptiness, a blank space. In that sense, God is not merely “hidden” (that is, more or less passively unseeable or unknowable), but the one who actively hides from us, who always “gives us the slip.”

The authors of Article XI [in the Augsburg Confession] on Election first attempted to distinguish their faith from that of the Reformed by advising against speculation on the will of God apart from God’s revealed will for salvation, and then indicated the consoling intent of this teaching. “This doctrine also gives us wonderful comfort in crosses and trials, that in his counsel before time began God determined and decreed that he would stand by us in every trouble, grant us patience, give us comfort, create hope, and provide a way out of all things so that we may be saved.”

For the early Lutherans, therefore, the doctrine of election was a pastoral tool. Luther himself repeatedly used this tool to attend to those who worried whether God was on their side in this life and the next.

Luther advised Matthew Weller, a former organist who was apparently suffering from depression, to attend to the consoling interventions of others, because God cared for Weller directly through these interventions: “For God has commanded us to comfort one another, and it is God’s will that **the afflicted should receive such consolation as God’s very own** [emphasis added].” Depressive ruminations come from free-floating spirits such as the devil, whereas embodied human care is the means by which God reveals Godself. “If you are convinced that such thoughts come from the devil, you have already gained the victory. But since you are still weak in your faith, listen to us, who by God’s grace know it, and lean on our staff until you learn to walk by yourself. And when good people comfort you, my dear Matthias, learn to believe that God is speaking to you through them. Pay heed to them and **have no doubt that it is most certainly God’s word, coming to you according to God’s command through men, that comforts you** [emphasis added].”

**Only that which comes to us
through the ministrations of others
can move us away from the
Hidden God above us, and the
devil below us, to consolation in
the world around us.**

To console Barbara Lisskirchen, who fretted over whether God had any favor for her, Luther first reminded her that her own brother had overcome similar worries and then asked this same brother to counsel her, because, “he knows very well what happened to him before in a similar situation.” The kinship, the common suffering, and the communications between this brother and sister are the very means by which God may bring God’s consolation to the latter.

Nor was Luther himself spared kinship suffering and therefore the need to be consoled. He and his wife, Katherine, lost two of their six children—their first daughter, Elizabeth,

when she was eight months old and their second daughter, Magdalena when she was fourteen years old. After Magdalena's death, Luther wrote to his friend, Justus Jonas, of his and Katherine's grief: "The countenance, the words, the gestures of our daughter . . . remain firmly fixed in the old heart, so that the death of Christ (in comparison to which, what are all other deaths?) is unable to drive out sorrow from our innermost depths, as it ought to do. You, therefore, give thanks to God in our stead!" In their grief, Martin and Katherine could not on their own bring themselves, in Melancthon's words, "truly to fear God, truly to love God, truly to call upon God, truly to be convinced that he hears us, and to expect help from God in death and all afflictions." Instead of producing their own consolation at that moment, they sought it in the priesthood of their companions in Christ.

God, the Hidden God, and the Devil

Out of his theology of the cross, Luther frequently taught that the Hidden God and the devil appear to be one and the same. The devil is the disembodied spirit par excellence, who offers correspondingly disembodied, spiritual and therefore disconsoling words. To elaborate on this point in Luther's theology, Forde tells the following story: Suppose you were to get a note in your mailbox, and the note contained the words, "I love you," but there was no name attached to the note. You might be excited at first. But what if the notes kept coming, regularly and often, and yet none of them had any name attached, but only the words, "I love you." After a while, the notes and the words themselves would be a source of concern, for you would ask, "Who is this that loves me? The discomfoting answer would be this: "'No-body' loves me. 'No-body' is saying 'I love you.' There is 'no-body' attached to these words."

This would be a diabolical trick being played on you. In this schema, the hidden God and the devil are one in being "no-body," in each having no embodied way of wishing or making us well when we suffer. In this schema, only that which comes to us through the ministrations of others can move us away from the Hidden God *above* us, and the devil *below* us, to consolation in the world *around* us. This consolation always comes to the sufferer through other persons; Scripture, the Sacraments and the priesthood of all believers are all various embodied means through which God offers it.

God alone is the source of our consolation? Yes . . . Yes, but...

Gerhard Ebeling, Martin Treu and Christian Möller all describe the difference in Luther's thought between consolation from God and consolation from humanity, not as a leitmotif, but as a "red thread" (the same metaphor employed by von Harnack, Carter Lindberg and Kathryn Tanner) which appears throughout Luther. Still, Möller detects near this red thread something else in Luther's theology of consolation that Ebeling and Treu also discern but do not highlight. Möller calls this something else "another thread." Möller contends that the incarnation overcomes the chasm between consolation from God and consolation from humanity. That is, "God binds his Word to the human word and lets his voice be heard in, with, and under the human voice." This incautious conjoining of things divine and human, epitomized in the claim that "the finite can bear the infinite," disturbed not only some Roman Catholics during the time of the early Lutheran tradition but also a few of the Calvinist faithful. It disturbed some Christians then, and may still do so now, because it expresses so clearly the uniquely Lutheran understanding of justification by faith—that God gives to the faithful all that God is, and that God does so only through the ministrations of the faithful.

Robert Jenson has written, "The doctrine of justification by faith alone implies that human reality is not a substance given prior to all community. Rather, humanity happens in the event of communication, in the speaking and hearing of the word. The word--the actual, ordinary human word--is the active initiation of human reality. What I am is not defined in advance by some set of timelessly possessed attributes; it is being defined in the history of address and response in and by which you and I live together. The doctrine of justification will be secure only when the ontology so sketched is worked out."

What Jenson here proposes is an anthropology that derives, in part, from a theology; that is to say, he maintains that what it means to be a human person is what it means to be in relationship with God. Furthermore, the latter part of the above quote also suggests that the human being is constituted by his or her relationship with other human persons. Jenson maintains that the doctrine of justification requires a working out of this relational ontology. Thus, later in the writing cited above, he even more pointedly critiques the Western tradition of understanding of persons as being independent substances, who remain being those substances whatever accidents should befall them.

This ontology is inconsistent with the gospel as understood by the Reformers. For if there is a word which can rightly intervene so decisively in my life as the gospel-promise claims to do, then communication penetrates into me much more deeply than a substance could allow. If there can be such communication, then there can be no such thing as a properly human being prior to, and independent of, all communication. If there were such an absolute human entity, its integrity would have to be reckoned with over against any communication addressed to it, even the gospel--and that reckoning would be the works-condition that the radically preached gospel abhors. The standard Western ontology is intrinsically works-righteous.

In her careful study of Luther's letters of consolation, Ute Mennecke-Haustein argues that Luther adds something distinctive by connecting the power of the Sacraments to console with God's presence in human discourse. She addresses the paradox that, while it is God alone who is the source of consolation, consolation comes through profane, visible, quite worldly means: "The basis for the combination of the consoler's powerlessness and powerfulness is the sacramental structure of language. In accord with this structure, the task of bringing the inner workings of the Spirit into the realm of sensate experience and of being an intermediary that helps the one in need of consolation to move into the interior sphere, falls to the outward, profane word (only, of course, insofar as it serves proclamation)." Ute Mennecke-Haustein, *Luthers Trostbriefe* (Luther's letters of consolation) (Gütersloher: Gerd Mohn, 1989).

I read her understanding of God's presence as that which seems removed from God to be a kind of theology of the cross: "God has bound God's saving promises to a visible and tangible sign for the sake of humanity which, in its creaturely weakness, has the difficult task of believing in what cannot be seen."

In Luther's doing so, Mennecke-Haustein has argued that he specifically distinguishes himself from mystical teachings like those of Tauler: "Luther here contrasts the consolation conveyed by the word of God with that brought through external and secular delights, which is 'also good.' However, unlike the mystics, he does not see in these two forms of consolation an unbridgeable opposition between the consolation of God and that which the world gives."

Mennecke-Haustein notes that, while many late-medieval pastoral instructors like Gerson believed the company of others to be a source of consolation, Luther further distinguished himself by adding various “worldly” pleasures to that company. “Yet, in most cases, he [Luther] connects the admonition to be in society with the recommendation of lighthearted entertainment through humorous conversation, games, and music.”

Despite the fact that, on one occasion, Luther attributes to Gerson a pastoral interest in things earthy and fleshly, Mennecke-Haustein also contends: “Exactly in this profound worldliness is the advice to show contempt for the devil by recalling elegant maidens or dances, characteristic for Luther and not for Gerson.”

“Gott bindet sein Wort an menschlicher Wort und laßt seine Stimme in, mit, und unter menschlicher Stimme hören.” Möller, “Luthers Seelsorge und die neueren Seelsorgekonzept.”

What is unique in Luther’s theology of consolation: his mixing divine and human sources of solace, just as God mixes divine and human properties in the incarnation.

Möller is not alone in discerning this other thread in Luther. At the very close of her long look at Luther’s letters of consolation, Mennecke-Haustein cites this same letter to von Stockhausen as illustrative of what is unique in Luther’s theology of consolation: his mixing divine and human sources of solace, just as God mixes divine and human properties in the incarnation.

Within human language as the medium of divine revelation, the sphere of the divine action through the Holy Spirit and the sphere of what is human and creaturely combine as the inner and outer sides of language. In its fundamental structure, the word thereby corresponds to humanity, which is simultaneously the outward person [Homo exterior]—the created being—and the inward person [homo interior]—the Christian who by faith stands before God.

Somewhat in distinction from Treu, Mennecke-Haustein emphasizes the significance of a caregiver’s style and rhetoric in communicating the consolation of God.

Still, the realization of the powerlessness of the preacher does not lead Luther to conclude that consolation does not really depend on his/her efforts to console, or that the form, language and content of his or her letters of consolation are arbitrary. Rather he repeatedly emphasizes that it is his will to exert himself for the one being consoled, to give his best, and to employ his skills in persuading and convincing, in encouraging and cheering up—in short, his rhetoric of consolation.

Problems in Conversation and Community

A few words about my research in this area, as I report it in my book, *Clothed in Nothingness: Consolation for Suffering* (Minneapolis: Augsburg Fortress, 2003):

My co-researchers are seven adults, aged 30 years or more, who met the following conditions:

- They are active members of a congregation of the Evangelical Lutheran Church in America (ELCA),
- They had experienced some significant negative event within the past seven years,
- They reported that the degree and intensity of that event's impact has lessened for at least one year, and
- They were willing to be questioned and interviewed on the relationship between their faith and seeking consolation for that negative event.

I interviewed persons who had experienced a variety of “significant negative events,” the definition of which I adapted from Pargament's work: “A loss (through death, divorce, job loss); a chronic or acute illness, or the chronic or acute illness of a loved one; a major inter-personal dispute; a major financial or professional disruption; experience of major calamity or trauma or the experience of a major calamity or trauma of a loved one.”

In order to both facilitate conversation with the co-researchers and cover some of the same topics with each of them, I utilized the Semi-Structured Interview Schedule for Lutheran Coping and Consolation as the primary investigatory tool. I constructed this survey based on my research into consolation in the early Lutheran tradition, and by consulting with several Lutheran pastors and theologians. The questions in this schedule cover a number of areas, including

- The co-researchers' associations with the term “consolation,”
- Whether they found certain religious practices (e.g., prayers, worship, hymns) to have been either helpful or unhelpful,
- Whether they received support from persons inside and outside of their congregations,
- Their beliefs and activities directly associated with their suffering, and
- Their reflections on the relationship between their Lutheran identity and experiencing—or not experiencing—consolation.

In the darkest periods of her grief and loneliness following her husband's death, **Allison**—one of my co-researchers—asked God how long she would have to handle alone all of her mounting spiritual and material concerns. In the midst of her marital discord and afterwards, **Ruth**, another co-researcher, was distanced from all who had been close to her—family, friends, and God. In sum, it seems that to the degree they experienced themselves to be separated from others, Ruth and Allison experienced tribulation from God.

**Of all the co-researchers, those
who were divorced described the**

most persistent and apparently painful lack of support from the priesthood of all believers.

These co-researchers also experienced tribulation when they believed that God had for no understandable reason caused, and yet remained above and beyond their suffering. That is to say, in the language of the early Lutheran tradition, when these co-researchers concerned themselves with the Hidden God—that is, to the degree that they made lonely attributions about a disembodied God (keeping in mind, Forde’s description of the Hidden God as “no-body”)—they experienced tribulation. For example, Allison had heard that God would not cause her to suffer the unbearable, but that belief only seemed to make the suffering even more unbearable.

Divorce

While the congregation near her seminary offered much support during her divorce, **Julia**—yet another co-researcher—shared that her relationship with her home congregation, of which she was a “first daughter” and from which she had received support for her candidacy for ordination, became awkward. “I had been so active in that congregation. I was a trusted person. I think there might have been a sense of betrayal because I didn’t tell them—for a long time, they just didn’t know. There was no way to stand up and announce, ‘By the way, I don’t want you to be shocked, but we’re getting divorced, you know.’ And so they had to find out through the grapevine. And now it seems like it was a deception.” Julia believed that the previous pastoral leadership of this congregation contributed to her reluctance to step forward. She recalled an incident fifteen years prior to her own divorce:

“One of the pastors in an Adult Sunday School class used the passage from Paul that says divorce is wrong. Period. It shouldn’t happen, and could not be permitted in the church. And he was really insensitive to what might have happened to anybody in that group of people over their life. In fact, someone in the class had just gotten a divorce. And, after he said that, she left the church with her daughter. [Pause] She couldn’t stay, so she left.” Leonard: “Left the building?”

Julia: “She left the church building—walked right of the class—and then later transferred from the church.”

Of all the co-researchers, those who were divorced described the most persistent and apparently painful lack of support from the priesthood of all believers. After her divorce, Ruth reports that her isolation increased. Asked whether he sensed any lack of support from his Lutheran congregation during his illness, **Michael** said that had felt very supported by them, but then referred to something else that was on his mind—his relationship with the Baptist congregation in which he had been a lifetime member when he divorced fifteen years ago. “During my divorce, I really felt there was nobody in my church for support. My pastor didn’t support me; members of the congregation who I thought were friends, the guys on the board of deacons, didn’t. I mean one guy is calling—I’m not even out of the house yet—and he’s calling my wife and offering his services. And I left that church. I don’t want to say I left my religion or I left my belief in God. But I just felt

that church was not the answer. I felt that they let me down. Here, in this congregation where I am now, I have found a new family. But I don't think it is Lutherans over Baptists or anything like that on this issue."

Julia's story and Ruth's account offer support for Michael's hypothesis. The problems associated with divorce for couples, their families, and even their congregations is well known, although I believe that it is under-researched in pastoral theology. Therefore, it may be that those who divorce often experience the particular suffering of lacking support from their congregations. There is certainly some indication that this is the case. In Jane Rutledge's study, *Coping With Intimacy: A Problem for Single Adult Mormons*, many of her subjects were divorced persons who experienced their religious community as a social milieu that did not provide means for them to cope, but was a force with which they had to cope. And in accord with Michael's hypothesis, I hypothesize that non-Mormons may not fare better than Mormons on this issue.

"She left the church building." "And I left that church." Both Julia and Michael tell of persons who not so much chose to leave their congregations, as they felt driven to do so by powerful social forces within and over those congregations. However, social forces seem to have been at work in obstructing the consolation of not only the divorced co-researchers but of the other co-researchers as well.

A Personal Case Study of Consolation for Suffering

In 1977, I trained as a C.P.E. resident in a large teaching hospital in the South. Among other areas, I was assigned to the Neo-Natal Intensive Care Unit, where I cared for the staff and families—the parents primarily—of tiny infants, many of whom thrived and left the unit. However, my ministry often meant caring for parents who would watch their newborn slowly die.

For several weeks, I cared for a young couple, John and Susan, from a distant county, as their son, Johnny, slowly slipped away. Their first child, Johnny was born with major cardiac complications after a gestation period of only several months. The medical staff did all they could to correct his condition. The young couple also did all they could by keeping vigil with Johnny—holding him in their hands and placing small toys in his crib. From me, their chaplain, the parents requested the vigil of prayer and support.

When we met, John, Susan, and I invariably huddled in the small but comfortable "Prayer Room" next to the Neo-Natal Unit. After we spoke about how Johnny was doing, we joined hands and the couple would ask me to pray. As I did with all families of patients who asked me to pray, I asked John and Susan what they wanted me to pray for. "Pray that God will heal our son," they always responded, and so I did. In turn, John and Susan usually prayed something like the following: "We praise You and trust in You, Lord. We praise You for Your goodness and trust that You will heal Johnny. We thank You for Your goodness, Lord. We thank You for the doctors and nurses caring for Johnny. And thank You for sending us Chaplain Hummel to be with us. Lord, we trust You will heal Johnny."

The weeks pushed on and, as they did, Johnny grew noticeably weaker despite all that was done for him. During this time, John and Susan struggled to hold fast to their belief that Johnny would live, and their prayers became less petitions and more strained assertions: "We know, God, you will heal Johnny. We know that it is your will. We know that you will do what we ask." John and Susan were smart, kind-hearted, good, God-

fearing, Southern-Baptists—outwardly strong, but inwardly increasingly shaken by what they gradually sensed was happening to their son. The more shaken they were, the more resolutely they professed that God would heal their child. I sensed that they, at this time, would allow no other outcome.

The day before Johnny died, his dying was nearly palpable. The staff had prepared the parents well for his dying—all along titrating reports of his failing health with their ability to absorb those reports. Now, Johnny's impending death was clearly manifest in staff faces, and John and Susan could no longer avoid seeing what was on those faces. Therefore, when they asked me to join them in the "Prayer Room," instead of asking me to pray for his healing, John and Susan looked at me with tortured faces and, nearly in unison, cried out, "Chaplain Hummel, why is God letting our baby die?"

How did I answer this couple? I did not give an answer. Instead, I responded calmly but with a deeply felt sense of bewilderment: "What answer could I give you that would help you feel better?" With my words, their strong facade broke. They began to weep and wail. And then, I led them in prayer, but this time what we prayed for was different. I prayed for God to be with them in their suffering and to be with Johnny if he should die. They prayed for God to help them and to love Johnny—no matter what, even if he died.

Johnny did die the following day. After he did, John, Susan, and I prayed together. They prayed that God would be with Johnny. I prayed that God would be with Johnny and that God would be with John and Susan in their suffering to bring them consolation. I also prayed that just as God did not abandon God's son to the grave, so God would not abandon Johnny to the grave, but raise him up in the time to come. The parents then met with and thanked the hospital staff that had steadfastly cared for both Johnny and them. After the parents and I embraced for the final time, they departed for their journey home somewhat consoled, it seemed to me, in their suffering.

In his study, *Reality and Hope in American Lutheran Funeral Liturgies and Homilies in the Twentieth Century: Towards a Homiletical Pedagogy For Lutheran Funeral Preaching with Critical Reference to Luther's Theology of the Cross*, Robert Hughes (1981) elaborates on why making attributions to God does not console those who grieve.

The theology of the cross uses great restraint in answering, 'Why?'

"Thus in part tactically and in part out of a conviction that many instances of suffering are not God's will (in any direct sense), the theology of the cross uses great restraint in answering, 'Why?' In fact it would be appropriate in sermons where the 'why' seems to be the primary question of mourners, to admit honestly that all attempts to respond directly to that question leave the mourner feeling unsatisfied . . . [P]reachers can exercise restraint in responding to the 'why,' and shift the mourner's perspective away from God's role in what has happened to God's present commitment to sufferers.

"In this particular tradition, there are, therefore, no theodicies--no religious attributions that attempt to justify God's role in suffering. The only attributions that help are those promising

us that God will end all evil in God's time and assuring us that we are included in that promise.”

Allison is a 39-year-old widowed female who attended a vocational training school and is employed as a middle manager in a major regional industry. She lives in a medium-sized city in the lower-Midwest and is a member of a growing congregation on the outskirts of that city. She has three children: Larry who is 19, Mitchell who is 15 and John who is 10. Her husband, William, who had worked as an independent mechanic for most of his life, was killed three years before my interview with her by a “freak mechanical accident” at a job where he was moonlighting. Early in the interview Allison shared what she thought was “important” in coping with this sudden and painful loss.

“I was brought up Lutheran and Missouri Synod-Lutheran, and I guess I was always told to never ask, ‘Why me?’ And so, I tried very hard not to ask that question, ‘Why did I have to go through these things alone?’ But I think we have such a marvelous support group, a circle of friends that we were a part of, that they just made it as easy as possible.”

Following this response, I commented, “I asked about religion and your coping, and you immediately referred to people. How would you explain to someone what the support of people has to do with your religious faith?” Allison responded, “I think the church is the people. At least at [her congregation], the church is the people; the church isn’t the pastor. The church isn’t really a specific thing from the Bible. I think the church is the people—that’s what makes it the church. And they were a very important part, and still are today, in helping us get through this.”

Allison gave numerous examples of how she relied on the people of her church through this period. She wept as she related the following story: “I had a friend who would stop by on her lunch hours. I took a short, three-week leave of absence, after the accident. And what I thought I wanted was to be by myself and sort things out, because I didn’t figure I was very much fun. I wouldn’t answer the doorbell and I wouldn’t answer the phone, but she would come over for lunch every day—for lunch—anyway, and just stay at my door until I answered, because she thought I needed someone and I really did.”

In the months following William’s death, her congregation offered material support: “Members from our church have done everything, like hauling rock in under my deck for me. A neighbor and a church friend from down the street have helped when my furnace has gone out.”

The church also provided emotional support as well: “Larry and his confirmation mentor have become very, very close friends. One will take them out hunting or fishing or, you know, do the male bonding things that the boys need to have.”

Even though Allison received support from her congregation, she avoided some church activities immediately after William’s death. “Mainly because Sunday mornings—we were very active and William worked six days a week—but Sunday mornings, he was always in church by my side. And so, I pretty much eliminated whatever in church reminded me of him or caused me pain. Also, I didn’t want to embarrass myself.”

Allison reports that she has gradually returned to many—but not all—congregational activities.

While Allison found comfort in the care of her congregation, she also looked for assurance in “verses that I’ve heard from childhood. ‘For by grace you’re saved through faith.’ We knew that William was saved because he believed and God so loved the world that He gave His only begotten Son.” She also sought guidance from other scriptural sources.

”Everything happens for a reason, and there are verses in the Bible that the Lord won’t give you more than you can handle. And so He obviously thought that I could handle this, and so I just did my best to resume my normal life and support the boys and just—you know—keep the faith.”

Nevertheless, she was troubled by this faith claim and its corollary—that God had willed her husband’s death. “I guess God’s will was to take him from this earth because he would not have enjoyed being in the world—not being able to function as he did prior to the accident. And as far as God’s will for us, and how we can handle it, I think for the most part, I’ve become a stronger person...but not immediately. After William’s death, my furnace went out, my garage-door opener broke, my son got in his first [minor] car accident, and, though now it seems trivial, at the time it was very real and I questioned myself and I questioned the Lord, ‘How much more will I have to handle?’”

Ruth is a 35 year-old divorced businesswoman with an eight-year-old son and two-year-old daughter. The daughter of an African-American, Baptist father and a German, Lutheran mother, Ruth sometimes refers to herself as an “Afro-Saxon.” Her divorce came about primarily because “the marriage had been quite abusive. As a result of my husband’s persistent pattern of physical abuse, I was at first unable to finish my course work at a very prestigious university.”

Ruth reports that she has feared the “punishment of God” for having filed for a divorce, and that this fear took on the very specific form of her belief that God had punished her through the proceedings and verdict of the divorce court. “I’m not getting any money, and I’m risking my job being here with this idiotic lawyer and this wicked man. And now the judge says to me, ‘I’m going to force you to have your children visit with this very wicked man because he took the time to come here and tell me that that’s what he wants.’ Lord, what is this? I cried and I said, ‘Lord, can you give me some faith?’”

Abandoned by her husband, Ruth also felt abandoned by God. “I get to the point where I say, ‘O.K., Lord, you know you’ve brought me this far and we’re out here in the wilderness, and instead of giving me the extra money that I need to take care of these children, I’m going further into debt.’”

In addition to feeling abandoned by both her husband and God, Ruth relates her fear of the former to her fear of the latter. Furthermore, she identifies Luther’s refrain throughout his commentary on the Ten Commandments in his Small Catechism that the faithful are to “fear, love, and trust God” as something that binds those fears together. “I love and fear God. And you can’t have that tension in a relationship. You can’t be afraid of someone and also trust him or her deeply. You can accept discipline from someone that you love, and be in fear of their anger and their wrath, and not also really, really trust them. Because if they’re just random in their anger, it makes you crazy. It can make you nuts. That’s what abused women go through. They love this man who any Friday night could come home with flowers or a gun.”

Later, Ruth remarks—this time, with no terror apparently attached, “I’m such a Lutheran . . . I love the liturgy and I love Bach. I love the way the catechism contemplates God because it is exactly my experience.”

In the midst of these doubts, she reports that she repeatedly rediscovered that God was on her side in the person of Jesus and in the sacrament of her baptism. “I’m safe in my bed and knowing that there’s Jesus—that’s why I’m here, that’s why I’m not being judged right now. I would have to come before God and account for what I said or what I did. But I have this baptism; I have this Christ. And just trying to remember that is important, because, you know, I want God to reveal Himself to me.”

As noted earlier, most of my co-researchers testified about the ways in which consolation was mediated to them through finite means and inter-personal relationships. For Ruth, Scripture had a “narrative” that “charged her up” by connecting her with the lives of other struggling saints; it was “as alive for me as another person.” Charles pointedly refrained from referring to God in God-self and spoke instead about how the mercy of God was something that was handed on to him, that handled him and that he himself could handle. For Julia, the church sanctuary—the scene where holy acts are performed—offered her “sanctuary” by providing her the place to hear the promise of new life. Allison’s ecclesial existence was oriented not only to God but to the people who conveyed the presence of God in the midst of her tragedy.

This conjoining of things divine and human that seems less cautious and more direct than that of the Reformed tradition is epitomized in the Lutheran assertion that “the finite can bear the infinite.” For pastoral purposes early Lutherans proposed that God is fully present in the humanity of Jesus.

Is there not an idolatrous blurring of the differences between God and creatures?

The pastoral intent of this paradoxical doctrine, however, has been to guide not only those with troubled consciences but all who suffer away from speculations about God in God-self and toward trust in God’s embodied good will for humanity. In accord with the Lutheran perspective that the infinite may be born “in, with, and under” the most finite forms of consoling ministries, the Lutheran perspective on consolation is that pastoral care is itself the revelation of God.

The Lutheran perspective on consolation is that pastoral care is itself the revelation of God.

The tradition proposes that humanity has no essence and that it has only a disconsolate existence apart from a right relationship with God. Secondly, it teaches that God does not bestow this consoling relationship directly on any of us but offers it to all of us only through the ministrations of other Christians.

How then did my co-researchers receive consolation? It appears that they were not consoled by theological truth-claims alone, or even by God alone, but by being connected through various interpersonal means to the promise of their unconditional right-relationship with God.

Through the ministry of others, therefore, it appears that both Robert and Allison were directed from the absconding God (*Deus Absconditus*) toward the gracious God (*Deus Revelatus*) who was made manifest through that ministry. Likewise, Ruth believed that through her baptism, a humanly transmitted means of grace, “God . . . reveal[ed] Himself to me.” Ruth also turned to scripture as a source of consolation: “One of the ways that I can turn and have faith, is to read the Bible. Because that narrative charged me up. It means something. It reveals itself to me. And it’s as alive for me as another person.” God’s revelation and scripture’s aliveness (which is like that of one person communicating to another) were commingled in her consolation.

In many ways the experiences of these co-researchers reflects the premise of the early Lutheran tradition that, while God alone is the source of consolation, that consolation is always mediated through ministry. Receiving solace through other persons was not experienced only by Allison, Robert and Ruth—the three who reported experiences most like *Anfechtung* when they were left face to face with God—was not unique to them. For most, it was the humanly transmitted means of consolation—scripture, the priesthood of all believers, and, apparently to a lesser degree, the sacraments—that brought them consolation.

In this tradition and lived religion, the consolation of God is mediated through an infinite number of finite human acts and created elements. Thus, because there were those who hauled rock under the deck of Allison’s house, because of the rock itself, because there were those who nurtured Oscar at his church, because someone baked bread and someone else brought that bread to Robert for communion and then said a number of bare words—for these reasons and for countless others—these people received the consolation of God.

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Caring Connections Vol. 11 No. 1 - Herrmann

Care and Consolation: Luther, Scripture and Specialized Ministry

I have summarized, in these articles, the presentations I made at ZION XV, at Lutheridge, Asheville, NC, on October 25 and 27, 2013.

Bible Study I

The first Bible study began with an introduction of Luther's reformatory work as a work of pastoral care. As Jane Strohl put it, "One could describe Luther's career as the mounting of a life-long pastoral malpractice suit against the church's authority at every level of the hierarchy" ("Introduction" in *Luther's Spirituality* ed. Philip Krey, 2007). Similarly, Scott Hendrix has stressed how Luther's reformation was aimed at Christian life and the various *Geistlichkeiten*, or spiritual/devotional practices (e.g. *Recultivating the Vineyard*, 2004). This far-reaching concern for pastoral care and consolation is not only evident in so much of his theological and institutional reforms, but even on a personal, day-to-day level. Reading his letters to individuals, one observes the deep spiritual concern of Luther for the sick and suffering. In this Bible study, we focused on Scripture that Luther would turn to most often when writing letters to comfort and console. How did Luther understand and apply these passages? How did these aspects of the Scripture shape his pastoral care? In what way is Luther distinctive in his use of these texts?



One could describe Luther's career as the mounting of a life-long pastoral malpractice suit

against the church's authority at every level of the hierarchy.

2 Cor. 12:7-9

"So to keep me from becoming conceited because of the surpassing greatness of the revelations, a thorn was given me in the flesh, a messenger of Satan to harass me, to keep me from becoming conceited. Three times I pleaded with the Lord about this, that it should leave me. But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me. For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities. For when I am weak, then I am strong."

Luther's appropriation of this passage seems obvious, given its content, but Luther is in fact offering up a new interpretation of this passage when compared to the traditional understanding in the history of exegesis. The "thorn in the flesh" in the Latin vulgate is "stimulus carnis," which as a genitive construct (rather than the original Greek, which is in the dative) only increases the ambiguity of the referent. It was common throughout the early and medieval Latin tradition to take this to mean, "thorn of the flesh" that is, Paul's thorn is the flesh itself and its inherent hindrance to the spiritual life. Suffering the flesh and casting it off becomes a point of merit toward eternal life. However, Luther (with a little better insight into the Greek background) is able to see a different meaning. Paul is not deriding the flesh as such or its value for Christian life. Rather Paul is assailed by a physical ailment. In the face of physical weakness and suffering, people can doubt God's love or feel disconnected from God. Luther finds the passage as locus of comfort for such people. Those who feel assailed are to be encouraged that such is not evidence of God's absence, but is a context for his presence. Precisely in weakness, when we can no longer rely on the strength of our created powers or faculties, God's strength as creator and sustainer can be poignantly felt. Indeed God can allow such "angels of Satan" to harass us so that we may rely more fully on our Father. And this brings us to another passage commonly cited by Luther:

Hebrews 12:7-9

"It is for discipline that you have to endure. God is treating you as sons. ... He disciplines us for our good, that we may share his holiness. For the moment all discipline seems painful rather than pleasant, but later it yields the peaceful fruit of righteousness to those who have been trained by it."

In his letters of spiritual consolation and comfort, Luther often wants his reader to perceive the suffering experience as divine Fatherly discipline. At first this might seem a hard word, potentially increasing the angst that goes with theodicy. But like the author of the Hebrews (who is likewise trying to comfort those who suffer), Luther sees the passage as offering hope to those who interpret suffering as a sign of divine wrath. In the face of the dominant picture of God in the Middle Ages--the Divine Judge--it is important for Luther to paint a different picture shaped by the revelation of God through Jesus. God is "our Father"--he is not out to get us, to exert his power over us as an expression of self-glorification, to judge us (even though our sins may deserve judgment). God is our Father, and that means that

even when we experience a life that seems to contradict that fact, we must interpret hard circumstances as evidence of divine love rather than rejection. A human father's love is sometimes experienced as a stern word or painful reproof. So also those who have heard and received God's promises in baptism ought to be assured that even in the midst of pain, we are God's dear children. The pain, though real, is penultimate. God in Christ has given the ultimate word, so that even suffering can be transformed into a blessing, as resurrection paints a new and different horizon for the believer.

God in Christ has given the ultimate word, so that even suffering can be transformed into a blessing.

Thus we come to the final passage examined:

John 16:33

"I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world."

Here suffering is placed in a Christological and eschatological context in which the great irony of the cross stands in the center. Sin, death and the devil exhaust their power and themselves on the crucified one. Upon those who live in the shadow of Jesus' cross, these powers are only a shell of what they once were--a temporary trial to be swallowed up by eternal joy. The present Christ and the hope of his resurrection give the perspective of peace to the troubled.

I end by letting Luther speak for himself in a montage of epistolary excerpts:

To Luther's own mother on her death bed (1531)

[Jesus] says, "Be of good cheer; I have overcome the world." If he has overcome the world, surely he has overcome the prince of this world with all his power. And what is his power but death, with which he has made us subject to him, captives on account of our sin? But now that death and sin are overcome, we may joyfully and cheerfully listen to the sweet words, "be of good cheer ..."

To Bernard von Doelen (1538)

"You are not the only one who suffers such things. Christ himself was tempted in all points, and so he undoubtedly experienced this trial of yours, else he would not have been tempted in all things like as we are. But Christ was tempted in all respects, in order that we may know and believe that all our temptations have been overcome by him, for he said, 'Be of good cheer; I have overcome the world.'"

To Lambert Thorn (1524)

“You are not suffering alone, but that He is with you who says, ‘I will be with him in trouble’...but all of us too are with you, as the Lord is, and neither he nor we will desert you. Be of good courage and he will strengthen your heart; wait on the Lord. He has said, ‘In the world you will have tribulation: but be of good cheer; I have overcome the world.’”

Bible Study II

The second Bible study was an adaptation of the following article from *Concordia Journal* [linked here with permission “[Rhetorical Frameworks for Justice: Creedal Perspectives on Christian Compassion in the World](#) [1],” from *Concordia Journal* 39 (Summer 2013): 217-226.]. In order to put the article in the context of the conference and the Bible study, a few introductory paragraphs will be helpful.

The article focuses on ways for the church to think about and advocate for justice and compassion. Certainly, the ministries of those gathered at this conference are at the "front lines" of such work and advocacy. This work is sometimes paired with caring communities and resources not directly connected to the church. Often such collaboration is productive and helpful. At other times, ministry can rub against "the world" caught up in pragmatics and problem solving. Here, in the footsteps of Jesus, ministry suffers with those who suffer, bears the neighbor's burden. In short, ministry communicates the presence of Christ even as we are "little Christ's" to the marginalized and downtrodden.

Because we have been given the Spirit we possess the first fruits of the new creation; indeed, we are those first fruits in the world.

But this work can be draining and frustrating. How can we keep going when our labors can seem so futile? Why do it when this old world, "subjected to futility," seems to crowd out the new? How can we encourage other Christians to take up this work with us when so little changes? Here our lives and ministry clamor for hope ... and in Christ, God has given us a rich bounty of hope. Because our Lord is risen from the dead our "labor is not in vain" (1 Cor. 15:58). Because we have been given the Spirit we possess the first fruits of the new creation; indeed, we are those first fruits in the world. What the Spirit accomplishes through us will not be thrown away or discarded. Rather, God will incorporate it in his coming kingdom, in the renewal of all things. It is especially this eschatological promise of the Spirit's work in the third article of the creed that can spur us on in our ministry. The weary, tired, gray days will give way to the light and life of the eternal day, and we can be assured that in its light we shall see that our labors in the Lord have found a place and home.

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the faculty, he was an assistant pastor at Timothy Lutheran Church in St. Louis. His area of interest and research continue to be in Martin Luther and the history of biblical interpretation as well as in the history of Christian charity and human care. He has served as a guest lecturer at the Luther Academy in Riga, Latvia; the Församlingsfakulteten in Göteborg, Sweden; and Comenius University of Bratislava, Slovakia.

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Caring Connections Vol.11 No.1 - Kuhn

The Unique Role of the Specialized Minister in the Care and Nurture of the Religious Professional in the Parish

Dale R. Kuhn

This workshop examined and participants learned about:

- The role of the specialized minister in caring for and training of religious professionals in our churches.
- The personality profile of people in professional ministry that enables and hinders their effectiveness.
- The stressors experienced by all in parish ministry that specialized ministers can help religious professionals address.
- The unique partnership that exists between specialized minister, parish minister and judicatory.



The Role of the Specialized Minister in Caring for and Training of Religious Professionals in our Congregations

Assertions:

- The specialized minister has a perspective on ministry afforded by his or her training in human relationships.
- The specialized minister has fewer congregational encumbrances due to his or her self-employment or employment by a system or agency.
- The specialized minister can often afford the time needed to develop competencies in church systems, conflict resolution and interpersonal relationships.
- The specialized minister often has taken more time for personal psychological growth than the average parish pastor.
- The specialized minister who has had parish experience is often quicker to tune into congregational/pastoral leadership issues, and can be less intimidated by congregational dynamics.

- An understanding of Ed Friedman's, Peter Steinke's and Ron Richardson's work on congregational systems is essential to the effectiveness of the specialized minister.

The Personality Profile of People in Professional Ministry that Enables and Hinders Their Effectiveness

Assertions:

- There is often not a great sense of self and connectedness.
- There is a high need for affirmation and recognition.
- There is often a belief that bad things will happen.
- There are often challenges with anger.
- There is commonly a high need for status.
- There is, when criticized, an experience of emptiness rather than guilt.
- There is a fear of ridicule or isolation that is higher than the fear of punishment.
- Meaningless days are feared more than death.
- A common belief is that the rules are made for others rather than for the professional.
- Authority is often dealt with in passive-aggressive ways.
- Resiliency to criticism is low.

The stressors experienced by all in parish ministry that specialized ministers can help religious professionals address

Assertions:

- The religious system invites conflict.
- Our theology invites an emotional response.
- The emotional field is defined more by relationships than roles. Those relationships have built-in conflict of interests.
- Anxiety is harder to manage.
- There are multiple leadership demands and fewer resources to manage them.
- Decision-making is shared between professional staff and lay leadership.
- Those in parish ministry are always in the spotlight, as are their families.

The unique partnership that exists between specialized minister, parish minister and judicatory

Assertions:

- The specialized minister is in a place to offer pastoral care that bishops and district presidents are not able to provide.
- The specialized minister and judicatory leaders can often work together to provide boundary training and pastoral care training that the judicatory is unable to afford to provide on its own.
- Judicatory leaders are often relieved to rely on the skills of the specialized minister and see specialists as an extension of the ministry of the synod or district.
- Judicatory leaders, specialized ministers and parish clergy can work together on performance improvement plans that enhance the ministry in the local congregation.

- Specialized ministers will often have access to resources that are outside the denomination and bring a “value added” dimension to the work of the specialized minister.
- Specialized ministers can do a better job at letting judicatory leaders know of their skills and resources.
- Judicatories can do a better job at engaging those in specialized ministry.

Dale R. Kuhn is the Executive Director at Care and Counseling, Inc. in St. Louis, Missouri. He also received the “Christus in Mundo” award at ZION XV.

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Caring Connections Vol.11 No.1 - Galchutt

The Chicken or the Egg: Coherence and Spirituality in Assessment and Method

Paul Galchutt

Preface

I was privileged to present the following information and share conversation with colleagues at the Zion Conference hosted in Asheville, North Carolina, October 2013. This article represents a conversion of Microsoft Power Point™ slides with commentary into this discourse.



Introduction

When serious illness disrupts and brings trouble to a person's life, a story emerges. We only tell stories about those circumstances of our illnesses that are unexpected and primarily, not desired. They often compel us to reorganize and reconfigure the trajectory of our emplotted lives.

For those of us who work in palliative care or feel called to it, Arthur Frank's summarizing reflections about it set the stage for many of the details and aspects of palliative care:

"Palliative care accepts that bodies will die, and that's no embarrassment. But palliative care seeks to prevent the absolute death – being unheard, unrecognized, unremembered. It is this death, not the death of the body, that offends the human dignity of both dying persons and those who care for them" (2004, p. 111).

Before leaving my previous chaplaincy position in the Milwaukee area almost seven years ago, a colleague, knowing I was to transition to my current role on a palliative care team, questioned, "Isn't all good chaplaincy care, palliative care?" For some time I agreed, but now recognize that unless a chaplain is working with a team in caring for a person with serious illness and doing so with palliative intent, it is not palliative care. It might be whole

person, patient centered and/or relationship based care, but unless a chaplain is working with a palliative team, even case-by-case, he or she is not doing palliative care.

Whether a chaplain or not, all palliative care team members are general spiritual care providers while the chaplain is the specialist. One of the primary ways in which we seek to provide relief is through helping name, discover or wonder about a patient's sense of transcendence. Eric Cassell, in his seminal book, *The Nature of Suffering and the Goals of Medicine, 2nd Ed.*, wrote, "Transcendence is probably the most powerful way in which one is restored to wholeness after an injury to personhood" (2004, p. 43). The following quote from the 2008 Hastings Center Report, "Can We Measure Good Chaplaincy?" reinforces how central transcendence is to the chaplaincy vocation, "There are many, many definitions of 'spiritual care' in the context of health care. They all tend to have something to do with transcendence: how the suffering individual grapples with issues of identity, meaning, and purpose" (p. 1).

Arthur Frank's work with narrative in both books and articles, especially for persons with illness as well as those who care for them, has been unsurpassed. In his most recent book, *Letting Stories Breathe: A Socio-Narratology*, he offers a quote from the late psychologist and narrative proponent, Jerome Bruner:

"Everybody agrees,' Bruner writes, 'that a story begins with some breach in the expected state of things – Aristotle's *peripeteia*. Something goes awry, otherwise there's nothing to tell about. The story concerns our efforts to cope or come to terms with the breach and its consequences'" (2010, p. 28).

Chaplains are and always will be people of the breach, whether in the emergency room, the intensive care unit or on an oncology floor. Chaplains attend to persons, patients and staff, in the midst of their disruption and disorder. By its nature, palliative care becomes involved when a breach occurs within someone's serious illness and progression, and a story has a turn as it evolves.

The four objectives below framed the presentation and dialogue with colleagues. The text in this article will address the first two parts, since the last two were intentionally designed for discussion only.

- Story: Coherence & Spirituality
- Palliative Care Coherence Spiritual Assessment and Method
- Case
- Dialogue about Assessment and Method

"The truth about stories is that's all we are" (King, 2008, p. 62).

Neither Comes First - neither the Chicken nor the Egg – Coherence and Spirituality

Coherence

Contrary to what my overall title suggests, I sought to draw interest with inviting wording. I do not believe either comes first, neither coherence nor spirituality. They must occur in tandem. One cannot be without the other. We seek coherence through our spiritual seeking, and we seek a spirituality that fits for us through our cohering. This happens

through the medium of story/narrative. Gay Becker, medical anthropologist, offered these words from her invaluable book, *Disrupted Lives: How People Create Meaning in a Chaotic World*, “Narrative helps us to make sense of suffering. I have suggested that narrative ameliorates disruption: it enables the narrator to mend the disruption by weaving it into the fabric of life, to put experience into perspective” (1997, pp. 166-167). Stanley Hauerwas also offers some narratologic about how we ubiquitously frame up our lives, “Our existence makes sense only insofar as we are able to place it in a narrative” (1990, p. 80).

Coherence Through Story: Just Is

The Notre Dame philosopher, Alasdair MacIntyre, helps us to see that we seek coherence through the stories we have heard and tell others as a way of making sense. It ‘just is’ because it— storytelling/storylistening—is an inseparable part of us. From his text, *After Virtue*, MacIntyre wrote, “A central thesis then begins to emerge: man is in his actions and practice, as well as in his fictions, is essentially a story-telling animal” (2007, p. 216). Many within the health care literature have also written about this truth of cohering through story. Cheryl Mattingly and Linda Garro, medical anthropologists, in their compilation of essays, *Narrative and the Cultural Construction of Illness and Healing*, stated, “Narrative as a mode of thinking [is] a way of making sense of experience. A number of scholars have pointed to the ‘vital human capacity’ (Shore 1996: 319) to confer meaning and create sense out of experience (e.g., Bartlett 1932; J. Bruner 1986, 1990; Goffman, 1974; Shore 1996.” (2000, p. 23).

“Disrupted Lives”

The following quotes from Gay Becker’s aforementioned book address how narratives can be a source for cohering, and as a result, healing. When we attend to both the content and process of storytelling, the time we spend with those within our care will be ‘thickened.’

- “Narratives...arise out of a desire to have life display coherence, integrity, fullness and closure” (1997, p. 12).
- “Narrative is a conduit for emotion and a means through which embodied distress is expressed” (1997, p. 14).
- “Narrative can be a potent force in mediating disruption, whether the disruption is caused by illness or misfortune” (1997, p. 25).

Coherence Necessary for Spirituality—Spirituality Necessary for Coherence: The Crucial Link - Emotions

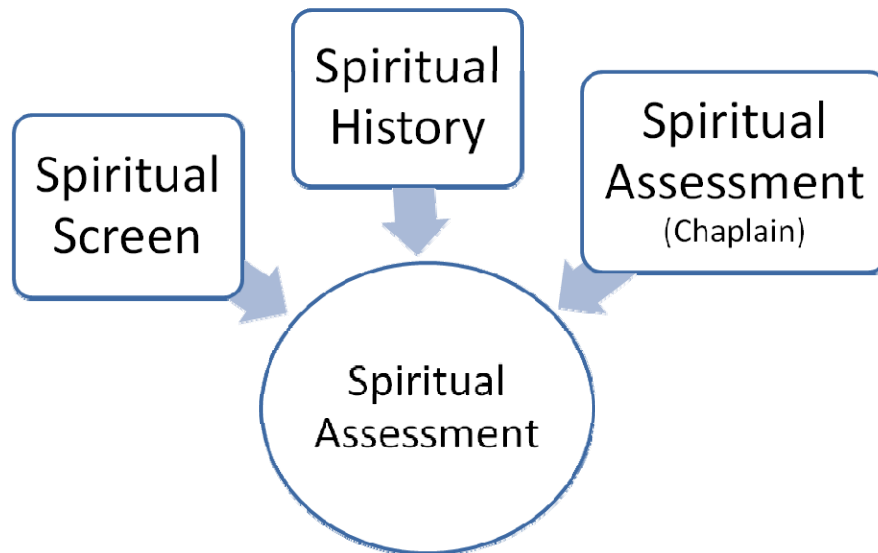
Behind every story is also an emotion. Otherwise, the story isn’t worth telling. It is not the events of our life that are significant in and of themselves. It is only when we string together and connect events for the purpose of telling a story that emotions are involved and meanings can become more evident.

- “Emotion itself is the acceptance of, the assent to live according to, a certain sort of story. Stories, in short, contain and teach forms of feeling, forms of life” (Nussbaum, 1997, p.218). Rick Anthony Furtak, a philosopher at Colorado College, in his text, *Wisdom in Love: Kierkegaard and the Ancient Quest for Emotional Integrity*, writes

about emotions as the means by which we perceive and engage our interpretive sense of our circumstances.

- “If emotions were merely sensations rather than perceptions...” (2005, p. 4).
- “...an emotion is a way of seeing the world” (2005, p. 4).
- “In order to make sense of emotion...we need to think of conceptual understanding as a taking to heart of what something means. To accept the truth of a proposition, then, is to register its full significance, to feel its truth at a visceral level” (2005, p. 14).

Spiritual Teamwork - Visualized



The palliative spirituality ‘white paper’—“Improving the Quality of Spiritual Care as a Dimension of Palliative Care”—published in 2009 (Puchalski et al), set palliative spiritual standards by consensus. One is shown in Figure 1 for ‘Spiritual Teamwork.’ The article delineates and reinforces the linkages between the overall spiritual assessment process, with the spiritual history and screen conducted by partnering clinical staff as it relates to care of the patient/family and the spiritual assessment done by the chaplain. Also emphasized by the article is the truth that all people doing palliative care are spiritual care providers as generalists, whereas the chaplain is the specialist. A third point meriting attention is the definition for spirituality developed, again by consensus, and offered in this ‘white paper.’ Below are some quotes culled from the article as well as reflections about the setting in which I serve.

1. Spiritual Screen

Spiritual screening: “Triage is a quick determination of whether a person is experiencing a serious spiritual crisis and therefore needs an immediate referral to a board-certified chaplain. (It) helps identify which patients may benefit from an in-depth spiritual assessment” (Puchalski et al, 2009, p.891).

We are in the beginning stages of seeking to pilot use of the Rush Protocol (Fitchett, G., & Risk, J. L. (2008) “Screening for spiritual struggle” *The Journal of Pastoral Care & Counseling*: JPCC, 63 [1-2]) as a spiritual screen within the Fairview Health System. As a result our system does not yet have a standard.

2. Spiritual History

Spiritual history: "...is the process of interviewing a patient in order to come to a better understanding of their spiritual needs and resources...integrated into existing formats, such as the social history section...uses a broader set of questions to capture salient information about needs, hopes, and resources" (Puchalski et al, 2009, p. 893).

It is important for chaplains to know the differences between a spiritual screen and history, as well as how they are operationalized within our work with our clinical partners. The Fairview health system utilizes the FICA tool. It is described below:

Spiritual History - FICA

F – Faith and Belief

"Do you consider yourself spiritual or religious?"

I – Importance

"What importance does your faith or belief have in your life?"

C – Community

"Are you part of a spiritual or religious community?"

A – Address in Care

"How would you like me to address these issues in your healthcare?"

(Puchalski, 2006, p. 153).

3. Spiritual Assessment

Spiritual assessment: "...a more extensive process of active listening to a patient's story, conducted by a board-certified chaplain, that summarizes the needs and resources that emerge in that process. The chaplain's summary should include a spiritual care plan with expected outcomes that is then communicated to the rest of the treatment team ...The models are interpretive frameworks that are based on listening to the patient's story as it unfolds" (Puchalski et al, 2009, p. 893).

Palliative Care Coherence Spiritual Assessment



Figure 2 – Core Elements of Palliative Care Coherence Spiritual Assessment (Galchutt, 2013, p. 80)

The core elements (Story, Suffering, Spirit and Sense-Making; pictured above in Figure 2) of this assessment are essential not only for me, but for the palliative worldview and the palliative team with which I serve. Drew Rosielle, MD, Medical and Fellowship Director, Melinda Hansen, CNS, with the inpatient Palliative Consult Service, and I developed the following spiritual screen based on these core elements. When it was initially developed it was described as a history, but it is more accurately, a screen—as it seeks to perceive distress, struggle and need. This tool is also differentiated from other screens, since it calls upon the physician or advanced practice nurse (APN) to discern and perceive when spiritual needs are present as they do their intakes or follow-up visits, tending to the questions that arise within themselves based on the disrupted circumstances encountered by patient/family. To help form what those questions could be about a patient's sense of person, future and/or how he/she is making sense, exemplar questions are listed below.

Palliative Care Coherence Spiritual Screen (University of Minnesota Health)

- Integrated spiritual screen and assessment.
- MD/APN spiritual care during intake interview and follow-up visits.

Personhood

- How does illness affect them – the parts of themselves to which they connect?

Future

- How has the serious illness changed their sense of the future? Has it made it a source of distress?

Sense-Making

- What is providing coherence and helping make sense amid the disruption of a serious illness?

Core Elements of Coherence Spiritual Assessment

The following quotes were utilized during the workshop to illustrate how the core elements of this palliative care specific spiritual assessment are integrated. The quotes also seek to demonstrate the nascent truth that we are driven, that is, we seek to cohere, especially in the midst of suffering through the story we make sense of with the values and spirit that display our personhood.

Story

- “Stories enact realities: they bring into being what was not there before” (Frank, 2010, p. 75).
- “The telling of a story and its performance is as important as the narrative elements, because the actual process and expression of communicating a story reveals the implicit values of the teller” (Goldsmith et al, 2003, p. 101).

- “To choose is to value, to rank in importance, and thus in the pattern of a person’s actions can be read what that person considers important” (Cassell, 2004, p. 156).
- “Each of us gets to our illness our own way, it becomes part of our story, and we individualize it by its place in the narrative of our lives. To know that illness one must know something of the person. To know the person, one must know something of the narrative” (Cassell, 2004, p. 156).

Story and Meaning

- “Telling stories, listening to them, being moved by them to act are recognized to be at the heart of many of our efforts to find, make, and honor meaning in our lives and the lives of others” (Charon, 2006, p. 11).
- “Narratives teach us where we come from and where we are going, allowing us to understand the meaning of our own lives” (Charon, 2006, p. 42).
- “Meanings are essential to everything that persons do. Meanings – the interpretation and labeling of experience...and the assignment of meaning to words and utterances – are an essential feature of all thought...” (Cassell, 2004, p. 222).
- “The meaning is the medium through which the experience is translated into emotions or sensations that are associated with changes in the body” (Cassell, 2004, p. 230).

Suffering

- “Suffering is personal, individual, and commonly expressed as a narrative” (Egnew, 2009, p. 171).
- “It has been said that philosophical argument is empty unless it pertains to human suffering” (Furtak, 2005, p. 3).
- “The ideal of a life free from suffering, the illusion of painlessness, destroys people’s ability to feel anything” (Soelle, 1984, p. 4).

Suffering Defined

- “Suffering is experienced by persons” (Cassell, 2004, p. 32).
- “Suffering occurs when an impending destruction of the person is perceived” (Cassell, 2004, p. 32).
- “Suffering can occur in relation to any aspect of the person” (Cassell, 2004, p. 32).

Suffering and Healing

- “One of our most difficult duties as human beings is to listen to voices of those who suffer” (Frank, 1995, p. 25).
- “The voices of those who have used their wounds as doorways for transforming their pain, somehow along the way our suffering subsides, our wounds begin healing, our hearts begin to feel safe enough to open a little wider” (Remen, 1996, p. 17).

I also see it as critical to address the significance and process of our spiritual assessment.

The “Spirit” of Our Assessment

- “Spiritual assessment...should seek to elicit the thoughts, memories and experiences that give coherence to a person’s life” (Rumbold, 2007, p. S60).

- “The guiding concept here is that spirituality – the practices that connect belief and action – can be inferred from the key events of a person’s life” (Rumbold, 2007, p. S62).

Religion

In reading Dennis Ford’s book, *The Search for Meaning*, I still recall the feeling when reading the following quote: “The scholar of religion David L. Miller maintains simply: ‘Religion means being gripped by a story’” (2007, p. 38). Whether talking about scripture, dogma or ritual, it always boils down to a story by which we are gripped. A faith’s integral connection with a primary story aligns, too, with the “spirit” element of this assessment.

Religion (faith)...What We “Know”

The word “know” is in quotes here because of our epistemology, or way of knowing, for our work. For those of us who work as health care chaplains and value the evidence-based worldviews we need, the work we do and how we do it carries with it a companioning way of knowing that is most evident when we pray and facilitate ritual. Both prayer and ritual acknowledge a desired future while in the midst of addressing a present moment.

Prayer

- “Prayer...is primary speech. It is that primordial discourse in which we assert, however clumsily or eloquently, our own being” (Ulanov & Ulanov, 1982, p. vii).
- “To pray is to listen to and hear this self who is speaking” (Ulanov & Ulanov, 1982, p. 1).

Ritual

- “A ritual can be a vessel in time by which we remember what is important to us” (Kegan & Lahey, 2001, p. 194).

Sense-Making

- “There is no present which is not informed by some image of some future and an image of the future which always presents itself in the form of telos – or a variety of ends or goals – towards which we are either moving or failing to move in the present. Unpredictability and teleology therefore coexist as part of our lives” (MacIntyre, 2007, pp. 215-216).
- “I can only answer the question ‘What am I to do?’ if I can answer the prior question ‘Of what story or stories do I find myself a part?’” (MacIntyre, 2007, p. 216).
- “Matters of health or life and death are areas where one simply cannot tolerate unsureness, yet it is always present” (Cassell, 2004, pp. 121-122).
- “When sickness does come, all of us want to know what it means in terms of our future. We know about the present; we are living the unpleasantness of the day-to-day illness” (Cassell, 2004, p. 122).

Coherence Spiritual Method (Sense-Making Guide)

In preparing for this Zion presentation, I had been working on a document that, at the time, I had called the “Coherence Spiritual Method.” Through much iteration, however, and insightful feedback and editing, it has now morphed into what I am now calling, “A Sense-Making Guide.” *PlainViews* of Healthcare Chaplaincy recently published my introductory article on its use, and has a link embedded within it to a copy of this guide (Galchutt, 2014). Essentially, the premise and purpose of the guide is to support persons in their own reflection and meaning-making about their serious illness. I have also begun to utilize it as an intentional tool within visits, with permission and invitation, to take notes on how a person is making meaning through our conversation and their storytelling. It then becomes an in-the-moment “field note” that is left for the patient.

Similar to spirituality, there are many definitions of what a story is, as well as how it relates to narrative. For this presentation, I utilized Kendall Haven’s definition from his book, *Story Proof: The Science Behind the Startling Power of Story*. He offers this definition of story: “A detailed, character-based narration of a character’s struggles to overcome obstacles and reach an important goal” (2007, p. 79).

Although all stories are narratives, all narratives are not stories. Embedded within all stories are tropes, whether metaphors or metonyms, which are employed by all of us, often unconsciously. In addition to being aware of the scaffolding of story during our interactions as caregivers, so too we must be mindful of what part of the scaffolding our attention is drawn to at any given moment. It is likely that our perceptions are more honed because of the use of metaphors, for instance. Some of the more common ones heard in healthcare are the war (“I’m going to fight this cancer”) or journey (“It’s been quite a ride”) metaphors. It is also important to be mindful that the etymology of the word ‘trope’ connotes ‘a turn,’ because we are often sought to provide care when a person’s circumstances turn away from a desired future.

Here are some tenets I offer concerning our care, about which we must be mindful at all times, as care providers.

- Interpretation (hermeneutics) – “We don’t see things as they are. We see them as we are” – often attributed to Anais Nin (I highlight this point because of its importance in our work).
- Centrality of emotion (see above)
- Not listening solely, but reflective conversation – My most frequently cited intervention is reflective conversation, because we are not merely listeners. We become participants in a person’s situation and are expected to offer our specialization formed through our wondering and questioning.
- Language and Understanding (see below)

After reading Alasdair MacIntyre’s, *After Virtue, 3rd Ed.*, I became convinced that conversation needs to be included in my understanding of narrative/story. When we sit down and become a part of a patient’s community, we engage in that interplay between hearing stories and wondering about their meaning— through our questions and our language, and the intent behind them.

Conversation as Narrative

- “The most familiar type of context in and by reference to which speech-acts and purposes are rendered intelligible is the conversation” (MacIntyre, 2007, p. 210).
- “I am presenting both conversations in particular then and human actions in general as enacted narratives” (MacIntyre, 2007, p. 211).

Conversations and the stories we hear cannot occur without language and our accompanying understanding. The late philosopher, Hans-Georg Gadamer in his classic text, *Truth and Method*, evidences the importance and interplay of our language, our interpretation, the language we use and what it means to come to a moment or place of understanding.

Language & Understanding: ‘O My Gad-amer’

- “Conversation is a process of coming to an understanding” (Gadamer, 2004, p. 443).
- “Language is the universal medium in which understanding occurs” (p. 390).
- “The work of understanding and interpretation always remain meaningful.” (p. 403).
- “To try to escape from one’s own concepts in interpretation is not only impossible, but manifestly absurd” (p. 398).

Method: “Life: A Story in Search of a Narrator” (Ricoeur)

Kendall Haven’s aforementioned book, *Story Proof: The Science behind the Startling Power of Story*, provides convincing arguments related to his subtitle. He also links the content in his writings to Aristotle’s work, *Poetics*, and how Aristotle’s thought systematically engages the structure of what it is in and what is needful for a story to be a story. Below is my shorthand of Kendall Haven’s explanation of what Aristotle offered. I highlight ‘meaningful existence’ below due to how we chaplains pay most attention, I believe, to this aspect of anyone’s story.

- Goals (actions are directed to goals)
- Motives (reasons why of goals/actions)
- Agents (a character must have goal and action)
- Contextual Circumstances
- Interactions with Others
- Meaningful Existence (goals and actions—part of attempts at a meaningful, fulfilled life)
- Responsibility (all agents responsible for actions)

Case and/or Stories Among Us

“Whether ill people want to tell stories or not, illness calls for stories” (Frank, 1995, p. 54).

Dialogue

“Whenever two people sit opposite each other they tell stories” (Cassell, 2004, p. 157).

Conclusion

True to Eric Cassell’s quote, the colleagues with whom conversation was shared, and among whom stories were told and heard during my presentation, mutually invited one another to continue dialogue about our work through the lens of this subject matter over

lunch. This opportunity to learn from colleagues, through stories of their work and admiration for their acts of healing, represented for me precisely why the Zion Conference should continue to meet every three years.

I certainly hope I am able to come this way again.

References

- Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Los Angeles: University of California Press.
- Cassell, E. (2004). *The nature of suffering and the goals of medicine* (2nd ed.). New York: Oxford University Press.
- Charon, R. (2006). *Narrative medicine*. New York: Oxford University Press.
- Egnew, T. *Suffering, Meaning, and Healing: Challenges of Contemporary Medicine*. *Annals of Family Medicine*, 2009; 7 (2): 170-175
- Ford, D. (2007). *The search for meaning*. Los Angeles: University of California Press.
- Frank, A. (2010). *Letting stories breathe: A socio-narratology*. Chicago: The University of Chicago Press.
- Frank, A. (2004). *The renewal of generosity: Illness, medicine and how to live*. Chicago: The University of Chicago Press.
- Frank, A.W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: The University of Chicago Press.
- Furtak, R. A. (2005). *Wisdom in love: Kierkegaard and the ancient quest for emotional integrity*. Notre Dame, IN: University of Notre Dame.
- Gadamer, H. G. (2004). *Truth and method*. (2nd, rev. ed.). (J. Weinsheimer & D. G. Marshall, Trans.). New York, NY: Continuum. (Original work published 1960).
- Galchutt, P. (2013). *A Palliative Care Specific Spiritual Assessment: How This Story Evolved*. *OMEGA—Journal of Death and Dying*, 67 (1), 79-85.
- Galchutt, P. *Sense-Making Guide*. *PlainViews*. 2014; (11) 5.
- Goldsmith, J, Wittenberg-Lyles, E., Rodriguez, D., Sanchez-Reilly, S. *Interdisciplinary Geriatric and Palliative Care Team Narratives: Collaboration Practices and Barriers*. *Qualitative Health Research*, 2010; 20 (1): 93-104.
- The Hastings Center Report: Can We Measure Good Chaplaincy? A new professional identity is tied to quality improvement*. 2008; 38 (6): 1-19.
- Haven, K. (2007). *Story proof: The science behind the startling power of story*. Westport, CT: Libraries Unlimited.
- Hauerwas, S. (1990). *God, medicine and suffering*. Grand Rapids, MI: Eerdmans.
- Kegan, R. & Lahey, L.L. (2001). *How the way we talk can change the way we work*. New York: Jossey Bass.
- King, T. (2008). *The truth about stories: A native narrative*. Minneapolis, MN: University of Minnesota Press.
- MacIntyre, A. (2007). *After virtue* (3rd ed.). Notre Dame, IN: University of Notre Dame Press.
- Mattingly, C. & Garro, L. (Eds). (2000). *Narrative and the cultural construction of illness and healing*. Los Angeles: University of California Press.
- National Consensus Project for Quality Palliative Care (2009): *Clinical practice guidelines for quality palliative care* (2nd ed.). Retrieved from http://nationalconsensusproject.org/Guidelines_Download.asp [1]
- National Quality Forum (2006): *A national framework and preferred practices for palliative and hospice care quality*. Retrieved from.

[http://qualityforum.org/Publications/2006/12/A_National_Framework_and Preferred Practices for Palliative and Hospice Care Quality.aspx](http://qualityforum.org/Publications/2006/12/A_National_Framework_and_PREFERRED_Practices_for_Palliative_and_Hospice_Care_Quality.aspx) ^[2] Nussbaum, M. (1997). Narrative Emotions. In Hauerwas, S. & Jones, L. (Eds.), *Why Narrative? Readings in Narrative Theology* (pp. 201-222). Eugene, OR: Wipf and Stock.

Puchalski, C. Spiritual Assessment in Clinical Practice. *Psychiatric Annals*, 2006; 36 (3): 150-155.

Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P. & Bull, J. et al. Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *J Pall Med*, 2009; 12 (10): 885-904.

Remen, R. (1996). *Kitchen table wisdom: Stories that heal*. New York: Riverhead Books.

Rumbold, B. A Review of Spiritual Assessment in Health Care Practice. *MJA*, 2007; 186:S60-S62.

Soelle, D. (1984). *Suffering*. Philadelphia: Fortress Press.

Ulanov, A. & Ulanov, B. (1982). *Primary speech: A psychology of prayer*. Louisville: Westminster John Knox Press.

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Caring Connections Vol.11 No.1 - Simonson

Listen - God is Calling - Twice!

Judith Simonson

Pictured at right: The Gospel Choir from Prince of Peace Lutheran Church in Greensboro, NC, entertained and inspired Zion XV participants.

Answering the Call...to be supportive to your endorsing church body. Here are some suggestions that we discussed in the workshop I led at Zion XV:



1. Don't be a "Lone Ranger." Attend conference meetings, assemblies and conventions, colleague meetings. Not only will you be fed and nurtured; you will also be able to feed and nurture your colleagues.
2. Volunteer to lead adult forums and informational programs in congregations. Pastors often will appreciate a "break" when you lead programs, and you also have particular expertise that the regular parish pastor doesn't have.
3. Keep information up-to-date in judicatory offices. Once or twice a year is all that is necessary, and your bishop/district president appreciates knowing how you are doing... and what you are doing, too.
4. Let judicatory office know you are interested in all mailings – nicely. Some mailing lists are more complete than others, so let them know when they've missed you on something. And it helps if you don't yell!
5. Volunteer to do workshops on your ministry in conferences. Not only parishioners enjoy hearing about your unique and special ministries. So do your colleagues! Addressing practical aspects of ministry, such as those we encounter on a regular basis, is welcome material for congregational ministers.
6. Supply preach. You have fresh and practical ways of looking at life's problems. Besides, the folks enjoy a different voice in the pulpit from time to time ... and the pastors like having a day off!

7. Volunteer for committees and boards. Your voice needs to be heard in all levels of church life, from synodical levels down to the local congregation. The church needs to live in the real world.

8. File regular reports. Yes, your bishop/district president does read them! It takes some time to write the reports, but they are very helpful in informing not only the judicatory officers, but also all other levels of church life, about your unique ministry.

9. Become known – don't fly under the radar. Isolation might feel safer, at times, but "the communion of saints" not only yearns to hear your take on things, but you also need them for your support, too.

10. Develop a "missionary" mentality – go home often and tell about your ministry. Remember "Mission Festivals" back when we were children? You are a "missionary" in special fields, and people love hearing about how God is working in your particular ministry.

11. Be excited about your work. Specialized ministries can be an enormous drain, psychologically and spiritually. However, even the most humble among us has to admit we do have some pretty special ways of doing ministry, and have some wonderful stories to share about our work.

12. Interpret your work as that of the church in the world, done on behalf of all those in congregations. Let people know that you aren't the "Lone Ranger," that you aren't just "doing your own thing." Our ministries are as important to the church at large as those of the parish pastors. If we don't tell them, how will they know about the greatness of what our church body is doing?

13. Accept the good and the bad about specialized ministry. Specialized ministers are noted for being able to both see the bright side of things and be willing to sit with the suffering in their darkness. We are able to not only know the good and the bad; we can talk about it and find support for ourselves in our ministries.

14. Abandon defensiveness – adopt self-confidence. Lots of people don't understand our specialized ministries and might put us down for not being "real" pastors. Don't let them define you! Find confidence in yourself and in the God who empowers you to do God's work.

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Caring Connections Vol.11 No.1 - Larson

Advocating for Chaplaincy in the Context of Health Care Reform

Elizabeth (BJ) Larson

We just celebrated the CPE (Clinical Pastoral Education) commencement of our interns and residents today, which we do three times a year at Fairview Health Services and Ebenezer, Fairview's senior services affiliate. I am moved as I witness the wonder of the spiritual care ministry and the reflective learning these many students offer, not just at our primary sites, but also in community settings. Likewise, I am reminded of the importance of continuing to "fight the good fight" in advocating for chaplaincy and for CPE. In doing so, we engage those who may not understand spiritual care in our current context, and with those who know the value of chaplains and CPE, yet are daunted by the economics of a changing marketplace. Over the past year I have been grateful for several opportunities to reflect on this vital work, as I did with Lutheran colleagues at the Zion Conference in the fall of 2013, or recently at an APC health care symposium with both onsite and online participants. In this article, my intention is to highlight some key takeaways that inform me as a leader, as a minister, and as an educator. I do so in the hopes that they may also help sustain you in this vital and challenging time.



In short, health care reform means that what we offer needs to be effective in meeting desired outcomes and efficient in use of resources, while providing exceptional patient, family and staff care. How we do this requires clarity of direction, follow through, and resiliency along the way. As a Lutheran minister, I deeply appreciate the power of a paradoxical approach. For example, working from both a law and gospel perspective, we boldly proclaim the value of spiritual care in current and new contexts, like outpatient care or senior housing, while also working hard to leverage the emerging research, measurable outcomes and financial stewardship to good effect. Investing in leadership skill development is also worthwhile at such a time as this. Simultaneously, many of us find ourselves ministering both to the organizations of which we are a part and to other individual leaders. Staying in community and not going it alone is something our faith reminds us is essential.

Recently, as a part of the requirements for completion of a master's degree in organizational leadership, I became interested in organizational resiliency and found the following definition helpful: "the capacity of a system, enterprise, or a person to maintain its core purpose and integrity in the face of dramatically changed circumstances" (Zolli & Healy, 2012). How we do this, not just as individuals, but also as a care giving organization is something we can help shape. As ministers we have unique skill sets to help bolster our organization's resiliency with our knowledge of group process, facilitation skills, and awareness of grief, loss and transition. One of the surprising findings of my local action research project was that simply gathering in small groups to reflect on resiliency as an organization actually deepened participants' awareness and commitment to Fairview's organizational resiliency. Core values were evoked, hard times reviewed, and dedication going forward was renewed.

Within Spiritual Health Services (SHS) at Fairview, we began gathering in 2011 to name our experiences and to wonder about the impact of health care reform. Eventually we deepened our collaboration with key leaders in other disciplines in our organization in December 2012 to lay out a SHS strategic plan. None of us imagined we would have more resources to work with to carry out this plan on top of our everyday ministry, and yet we set out. We have been amazed at our experiences along the way. SHS is for the most part a non-revenue generating service, and yet in a holistic, population-based model of healthcare, our contribution to emotional and spiritual well being, along with the key role we often play in health care directives and end-of-life decision-making support, is extremely valuable. Nationally, multi-disciplinary palliative care professionals have provided some of the leading work in identifying the unique, team-based contribution chaplains bring to specialized health care. Also, pioneers in spiritual care research have laid the groundwork for a growing body of knowledge, from its modest beginnings only a few decades ago. For example, recent studies have shown that "patient spiritual and existential well-being correlates with improved quality of life, reduced fear of death, less aggressive end-of-life treatments, happiness, reduced pain, and increased ability to cope with loss." (Puchalski, et al, 2009).

In times such as these, we can partner well with other disciplines, while also claiming our authority and key contributions. We can better equip nurses and doctors to screen for spiritual health distress so we won't miss those in need of our specialized assessment and outcome-based care. We can learn the language of organizational leadership and minister to our senior leaders, while being compassionately present with our frontline staff. This is both a heartening and a precarious time to be in health care for spiritual care leaders, ministers and educators like us. I am grateful for colleagues like you on this journey together. I pray that we will not forget to continue to be community with and for each other, to share our vulnerabilities, to collaborate, to share learning, to reflect on our best practices, and to continue to risk growth in new settings. I look forward to connecting and sharing our successes and our vulnerabilities along the way in this vital ministry in our various organizations. My email is elarson1@fairview.org ^[1].

References:

Puchalski, C., et al. Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *Journal of Palliative Medicine* 12.10 (2009): 885-904.

Zolli, A. & Healy, A. (2012). *Resilience: Why Things Bounce Back*. New York: Free Press.

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Caring Connections Vol.11 No.1 - Klink

Lutheran Theological Resources for Pastoral Care of Trauma Survivors

Aaron Klink

Fifteen years ago Yale graduate students under Prof. Serene Jones began writing dissertations about how physical and psychological realities of trauma challenged classical theological accounts of grace, freedom, and agency. The students worked from a variety of theological perspectives, and their works arose from systematic theology, having little to say about direct pastoral care.(1) None of these students was a Lutheran. In addition, since the time when they completed their work, our understanding of the biology and treatment of trauma has advanced significantly.

I would argue that Lutheran understandings of God, salvation, and the human condition have much to offer for the pastoral care of trauma survivors.

This article attempts to begin to remedy the lack of reflection of the pastoral care of trauma survivors rooted in a Lutheran perspective by exploring the particular gifts that Lutheran theology brings to the pastoral care of those who have suffered trauma. I would argue that Lutheran understandings of God, salvation, and the human condition have much to offer for the pastoral care of trauma survivors. Yet, before turning to theology, I explore the history, politics, science, and advocacy that lead to the development of the psychiatric diagnosis of “post-traumatic stress disorder.” Then I turn to new scientific understandings of trauma, made possible by new tools for brain imaging and other techniques. Finally, I explore Lutheran theology’s particular gifts in caring for trauma survivors. While Lutheranism is a complex theological tradition, and while debates over the “correct” interpretation of Luther continue, I hope that even readers who quibble with certain particulars of my Luther interpretation will still find resonance between my proposal and classical loci, including the theology of the cross and the ways that Christ is present

even amid what seems to be great suffering, the chaotic and unpredictable nature of the cosmos, the absolute nature of the forgiveness and claim by God given in infant baptism, and the power of the gathered saints to be “Little Christs” to one another.

I want to make a key distinction. Not all survivors of trauma events are eventually given the particular diagnosis of Post-Traumatic Stress Disorder (PTSD). That particular diagnosis, which is made by medical professionals, is given when individuals suffer a particular constellation of symptoms including flashbacks, intrusive memories, hyper-arousal, and a constellation of specific physical and psychological symptoms. The reasons why some individuals develop PTSD after a traumatic event and others do not is not well understood.

The roots of what became known as Post-Traumatic Stress Disorder lies in British psychiatrists’ observations of veterans returning from the front in World War I. These veterans had trouble at the front, and when they returned from the front. They labeled the condition “shell shock.” Many attributed it to moral weakness. What these psychiatrists did observe is that the ability to “rest” and get away from the front during battle led veterans to have symptoms at lower rates. Thomas Childers has written that many veterans after World War II suffered from symptoms like PTSD that were not understood or grouped together. This history of trauma after World War II is largely untold and not understood.

Veterans returning from the Vietnam War experienced symptoms much like those observed in Britain after World War I. Their activism about their condition and conviction that their re-adjustment difficulties were not “moral weakness” or under their control led the American Psychiatric Association to create and include the diagnosis of Post-Traumatic Stress Disorder in the Diagnostic and Statistical Manual III. The APA revised the diagnosis and its symptoms in subsequent versions. Simultaneously, research being done by Judith Hermann at Massachusetts General Hospital revealed that survivors of physical and sexual abuse experienced symptoms similar to those of veterans. In 1992 she published her groundbreaking book, *Trauma And Recovery*, a foundational text in trauma treatment.

The amygdala records events without language.

The development of neuro-imaging helped psychologists observe trauma's physiological impacts, dispelling notions that reactions to traumatic events were the result of weakness of character. They discovered that during a traumatic event the brain releases adrenaline, shutting down all processes not necessary for survival. This also activates a “fight or flight” reflex. In these states the brain records memories not in the cerebral cortex, but in another more primitive part of the brain known as the amygdala. The amygdala records events without language. Hence, memories of a traumatic event are triggered by sights, smells, and sounds rather than by words. Many veterans say that they think the backfiring of a truck is an explosion or a gunshot, even when they “know” they are not in a combat zone. By exploring traumatic memories (which should only be done by therapists, unless survivors can speak of them voluntarily) individuals can move from the amygdala to the cerebral cortex in order to process and integrate them. Talking about the traumatic event over and over again helps survivors bring more and more details to language and helps

them heal. Survivors experience nightmares, flashbacks, and intrusive memories because all of those experiences represent the mind's attempt to integrate the trauma into a coherent life narrative with which survivors can live. What distinguishes traumatic memories is their intrusive nature, the inability of an individual to have conscious control over them. In addition, these memories disrupt functioning in daily life.

According to Judith Hermann, trauma survivors wrestle with three fundamental questions. These are not only “psychological questions;” they are also “spiritual questions” about metaphysics, God, and the world. They are: “Am I safe?” “Is the world predictable?” and “Can I trust the world's operation?” Even survivors without PTSD ask these questions. In combat trauma, victims often had to wrestle with other questions of moral agency as well. “Was I complicit in the trauma by my enlistment in the service? Did I use force when I should not have? Could I have acted differently?” Vietnam Veterans felt that being drafted took away their agency. Some felt that the conditions of combat made ethical action impossible, especially when it was unclear who was “friend” and who was “foe.” Long periods without rest or on patrol would lead to a state that psychiatrist Jonathan Shay calls “going berserk.”(2) Even veterans who believe that they fought in just wars are not immune to questions. They would say, “The cause was just, but I still killed someone.” They often described the experience of killing someone as crossing a river that one could not uncross. We need to learn the moral cries of veterans who served, even when we believe the cause they served was noble and just.

... survivors of trauma are more likely to speak to pastors than to mental health professionals ...

I have seen “trauma-shattered” veterans whose views of God, God's goodness, and the goodness of the world that sustained them prior to deployment. In war, they learned that no amount of military power or faith could save them from seeing friends killed in horrible ways. Sexual abuse survivors learn that prayers do not stop what should be protective caregivers from harming them. Survivors of natural disasters learn that, even if God does control the world, that control does not preclude dangerous and deadly events from occurring. Studies show that survivors of trauma are more likely to speak to pastors than to mental health professionals, for a variety of reasons.

There are theological tools to address the needs of trauma survivors. Take, for instance, the rite of absolution. Luther believed that God forgives those who truly repent of their sins. While serving as a chaplain, I saw “Steve,” a Vietnam veteran who asked me incessantly whether one could go to heaven if one had lived a good, upright life, but had made “one mistake.” As his question became more urgent I asked him if he wanted to “name” the mistake on his mind. He confessed that he had shot an individual in a rice paddy while in Vietnam, thinking that it was a soldier, but who turned out to be an unarmed civilian. He had kept that secret for years, and said he had spent his life praying for forgiveness, and repenting. As he was dying from Agent Orange-related cancer, I told him I believed God's mercy was given to those who sincerely repented, and who had changed their ways. He wept, and died a week later.

But healing from trauma requires more than symptom reduction. It requires coming to a new understanding of God, world and the self. These are issues about which Lutheran theology has much to say. But pastors need to realize that they are not trained trauma clinicians. Pastors and chaplains should always have resources to whom to refer individuals, when they need more specialized mental health counseling.

**... healing from trauma requires ...
coming to a new understanding of
God, world and the self.**

Luther can be a wise guide to pastoral care trauma survivors, since traumatic events in his life and world—including plagues, wars, threats on his own life, and the death of his child—shaped his theology. Imposing a 21st century category on a 16th century text is irresponsible historiography. Yet, chaplains can adapt wisdom about the human condition from the tradition. Luther speaks often about the world's chaos, sorrow and evil. Luther's description of the human being impacts his views of pastoral care. I then want to talk about three Lutheran loci, 1] the theology of the Cross, 2] the power of forgiveness, 3] the ability of grace to rebuild the self that is torn by sin, and how they can assist in care of trauma survivors.

Luther speaks of humanity in two ways. First, he speaks of humanity coram deo, before God, and coram hominibus before humanity. I want to add a third notion, coram speculum, before the mirror. This notion is about our own view of ourselves. Those who have suffered trauma, often question—whether rightly or wrongly—their own agency in the midst of the traumatic situation. They often feel unworthy of both love and forgiveness. This is a slightly different notion than the recognition of our need for grace before God. It is rather, the ability to see oneself as a forgiven sinner, still capable of being a graced agency with the help of the Holy Spirit. There are psychological and theological links between these three ways of looking at humanity. While some confessional statements are “correct” theologically, they can be harmful and prevent healing if applied improperly (even if they are theologically efficacious when applied because they are dependent on the Gospel promises, not the mental, emotional, or physical state of the speaker or hearer). Some trauma victims need to see themselves as forgiven and worthy of grace, even after they have participated in events that they have come to see as violent or unjust.

I propose a notion of “slow Lutheranism” as being vital to the pastoral care of the traumatized. Theologically, it might be acceptable for a chaplain or pastor to quickly absolve an individual of sin if they express repentance. It needs to be said again: not all trauma victims have things to repent, but in many cases veterans believe, sometimes quite correctly, that their own actions led to their trauma. Yet new studies of trauma show that trauma survivors suffer lower rates of PTSD if they have communities in which to speak about what they have experienced. It might be best to take a while to hear about the traumatic event. By allowing individuals to speak about their sins, we allow them to heal, even as difficult as it might be for us to hear what they have to say.

Luther's theology of the cross is an excellent resource for pastoral care of the traumatized ...

Luther's theology of the cross is an excellent resource for pastoral care of the traumatized, because of its strong affirmation that even in the midst of suffering, pain, and weakness, God's grace is still operative in ways that cannot be fully explained. In losing God's own son on the cross God knows trauma. The risen Christ, living a transfigured life by grace, still bears the wounds of the cross. So too the traumatized will not ever forget entirely what has happened to them, even as they incorporate the wounds trauma gave them into their new life. Serene Jones argues, in her book, *Trauma and Grace: Theology in a Ruptured World*, that survivors of trauma adjust to a "new normal," but they cannot return to who they were before the trauma.

Chaplains can affirm that, in ways reason cannot imagine, God was and is present to individuals in the midst of trauma, and that God continues to give Godself in love to the suffering. This is, of course, a complex notion to unpack. But it is an affirmation of faith. However, for victims of trauma, "theologies of glory" are not tenable. They know too well that faith did not lead them to "their best life now." They know that faith did not lead them to harmony or peace. Luther did not deny the harsh reality of suffering, but also said that we could discover God amidst our suffering. Writing to Conrad Cordatus in 1530, he noted, "A story falls on deaf ears when grief is so new. I therefore yield to your sorrow. Greater and better men than we have given way to grief and are blamed for it. Nevertheless, it is a good thing that you have had this kind of trial and tested the power of conscience, so that you may learn in your own experience the power of the Word and of faith which is proved in these agonies."⁽³⁾ Indeed new research shows that in some cases, individuals do experience new growth in perspective and resilience after trauma.⁽⁴⁾

Churches can become spaces for healing trauma, given the right conditions. The Manhattan congregation I belonged to threw open the church's doors on September 11, 2001. They recited Psalms as individuals walked up from lower Manhattan, providing a place for people to begin to name their grief, loss, horror and lamentation. Lutheranism's ability to name our continuing brokenness, both individually and corporately, should make Lutheran congregations safe places for lamentation and anger over structural evils that exacerbate trauma's effects. It is this narration that can lead to healing. Lutherans can allow this narration to happen, given that our theology and practice allows for real confession (when needed), preaches real grace, and confesses a God who can be found in the midst of suffering, and who can rebuild shattered lives through the consolation of the saints and through the abundant grace of a merciful God.

Notes

(1) These books included Bestie, Jennifer *God and the Victim: Theological Accounts of Grace and Freedom* (New York: Oxford, UP 2007), Hess, Cindy *Sites of Violence, Sites of Grace: Christian Non-Violence and the Traumatized Self* (University Press of America 2008), Rambo, Shelly *Spirit and Trauma: A Theology of Remaining* (Louisville: Westminster John Knox Press 2010) and Jones, Serene *Trauma and Grace: Theology in a Ruptured World* (Louisville: Westminster John Knox 2009).

(2) Shay, Jonathan, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Simon and Shuster, 1995).

(3) Luther, Martin *Letters of Spiritual Counsel* (Louisville: Westminster John Knox Press 1953, p. 60).

(4) Steven, Joseph *That Which Does Not Kill US: A New Psychology of Post-Traumatic Growth* (New York Basic Books 2011). I have serious reservations about parts of Joseph's book, but some of the data he collects is compelling. Still, trauma can lead to destruction and not to growth.

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Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

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