

“SO WHAT ARE YOU DOING HERE?”
THE ROLE OF THE MINISTER OF THE GOSPEL IN HOSPITAL
VISITATION, OR A THEOLOGICAL CURE FOR THE CRISIS
IN EVANGELICAL PASTORAL CARE

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I. A MODERN PARABLE OF PASTORAL VISITATION OF THE SICK

Here is a true story—a parable, if you will—about a freshly minted minister’s experiencing his first charge.¹ I will not use the real name here, but the new minister was serving as a chaplain at a large metropolitan hospital. On one of his first calls, he went in to see a newly admitted patient who was to have surgery that day. Dressed in clerical attire—his uniform of the day—he arrived in that patient’s room without any guesswork as to who he was. The patient, a middle age man, frowning as he watched the freshly minted minister stroll in, looked right in the eyes of the chaplain and barked out, “Yeah, Chaplain, can I help you?”

The minister replied, “I am a hospital chaplain.” The patient lowered himself back into the covers. “I figured that much, Chaplain.” The grumpy patient then recovered a bit and sat up.

“Chaplain, tell me something. . . . This morning, the surgeon who will perform my surgery came in. He marked me all up on my chest where he plans to cut away at my breastbone to get at my heart. I knew why he was here. Then, in came a nurse. She hooked me up to these I.V.s. I knew why they were here. A little lady came in shortly before you arrived to fix me up with a bedpan, if I needed it. Now, I even know why she was here. But, Chaplain, the question I have of you and every other fellow like you in that dog collar is this: ‘What in the ____ are you doing here?’”

Our clerical friend said that he stood there for a second that seemed like an eternity. Then, it came out almost automatically: “Actually, I am here because God sent me to see you.”

He had not planned to say that and had no idea, really, what one *should* say at such a time as that. Years later, the minister would confess that it was actually one of the most profound things he had ever said but it was uttered in abject fear and with no one else around to hear it except that perturbed patient!

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¹ From personal notes taken from a lecture by Dr. G. Wade Rowatt at The Suicide Prevention Clinic for United States Military Chaplains, The Menninger Clinic, Topeka, Kansas, July 19, 2000.

The chaplain's prophetic response, though, hit the man hard. It was the right answer.

O.K., Chaplain, O.K., I guess I get it. All right, so I know why you are here. Pardon me for putting it the way I did, but, I am the Chief of Psychiatry at this hospital and for thirty years I have always wondered why you people were here. I may not believe what you believe, but I guess I know why you think you must be here.

At that the chaplain felt braver. "So, tell me Doctor, how are things with you and God?" The psychiatrist was sort of stunned at the question, but then relaxed, and thoughtfully replied,

I will tell you this: I've seen a lot of simple operations get a little fouled up over the years. My operation will be open-heart surgery. I know full well that if something were to go wrong . . . well, I guess I'm saying . . . I'm not sure about God.

"Go on," the young chaplain whispered. "Well, what does that Bible say about what happens when you die? . . ."

II. MODERN PROBLEMS IN PASTORAL CARE OF THE SICK AND DYING

Whether the minister of the gospel is a solo pastor with an older congregation (who gets more than his fair share of hospital visits) or the senior pastor of a mega church, or even a professor of a college or seminary who may also serve on the staff of a suburban congregation, all ministers usually wind their way into hospital parking lots, hopefully locate that most serendipitous of locations—a vacant space in the Clergy Parking Area—and climb stairs and maneuver endless corridors to enter the room of people in hospital beds. Some of them the minister will know quite well. Others will be friends or relatives of the congregation, and the minister will have never met them.

Few clergy would dispute the proposition that hospital visitation is a necessary part of the minister's work. The biblical references on the matter are so many and so clear that pastoral visitation of the sick and dying is an expected work of the minister of the gospel in carrying out a biblically faithful pastorate.

Now Naaman, commander of the army of the king of Syria, was a great and honorable man in the eyes of his master, because by him the LORD had given victory to Syria. He was also a mighty man of valor, but a leper. Now bands from Aram had gone out and had taken captive a young girl from Israel, and she served Naaman's wife. She said to her mistress, "If only my master would see the prophet who is in Samaria! He would cure him of his leprosy" (2 Kgs 5:1-3).²

"I was naked and you clothed Me; I was sick and you visited Me; I was in prison and you came to Me" (Matt 25:36).

"I was a stranger and you did not take Me in, naked and you did not clothe Me, sick and in prison and you did not visit Me" (Matt 25:43).

² All Scriptural quotations are from the NKJV unless otherwise noted.

Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord (James 5:14).

However, a real question might be: "What is the role of the minister of the gospel on hospital visitations?" Or, in keeping with the theme of a recent Annual Meeting of our society, "What are Evangelicalism's 'boundaries' in the work of pastoral care of the sick and dying?"³ We might even borrow the sarcastic patient's question as an authentic and pressing question to every minister of the gospel prying open a hospital room door: "So, what are you doing here?"

On this vital matter of ministry—the visitation of the sick—The Book of Church Order of the Presbyterian Church in America instructs its officers and members that: ". . . It is the privilege and duty of the pastor to visit the sick and to minister to their physical, mental, and spiritual welfare. In view of the varying circumstances of the sick, the minister should use discretion in the performance of this duty."⁴

Patrick Fairbairn, the Scottish "prince of Pastoral theology," and a representative of the traditional evangelical approach to visitation of the sick, wrote:

The ministration of counsel and comfort to [the "diseased, the dying, or the bereaved"] is undoubtedly a most important branch of pastoral duty. It is such, indeed, that the neglect or slovenly discharge of it will go far to neutralize the effect of all other services. For the pastor who makes himself strange in the households of his flock, while they are involved in sorrow or stricken with disease and death, will invariably be regarded as devoid of the tenderness and consideration which are the most appropriate characteristics of his calling . . .⁵

C. W. Brister in his outstanding work *Pastoral Care in the Church* addressed the nature of the experience of the hospitalized person:

Accidents, hospitalized illnesses, and surgical procedures disrupt life's serenity and threaten the security of persons and their families. Hospitalization creates a crisis as the ill or injured person experiences his own finitude, suffers pain, and copes with alien forces and persons.⁶

I would suggest that there is always the potential for another sort of crisis: a crisis of role and identity of the minister of the gospel on the care-giving team to the sick and dying. So this paper seeks to address the issue of the role of ministers of the gospel in hospital visitation. In particular, I want to

³ This article is revised from a paper by the same name delivered by the author to the 2001 Annual Meeting of the Evangelical Theological Society in Colorado Springs, CO.

⁴ *The Book of the Church Order of the Presbyterian Church in America*, "Directory For Worship" 60–61 (Atlanta: Christian Education and Publications, 2000). This statement, word for word, formulated by the fathers of the PCA, came from *The Book of Church Order of the Presbyterian Church in the United States*, 1946.

⁵ Patrick Fairbairn, *Pastoral Theology: A Treatise on the Office and Duties of the Christian Pastor* (Audubon, NJ: Old Paths, 1992 ed. of the 1875 orig. printed by T & T Clark, Edinburgh) 300.

⁶ C. W. Brister, *Pastoral Care in the Church* (New York, NY: Harper & Row, 1977 ed., first printed in 1964).

suggest that liberalizing tendencies in modern pastoral care, as well as ordinary but errant pastoral identities, require professors of practical or pastoral or applied theology to recognize the persistent possibility of crisis in this important aspect of the pastor's work and to be intentional in re-orientating⁷ future pastors toward a biblically faithful, vocationally satisfying, and historically evangelical approach to the visitation of the sick and dying. An important caveat to be made at this point is that this paper is primarily concerned with raising and addressing concerns about the visitation of the sick by generalists—generally speaking, parish ministers—not specialists such as hospital or military chaplains (although what I propose in this paper would, I think, be of some value to them as well).

1. *Liberalizing tendencies.* “So what are you doing here?” should provoke a prompt and decisive answer. There have been a variety of helpful theologians and pastors and writers who have helped form our response.⁸ Most of the great patristic figures have answered this central question about the role of the minister in caring for the sick. Among them, we would name Tertullian, Origen, Chrysostom, Cyril of Jerusalem, and the great Augustine. Classical catholic voices such as Ambrose, Gregory, and Thomas Aquinas have answered the question. Classical Protestant voices such as Luther, Calvin, Bucer, Herbert, Gouge, Bunyan, Owen, Baxter, and Wesley have weighed in. Modern voices like Kierkegaard, Niebuhr, Barth, Bonhoeffer, Geoffrey Nuttal, and Thomas Oden have added their comments. We shall consider some of them momentarily. But, amazingly, in the presence of so many of those voices saying remarkably similar things about the work of pastoral visitation of the sick, there have been answers that could only be described as novel. These voices might be characterized as liberalizing tendencies in the work of pastoral visitation. These voices have tended to pare the theological edge off of a distinctively evangelical or perhaps we should say, “classical” response, in favor of a new voice. This new voice carries with it the familiarly unbiblical echoes of the modern psychological movement. Among these new voices Thomas Oden lists the following: “. . . Stolze 1940), Waterhouse (1940), Goulooze (1950), Bergsten (1951), Johnson (1953), and Hiltner (1959).”⁹ The force of their teaching, while offering much that would surely be welcomed as helpful by evangelical pastors, was to supplant the sufficiency of Scripture with an unhealthy and unwise dependence on the teachings of modern psychology. Frederic Greeves, author of *Theology and the Cure of Souls* and an eminent British pastoral theologian, visited the United States in the late 1950s and remarked (and I quote from C. W. Brister) “that ministers ‘are primarily consulted as psychologists’ rather

⁷ The term “re-orientation” is a helpful one suggested by the Anglican Martin Thornton in his *Pastoral Theology: A Reorientation* (London: S.P.C.K., 1964).

⁸ Thomas C. Oden has provided excellent bibliographical starting points for further study of pastoral visitation and care of souls in his *Pastoral Theology: Essentials of Ministry* (New York, NY: Harper & Row, 1983); see pp. 185 and 203 as well as his bibliography.

⁹ *Ibid.* 204.

than as pastors.”¹⁰ Indeed, Seward Hiltner, who may be called the father of the “modern pastoral care movement” in seminary education, relied heavily on the behavioral science work of Karl Menninger and, indeed, was a professor at the Menninger Institute in Topeka, Kansas, in 1957. He was also the chief spokesman for a distinctively Rogerian form of pastoral care. Carroll Wise, another prominent member of this school, taught that “[w]e ministers do not solve anybody’s problems. . . . We are simply a means by which a person is enabled to work out his own destiny.”¹¹ I will not go into his thoughts on preaching, but his statement that “exhortation . . . may do a lot of harm . . .”¹² fairly represents his assessment of the older Biblical approaches to pastoral care and, particularly, the role of the minister in visiting the sick and dying.

After Hiltner, the name of Dr. Howard Clinebell, who labored as Professor of Pastoral Psychology and Counseling at the School of Theology at Claremont, Claremont, California, must surely rank as the key teacher of these innovative ideas about the ordinary work of the pastor in cure of souls. There was nothing ordinary and certainly little that was biblical in this man’s work. Clinebell, in his *Basic Types of Pastoral Care and Counseling* (in the 1990 eighth printing of the 1966 original), which emerged as a primary textbook in pastoral counseling in many mainline seminaries, proposed that a key goal of a pastoral counselor was to help parishioners to “develop and cherish a nurturing interaction with our great mother—Mother Nature.”¹³ Drawing from feminist theology, Clinebell encouraged an “androgynous wholeness” to the self as a goal of pastoral counselors.¹⁴ Clinebell is helpful to the evangelical only in this: he records the history of what he calls the “contemporary flowering of this ancient ministry . . .” [of cure of souls] by listing the chief pioneers.¹⁵ He includes “Richard Cabot, Anton Boisen, Philip Guiles, [and] Russell Dicks . . .”¹⁶ I say this is helpful to evangelicals, because in listing the names he exposes the progenitors of the false doctrines. Other than this, his textbook, which is grounded in psychology, feminist theology, and liberation theology, with limited references to Scripture and the casuistic practices of most of Christian history, the book has no value for the work of an evangelical minister. Yet, many evangelicals in mainline denominations were educated in it.

All of this is to say that there was enormous synergy between psychologists, philosophers, and psychiatrists and the modern pastoral care movement

¹⁰ Frederic Greeves, *Theology and the Cure of Souls* (Manhasset, NY: Channel, 1962) as quoted in Brister, *Pastoral Care* pp. 66–67.

¹¹ Carroll Wise, *A Clinical Approach to the Problems of Pastoral Care* (Boulder, CO: Western Interstate Commission for Higher Education, 1964) 87. This is quoted in footnote 4 in Jay Adams, *Competent to Counsel* (Philipsburg, NJ: Presbyterian and Reformed, 1970) 91.

¹² Wise, *Clinical Approach* 87.

¹³ Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon, 1990) 32.

¹⁴ *Ibid.* 37.

¹⁵ *Ibid.* 41.

¹⁶ *Ibid.*

and thus potential enormous influence on those trained in it. Again, Thomas Oden, a theologian who at one time claimed the theology of Niebuhr and Tillich which undergirded the movement, but who later rejected it in favor of traditional evangelicalism, lists the following as major influencers on the modern pastoral care movement: "James (1897), Freud (d. 1939), Jung (1959ff), C. R. Rogers (1951, 1961), [and] . . . Menninger (1972)."¹⁷ Paul Vitz includes theorists and therapists such as Maslow, Skinner, Masters, and Johnson, Sanford, and Kohlberg. While these thinkers have shaped and influenced the pastoral care movement and consequently the seminary students who were trained under their adherents, I would add that the popular works of people like Wayne Dyer and Rollo May have no doubt had an impact as well on the approach of pastors to the work of cure of souls. There have been popular and scholarly works outlining a traditional evangelical criticism of this movement (see especially the works of Paul Vitz, Jay Adams, and the Bobgans).¹⁸ It is not my interest in this paper to pursue this criticism further. However, I raise the issue because the psychological-therapeutic movement in the modern pastoral care school has, if it has been integrated as a normative approach to pastoral care, been a chief contributor to an errant answer to our pressing question. The answer to the question, "So what are you doing here in my hospital room, pastor?" may be answered by practitioners of the modern pastoral care movement, "I am here just to listen." Or, if he is willing to stretch the Rogerian model a bit: "I am here to help you get in touch with yourself before this operation."

At the very minimum, this is a departure from the normative answers provided by curators of souls prior to the modern pastoral care movement. I shall have something to say about those older practitioners in a moment, but I want to address another problematic approach to the question.

2. Ordinary but dangerous assumed identities. The work of the Christian pastor—a word whose etymology suggests its proper association—is grounded in faithful biblical instruction, including faithful metaphors. When those metaphors are mortgaged for handy or high-impact or what we understand to be relevant, but biblically groundless metaphors, the effect is to not only to confuse or abandon the biblical identity of pastor, but to also compromise if not sacrifice divinely attached blessings. The identity powerfully and, yes, practically, relates to the blessings. In pastoral care of the sick and dying, nothing could be more true.

As a pastor, mentor of other pastors, and military chaplain, I want to suggest some of the wrong identities assumed by mistaken pastors. I, too, have made these errors, yet while they are understandable, they will, if left uncorrected in one's ministry, fail to produce the cure. Here are some of the

¹⁷ Oden, *Pastoral Theology* 266.

¹⁸ See Adams, *Competent to Counsel*; Martin and Deidre Bobgan, *The Psychological Way/The Spiritual Way* (Minneapolis: Bethany House, 1979); and Paul Vitz, *Psychology as Religion: The Cult of Self-Worship* (Grand Rapids: Eerdmans, 1977).

default settings that some ministers might have in their minds concerning hospital visitation.¹⁹

a. *Therapist.* I begin with the false identity of therapist. Given what we have seen is the ground of the modern pastoral care movement, it is little wonder that pastors might be tempted to assume the role of therapist as they go into the hospital room. Ralph Turnbull wrote encouragingly:

Some pastors fear that greater emphasis on psychology will lead to confusion by eliminating theology as the basis for the pastoral ministry. The pastor must always remember that the nature of his work as comforter is defined by the basic concepts of the Christian gospel rather than by modern psychology.²⁰

The modern pastoral care movement is born, not of divine revelation, but out of at minimum a syncretism of received traditions in the Church with what Scripture refers to as the “wisdom of this world” (1 Cor 1:20; 2:6; 3:19).²¹ At its worst, in the case of Clinebell, it is a wholesale replacement of infallible biblical injunctions, principles, and traditions with broken, sensual, and even idolatrous world views.

It is easy to see that when the role of the minister of the gospel becomes that of therapist, he is then competing, if you will, with other care-giving professionals. His “ministry,” if that is an appropriate term, has been re-routed from prophet-priest-pastor, ambassador of Jesus Christ, to dispenser of psychological techniques whose traditions are shallow in terms of history and public recognition.

I listened to the testimony of one parishioner: a seventy-five year old Presbyterian man from a conservative denomination, a deacon, and a life-long follower of Christ.²² The incident happened in 1996 in a the cardiac ward of a large and well-respected hospital in a Midwestern city. The patient said the hospital chaplain came into the room, did not offer to pray or to read Scripture, but proceeded along this line:

Chaplain: “So how do feel about being here.”

Patient: “I am ready to go home, I guess. But, I know my old ticker needs a little repair, so I’m just trusting in the Lord.”

¹⁹ I want to credit Dr. G. Wade Rowatt for his lecture at the Menninger Clinic on July 19, 2000. His observations and line of thinking helped me formulate these thoughts. My notes indicate to me that several of the names of these assumed clerical identities come directly from his insights.

²⁰ “The Pastor as Comforter” in Ralph G. Turnbull, ed., *Baker’s Dictionary of Practical Theology* (Grand Rapids: Baker, 1967) 299–300.

²¹ “Where is the wise? where is the scribe? where is the disputer of this world? hath not God made foolish the wisdom of this world?” (1 Cor 1:20); “Howbeit we speak wisdom among them that are perfect: yet not the wisdom of this world, nor of the princes of this world, that come to naught” (1 Cor 2:6); “For the wisdom of this world is foolishness with God. For it is written, He taketh the wise in their own craftiness” (1 Cor 3:19). All citations here are from the KJV.

²² The testimony came from a pastoral interview conducted with Mr. Oscar Bogusch in the Spring of 1996. He described his experience at St. Luke’s Medical Center, Kansas City, Missouri. The chaplain under consideration was the “on-duty” hospital employed chaplain for the shift on a given day during his stay.

Chaplain: "So, you're feeling isolated."

Patient: "Actually, my wife comes and goes. I think I'm fine."

Chaplain: "How do you feel about being out of control at this time in your life?"

You can see what was happening. The chaplain, using Rogerian therapeutic techniques, engaged the patient, with the apparent hopes of guiding the patient to get in touch with his feelings. Now, there is something commendable in all of this—as it touches upon empathy and an incarnational approach to the visitation. However, particularly in the case of a believer, this approach is entirely insufficient and unsatisfactory to the patient. They expect an ambassador of Jesus Christ, not a therapist. They crave, as he related to me, a minister of the gospel to speak the comfortable words of Scripture, to inquire as to the work of the Spirit in his soul, and to perhaps lead him in prayer.

b. *Medical expert.* Another assumed false identity for the pastor is medical expert. John Wesley, of course, along with many of the Methodist preachers, was instructed in and practiced a sort of lay medicine in his day. Doctor Martin-Lloyd Jones was a trained surgeon from St. Bartholomew's in London before surrendering to a call to preach. But, apart from these unusual instances—one historical and probably unlikely to be necessary again and the other a unique vocational path—the rest of us should stay clear of offering medical advice in hospitals. In training ministers and observing them in clinical settings, as well as in my own experiences on visitations, I can testify to the tendency to spend valuable moments on the visitation of the sick and dying in questioning the parishioner on their ills, diagnosing their symptoms, and this most common malady, to offer received wisdom on the various medical devices in the room. It usually goes like this:

Minister: "How are you doing?"

Patient: "Well, they got me hooked up to these tubes. I don't know what they are."

[At this point, the minister could empathize with the patient over the need to surrender our lives to God in such time, or to thank God for the blessings we don't even understand. Or, the minister could proceed to be a medical expert.]

Minister: "Well, let me see. I've been on many pastoral visits, you know. [He puts his glasses on, bends over to investigate the device.] I've practically lived in hospitals for the past twenty years. I know all about these contraptions. Yes, that's what I thought . . ."

At that, the Minister, then assuming the role of medical expert based on years of observation, offers his advice and counsel—not on the ways of God and man—but on medical technology. The problem with falsely assumed identities is not just a sort of professional malfeasance, which is resented by the real professionals, but, once more, the sacrifice of valuable pastoral opportunity to present the gospel, apply the gospel, and bring the healing which only the gospel can appropriate.

c. *Clown.* The “clown” is another assumed identity. Generally, this is a matter of wisdom. The Bible teaches us: “A word aptly spoken is like apples of gold in settings of silver” (Prov 25:11) and also,

There is a time for everything, and a season for every activity under heaven: a time to be born and a time to die, a time to plant and a time to uproot, a time to kill and a time to heal, a time to tear down and a time to build, a time to weep and a time to laugh, a time to mourn and a time to dance (Eccl 3:1–4).

We are to “rejoice with those who rejoice; mourn with those who mourn” (Rom 12:15).

The clerical “clown” unwittingly demeans the office of the pastor and practically confuses the role of the Minister in visitation of the sick and dying by assuming that the Minister is essentially a golden beam of God’s sunshine for the sick. A call sometimes goes like this:

Minister: “What a great day out there today?” [The patient is preparing for a gall bladder operation.]

Patient: “I wouldn’t know, Pastor. I’m stuck in this place.”

Minister: “Well, it won’t be long until you’re out there with the rest of us enjoying God’s beautiful creation!”

It is my observation that this falsely assumed identity is more common in rural areas or in cases where the clergyman has lower education. However, assuming false identities knows no socio-economic or educational boundaries in the ministry. It seems that any of us could fall into the trap. For instance, many acquainted with or trained in modern pastoral care would never make this mistake, choosing to be—perhaps more damaging—morose and cheerless over giddy and gay. In that case they become, not “clowns,” but “sad sacks.” In other cases, the happy clown pastor may be using his inappropriate demeanor to hide the fact that he has nothing to say. That is, he has not done the necessary work of preparing for the call, or preparing his own soul.

d. *Moral lecturer.* A further falsely assumed role, I would suggest, would be that of “moral lecturer.” This identity seems to be getting closer to our model in several ways, but it fails the test, and fails it as miserably as the others. This identity is somber, solemn, approaching the call with a gravitas worthy of the circumstance. There may be great preparation for the call, not a small time analyzing the possible diseases of the soul. The problem comes by, again, failing the test of biblical wisdom (previously referred to) as well as wise, old traditions in the church. The Moral Lecturer/Clergyman enters the room, not with the motif of a servant with basin and towel, but a flint-faced, stern preacher who is intent on doing battle with the devil in the bed. His manners are hard. His tone may assume that of a concerned parent dealing with a disobedient child. His entire time with the parishioner may be spent in teaching. He may have prepared a brief homily for the person.

Again, I quote the Presbyterian Patrick Fairbain: “A single verse or brief passage of Scripture, uttered in a serious, affectionate, and believing manner; or the same in a few appropriate sentences, explained and applied, will

often do more than a multitude of words.”²³ Fairbairn reminds the minister of the gospel:

. . . the thing chiefly needed is to get the heart first to know itself, and then to apprehend and grasp by a living faith, as suited to its wants and weaknesses, the word of God’s faithfulness and truth’ when this is done, all in a manner is gained. And very commonly, as I have said, it will be most readily gained, not by lengthened addresses, or by long prayers; but by tenderness of spirit, sympathetic feeling, discriminating fidelity; faith mingling with all, and giving point and impressiveness to the sayings it brings forth from the oracles of God.²⁴

e. *Shaman*. Finally, I would suggest that there is a wrong identity assumed which Dr. G. Wade Rowatt calls “Shaman.”²⁵ This is the Minister who comes in with incantations and religious paraphernalia hoping to rid the room and the body of evil through the use of such. In some charismatic traditions this may involve the naming of demons and the laying on of hands to rid the person of them. Alternatively, the Shaman may be a clergyman of a sacramental tradition where ritual is dispensed without the benefit of the Word to the specific situation, and what may simply be called “a human touch.” Often, the James 5:13–16 passage is used as a model for the Shaman’s visitation. The famous passage reads:

Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective (James 5:13–16 NIV).

Calvin’s view was that the text is a guide for the people of God to seek out the ministry of the presbyters. He saw the practice as an extraordinary work of the apostolic church but says: “The design of James was no other than to commend the grace of God which the faithful might then enjoy, lest the benefit of it should be lost through contempt or neglect. For this purpose he ordered the presbyters to be sent for . . .”²⁶

²³ “Pastor as Comforter” 301.

²⁴ *Ibid.*

²⁵ According to my notes from his lectures at the Menninger Clinic on July 19, 2000.

²⁶ John Calvin, *Commentary on James* (Grand Rapids: Baker Books, 1993 reprint), 355–56. The commentary at this point reads:

The design of James was no other than to commend the grace of God which the faithful might then enjoy, lest the benefit of it should be lost through contempt or neglect.

For this purpose he ordered the presbyters to be sent for, but the use of the anointing must have been confined to the power of the Holy Spirit.

The Papists boast mightily of this passage, when they seek to pass off their extreme unction. But how different their corruption is from the ancient ordinance mentioned by James I will not at present undertake to shew. Let readers learn this from my Institutes. I will only say this, that this passage is wickedly and ignorantly perverted; when extreme unction is established by it, and is called a sacrament, to be perpetually observed in the Church. I indeed allow that it was used as a sacrament by the disciples of Christ, (for I cannot agree with those who

We have thus far made a case that there is a need today to clarify the role of the Minister of the Gospel in the work of visitation of the sick. We have seen indications from the writings of some in the modern pastoral care movement, which might lead some to conclude that there is a possible widespread orientation toward the psychological-therapeutic model in pastoral visitation of the sick and dying. We have also considered five possible false identities for the work of visitation of the sick and dying.

III. BIBLICALLY FAITHFUL METHODOLOGIES, IDENTITIES, AND TASKS IN THE VISITATION OF THE SICK

My concern at this juncture is to consider a reorientation to biblically faithful methodologies and identities for conducting the work of visiting the sick and the dying.

1. *Biblically faithful methodologies for shaping pastoral identity and tasks in the visitation of the sick and dying.* If we assume that twenty-first-century evangelicals agree that visitation of the sick and dying is an ordinary work of the gospel ministry (perhaps not as confident an assumption in today's entrepreneurial-managerial approach to ministry, but I leave that "boundary" for another paper and another time²⁷), a pressing question remains. If we reject the modern pastoral care movement as a candidate for a faithful biblical methodology (and I would urge that we who are evangelicals have no other choice), then where do we turn? I would propose that we "remove not the ancient landmark" (Prov 22:28 KJV) and recover faithful methodologies, importing their biblically forged values and tried-and-true approaches into our own generation of ministry. I offer two: English Puritan casuistry and a distinctively evangelical sacramental ministry.

a. *English Puritan casuistry.* English Puritan casuistry—the process of arriving at God's wisdom for a given situation through questions and answers of a given case—was practiced by such luminaries as Joseph Hall (1574–1656), Jeremy Taylor (1613–1667), William Perkins (1430–1495) and

think that it was medicine;) but as the reality of this sign continued only for a time in the Church, the symbol also must have been only for a time. And it is quite evident, that nothing is more absurd than to call that a sacrament which is void and does not really present to us that which it signifies. That the gift of healing was temporary, all are constrained to allow, and events clearly prove: then the sign of it ought not to be deemed perpetual. It hence follows, that they who at this day set anointing among the sacraments, are not the true followers, but the apes of the Apostles, except they restore the effect produced by it, which God has taken away from the world for more than fourteen hundred years. So we have no dispute, whether anointing was once a sacrament; but whether it has been given to be so perpetually. This latter we deny, because it is evident that the thing signified has long ago ceased.

²⁷ I would also urge the reading of Eugene Peterson's works on pastoral theology, particularly *Five Smooth Stones for the Ministry* (Atlanta: John Knox, 1980), *Under the Unpredictable Plant* (Grand Rapids: Eerdmans, 1992), and *Working the Angles* (Grand Rapids: Eerdmans, 1987).

the esteemed Richard Baxter (1615–1691). The material is weighty with Scripture and theological reflection and practical heart-felt sympathy and human endearment for those under physical and emotional stress. Above that, it is vocationally satisfying. Jeremy Taylor wrote in his *Holy Dying*:

In all the days of our religion, from our baptism to the resignation and delivery of our soul, God hath appointed his servants to minister to the necessities, and eternally to bless, and prudently to guide, and wisely to judge, concerning souls; and the Holy Ghost, that anointing from above, descends upon us in several effluxes, but ever by the ministries of the church. Our heads are anointed with that sacred unction, baptism, (not in ceremony, but in real and proper effect,) our foreheads in confirmation, our hands in ordinations, all our senses in the visitation of the sick; and all by the ministry of especially deputed and instructed persons: and we, who all our life-time derive blessings from the fountains of grace by the channels of ecclesiastical ministries, must do it then especially, when our needs are most pungent and actual.²⁸

b. *Liturgical and sacramental ministry.* Another faithful approach to the visitation of the sick and dying is taken from more sacramental traditions. The Anglican Martin Thornton takes up the matter of Pastoral visitation in his *Pastoral Theology: A Reorientation*. Thornton values the pastoral visitation for its inherent “vicariousness” and “sacramental contact.”²⁹ The cure in the pastor’s black bag, for Thornton, is “the Rule of the Church” (Word, Sacrament, and Prayer) which must be “used and interpreted.”³⁰ The “Rule of the Church,” in this sacramental system, is also the ordinary means of grace no matter the gathered believers are meeting in the context of the Lord’s Day or in some special time, such as the hospital room.

The Book of Common Prayer, in all of its revisions, up to and including the present 1979 edition used by the Episcopal Church and the 1928 edition used by the traditional continuing movement churches, is an excellent model of this approach. A synthesis of both casuistry and liturgy on the pastoral visitation of the sick might include the following rubrics:

Initial Contact

Prayer and Preparation of the Minister Prior to the Visit, Including a Study of the Scriptures Relevant to the Circumstances of the Parishioner

Entrance

Interview and Theological Reflection

Scripture Reading

Prayer

The Lord’s Prayer

²⁸ Jeremy Taylor, *The Rule and Exercises of Holy Religion* (cited from http://www.ccel.org/taylor/holy_dying/holy_dying.htm accessed March 4, 2003; originally published 1650). See also the 1989 Oxford University Press edition edited by P. G. Standwood.

²⁹ Thornton, *Pastoral Theology: A Reorientation* 270.

³⁰ *Ibid.* 259.

Sacrament (optional and used according to tradition; ordinarily the Sacrament of the Lord's Supper would not be administered on routine hospital visits, but when accompanied by someone from the local congregation with arrangements having been made for the special service)

2. *Biblically faithful metaphors for shaping pastoral identity and tasks in the visitation of the sick and dying.* As I approach this section, I commend the reading of John Stott's *Preacher's Portrait in the New Testament*.³¹ The work of the Minister in visitation of the sick and dying in our generation must also be re-oriented to scripturally faithful metaphors. We should reject psychological identities (and metaphors of the business world as well) for biblically faithful metaphors.

a. *Shepherd.* A basic biblical identity of the minister of the gospel is pastor. For instance, Paul charges the Ephesian elders (Acts 20:28) to shepherd the Church of God (ποιμαίνειν τὴν ἐκκλησίαν τοῦ θεοῦ). In Eph 4:11,³² which is the only place in the Bible where certain members of the Church are actually called "pastors" (or "pastor-teachers" or "pastors and teachers": ποιμένας καὶ διδασκάλους) the apostle, again, employs the motif of "shepherd" as a governing identity of the minister of the gospel. The work of the minister of the gospel as a shepherd to the soul of the sufferer is a lovely motif reminding the faithful of the presence of Christ, the Chief Shepherd.³³

The identity drives the methodology in all of the cases. In the case of Minister as shepherd on the visit, there is gentle guiding the sick or dying to the comforts of Jesus Christ in Word, Sacrament, and Prayer.

b. *Ambassador.* Likewise, the Minister is the ambassador of Christ, the spokesman from heaven with a "Word from Another World."³⁴ So, we read that: "A wicked messenger falls into trouble, But a faithful ambassador brings health" (Prov 13:17). The minister of the gospel is in the hospital room to

³¹ John R. Stott, *Preacher's Portrait in the New Testament* (Grand Rapids: Eerdmans, 1964).

³² Καὶ αὐτὸς ἔδωκεν τοὺς μὲν ἀποστόλους, τοὺς δὲ προφήτας, τοὺς δὲ εὐαγγελιστάς, τοὺς δὲ ποιμένας καὶ διδασκάλους (Eph 4:11). The titles are in the predicate accusative.

³³ For example: "As a shepherd seeks out his flock on the day he is among his scattered sheep, so will I seek out My sheep and deliver them from all the places where they were scattered on a cloudy and dark day" (Ezek 34:12); "I am the good shepherd. The good shepherd gives His life for the sheep. But a hireling, he who is not the shepherd, one who does not own the sheep, sees the wolf coming and leaves the sheep and flees; and the wolf catches the sheep and scatters them" (John 10:11, 12); "I am the good shepherd; and I know My sheep, and am known by My own" (John 10:14); "And other sheep I have which are not of this fold; them also I must bring, and they will hear My voice; and there will be one flock and one shepherd" (John 10:16); "Now may the God of peace who brought up our Lord Jesus from the dead, that great Shepherd of the sheep, through the blood of the everlasting covenant" (Heb 13:20); "For you were like sheep going astray, but have now returned to the Shepherd and Overseer of your souls" (1 Pet 2:25); "and when the Chief Shepherd appears, you will receive the crown of glory that does not fade away" (1 Pet 5:4); "for the Lamb who is in the midst of the throne will shepherd them and lead them to living fountains of waters. And God will wipe away every tear from their eyes" (Rev 7:17).

³⁴ This is the wonderful title frequently used for the Bible by Dr. Robert L. Reymond.

bring health in a way—a spiritual way, a redemptive way—that the physician of the body usually does not address.

c. *Spiritual Director (Curator of Souls)*. Of all the terms used for the work of guiding our people to the throne of grace and to the succor available in our living Lord Jesus, I have found none that is more helpful than the more Anglican phrase, “Spiritual Director.” In Eugene Peterson’s classic little book on Pastoral Theology, *Working the Angles*,³⁵ he reminds us that a minister only does three things (thus “the angles” of ministry): Word, Prayer, and Spiritual Direction. This identity requires diagnosing the soul, and treating the soul with Word and wise shepherding.

d. *Prophet*. This is simply announcing God’s Word for today. It is the work of expositing the universal truths of the gospel and applying it to the life before you in the bed. Nothing is more difficult yet nothing could possibly be more helpful to the sick than to hear God’s Word says something to them and to their situation.

e. *Priest*. By this, as an evangelical and a Presbyterian, I certainly do not mean a Roman or even Anglo-Catholic understanding of the word. I mean to say, rather, that the evangelical pastor is a “priest” in that he is, at the moment of his pastoral visitation, the incarnational repository of sacred tradition and ritual and comfortable prayers and hymns. He is the mediator of the treasure-chest of the Church’s services through the centuries to the sick and the dying.

f. *Evangelist*. This is a controversial identity for some. Yet, the apostolic injunction for pastors remains to “do the work of an evangelist, discharge all the duties of your ministry” (2 Tim 4:5). According to Richard Baxter, the visitation to the sick and dying always carries with it the opportunity to point people to the condition of man and the grace of God in Christ.³⁶

III. THE TRUE IDENTITY OF THE MINISTER OF THE GOSPEL IN THE CARE OF THE SICK AND DYING

In no less an authoritative source than the *Journal of the American Medical Association*, Dr. Bruce D. Feldstein, a former senior physician in the emergency care department at Kaiser-Permanente Medical Center in Santa Clara, California, told of how he came to see the importance of pastoral care. He learned the hard way. In his article, Dr. Feldstein related how he had just come on duty for the night shift.³⁷ He took over a case from another physician. The patient, an 86-year-old woman, named Mrs. Martinez in the article (not her real name), was in room 17 suffering from “nausea, vomiting,

³⁵ See Baxter’s *Practical Works*, Introduction by J. I. Packer, Vol. 1 (Ligonier, PA: Soli Deo Gloria, 1990).

³⁶ Bruce D. Feldstein, M.D., “Toward Meaning,” *JAMA* 286/11 (2001) 1291.

³⁷ *Ibid.* 1291–92.

and dehydration and a history of metastatic lung cancer previously treated with chemotherapy and radiation.” The previous physician had ordered a new brain scan. Dr. Feldstein was to review the scan and make recommendations. He went over to meet the patient and her son. As he was introducing himself, a nurse interrupted: “Dr. Feldstein, there’s a call for you.” The call was a ward clerk who handed Dr. Feldstein the results of the brain scan. Dr. Feldstein immediately diagnosed the situation. The cancer had spread. Sobered, he returned to the patient. He had hoped to simply give her some pain relief and something for nausea and refer her to her oncologist. But she broke in. “Doctor, what was the result of the brain test?” I quote from the *JAMA* article:

I pulled up a stool next to the gurney and sat down. “Mrs. Martinez, the CT scan is abnormal.” I said. “It shows that the cancer *has* spread to the brain.” Mrs. Martinez looked down. Her face became pale and stricken. I was keenly aware that this was not the kind of test result one simply tells a patient and walks out. Gently, and after a long pause, I asked, “What is your reaction?” “This is a death sentence,” she said, looking away.

What could the doctor do? He noticed a crucifix around the patient’s neck. He asked if she would like to pray. “Yes, I would.” She said. So, the doctor of the body knew that right then what she needed more than anyone was a doctor of the soul. He began to pray: “Oh, God, You who are the Great Healer.” He paused to think of what to pray next. As he paused, she repeated his words, “Oh God, You who are the Great Healer.” I quote again from the *JAMA* article: “She was repeating after me! Now I had to find the right words that she could repeat. ‘Who guides us through life,’ I said. ‘Who guides us through life,’ she repeated.”

And so it went. At length, the physician wrote these words as he reflected on the power of that moment and his own awakening to the importance of spiritual care of the sick and dying: “I am more aware than ever how human beings are spiritual beings . . . concerned with meaning, hope, relationship and love, suffering, and life’s mystery. Spirituality is linked to health and spiritual care is a core-element of health care.”³⁸

It is of interest that the doctor who wrote the article is now a chaplain. Also, it must be stated that the physician is a Jew and his understanding of spirituality is altogether insufficient for those who know that God is reconciling the world to himself through his Son Jesus Christ. Yet, the *JAMA* article shores up the fact that professional health caregivers recognize that there is a place in the hospital room for spirituality. They may, still, of course, sarcastically pose the question, “So, what are you doing here?” to the faithful minister of the gospel. But, having his own soul strengthened by the Word of God and prayer, having been taught by the older traditions of the cure of souls like Taylor and Baxter, having shed every vestige of Freud and Rogers, and having come to terms with practicing a biblically faithful identity, the Minister may always reply: “Actually, I am here because God sent me to see you.”

³⁸ Ibid.