

CARING FOR THE CARED FOR: THE ROLES AND RESPONSIBILITIES OF LUTHERAN
PASTORS AND MENTAL HEALTH PROFESSIONALS

BY

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ABSTRACT

Mental health is a more open and prominent topic in the culture of 2023. As mental health clinics fill up, pastors must be ready to address and care for mental health illnesses in their congregations. This paper seeks to define the roles and responsibilities that pastors and mental health professionals should have when providing care for mental illness. This will be accomplished by presenting and synthesizing how both pastors and mental health professionals of varying religious and philosophical worldviews have understood the relationship between mental and spiritual health and how pastors and mental health professionals can use their expertise to provide the best overall care for mental illness. While pastors will bear the primary responsibility for spiritual care, and mental health professionals for mental health care, the boundary lines are not as cut and dry as one might think. Because there is a significant interrelation between mental and spiritual health an integrated approach to care, where pastors work with and learn from mental health professionals, and vice versa, is best when it can be achieved. This paper will highlight what an integrated approach to care looks like as well as provide warnings and considerations for WELS pastors who are providing care for members living with mental illness.

INTRODUCTION

One out of five. That is how many people will experience mental illness each year.¹ One out of eight. According to the World Health Organization, that is how many people are living with a severe mental health disorder in 2022.² Psychologists, counselors, and other mental health professionals are booking out six months or more.³ Just like a virus, mental health disorders do not discriminate. Rich or poor, urban or rural, young or old, man or woman, and no matter the color of skin or cultural heritage, no one is immune to mental health struggles. With the number of mental health illnesses on the rise, pastors will inevitably have members who are struggling with their mental health. Dr. Steven Saunders writes, “Given the prevalence of mental illness, it is inevitable that clergy and other church workers will be confronted by mental illness in their ministry. If you are in contact with more than five people, chances are that you will meet someone-whether you realize it or not-experiencing a mental illness.”⁴ Even beyond those who are experiencing a diagnosed mental illness, there are people “who are overwhelmed by stressful

1. Stephen M. Saunders, *A Christian Guide to Mental Illness*, 2 vols, vol 1, (Milwaukee, WI: Northwestern, 2016), 37.

2. “Mental Disorders,” World Health Organization (World Health Organization, June 8, 2022), <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

3. Timothy Fruendl, interview by author, November 1, 2022. Timothy Fruendl is a PsyD and a post-doctoral fellow at Behavioral Health Clinic in Wausau Wisconsin.

4. Saunders, *A Christian Guide to Mental Illness*, vol 1, 37.

situations but don't qualify for a diagnosis of mental illness. These individuals nonetheless call on mental health professionals, quite appropriately, for help dealing with stress and the difficult situation they confront.... These individuals don't make the 'official count' of mental illness, but they will seek your help."⁵ What are pastors to do when their members approach them for help with their mental health? Pastors will inevitably, whether formally or informally, provide care and counseling for members who are struggling with mental illness. Recent studies suggest that the total amount of counseling hours provided by clergy is equal to the total hours provided by all psychologists,⁶ but is there a place for a pastor, who has little to no formal training in the mental health profession, to provide care for someone struggling with mental illness? In other words, is it beyond their scope of practice? Because the mental health field is constantly progressing and the prevalence of mental illness is increasing, pastors need to be ready to address mental health disorders within their congregations so that each member can be provided with the best overall care for their mental and spiritual health.

Unfortunately, in the past, the Christian church and the mental health field have not optimally worked together to provide the care necessary for those struggling with mental illness. This is partially due to a lack of understanding and appreciation for the respective fields, but it is also due to ignorance of the relationship between mental and spiritual health. The Christian church has allowed, and at times perpetuated, stigmas surrounding mental health disorders and their treatment, while mental health professionals have attacked and downplayed the role of

5. Saunders, *A Christian Guide to Mental Illness*, vol 1, 39.

6. Saunders, *A Christian Guide to Mental Illness*, vol 2, 167.

spiritual care.⁷ While Scripture and the purpose of the church have remained the same since the time of Christ and the Apostles, the study and treatment of mental health disorders has changed drastically over the past two hundred years. The days of sanitoriums, lobotomies, and inhumane treatment are a thing of the past. Not only has the understanding and treatment of mental health disorders progressed, but the cultural perspective of mental health disorders has also changed.

Dr. Mears, a practicing psychologist, and director of faith integration at Christian Family

Solution (CFS) summarized this change:

I think the reality of mental health needs was really put on the forefront during the pandemic. But even prior to that, if you just took a landscape of where the mental health field was 10 years ago to where it is now, there's been significant changes in reducing mental health stigma. I know that when I counsel and interact with young people, the idea of, "Is it okay to get help? Is it okay to be vulnerable? Is it okay to acknowledge emotional weaknesses or challenges?" It's just a completely different paradigm that younger people are willing to do that and are willing to even admit that they're in therapy and that there's no shame in that. I think in many ways that it's a very, very good and positive thing, that there is much less of a stigma surrounding mental health challenges.⁸

As the field of psychology progresses, the Christian church must adapt as well.

This paper will seek to define the optimal roles and relationships that a pastor and a mental health professional should have when providing care for an individual who is struggling with a mental health disorder. To achieve this, the paper will first give an overview of what different worldviews and groups within the Christian church have said about the relationship between pastoral care and mental health care. Then, the paper will briefly explain what mental health and spiritual health are, while providing support for their deeply interconnected

7. Saunders, *A Christian Guide to Mental Illness*, vol 1, 35-40.

8. Dr. Joshua Mears, interviewed by author, October 14, 2022.

relationship. Finally, the paper will describe the roles that a pastor and a mental health professional should have when providing the best overall care for an individual who is struggling with a mental health disorder.⁹ While the lines between mental and spiritual care will vary depending on the severity of the mental health disorder and the experiences and education of the pastors and mental health professionals involved in the care,¹⁰ in general, this thesis will argue that because of the significant relationship between mental and spiritual health pastors should always fulfill their calling as a spiritually focused teacher (Titus 1:9), comforter (2 Tim 4:2), and defender (Acts 20:28). They should view themselves as an integral part of the overall mental health care of their members, however, pastors will not turn to psychology for power or new tools. Pastors will use techniques and insights gained from the mental health field to better communicate God's truths and offer gospel comfort, through the means of grace, to hurt and burdened consciences in a loving, more direct, and personal manner than a mental health professional is generally able to do. While mental health professionals will use various scientifically backed methods to help individuals understand themselves better by diagnosing mental health issues, recognizing past traumas, changing destructive thought patterns, helping manage emotions, and, when applicable, prescribing and managing medications. Christian mental health professionals, as universal priests (1 Pet 2:9), may be able to integrate law and gospel and scriptural truth into their counseling methods, but this should be in partnership with and under the supervision of a pastor. Just as there are repercussions for the mental health of an individual if a pastor provides mental health care he is not qualified to provide, so can there be

9. The author recognizes that the term "mental health disorder" is a very broad term that includes many distinct mental illnesses. It is not the purpose of the paper to delve into specifics surrounding each mental illness, but to provide a general framework for the roles that a pastor and a mental health professional should have.

10. Reik, Sarah. Interview by author. Zoom call. October 17, 2022. Sarah Reik is a masters level counselor at CFS with over 20 years of experience in the mental health field.

spiritual repercussions if a mental health professional inappropriately uses Scripture to provide spiritual guidance or comfort. Therefore, a close partnership and open communication between pastors and mental health professionals is essential for the overall health and well-being of an individual.

Methodology

In this section, the strategies and methods employed by this paper will be discussed. In order best define the roles and boundaries that pastors and mental health professionals should have when providing care to an individual who is struggling with a mental illness, this paper gathered and synthesized information from three different sources. The first source was published materials written from both the pastoral and mental health professional perspectives. The pastoral perspectives were taken from various Christian denominations including the Wisconsin Evangelical Lutheran Synod (WELS), Lutheran Church Missouri Synod (LCMS), Evangelical Lutheran Church of America (ELCA), and members of the Biblical Counseling movement.¹¹ The mental health professional materials were written from both Christian and non-Christian worldviews.

The second source of information was interviews with professionals in their respective fields of pastoral or mental health care.¹² This paper will draw on the professional opinions of two Lutheran pastors who have spent ample time in their professional careers providing pastoral counseling, two mental health professionals who work for a Christian counseling organization

11. These sources were a mix of Calvinist and Arminian theological leanings.

12. Transcripts of four interviews are available upon request.

called Christian Family Solutions (CFS), and two mental health professionals who work for a secular mental health organization called Behavioral Health Clinic. The mental health professionals, both Christian and secular, are either master-level licensed counselors or psychologists.¹³ While the author recognizes that psychiatrists are also valuable in providing and managing medications for mental illness, this thesis is focused on professionals who provide non-medicinal related care.

The final source of material utilized by this paper is a workshop run by CFS called Effective Soul Care. During the session, they bring professional counselors and local WELS pastors together to discuss how they can partner with one another to provide the best overall care for members who are struggling with mental health, marital problems, and more.¹⁴

In summary, this paper will synthesize opinions from both a pastoral perspective and the mental health field, gathered from literature, professional interviews, and the Effective Soul Care presentation. It will also seek to compare how various Christian denominations and secular psychology interpret the roles of pastors and mental health professionals and provide insights on what the optimal roles, boundaries, and relationships a Lutheran pastor and mental health professional should have.

13. One of the psychologists interviewed, Dr. Timothy Fruendl, is currently a post-doctoral fellow. This means he has obtained a Doctor of Psychology but is still working on obtaining his state licensure.

14. Transcripts from the Effective Soul Care presentation and an example of communication between a pastor and mental health professional can be made available upon request.

WORLDVIEW REVIEW

In this section various sources will be compared, based on their religious affiliation, to paint a picture of what various denominations and worldviews have published about mental and spiritual health, pastoral care and counseling, and the mental health care profession. Each group will be juxtaposed against the others from both a pastoral and mental health professional perspective. The paper will begin with a narrow focus on the WELS, then broaden the scope to Lutheranism in general, Biblical Counseling materials, and finally the secular mental health field.

WELS Sources

The first section will summarize what WELS pastoral theology and counseling literature writes about mental and spiritual health, pastoral care and counseling, and mental health professionals. The second half will focus on what WELS counselors and psychologists at CFS, specifically in their Effective Soul Care program, add to the discussion.

Pastoral

The WELS takes a balanced approach that recognizes the relationship between spiritual and mental health. Pastors are encouraged to be quick to refer to mental health professionals when

their members are struggling with mental health disorders. There are two extremes that pastors are encouraged to avoid, “The one is failure to recognize the gifts the Lord has given to others in various helping professions. The pastor must not consider his call from the Lord one that makes him solely responsible to serve people in every aspect of human need and life. He will appreciate and lead the people to appreciate the various sources of help that are available under God.”¹⁵

Pastors need to keep a proper understanding of their call to serve as overseers and shepherds while also remembering that their calling and training are not focused on providing care for mental illness. When a pastor recognizes that a member is struggling with a mental illness that is beyond his scope of care, he is to refer them to a qualified mental health professional and value that mental health professional as an asset that God has provided. In this way, there can be a mutual respect and professional relationship between a pastor and mental health professional where neither side attempts to perform or diminish the job of the other.¹⁶ However, a referral to a mental health professional is not a pass to become uninvolved in the member’s overall care. Professor John Schuetze summarized this when he wrote, “A pastor should recognize his limitations and play to his strengths. He is limited in what he can offer his members in the mental health realm. However, he has much to offer his members by way of spiritual, scriptural counseling.”¹⁷

This call to remain a part of members' overall care highlights the understanding that there is a deeply interconnected relationship between spiritual and mental health. Schuetze and Matzke

15. Armin W. Schuetze and Frederick A. Matzke, *The Counseling Shepherd* (Milwaukee, WI: Northwestern, 1988), 112.

16. H. Curtis Lyon, *Counseling at the Cross: Using the Power of the Gospel in Christian Counseling* (Milwaukee, WI: Northwestern, 1991), 136.

17. John D. Schuetze, *Doctor of Souls: The Art of Pastoral Theology* (Milwaukee, WI: Northwestern Publishing House, 2017), 269.

write, “The other extreme to avoid is the failure to recognize that every problem has its spiritual aspects. We have long recognized the need for spiritual counsel in times of illness. We also know that everything that is legally permissible is not necessarily morally right.”¹⁸ If someone is struggling with a mental health disorder, they will need spiritual comfort and care as someone who is fighting cancer will.

The objectives and tools that a pastor will have when providing care are distinct from those of a mental health professional. While both seek to bring about change in the individual they do so differently. Schuetze and Matzke summarized this point:

Change is no less the objective for the counseling pastor. However, we must define the change more precisely. When we do that, the objectives of the pastor as counselor come into clear focus. We see them as unique, different from the objectives of secular counselors. The difference has its basis in the pastor’s understanding of the nature of man, of the changes that are needed, of the means to affect them. Scripture is the only source from which to gain such understanding.¹⁹

Pastoral counseling is focused primarily on the individual’s relationship with their God, how that has been affected by sin, and uses Scripture as its primary source to bring about change. Thus, growth in faith that leads to eternal salvation is the highest priority for the WELS pastor. If this is not the focus, it is no longer true pastoral counseling.²⁰ While this is the primary focus, pastors will also want to encourage growth and application of the Holy Scriptures and an increase in Christian living.²¹

The tool that pastors will rely on, unlike mental health professionals, is Scripture. Pastors should view themselves as a communicator and vessel for the true counselor, the Holy Spirit.

18. Schuetze and Matzke, *The Counseling Shepherd*, 112.

19. Schuetze and Matzke, *The Counseling Shepherd*, 14.

20. Schuetze and Matzke, *The Counseling Shepherd*, 23.

21. Schuetze and Matzke, *The Counseling Shepherd*, 24.

Through Holy Scripture, the pastoral counselor draws on the Holy Spirit's power to truly work change. While pastors rely on the power of God's Word to work in the hearts of their members, it is not an excuse to apply God's Word sloppily. Pastors should seek to fully understand the sinful root of the problems so that they do not apply Scripture as a band-aid.²²

Mental Health Professional

The WELS mental health organization, CFS, also views pastors as the ones who are primarily responsible for the overall spiritual care of individuals, but they emphasize that pastors can partner with mental health professionals on the common ground of law and gospel-based ministries. Pastors will focus on spiritual care and mental health professionals will focus on mental health care, but they will both use Scripture and a law and gospel framework to accomplish their respective goals. Dr. Mears, the director of faith integration at CFS, said, "There's a lot of harmony and symmetry between pastoral counseling work and a Christian counselor's strategies. There is that one kind of consistent binding truth that law and gospel still apply in their life and is the guide and a frame of reference for Christian living."²³

Pastors will, in general, be more direct in their counseling work, while mental health professionals need to take time to build relationships and therapeutic trust. Mental health professionals will be able to help individuals explore biblical truths that pastors establish while also providing therapeutic guidance, direction, and clinically backed methods to help individuals

22. Schuetze, *Doctor of Souls*, 292.

23. Dr. Joshua Mears, interviewed by author, October 14, 2022.

to a better state of mental health.²⁴ CFS's goal is, "For us to see a collaborative approach towards what we're calling Integrated Soul Care, where both the pastor and the therapist work together to equip the individual or the couple with the spiritual resources to be resilient, which is to really affirm their God-given abilities to understand and overcome the presenting concerns they're facing." In their integrated approach, CFS affirms the interconnected relationship between mental and spiritual health, while emphasizing that spiritual care is, in the end, the most important.

The view of CFS for their counselors is grounded in the priesthood of all believers (1 Pet 2:9). They want counselors to not only have their care influenced by the field of secular psychology but also by scriptural truths. This sets Christian mental health counseling apart from secular mental health counseling. Sarah Reik, a licensed practicing counselor for over 20 years stated, "While there are some Christians who are counselors and do secular counseling, they may intentionally leave the Christian outside the office. But that's not what we do at Christian Family Solutions."²⁵ The Effective Soul Care presentation summarized the view of CFS in comparison to other mental health organizations:

In many ways we're trying to rewrite the training that's been given in regard to a graduate program and the mental health landscape.... Almost every graduate program is very influenced by humanistic, client-centered, Rogerian, and theoretical orientation, which is under the idea that clients are going to get the best outcome because of unconditional positive regard. We just kind of follow along with them as they do this self-discovery and we don't impose beliefs, we don't tell them right or wrong, and we don't give them solutions. That is where I'll encourage our clinicians to think about the idea of our name being Christian Family Solutions. It doesn't mean that we start firing answers on everything, but we have solutions that we can hold to as our foundation that don't come from our own intellect or our own human reason but do come from our scriptural grounding. It's okay and especially okay when clients are coming to us and saying, "I want Christian counseling and I am agreeing and consenting to this approach being the

24. Dan Nommensen, "Effective Soul Care," recorded 2022, Christian Family Solutions.

25. Sarah Reik, interviewed by author, October 20, 2022.

way that you engage and interact with me."... Our overall integration efforts are going to really try to embolden our counselors to understand where they can be even more forthright in having that law and gospel approach and guiding and directing as Scripture guides, encourages, and counsels us.²⁶

Overall, this paper agrees that this integrated approach to spiritual and mental health care is best for the overall care of individuals. Pastors focus on spiritual care through direct and appropriate law and gospel ministry, while counselors incorporate scriptural truths into the framework of their mental health care under the direction of their client's pastor. In this way both pastors and mental health professionals stay within their areas of competency and mental health is kept subservient to the individual's relationship to their Savior.

Lutheran Sources

Primarily, these sources are written by pastors and mental health professionals in the LCMS and ELCA.

Pastoral

The non-WELS Lutheran pastoral theology and counseling literature agreed with one another that pastors should avoid providing any sort of mental health care as this is outside of the pastoral calling. However, they recognize that while pastoral work is primarily spiritual it has effects on individuals' overall health and is rooted in the real and temporal world. The Care of Souls summarizes pastoral work:

Pastoral work by definition is spiritual work. Pastors are always working in the spiritual realm. Though rooted solidly in this concrete, material world, they teach and preach, they

26. Nommensen, "Effective Soul Care."

tend and nourish, they pray and bless to connect people with things eternal and non-corporeal yet very real. But not in the generic sense of the ‘spirituality’ of our age. Rather, they bring within the range of the five human senses the gifts of God’s own Spirit... Paradoxically, in pastoral work, what is inherently physical is simultaneously the most spiritual. Pastors are Christ’s servants, authorized by him to bring God’s people all the benefits of his saving work: forgiveness, life, and salvation.²⁷

Much like the WELS view, the call motivates pastors to provide spiritual counseling and guidance to their members, but they are not, unless trained beyond a seminary, to diagnose and treat mental illnesses. This view is rooted in a long-standing pastoral practice that has foundations in the apostolic church. Going beyond the warnings found in WELS literature, *The Care of Souls* warns pastors that attempting to provide modern psychological care will not only cause them to practice beyond their scope but will also weaken the pastoral ministry. Senkbeil writes, “You will be reinventing yourself to conform to rapidly shifting circumstances and expectations, and the ministry you carry on will be little more than a weak and pale imitation of the secular culture around you. When that happens, ministry is drawn from human experience rather than the living and abiding Word.”²⁸ There is a very strong emphasis on keeping Scripture the focus on pastoral work and psychology the focus of mental health professionals.

The goals of pastoral care fall in line with this focus, caring for the conscience through law and gospel ministry. The spiritual care provided by pastors is seen as a matter of utmost importance, above and beyond mental health care. Senkbeil writes this about the pastor:

He’s not providing people with helpful hints or useful strategies to fix their own problems. He both kills and makes alive, he wounds and heals; he metes out death to the old Adam and raises souls made new again in the Savior’s love. Therefore, as his servant, when you wield the Spirit’s sword, you’re delivering real balm and help to hurting, dying

27. Harold L. Senkbeil, *The Care of Souls: Cultivating a Pastor's Heart* (Bellingham, WA: Lexham, 2019), 31-32.

28. Senkbeil, *The Care of Souls*, 17.

souls. You're not just talking about abstract ideas or categories; you are enacting his life-giving word in the hearts and lives of suffering souls.²⁹

He goes on to describe that the goal of pastoral care is not to help people feel better, but rather to bring people into their full stature before Christ through a good conscience, with the result that people will no longer live for themselves, but for the one who gave himself for them.³⁰ Overall these views are in line with the WELS views on the role of pastors and the importance of spiritual health, but they are less focused on integration and collaboration with mental health professionals and they uphold the pastoral office higher than the WELS seems to.

On the other hand, the non-WELS Lutheran sources do respect mental health professionals and the treatments that they use. They recognize that standard counseling strategies are rooted in theory and empirical testing and can provide relief from various psychological ailments or relationship issues. However, these strategies fail to address guilt and shame, nor do they answer the existential questions that are often critical in helping treat mental illness. Guilt, shame, and existential questions must be rooted in clear theology, which is the primary responsibility of pastors.³¹

One aspect of pastoral care that emphasized in the non-WELS sources is Luther's teaching of *anfechtung*. *Anfechtung* was Luther's favorite German word for temptation, trial and tribulation, guilt and shame, suffering and sorrow. Against a theology of glory or prosperity gospel, *anfechtung* recognizes that the devil, the world, and the sinful nature are constantly assaulting non-Christians and Christians in both body and soul, consuming them in fear for both

29. Senkbeil, *The Care of Souls*, 41.

30. Senkbeil, *The Care of Souls*, 179.

31. Rick W. Marrs, *Making Christian Counseling More Christ Centered*, (Bloomington, IN: Westbow, 2019), 1-2.

their lives and salvation.³² *Anfechtung* is a bane; yet *Anfechtung* is a blessing. *Anfechtung* not only drives human creatures to look for answers, meaning, and purpose, but God also uses *anfechtung* to drive us to Christ's cross of forgiveness, life, and salvation.³³ Using *anfechtung* as a framework can help pastors teach their members a proper spiritual understanding of suffering and mental illness.

Mental Health Professional

In the non-WELS Lutheran literature written by mental health professionals a less integrated approach is recommended. While communication between pastors and mental health professionals is encouraged, it is to maintain boundaries and respect each other's professions, rather than communicating through a mutual law and gospel paradigm as the WELS sources encouraged. There is a general recognition that pastoral counseling can be beneficial, but it should be very limited in its scope because of the lack of training most clergy receive and the lack of established boundaries in the pastoral ministry.³⁴ One author said, "The approach is a dialogue between the disciplines so that each in her or his own specialty might work in partnership and not cross-purposes, as often has been the case in dealing with mentally ill people."³⁵ Dr. Steven Saunders summarized the distinction similarly:

Providing proper care for mental illness and mental health concerns is the province of mental health professionals. Providing spiritual comfort and consolation is the duty of

32. Marrs, *Making Christian Counseling More Christ Centered*, 26-27.

33. Marrs, *Making Christian Counseling More Christ Centered*, 58.

34. Robert H. Albers, William Meller, and Steven D. Thurber, *Ministry with Persons with Mental Illness and Their Families* (Minneapolis, MN: Fortress Press, 2019), 54-55.

35. Albers, Meller, and Thurber, *Ministry with Persons with Mental Illness and Their Families*, 5.

pastors, and it requires nothing more than what they already possess.... They should do what clergy are called to do. Admonish, educate, pray for, and preach to persons with mental illness and their families and assure them of God's love, of their salvation, and of God's wisdom and mercy.³⁶

In his two-volume book, Dr. Saunders advocates that pastors need to have a proper understanding of mental illness and its treatments so that they can advocate for the truth while condemning false stigmas. One part of a proper Christian understanding of mental illness is the theology of the cross. Saunders believes that it is the pastor's job to condemn any hint of a theology of glory and promote a theology of the cross. He writes, "The theology of glory must be condemned because it makes understanding and dealing with the tragic reality of mental illness, which is difficult for anyone, even more difficult for Christians."³⁷ The danger is that mental illness, in a theology of glory, can be related to the strength of an individual's faith or a result of specific sins. The proper teaching of mental illness is summarized by Saunders:

A proper Christian understanding of mental illness rejects the theology of glory as a theology of ravenous beasts that wants to kill and devour us.... A proper Christian understanding of mental illness, instead, begins and ends with the three articles of faith expressed in the Apostles' Creed, which are the foundation of the Christian faith.... A proper Christian understanding of mental illness embraces the theology of the cross.³⁸

The strength of one's faith is never the cause of mental illness, nor does it mean that God is punishing you. Rather, the causes of mental illness are biological, psychological, and environmental. This is known as "the diathesis-stress model, it acknowledges that some disorders, such as severe cognitive impairment and autism, are entirely due to brain malfunction, whereas other mental illnesses, such as trauma-based disorders and substance abuse disorders,

36. Stephen M. Saunders, *A Christian Guide to Mental Illness*, vol 2, (Milwaukee, WI, 2019), 553.

37. Stephen M. Saunders, *A Christian Guide to Mental Illness*, vol 1, (Milwaukee, WI, 2016), 435.

38. Saunders, *A Christian Guide to Mental Illness*, vol 1, 439.

develop only in persons who have certain experiences.”³⁹ One of the ways that pastors can continually teach and emphasizes these truths is by creating a community for supporting people with mental illness.⁴⁰

While the non-WELS Lutheran sources agreed often, the general perspective seemed to be less integrated than the WELS sources. Pastors take one hundred percent of the spiritual responsibilities and mental health professionals handle one hundred percent of the mental health responsibilities. This view may be wise for pastors who are referring members to secular mental health professionals, but if there are mental health professionals who want to integrate Scripture into their counseling, pastors should aid, guide, and encourage them. In other words, in the non-WELS Lutheran sources there was no emphasis on the universal priesthood of all believers and how that applies to Christian mental health professionals. On the other hand, these sources also added important aspects to the pastoral role of providing care for mental illness. Namely, teaching the truth about mental illness, condemning any hints of the theology of glory, and creating a supportive environment.

Biblical Counseling

This section will summarize and compare the counseling and care perspectives for mental illness that are held by members of the Biblical Counseling movement.⁴¹ As there are a variety of beliefs

39. Saunders, *A Christian Guide to Mental Illness*, vol 2, 287.

40. Albers, Meller, and Thurber, *Ministry with Persons with Mental Illness and Their Families*, 77.

41. There are numerous organizations that would consider themselves under the umbrella of biblical counseling. A few of the largest organization are the Association of Certified Biblical Counselors (ACBC), which is directly connected to Jay Adams original organization, the Association of Biblical Counselors (ABC), and the Biblical Counseling Coalition (BCC). Each organization has their own statements of beliefs and theological leanings.

within the Biblical Counseling movement, this paper will focus on the fundamental beliefs of Biblical Counseling.

The Biblical Counseling movement can trace its roots back to the 1960s and a man named Jay Adams. Adams believed that the field of psychology and psychotherapy were not beneficial areas of study and that they would lead people away from God. Adams taught, when it comes to mental health disorders, there are only two causes, organic and sinful. Adams writes:

To put the issue simply: the Scriptures plainly speak of both organically based problems as well as those problems that stem from sinful attitudes and behavior; but where, in all of God's Word, is there so much as a trace of any third source of problems which might approximate the modern concept of 'mental illness'? ... The only safe course to follow is to declare with all of Scripture that the genesis of such human problems is two-fold, not three-fold.⁴²

This is opposed to the views held by the WELS and other Lutheran sources. While all of the Lutheran sources agreed that Scripture is the authoritative and powerful word of God, none of them went so far as to say that it is the only solution to the problem of mental illness. Rather, they recognize that every mental health disorder has spiritual, emotional, and mental roots. Because biblical counselors reject any non-organic⁴³ or sin-based causes of mental illness, they reject the use of secular mental health professionals and any resources they may have, such as the Diagnostic and Statistics Manual (DSM). Adams believes that "a good seminary education rather than a medical school or a degree in clinical psychology, is the most fitting background for a counselor."⁴⁴ All of the WELS and other Lutheran sources would disagree. While they share a common understanding that Scripture and pastoral care are the main treatments of the spiritual

42. Jay E. Adams, *Competent to Counsel*, (Grand Rapids, MI: Baker Book House, 1983), 29.

43. Organic causes of mental illness would include things like traumatic brain injury or mental retardation from birth, such as Down Syndrome. Because of this, some biblical counselors will support psychiatry and prescription drugs to help treat various mental illnesses.

44. Adams, *Competent to Counsel*, 61.

aspects of mental illness, such as guilt or shame, the Lutheran sources do not reject the reality of mental health as something separate from the spiritual. Nor do they reject the field of psychology and its resources, but view them as a tool that can be used to help hurting people.

The modern Biblical Counseling movement's views on Scripture and the field of psychology are summarized by Heath Lambert:

Christians today live in a secular and therapeutic culture, which lacks the sophistication of the Scriptures in understanding these matters. This culture attributes physical causation to many problems, ignoring their spiritual roots and implications. This practice is confusing and unhelpful since the Bible teaches that not all serious problems are medical problems. The Bible's teaching on humanity leads us to conclude that many problems are physical in nature, many others are spiritual in nature, and each affects the other.... This manual makes many accurate observations about the manifold problems that afflict people. For biblical counselors, the DSM paints an inadequate and misleading picture. It fails to express, recognize, or understand the spiritual aspect of problems that afflict people. Because of that failing, it cannot offer clear help and hope for people diagnosed with its labels... Christians must be committed to a way of understanding and speaking about complex problems that are more likely to lead to real and lasting change than that recorded in the various editions of DSM.⁴⁵

Their main concerns are that the DSM and secular psychology are ever-changing and have replaced a God-centered worldview with human-centered answers that are bound to the here and now.⁴⁶ These are all ideas that the Lutheran sources, and even the DSM at points,⁴⁷ would agree with. However, there is a difference in opinion over the purpose of Scripture, the relationship between mental and spiritual health, and the vocation of mental health professionals.

45. Heath Lambert, *A Theology of Biblical Counseling: The Doctrinal Foundations of Counseling Ministry* (Grand Rapids, MI: Zondervan, 2016), 323.

46. Dale Johnson, Samuel Stephens, "The Problem with the Mental Illness Narrative," Association of Certified Biblical Counselors, May 18, 2020, <https://biblicalcounseling.com/resource-library/podcast-episodes/the-problem-with-the-mental-illness-narrative/>.

47. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (Washington, DC: American Psychiatric Assoc., 2013), 4. In the introduction to the DSM-5, it recognizes that the field of psychology is relatively young and evolving.

While the Lutheran sources would disagree with biblical counselors on the role of mental health professionals, there is common ground on the use and application of Scripture in pastoral counseling, as both groups hold a high view of Scripture and a similar understanding of sin and grace. Specifically, one biblical counselor wrote: “To read Luther is to come to know a person who saw his soul and the souls of others in despair. His pastoral care of his own soul and of others, therefore, focused on *anfechtung*- spiritual doubts about acceptance by God, spiritual depression because of feelings of rejection by God, spiritual despair over pleasing God- all caused by a sense of alienation from God.”⁴⁸ Apart from the common use of *anfechtung*, there is a shared interest in sharing with people in their spiritual despair caused by guilt and shame and using Scripture to help comfort them. There also is a shared recognition that the work of pastoral counseling is not something that needs to shift with culture and time. Rather, pastoral counseling should follow in the footsteps of Christ, the Apostles, and Luther. Kellemen summarizes this position:

Luther did not invent pastoral counseling; he reformed it... The contours of Luther’s counseling followed the historic focus of pastoral counseling from the time of Christ, to the church fathers, to the medieval church, up until his day. Pastoral care always dealt both with the evils we have suffered and with the sins we have committed. It always addressed four areas: sustaining, healing, reconciling, and guiding. Sustaining and healing, or *paraklaetic* counseling, apply the gospel to the suffering with the goal of sanctification. Reconciling and guiding, or *nouthetic* counseling, apply the gospel to sin with the goal of sanctification.”⁴⁹

While the vocabulary may be different, the purposes, goals, and resources of pastoral counseling are very similar to the Lutheran views summarized in this paper.

48. Robert W. Kellemen, *Counseling under the Cross: How Martin Luther Applied the Gospel to Daily Life* (Greensboro, NC: New Growth, 2017), 13.

49. Kellemen, *Counseling under the Cross*, 52.

The biblical counseling movement and the pastoral counseling roles expressed by many Lutheran sources share much common ground. However, they are drastically different when it comes to the area of mental illness and mental health professionals. While psychology may be a secular field, it is important to realize that God can use secular areas of study and even unbelievers to help his people and accomplish his will (Ezra 1:2, Acts 28:2). Also, Scripture was written to lead people to salvation and through a knowledge of Christ (John 20:31), not to be an answer to mental health disorders. While Scripture is powerful and should play a critical role in the care of mental illness, it is not a source nor a replacement for mental health treatment.

Secular Psychology

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) was the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health. This is viewed as an authoritative volume that defines and classifies mental disorders to improve diagnoses, treatment, and research. It is used as a resource for psychiatrists, other physicians and health professionals, including psychologists, counselors, nurses, and occupational and rehabilitation therapists, as well as social workers and forensic and legal specialists and researchers to diagnose and classify mental disorders with concise and explicit criteria intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings.⁵⁰

50. "About DSM-5," American Psychiatric Association, April 5, 2022, <https://www.psychiatry.org/psychiatrists/practice/dsm/about-dsm>.

In the DSM-5 religion and spirituality are seen as an important part of the identity of individuals who are struggling with mental illness. It says, “Other clinically relevant aspects of identity may include religious affiliation.”⁵¹ The importance of religion is seen as one of the many variables that may affect the mental health of individuals, but it is not viewed as the most important part of someone’s life. While secular psychologists may respect and work with religious beliefs,⁵² they, unlike the Lutheran and biblical counseling views, would not consider faith and eternal salvation to be the most important piece of the overall health and wellness of an individual, but rather as a factor that should be considered when diagnosing and treating mental illness. Secular psychology would not view pastoral care as a necessary part of the mental well-being of an individual nor would they see the role of a mental health professional to offer spiritual guidance. Rather, religion is a cultural factor. The Lutheran and biblical counseling sources would disagree that pastoral care is not necessary, but the Lutheran sources see the value in incorporating religion as part of the overall mental health picture that secular mental health professionals use in their diagnosis.

Dr. Brian Weiland summarized the view of secular psychology and the overlap with pastoral care:

There's the body and then there's the mind, and then there's the spiritual component to life. I think that there certainly is a crossover between all three. When I think of a person coming to a pastor, what they would be looking for, to me, it just speaks of a spiritual addition to that counseling, and so whatever that looks like and a significant spiritual addition. I'm thinking of people looking for acceptance, looking for guidance, looking to be understood, looking to be forgiven, maybe. Things like that I think are something that a pastor can provide, that a counselor really can't. A counselor is meant to help the person

51. DSM-5, 180.

52. Based on a personal interview by the author with Dr. Timothy Freundl, mental health professionals are not allowed, based on their code of ethics, to use their platform to proselytize for any sort of spiritual or secular worldview. However, they are encouraged to respect and work with various religious leaders and seek to understand how various religious views and experiences may be affecting the mental health and well-being of clients.

see themselves. A pastor, I think, is kind of that more, again, a spiritual guide who can help them see the way that their life fits or doesn't fit with their relationship with God, and really trying to connect with that piece of it. I think a lot of times people see pastors as an extension of God, some sort of voice box for God. That can be incredibly powerful, just in so many ways, sitting with an individual who is thought to have God's ear in a different way. Although it may not work that way, but I think that that is what's felt as we sit with pastors, that they have a special kind of connection with God, and therefore sitting with them and confessing thoughts and feelings and grappling with certain big life questions. I think that people can really get a lot out of that experience that they couldn't with an ordinary therapist. If pastors see that and see what role they might play in a person's life and do their best to stay in that lane a bit, I think that can be, again, more powerful than what a counselor can do. The counselor couldn't do those sorts of things.⁵³

While secular psychology may place mental health on a higher level than faith, Lutheran pastors should be comfortable referring their members to mental health professionals who have proper respect and understanding of the importance and power of religion and spirituality.⁵⁴ The goal of secular mental health professionals is not to condemn religious beliefs, but rather to diagnose and treat mental illness and help people better understand themselves, whereas the goal of pastors is to help individuals better understand their relationship with God.

The biblical counseling movement rejects much of what secular psychology asserts because of psychology's humanistic view and lack of scientifically backed definitions of mental illness. Rather, they see the DSM as only a "collection of description."⁵⁵ However, even the DSM-5 in its introduction recognizes that psychology is a young and constantly evolving field. The DSM-5 says this about itself:

While DSM has been the cornerstone of substantial progress in reliability, it has been well recognized by both the American Psychiatric Association and the broad scientific

53. Dr. Brian Weiland, interviewed by author, October 18, 2022.

54. The author recognizes that this may not be the case for every secular mental health professional. There have been many prominent psychologists, such as Sigmund Freud, who openly condemned religion as a detriment to mental health. Pastors simply must be on guard and in communication with secular mental health professionals and their members so that the mental health professional is staying within their lane and not trying to deconstruct their members' faith.

55. Johnson, Stephens, "The Problem with the Mental Illness Narrative."

community working on mental disorders that past science was not mature enough to yield fully validated diagnoses—that is, to provide consistent, strong, and objective scientific validators of individual DSM disorders. The science of mental disorders continues to evolve.⁵⁶

Does the evolving nature of secular psychology mean that it should be avoided completely?

Lutheran sources would say no. While pastors should be on guard and recognize that secular psychology may have different beliefs and moral standards, their insights into mental health and wellness can still be valuable to their members and they can rejoice as the field of psychology evolves to a better understanding and treatment of mental health disorders.

56. DSM-5, 4.

MENTAL AND SPIRITUAL HEALTH

This section will give a definition and overview of mental and spiritual health and give evidence for the deeply connected relationship between the two. First, the paper will form a working understanding of what it means to be mentally healthy so that deviations from that, namely mental health disorders, can be better understood. Then, the paper will do the same for spiritual health as this will give a better understanding of the goals of pastoral care and how it relates to individuals mental health and the overall wellness.

Mental Health and Illness

When someone is physically healthy it means that their body is functioning normally, and they are able accomplish their daily tasks without any hindrance. When someone is not physically healthy, their body does a good job of letting them know. Their nose runs, they run a fever, or aches and pains stop or hinder them from functioning normally. These physical symptoms also run on a spectrum from not bad to horrible. Mental health is similar to physical health in the sense that there is a spectrum, and it affects the way people function in their daily lives.

However, the characteristics of poor mental health are not always as obvious as the physical symptoms of unhealthiness. The DSM-5 describes mental health as something that,

Involves effective functioning in daily activities that results in productive activities, healthy relationships, and the ability to adapt and overcome adversity. Mental health is

the foundation for emotions, thinking, communication, learning, resilience, and self-esteem. Mental health is also key to relationships, personal and emotional well-being and contributing to community or society. Mental illness involves significant changes in thinking, emotion and/or behavior. Distress and/or problems functioning in social, work, or family activities.⁵⁷

Thus, someone that is mentally healthy is in control of their feelings, behavior, and thoughts.

While their emotions, behavior, and thoughts might not always be as healthy or positive every day, someone who is mentally healthy is able to adapt and overcome negative thoughts and feelings so that they can successfully fulfill their roles and relationships. This means that someone who is experiencing a mental health disorder would, to some degree or another, not be able to fulfill their roles and relationships because they are not able to control nor cope with their current feelings, behaviors, or thought patterns. In this way, mental health is best seen as a continuum. Dr. Saunders explains the mental health continuum this way:

There are no bright, bold lines of demarcation separating normal from deviant. That is, there is no definitive way of knowing that the way one is feeling, acting, or thinking is indicative of abnormality. For this reason, it is best to consider mental illness as points on a continuum. At one end is good mental health, at the other end is mental illness, and in-between are mental health problems. Few people will go all of life with uninterrupted good mental health.⁵⁸

Mental health problems are something that all people will struggle with, but mental illness is something more significant.

Mental illnesses are very complex, but generally, they are separated from mental health problems by the severity and duration of their effect on an individual. Dr. Saunders explains:

A mental illness should be diagnosed if a person exhibits or experiences a clinically significant behavioral or psychological syndrome or pattern that is associated with present distress or disability. Problems that are aspects of mental illness may be behavioral or psychological or both. Behavioral problems involve actions or things we do.... Psychological problems may involve either feelings or cognitions.... In other

57. DSM-5, 54.

58. Saunders, *A Christian Guide to Mental Illness*, vol 1, 8.

words, mental illness entails serious, unremitting problems in feelings, actions, or thinking.⁵⁹

Mental illnesses can have a wide variety of effects on someone's thoughts, feelings, and behaviors, but they are problems that are severe, unrelenting, and continually affecting someone's ability to live their life the way they desire. Mental illnesses take many forms. Some are mild and only interfere in limited ways with daily life, such as some phobias. Other mental health conditions are so severe that a person may need care in a hospital.⁶⁰

Because mental illnesses are complex in their causes, symptoms, and severity. Their treatment is also complex. Dr. Saunders writes:

Mental illnesses are bad things, and human beings want simple explanations and fixes. This is not easy, however. First, mental illnesses tend to be complex. There are many versions of mental illness and, as often as not, the same person may have more than one mental illness. Also, mental illnesses seldom have simple causes or explanations. There are current and past causes. There are biological causes and environmental causes. Sometimes the environment changes biology, leading to mental illness. Finally, mental illnesses rarely have simple solutions. Unlike infections, there are no pills to eliminate them. Unlike broken bones, stabilizing a mental illness and giving it time to heal doesn't work.⁶¹

There may be similarities between mental and physical health, but there are also significant differences. Mental health involves daily functioning in roles and relationships, being able to adapt and overcome adversity, and controlling thoughts, feelings, and behaviors. While everyone will have mental health problems, mental illness is a far more severe and long-term struggle. Although there have been many misunderstandings and stigmas surrounding mental health,

59. Saunders, *A Christian Guide to Mental Illness*, vol 1, 25.

60. According to the World Health Organization, mental illnesses include anxiety disorders, depression, bipolar disorder, post-traumatic stress disorder, schizophrenia, eating disorders, neurodevelopmental disorders, and dissocial disorders, and more. This paper will explore specific disorders, but rather speak in generalities. "Mental Disorders," (World Health Organization, June 8, 2022).

61. Saunders, *A Christian Guide to Mental Illness*, vol 1, 410.

mental health is something that should be talked about as it is manageable and something every person lives with.⁶²

Spiritual Health

Spiritual health⁶³ is centered on a person's relationship with God. While our God never changes (Heb 13:8) people's understanding of God and their understanding of God's truth and the way that God views them does change. Because of this, like mental and physical health, spiritual health is something that should be viewed on a spectrum. As people experience stress, fear, anxiety, forgiveness, guilt, shame, love, study Scripture, receive the sacraments, and more, their spiritual health will change. It is important to know that spiritual health involves more than just the soul or the spiritual dimension of human beings. Spiritual health involves the body and soul, specifically in their relationship with God. Senkbeil summarizes this from a pastoral perspective:

While there are multiple dimensions to every person's life- bodily, social, emotional, and psychological- as a pastor I'm especially attentive to that person's relationship to God. Therefore, the soul's spiritual life is my ultimate, though not exclusive, concern. As symptoms arise in that person's life- be they fear, anxiety, distrust, misery, joy, or sorrow- I'm always keen on interpreting them in terms of what they disclose about the soul's relationship with God.⁶⁴

This means that someone who is spiritually healthy knows, believes, and understands God's truth and they can live their lives as redeemed children of God even amid sin and struggles. In other

62. Mental health problems seem to be on the rise in the past five years. In a personal interview with the author, Dr. Brian Weiland stated that he believes this is due several factors. Our society is more stressed and under increased pressure due to social media's influence, which causes us to constantly compare ourselves to others. Another factor mentioned was the hyperconnectivity aspect of social media adds to social pressure and anxiety.

63. This paper will be working with a Christian understanding of spiritual health. It is possible that people of different faiths or worldviews will understand spiritual health differently.

64. Senkbeil, *The Care of Souls*, 66.

words, they understand their identity in Christ Jesus; they know and believe that Christ loves them, died for them, and rose for them and that nothing in this world can change that.⁶⁵

Another way to understand spiritual health is by examining the conscience. One aspect of the conscience is a moral compass, but it is more. The conscience is also someone's ability to see themselves the way that God sees them. It is "conscious sensitivity toward God's judgment and grace."⁶⁶ Someone who is spiritually healthy has a good and clean conscience (2 Cor 1:12) that is able to detect sin and righteousness, law and gospel. A healthy conscience leads people to live according to God's will, but also rejoice in forgiveness when they do not.⁶⁷

In summary, a spiritually healthy person has a clean and functioning conscience that can recognize, believe in, and follow God's will. They will be able to see themselves as God sees them and live their lives as blood bought children of God through faith in Christ Jesus.

Interrelation of Mental and Spiritual Health

King David displays the interrelation between mental and spiritual health in his Psalms. David writes, "How long, Lord? Will you forget me forever? How long will you hide your face from me? How long must I wrestle with my thoughts and day after day have sorrow in my heart? How long will my enemy triumph over me?" (Psalm 13:1-2 NIV). Wrestling with thoughts and sorrow in the heart are apt descriptions of depression and anxiety. David also felt like his soul was in

65. Alan Siggelkow, Interview by author. Phone call. October 25, 2022.

66. Senkbeil, *The Care of Souls*, 66.

67. Senkbeil, *The Care of Souls*, 128.

anguish (Psalm 6:3) and that his days were filled with groaning and weeping (Psalm 6:6-8). David was not spiritually healthy either. He felt guilt and shame before the Lord because of his sin (Psalm 51:4) and thought that God had hidden his face from him. David's burdened conscience led to mental health struggles.⁶⁸

While David's problems seemed to be rooted in the spiritual realm, Dr. Saunders also notes, "The misery that mental illness causes can negatively impact one's faith in a loving, caring God."⁶⁹ Another author notes, "In emotional illnesses, personality disorders and mental illnesses, the soul is always involved. Every human being is both body and soul."⁷⁰ No matter where the original problem is, mental health and spiritual health affect one another.

The relationship between the body, mind, and soul is complex. We may never fully understand how they are connected, but their effect on one another is evident and acknowledged by both Christian and secular mental health professionals. Sarah Reik believes that there is an incredible connection between mental and spiritual health. She said, "I think that the spiritual health and the spiritual welfare of someone has everything to do with their emotional and mental health."⁷¹ Dr. Mears goes further saying, "I will even go so far as to say that we are unable to examine them separately from each other.... There's been attempts to try to separate those domains.... I don't think that those things are very neatly categorized or delineated, I think that they are constantly echoing back and forth to each other."⁷² While secular psychology may have

68. For other biblical examples of the interrelation of spiritual and mental health see Job, Elijah, and the apostle Peter.

69. Saunders, *A Christian Guide to Mental Illness*, vol 1, 56.

70. Lyons, *Counseling at the Cross*, 50.

71. Sarah Reik, interviewed by author, October 20, 2022.

72. Dr. Joshua Mears, interviewed by author, October 14, 2022.

a different definition of spiritual health, secular psychologists recognize the impact and interrelation of mental and spiritual health:

When I think about that question, the first thing that comes to mind is I think about AA, where it's so important in that field of substance abuse to submit to a higher power, whatever that looks like. There's a lot of discussion about spirituality there, and I wonder why that is. I think a lot of this has to do with just being able to live or notice a life that has things that exist outside of yourself that are bigger than yourself. I think a lot of people struggle with existential issues. Who am I? What's my purpose? What's my meaning? That leads to a lot of depression and anxiety and things, and am I doing life correctly? Am I on the path that I need to be on? When we're just in our little bubble, you just don't know. There are no guidelines for that. I think that one of the purposes or one of the neat things about when people really focus on spirituality is it does add a little bit of offense. It adds some direction. I think people are really looking for that in a lot of ways. Again, probably one of the reasons why it's so important in things like AA. There's such a connection between the mind and the body and then spirituality, and they're just always kind of swirling around one another. So, yes, I guess that's a long-winded way of saying I think that there's a huge connection between spirituality and mental health.⁷³

This interrelation between mental and spiritual health is the reason that both pastoral care and professional mental health care are vital for someone struggling with a mental health disorder. Pastors, though they are focused on spiritual well-being, will have an impact on mental health, and mental health professionals will have an impact on spiritual health and can even help spiritual truths be communicated more effectively. This is not only supported by Scripture and psychology, but also modern brain science. Pastor Senkbeil says:

Recent studies in brain science and neuroplasticity have shown how physical and emotional trauma can impede and impact mental, emotional, and physical functions. It shouldn't surprise us, then, if such traumas also impact spiritual care. If the pathways of the mind are strewn with the wreckage of life, God's promises may sound like a foreign language, and such a person likely needs more comprehensive care treatment than you can provide.... That's why a pastor will do well to find a competent psychologist who is skilled in the relationship between cognition and behavior. A skilled therapist like that will be of great assistance in helping an emotionally scarred individual to hear and

73. Dr. Brian Weiland, interviewed by author, October 18, 2022.

appropriate the transformative spiritual treatment you've been called and authorized to deliver in Jesus' name.⁷⁴

This not only speaks to the interrelation between mental and spiritual care but also the different and necessary roles that pastors and mental health professionals should have. The rest of this paper will focus on the specifics of those roles.

74. Senkbeil, *The Care of Souls*, 180.

ROLES

In this section, the specific roles and responsibilities of pastors and mental health professionals will be expounded upon. A pastor, both inside and outside of counseling sessions, will fulfill their calling as a spiritual teacher, comforter, and defender, using techniques gained from the mental health field to better communicate the gospel through the means of grace. While mental health professionals will use various scientifically researched methods to help individuals understand themselves better by diagnosing mental illness, changing negative thought patterns, helping manage emotions, and, when applicable, prescribing and managing medications. While secular mental health professionals will not incorporate Scripture into their counseling, Christian counselors can be encouraged to use Scripture and a law and gospel paradigm to shape their counseling and care. A responsibility that falls to both sides, because of the differing nature and scopes of the care they provide, is communication with one another.

Pastoral Care

Aside from the interconnectedness of mental and spiritual health, pastors are called by God, through their congregation, to provide spiritual care and counseling (Eph 4:11, Titus 1:5, Rom 10:14-17). When a pastor accepts a call, he assumes responsibility for the spiritual welfare of the congregation's members, both they and God expect him to help and guide them in spiritual,

religious, and moral matters (Acts 20:28).⁷⁵ The divine call sets pastors apart from mental health professionals and establishes a pastoral relationship with members that mental health professionals won't have.⁷⁶ The divine call is also a constant reminder to pastors that God has established their relationship with their members and God will be involved in a special way.⁷⁷

A pastoral relationship has the potential to be more dynamic than the relationship a mental health professional can have with a client. Professor John Schuetze writes, "Unlike professional counseling where dual roles are discouraged, even forbidden, the pastor is expected to fulfill multiple roles. That is part of his calling."⁷⁸ Mental health professionals have stricter boundaries and a code of ethics that prevent them from forming personal relationships outside of professional sessions. Pastors, on the other hand, will baptize children, eat at members' houses, and comfort members on their deathbeds. The relationship a mental health professional has with their client is typically not as long as a pastor with their members. This is one of the reasons that good communication is essential between pastors and mental health professionals. Dr. Mears summarized this during an Effective Soul Care presentation:

When we meet with a member, we typically have five sessions. It's not usually a long-term relationship. Most mental health is short-term. So, the consultation process is beneficial for the pastor to understand what has worked in therapy because the pastor is going to have that long-term relationship with the members and our role as therapists will come to an end and the pastor will have a greater understanding of what helped the members. So that's another reason for the importance of consultation.... Continuity of care would be a clinical term to describe it. That there is a good handoff back so that the parish pastor can have a better ongoing shepherding relationship.⁷⁹

75. Schuetze and Matzke, *The Counseling Shepherd*, 2.

76. Schuetze, *Doctor of Souls*, 296.

77. Schuetze and Matzke, *The Counseling Shepherd*, 3.

78. Schuetze, *Doctor of Souls*, 272.

79. Dan Nommensen, "Effective Soul Care," recorded 2022, Christian Family Solutions.

The call not only sets a pastoral relationship apart in scope and duration from mental health professionals, but it also sets apart the focus and tools of pastoral care. Pastors are not called to offer their own voice, but rather to communicate the voice of God to their members. Professor Paul Wendland wrote, “If the preacher is only a human voice, offering human insights into human problems, why does he bother to preach in a church at all? Why should anyone listen? He might be better off dedicating himself to psychotherapy. Or if the preacher is only a human voice giving his best insights as to what Scripture *may* be saying, and how they *might* apply today, what earthly good is he?”⁸⁰ Pastors are not called to offer human insights from a psychological perspective, rather, they are called to proclaim directly and confidently what God has said in Scripture with a specific focus on his members' relationship with God. While Scripture is the font for a pastor's spiritually focused ministry, this does not condone pastors not practicing their pastoral skills. There is no substitute for practice when it comes to developing pastoral skills and aptitudes. As pastors are actively engaged in visiting the sick, consoling the troubled, warning the hardened, and comforting the conscience-stricken, they learn to use the tools of their trade more skillfully and intelligently.⁸¹

Pastors have more than Scripture at their disposal to help them communicate the truths of God to their members struggling with mental illness, they have the sacraments. As someone is struggling with a mental illness and is burdened with guilt, shame, doubts, and questions, pastors have the unique opportunity and calling to administer and communicate God's grace to their member through baptism and the Lord's Supper. While baptism only is administered once, its value is ongoing for pastoral care as they remind members what their identity is in Christ. On the

80. Paul O. Wendland, “Preaching Today,” *Lutheran Synod Quarterly* 60, no. 1 (2020): pp. 73-94, 85.

81. Senkbeil, *The Care of Souls*, 20.

other hand, the Lord's Supper may be administered as often as a pastor sees fit. The Lord's Supper should not be seen as a band-aid though. Senkbeil writes, "Faithful pastoral care of the soul starts when one heart discloses itself to another heart-then the healing ministrations of God's word and sacraments may be most effectively applied."⁸² Pastors must first seek to understand the heart of the struggles, doubts, and sins of their member before they can know how to best use the Lord's Supper. Furthermore, while pastors can trust the Lord's Supper will offer forgiveness and spiritual nourishment (Matt 26:26-28), they should not expect it to be a miracle cure for all mental and spiritual struggles. Professor Russow notes:

Somebody who's struggling with mental health, we trust in the power of the Word with the sacrament, it is going to strengthen their connection to their Savior and to their God, and that will impact other areas of their life. That doesn't mean things are going to be perfect. This is going to be a cross they'll bear and carry. But what helps us to carry crosses in life would be our Savior's love for us given in the sacrament.⁸³

Communicating God's love through Word and sacrament is the fundamental calling that a pastor receives. He is not there to offer his own advice, human wisdom, or psychological evaluation, he is called to bring people Jesus. Senkbeil writes, "Wherever pastors bring the words and mysteries of Jesus, they bring Jesus himself, and he personally does the comforting. 'Come unto me,' he invites, 'and I will give you rest.' So, to every lonely, God-forsaken soul in every age, Jesus comes again by means of the word he gives pastors to speak and the sacraments he places into their hands to distribute." This calling separates a pastor's role from that of a mental health professional. The next section will focus on how a pastor will fulfill his calling as a teacher, comforter, and defender.

82. Senkbeil, *The Care of Souls*, 69.

83. Professor Joel Russow, interviewed by author, November 7, 2022.

Teacher

There are numerous stigmas and false beliefs surrounding mental illness and Satan and mankind's sinful nature are always hard at work twisting God's truth. A pastor will teach the truth and correct falsehood both inside and outside of counseling sessions. To accomplish this, pastors will listen and ask questions so that they can understand what false beliefs someone may have. Dr. Saunders explains that some of the best things pastors can do early in counseling sessions are to ask open questions, actively listen, empathize, and help correct any false stigmas about mental illness or faith.⁸⁴ These pastoral conversations where problematic or inconstant beliefs are examined in the light of Scripture might also spark other aspects of a member's faith life and invite them to question other truths that they have taken for granted.⁸⁵

Many of the lies about mental health that have a spiritual impact revolve around the theology of glory.⁸⁶ In this way, teaching a theology of the cross (Matt 16:24) becomes a vital role that pastors will have when counseling members with mental illness. Dr. Saunders elaborates on how the theology of glory can twist the mind and faith of Christians who struggle with mental illness:

It may thus be necessary to convince those suffering mental illness that suffering does not mean God has forsaken them. Some persons with mental illness will question or doubt the loving essence of God.... A related thought the person might have is that God, despite what some say, does not care for everyone.... Some patients with mental illness believe their mental illness is punishment from God.... The most tragic reaction to mental illness is to conclude that God does not exist.⁸⁷

84. Saunders, *A Christian Guide to Mental Illness*, vol 2, 439-69.

85. Albers, Meller, and Thurber, *Ministry with Persons with Mental Illness and Their Families*, 52.

86. Saunders, *A Christian Guide to Mental Illness*, vol 1, 433.

87. Saunders, *A Christian Guide to Mental Illness*, vol 1, 56-58.

Furthermore, Saunders writes, “To be more explicit with regard to mental illness, the theology of glory asserts that someone who is suffering due to mental illness is someone who has insufficient faith and is someone who can choose, by increasing his faith, not to suffer from the mental illness.”⁸⁸

The truth is that mental illness is not a punishment from God because of weak faith, nor does it mean that God is not good and loving. Pastors can teach the truth about God, his nature, faith, forgiveness, suffering, and salvation. The objective reality of the redeeming and sacrificial death of Jesus Christ is not based on any subjective experiences of happiness or suffering on the part of believers. Good mental health and the assurance of God’s love and salvation should not be confused, and confusion of proper faith with good mental health may drive people with mental illness to despair.⁸⁹ Salvation and forgiveness are solely based on the work and merit of Christ (Rom 1:17; 4:5; 5:19) that is received by man through faith (Eph 2:8-9). This is true no matter how someone may feel or how mentally healthy they are.

One useful idea that pastors can use to properly teach justification and the theology of the cross to members who struggle with mental illness is Luther’s teaching of *anfechtung*.

Anfechtung is something that all human beings will deal with. One author describes it this way:

Anfechtung is Luther’s favorite German word for temptation, trial and tribulation, guilt and shame, suffering and sorrow. Against a theology of glory or prosperity gospel, the devil, the world, and our sinful nature are constantly assaulting not only non-Christians but also Christians in both body and soul, consuming us in fear for both our lives and salvation. *Anfechtung* is a bane. And yet *Anfechtung* is a blessing. *Anfechtung* not only drives human creatures to look for answers, meaning, and purpose, but God also uses *Anfechtung* to drive us to Christ’s cross of forgiveness, life, and salvation.⁹⁰

88. Saunders, *A Christian Guide to Mental Illness*, vol 1, 436.

89. Saunders, *A Christian Guide to Mental Illness*, vol 2, 520.

90. Marrs, *Making Christian Counseling More Christ Centered*, 58.

Anfechtung may be helpful for pastors as they teach that the purpose of suffering is to drive people to Christ (2 Cor 1:3-11). *Anfechtung* also creates a common ground between pastors and their members; it is something every pastor, including Luther, has gone through. Kellemen writes, “The effective soul physician is the person who has wrestled with doubts and turned to Christ for assurance of God’s grace.... *Anfechtung* was the existential place from which Luther thought, wrote, pastored, and counseled.... He saw every person he ministered to as a soul desperately needing to hear from the Father, ‘Forgiven! Welcome home!’”⁹¹

The crux of the matter of suffering and salvation is found in Jesus. Jesus is, as Senkbeil writes, “The one who actually entered into human suffering, by his agony on the cross Christ Jesus, who is not just our Savior but our brother in this human flesh of ours, freely embraced the bodily and mental suffering of all his saints.”⁹² In Jesus, pastors may reveal to those suffering from mental illness that God’s good heart always produces good purposes for suffering. Sometimes he chooses to cure people; he always chooses to mature them. God uses suffering to transform, never to harm.⁹³ While it may be easy to outline these truths of suffering, salvation, and *anfechtung* in light of the love and work of Christ, teaching these truths to someone living with mental illness will take time and patience. Another way that pastors can explain the truths of Scripture and mental illness is by helping people understand the relationship between faith and feelings.

Professor Schuetze writes, “The truths of Scripture do not depend on the member’s or the pastor’s thoughts and feelings at the time. The lessons and applications must be direct and in

91. Kellemen, *Counseling under the Cross*, 27.

92. Senkbeil, *The Care of Souls*, 111.

93. Kellemen, *Counseling under the Cross*, 107.

keeping with the teachings of God's Word."⁹⁴ Pastors will want to take time to sort through feelings and directly present the facts of Scripture, lest the meaning of Scripture be unclear or misconstrued by the feelings of their members. It is possible that a Christian will feel sad or depressed, but that does not change the objective fact of Christ's love for them nor are those feelings an indication of the strength of their faith. If pastors do not separate the facts of Scripture, in which faith is placed, from feelings, it leaves the door open for someone struggling with mental illness to confuse the reality of Christ's death, resurrection, and their salvation with their subjective feelings.⁹⁵

Comforter

In a counseling session with someone living with mental illness, a pastor will want to do more than simply teach the truth and correct falsehoods. Comforting is teaching taken to a deeper and more personal level. As a comforter, pastors, through attentive diagnosis, seek to effectively communicate and apply law and gospel to the heart of their members, overcoming roadblocks created by sin and mental illness, so that the consciences of their members are healthy, clean, and unburdened. As Lutheran pastors seek to comfort members with mental illness they can know with certainty, as Professor Schuetze writes, "That the person he counsels is one for whom the Savior died and one in whom the Holy Spirit wants to work repentance through means of grace."⁹⁶

94. Schuetze, *Doctor of Souls*, 293.

95. Saunders, *A Christian Guide to Mental Illness*, vol 2, 169.

96. Schuetze, *Doctor of Souls*, 288.

To provide the most appropriate and specific comfort from Scripture a pastor must first understand the heart of their member's problems. As Senkbeil says, "The process of the cure of souls has two phases: attentive diagnosis followed by intentional treatment."⁹⁷ This is not always easy when the complexities of mental illness are mixed with the depravity of the sinful nature. If pastors are too quick to present intentional treatment and solutions, they may be using the wrong medicine and applying a band-aid over a bullet wound. In this case, Lyon notes, "A troubled Christian would have good reason to be dissatisfied if a pastor tells him that the reason for his lack of peace is sin, without examining what the sin is and what can be, or better, what has been done about it." While it may be difficult, pastors may have to look past certain sinful behaviors so that they can get to the root of the problem. Schuetze writes, "He also needs to realize that some sinful behavior may be an unhealthy coping mechanism for deeper mental health matters.... This does not excuse the sinful behavior, but it helps us realize that treating the surface behavior may be counterproductive and ineffective unless we also treat the underlying problems that are the causes of the sinful behavior."⁹⁸ It is important that pastors do not assume the underlying cause of sinful behavior, guilt, or shame, but rather take time to listen and evaluate. This is a place where experience, active listening, basic empathy, and open questions are very important.⁹⁹ Emotions sometimes make it more difficult to identify and understand the underlying problems. While emotions are important as they reflect the inner condition of the soul, they are only one factor and not a pastor's chief concern. Pastors must strive to go beyond

97. Senkbeil, *The Care of Souls*, 67.

98. Schuetze, *Doctor of Souls*, 288.

99. These skills come naturally to some, while others may need to work at them. Sarah Reik pointed out that this is an area where mental health professionals can be helpful. They have more training with communication techniques and recognizing patterns that pastors may not see.

emotional discernment to accurately assess the soul's relationship before God.¹⁰⁰ While this may seem like a daunting task for pastors who feel more comfortable and better trained to be in the pulpit than in a counseling session, Dr. Weiland offers practical advice:

I feel like that is probably one of the biggest things I would share, is that seeing this individual in front of you as another human being, a person incredibly flawed and coming with their own damage and all of that, and looking to be seen and heard and understood and accepted and seen as acceptable. This focus on understanding and empathizing and providing a space for the person to feel that they can just be and whatever that looks like, I think that surpasses, like I said, any kind of specific technique or whatever it is, just being really empathetic to a person's situation. I think that people are worried when they speak with pastors potentially, that they are just going to get a lecture, and so when they are seen for who they are and tried to be understood, I think that can be a real game changer.¹⁰¹

Even if pastors do not have the specific training that mental health professionals do, listening, loving, and caring are duties that God has equipped all Christians to do.

Pastors who are counseling someone with mental illness will not want to assume that they understand what living with their members specific mental illness is like. While the primary concern of pastoral care is not diagnosing or treating mental illness, understanding how that mental illness is affecting their member's life is essential to providing spiritual care. Dr. Mears notes, "A Christian who is struggling with a mental health disorder, that disorder then is adding an extra obstacle for those doubts, those misbeliefs enter into their thought patterns, and that's making it more prevalent in their minds and hearts."¹⁰² For this reason, pastors must join their members in the pit of their struggle to truly understand how mental illness is hurting their life and soul. Professor Russow said:

100. Senkbeil, *The Care of Souls*, 67.

101. Dr. Brian Weiland, interviewed by author, October 18, 2022.

102. Dr. Joshua Mears, interviewed by author, October 14, 2022.

I don't want to presume that I know what they're going through either. So there is, I mentioned, you're going to try to seek to understand them and meet them where they're at. But even in depression, depression can hit one person very differently than another. So I take time to let them describe, "What is this like for you? What are you dealing with?" And don't presume that just because I read a book on depression, or because I talked to their counselor, I know exactly what they're going through. I'm going to help them articulate it for me. But at the same time, you're going through this, yet we know this is true, this truth from scripture, that there are times that we walk by faith and not by sight. That you're dealing with this, and you don't see the sunshine of God's grace. But we do know that it's there.¹⁰³

Only when pastors take time to truly understand how sin and mental illness are blocking their members from God's grace can they apply the appropriate medicine, both law and gospel, to their troubled conscience.

Even when mental illness seems to be the primary problem, pastors need to remember that every mental health issue has some sort of spiritual root that affects the conscience and overall spiritual health of the one living with it. This may be difficult to remember, especially when the mental illness that their member is living with is frightening.¹⁰⁴ However, that person needs the comfort that God offers them, and God has called each Lutheran pastor to be the one who brings that comfort and cares for that conscience. That is the ultimate focus of pastoral counseling.¹⁰⁵ To accomplish this, pastors not only have to understand the problem, but they need to be able to communicate clearly and divide law and gospel properly.¹⁰⁶

103. Professor Joel Russow, interviewed by author, November 7, 2022.

104. Lyons, *Counseling at the Cross*, 118.

105. Senkbeil, *The Care of Souls*, 128.

106. Professor Joel Russow, interviewed by author, November 7, 2022.

Properly dividing and applying law and gospel is the heart of Lutheran pastoral care, even with members living with mental illness. Senkbiel writes this about law and gospel ministry:

Yet God's word contains both command and promise, judgment and grace, law and gospel. That's where the science of theology comes in; it's important that you and I properly interpret the intent and thrust of any text of Scripture before we begin to apply it in any circumstance of ministry. But we are not merely scientists. We're craftsmen engaged in the art of the cure of souls. And that's where sensitive discernment comes in and faithful application of the Word of God.

While Lutheran pastors train for years to properly divide law and gospel, it is important to remember that it is impossible without the help of the Holy Spirit (1 Cor 2:11; 12:3). When it comes to mental illness, pastors must remember that, though it may be difficult, the law is still necessary even though people may be in emotional distress or hurting.¹⁰⁷ Lyons writes, "We cannot assume that the law has already done its work just because a person is hurting. Sin causes pain, not the law."¹⁰⁸ The reason that we do not have to be afraid of using the law and looking for underlying guilt, sin, or shame is that we know the gospel is able to resolve all of them (Rom 1:16). We can give God's peace.¹⁰⁹ Something that psychology is not able to do.

Guilt and shame are experienced by people living with mental illness, sometimes even worse than those without mental illness. Dr. Saunders writes, "Mental illness causes people to experience profound shame, and many reason that God has stopped loving them or that they

107. It is important that the law is not what sets the tone of pastoral counseling sessions. The law is used to create a path for the gospel. Dr. Weiland noted that many people struggling with mental illness are afraid of judgement from God and pastors alike. We must appropriately use the law while letting the gospel have the final word.

108. Lyons, *Counseling at the Cross*, 34.

109. Lyons, *Counseling at the Cross*, 75.

don't deserve God's love."¹¹⁰ Medication may be able to cover guilt and shame, rationalization can suppress it, but only Christ can truly resolve it. Through the gospel, pastors can bring their members to Christ for forgiveness and reconciliation. Pastors must understand the difference between guilt and shame as each will have a unique way of being addressed. Senkbeil writes, "Guilt has to do with behavior, while shame is a matter of identity. Guilt is tied to the sinful things I've done; shame is the continuous experience of utter remorse over who I am."¹¹¹ He further explains the effects of shame saying, "It seeks shelter away from God, rather than in God.... It cripples and shrivels the soul, burdening the heart with an intense and overpowering sense of disgrace and dishonor. Shame strips body and soul of all their glory, leaving people naked and afraid before God."¹¹² In the gospel, pastors have the answer to both guilt and shame. Through faith, Christ has not only forgiven every sin and its guilt (Psalm 32:5), but Christ has also changed every believer's identity (Gal 3:27-28). Using identity language is one of the best ways that pastors can communicate the gospel and overcome the roadblocks that people struggling with mental illness, guilt, and shame have between them and spiritual health.¹¹³

As Professor Schuetze writes, "Pastors play an important role in helping troubled children of God remember who they are."¹¹⁴ One powerful reminder of a believer's identity is baptism (Rom 6:3-5). Armin Schuetze said, "The pastoral counselor remembers that baptism is not a work performed by us but God's abiding work in us, namely pure gospel, then its

110. Saunders, *A Christian Guide to Mental Illness*, vol 1, 38.

111. Senkbeil, *The Care of Souls*, 138.

112. Senkbeil, *The Care of Souls*, 138.

113. Lyons, *Counseling at the Cross*, 29.

114. Schuetze, *Doctor of Souls*, 286.

distinctive value for counseling as a rich source of comfort.”¹¹⁵ Reminding those who are living with mental illness of their new baptismal identity in Christ is valuable not only because it answers guilt and shame, but it is a reminder that they are defined by their relationship with Christ, not their mental illness. Professor Russow said:

So often I've seen people, they'll identify with the crisis that they have, "I'm a worrier, I'm anxious, I've got this mental disorder." And we admit, "Yes, that's a part of your life, but that's not who you are." And baptismally, we point back and say, "Who you are is a baptized child of Christ, clothed in his righteousness," and helping them to see themselves also through that lens first and foremost that you're a baptized child who carries this struggle with you. And we draw strength from that.¹¹⁶

However, identity, guilt, and shame are not the only roadblocks that sin and mental illness create.

Sarah Reik explains some of the roadblocks created by mental illness:

Trauma and childhood experiences, especially if there's negative experiences around authority figures and especially male, fathers, that can really get in the way of how they even view God, to begin with. So, lots of times there's just a block there to start with that needs to be removed or re-looked at. Also, I think recurring negative thoughts, again, that happen in childhood. It can be a symptom of depression, just ideas about worthlessness that just get in the way of identity in Christ, that get in the way of being able to look at forgiveness for me because that's for everybody else, but I'm so worthless. Some of those tapes that play in people's heads, again, can be a roadblock.... Of course, if we're talking about very severe mental illness, just like disordered thinking, that also will very much get in the way of even just having cohesive thoughts around who God is and salvation.¹¹⁷

Some of these roadblocks will need to be overcome with the help of mental health professionals, but pastors do not need to be overwhelmed. There are simple things that can help pastors communicate the gospel more effectively and overcome roadblocks. Professor Russow encourages pastors to use simplicity and repetition. While pastors shouldn't talk down to their

115. Schuetze and Matzke, *The Counseling Shepherd*, 112.

116. Professor Joel Russow, interviewed by author, November 7, 2022.

117. Sarah Reik, interviewed by author, October 20, 2022.

members, using simple truths they would use in Sunday school, over and over, can help psychologically.¹¹⁸ Dr. Saunders also encourages pastors to be patient, gentle, and sure when they comfort those with mental illness. He says, “Keep in mind that, by definition, persons with mental illness are not thinking properly or accurately, so say everything with gentleness and patience. Show that you know you are correct in what you say, even if their mental illness makes it hard for them to believe. Explicitly assure them that whether they feel good about it or not, Christ died for their sins.”¹¹⁹ While it is essential that pastors take time to understand the problem and effectively apply law and gospel, they must also remember that God’s Word is powerful (Heb 4:12).

Because of the effects of mental illness and the roadblocks it may create between a person and God’s truth, pastors may feel like they are not making any progress. It certainly is worthwhile to check how well God’s Word is being applied, for the power of Scripture is no excuse for sloppy application.¹²⁰ On the other hand, pastors must trust that Scripture will work even if they do not see the outward effects or change in behavior. Just as in the Parable of the Sower (Matt 13:1-23), pastors, when providing comfort for those with mental illness scatter the seed of God’s Word and trust the Holy Spirit to work. Maybe in the moment, because of the darkness of depression, the fruit of that seed won’t be seen, in fact, it may seem like it is being choked. However, in those moments, pastors will continue to do what they have been called to do, understand the problems, effectively apply law and gospel, overcome roadblocks, and scatter

118. Professor Joel Russow, interviewed by author, November 7, 2022.

119. Saunders, *A Christian Guide to Mental Illness*, vol 2, 169.

120. Schuetze, *Doctor of Souls*, 292.

the seed the best they can.¹²¹

Defender

The devil is currently seeking to devour (1 Pet 5:8) and there are ferocious wolves that cover themselves in sheep's clothing (Matt 7:15). While a pastor is responsible for defending all the members of his congregation from false prophets and satanic doctrines, he will especially need to watch over God's children who are living with mental illness. An invaluable step for a Lutheran pastor defending his members with mental illness is making referrals to mental health professionals who are confessional Lutherans, or secular mental health professionals who will respect and honor religious views. Dr. Saunders notes, "If you are to refer someone to a mental health professional, you will want to be assured that you can trust that mental health professional is qualified to help and, perhaps as important, that the mental health professional will be respectful of your parishioner's religious beliefs."¹²² While mental health professionals are busy, a pastor must take the time to truly know to whom he is referring his members. Not only if they have the proper qualifications, but also that they will not be a danger to the spiritual health of their members. Dr. Mears explains:

I think that is the most important thing is to be willing to interview and to get to know those referral sources in a deep way, asking tough questions. That's essentially what we do at CFS too, where we have this really prolonged process of an interview, not just asking them what is their graduate degrees and why do they want to work here, but asking them, "How would they apply law and gospel? How would they rely on the inerrancy of Scripture and what is their view of the Trinity and how do those factor into a counseling theory?" Those deeper questions need to be asked in order to be able to really have a trusting, helping relationship with them. For a secular counselor, I think you

121. Professor Joel Russow, interviewed by author, November 7, 2022.

122. Saunders, *A Christian Guide to Mental Illness*, vol 2, 2.

would want to ask them some of those same questions. Obviously, they're going to more than likely defer that they don't incorporate faith. Hopefully, a secular counselor is still willing to say that they're not going to harm someone's faith.¹²³

Even after a pastor has made a referral to the proper mental health professional, his work is not complete. He should ask his member to sign a release of information form so that he can remain in communication with the mental health professional and continue to provide spiritual comfort and defense.¹²⁴ This is heightened by the fact that mental health professionals can have a powerful influence on someone living with mental illness. Dr. Saunders explains this influence:

It is quite important to recognize the power of the therapeutic situation and the influence of the therapist over the patient... The patient is distressed and confused, and he or she is seeking the help of a professional. The clinician will assert expertise regarding the way the patient thinks and acts, explicitly suggesting needed changes so that the patient can feel better and do better in roles and relationships. These changes will very likely help to reduce the patient's distress. The patient will be very grateful, which will give the clinician enormous stature. If the clinician then recommends at least an examination-if not an outright rejection of the patient's religious belief system, the patient is very likely to do that.¹²⁵

While many mental health professionals will be respectful of religious views,¹²⁶ pastors should not be ignorant of the fact that the field of psychology is a humanistic field and that mental health professionals are sinful human beings. For example, the best secular psychology can do for guilt is to take the sinfulness out of sin and use any means available to deny sin.¹²⁷ Dr. Mears adds valuable insights into spiritual dangers of secular psychology:

123. Dr. Joshua Mears, interviewed by author, October 14, 2022.

124. Schuetze, *Doctor of Souls*, 283.

125. Saunders, *A Christian Guide to Mental Illness*, vol 2, 169.

126. Dr. Saunders, in volume two of *A Christian Guide to Mental Illness*, notes that the mental health field has had a long history of disrespect toward religion, but most mental health providers will not be disrespectful of a patient's religious beliefs. Most embrace it as an important aspect of a person's current life, family background, and cultural heritage.

127. Lyons, *Counseling at the Cross*, 63.

I think one of the most pervasive kind of philosophies or underlying worldviews that counseling, and psychology bring to the forefront and has really vaulted within our culture right now, is this idea of who defines what is truth. What is truth? Many counseling theories and many counselors will encourage a client to be their own authors and creators of morals and values. Instead of looking outside of themselves to a creator or to Scripture, they will say how one feels, how one thinks is kind of a predetermining influence in what is good and what is right and what is beautiful. It's really an internal mechanism of creating morality and values, and so that has huge implications. It may seem for a secular counselor that I think therefore I am, that you're helping a client to alleviate symptoms by encouraging and affirming that. It leaves the vacuum for true foundations that can persevere when additional trials and stressors of life are presented for that client. It is that philosophy of that subjective moral determinism that I think pastors should be on guard about and recognize that it's inherent in a lot of counseling environments.¹²⁸

A pastor can help Christian counselors provide the appropriate scriptural truth and framework for their counseling. He will want to remind members, who are seeing secular mental health professionals, of the truths found in Scripture; that they are greater than our subjective feelings, thoughts, and experiences. Pastors never want there to be room for doubt or subjectivity in God's truth. Sarah Reik adds several key philosophies that pastors will want to guard against. She said, "I just think in our culture, it's become more acceptable to view religion as a problem. So, that's just bled into the psychology world as well. That's why it's a little scarier now, I think there's been a trend recently to start to view Christian ideology as harmful.... Watch for secular counselors who devalue the family system."¹²⁹

It is not only secular psychology that pastors need to defend against though. If a pastor is going to make a referral or has a member who is currently seeing a Christian counselor, he must continue to be the main spiritual caregiver and be on guard against any false teachings that the Christian counselor might incorporate into their counseling. Just because the counselor has

128. Dr. Joshua Mears, interviewed by author, October 14, 2022.

129. Sarah Reik, interviewed by author, October 20, 2022.

Christian before their title does not mean that they will provide the same care and teaching that WELS churches provide.¹³⁰ For this reason, unless the organization is CFS, it would be safer for pastors to refer to a secular mental health professional who respects your role as a spiritual caregiver than allow someone to attempt to take that role and teach false doctrine.

Outside of the Counseling Session

Pastors not only need to be teachers, comforters, and defenders during individual counseling sessions but outside of them as well. Pastors can be leaders in providing a community for supporting people with mental illness. Preaching and teaching against the stigmas of mental illness and educating people on how to best love and support people struggling with mental illness are vital roles a pastor can play outside of a one-on-one counseling session.¹³¹ There are many faith-related concerns that people with mental illness and their friends and family might have: God is displeased with them, God is being unfair in allowing them to suffer, it means their faith is weak, they aren't good enough to be in church. Many of these result from a theology of glory. In a theology of glory, the person's subjective life experience is directly proportional to the strength of their faith. This makes suffering a willing act. Even if this is not present in WELS pulpits, it will be present in the world, pulpits of others, and in the social stigma surrounding mental illness.¹³² Having a mental health Sunday or inviting mental health professionals from the

130. Many Christian counselors will use prayer, religious readings, meditation, and explicit instructions that will inevitably be congruent with his or her conception of what the patient should believe. They will also, if they see fit, question the propriety of their patients' religious beliefs and behaviors, and they will encourage a patient to change them for the betterment of his or her mental health.

131. Albers, Meller, and Thurber, *Ministry with Persons with Mental Illness and Their Families*, 77-79.

132. Saunders, *A Christian Guide to Mental Illness*, vol 2, 552-63.

area can be a good way to build relationships and destigmatize mental health in your congregation. Dr. Weiland also believes this would go a long way to help build bridges between the church, mental health professionals, and those suffering from mental illness:

I think that would be awesome if there were more pastors that advertised their mental health competence, man, that could be huge. That could be huge. Because I see patients all the time who are missing more of a spiritual component, or they've been really turned off to the religious communities due to all kinds of different factors. If I could say, "If you're ever looking at trying that again, looking to visit a church, I know a pastor who's actually pretty mental health-minded. I'm sure he'd be interested in talking with you." That would be huge. You just don't get that a whole lot. For a pastor to be able to do a little bit of education within themselves, to understand more of the mental health side of life, and then just let other professionals in the community know about their competence, that could go a long way.¹³³

In this way, mental health awareness and education can be a way to become connected to the community. Finally, it is important to remember that mental illness does not only affect the individual but also their friends and family. Pastors must understand to the core of their pastoral hearts that the families of those battling mental illness need the comfort, support, and consolation that only God and his church on earth can offer.

Mental Health Professional

Both pastors and mental health professionals share the responsibility for helping individuals live their healthiest lives, equipping them to manage stressors, and adapt to changing circumstances so that the individual can fulfill their roles and live out their relationships. As opposed to pastors, the roles and responsibilities of mental health professionals fall primarily in the diagnosis and treatment of mental illness. Mental health professionals will use various scientifically backed and

133. Dr. Brian Weiland, interviewed by author, October 18, 2022.

researched methods to help individuals understand themselves better and manage challenges presented by mental illness.¹³⁴ Mental health professionals will accomplish this by diagnosing mental health issues, recognizing and changing destructive thought patterns, helping manage emotions, assisting individuals to overcome trauma, and, when applicable, prescribing and managing medications. However, mental health professionals, whether secular or Christian, because of the connected relationship between mental and spiritual health, may also influence the spiritual health of individuals. This is especially true when their expertise in communication and mental health management helps pastors better communicate the gospel and individuals to better understand the gospel's beautiful truths.

Dr. Weiland summarized the difference between a professional counselor and a pastor by saying, “A counselor is meant to help the person see themselves. A pastor, I think, is more a spiritual guide who can help them see the way that their life fits or doesn't fit with their relationship with God.”¹³⁵ Dr. Saunders also summarized the difference, saying, “Mental health professionals offer what the church cannot, which is safe, scientifically based, effective treatment for mental illness.”¹³⁶ These simple statement helps define the scope of mental health care and pastoral care well. Mental health professionals are invaluable to help individuals understand how past experiences, thought patterns, relationships, and much more affect their emotions, behavior, and cognition. There are numerous pieces of mental illness that pastors are not trained nor

134. As stated earlier in the paper, the study of psychology and mental health is a young field that is still adapting, learning, and evolving. This does not mean that it is unsafe or unresearched. There are numerous studies that show how effective different forms of talk therapy and medication can be for treating mental illness. For examples of these studies see: *A Christians Guide to Mental Illness*, Christian Counseling 3rd edition, the World Health Organization, or the American Psychological Association.

135. Dr. Brian Weiland, interviewed by author, October 18, 2022.

136. Saunders, *A Christian Guide to Mental Illness*, vol 1, 455.

equipped to recognize and manage, but mental health professionals are. For this reason, Dr. Weiland believes one of the worst things pastors can do when providing care for someone struggling with mental illness is not what they might say, but rather what they might not say.¹³⁷

While there are numerous therapeutic models, therapies, and medications that counselors, social workers, psychologists, and psychiatrists will use when treating mental illness, it is their job to provide safe and effective treatment for the wide variety of mental illnesses and disorders that exist. Dr. Mears makes mention of a few of these disorders that are beyond the scope of pastoral care but fall within the realm of professional mental health care:

More intricate trauma-informed work where there's significant challenges surrounding healing or trauma restoration and kind of a PTSD language that pastors maybe don't feel like they are making enough ground. Sometimes personality disorders or severe Schizophrenia... Even hallucinations where people have lost their understanding of what is real or not... Another core area of specialty that I have done a lot of work with and partnered with pastors in is an area of gender and sexuality and a lot of those worldviews and social and cultural issues and how it presents in a counseling environment can be pretty challenging and daunting to pastors. A lot of times it's also, if there's safety-related variables, if there's suicidality or other high levels of addiction that are really presenting to the point where there's significant harm to self or others, that oftentimes will be a good indicator of a referral being needed.¹³⁸

With the severity and scope of mental illness being as broad as it is, it is vital that mental health professionals do not practice beyond their capabilities and training, but refer to more appropriate and specialized mental health care professionals when necessary.¹³⁹ For example, a counselor may refer a client to a psychologist to provide a diagnosis for a specific mental illness or to a psychiatrist if they feel that there may be an organic cause of a client's mental illness. Even if a referral is necessary, mental health professionals can assure their clients that there is treatment

137. Dr. Brian Weiland, interviewed by author, October 18, 2022.

138. Dr. Joshua Mears, interviewed by author, October 14, 2022.

139. Timothy Fruendl, interview by author, November 1, 2022.

even for severe mental illness. Dr. Saunders summarizes this in his book saying, “Research unequivocally shows that effective treatment exists for all of the mental illnesses. Research suggests that medication treatments are more effective with certain disorders, that psychological treatments are more effective with other disorders, and that the combination of pharmacotherapy and psychotherapy is usually most effective of all.”¹⁴⁰

Mental health professionals can also be invaluable partners to a pastor who is seeking to provide spiritual comfort and guidance. Sarah Reik has had personal experience with clients whose pastors would have done well to communicate and partner with mental health professionals. She said:

I've definitely met with clients sometimes where I think there's been some harm done, where a pastor had used scriptures in a way that wasn't taking into consideration a level of trauma and a client's experience. Maybe where an easy answer had been given, where it's much more complex. Sometimes in marriages, I've seen where maybe there's some abuse situations going on, that there isn't the knowledge of what's exactly going on. And so, there's been an encouragement to maybe stay in an abusive relationship. Those would be some examples of where there could be harm done if there's just not an understanding of what's going on psychologically.¹⁴¹

Not only can mental health professionals help pastors from causing harm in their care, but they can also make pastoral care more effective and help pastors with their communication skills.

This can be as simple as having someone with a different vantage point who can articulate how they perceive your law and gospel ministry has changed a member's pattern of thought and behavior.¹⁴² However, Dr. Mears believes that mental health professionals can also teach pastors better communication and specific counseling skills:

140. Saunders, *A Christian Guide to Mental Illness*, vol 2, 427.

141. Sarah Reik, interviewed by author, October 20, 2022.

142. Alan Siggelkow, Interview by author. October 25, 2022.

We can teach those core skills of how do you convey unconditional positive regard and empathy and quiet listening, and just being able to encourage the client or the member to draw out more of their story and their narrative and how that presence, just showing that genuine care and attunement for them is really being the mask of Christ to them without even necessarily giving them the, “Here's what you have to do to fix the situation.” Sometimes it's that vocation where you are showing them love by listening and being present with them, that can do a significant amount of work in their lives as well.... There's been certain situations where clients have come to me and said that specifically on more challenging situations like gender and sexuality, where their pastors never conveyed to them what Scripture says on those things. I think sometimes pastors are worried that they're going to be blackballed as being condemnatory and judgmental and just how to be able to convey the truth of scripture in a still loving, caring, and kind way. I don't want to say that all pastors need to do that, but I think that some pastors can learn from counselors how to do that empathic confrontation with a different skill set.¹⁴³

Equipping people with these skills is one part of mental health professionals jobs and can be taught in a collaborative session, during a seminar, or even through books.

Christian Family Solutions

While secular mental health care professionals can be effective in treating mental illness and a valuable partner for pastors, the model that Christian Family Solutions is attempting to integrate is something that WELS pastors should seek take advantage of when it is available to them and their members. Dr. Mears summarizes what CFS is attempting to do with their mental health care:

That's really what our approach at CFS is all about, is understanding, yes, what mental health dynamics, what DSM diagnoses might someone have, but how is that shaped by their identity within Christ and their view of themselves and their identity and their spiritual health? We even do a lot within our diagnostic intake, which is that get to know you session, where we're really trying to sort out what is the care that they need by asking pretty deep questions about their faith life, asking questions about the heritage of what they saw and modeled within their home, within the faith community that they grew up in. Even asking questions about the catechesis and the confirmation and what is their own understanding of Christian doctrine. Again, if we want to draw a careful line where we're

143. Dr. Joshua Mears, interviewed by author, October 14, 2022.

not saying, the more that we study Scripture we're going to eliminate mental health or emotional concerns, but we also want to have a great understanding of how those things are interacting with each other and constantly playing back and forth.¹⁴⁴

In this model, mental health professionals are not only responsible for the same safe and effective treatment that secular counselors provide, but they are also responsible for shaping their counseling and care through a scriptural worldview and collaborating with pastors on the most effective overall treatment of the mental and spiritual health of their clients. If Scripture is the foundation and the guiding authority for life, it will shape the way that mental health care professionals communicate with and provide treatment for their clients. This is also a way in which Christian counselors can live out their calling as universal priests (1 Pet 2:9). Alan Siggelkow said, “I keep thinking of the need for counselors to think about how they are part of the priesthood of all believers and that understanding is so important and that respect that you can give to them as part of the priesthood of all believers, I think is also very important.”¹⁴⁵ A mental health professional who is going to shape their diagnosis, treatment, and care of mental illness around a confessional Lutheran view of Scripture is an invaluable resource that pastors, and the whole church, should encourage.

Even if a member is being cared for by a Christian mental health professional at CFS, it is not an excuse for a pastor to become uninvolved, but simply will change the way that the pastor is able to provide biblical teaching and comfort to their member and the mental health professional. Dr. Mears summarized this while highlighting the benefits of pastoral collaboration within counseling sessions:

144. Dr. Joshua Mears, interviewed by author, October 14, 2022.

145. Alan Siggelkow, Interview by author. October 25, 2022.

But I think I'm maybe unique, maybe not, but I think pastors should absolutely never become uninvolved. Even if there is a referral that is made, that does not mean that a pastor hands off the case, that a pastor still as the shepherd and as the primary overseer for their faith life should continue to be involved. I may mention in some of my comments about I've thoroughly benefited and appreciated when pastors are desiring to sit in on sessions that I have with their members. Obviously, from my realm, we have to ensure that there's a release of information and that there's consent to disclose kind of the session content. But I welcome that if pastors are willing to do that, if pastors are willing to have what I would call a joint session where they're leading portions of it, and a Christian counselor is also leading portions of it, there's great value and benefit in that. But I really strongly emphasize that a pastor should remain involved and that it is their duty and honor to continue to care for those souls, even if a Christian counselor and their vocation is supporting the public ministry by providing a different aspect of care.¹⁴⁶

Universal priests supporting public ministers and public ministers supporting universal priests, all to the glory of God, for the benefit of those living with mental illness, this is the ideal relationship. Another reason that a WELS pastor should not cease being involved is that CFS does not require their counselors to be WELS members nor subscribe to the Book of Concord. However, it is required that they subscribe to the statement of faith that CFS has on its website. Pastors will always bear the primary responsibility of spiritual oversight, while the Christian counselor will see to the care and treatment of mental illness.

The exact nature of this relationship will look different depending on the pastor, the mental health professional, the client, their specific mental illness, and the comfortability of the caregivers to aid the other in their area of expertise. For example, some counselors may be very biblically versed and comfortable with addressing spiritual issues in a counseling session, while others may not be. As Schuetze notes about Christian counselors, "It is not required to take any courses in religion or theology. In some cases, a Christian therapist relies on the biblical

146. Dr. Joshua Mears, interviewed by author, October 14, 2022.

education he or she receives on a congregational or personal level.”¹⁴⁷ While there may be no biblical training required to become a Christian counselor, CFS is taking steps to equip their counselors with training on how to integrate Scripture and law and gospel into their counseling sessions; a task where pastors can play a critical role.

147. Schuetze, *Doctor of Souls*, 296.

CONCLUSION

Mental illness is not a new problem, but the understanding of mental health has changed drastically over the past hundred years. Research has shown that mental illness is on the rise and culture is becoming more open to discussing mental health issues. Pastors and mental health professionals must be ready to provide the best care possible for those who are struggling with mental illness. What this looks like and the relationship between mental and spiritual health has been perceived differently by different worldviews. One of the shortcomings of this paper is that it only focused on three major religious or philosophical backgrounds, namely: Lutheran, Biblical Counseling, and secular psychology. The geographical scope of the professionals interviewed also was limited to the Midwest. It is possible that broadening these two elements would yield different results. However, this paper hopes it provides guidelines and principles that pastors can consider as they provide care for members living with mental illness and teach the truths of God and mental illness in their churches. Mental illness is indeed outside the scope of pastoral training and care, but, because of the interrelation of mental and spiritual health, pastoral spiritually focused care is still a critical part of the overall health of members struggling with mental health disorders. While mental illness may add roadblocks to the gospel, pastoral counseling for mental illness is founded on the law and gospel ministry that WELS pastors are called to administer, but it may take extra patience, understanding, and specific communication skills that mental health professionals may be able to provide. Depending on the mental illness

and the mental health professional involved, whether Christian or secular, the exact paradigms may change. However, pastors can partner with, and thank God for, mental health professionals who will respect religious views and are able to provide care and relief to their members with safe and effective mental healthcare.

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