

THE SEELSORGER CARES FOR SURVIVORS' SOULS: BURDEN OR BLESSING?

BY

STEPHEN S. OELHAFEN

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PROF. JOEL RUSSOW, ADVISOR

WISCONSIN LUTHERAN SEMINARY

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ABSTRACT

What can a pastor do? What can he say? When a person who comes to him and reveals the painful scars seared into the mind and body, they surely expect help. As the pastor listens to the details surrounding the trauma survivor's story, he will want to give that person the sweet relief that only God's Word can offer as he helps the hurting soul. However, in his zeal to help administer pastoral care, a pastor can find himself in a dangerous place. If he is not careful, the effects that trauma has on survivors can consume him.

Pastors need to understand how to faithfully balance serving God's people without becoming absorbed by the trauma that their people endure. This paper will investigate the sensitive topic of spiritual care for trauma survivors. It will look to God's Word to bring a message of comfort and healing to wounded souls and how God's Word fills pastors with joy as they carry out their noble tasks by glorifying God and "Be shepherds" to their flock.

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INTRODUCTION

The pastoral office is a blessing and a privilege. Pastors are blessed to be surrounded by God's Word every day of their ministries. They also have the high privilege of gaining access into members' lives that other people do not have. Of the many blessings and privileges God bestows on pastors, perhaps there is none more personal than the opportunities God gives pastors to administer pastoral care to hurting souls.

However, when an individual comes to receive pastoral care after they have suffered and survived trauma, the shocking nature of their suffering will be something a pastor can never fully understand. At these times, there is nothing that pastors can say to take away a survivor's pain. The only thing they can rely on is the healing that Scripture provides and the wisdom it gives to pastors as they listen to hurting people lay the scars of trauma before God.

God's Word gives a Word of encouragement to pastors who help people facing the reality of a sinful world. In his first epistle, Peter addresses congregations full of suffering Christians. The early church faced persecution under the authority of the emperor, Nero. Peter knew the dangers these Christians faced daily. These Christians knew the life-altering effects of trauma, yet Peter tells them, "Do not be surprised at the fiery ordeal that has come on you to test you, as though something strange was happening to you" (1 Pet 4:12–14 NIV).

Indeed, Peter understood what trauma looked, sounded, and felt like. He watched as the people who once screamed, "Crucify!" at Jesus on Good Friday now persecuted Peter and other believers. Peter had every right to fear for his peoples' lives. He would soon know the horrors

that many within the Church would face. He would also learn what it would be like to survive in a world where many Christians suffered and died for their faith.

Peter was not discouraged. He was not even surprised. Jesus explicitly told Peter he would be persecuted because of his faith. Jesus also told Peter that he was charged with helping to build up Christ's church (Matt 16:18). He also gave Peter the command to "feed my sheep" (Jn 21:16). Instead of living in fear for his life, Peter took action. He wanted other overseers and shepherds to know how to care for the people entrusted to their care.

To the elders among you, I appeal as a fellow elder and a witness of Christ's sufferings who also will share in the glory to be revealed: Be shepherds of God's flock that is under your care, watching over them—not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but eager to serve;³ not lording it over those entrusted to you, but being examples to the flock.⁴ And when the Chief Shepherd appears, you will receive the crown of glory that will never fade away. (1 Pet 5:1–4)

Be shepherds. This is Peter's instruction. It is a simple command that describes a complicated job. Even though Peter knows what lies ahead for the elders and leaders in the church, he still charges them with this task. He shows what a shepherd must not be (greedy, heartless, obligated) and how he may serve God in his ministry.

Most importantly, Peter shows why it is crucial to carry out this task. It is not for earthly fame, wealth, popularity, or glory. God's shepherds care for their flock to glorify God and to lead God's people to the future glory that awaits them in heaven.

Peter's charge is still applicable today. Even though his message is communicated loud and clear, people still might wish that Peter could have given specific instructions on addressing complicated issues in 2023 that affect the body, mind, and soul. Imagine the relief that believers could experience if Peter would have addressed specifically issues like post-traumatic stress or secondary stress?

It is no surprise that in a sinful world, God's people still suffer grievous wounds at the hands of others. As members of God's earthly kingdom, pastors have a responsibility to care for those who hurt. Still, shepherds are at risk. Pastors need to understand how to faithfully serve God's people without getting swallowed up by the flock's problems. This thesis will carefully survey the lingering effects of sin that trauma leaves behind. It will also encourage pastors as they carry out their noble tasks and "be shepherds" to their flock.

Purpose

A paper entitled, "A Seminarian's Five-Step Guide to Coaching Christians and protecting Pastors from Trauma" might leave a reader intrigued and maybe even perplexed at the prospect of a student having all the answers. Unfortunately, I am not a psychologist with a vast understanding of the effects of trauma, nor do I have answers to life's unanswerable questions. Instead, this thesis aims to understand how a shepherd under the cross can provide pastoral care that survivors need while carrying out their "noble task" (1 Tim 3:1) with joy.

This paper will investigate the sensitive topic of spiritual care for trauma survivors. First, I intend to provide further insight into the ways God equips pastors as they show pastoral care to people. To understand these blessings, it is essential to understand what trauma is, how it affects people, and how listening to trauma can affect a pastor.

Pastors know that it is crucial to strike a balance between the care he administers to his people and the care he needs himself. Plenty of ink has been spilled on the problems that face ministers of the gospel. However, it is sometimes more challenging to see how God's called servant can lead while still wrestling with the fact that he is a sinner in need of a Savior. Pastors need to receive care just as much as they give it. The term used to describe the art of pastoral

care is *Seelsorge*.¹ In the next part of this thesis, I will review what different authors have to say about the *Seelsorge* within Lutheran and other Christian groups. This will focus on problematic areas of ministry as well as establish a basis for a pastor's *habitus*.

The literature will also observe authors who explain what happens to a pastor who internalizes his member's trauma and the effects it will have on his personal well-being. The purpose of the literature review is to inform pastors of the various definitions of *Seelsorger* and give clarity where authors disagree.

This project will also observe the effects that pastoral care has on pastors. The way this paper will achieve this is in the form of interviews. Through a series of interviews, WELS pastors shared their insights and experiences of showing pastoral care to trauma survivors. They also allowed me into their personal lives as they described how they balance their different vocations. These interviews allowed me to gain insight into pastors' apparent burdens.

Finally, this thesis will investigate how challenging times in ministry can become blessings for a shepherd who provides pastoral care to trauma survivors. Even if he has not experienced trauma, pastors are still expected to provide spiritual care for survivors, regardless of their life experiences. This thesis is an exploration that takes place on the battleground of ministry.²

1. Reinhard Slenzeka. "Luther's Care for Our Times." *Concordia Theological Quarterly* 67, no. 1 (January 2003): 35-64.

Seelsorge is a German term with rich meaning to the Lutheran church. It describes the tradition and practice of administering pastoral care to wounded souls through Word and Sacrament. Originally, *Seelsorge* was directed to bring relief to people whose consciences were afflicted by a fear of judgement. An alternative pastors offered to people living in fear was found in confession and absolution.

2. Jerry Gernander, "Compassion Fatigue, A Problem for Pastors," (paper presented at ELS General Pastoral Conference, Bloomington, MN, 2014), 2.

The topic for this thesis is just as personal as it is practical for all pastors and seminarians. Showing pastoral care to aching souls is a joyful part of our job.³ “Any pastor worth his weight in gold should want to give pastoral care to hurting members.”⁴ The question is, how can a pastor balance his members' needs while remaining physiologically, psychologically, and spiritually healthy?

When the stresses of ministry accumulate, and a survivor walks through our door, pastors need to be prepared. Questions will arise as they sit down with their members. How do we answer people when they ask questions that only God can answer? How can a word from God profoundly change the state of their heart from despair to delight in God’s faithfulness? How can a pastor continue to find delight in their faithful vocations to help his members every day in ministry? These are all questions pastors need to ask before stepping into the world of the survivor.

I pray that this thesis offers readers a window into the world of pastoral care. I hope to show that God rescues the trauma survivors from despair through the promises he makes in his Word. I also pray that God gives pastors comfort and encouragement to take up the “noble task” of pastoral care with joy.

3. Interview with Participant B, conducted November, 2022.

4. Interview with Participant C, conducted November 2022.

PART I: WHAT DOES THIS MEAN?

“What can I say for you ... your wound is as deep as the sea. Who can heal you?” (Lam 2:13). These words frame the title of Rev. Timothy Bourman’s book, “Deep as the Sea.” He uses this metaphor to describe how trauma affects peoples’ physiological, psychological, and spiritual health. While Bourman’s metaphor pertains to the pain and hurt people experience, the vastness of the sea can also serve as an appropriate comparison to describe the world of psychology and the expansive area of trauma.

This thesis has already referenced trauma multiple times. This paper also revealed that pastors are in danger of experiencing trauma when caring for survivors. In this part of the thesis, the author will look at both the “broad” and “narrow” definitions of these words to help distinguish how a pastor can understand these terms. As he understands words to describe traumatic experiences, he can understand the problems facing their people. This is necessary because readers will be thoroughly ill-equipped to understand the needs of a pastor’s flock unless they have a proper understanding of “trauma,” “Post Traumatic Stress,” and “Secondary Traumatic Stress.”

Trauma and Recovery

Trauma is difficult to define because it changes constantly. The word, trauma, has baggage. Even many professional organizations describe trauma differently based on the context in which it occurs. This section will examine what makes trauma so powerful and provide an overview of a

survivor's recovery. To accomplish this, this paper will rely on three leading trauma organizations/resources to give the author a working definition of trauma. It will also define Judith Herman's three stages of trauma recovery to describe the internal battle survivors wage as they recover from trauma.⁵

In its broadest definition, trauma is "an emotional response to a terrible event."⁶ This definition encapsulates the body's immediate response hardly describes the dramatic changes that a trauma survivor experiences. As organizations review the term more carefully, they establish the nature of these terrible events. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a respected resource. This resource, now in the fifth edition (DSM-V), gives updated qualifications to distinguish trauma from traumatic events. This manual maintains that for an event to be considered a "trauma," it must contain "actual or threatened death, serious injury, or sexual violence."

Another respected organization dedicated to trauma survivors is the Substance Abuse and Mental Health Services Administration (SAMHSA). Their definition does not focus on the aftermath of a terrible event, but the event itself.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.⁷

SAMHSA also speaks about the profound ways that trauma affects society.

5. Judith Herman is a revolutionary psychiatric scholar from New York who helped identify common threads that appear where trauma occurs. She also is responsible for creating a model which describes how trauma survivors recover psychologically.

6. American Psychological Association, "Trauma," 2022, <https://www.apa.org/topics/trauma>.

7. SAMHSA, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (Rockville, MD: U.S. Department of Health and Human Services, 2014), 7.

People with traumatic experiences, however, do not show up only in behavioral health systems. Responses to these experiences often manifest in behaviors or conditions that result in involvement with the child welfare and the criminal and juvenile justice system or difficulties in the education, employment, or primary care system.⁸

The way that SAMHSA explains society's neglect of the negative effects of trauma shows the importance for pastoral care. SAMHSA recognizes that trauma affects entire family units. For this reason alone, it is so important for pastors to have a relative understanding of what trauma is and how it affects survivors. Unfortunately, unnatural events or experiences have become an epidemic that has become "common" in society by expert's standards.⁹

Dr. Judith Herman has observed patterns of trauma survivors. By studying anthropology, she concludes because trauma was not always recognized as a problem in society. In recent history, trauma has become more recognized since the Korean War when veterans came back with mental health issues. Based on her research, Herman gives an updated definition of trauma that applies to many different situations where trauma occurs.

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.¹⁰

Herman expands on the reactions that the human body produces when it experiences trauma.

Although she is not a medical professional, Deborah Hunsinger, a professor of pastoral theology at Princeton University, offers yet another concise commentary on Herman's definition of

8. Center for Substance Abuse Treatment (US). *Trauma-Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services Administration, 2014) (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.

9. Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence, from Domestic Abuse to Political Terror*. (New York: Basic Books, 1992) 24.

10. Judith Lewis Herman, *Trauma and Recover*. 24.

trauma. “(Trauma is) an inescapably stressful event that overwhelms peoples’ coping mechanisms.”¹¹

Rev. Timothy Bourman approves of how Herman’s view of trauma affects the body and gives a helpful synopsis of Herman’s understanding of intrusion, constriction, and hyperarousal.

The first effect is intrusion. ... Traumatic memories have the unique power of being ever present ... in the form of memories. ...traumatic memories do not speak, but only haunt (the survivor). ... Constriction is the second effect of trauma. Constriction ... means falling into a state of despair. ...Trauma almost always includes the complete loss of personal agency. During trauma, the survivor is unable to fight or run. This is the purest kind of victim. ... the third effect of trauma is hyperarousal. Hyperarousal is the “cardinal symptom” of PTSD. ... Their bodies are always on the alert for danger.”¹²

This paper does not aim to address every kind of traumatic syndrome that could develop in a pastor’s flock who needs pastoral care. Instead, this paper will primarily focus on the care survivors need from the Word of God. It may have to be packaged differently based on the kinds of trauma which survivors go through, but in the end, they all need to hear about their Savior who came to earth to win their salvation. However, this paper will speak about the path to healing because, according to Herman, “the path to healing from various trauma syndromes is common ... the fundamental stages of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community.”¹³

Bourman also helps pastors understand that trauma is more than a psychological issue. He speaks about the “spiritual loss” that survivors suffer. He comes up with seven categories of loss that are caused by trauma. The most notable spiritual effect of trauma in my eyes is Bourman’s description of the lack of meaning a person has in their lives following their trauma.

11. Hunsinger, Deborah van Deusen, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care*. (Grand Rapids Michigan: Eerdmans, 2015) Perlego.

12. Bourman, *Deep as the Sea*, X–XIII.

13. Herman, *Trauma and Recovery*, 2.

The natural question that survivors might ask God is, “Why did this happen?” However, they might not receive an answer. Job demonstrates this throughout the tragedies that unfolded in his life. Job was a righteous man, yet God allowed the effects of sin to wreak havoc on his life. When Job demanded an explanation from God, he did not receive one. Job could only turn to God and rely on the Lord’s promises that he was still in control of Job’s life.

Even though this book might not bring much comfort to a survivor in the midst of recovery, this book reminds believers that God’s Word has promises that last, even if human beings do not fully understand them.

For these wounds and all other burdens survivors experience, pastors need to point them to the promises God makes them in His Word. Even if a survivor’s trauma paralyzes them with despair, pastors get to share the message of God’s love with them. Because God loves them, he inscribes them with his signature, “Holy to the Lord” (Zech 14:20)¹⁴

PTSD (Post Traumatic Stress Disorder)

The symptoms of survivors may be common for those who have developed Post Traumatic Stress Disorder (PTSD). This specific group of survivors demands this paper’s attention because pastors need to understand some of the they are caring for. They also must understand the dangers that lie ahead as they prepare to give counsel with God’s Word. Judith Herman explains the plight that survivors with PTSD experience in their trauma.

“The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable. Atrocities, however, refuse to be buried. Equally as powerful as the

14. Bourman, *Deep as the Sea*, 102.

desire to deny atrocities is the conviction that denial does not work ... Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.”¹⁵

In this quote, Judith Herman describes what how the body naturally to react to trauma. It wants to bury the horrifying experiences, events, or effects that a person endures but Herman puts it plainly. The body refuses to allow atrocities to be buried. Therefore, trauma is not static.

Although Herman does not give a complete definition, she asserts that it is true to say that the body naturally reacts to trauma.¹⁶ However, this does not mean that trauma is natural. It also does not mean that people who survive trauma necessarily return to how they functioned before the trauma occurred.

For years, the topic of trauma was considered taboo until the 1970’s when “rap groups were established where men could speak honestly about the horror of the Vietnam War ... crisis centers, rape hotlines, and safe shelters were established.”¹⁷ As trauma became an acceptable topic to discuss, “the APA included a new diagnosis called PTSD.”¹⁸ PTSD is best known for the “flashbacks” that people experience where “they become overwhelmed. ... they remain virtually imprisoned by their fear and unable to re-engage in life.”¹⁹

PTSD has not gone away. It is a diagnosis given to people whose trauma lingers and affects many aspects of life today. In 2021, John Elflein conducted a survey that revealed staggering results among combat veterans. In his survey, he found that 75% of veterans since

15. Herman, *Trauma and Recovery*, 1.

16. Herman, *Trauma and Recovery*, 3.

17. *Bearing the Unbearable*, Perlego.

18. *Bearing the Unbearable*, Perlego.

19. *Bearing the unbearable*, Perlego

9/11 have experienced PTSD.²⁰ It can affect survivors who have experienced trauma in all sorts of ways. Because it can affect any kind of survivor, pastors should not be surprised when individuals who deal with PTSD make their way into the church. As distressing as PTSD and trauma is for believers, pastors do not need a PhD in Psychology to show pastoral care to these people. However, they do need to be aware of the toll that trauma takes on the body as pastors care for the soul.

STS (Secondary Traumatic Stress)

Traditionally, PTSD is diagnosed in people who feel like their lives are directly threatened. Today, society takes PTSD very seriously, pastors included. However, in the 1990's, psychologist, Charles Figley observed another phenomenon. As care providers attended to individuals with PTSD, over time, these mental health professionals exhibited the same tendencies as those with PTSD. Even though they did not experience trauma first-hand, these care providers experienced traumatic effects of intrusion, constriction, and arousal.²¹

Still a developing term, Figley initially called this condition Secondary Traumatic Stress (STS). STS is a reaction a person has when they are exposed to trauma. In other words, STS is

20. Post-traumatic stress disorder (PTSD) - Statistics & Facts, statista.com, <https://www.statista.com/topics/7449/post-traumatic-stress-disorder-ptsd/>

21. Charles Figley, *Compassion Fatigue*, 1 ed. Chapter 1, Perlego.

“the cost of caring.”²² Symptoms start as individuals experience flashbacks of hearing about trauma and they can snowball into depression, anxiety, and even PTSD.²³

In a lecture, counselors at the National Child Traumatic Stress Network (NCTSN) warned attendees about factors that make an individual “at-risk” for STS. The lecturers said that if an individual is new to a job with little support at a jobsite, forced to work long hours, and hears stories of violence, abuse, and trauma, they are in the highest group who are “at-risk” for STS. Does this seem like it could apply to a pastor who is fresh out of the seminary and is a solo pastor at his congregation? Absolutely. If this is the case, how does a pastor prevent STS?

Figley notes that a support network is important. He also recognizes that there must be a work-life balance where intrusive thoughts do not dominate his day.²⁴ Finally, a pastor must understand that “he is not the healer, God is.”²⁵ God has the power to heal the scars of trauma, pastors listen empathetically, administer the gospel directly, and allow the Holy Spirit to work healing in the heart of a trauma survivor while he faithfully serves as a pastor.

22. Figley, *Compassion Fatigue*, chapter 1, Perlego.

23. Charles Figley, *Treating Compassion Fatigue*,

24. Figley, *Compassion Fatigue*, 1 ed. Chapter 2, Perlego.

25. Senkbeil and Horton, *The Care of Souls*, 92.

PART II: LITERATURE REVIEW

Administering the means of grace to mend wounded souls is part of a pastor's call. Asking a newly ordained pastor to show pastoral care to trauma survivors who carry complex burdens might seem overwhelming. To understand the problems that face both trauma survivors and pastors, part of the research phase of this thesis reviewed multiple books and studies. The review is divided into these three categories: understanding the heart of a Lutheran pastor, understanding the meaning of pastoral care (*Seelsorge*), and understanding trauma survivors.

What is a Seelsorger?

Who is a pastor, and what does he do? It is common knowledge that the pastor of a church in the WELS preaches on Sunday. A fewer number of people understand what happens between worship services.

However, if you ask Rev. Harold Senkbeil, he focuses on this question as he describes a pastor's vocation as a *Seelsorger*. Senkbeil addresses *The Care of Souls* to fellow pastors as he digs into the nature and work of a pastor. Using Scripture as the compass to guide his ministry, he exhibits the life-changing effect the gospel has had on him in his ministry. An experienced pastor, Senkbeil seeks to inform his audience how to diagnose the spiritual problems of pastors serving in ministry. Using illustrations from his days growing up on his family's farm, he offers his pastoral readers comfort and warning as he dives into the deep end of theological topics.

As I began to read “The Care of Souls,” I wanted Senkbeil’s work to be a handbook for ministry. I wanted Senkbeil to answer pastoral pitfalls so that I know what to watch out for in ministry. I sought answers to specific pastoral problems like, “How should a pastor prevent burnout?” and “How does a pastor react properly when listening to his member describe the trauma that has flipped their world upside down?” Instead of giving canned answers to my hypothetical questions, he draws his readers to the issue of identity. Senkbeil says, “Identity defines activity. ... when ministry is rooted in Jesus and his gifts, that ministry will be all the more fruitful.”²⁶

Senkbeil explains that a pastor finds his identity in Christ as he stands beneath the text of Scripture.²⁷ Simply put, he is a forgiven child of God who seeks to bring Christ’s forgiveness to every hurting soul. It is here, under the guidance of Scripture, that a pastor’s ministry is defined by the gospel. This is the truth that grants healing to hurting souls. “A pastor who grasps the immense power of the word of God and who stands in quiet awe of him ... will not fear tending the sheep and lambs of Christ even when they are in dire circumstances emotionally, physically, and spiritually.”²⁸

Two of the pillars of *The Care of Souls* are Senkbeil’s definition of *habitus*²⁹ and identity. If a pastor has a *habitus* rooted in Scripture, he recognizes that he desperately needs the same

26. Senkbeil and Horton, *The Care of Souls*, 46.

27. Senkbeil and Horton, *The Care of Souls*, 46.

28. Senkbeil and Horton, *The Care of Souls*, 94.

29. A pastoral habitus describes the disposition of mind and heart a physician of souls must possess (Senkbeil and Horton, *The Care of Souls*, 114). A pastor cannot adopt a habitus by reading a manual or guide (Senkbeil and Horton, *The Care of Souls*, 18). A habitus, as Senkbeil describes it, is “the ongoing gift the Holy Spirit bestows on a pastor as he grows in his relationship with God by daily meditation and prayer.” (Senkbeil, *The Care of Souls*, 19).

gospel comfort he proclaims to his people. Senkbeil describes how a pastor's *habitus* affects his ministry through his ten theses. He formulates these theses based on his observations of the life-changing effects of sin and God's grace in ministry. Senkbeil's definition of *habitus* frames how he views the pastoral office. A *habitus* shapes his life experiences with members in distress, Senkbeil's personal trauma, and careful study and reflection of the means of grace.³⁰

Senkbeil compared the care pastors provide to the diagnosis that medical doctors give to a patient. A person who goes to a medical doctor for help will first be evaluated for symptoms before receiving a diagnosis. If patients receive treatment for their symptoms, tragedy can strike, and further distress—even death—can occur. For example, even though a person may schedule a visit with their doctor because they are experiencing a fever, body aches, and a cough, any doctor knows that their patient's symptoms are not the root cause of their ailments. They have an illness that causes their present symptoms. They need a doctor to diagnose them with a disease so that they can receive proper treatment. This is the same kind of language that Senkbeil uses. One will not ask a doctor for medication to treat their symptoms but to fight the disease within their bodies.

This is how Senkbeil says a pastor cares for his people who come with problems. A pastor listens to their problems with empathy and compassion. Here, a pastor gets to understand their symptoms. As pastor listens to stories of trauma, he does not merely give the survivor advice, nor does he only try to speak words of comfort. If a pastor empathizes, this means that he will grieve with survivors and mourn their stories of terror, fear, and suffering.

Empathy and compassion are necessary, but they are not the means to help a survivor. Senkbeil notes that pastors have a limited capacity for empathy and if leaned upon too heavily,

30. Senkbeil and Horton, *The Care of Souls*, 92–106.

he will quickly run out.³¹ Wounded souls need something that empathy or compassion cannot bring. “There is no lasting healing in human empathy. It might relieve the symptoms for a while, but genuine healing comes from God by means of his Word. That is why pastors do everything by means of the Word of God. After hearing the problems on their hearts, it is time to diagnose spiritual problems.³² This treatment does not come from pastors but from God (Ps 124:8).

Senkbeil’s basis for this process comes from his “ten theses on spiritual care.” Each of his theses stems from the first thesis, “All spiritual care is provided by God the Holy Trinity through his word in spoken and visible form.”³³ He then talks about himself and the recipients of the pastoral care he administers. “You and I as pastors are not the healers; only God himself can heal sin-sick people and provide consolation and comfort to war-weary, battle-scarred, and wounded souls.”³⁴ Does this picture of pain and anguish apply to trauma survivors? Certainly. Does this mean that pastors still get to minister to them? Absolutely. We show them spiritual care with the means of grace as the healing power to take away the stinging power of sin.

Seelsorge: A Lost Art

Senkbeil is not the only author who seeks to answer the question, “What is a pastor?” Pastors of other Christian denominations have questioned how the pastoral office has changed over time when it comes to Seelsorge. These pastors have a slightly different understanding of the “lost

31. Senkbeil and Horton, *The Care of Souls*, 93.

32. Senkbeil and Horton, *The Care of Souls*, 106.

33. Senkbeil and Horton, *The Care of Souls*, 92.

34. Senkbeil and Horton, *The Care of Souls*, 92.

art” of pastoral care. In his article, *Whatever Happened to Seelsorge?* Evangelical pastor, Rev. Herbert Anderson, examines how the term has changed as pastors carry out their vocation. He identifies that the Association of Clinical Pastoral Education (ACPE) has changed its mission statement.³⁵ The final sentence of the ACPE Mission Statement now reads: “We promote the integration of personal history, faith tradition, and the behavioral sciences in the practice of spiritual care.”³⁶

Anderson states that there are dangers in mixing pastoral words with the secular world. There are many who offer care to the wounded. Anderson recognizes that other sources of care (psychological and physiological care providers) are pushing the need for pastoral care out of people’s lives. Anderson recognizes the desperate need to reclaim the “lost” term of *Seelsorge*. Humans need someone to care for their souls. Without someone to point hurting souls to God’s Word, the soul remains broken.

Even though Anderson writes about other institutions who have mistakenly identified *Seelsorge*, he seems to miss the mark when it comes to understanding this Lutheran term. In order to explore the correct understanding of *Seelsorge*, first, we must understand how Anderson got to his conclusion. This paper will take Senkbeil’s “diagnostic approach” as it diagnoses problem in, *Whatever happened to Seelsorge?* This approach will not merely identify Anderson’s incorrect statements or praise the points he says well. This section of the literature review will evaluate how Rev. Anderson arrived at his conclusions and respond based on what Scripture says about *Seelsorge*.

35. Anderson, *Whatever Happened to Seelsorge?* 35.

36. In Anderson’s estimation, “spiritual care” has replaced “pastoral care.” Apparently, this term has been replaced because the term “pastoral” is too exclusive and is insensitive to other vocations within the public ministry. I.e. those who work as chaplains and share God’s Word with believers in hospitals are excluded. Anderson, *What Happened to Seelsorge?* 35.

To be certain, Anderson offers many unique and practical ways of describing pastoral care. However, one of the symptoms of Anderson’s problem is identified as he places tremendous emphasis on understanding the history and tradition of *Seelsorge*.³⁷ It is important to understand the roots of pastoral care. However, even if one clearly understands the tradition and history of the term, it does not mean that *Seelsorge* is fully understood. However, when Anderson looks to *Seelsorge* to “reaffirm the place of mystery and transcendence in the human journey to God,”³⁸ he fails to communicate how humans connect with God.

It would be helpful if he qualified this statement. The Bible clearly says that humans cannot journey to God in any way, shape, or form (1 Cor 2:10–16). The existence of a sinful nature proves this. The way God chooses to reveal himself is in his Word and Sacraments. This is where God has chosen to reveal himself to mankind.

Another symptom of Anderson’s misdiagnosis is his view of the role of pastors. “Although pastoral care has fostered careful listening to human stories, in its modern practice, it has not attended equally well to the stories of God. The recovery of *Seelsorge* (care of souls) can help build bridges between the human and the divine”³⁹. Anderson repeatedly talks about pastoral care as the “bridge” between the secular and the divine. Again, Anderson overemphasizes the role of the pastor. He frames the mystery of God as something that pastors can understand to a certain degree. If pastors can understand the mystery, they can connect the “human story of struggle and joy and the mystery that is God.”⁴⁰

37. Anderson, *Whatever Happened to Seelsorge?*, 34.

38. Anderson, *Whatever Happened to Seelsorge?*, 34.

39. Anderson, *Whatever Happened to Seelsorge?*, 32.

40. Anderson, *Whatever Happened to Seelsorge?*, 40.

Herein lies the proper diagnosis of Anderson’s problem. The care Anderson describes should not simply *prepare* people to hear God’s Word in law and gospel.⁴¹ Instead, pastoral care shows people law and gospel and applies it to their lives in their time of need.

God is not desperate for pastors to accomplish his will. Still, God graciously uses them as the means administer his gifts of Word and Sacrament. Again, Senkbeil’s pastoral encouragement, resonates with the *Seelsorger*. “You and I are not the healers. God, the Holy Trinity is.”⁴² People need God’s promise of justification through faith alone (2 Cor 5:19) constantly beating on their hearts. They need a pastor whose identity is found in Christ (Rom 8:28–30). People need pastors who offer spiritual care to be sensitive to the human condition while letting the gospel predominate in the care they provide.

The guilt and pain of sin require the careful application of law and gospel. Pastors are the ones who have the privilege and responsibility of carrying it out. However, this is where Anderson ended his essay. Senkbeil shows *how* a pastor carries it out. For this reason, Senkbeil’s honest exposition on developing a *habitus* is essential. When a pastor centers his life on Jesus and his will, God’s Word will guide and sustain him in challenging times because he recognizes his identity in Christ.⁴³

Even though this paper has taken a critical stance on some of the content in Anderson’s essay, he gives a beautiful picture of the work of a pastor in his sky/earth metaphor.⁴⁴ In this comparison, Anderson recognizes that as Christians, we are citizens of two kingdoms—earth and

41. Anderson, *Whatever Happened to Seelsorge?*, 38.

42. Senkbeil, *The Care of Souls*, 106.

43. Senkbeil, *The Care of Souls*, 269.

44. Anderson, *Whatever Happened to Seelsorge?*, 36.

heaven—but amid the challenges here on earth, proper pastoral care urges his flock “to set their minds on things above” (Col 3:2–4). “The focus on soul is a reminder that humankind is always both/and: both a piece of sky and a chunk of earth.”⁴⁵

In the proper context, Rev. Anderson’s essay helps a pastor understand a different approach to pastoral care. Anderson demonstrates this by outlining the roots of *Seelsorge* and explaining how the sinful world wants to diminish the art of pastoral care. Through a proper understanding of constant law and gospel application in the *habitus* of a pastor, a pastor can apply the principles that Anderson communicated to his own ministry and use them properly.

God’s Psychological Word

Administering the means of grace to mend wounded souls is part of a pastor’s call. God’s Word is black and white when Scripture talks about the need to hear about law and gospel, repentance and His forgiveness, our sin, and the grace that God freely gives (2 Tim 1:16–17). There is no doubt that God’s people need to be fed these truths regularly. How can God’s Word address issues in the “gray areas” of life?

Too often, when people think about God’s Word, they think about a piece of their life that is separated from the rest of the world when they spend time in church on a Sunday. After they leave the church sanctuary, their Bible goes back on the shelf, and they return to taking care of their “real-life problems.”

45. Anderson, *Whatever Happened to Seelsorge?*, 38.

All people experience heartache, physical pain, and loss to some degree. These are the ordinary experiences that all people go through. However, some wounds cut deeper than others. Sometimes, the unexpected results of sin leave a lasting mark. Rev. Timothy Bourman's book, *Deep As the Sea*, writes his devotional book to survivors of trauma.

This thesis has already described the prevalence of trauma in the world today. Trauma does not discriminate between believers and unbelievers. Survivors who sit in pews on Sunday undoubtedly have the same knowledge of the once-crucified, now-resurrected Christ as their fellow Christians. However, their lives have been changed as they suffer personal loss in ways that may leave them shattered physically, mentally, and spiritually.

This is Rev. Timothy Bourman's audience in *Deep as the Sea: Letters to Survivors of Trauma*. This book includes dogmatic themes but is not a textbook. It speaks about problematic psychological conditions but is not a diagnostic manual. Instead, Bourman writes this Lutheran devotional to converse with survivors of all backgrounds because everyone needs the comfort of the gospel.

Bourman refers to the gospel's comfort as God's psychological Word because "It not only saves the sinner but also provides healing for the whole person."⁴⁶

Perhaps the most practical aspect of *Deep as the Sea* was Bourman's effort to reach those affected by trauma—survivors and loved ones alike—and his ability to speak to them at different stages of healing with God's Word to guide their path to recovery. The first stage Bourmann identifies speaks to the spiritual needs of someone who is healing from a lack of safety. The second part addresses survivors who are in "remembrance and mourning." Lastly, Bourman concludes this devotional by addressing the need for a survivor's "reconnection."

46. Bourman, *Deep as the Sea*, 38.

Bourman writes this book as a collection of letters. This approach allows readers to glimpse into the lives of a Christian survivor. This book is filled with the raw emotions that many survivors process and reframing how God's psychological Word brings comfort to help them heal. Bourman describes the wrestling match in which survivors engage. He talks about believers' struggles as they process the horror, fear, or suffering that has invaded their lives. He also explains how God holds them up throughout the healing process and in love, holds them close.

Time and time again, Bourman's devotional thoughts lead readers back to the cross. He helps them to understand what the almighty God has done for them in eternity. No matter what experience has left a mark on their life, they are not defined by their trauma. Their identity is only found in Christ.

Rev. Bourman divides his book into three parts to divide the stages of recovery a survivor may experience. In one chapter, Bourman reaches deep into the dregs of pain and suffering as he describes the seemingly paradoxical pains of a Christian. They cry out with laments to God and "call out to the deep."⁴⁷

Bourman emphasizes the need for survivors to lament. He encourages them to lay their pain before their creator. When words of comfort fail, the Word of God is the only comfort that heals the deepest spiritual wounds.⁴⁸ Later in the book, the suffering, and agony that Bourman described changes. Bourman changes his tone from lament to comfort. Bourman implores readers to consider Rom 8:35–39 as he redirects his reader's attention. He wants to prove that if

47. Bourman, *Deep as the Sea*, 38.

48. Bourman, *Deep as the Sea*, 25.

nothing stands in the way of Christ loving human beings, then healing is possible, even for survivors of trauma.

Deep as the Sea is undoubtedly this paper's most unique trauma resource. The book is written as a collection of “letters” to survivors in the midst of healing. In his devotional letters, Bourman addresses trauma survivors at different stages of their healing process. It is difficult to understand what survivors go through, but the way that Bourman describes the stages of trauma helps the reader understand which promises of God will resonate with survivors. As the author draws attention to the present, past, and future, he connects with survivors at various stages in the healing process as he places his own pastoral counsel under God’s Word for a truly Lutheran devotional.

Pastoral Care: Where Comfort Meets Cross

ELS Pastor Jerry Gernander’s conference paper on Compassion Fatigue investigates an important question. “What is the cost of pastoral care?” Rev. Gernander has tremendous concern for brothers in the ministry who demonstrate symptoms of burnout or secondary traumatic stress. As he explores the toll that *Seelsorgers* endure, he evaluates the problems he sees after reflecting on Paul’s appeal to pastors while living in Ephesus.

Paul knows the dangers and hardships of ministry. He was shipwrecked (Acts 27:41–44), imprisoned numerous times, beaten (Acts 16:23–24), and even experienced trauma of his own (2 Cor 1:8–9a).⁴⁹ Amid the challenges Paul faces, he echoes Christ’s commission he once gave to

49. Bourman, Deep as the Sea—Dissertation.

Peter, “Shepherd the church of God” (Acts 20:28b). However, even though Paul’s instructions seem similar, in Acts, Paul’s instruction has a different focus.

Typically, when discussing pastoral care, the object of that care is a pastor’s flock. However, Luke’s focus in Acts 20 does not focus on the flock, but the shepherd. Gernander reflects on the importance of Paul’s words. Paul demonstrates that pastors need to take care of themselves so that they can care for their members. Gernander’s essay also beautifully exposes the traps that Satan sets before pastors. He talks about Compassion Fatigue (another term for STS). Gernander also addresses burnout and the growing number of pastors leaving the ministry. He demonstrates this danger clearly as he gives a Lutheran perspective to the “stages of burnout.”⁵⁰

He makes the careful distinction that his paper is not intended to substitute psychological insights into Christian theology. “Nor should pastoral practice result in a theology that was forced to fit into the categories of current psychological theories.”⁵¹ Instead, Gernander wants his readers to see how secular insights which creep into the human mind actually help us understand the temptations Satan puts in our path.

Even though a Scriptural approach dominated Gernander’s writing, one of the most interesting distinctions Pastor Gernander made was the differences he noted between STS, STSD, and Compassion Fatigue. To start, the author believes that his thought process was correct. However, he took a perspective that the author had not considered.

Gernander explains that STS is a natural bodily response to caring for survivors. It comes with the territory of the pastoral office. If pastors have trauma survivors come into their office

50. Gernander, *Compassion Fatigue*, 9. See Appendix A.

51. Gernander, *Compassion Fatigue*, 4.

and share their experiences, their pastors who empathetically engage with their stories will naturally become physically, emotionally, and spiritually exhausted.

Secondary stress occurs as a pastor attempts to measure success through the eyes of others.⁵² Unfortunately, Gernander observes that this is a natural reaction. He notes the effects that STS has on the brain. Pastors may even experience significant psychological pain like how the brain reacts to primary trauma.

Still, an important question remains unanswered. How does a pastor make sure that he is prepared to help survivors without allowing their problems to consume his ministry? Here, Gernander preaches a simple, but effective truth. He says that STS is something that can be prevented as a pastor immerses and guides himself in God's Word. The solution seems simple, but the execution of these principles can be forgotten or skipped when pastors face the realities of trauma in a sin-filled world.⁵³

52. Gernander, *Compassion Fatigue*, 6.

53. Gernander, *Compassion Fatigue*, 5.

PART III: THE PRACTICE OF PASTORAL CARE

If you want to understand how a farmer harvests his crop, you might go to a corn field in Iowa in October. If you want to learn how a movie theater makes money, you could speak to the general manager of a local theater. However, if you want to hear the comfort that a Word from Scripture can bring to people on a spectrum when it comes to feeling all kinds of pain and loss, you should speak to a pastor.

This paper has surveyed areas of trauma and the need for pastoral care. Pastoral care is for all of God's people who endure many kinds of trials in life. In this section, the author will explore how WELS pastors offer pastoral care to trauma survivors. This research was conducted in the form of interviews with WELS pastors. The similarities between the participants were as follows: they were WELS pastors who had experience offering pastoral care to trauma survivors.

METHODOLOGY

With the aforementioned "qualifications" in place, I selected my participants. I wanted to ensure that each participant I contacted serves a congregation whose ministry was distinct from the others involved in my research. The goal of the diversity in these interviews was to talk with pastors in various ministerial contexts and hear their ministry stories.

I wanted to learn about the struggles that pastors face in the twenty-first century. I wanted to understand pastors' vital task to show pastoral care to hurting souls while managing their

vocations. Most of all, I wanted to see the blessings the Lord has placed in their lives as they minister to trauma survivors.

Each interview participant was initially contacted via email. First, I introduced myself. I explained why I reached out to them and asked if they would be willing to help further my research for my thesis project. The response was overwhelmingly positive. The pastors I contacted remarked that they saw a need for research in this area of ministry and were happy to participate in interviews. I scheduled times to meet over Zoom and Google Hangouts. I also conducted in-person interviews.

Each interviewee also received a questionnaire prior to the interview. I provided them with questions ahead of time, so that the pastors I interviewed could come prepared. As they answered my questions, some participants could give more than one answer with the extra time they had to ponder my questions. The questions on the questionnaire I sent the participants reflected many of the questions I asked during the interview. For the purposes of this thesis, I will focus on a few of the questions that generated the largest response.⁵⁴

The content of the questions sought to understand the blessings and challenges pastors face as they show pastoral care to trauma survivors. Most of the questions could be answered by any pastor who has helped care for survivors. The goal of asking these questions was to see where there were intersections regarding how pastors care for their people. If I could identify pastors with similar problems in their practice of *Seelsorge*, perhaps their responses could offer a solution. If they shared similar triumphs, I could pursue their responses further to learn why certain parts of their *habitus* benefits the pastor and his members. The interviews also gave me a

54. Some of my questions were skipped over in the interviews due to the flow of conversation. Other questions were not asked because they were not applicable to the pastor.

chance to see the different approaches to *Seelsorge* within the WELS how those differences shaped ministry.

Because each pastor serves in a unique context, each questionnaire had questions that were specific to the participant's ministry. These questions focused on specific areas of ministry where STS could affect the participants. They also showed the author the importance of balancing care for others with a pastor's other vocations in life.

Before I conducted each interview, I asked for each participant's consent to record the interview for the use of this thesis, as well as the use of their name. However, even though I received permission to use both, I chose to refer to the participants as Participant A, Participant B, Participant C, and Participant D. I chose to conceal their identities so that I could speak plainly about the interviews and protect the identities and events that the pastors shared with me.

One of the reasons I hand-selected the participants was because each pastor had experience in administering spiritual care to trauma survivors. Another reason I selected WELS pastors in different congregational settings was to investigate how much ministry context changes the way that each pastor administers care for trauma survivors.

Meet the Participants

- Participant A serves as the lone pastor at a mission congregation in a central city.
- Participant B serves as an associate pastor in a well-established church with a school.
- Participant C serves as the lone pastor at a church in a mission setting that has recently become fully self-supporting. His church is in a small city.
- Participant D serves as a lone pastor at a small, well-established church in a medium-sized city.

Each pastor has served at his respective congregation for at least seven years. I chose tenured pastors because I wanted to see how their perspective toward spiritual care had changed over years of ministry. The topics explored in the paper are each based on questions that the interviewees were asked.

Trauma affects Ministry

The first question I asked attempted to tap into their understanding of trauma and the first thoughts that came to mind when they thought about the subject. My first question was, “How has counseling survivors of trauma affected your ministry?”⁵⁵ Answers varied considerably, yet

55. The biggest takeaway I had from this question did not have anything to do with participants’ responses to my question, but I became more aware of how I talk about the role of pastors and survivors. Participant A allowed me to ponder the ways that pastors talk about different areas of ministry. More specifically I thought about the term counseling.

Prof. John Schuetze spends time outlining the differences between pastoral counseling vs. professional counseling. “Originally, pastoral counseling referred to religious counsel. It was the spiritual advice and support that a spiritual leader gave a parishioner. ... the pastor doing the counseling usually had no degree or credentials in counseling” (267). Pastors have a completely different focus than professional counselors. “a licensed professional counselor, even one who does Christian counseling, is not required to take any courses in religion or theology” (269). Pastors care for souls. Psychologists care for the mind. John Schuetze, “Doctor of Souls,”

However, professional counselors who treat psychological issues in the twenty-first century are often known as “counselors.” When speaking about the service he offers to members, Participant A remarked, “a lot of

each participant alluded to how they look at people and how it has allowed them to marvel at the miracle of faith that God gives.

Participant A's comments reflected an attitude of joy when his members came to him in confidence with the knowledge that God's Word could bring healing to their broken lives. "I give thanks to God that faith has such victories in people's lives."⁵⁶ He mentioned how humbling it is that his members want to bring their greatest hurts and pains to God.

Participant A also talked about how ministering to trauma survivors has changed his perspective on God's gift of life. Participant A does not look at stories of trauma that people share as something that should weigh him down or break him. Instead, he is encouraged that God's people want a word from their Loving Shepherd in their hour of need.⁵⁷

Participant B noted how it is sometimes difficult to distinguish between trauma and difficult events that people go through. "It affects me ... I recognize that when I speak with survivors, I need to have an extra measure of concern, extra empathy, and it causes me to think about the different ordeals God allows his people to endure."⁵⁸ He noted that trauma makes him

times people do not understand what pastoral care is. They think it is just like therapy, and they are just supposed to dump on me ... and I always make it clear to them this isn't counseling, this is Pastor care" (Participant A). Participant A wanted to help people understand what they should expect from him if a person needed help. "I tell people, I'm not here to tell you that everything that you do is right (because) maybe it wasn't. And I'm not here just for you to be an ear to listen to what you were going ... I'll do that too but what I offer is pastoral care" (Interview with Participant A). Instead, he explains to people, "I ... I'm going to listen to what you are going through and then look for a word from God. ... I always want to bring them to the word of God and to our Savior, Jesus. The word counseling has gotten lost. So I gave up on it and now I talk about pastoral care" (Interview with Participant A). This conversation led me to consider other works like *Whatever Happened to Seelsorge* where I found that other pastors found that substituting terms for pastoral care can result in confusion. This led me to change the way I spoke to future participants. It also led me to change the questions to reflect an accurate picture of the work pastors do when it comes to pastoral care.

56. Participant A.

57. Participant A.

58. Participant B.

rethink what people need. Oftentimes, people want quick fixes to their problems. They will probably wish that the trauma they endured never happened. Participant B says, “As a pastor, they (survivors) look to you to cope with feelings that they have never experienced before. ... When they finally have the courage to get help, they look to you. ... You get to think about why they came to their pastor for help and give them relief from God’s Word.”⁵⁹

Participant C spoke about how pastoral care has helped recalibrate his pastoral heart. It has affected how privileged he feels to bring people to the cross in their hour of need. “Helping people focus their hearts, thoughts, and minds is what being a pastor is all about.”⁶⁰

Participant C spoke about the privilege and responsibility pastors have in administering pastoral care. The way he spoke about pastoral care reminded the interviewer about the diagnostic approach that Senkbeil outlined in *The Care of Souls*. “How often do people come in and talk about the actual problem? ... He (a pastor) needs to ask the right questions to get to the heart of the issue.” At the same time, Participant C spoke about the need to tread lightly with trauma so that a survivor does not relive the trauma they experienced.

Participant C’s responses brought him to the topic of the pastor’s stewardship of time. Allowing pastoral care to consume a proper amount of time plays a vital part in avoiding STS and encourages both pastors and survivors to stay on task. Participant C noted how it is sometimes difficult to identify the problem because trauma survivors cannot be forced to unpack the spiritual burdens that weigh heavy on their hearts.⁶¹ Instead, pastoral care requires patiently.

59. Participant B.

60. Participant C.

61. Participant C.

As he honestly and sensitively applies law and gospel during a conversation with a member, he sees how survivors are able to naturally unpack the traumatic burdens they carry.

Participant D noted similar responses to participant B. The difference in his response came because he talked about how it affects how he operates on a Sunday morning. Participant D remarked how “hearing trauma ... makes you mindful in your preaching. ... It makes you think about how you phrase things in the pulpit because people have different experiences.”⁶²

Participant D also discussed that learning about trauma and the burdens people carry has changed his assumptions about people. “I am not making assumptions that they are broken ... and I am also not making assumptions that everything is all right at the same time.”⁶³ Assumptions are dangerous because it prevents pastors from listening to understand the spiritual attacks that their member is facing. If pastors do not understand the needs of their people, they cannot properly diagnose the root issue.

Meaning Factories

When medical doctors talk about trauma, they refer to physical injuries due to blunt force that beats and batters the body. When Psychologists talk about trauma, they talk about “a harmful or life-threatening event or circumstances that physically, mentally, or emotionally affect a person.”⁶⁴ These experts understand the reasons people suffer. However, when it comes to spiritual problems, sinful humans are left to admit with Paul that no one can know the mind of

62. Participant D.

63. Participant D.

64. SAMHSA’s guide to trauma, 7.

God (1 Cor 2:11). Even non-Christians who agree with the phrase, “Everything happens for a reason” still want to know why “bad” things happen to “good” people.⁶⁵

As a pastor cares for survivors and listens to their stories of trauma, he may see a struggling believer. Believers struggle because they know the promises God gives as they read God’s Word. They listen to their pastor preach on Rom 8 and know that God is working for them, a baptized child of God. However, even blood-bought souls still want to know the answer to the question, “why?”

As they ask, “why?” their meaning factories are up and running. Human need to assign meaning to the bad things in life. If they cannot find a “silver lining” then their trauma seems meaningless, and they suffer for nothing. However, the answers are not always obvious this side of heaven. The participants helped clarify that as pastors shut down human “meaning factories” they bring their people lasting meaning as they turn them to the pages of Scripture.

The question, “why?” is also the question the participants are asked most often.⁶⁶

Participant A gave a unique perspective on survivors' questions as survivors begin to process their trauma.

Human beings are like “meaning factories” ... if our pain and sufferings are meaningless ... then we struggle. We cannot move on and move into a meaningful future ... (people begin) to ask questions: why did I lose my dad? Why was I sexually assaulted on the elevator? Why did I suffer traumatic brain injury? Why?⁶⁷

If meaning factories exist, then spiritual questions demand answers. One challenging part of pastoral care looks to shut spiritual meaning factories down. Pastors use God’s Word to

65. In this case, the term “bad” refers to the horror, fear, and loss of control that traumatic events have on law-abiding citizens.

66. Participants A, B, C, and D all concurred that a form of “why,” is the most commonly asked question.

67. Participant A.

respond to people who look to keep these meaning factories open. In 1 Cor 1, Paul speaks about conflicting messages of wisdom. The “wisdom of the age” sees trauma as a dreadful thing. In fact, believers and unbelievers might experience times when God may appear to be the source of evil.

The believer might beg God to stop evil from happening to him. The unbeliever might accuse God of being a vengeful, spiteful God. Nevertheless, Paul’s words remain true (Rom 8:28). Prof. Daniel Deutschlander describes this logical query as “The Paradox.”⁶⁸ Even Martin Luther struggled with this concept. When Luther was a monk, he viewed God as his enemy when he looked at the effects of sin in the world.

Even the believer might view God as unfair or unloving when he allows an innocent woman to be subject to violent sexual assault. This survivor knows that God could have protected her from her trauma if he wanted to, but in her pain, she questions why the God who loves her would allow her to experience unnecessary anguish. As she processes her trauma, prayer and meditation on God’s Word seem impossible.

Here, pastors must not give an answer where God gives no explanation. Instead, they must proclaim the theology of the cross.⁶⁹

God does not require pastors to have all the definitive answers to the problem of trauma. He tells them to preach the Word that comes from the Father of Compassion and the God of all comfort (1 Cor 1:3).

68. Deutschlander, *The Theology of the Cross*, 66.

69. *The Theology of the Cross* calls good: bad, and bad: good.

A Seelsorger Stays in His Lane

A Seelsorger's habitus causes him to understand where he fits into his member's care team. He needs to know his personal limits as he cares for his member's souls, but he also needs to recognize when his members have needs that he is not qualified to care for. The following observation came when I asked, "As a Pastor, what makes you qualified to speak to survivors when there are other professionals who understand how trauma affects the human body?" Each participant highlighted the importance of referral in ministry. This subject proved to be a topic close to each participant's heart.

This thesis has already discussed the differences between pastoral care and professional care. Pastors do not diagnose mental health disorders or write prescriptions for medication. Mental health professionals will not read Psalms of lament with a survivor as she pours her heart out to the professional. The roles within a survivor's care team are different.

It can sometimes be challenging to know when it is time to refer a person to a professional counselor who can care for their needs in a way a pastor cannot. However, each participant noted how their views of referring have changed over their ministry.

Participant A stressed the divide that exists between mental health professionals and pastors. He noted how the world of therapy and counseling is trying to push pastors out of their legitimate vocations. He lamented how some pastors accept this and refer when they find out a member has suffered and survived trauma. To be sure, he expressed that professional counseling is important in healing from trauma. However, Participant A was emphatic that pastors have a crucial role to play. Pastors lead survivors to God's Word because it alone has the power to heal the most difficult trials people endure. "If a pastor is not qualified, then who else is? We have the very Word of God. ... We have the light along the path, and if we are not qualified to speak to

survivors, who is?”⁷⁰ Participant A's response to this question encouraged me to investigate this topic further and explore what a *Seelsorger* is and where he fits in a survivor's care team.⁷¹

Participant B reported the benefits that a person experiences if he works alongside a Christian counselor. “If someone has a physical ailment that is getting in the way of their ability to hear what God's Word has to say to them, they should see a medical doctor who can treat their illness. That way, they can be ready to focus on the care pastors provide.”⁷²

Similarly, pastors need to rely on the other gifts God has given to mental health professionals so that they can help people who are mentally unwell. It is beneficial to both pastors and their people when pastors refer. However, it is difficult to know when to refer.

Participant C also noted the various gifts that God gives people and that pastors should be unafraid to use other resources like mental health professionals as they give pastoral care. He related that the longer he has spent in ministry, the more he has grown to understand his limitations as a pastor. He emphasized the need for both pastoral care and the help of a mental health professional. Now, he is unafraid to refer when someone's needs exceed the limits of pastoral care

Participant D dealt with trauma in his ministry when tragedy struck the city where he was a pastor. He also has plenty of experience offering pastoral care on an individual basis. After the tragedy in Participant D's community, he remembered a conversation he had with a police chief who was dealing with the aftermath. The police chief told him that the best thing pastors could do after a large-scale traumatic event is to “take care of your people. ... stay in your lane and do

70. Interview with Participant A

71. See Part II, literature review on *Whatever Happened to Seelsorge?* By Herbert Anderson.

72. Participant B qualified his statement by saying his analogy is not

what you're good at."⁷³ Participant D noted the benefits of having professional counselors you trust to work alongside so that members' spiritual and mental health needs receive appropriate attention.

The Care Team for Believers

When asked about the well-rounded care that our congregations—especially trauma survivors—need, each participant talked about people, pastors included, need to care for their body, mind, and soul. The participants each referenced various models that dates back to Plato's "three-legged stool."

Plato used this term to describe that people need psychological, physiological, and spiritual care. Each aspect of care represents a leg on a stool. The stool cannot stand on only two legs, but needs all three legs to stand in order to function.⁷⁴

As pastors seek to balance the three-legged stool, perhaps they can look to Senkbeil who has a thorough definition as he talks about the different aspects of care that people need. "Biblically speaking, humans don't have souls; they are souls. When the Lord God created Adam and Eden from the dust of the ground he breathed into his nostrils is on breath of life, and the

73. Interview with Participant D

74. This approach is sometimes called the "three-legged stool." Each leg represents a general aspect of care people need. It is divided up into psychological care, physiological care, and spiritual care. A stool cannot balance on two legs. All three are necessary to support a healthy human being.

It is a simple picture, but the analogy has a fault. Plato's analogy assumes that each leg of the stool is equal. We cannot make a direct comparison of the necessity for spiritual care as the same level as psychological and physiological care. The need for the care of souls far outweighs the others. Still, people need to be healthy in all three areas of life.

man became ... a living soul.”⁷⁵ When pastors keep Senkbeil’s principle in mind, they will see that although they are sinners, they know their identity. They see that they are “Holy to the Lord” (Zec 14:20).⁷⁶

The participants each acknowledged they need the same care as their members. Pastors also need their own physiological, psychological, and spiritual caretakers. This attitude reveals that the WELS has done good job showing pastors that they cannot help others if they are not healthy.

STS and the *Seelsorger*

What can a *Seelsorger* do? STS creeps around the corner, yet the survivor craves gospel comfort. How should shepherds balance pastoral care? How do pastors protect themselves from effects of STS that can be devastating to ministry?

When asked about how they protect themselves from being consumed by ministry-related stress, participants spoke about other vocations in life. Participant C gave multiple examples of questions he can ask himself to make sure he is keeping a healthy distance from an issue a member is going through so that he is not consumed by the aftermath of their trauma.

A pastor has to ask himself, how am I doing, spiritually? It's one thing to give and give (time and energy to those in need), but the pastor himself needs to be filled up. He needs time spent in God's word, refocusing and recentering himself on God's promises too. ... There is also the need for just physical exercise. You have to give yourself a brain break,

75. Horton and Senkbeil, *The Care of Souls*, 63.

76 Bourman, *Deep as the Sea*, 101.

whether that's the gym or some other hobby, a pastor needs an outlet. Otherwise, you're going to find yourself completely immersed in the challenges of ministry.⁷⁷

It is important to note that pastors do not put barriers in their lives to separate themselves from members or God's Word, but they occupy their lives with other parts of ministry besides pastoral care. Pastors spend time meditating on God's Word through private devotion, prayer, and they spend time in their other vocations at home. As a pastor immerses himself in the Word, he confesses his sins daily before God and receives forgiveness every time. Participant C observed this point in his ministry. "A pastor's devotional life really shows through in counseling." When pastors offer people the Word of life, STS might be something that affects a pastor, but it cannot consume him when he is filled with God's Word. When their heart is watered with that same Word, members can be confident God will bless his pastoral care.

Finally, pastors must recognize that the pastoral ministry is, as David Tripp describes it, a "Dangerous Calling." Although there are challenges along the heavenward journey, God puts people in our path we get to help, not problems.⁷⁸ The very fact that God allows sinful pastors to deliver the Word of God to sinful people shows that the pastoral office is a privilege. As pastors put themselves on the dangerous path to help sinners, they get to echo Paul's joyful and honest cry, "Christ Jesus came into the world to save sinners—of whom I am the worst" (1 Tim 1:15).

⁷⁷ Participant C.

⁷⁸ Paul Tripp, *Dangerous Calling*, 44.

AREA FOR FUTURE STUDY

This paper explored the blessings and challenges facing *Seelsoorgers*. It addressed matters of STS, becoming too academic, and reviewed literature that will prove to be important resources for pastors who seek to walk alongside their people as they carry their crosses of trauma. However, this thesis did not get a chance to interview mental health professionals.

In the future, a seminarian could benefit greatly from gaining a mental health professional's perspective, especially when it comes to equipping the body of believers. As pastors work alongside these professionals, congregations can benefit from becoming trauma sensitive as they understand people come from various backgrounds, some being traumatic.

Perhaps if they interviewed representatives from CFS, a student could investigate how should pastors select a counselor to work with their members. This could especially be helpful with the advancements in the area of Telehealth.

Another avenue that this paper briefly touched on was the pastor's role in caring for military veterans. WELS Special Ministries has worked hard to reach these people. However, the author believes that a seminarian in the future could research pastoral care to members with high-risk jobs like soldiers who have served in combat and have developed PTSD after they served.

CONCLUSION

When I began my research for this thesis, I wanted answers to questions God has not revealed.

When it comes to *Seelsorge*, there is no “magic bullet” so that pastors can take a survivor’s pain away. However, God’s blessings and promises that he gives trauma survivors are the only source of true healing and lasting joy. Those truths are for survivor and shepherd alike.

1 Pet tells pastors, “Be shepherds.” As a pastor faithfully shows care to hurting souls, his *habitus* allows him to do as Peter instructs. There is a cost to caring for wounded survivors. That cost is a privilege. As God allows pastors to reflect His love to His people, may pastors cling to the faithfulness of God and his promises he delivers.

We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed. We always carry around in our body the death of Jesus, so that the life of Jesus may also be revealed in our body (1 Cor 4:8–12).

SDG.

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APPENDIX A

Similarities between burnout in the secular world and how that manifests in pastoral ministry.

Burnout: Stages

1. Compulsion to prove
2. Intensity
3. Subtle deprivations
4. Dismissal of needs
5. Distortion of values
6. Heightened denial
7. Disengagement
8. Observable behavior changes
9. Depersonalization
10. Emptiness
11. Depression (clinical)

Clergy Version: Compassion Fatigue

1. Beginning of call – desire to exceed expectations
2. At end of stage 1 – rearranging expectations
3. Parish trumps personal priorities
(Postpone personal or family needs; overeating, less exercise, etc.)
4. Loss of sleep, exercise, and nutrition; give yourself pep talks for basic duties
5. No energy for friendships; family outings are made without you, at your suggestion
6. Small frustrations make you crazy; intense resentment, festering anger, feeling unappreciated; “nobody understands me besides my wife”
7. Disillusionment; difficulty cultivating a spirit of thanksgiving; subtle paranoia; the ministry a joyless progression of to-do’s
8. Feeling trapped: “If I *weren’t* a pastor, what else could/would I do?”; avoiding people; emotionally resigned
9. Letting personal care go; “getting through the day”; elevated blood pressure
10. Emotional pain; guilt and shame; “failure”; panic about the future; self-loathing
11. “I can’t do this!”

APPENDIX B

QUESTIONNAIRE FOR INTERVIEWEES: Pastors who have counseled survivors

The question I'm seeking to answer: Within his vocation as a pastor, many are confused about their role. Some may be tempted to become a therapist, social worker, or CEO. What steps do you take to care for your people and yourself as you maintain your role as a counseling shepherd and doctor of souls?

1. How has counseling survivors of trauma affected your ministry?
2. As a Pastor, what makes you qualified to speak to survivors when there are professional psychologists and MD's who understand how trauma affects the human body?
3. In what ways does the spiritual care of survivors of trauma differ from the other spiritual care a pastor offers?
4. As a Pastor, how do you change your approach to counseling survivors of trauma as opposed to counseling a member without trauma in their life?
5. In your experience, what are the difficult questions or concerns trauma survivors struggle with?
6. What would put a pastor in danger of experiencing STS (Secondary traumatic stress)?
7. When you listen to stories of trauma, what do you do (or would you suggest other pastors do) to care for yourself so that you can best carry out your vocations in life?
8. Has your approach to counseling survivors changed your years of ministry?

APPENDIX C

INFORMED CONSENT FORM

Dear Participant,

Thank you for your willingness to participate in this research. My name is Stephen Oelhafen, a senior at Wisconsin Lutheran Seminary. I am conducting this study as part of my senior thesis project in which I am investigating and evaluating this statement, "As pastors care for souls, how can he maintain joy as he shepherds trauma survivors without allowing second-hand trauma to consume him."

I am seeking to understand the best ways to bring God's Word to trauma survivors and how Pastors can use God's Word to deal with Secondary Traumatic Stress as they counsel trauma survivors with God's Word. This project is in partial fulfillment of my MDiv degree. You have been invited to participate in this research because I believe that you can provide valuable information on the topic. I will be asking you questions about how your experience in pastoral ministry. The interview will last approximately one hour and fifteen minutes.

The information you provide may be summarized, paraphrased, or quoted to help formulate a picture of how WELS pastors can joyfully give spiritual support to survivors of trauma. Your responses will help to give me an understanding of the trauma people in the church face and how God's Word brings comfort to their lives, which will be included in my thesis. If you agree to the recording of the interview, the recording will be deleted after the research project is completed.

Your participation in this research is entirely voluntary and you may choose not to answer any or all questions. You may fully withdraw from the interview at any time and information that you provided will not be reported in the research.

"By signing this consent form, I acknowledge that I have read and understand the above information, and have had the opportunity to ask questions. I voluntarily agree to participate in this study under the conditions described."

Check one:

You may use my name in your study.

You may use the information I provide, but I wish to remain anonymous.

Name : _____ Date: _____

"I furthermore agree to the audio recording of this interview, and understand that the recording will be deleted upon completion of the research project." _____ (initials)