

***Pastoral care is essentially mutual: he who gives care also receives care.***

## **The Theology of Pastoral Care\***

### **1. The Nature of Pastoral Care**

**W**HEN I hear the term pastoral care, I sometimes imagine myself to be in the situation of receiving pastoral care, and imagining this, I somehow feel humiliated. Someone else makes me an object of his care, but no one wants to become an object and, therefore, he resists such situations like pastoral care. Is this feeling and resistance a necessary concomitant of pastoral care? Perhaps it cannot be removed completely, but it can be reduced to a great extent. There are two reasons for this possibility. The first is the fact that care, including pastoral care, is something universally human. It is going on always in every moment of human existence. The second more important reason is that care is essentially mutual: he who gives care also receives care. In most acts of taking care of someone, it is possible for the person who is the object of care also to become a subject. Let us think about these two facts which reduce the intrinsic dangers of pastoral care.

---

\*This article is a revision by the author of an address given at the National Conference of Clinical Pastoral Education, and published in *Clinical Education for the Pastoral Ministry*. Reprinted by permission.

### **PAUL TILLICH**

*University Professor  
Harvard University*

Care is universally human. No one can take care of himself in every respect. No one can even speak to himself without having been spoken to by others. One cannot become a person without encountering another person and discovering the limit of one's own claim in the claim of the other one. We cannot develop healthily unless we find the power of being which we lack in the power of being of others who have it, and whom we can let participate in our power of being. This encounter can be in words, and it can be in silence. Silent communication is often more important than communication in words.

From this it follows that we are taken care of if we take care of others. It is one act and not two, and only because it is one act is real care possible. Otherwise, we fall into another form of objectification, which is the great curse of our industrial society. It was one of my early experiences in this country to come to the sharp realization that the refugees, who felt themselves to be persons, became objects and nothing more than objects when they were

transformed into cases to be dealt with in twenty minutes by the social worker. It often broke their self-awareness as a person. This example shows that the problem of becoming an object applies to all forms of taking care of someone, be it the social, the educational, the political, the medical, or the psychotherapeutic function. In all of them the heart of the subject-object problem is of decisive importance.

All these functions belong to man as man. Everyone exercises them in some way. Everyone is in some sense a social helper, a mental helper, a healer, a pastor. The difference between those who exercise this franchise professionally and all other men is not that the professionals exercise them, and the others do not; but the difference is that the learned experts consciously exercise these functions while others do so indirectly, casually, and mostly unconsciously. This means that those who are called learned experts have no monopoly on any of these functions. An expert representing a universally human function has no monopoly on exercising these functions.

All this is valid also for pastoral care. It is a helping encounter in the dimension of ultimate concern, using traditional terminology in the religious dimension. Religion is in a function beside others, but it is a dimension in all functions. It is a dimension of ultimacy in all functions. This dimension reaches down to that which is the ground and meaning of our existence. A pastor engaged in pastoral care is a helper in a situation in which the relation to the ultimate has become a problem, and this problem certainly is in every human being. If this is understood, the function of pastoral care will have reached an all-embracing meaning and great dignity. But as in all functions which are universally human, the function of pas-

toral care is not restricted to the expert, namely, the pastor. Every Christian is a priest for every other Christian, according to Protestant doctrine, and consequently, everyone, not only the minister, is a potential bearer of pastoral care. This provides a criterion for the relationship of professional pastoral care to the other functions of care. The experts in these other realms are not experts in pastoral care, but they are human beings, and as such they participate in pastoral care as a universally human function. This is today especially important for the relationship of the minister and the psychotherapist. As a human being, the minister may or may not radiate healing forces on the parishioner, and as a human being, the psychotherapist may or may not exercise pastoral care on the patient. But the minister should not try to heal as his function, neither should the psychotherapist exercise pastoral care as his function. What may or may not be united in the person is separated with respect to the functions of the experts. Only on this basis is the co-operation between religion and psychotherapy possible.

## II. The Aim of Pastoral Care

The aim of every care is the fulfillment of human potentialities. Helping means giving strength to overcome inhibitions and negativities which threaten to prevent fulfillment. This is the meaning of all functions of helping. Successful help overcomes negative elements which belong to human existence in all realms and which must be overcome if even fragmentary fulfillment is to be reached. Pastoral care is directed toward fulfillment in the dimension of the ultimate or eternal. The first aim, and in some sense the total aim, toward which we have to work in pastoral care is "acceptance": man must accept himself in all his negati-

ties, but he can do this only if he acknowledges that he is accepted in spite of these negativities. So acceptance always has these two sides. It does not mean that someone says to himself, "I am weak, so I accept that I am weak." It also means, "I have the courage to accept that I am weak and in this, I am strong." It is courage and not resignation.

I want to give three examples of this derived from man's existential predicament. First, man is creature. Creatureliness is what characterizes him. He is creature, and he is aware of it. The fact that he is creature is expressed in the term finitude. The awareness of it is expressed in the term anxiety. Anxiety is the awareness of finitude. Man comes from nothing and goes to nothing. He always lives in the conscious or unconscious anxiety of having to die. Non-being is present in every moment of his being. The vicissitudes of existence threaten him from all sides. Suffering, accidents, disease, loss of relations to nature and man, loneliness, insecurity, weakness, and error are always with him. Finally, the threat of having to die will become the reality of death. All this he must bear, and all this he can bear only in the power of that in which non-being is eternally conquered—the power of the divine. It is the function of pastoral care to communicate this power and to mediate the courage to accept finitude. Where this point is reached, life as well as death can be accepted. One can accept oneself as creature, including the finitude and anxiety of creatureliness.

The second example I want to give is the fact that man is guilty. Everyone participates in the estranged character of existence. All men are estranged from what they essentially are. It is their tragic predicament to be guilty for this estrangement, although

it is universal and inescapable. Pastoral care must lead also in this point to acceptance. We must accept the fact that we are estranged, and that we are responsible for that which is at the same time unavoidable. We must accept the fact that we will be guilty as long as we live, and that no one can overcome the bondage to estrangement in his own strength. Many people who come to the minister are, consciously or unconsciously, perfectionists. They cannot accept their imperfection. They cannot accept the ambiguity, even of their best acts. Life is painted black and white, and they aspire to belong to those whom they consider to be white. If they don't succeed, they are in despair. Perfectionism either produces indifference and compromise, or cynicism and despair. Pastoral care leads to self-acceptance in spite of the ambiguity of one's being. But of course, this self-acceptance is not a complacent surrender to estrangement and guilt. It is not the cynical assertion that things are as they are and nothing can be changed; but self-acceptance is the certainty that we are accepted by forgiveness. Self-acceptance is ultimately possible only in the power of that which accepts us although we are unacceptable. Nothing is more difficult than to say "yes" to oneself, especially if we see ourselves in the mirror of what we essentially are and should be. But it is the function of pastoral care to overcome this difficulty and help the counselee to affirm himself in spite of his estrangement.

The third great function of pastoral care is found in the situation of him who is in doubt. We must show to the counselee, especially in our predicament, that although the doubt about himself—the meaning of his life and the reality of the divine—must be accepted and faced before it can be over-

come, it can be overcome only fragmentarily, like estrangement and guilt. This is especially important, because many people think that pastoral care tries to convert to unquestioning certainty through the authority of someone who himself has no doubts. This image of the counselor must be undercut. Then perhaps more people will desire pastoral care than is now the case. But here again we must say that acceptance has a negative and a positive side. One can accept one's doubt only in a power of a certainty which is present even in the most radical doubt, and which is itself felt in the very seriousness of the doubt.

In all three cases, acceptance is the aim of pastoral care. Perhaps you may ask, is this all? In some sense, I could say that it is, because acceptance is possible only in a power which transcends the situation of finitude, guilt, and doubt. Acceptance of the negative presupposes the power of acceptance which is positive, and to mediate this power that makes acceptance possible is the all-embracing aim of pastoral care.

### III. The Resources of Pastoral Care

The power which makes acceptance possible is the resource in all pastoral care. It must be effective in him who helps, and it must become effective in him who is helped. It can be real in everyone who is grasped by it, whether he is a church member or not, whether he is a physician or a minister, a psychotherapist or a counselor. This presupposes that he who helps in pastoral care is being helped himself. The counselor must consider himself an object of counseling. It is not as though the helper was first helped some time ago and now can help himself, but that in the best act of helping, he is continuously helped himself.

This means that both the pastor and the counselee, the psychotherapist and the patient, are under the power of something which transcends both of them. One can call this power the new creature or the New Being.

The pastoral counselor can be of help only if he himself is grasped by this power and approaches the counselee in its name. There is a difficulty in this respect in the acceptance of the patient by the psychotherapist. One can accept someone else ultimately only in the power of the ultimate. But this power cannot be presupposed in the psychoanalytic method as such. Therefore, psychoanalytic acceptance is always preliminary and easily can become permissiveness. The pastoral counselor is limited by this situation, not because he is "better" than the psychoanalyst, but because he can speak in the name of the power which transcends him and the counselee.

Pastoral care presupposes theology, as all the given examples have shown. But theology also presupposes pastoral care. Pastoral care helps to develop the questions to which the religious symbols are supposed to be the answer. In the acts of pastoral care, the human situation, to which the divine revelation is the answer, is seen most concretely and profoundly. Only in the light of this situation can the religious symbols be understood and interpreted. Pastoral care in this respect is genuine theological work. No theologian should be cut off from this continuous source for his systematic work, and no pastoral counselor should miss the occasion to revise his theological thoughts in the light of his counseling experiences.

The power of the New Being of the divine Spirit, which alone makes successful pastoral care possible, transcends the personal existence of the

counselor. He does not have to be a great personality or a great theologian or a great minister in order to be successful in his work. For he does not have to mediate himself to the counselee, but to something which is above both of them. This is a warning to those who must give much and are tempted to give themselves, and is a consolation for those who have little and do not need to give themselves, but who should become channels for that which is greater than they.

#### IV. The Attitude in Pastoral Care

The basic principle for the attitude of pastoral counseling is mutuality. The counselor must participate in the situation of the person needing care. This participation expresses itself not only in words of acceptance, but also in ways of communicating to the counselee the fact that the counselor was and is in the same situation. This can be done by telling a concrete story in which the counselor experienced the same negativities for which the counselee needs care. It can be in words which make it clear to the counselee that the counselor understands well on the basis of his own experience. If such a thing happens, the subject-object situation—the great danger for all pastoral care—is overcome. But it is not only communion in the negative; it is also communion in the positive which overcomes the subject-object structure of counseling. The counselor discovers in him, whom he wants to help, positive forces which only need discovery in order to be effective, and he can make such discoveries in the other one if he discovers them at the same time in himself. The participation in the positive as well as in the negative is essential for the situation of pastoral care.

There are three levels of healing: the medical, the psychotherapeutic and

### *Free to Pastoral Psychology readers*

*Simple Methods of Contraception: An Assessment of Their Medical, Moral and Social Implications*, edited by Winfield Best and Frederick S. Jaffe, with a foreword by R. Gordon Douglas, M.D., past president of the American College of Obstetricians and Gynecologists. Planned Parenthood Federation of America, 501 Madison Avenue, New York 22, 1958.

A limited number of copies of this symposium are available free to PASTORAL PSYCHOLOGY readers who request it directly from the Planned Parenthood Federation. This 64-page booklet comprises the edited transcript of a one-day symposium which brought together some 30 physicians, educators, social scientists, and clergymen for a comprehensive airing of the new developments in the contraceptive field.

First, four clinicians gave preliminary reports on ongoing tests of simple contraceptive methods, including several types of spermicidal vaginal tablets as well as the oral steroid "pill" which has received so much publicity. These reports were followed by a frank evaluation by the medical specialists on the panel.

Then the non-medical panelists took over for a look at the impact of these new simple contraceptives on various phases of American life. The emergence of simpler methods was discussed in a perspective of the increasing democratization of birth control services to middle and low income families. The various religious positions on family planning were cited, including the Roman Catholic opposition to all forms of birth control except the rhythm method. The availability of simple methods to unmarried persons and their effect on premarital and extramarital sex relationships were taken up. The panel concluded with a thoughtful discussion of the need for education in responsible family living—and of the need for churches to take a more active role in these programs.

PASTORAL PSYCHOLOGY readers will find much food for thought and action in this unique cross-disciplinary exploration of a complex and increasingly important problem.

the religious. The three are distinguished but not separated. Although in principle they are different in function, they overlap in the actuality of the healing processes. This leads to many problems and produces some dangers. One must distinguish sharply the difference in functions for the unity in the person who exercises the function. The minister exercises the pastoral function, and he should never become a little doctor or a little psychotherapist. He would not heal in this case, but would prevent healing. Even if he knows enough to judge that a patient needs a physician or a psychotherapist, he should not and is not called upon to exercise the medical function himself. On the other hand, the doctor or the psychotherapist, although he may be a bearer of much spiritual power, should not impose religious symbols on his patient, either Christian or non-Christian ones. He must remain in the realm of medical healing, even if indirectly he exercises pastoral healing. The personal possibilities and the professional function should not be confused. Sessions with the minister may have effects on the bodily or mental state of one who is sick in one or in both respects, and sessions with a psychoanalyst or consultations with a doctor may have important spiritual effects on a man who is spiritually disturbed. This often can and does happen, and is even desirable. But it should not be intended in terms of professional intermingling. In this way, cooperation without competition or conflict is possible. And today we know again how necessary it is.

Helping through pastoral care is not "faith-healing." Faith-healing has become a word for magic concentration on oneself or on others, or on God in

order to produce healing effects. No one can deny that such methods frequently have such effects, but they are not the way of pastoral help. Pastoral help goes through the center of consciousness and not through magic influences on the unconscious. Such influences can happen even in connection with preaching and teaching, but they are not intended, and no concentration exercises should be used in order to bring them about. The divine Spirit works also through the unconscious, but it never leaves out the center of consciousness in which the act of faith happens.

One of the things in pastoral care which is very important is the correct use of the religious language. We must be careful that people whom we want to help by pastoral care are not repelled, from the very beginning, by the words and symbols we use and which perhaps have lost any meaning for them. He who wants to help today in pastoral care must speak to the human situation in terms which are given to us in a kind of providential support by depth psychology, existentialism, and the style of contemporary literature and art. They have rediscovered many elements in the human situation which theology had forgotten. If you use these terms, you will find that people listen to you. You have hit them in the place where they are. Not always, but on many occasions, we should restrict the use of Biblical quotations and should speak directly in a language which conveys the realities which we want to mediate. The problem of communication is one of the greatest and most difficult in present-day religious life, and especially in pastoral counseling.

---

**A** LITTLE science estranges men from God; much science leads them back to Him.—LOUIS PASTEUR